

Health hazards: WHO point of view under the international framework

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7th International Workshop

How to handle imported containers safely

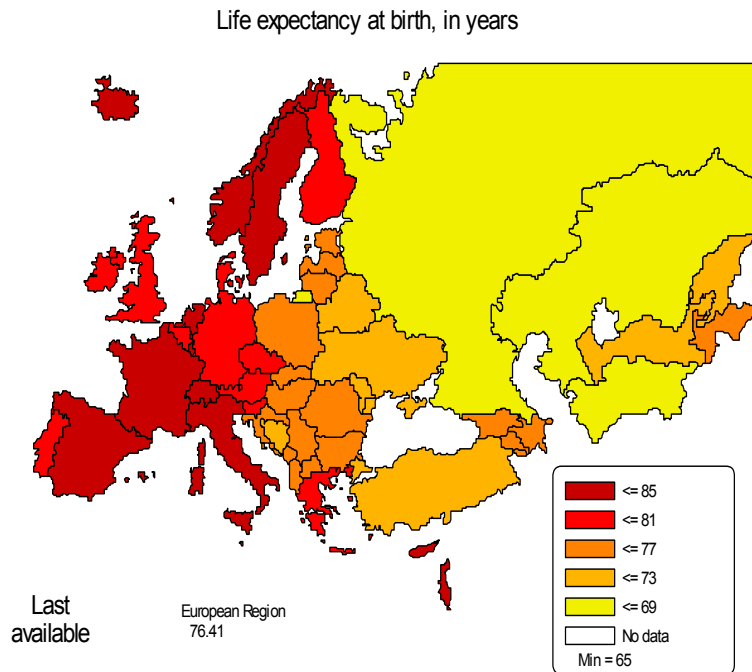
Berlin, 22 May, 2014

Outline

- WHO is WHO?
- WHO European Region and health status
- WHO Policies on environment and occupational health
- Further considerations

The WHO European Region

53 Member States: 900 000 000 pop



Evidence for policy and action

Issues

- Evidence (based) informed policy making
- Using the best available evidence
- Inspiring new research
- Developing the arguments / making the case
- Creating political commitment
- Creating the preconditions for change
- Creating the capacity for change
- Applying what we know – context and political processes
- The time-lag factor
- Research methodologies - the transfer of knowledge and attribution
- Action research and learning from doing
- The know-how of reaching out to others
- Intellectualising is a barrier for action
- Missing the stories - case studies unreadable for learning
- Understanding and investing in innovation processes

WHO European Region:

- Significant improvements in health and well-being butuneven and unequal
- Europe's changing health landscape: new demands, challenges and opportunities
- Economic opportunities and threats: the need to champion public health values and approaches

European Region landscape

- *We are dealing with complexity and uncertainty*
- *Health challenges are multi-faceted and require active involvement of all levels of government (international, national, and local)*

People live longer and have less children.

People migrate within and between countries, cities grow bigger.

Noncommunicable diseases dominate the disease burden.

Depression and heart disease are leading causes to healthy life years lost.

Infectious diseases, such as HIV, tuberculosis remain a challenge to control.

Antibiotic-resistant organisms are emerging.

Health systems face rising costs.

