



NEWSLETTER



International Commission on
Occupational Health - ICOH

Commission Internationale de
la Santé au Travail - CIST

Volume 18, Number 3

December 2020

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Message from the President



Message of the President

WHA and WHO Executive Board, COVID-19

In the August ICOH Newsletter I was reporting about the World Health Assembly (WHA) – the highest decision making body of WHO - and about our ICOH Statement made for WHA, see <http://www.ichoweb.org/site/multimedia/news/pdf/ICOH%20-%20IEA%20statement.pdf>

Following the WHA the Executive Board of WHO had a Special Session on the COVID-19 response on 5-6 October 2020. ICOH had again an opportunity to have a written Statement on the WHO webpages and this was accordingly made, see <http://www.ichoweb.org/site/multimedia/news/pdf/6%20Oct%202020%20-%20ICOH%20Statement%20to%20WHO%20EB.pdf>

One of the items proposed by ICOH was “Paying special attention to the protection of COVID-19 high risk workers, such as health workers, social workers, police forces, emergency responders, cleaners, workers in call centres, and workers in small scale enterprises.”

Furthermore, the recognition of and response to these work-related deaths, disability and disease outcomes is very haphazard. In some countries many or even most of such cases are identified as occupational diseases, recorded and compensated while in some other areas – and much more commonly - these are not covered at all. Globally the coverage rate is really low.

Latest information on the work-relatedness of negative outcomes caused by Covid-19 show that the global workforce and the above listed groups of workers



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ICOH members.

have been quite unevenly hit. See below in figure 1 some tentative estimates of the negative outcomes. Further information from a recent OEM published paper (oemed-2020-106844.full.pdf)

ILO-ISSA Preconference on 5-6 October organised by the forthcoming ILO-ISSA 2021 Congress organisers in Toronto

An ILO Special On-line Session on Covid-19 and OSH included contributions from Workers' and Employers' organisations and covered special areas under the ILO Global Coalition on Safety and Health at Work. Contributions were related to higher education by Johannes Siegrist, Vision Zero at enterprises by the Finnish Institute on Occupational Health, Multiregional OSH Data Systems by European Union.

I presented briefly the background of the Global Coalition proposed originally in the ILO-ISSA World Congress in Singapore in 2017 by the Minister of Social Affairs and Health of Finland, Ministry of Manpower in Singapore and ICOH. Further, I took up the globally poor response of work-related COVID-19 coverage of recognition, prevention and compensation. In fact, in the study population some 19 % of the Italian Covid-19 cases earlier this year were caused at work, and health workers were the most significantly – a majority of - affected population at work. If taking into account the working age group only (15-65 years old) the rate was about 30%. Read more from the OEM link above.

However, while the infection risk is high to workers, the most severe consequences are hitting the much more senior group of victims. The average age of COVID-19 deaths in Finland is 84 years so the mortality fraction is relatively low for the working age population. The resulting tentative fraction attributed to work are then widely different between incidence and mortality, see my slide presented at the conference, slightly modified based on comments received. This comes from the fact that most deaths are linked to old age, and other co-existing diseases and disorders unlikely to be heavily present in the working age population. While the present numbers continue to grow for the year 2020, next year patterns may also be somewhat different and are likely to vary by country, region and type of work and human contacts.

HSE Excellence

I had also an opportunity to join a HSE Virtual Forum on Health and Safety as a Social Responsibility and I tried to present the link between Sustainability and Social Responsibility. My impression on the virtual conferences is increasingly confirming that online communication works fairly well with people and groups you know in advance but less so when the audience do not know each other before. My impression of sustainability means also continuous action and structures at places of work, not just a time limited project to correct this or that well identified issue. Modifiable factors need constant and long-term attention, see Figure 2.

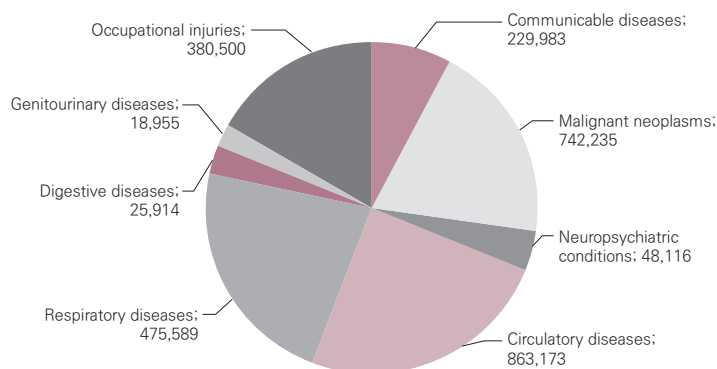
Nordic Future of Work

Future of Work has been discussed – and will be discussed – at many different fora including those of our ICOH great events in the near past. Now the Nordic Labour Inspectorates and other Nordic Institutions have made a Report on “Work today and in the future, Perspectives on Occupational Safety and health

challenges and opportunities for the Nordic Labour Inspectorates” and organised a Webinar on this topic. This is useful information for any inspectorate and experts in the field, see full report here.

Work-related Deaths caused by Injury and illness, World

Add: COVID-19 deaths in 2020,
Estimated: 43,000 (from all 1.1 mill.)



(ILO News)–“The global economic impact of the failure to adequately invest in occupational safety and health is roughly equal to the total GDP of the poorest 130 countries in the world.” International Labour Organization (ILO) Director-General Guy Ryder told nearly 3,500 participants during the opening ceremony at the XXI World Congress on Safety and Health at Work, in Singapore on 3 September 2017.

The new global estimates on work-related illnesses and injuries represent 3.94 per cent of global GDP per year, or 2.99 trillion US dollars. In human lives that means 2.78 million workers continue to die each year from work-related injuries and illnesses – 2.4 million of these deaths can be attributed to work-related diseases alone. The figures announced today were developed by Finland, Singapore, the EU and the International Commission on Occupational Health, with the support of ILO.

https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_573118/lang--en/index.htm



Work-relatedness (AF*) of selected disease/disorders

Communicable	4.8%(male) – 32.5%(fem.)
Covid-19 working age/death ¹	3.9% m/f
working age 15–65/disease ²	30% m/f
Cancer/death	13.8%
Neuropsychiatric/death	6.6%
Circulatory/death	14.4%
Respiratory/ death	
COPD	18%
Asthma	21%
Other respiratory disease	1%
Digestive disease/death	2.3%
Genitourinary disease/death	3.0%
Musculoskeletal/disorders	37+ %
Mental health/disorders stress, night work	10–30%

¹ Finland/THL, median age of all Covid-19 deaths: 84 years

² Marinaccio A, Iavicoli S, Guerra R; sThe Lancet 25 Sep 2020

* AF = Attributable Fraction

Figure 1. Work-relatedness of various diseases and COVID-19, see also <https://goo.gl/hTZaW5> for further work-relatedness background of diseases and injuries.

