



# BG-dag 11 mei 2023

## International Collaboration for Global Health Equity - the role of CIB, IOMSC, EASOM, UEMASS & others

*Prof. Richard Heron*

Expert Advisor, Health and Work, World Economic Forum

*Prof. Frank van Dijk, MD, em.*

Prof. Work and Health, research, development and education with international focus, stichting Learning and Developing Occupational Health (LDOH)

*Herman Spanjaard, MD, MPH, FACOEM, Arboconsult*



# BG-dag 11 mei 2023

## Which international roles to play as Society, as Individual and what are the benefits for me as individual NVAB member?

- NVAB as a National OH Society takes part in many (inter)national organisations, Dissemination of knowledge & help building networks.
- Individual (salaried or volunteer): Multinational, WHO, ILO, World Bank, WEF, UN, NGO's (like Red Cross), EU, LDOH.
- Through experiences, networking, etc. look at your practice in NL from a different angle, get new inspiration.



# BG-dag 11 mei 2023

## A few abbreviations to start

- CIB (NVAB): Commissie Internationale Betrekkingen
- IOMSC: International Occupational Medicine Society Collaborative
- ICOH: International Commission on Occupational Health
- EASOM: European Association of Schools of Occ. Medicine
- UEMS section Occ. Med.: Union Europ. Med. Specialists, Brussels
- EUMASS: EU of Medicine in Assurance and Social Security
- ICSEOEM: International Component Society of Occupational and Environmental Medicine (ACOEM, Am. College of OEM)
- LDOH: stichting Learning and Developing Occ. Health, Nederland



## Why?

**Every worker on this planet has the right to safe and healthy work**







## Why Richard, Frank and Herman?

- Richard: former Global Medical Director BP, Current Expert Advisor Work and Health, World Economic Forum
- Frank: Programs in Latin America, Türkiye, Central Asia, Indonesia, ICOH Board & committees, etc.
- Herman: Programs in Romania, China, Kazachstan, Mongolia, Türkiye, NVAB Board, IOMSC Board, Committees etc.



## Hypothesis

**Work is a social determinant of health**

**ergo**

**Workers Health is the responsibility of the Public Health  
Authority**

**[Yes/no]**



# IOMSC: WHO ARE WE ?

**Mission:** To improve workers' health and workplace safety on a global scale

**Aims:**

- ✓ Collaborate on issues of concern and opportunities in OEM
- ✓ Advance the specialty of OEM
- ✓ Promote the provision of evidence-based OEM





## The International Occupational Medicine Society Collaborative (IOMSC)

Provides an assembly for Occupational medicine societies to promote greater awareness of issues and best practices for better worker health worldwide

- Established and supported by ACOEM and SOM IN 2013
- Grown from 17 societies to 50 societies in 44 countries