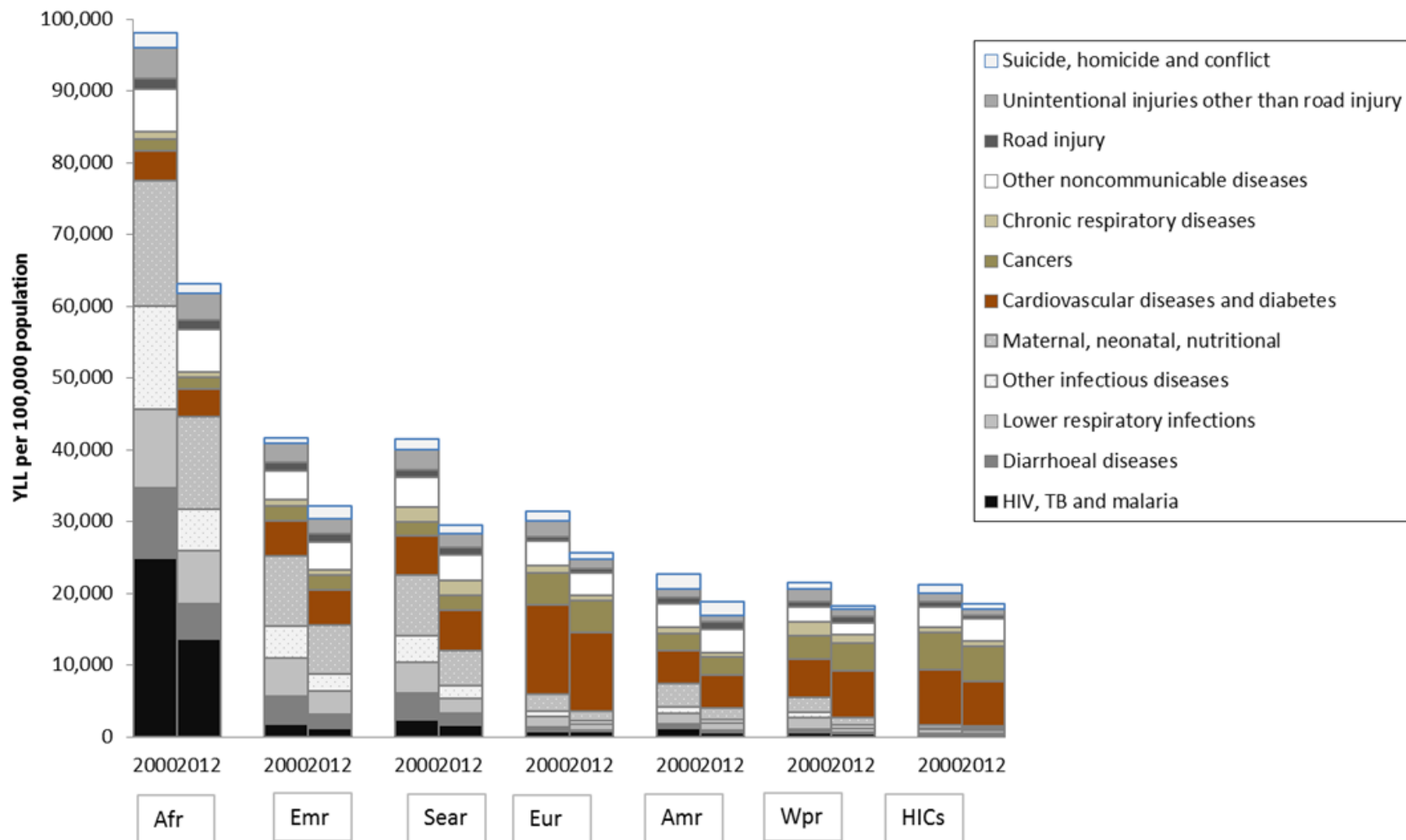
Primary health care systems are weak and lack preventive services.

Public health capacities are outdated.

The 10 Leading Causes of Death, Global, 2000 and 2012

No	Causes of death, 2000	Deaths (million)	% of deaths		No	Causes of death, 2012	Deaths (million)	% of deaths
1	Ischaemic heart disease	6.0	11.3	→	1	Ischaemic heart disease	7.4	13.2
2	Stroke	5.7	10.7	→	2	Stroke	6.7	11.9
3	Lower respiratory infections	3.5	6.6	↘	3	COPD	3.1	5.6
4	COPD	3.0	5.8	↘	4	Lower respiratory infections	3.1	5.5
5	Diarrhoeal diseases	2.2	4.1	↘	5	Trachea, bronchus, lung cancers	1.6	2.9
6	HIV/AIDS	1.7	3.2	→	6	HIV/AIDS	1.5	2.8
7	Tuberculosis	1.3	2.5	↘	7	Diarrhoeal diseases	1.5	2.7
8	Prematurity	1.3	2.5	↘	8	Diabetes mellitus	1.5	2.7
9	Trachea, bronchus, lung cancers	1.2	2.2	↘	9	Road injury	1.3	2.2
10	Birth asphyxia & trauma	1.0	2.0	↘	10	Hypertensive heart disease	1.1	2.0
11	<i>Diabetes mellitus</i>	<i>1.0</i>	<i>2.0</i>	↘	11	<i>Prematurity</i>	<i>1.1</i>	<i>2.0</i>
12	<i>Road injury</i>	<i>1.0</i>	<i>1.9</i>	↘	13	<i>Tuberculosis</i>	<i>1.0</i>	<i>1.8</i>
16	<i>Hypertensive heart disease</i>	<i>0.8</i>	<i>1.6</i>	↘	16	<i>Birth asphyxia & trauma</i>	<i>0.7</i>	<i>1.3</i>

YLL per 100,000 by cause and region, 2012



Human and Economic Burden of Occupational Accidents and Diseases



- Daily 1,000 people do not return home from work because they die in a workplace accident¹
- Annually 2.3 million people die around the world from occupational accidents or work-related diseases²
- 4% of the world's annual GDP is lost as a result of occupational diseases and accidents²
- 70% of workers are not ensured to compensate occupational diseases and injuries

1 – ILO (2013), “Safety and Health at Work: Hopes and challenges in development cooperation”., Geneva, Switzerland

2 – ILO (2011), “ILO Introductory Report: Global Trends and Challenges in Occupational Safety and Health”, XIX World Congress on Safety and Health at Work, Istanbul 11-15 September 2011

Labour force statistics in the WHO European Region

- In 2011 over 230 million were employed
- 1.7% burden of diseases - due to major occupational risks associated with this burden are:
 - Injuries (40% of the occupational burden of disease)
 - Noise (22%)
 - Carcinogens (18%)
 - Airborne particulate matter (17%)