UV radiation

Readers may recall the past action related to the “2019 Mult-Stakeholder Summit on Occupational Skin Cancer”. This was followed by two workshops to call for action by various stakeholders, policy makers including the European Union, medical and health professionals, employers and workers and their organisations, and patient advocacy groups. The upcoming “Europe’s Beating Cancer Plan” is one of the instrument that should highlight Non-melanoma Skin Cancer through exposure to natural UV- radiation as one of the key target fields for action. This is a serious and preventable problem that is easily identified and reduced if proper systems for prevention, recording and compensation and are in place. ICOH appreciates the continuous and persistent follow up of the ICOH Scientific Committee led by Prof. Swen Malte John. European Academy of Dermatology and Venereology and European Cancer Patient Coalition are tightly connected.

Morocco

Morocco is in a process of improving the occupational health and safety system of the country and organised an International Webinar to hear experiences from the rest of the world to be possible models and encouragements for Morocco to enhance their own systems. The Economic, Social and Environmental Council of Morocco has a keen interest in such experiences. Prof. El Kholti was the driving force – and he is also the driving force of the ICOH2024 Congress in Marrakesh, Morocco. A wide range of Webinar contributors included Dr. Margaret Kitt of USA, Stephane Pimbert of France, Dr. Pierre Durand from Montreal, Canada. ICOH was well represented by Prof. Seong-Kyu Kang from the Republic of Korea and myself. The country’s interest and the plan to have a gradual path towards a revitalized occupational health and safety system on the way to the ICOH2024 Congress and beyond is a encouraging sign. Well done Morocco!

Major Disease/Injury Groups and Modifiable Factors at Work

Work-related cancer	Work-related circulatory diseases	Accidents	Infectious and parasitic diseases	Musculo-skeletal/ disorders	Psychosocial disorders
Asbestos	Shift and night work, overwork	Lack of company policy, man. system, worker/ employer collaborative mechanism, poor safety culture	Poor quality drinking water	Heavy lifting, loads, shapes of materials	Lack of control
Carcinogenic substances, processes, silica and other dusts	Strain by high demands, low decision making latitude	Lack of knowledge, solutions and good practices	Poor sanitation and sewage	Repetitive movements	Poor work-life balance
Ionizing radiation, radioactive materials	High Injury risk	Lack of guidance or poor gvt policies, poor legislation and poor enforcement and tripartite collaboration	poor hygiene, lack of knowledge	Poor design of seats, tables, tools, processes	Poor organisational culture
UV-radiation	Chemicals	Lack of incentive-based compensation system	Protection against animals, insects, snakes, viruses, bacteria	Low temperatures, vibration	Role ambiguity or conflict, unclear or changing priorities
ETS (passive smoking at work)	ETS (passive smoking at work)	Lack of or poor OH services			
Diesel engine exhaust		Poor recording and notification systems			



Figure 2. Selected modifiable factors at work

Global – and selected Occupational - Burden of Disease and Injury GBD 2019 results have been just released

While the Institute of Health Metrics and Evaluation, IHME of the University of Washington, Seattle has overall health metrics as the main target, the outcomes of the continuous process are increasingly covering many occupational risks. Of course, we would like to have more such risk factors and disorders covered. The latest release was published in *The Lancet*. The Risk Factors paper includes lots of new data also about occupational risk factors, see [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30752-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30752-2/fulltext)

Many ICOH Colleagues including Tim Driscoll, Odgerel Chimed-Ochir, Ken Takahashi and myself have been and continue to be collaborators of this process, perhaps many more in the extensive list of collaborators. More detailed and well presented outcomes can be found from the website: <https://vizhub.healthdata.org/gbd-compare/>

For example, global asbestos problem is demonstrated by the latest overall asbestos death numbers continue to go continuously up, the GBD2019 death cases were 242,764 deaths of which 239,333 are occupational deaths. Together with many of ICOH Colleagues we made and estimate in our paper on Global Asbestos Disaster in *IJERPH* a year ago that came to a death numbers that are very close to the new GBD2019. We still have an opinion that mesothelioma numbers are under-estimated and this indicates also the level of asbestos exposure affecting many other diseases such as much more common asbestos-related lung cancer.

The number of fatal injuries caused by occupational accidents in GBD2019 are 311,491 deaths while the ILO estimates from 2017 came to 380,500. While the magnitudes match and are comparable I believe that the GBD2019 numbers are still under-estimates, in particular, related to the non-traffic occupational death numbers – maybe reflecting the baseline poor country data on globally severely under-reported or non-reported numbers. Those who are interested in further details please do not hesitate to contact me and my colleagues in Finland, Singapore and European Agency (EU-OSHA) as listed in Figure 1.

October 2020
Jukka Takala
 President of ICOH

News from the Secretary General



Dear ICOH member,

The health emergency is impacting on our way of life also in terms of work organization and social interactions.

This situation reflects also on ICOH activities, which are strongly focused on events, symposia, meetings. Over the past decades, ICOH through its Scientific Committees has always organized activities and meetings, once every 15 days, worldwide. This has allowed to create a large scientific community to share knowledge and experiences and bridge the gap between research and practice.

This has been our strength and our mission over the years. ICOH needs to adapt to the current phase and find new ways of communication and knowledge sharing, which now become even more important.

We must take this as an opportunity to be resilient. We are the largest scientific community in the field of Occupational Health, and many of us are already involved at national and international level through their actions and research to contain the pandemic.

In this context, the use of technology will help us to maintain our contribution to the international scientific community.

For example, I have had the opportunity to participate as a speaker in several webinars organized over the past months, including the IAHOH webinar "Health and Safety at Workplace: Battle Against COVID 19" in July 2020, and the webinar "COVID knows no borders" organized by the Business Council for International Understanding, in September 2020. These were occasions to talk about the contribution of the ICOH scientific community to the COVID emergency.

Online meetings represent a good alternative to in-presence meetings for the near future. For this reason, ICOH is working on the organization of webinars. We are confident that the ICOH membership will welcome such innovation. Further information will be communicated to the membership through the ICOH communication channels.

