

Scaling up workers' health coverage:

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United Nations



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Resolution adopted by the General Assembly on 10 October 2019

74/2. Political declaration of the high-level meeting on universal health coverage

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 23 September 2019,...

We therefore commit to scale up our efforts and further implement the following actions:

38. Scale up efforts to promote healthier and safer workplaces and improve access to occupational health services, noting that more than 2 million people die every year from preventable occupational diseases and injuries;

People-centred care

Putting people in their environment, including work, in the center of health care



- Responsibilities of the primary care providers for all health-related aspects of personal life, family and working life
- Building the capacities of primary care centers to respond effectively to the general and specific health needs and expectations of working populations
- Linking occupational health services and primary care centers under local primary health care networks
- Empowering and supporting individuals and work communities to take over the control of their own health



Three ways of moving towards universal health coverage for workers



Vorld Health

Coverage

Coverage of occupational health services

• services in terms of a facility or a department or other administrative unit charged with responsibility for occupational health,

Coverage of individual interventions for occupational health

- Risk assessment
- Case management of occupational and work-related ill health
- Medical surveillance

Coverage of financial protection

• the proportion occupational health care costs to the individual covered by public funds (pooling, insurance, budget)







Version 1 (for review)

Infarya	mbone by programme area
Life co	ures distribution
Addres	eeng SDC goala
Explor	e the database
Survey	N
hreque	ettly saiked questions (FAOs)
Kettere	nces for interventions
Archite	ecture of clinical services

Welcome to the UHC Compendium: a global repository of interventions for UHC

The UHC Compandium is a delabase of beath services and intersectional interventions designed to assist countries to making progress lowertal Universal Pearlin Coverage (UHC). It provides a simplegic way to organize and present information and creates a framework to think about health services and health informations. The delabase for the Compandium spans the full spectrum of promotive, preventive, disprovid; neuroclastive, curative, rehabilitative, and patientices, se well as a full complement of interventional interventions. The Compendium will provide repid one-stop access to supporting evidence, associated human and material resource inputs, and leadback in icod impact as interventions are selected.

Version 1.0 of the Compendium locases on circical health services and includes a list of over 3500 health adjums across different health areas, available health health actions can be grouped dynamically into categories such as health programmer, the course stage, and SDG goals. This version of the database provides a global reference point for organizing and presenting information on health interventions for UHC.

The UPIC Compandium has also been designed to apport countries in integrated service delivery, and a key innovation is a structured antrobecture that promotes Integes across health system levels. WHO will expand the UHC Companitizm to include integes of health interventions to vertice delivery philorms.

WHO intends to expend the curtent of the Companytum over time to provide additional details, including the following

- · Nexturns requirements to deliver health services, including basis used in the diagnosis and treatment utilit health, equipment and other health products, health worker lime, and links to evidence on effectiverees.
- A competensive fail of inter-sectorel and population-based interventions, along with the resource requirements for these interventions.
- A selection tool to guide benefit package decision making processes. The loci will altre country users to choose between alternative interventions and actions, and assess the televant resource regulationeds and costs related to their selection.

An introduction to the UHC Compendium



The UUC Companying information attracts payments and a middle states of an acticle and in and

Click on a program icon below to access interventions and actions linked to health programmes.





Child Health





Environmental health







Hepatitis

Immunization

Malaria

https://www.who.int/universal-health-coverage/compendium

1. Service Availability

Indicators	Data collection method	
1.1. Number and distribution of health facilities offering occupational health services (such as workplace assessments, occupational diseases diagnosis, preventive medical check-ups) per 10,000 economically active population	National database of occupational health services	
1.2. Number and distribution of occupational hygiene laboratories per 1,000,000 economically active population	National directories of laboratories	
3. Number of poison control centres per 1,000,000 economically active population	WHO global database	
1.4. Number and distribution of inpatient beds of occupational diseases per 1,000,000 economically active population	National database of health facilities	
1.5. Number and distribution of specialized outpatient clinics for occupational diseases/occupational medicine per 1,000,000 economically active population	National database of health facilities	



2. Service Readiness

Indicators	Data collection method
Trained staff	
2.1. Number and distribution of practicing occupational health experts (physicians, nurses, hygienists, health and safety inspectors) per 10,000 economically active population	Professional associations membership Registries of practitioners Health and safety inspection
2.2. Number and distribution of primary health care providers (GPs, nurses, public health/environmental health officers, community health workers) trained in occupational health per 10,000 economically active population	Primary health care databases Databases of specialized training in OH
Guidelines, tools and equipment	
2.3. Proportion of facilities that have guidelines for occupational health interventions	Health facility assessment
2.4. Proportion of facilities that have forms and medical documentation for occupational health services	Health facility assessment
2.5. Proportion of facilities that have equipment for medical check-ups of workers	Health facility assessment



3. Service utilization

Tracer indicators	Data collection method
3.1. Workers in enterprises that are required by law or collective agreement to provide occupational health service – proportion from total economically active population (formal and informal sectors)	National legislation, economic statistics, labour force surveys
3.2. Enterprises receiving workplace risks assessment (visits, surveys) in a year – proportion from total number of enterprises	
3.3. Incidence of notified cases of occupational ill-health in a year per 10,000 economically active population occupational diseases	Health service reporting, Occupational health and safety inspection Worker compensation, employment injury schemes
occupational injuries	
3.4. Proportion of targeted workers receiving preventive medical examinations in a year World Health Organization	Health service reporting, Occupational health and safety inspection

4. Financial protection

Indicators	Data collection method
4.1. Proportion of economically active population covered with employment injury	Employment injury insurance bodies
scheme (insurance for occupational diseases and injuries)	National health information system
	ILO social security database
- mandatory	
- voluntary	Social security
4.2. Number of compensated cases in a calendar year per 10,000 workers covered	
with employment injury scheme	Workmen's compensation
4.3. Ratio between compensated and notified cases of occupational diseases and injuries	
4.4. Proportion of informal sector workers covered with health insurance (e.g. social health insurance, community health insurance, micro insurance)	Health insurance bodies



WHO strategy for scaling up health coverage of workers

Enable primary care to address workers' health

- Contribution to return to work
- Occ health in clinical guidelines and standards for health care professionals
- Working life part of people centred care

Scale up multidisciplinary occupational health services

- Focus on quality, effectiveness, outreach
- Specialized support to primary care
- Integrated in local health networks

Reform health financing

- Universal health coverage for working poor and informal sector
- Social protection for victims of occupational diseases and injuries