WHO policies



1. International Health Regulations, 2005
2. Workers' health: global plan of action. WHO, A60.26, 23 May 2007
3. Parma Declaration, 2010
4. European Health 2020 policy, WHO 2012

1. The IHR Core Capacities

Capacity in/for:

- Legislation and policy
- Inter-sectoral coordination
- Surveillance
- Response
- Preparedness
- Risk communication
- Human resource capacity
- Laboratory
- Multi-sectoral and environmental hazards (zoonotic, chemical, radiologic, food safety)
- At Points of Entry



Based on national action plans developed in 2007-2009

WHO tools, guidelines, & on-site support

2. Workers' health: Global Plan of Action

Objectives:

1. To devise and implement policy instruments on workers' health
2. To protect and promote health at the workplace
3. To improve the performance of and access to occupational health services
4. To provide and communicate evidence for action and practice
5. To incorporate workers' health into other policies

3. Parma Declaration: actions on major environmental risk factors

4 Regional Priority Goals



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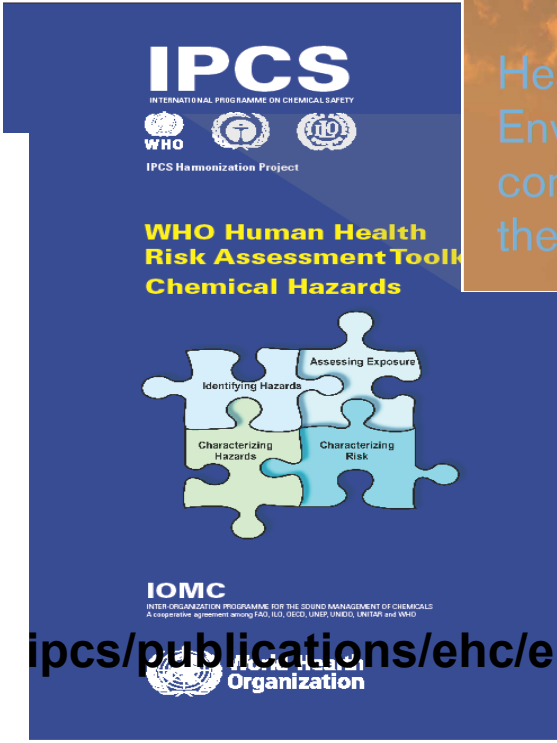
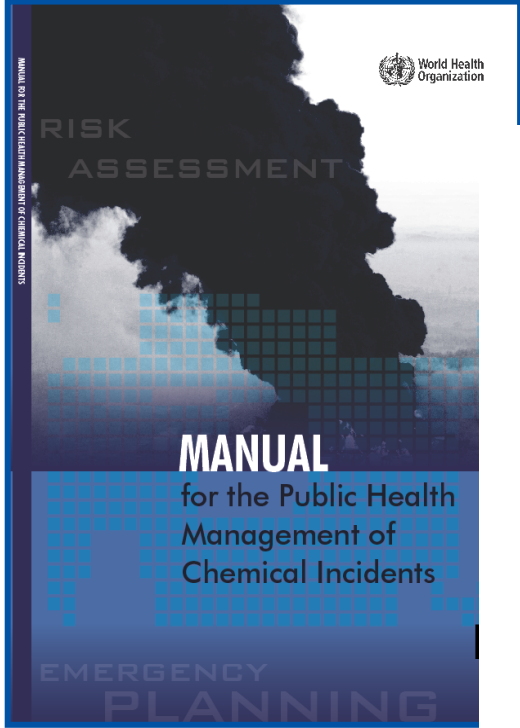
Goal I. to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, safe and affordable water and adequate sanitation for all children.

Goal II. to prevent and substantially reduce health consequences from accidents and injuries by promoting safe, secure and supportive human settlements for all children.

Goal III. to prevent and reduce respiratory disease due to outdoor and indoor air pollution,an environment with clean air.

Goal IV. to reduce the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence.

WHO guidelines



ipcs/publications/ehc/ehc243.pdf

Studying health effects: Exposure

- Occupational
- Many (mixed) contaminants
- Many exposure pathways
- Low quality data
 - Emissions
 - Concentrations
 - People's mobility and activities
- Difficult to identify a gold standard
- Residential information often used

What health endpoints?

- Need to consider broad spectrum
 - Short- and long- term
 - Severe (mortality, cancer, hospital admission) and less severe (respiratory conditions)
 - Mostly a-specific
- Strong competing determinants involved
 - Occupational vs environmental
 - Lifestyle
 - Predisposition
 - Quality of health care

Broader assessments needed

- Vulnerability to accidents
- Exposure mixes
- Economic dimension
- Cross-sectoral work required

→ Health impact assessment (HIA)

→ Strategic Environmental Assessment (SEA)

Conclusions

- Rich available methodology for analysis
- Literature is sparse
- Consolidate methodology
- Integrate better across disciplines (eg, biomonitoring)
- Invest in more participatory HIA type approaches
- Strengthen international collaboration

THANK YOU FOR YOUR ATTENTION