## Working with local partners for a healthier working world





# PARTICIPATING COUNTRIES

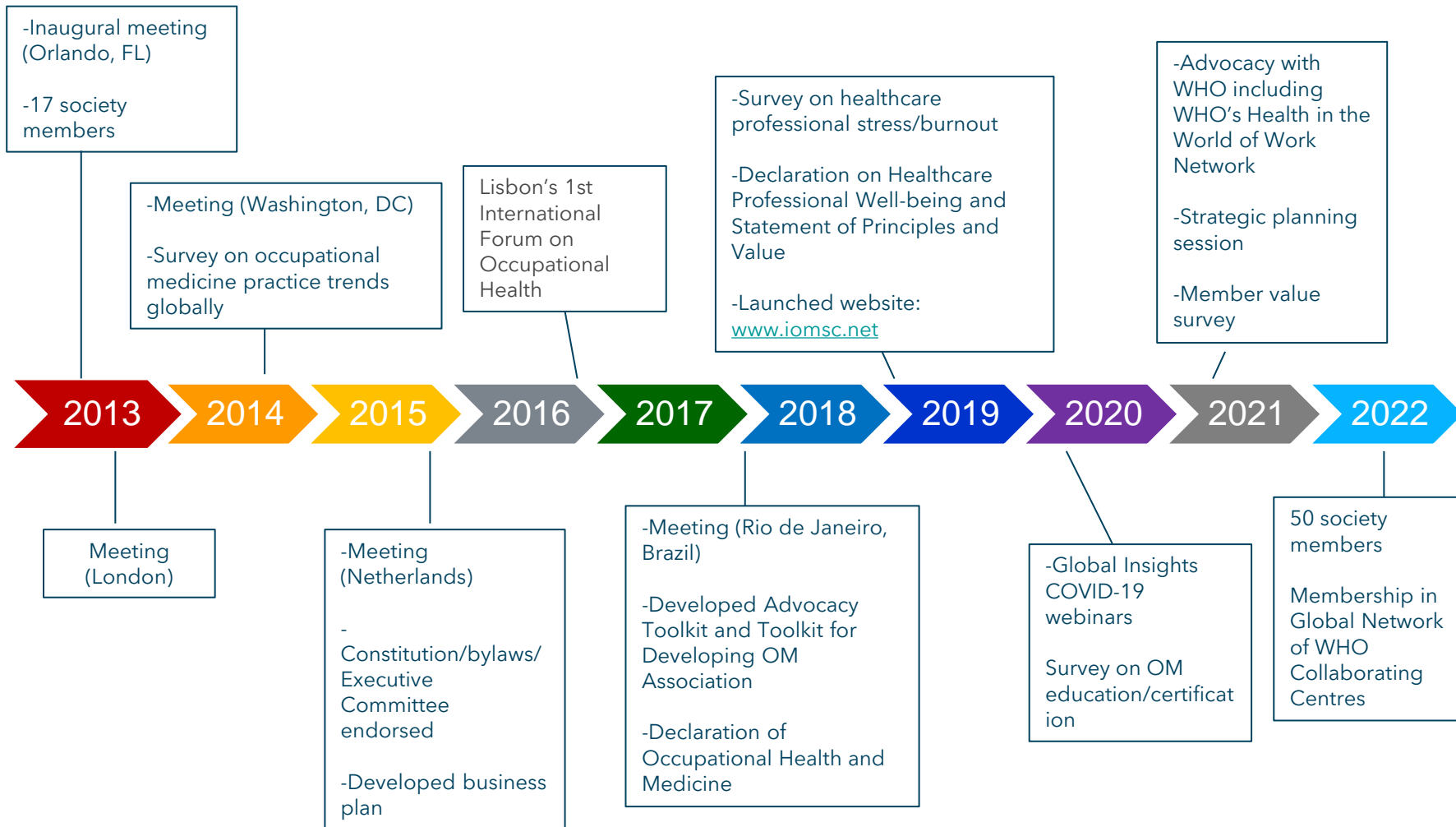




# 10<sup>TH</sup> ANNIVERSARY MEETING – APRIL 14, 2023



# Roadmap of IOMSC's accomplishments





## International Occupational Medicine Society Collaboration:

### Achievements

#### **Toolkits:**

- Advocacy Toolkit
- Professional Association Toolkit

#### **Surveys:**

- Overview in Professional Structure, Education etc

#### **Webinars:**

- International Webinars



# Suggested Advocacy objectives for IOMSC

- Helping Members to influence their government's legislation, implementation of etc.
- Expand OM education capacity
- Inspire young doctors and latera entrants
- Shared technical learning (Covid, silicosis etc.) with other specialties
- Spread OM knowledge to SME (small and medium size employers )
- Make use f moderns social media
- Global Health Advocacy (e.g. World Assembly)





# Netherlands Experience

## Achievements

- Change in legislation brings more Occ Meds into Disability Centres
- Temporary funding for 2 years to train Occ Meds as currently a shortage (current training is privately funded)
- Revival of International Committee of Dutch Society. Offer to IOMSC of data-base of Dutch professors who have worked internationally
- More, young Occ. Meds and lateral entrants

## Tactics

- Parliamentary questions
- Parliamentary meetings
- Meetings with MPs and civil servants from Dept Social Affairs

## Briefings

- On Occ med at job markets, university and student organizations



# Learning and Developing Occupational Health (LDOH)



(2018) Gert van der Laan, Teake Pal, Marjolein Bastiaanssen, Ad de Rooij, Paul Smits, Piet Kroon, Marten van Til, Andre Weel, Marrit van der Meer, Maarten Verberk, Frank van Dijk plus Mieke Lumens (Occup. Hygiene Utrecht) en Yohama Caraballo-Arias (Venezuela)







## EBM developed in the Netherlands

Frederieke Schaafsma, Carel Hulshof, Jos Verbeek, Jan Hovink, Paul Smits, Frank van Dijk, et al.