Another project that is underway is the ICOH Survey on COVID-19 for National Secretaries, collecting information on public health policies, prevention measures, and other policies put in place by the governments of the countries in the world to contain the pandemic. The survey, which aims to collect in a systematic and structured way all data available from as many countries as possible, finds its reasons in our traditional and institutional aim of improving workers' health and safety. To this end, the role of ICOH as the world's leading international scientific society in the field of occupational health with a membership of professionals from 114 countries is very instrumental. The results will be made available through the ICOH channels soon.

Furthermore, ICOH participated in the Special Session of the WHO Executive Board on the implementation of resolution WHA73.1 COVID-19 response, which was held virtually on 5-6 October 2020. On this occasion, ICOH has delivered a statement focusing on the importance of prevention and management of the COVID-19 pandemic at work. Several occupational activities expose workers to the SARS CoV-2 virus particularly in sectors with high rates of human to human contact such as health workers; workers in elderly care and in social services, emergency and fire response, police, schools; and many more. If infected, workers in some occupations may play an important role as vectors or spreaders of the infection, e.g. health workers, other service occupations, food industries and many others.

The full text of the ICOH statement can be found in the homepage of the ICOH website.

These are difficult times, but I am sure that the ICOH community will bring forward its mission also in this unprecedented, yet transitory, period. We really look forward to meeting you all again in person.

Prof. Sergio Iavicoli
ICOH Secretary-General

Message from the Editor

Dear Members,

There has been still serious struggles of public and occupational health due to the COVID-19 pandemic. Despite of all the barriers for social distancing policy, ICOH Newsletter found many members have been doing their work in online and offline field.

In this December issue, we have a trial run on issuing an e-book type newsletter in addition to the original ones (web pdf, printed version). As of November 2020, only 6 countries out of 114 accept the parcels due to their tentative postal policies because of COVID-19. Your opinion on this e-book type newsletter is mostly welcomed. Please share your thoughts with us at overseas1@kosha.or.kr. Thank you.

The editorial planning of the ICOH Newsletter

For 2018 and 2020:

- 1) Vol1: 1st APRIL (deadline for article submission: 10th FEBRUARY)
- 2) Vol2: 1st AUGUST (deadline for article submission: 10th JUNE)
- 3) Vol3: 1st DECEMBER (deadline for article submission: 10th OCTOBER)

Changes of Addresses

The ICOH Newsletter is published in two versions: in hard copy and electronic format. All active ICOH members, who paid membership receive it by e-mail and postal mail. To receive both versions, both the e-mail address and the postal address registered with the ICOH Secretariat need to be correct. Please inform ICOH of any changes to your addresses, by communicating with the Editorial Office (toxneuro@kosha.or.kr, toxneuro@gmail.com) or the ICOH Secretariat (icoh@inail.it).

Eun-A Kim
Editor-in-Chief,
ICOH Newsletter



Obituary Notice



Professor Vito Foà
1934 - 2020

It is with great sadness that we announce the passing away of Professor Vito Foà, ICOH Honorary member.

After his graduation in occupational medicine and toxicology, he started working at the industrial hygiene laboratory of the Clinica del Lavoro of Milan in 1958 and was involved in occupational toxicology. In 1977 he was appointed as Director of the Department of occupational toxicology and industrial hygiene.

He was Professor of Occupational Medicine at the University of Milan and at the University of Bari, Italy.

With Luigi Ambrosi, he published the handbook “Medicina del Lavoro”.

He was the President of the ICOH Centennial Congress held in Milan, Italy in 2006. On that occasion, he was nominated ICOH Honorary member for his contribution in the promotion of occupational health.

In his continuous support to ICOH, it is worth mentioning his contribution to the Italian edition of the ICOH Code of Ethics, first published in 2006.

He was the Director of the scientific journal “La Medicina del Lavoro” until 2015.

We are grateful to Prof. Foà for his active role in ICOH and for his continuous efforts in the promotion of occupational health.

We wish to express our sincere condolences and sympathy to his family and colleagues.



Next Event

ICOH Scientific Committee in the Construction Industry Presents a Virtual Symposium on: Recent trends in Occupational Health and Safety in the Construction Industry

Date: December 11, 2020

Time: 21:00 (Indian Standard Time, 5:30 GMT)

Speaker-1



Dr. Knut Ringen
DrPH, MHA, MPH Principal,

Stoneturn Consultants Senior Science
Advisor,
CPWR: The center for Construction
Research and Training, USA

Speaker-2



Dr. Sathyanarayanan Rajendran
PhD, CSP, ARM, LEED-AP

Department Chair
Engineering Technologies, Safety, and
Construction at Central Washington
University
Ellensburg, Washington, United States

Panel Discussion



Dr. Krishna nirmalya Sen
PhD, FIE, FIAE, PE, Chartered Engineer

Head-EHS (MMH), L&T MMH. INDLA
chair, ICOH Scientific Committee in the Construction Industry
chair, OHS Expert Panel, Indian Chamber of Commerce



Prof. Dr. Somnath Gangopadhyay
M.Sc., Ph.D., FABMS, FCIEHF (UK), C.Erg HF (UK)

In-charge, Occupational Ergonomics Laboratory.
Professor and Former Head, Department of Physiology, University of Calcutta Laboratory
Professor and Former Head, Department of Physiology, University of Calcutta, India



Supported by:

American Society of Safety Professionals India Chapter and Others

To register click the link below (closes on 5th December 2020)

<https://forms.gle/zheFDj778MH4VuaN6>

Members' Activity

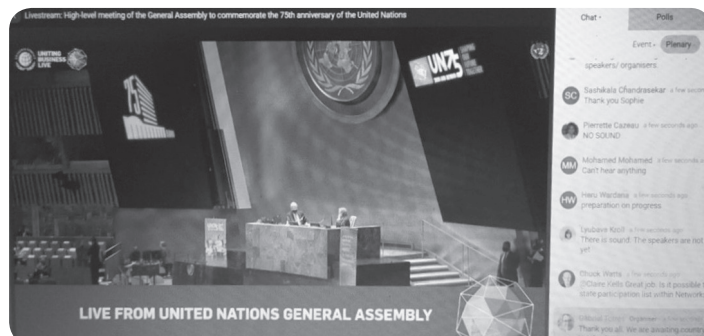
Scientific Committees

75th Anniversary of the United Nations & 25th Year of Beijing Declaration

Dr. Sashikala Chandrasekar,
Chair of Scientific Committee on Rural Health

The year 2020 marks the 75th anniversary of the United Nations from the time of signing the UN charter in San Francisco in 1945 after the Second World War. 2020 is also unique for the first ever virtual UN General Assembly proceedings in the history of the United Nations.

This year 2020 is also the 25th anniversary of the adoption of Beijing Declaration 1995 by the UN for the welfare of all women – To advance the goals of equality, development, health and safety for all women in all aspects everywhere in the interest of all humanity by focusing on the twelve critical areas of concern under the Beijing platform for action.



A webinar was organized on 21 July 2020 by the UN Women under the leadership of Executive Director Ms. Phumzile Mlambo-Ngcuka. This webinar was organized in preparation for the special session on Beijing+25 which was held on 23 September 2020 during the 75th UN General Assembly. The webinar was a virtual multi-stakeholder hearing to discuss the progress made in the various areas in the welfare of women. A plenary session on Gender Equality was held on 22 September during the UN General Assembly proceedings. Dr. Sashikala Chandrasekar, Chair – SC Rural Health was an invited participant for the webinar held on 21 July and she also participated in the UN session on women held on 22 September in the digital platform.

Important gains have been achieved since 1995: More girls were educated than ever before and more countries have reached gender parity in educational enrolment. The global maternal mortality ratio has decreased significantly, and the proportion of births attended by skilled health personnel increased over the past decade. By creating awareness on health & right to health, Improving the infrastructure & access for medical facilities especially in the developing countries, a lot can be achieved in women's health.

The following points are relevant to the Beijing Declaration:

1. Securing the transition from education and training to decent work and economic security and autonomy for women; Addressing stereotyping of women, women's unemployment, unpaid domestic work and over-representation in the informal sector especially in the rural areas.

2. Women's participation and leadership in realizing women's rights and women as changemakers and role models.
3. Women's health & safety, prevention of sexual harassment & gender-based violence.
4. Achieving gender equality is everyone's responsibility; Harnessing the potential of science, technology, innovation and digitalization for a gender-equal society; Multi-stakeholder partnerships needed for women's welfare.

The present focus is on the Sustainable Development Goals adopted by the United Nations in 2015 as an agenda for 15 years. Gender equality and women's empowerment are the drivers for sustainable development. The safety and health of women especially in rural areas in developing countries becomes very important. This also brings to the focus the occupational health issues of women in rural informal sector. The need for active role of all the international & national organizations in implementing and realizing the Sustainable Development Goal 5 on Gender Equality is emphasized very much. It is one of the vital steps for achieving the UN Sustainable Development Goals by 2030.

A Joint Project of the Scientific Committee on Unemployment, Job Insecurity and Health (UJIH) in collaboration with Binawan University, Jakarta, Indonesia

- Facilitating the Bahasa Indonesia Translation of 'Creating a Safe and Healthy Workplace: A Guide to Occupational Health and Safety for Entrepreneurs, Owners and Managers'

Dr. Anna Suraya (Secretary), UJIH-SC & Dr. Minha Rajput-Ray (Chair), UJIH-SC
***UJIH-SC, Unemployment, Job Insecurity and Health Scientific Committee**
International Commission for Occupational Health

Background

The members of the Scientific Committee of Unemployment Job Insecurity and Health (UJIH) agreed as part of their Triennium Goals to embark on a project to enable further awareness of Occupational Safety and Health Issues within the Indonesian Workplace.

We agreed that knowledge and awareness are key to this. Hence, a suitable text in Bahasa Indonesia would be ideal. An excellent example was 'Creating a Safe and Healthy Workplace, A Guide to Occupational Health and Safety for Entrepreneurs, Owners, and Managers,' edited by Prof. Tee Guidotti.

This project was part of a multi ICOH members networked project. We therefore hoped that a Bahasa Version would add to this body of work. We are very pleased to share that now the Bahasa version is the 7th translated version after Arabic, China, Turkish, French, Russian, and Portuguese. Further details are available at: <http://www.icohweb.org/site/oh-guide.asp#oh-guide>

The Translation Process

This translation began in October 2018 and was completed in January 2020. Dr. Anna Suraya, SC UJIH's secretary, led the translation team consisting of 10 lecturers at Binawan University, Jakarta, Indonesia. We are indeed very grateful to Dr. Ade Dwi Lestari, Dr. Agung Cahyono Tribuwono, Sahuri, Husen, Lulus Suci, Yunita Sari Purba, Warendi, and Uci Sulandari.

The draft was co-edited together with Putri Winda Lestari, to enable a standard of clarity, flow, and meaning. To further ensure that the book is delivered in a simple and digestible manner, several Binawan University students were asked to read the book and give their opinion. In order to enable accuracy, tone, and accessibility, an additional review was performed by Dr. Nuri Purwito Adi, the Indonesian National Secretary for ICOH.

Support for Dissemination

The Bahasa version OH Guide was then sent to the ICOH secretary to be published on the ICOH website. To reach a wider audience than would be achieved by electronic access alone, the Scientific Committee on Unemployment, Job Insecurity and Health made a joint application together with the Occupational Health and Safety Program of Binawan University to ICOH to fund a printed version of the book. We are very grateful to ICOH for this support which enabled the printing of 500 copies of the book.

Innovative Virtual Launch

On September 16, 2020, a virtual launch was run to promote the Bahasa version OH Guide. More than 400 participants consisted of the representatives from Indonesian Government, Union workers, National Social Security, Workers Unions, Entrepreneurs Associations, NGO's (local and international), OSH practitioner associations, OH practitioners and students.

Strategy for the Virtual Launch

We are taking the opportunity to detail the launch process as hope that this will guide future similar projects. Dr. Minha Rajput-Ray, Chair of the UJIH Scientific Committee inaugurated the launch meeting and this was followed by an opening speech from Dr. Claudina Nogueira, ICOH Vice President. Following this, Dr. Ayu Nindyati, Chancellor of Binawan University was able to formally unveil the printed copy of the book. The audience was able to gain a closer preview by facilitating individual chapter overview by the respective lecturers and then summarized by an invited reviewer.



Feedback from the reviewers was as follows

Dr. Astuti Burhan, Ministry of Health: ‘The interesting case studies can be used in daily work practices.’

Dr. Muzakir, Ministry of Labour: ‘Indonesia needs more books like this!’, having expressed concern about the limited OSH book reference in Indonesia.

Dr. Rima Melati, Indonesian Entrepreneur Association: ‘This book’s coverage of mental health and vulnerable workers is important because these issues are seldom discussed in the Indonesian workplace setting.’

Mr Abdullah, Workers Union: An appreciation on how the book began with the chapter ‘Protecting your workers,’ and the first paragraph started with the sentence ‘Your workers keep you in business.’

Dr. Fany Shafani, National Social Security: Highlighted the book’s simplicity and clarity, ‘encouraging the reader to keep reading.’

Next Steps

Copies of the book have been disseminated to Binawan University students as a reference guide during the internship program during their industrial placement. Furthermore, interactive workshops on how to use the book via the Indonesian Occupational Medicine Association (IOMA/Perdoki) <https://www.perdoki.or.id/public/>

It is also hoped that this would encourage collaboration with large enterprises to support them encouraging their contractor or vendor to use the OH guide proactively to improve workplace OSH practices.

Acknowledgments

We would like to take this opportunity to extend a heartfelt thanks to Professor Tee Guidotti and the authors of ‘Creating a Safe and Healthy Workplace, A Guide to Occupational Health and Safety for Entrepreneurs, Owners, and Managers,’ colleagues and collaborators at Binawan University and the ICOH Secretariat for their support.

National Secretary

Faculty of Occupational Medicine in the Royal College of Physicians in Ireland (RCPI)

Dr. Anne Drummond, National Secretary of Ireland

The Faculty of Occupational Medicine at RCPI continues to adapt to the changes necessitated by the current Covid-19 pandemic and its trainees have shown commendable flexibility and resilience throughout. This year is proving to be a very challenging period of their training, but it also offers an unprecedented learning opportunity as they prepare for their future careers in Occupational Medicine.

Meanwhile, Faculty Board meetings have been held remotely since the beginning of the pandemic and the Faculty has also organised educational webinars on current topics of interest for its Licentiates, Members and Fellows in lieu of holding physical events, including one organised jointly with the Faculty of Public Health Medicine at RCPI entitled: ‘SARS–CoV-2: Experiences and Perspectives from Occupational Health and Public Health.’ Finally, the Faculty of Occupational Medicine’s AGM is scheduled to take place on November 13th as a remote meeting, where outgoing Dean Dr. Lynda Sisson will hand over the Office of Dean to Dr. Robert Ryan for a two-year term.

Hot Topic

A short contribution asking attention for a recent systematic review: Education of agricultural workers improving safety and health literacy

Frank van Dijk^{1,3}, Gert van der Laan^{2,3}

Coman MA, Marcu A, Chereches RM, Leppälä J, Van Den Broucke S.

Educational Interventions to Improve Safety and Health Literacy Among Agricultural <https://pubmed.ncbi.nlm.nih.gov/32050565/> (Open Access)

Almost half of the world's labor force works in agriculture, often in hazardous conditions causing numerous preventable work-related diseases and accidents. Education has the potential to increase the level of health and safety literacy, improving the health of the farmers. A systematic literature search was conducted describing 36 studies that met pre-set criteria. Only articles written in English were included.

A clear and informative overview of the studies is provided showing an inspiring variety of educational methods: lectures, videos, games, puppet shows, mural paintings, interactive exercises, community fairs, body awareness sessions, and many more. The concept of safety and health literacy is used in a wide sense.

Studies with the strongest results used evidence-based theories in the development of the intervention, involved the community, included cultural aspects and individual factors such as for migrant populations and families. These studies scheduled more than one moment for the intervention. Exclusively offering education as intervention had just a limited effect.

The authors discuss the issue of the numerous contextual factors influencing the results in the studies. Examples of contextual factors are types of crops, different techniques, differences between farmers' populations, different weather conditions, and market prices. Such factors must be described carefully to inform the reader but cannot be randomized.

So, the results of the studies presented "are not generalizable and do not guarantee the success of the intervention if transferred from one context to another". The reader or user who wants to apply findings of a specific study in the own practice, should first consider the conditions in the own practice to compare these to the conditions reported in the specific study looked at. Next, the reader or user must be creative, maybe optimizing the selected approach for the own situation.

A recommendation of the authors is that future evaluation studies should make use of a longitudinal design with a control group, and use biomarkers added to observations and self-reports in measuring a change of behavior. Finally, the authors express the hope that the review can be a source of inspiration for researchers and policy makers when designing new programs to improve the health and safety of farmers and their families.

This article was developed under the work from the European Cooperation in Science and Technology (COST) Action CA16123 called as SACURIMA-Safety Culture and Risk Management in Agriculture-<https://www.sacurima.eu/>

1) Staff member LDOH Foundation, secretary of the ICOH SC Education and Training in OH

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3) No potential conflict of interest.

Résumé en français

Message du Président



Conseil exécutif de l'AMS et de l'OMS, COVID-19

Dans la lettre d'information de l'ICOH du mois d'août, j'ai abordé la question de l'Assemblée mondiale de la Santé (AMS) – l'organe décisionnel suprême de l'OMS – et de notre déclaration de l'ICOH préparée pour l'AMS, voir : <http://www.icohweb.org/site/multimedia/news/pdf/ICOH%20-%20IEA%20statement.pdf>

Suivant l'AMS, le Conseil exécutif de l'OMS a tenu une session extraordinaire sur la riposte face au COVID-19 les 5 et 6 octobre 2020. L'ICOH a de nouveau eu l'opportunité de présenter une déclaration écrite sur les pages Web de l'OMS et elle fut préparée en conséquence, voir : <http://www.icohweb.org/site/multimedia/news/pdf/6%20Oct%202020%20-%20ICOH%20Statement%20to%20WHO%20EB.pdf>

L'un des points proposés par l'ICOH fut le suivant : « Accorder une attention particulière à la protection des travailleurs à haut risque d'exposition au COVID-19, tels que le personnel de santé, les travailleurs sociaux, les forces de police, les services d'urgence, les agents d'entretien, les travailleurs des centres d'appels et les travailleurs des petites entreprises. »

De surcroît, la reconnaissance et la réponse à ces décès, incapacités et maladies liés au travail sont très aléatoires. Dans certains pays, de nombreux cas, voire la majorité, sont identifiés comme des maladies professionnelles, signalés et indemnisés, tandis que dans d'autres secteurs – et bien plus fréquemment – ils ne bénéficient d'aucune couverture. De manière globale, le taux de couverture est incontestablement faible.

Les informations les plus récentes sur les conséquences négatives causées par le Covid-19 sur le travail indiquent que la main-d'œuvre mondiale et les catégories de travailleurs énumérées ci-dessus ont été touchées de manière assez inégale. Voir figure 1 ci-dessous les quelques estimations provisoires des impacts négatifs. Plus d'informations sont disponibles dans un article récent publié par l'OEM ([oemed-2020-106844.full.pdf](https://www.oem.org/2020/10/10/106844)).

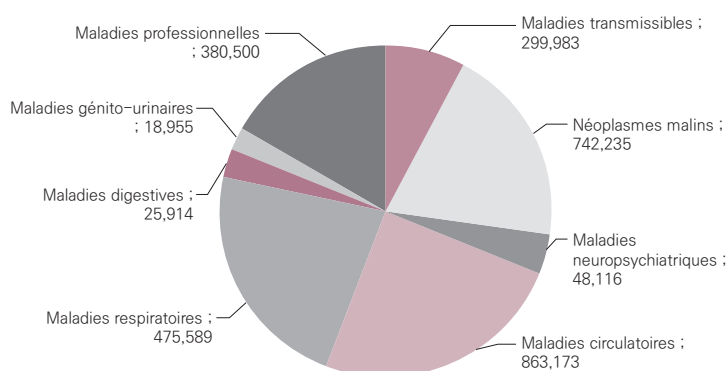
Conférence préliminaire OIT-AISS qui s'est tenue les 5 et 6 octobre par les organisateurs du prochain Congrès OIT-AISS 2021 à Toronto

Une session extraordinaire en ligne de l'OIT sur le Covid-19 et la SST comportait les contributions d'organisations de travailleurs et d'employeurs et elle a couvert des domaines spécifiques relevant de la Coalition mondiale de l'OIT pour la sécurité et la santé au travail. Les contributions portaient sur l'Enseignement supérieur par Johannes Siegrist, Vision Zéro dans les entreprises par l'Institut finlandais sur la santé au travail, les Systèmes multirégionaux de données sur la SST par l'Union européenne.

J'ai fait une brève présentation du contexte de la Coalition mondiale proposée à l'origine au Congrès mondial de l'OIT-AISS à Singapour en 2017 par le ministre des Affaires sociales et de la Santé de Finlande, le ministère du Travail de Singapour et l'ICOH. De surcroît, j'ai à nouveau abordé la réponse globalement médiocre de la couverture en cas de COVID-19 lié au travail en matière de reconnaissance, de prévention et de compensation. Dans la population étudiée, 19 % des cas de Covid-19 italiens au début de cette année ont été causés au travail, et le personnel de santé fut la population la plus touchée – une majorité – au travail. Si l'on ne tient compte que de la tranche d'âge active (15 à 65 ans), le taux était d'environ 30 %. En savoir plus en suivant le lien OEM ci-dessus.

Décès professionnels provoqués par des blessures et des maladies, Monde

Ajouter : les décès dus au COVID-19 en 2020,
Estimation : 43,000 (parmi 1,1 mill.)



Infos de l'OIT - « L'impact économique mondial de l'absence d'investissements adéquats dans la sécurité et la santé au travail est à peu près égal au PIB total des 130 pays les plus pauvres du monde », a déclaré Guy Ryder, Directeur général de l'Organisation internationale du travail (OIT), à près de 3 500 participants lors de la cérémonie d'ouverture du XXI^e Congrès mondial sur la sécurité et la santé au travail à Singapour le 3 septembre 2017.

Les nouvelles estimations mondiales sur les maladies et blessures professionnelles représentent 3,94 % du PIB mondial par an, soit 2,99 mille milliards de dollars US. En vies humaines, cela signifie que 2,78 millions de travailleurs continuent de mourir chaque année de blessures et de maladies professionnelles et que 2,4 millions de ces décès peuvent être attribués aux seules maladies professionnelles. Les chiffres annoncés aujourd'hui ont été élaborés par la Finlande, Singapour, l'UE et la Commission internationale de la santé au travail, avec le soutien de l'OIT.

https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_573118/lang-en/index.htm



Relation professionnelle (FA*) de certaines maladies / troubles

Transmissible 4.8%(homme) – 32.5%(femme)

Covid-19 en âge de travailler / décès¹ 3.9% H/F

âge de travailler 15-65 ans / maladie² 30% H/F

Cancer / décès 13.8%

Neuropsychiatrique / décès 6.6%

Circulatoire / décès 14.4%

Respiratoire / décès

BPCO 18%

Asthme 21%

Autres maladies respiratoires 1%

Maladies digestives / décès 2.3%

Maladies génito-urinaires / décès 3.0%

Troubles musculo-squelettiques 37+ %

Santé mentale / troubles mentaux 10-30%

Stress, travail nocturne

1 Finlande / THL, âge médian de tous les décès liés au Covid-19: 84 ans

2 Marinaccio A, Iavicoli S, Guerra R ; The Lancet 25 sept. 2020

* AF = Fraction attribuable

Figure 1 : relation entre diverses maladies et le COVID-19 avec le travail. Voir également <https://goo.gl/hTZaW5> pour plus d'informations sur les maladies et blessures liées au travail.

Toutefois, tandis que le risque d'infection est élevé pour les travailleurs, les conséquences les plus graves affectent les victimes beaucoup plus âgées. L'âge moyen des décès provoqués par le COVID-19 en Finlande est de 84 ans, de sorte que la fraction de mortalité est relativement faible pour la population en âge de travailler. La fraction provisoire attribuée au travail qui en résulte est alors largement différente entre incidence et mortalité. Voir ma diapositive présentée à la conférence, légèrement modifiée d'après les commentaires reçus. Cela vient du fait que la plupart des décès sont liés à la vieillesse et à diverses maladies coexistant peu susceptibles d'affecter fortement la population en âge de travailler. Tandis que les chiffres actuels ne cessent d'augmenter pour l'année 2020, les tendances de l'année prochaine peuvent également être assez différentes et varier selon le pays, la région et le type de travail et de contacts humains.

Excellence HSE

J'ai également eu l'opportunité de me joindre à un forum virtuel HSE sur la santé et la sécurité en tant que responsabilité sociale et j'ai tenté de présenter le lien entre développement durable et responsabilité sociale. Mon ressenti sur les conférences virtuelles confirme de plus en plus le fait que la communication en ligne fonctionne assez bien avec des personnes et des groupes que vous connaissez déjà, mais moins lorsque les participants ne se connaissent pas. Mon ressenti sur le développement durable penche également pour une action et des structures permanentes sur les lieux de travail, pas seulement un projet limité dans le temps pour corriger tel ou tel problème bien identifié. Les facteurs modifiables nécessitent une attention constante et sur le long terme, voir figure 2.

Principaux groupes de maladies / blessures et facteurs modifiables au travail

Cancer d'origine professionnelle	Maladies circulatoires d'origine professionnelle	Accidents	Maladies infectieuses et parasitaires	Troubles musculo-squelettiques	Troubles psychosociaux
Amiante	Travail posté et de nuit, surmenage	Absence de politique d'entreprise, système de production, collaboration travailleur / employeur, mauvaise culture de la sécurité	Eau potable de mauvaise qualité	Levage de charges lourdes, chargements, dimensions et formats	Manque de contrôle
Substances cancérigènes, procédés, silice et autres poussières	Contrainte par des exigences élevées, une faible latitude décisionnelle	Manque de connaissances, de solutions et de bonnes pratiques	Mauvais système d'assainissement et d'égouts	Mouvements répétitifs	Mauvais équilibre entre vie professionnelle et vie privée
Rayonnements ionisants, matières radioactives	Risque élevé de blessure	Manque d'orientation ou politiques gvt médiocres, législation médiocre, mauvaise application et collaboration tripartite	Mauvaise hygiène, manque de connaissances	Mauvaise conception des sièges, des tables, des outillages	Mauvaise culture organisationnelle
Radiation UV	Produits chimiques	Absence de système de rémunération incitative	Protection contre les animaux, les insectes, les serpents, les virus, les bactéries	Basses températures, vibrations	Ambiguïté ou conflit de rôle, priorités incertaines ou changeantes
TPT (tabagisme passif au travail)	TPT (tabagisme passif au travail)	Manque ou services SSE médiocres			
Gaz d'échappement de moteur diesel		Mauvais systèmes de signalement et de notification			



Figure 2 : Une sélection de facteurs modifiables au travail

L'avenir nordique du travail

L'avenir du travail a été discuté – et sera discuté – au sein de nombreux forums différents, y compris ceux de nos grands événements ICOH dans un passé récent. Dorénavant, les organismes nordiques de l'inspection du travail et d'autres institutions nordiques ont rédigé un rapport sur « Le travail aujourd'hui et à l'avenir, perspectives sur les défis et opportunités en matière de sécurité et de santé au travail pour les organismes nordiques de l'inspection du travail ». De plus, ils ont organisé un webinaire sur ce sujet. Il présente des informations utiles pour tout service d'inspection du travail et experts dans le domaine. Voir le rapport complet [ici](#).

Radiation UV

Les lecteurs se souviendront sans doute des actions passées entreprises en lien avec le « Sommet multipartite 2019 sur le cancer professionnel de la peau ». Ce sommet fut suivi de deux ateliers avec un appel à prendre des mesures de plusieurs parties prenantes, des décideurs politiques, y compris l'Union européenne, des professionnels de la santé, des employeurs et des travailleurs et leurs organisations, et des groupes de défense des patients. Le prochain « Plan européen de lutte contre le cancer » est l'un des instruments qui doivent mettre l'accent sur le cancer de la peau sans mélanome par exposition aux rayons UV naturels comme l'un des principaux domaines d'action. Il s'agit d'une pathologie grave et évitable qui est facilement identifiée et réduite si des systèmes appropriés de prévention, de signalement et de compensation sont disponibles. L'ICOH apprécie le suivi continu et persistant du Comité scientifique de l'ICOH dirigé par le professeur Swen Malte John. L'Académie européenne de dermatologie et de vénéréologie et la Coalition européenne des patients atteints de cancer entretiennent des liens étroits.

Maroc

Le système de santé et de sécurité au travail du pays est en phase d'amélioration et le Maroc a organisé un webinaire international pour apprendre des expériences d'autres pays comme des modèles possibles et des encouragements pour le Maroc à améliorer ses propres systèmes. Le Conseil économique, social et environnemental du Maroc affiche un vif intérêt pour de telles expériences. Le professeur El Kholti en est la force motrice et il est également la force motrice du congrès ICOH2024 à Marrakech, au Maroc. Un large éventail de contributeurs au webinaire comprenait le Dr Margaret Kitt, États-Unis, Stéphane Pimbert, France et le Dr Pierre Durand de Montréal, Canada. La bonne représentation de l'ICOH fut assurée par le professeur Seong-Kyu Kang de la Corée du Sud et moi-même. L'intérêt du pays et le projet de s'engager dans une voie progressive vers un système de santé et de sécurité au travail revitalisé avec pour point de mire le Congrès ICOH2024 et au-delà est un signe encourageant. Bravo le Maroc !

Les résultats mondiaux – et de certaines professions– du fardeau des maladies et des blessures GBD 2019 viennent d'être publiés

Tandis que l'Institute of Health Metrics and Evaluation IHME de l'Université de Washington à Seattle, s'est fixé comme objectif principal des mesures de santé globales, les résultats du processus continu couvrent de plus en plus de nombreux risques professionnels. Bien entendu, nous aimerions que davantage de ces facteurs de risque et problèmes de santé soient couverts. La dernière version a été publiée dans The Lancet. Le document sur les facteurs de risque comprend également une multitude de nouvelles données sur les facteurs de risque professionnels. Voir [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30752-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30752-2/fulltext). De nombreux collègues de l'ICOH, dont Tim Driscoll, Odgerel Chimed-Ochir, Ken Takahashi et moi-même, ont collaboré et nous continuons à collaborer à ce processus, peut-être beaucoup plus que d'autres dans la longue liste des collaborateurs. Des résultats plus détaillés et bien présentés sont disponibles sur le site Web : <https://vizhub.healthdata.org/gbd-compare/>

Par exemple, le problème mondial de l'amiante est démontré par les derniers chiffres globaux de décès liés à l'amiante dont la hausse est continue, les décès répertoriés au GBD2019 étaient de 242 764 décès, dont 239 333 décès professionnels. En collaboration avec de nombreux collègues de l'ICOH, nous avons établi et estimé un an auparavant dans notre article Désastre mondial de l'amiante paru dans l'IJERPH des chiffres très proches du nouveau GBD2019. Nous sommes toujours d'avis que le nombre de mésothéliomes est sous-estimé et cela nous renseigne également sur le niveau d'exposition à l'amiante ayant un impact sur de nombreuses autres maladies telles que le cancer du poumon lié à l'amiante bien plus fréquent.

Le nombre de blessures mortelles provoquées par des accidents du travail dans le GBD2019 est de 311 491, tandis que les estimations de l'OIT en 2017 s'élevaient à 380 500. Bien que les amplitudes correspondent et soient comparables, je pense que les chiffres du GBD2019 sont toujours sous-estimés, en particulier en ce qui concerne les nombres de décès professionnels non liés à la circulation – reflétant peut-être les données de référence des pays pauvres sur les chiffres globalement fortement sous-déclarés ou non déclarés. Ceux qui sont intéressés par de plus amples détails, n'hésitez pas à me contacter, ainsi que mes collègues en Finlande, à Singapour et à l'Agence européenne (EU-OSHA) comme indiqué dans la figure 1.

Octobre 2020
Jukka Takala
President de la CIST



Message du Secrétaire général



Cher membre de l'ICOH,

L'urgence sanitaire a un impact sur notre mode de vie, ainsi que sur l'organisation du travail et les interactions sociales.

Cette situation impacte également les activités de l'ICOH qui sont notablement orientées sur les événements, les colloques, les réunions. Au cours des décennies précédentes, l'ICOH, via ses comités scientifiques, a toujours organisé des activités et des réunions toutes les deux semaines dans le monde entier.

Cela nous a permis de créer une importante communauté scientifique afin de partager des connaissances et des expériences et de combler le fossé entre la recherche et la pratique.

Cela activité a été notre force et notre mission au fil des années.

L'ICOH doit s'adapter aux événements actuels et trouver de nouveaux moyens de communication et de partage des connaissances, qui n'ont jamais été aussi plus importants.

Nous devons saisir cette opportunité pour afficher notre résilience. Nous sommes la plus grande communauté scientifique au monde dans le domaine de la santé au travail et nombre d'entre nous sont déjà impliqués au niveau national et international à travers leurs actions et leurs recherches pour contenir la pandémie.

Dans ce contexte, le recours à la technologie nous permettra de préserver notre contribution à la communauté scientifique internationale.

Par exemple, j'ai eu l'occasion de participer en tant que

conférencier à plusieurs webinaires organisés au cours des mois précédents, y compris le webinaire de l'ICOH « Santé et sécurité au travail : Le Combat contre le COVID 19 » en juillet 2020, ainsi que le webinaire « Le COVID ne connaît pas de frontières » organisé par le Business Council for International Understanding en septembre 2020. Ce fut une opportunité de discuter de la contribution de la communauté scientifique de l'ICOH face à l'urgence du COVID.

Les réunions effectuées en ligne représenteront une alternative adéquate aux réunions présentielles dans un proche avenir. À cette fin, l'ICOH s'implique dans l'organisation de webinaires. Nous sommes convaincus que les membres de l'ICOH accueilleront favorablement cette innovation. De plus amples informations seront communiquées aux membres via les canaux de communication de l'ICOH.

Un autre projet en cours est l'investigation de l'ICOH sur le COVID-19 par les secrétaires nationaux qui collecte des informations sur les politiques de santé publique, les mesures de prévention et d'autres politiques mises en place par les gouvernements dans le monde afin de contenir la pandémie. L'investigation, qui a pour objectif de collecter de manière structurée et systématique toutes les données disponibles dans le plus grand nombre de pays possible, trouve ses raisons dans notre objectif traditionnel et institutionnel d'améliorer la santé et la sécurité des travailleurs. À cette fin, le rôle de l'ICOH, en tant que société scientifique internationale de premier ordre dans le domaine de la santé au travail, avec des membres issus de 114 pays, est très important. Les résultats seront bientôt disponibles via les canaux de communication de l'ICOH.

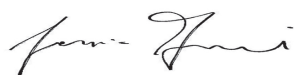
Par ailleurs, l'ICOH a pris part à la session extraordinaire du Conseil exécutif de l'OMS sur la mise en œuvre de la réponse à la résolution WHA73.1 COVID-19, qui s'est tenu de façon virtuelle du 5 au 6 octobre 2020. À cette occasion, l'ICOH a effectué une déclaration mettant l'accent sur l'importance de la prévention et de la gestion de la pandémie COVID-19 au travail. Une multitude d'activités professionnelles exposent les travailleurs au virus SRAS CoV-2, en particulier dans les secteurs où les taux de contact interhumain sont élevés, par exemple le personnel soignant, les intervenants auprès des personnes âgées et les services sociaux, le personnel des

interventions d'urgence et d'incendie, la police, le milieu scolaire et bien plus. S'ils sont infectés, les travailleurs de certaines professions peuvent jouer un rôle important en tant que vecteurs ou propagateurs de l'infection, par ex. le personnel soignant, d'autres professions des services, le personnel des industries alimentaires et bien d'autres.

Le texte intégral de la déclaration de l'ICOH se trouve sur la page d'accueil du site Web de l'ICOH.

Nous traversons une période difficile, mais je suis certain que la communauté de l'ICOH fera progresser sa mission au cours de cette période sans précédent, mais néanmoins transitoire. Nous avons vraiment hâte de vous rencontrer à nouveau en personne.

Prof. Sergio Iavicoli
Secrétaire Général de l'ICOH



Message de l'éditrice

Chers membres,

De sérieux combats pour la santé publique et professionnelle sont toujours d'actualité en raison de la pandémie de COVID-19. Malgré tous les obstacles à la politique de distanciation sociale, la lettre d'information de l'ICOH a constaté que de nombreux membres effectuaient leur travail en ligne et hors ligne.

Dans ce numéro de décembre, nous effectuons un essai de publication de la lettre d'information au format e-book en plus de l'original (pdf web, version imprimée). En novembre 2020, seuls 6 pays sur 114 acceptaient les colis en raison de leurs politiques postales provisoires sous la contrainte du COVID-19. Votre opinion sur cette lettre d'information au format e-book

est la bienvenue. N'hésitez pas à partager vos idées avec nous à : overseas1@kosha.or.kr

[La planification éditoriale de la Lettre d'information de l'ICOH]

Pour 2018 et 2020 :

- 1) Vol 1: 1er AVRIL
(date limite de soumission des articles: 10 FEVRIER)
- 2) Vol 2: 1er AOÛT
(date limite de soumission des articles: 10 JUIN)
- 3) Vol 3: 1er DECEMBRE
(date limite de soumission des articles: 10 OCTOBRE)

Changement d'adresse

La lettre d'information de l'ICOH est publiée en deux versions : au format papier et électronique. Tous les membres actifs de l'ICOH qui ont payé leur adhésion la reçoivent par e-mail et par courrier postal. Pour recevoir les deux versions, l'adresse e-mail et l'adresse postale enregistrées auprès du Secrétariat de l'ICOH doivent être correctes. Veuillez informer l'ICOH de tout changement de vos adresses, en communiquant avec le bureau de la rédaction (toxneuro@kosha.or.kr, toxneuro@gmail.com) ou le secrétariat de l'ICOH (icoh@inail.it).

Eun-A Kim
Editrice en chef,
Bulletin de la CIST



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