### OSH online, how to find reliable information



About 1000 downloads and many more disseminated free digital copies

... a carefully written, comprehensive and up-to-date book. It will save the busy clinician or researcher valuable time in literature searches.

*Occupational Medicine* Volume 68, Issue 1, January 2018

... an excellent summary of how to research various websites available to professionals and students in a variety of countries.

*Journal of Occupational and Environmental Medicine*  
Volume 61, Issue 4, April 2019



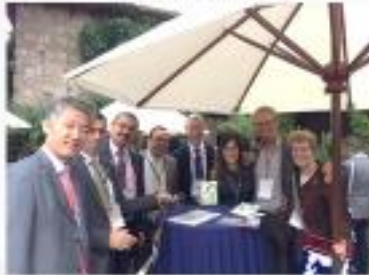
Kazakhstan



Croatia



Netherlands



Guatemala



Latin America



Türkiye



USA

OSHAfrica 2019  
Conference

ACOH  
2020 USA

OSHAfrica 2020  
Nehru Centre Mumbai

EASOM  
Belgium  
2021

Tutorial  
Kirgizstan  
2021

Pretoria  
S. Africa  
2021

ICOH  
Rome/  
Australia  
2022

Bologna  
Italy  
2022

Pretoria  
S. Africa  
2022



## Hypothesis 2

**Many tasks performed by Occupational Physicians should be done by other Health Profession**

**[Yes/No]**



## YOU ARE

a teacher in Occupational Safety & Health (student/professional)



## YOU WANT

to update and innovate your education and you have limited time



## YOU SEARCH

the Internet for e-lessons, interactive sessions and active assignments



## WE CAN ASSIST YOU

Visit our website and benefit from work done by international colleagues



LDOH LIBRARY

<https://library-education-osh.ldoh.net>

## 1 Risks at work

- Physical
- Chemical
- Biological
- Ergonomical
- Psychosocial
- Safety, Accident risk
- Employment conditions
- Personal protective equipment
- All kinds of risks at work

## 2 Diseases (ICD-10)

- Infectious, Blood & Immune diseases
- Neoplasms (cancer)
- Endocrine, Nutrition, Metabolic, Digestive & Genito-urinary diseases
- Mental & Behavioral disorders
- Nervous System diseases
- Eye diseases
- Circulatory diseases
- Respiratory diseases
- Musculoskeletal disorders / injuries
- Skin diseases
- Pregnancy, Childbirth, Perinatal & Congenital disorders/health effects
- Unclassifiable
- Injury, Poisoning & External causes (e.g. Accidents)
- Ear Nose and Throat (ENT) diseases
- All kinds of diseases

## 3 Sector of Industry

- Agriculture, Forestry & Fishing
- Construction
- Healthcare & Social Assistance
- Manufacturing
- Mining
- Oil and Gas Extraction
- Public Safety
- Services (except Public Safety)
- Transportation, Warehousing & Utilities
- Wholesale and Retail Trade
- All kinds of sectors

## 4 Other topics

- Occupational (Safety and) Health
- One OSH core discipline
- Domains, Instruments and Tools for OSH
- Occupational and Work-Related Diseases
- Fitness for work, Sickness Absence, Work (Dis)Ability
- Workplace Health Promotion
- Susceptible Groups
- Ethics
- Evidence-Based Practice
- Research, Epidemiology, Statistics
- OSH Education and Training
- OSH Policy
- Other, not mentioned before
- All kinds of other topics
- Occupational Health Services (OHS)
- Legislation

# Bibliographic database on BOHS and similar initiatives (189 publications)



August 23, 2019

164	AUT	E	Article	OA	Pingle S. Basic occupational health: a key issue for achieving health equity in India. <i>Occup Environ Med</i> 2018;75(Suppl 2):A1–A650			
	India							
168	AUT	C	Article	OA	Saha RK. Occupational Health in India. <i>Annals of Global Health</i> . 2018; 84: 330–333.			
169	AUT	C	Article	OA	Kulkarni GK. Mini occupational health services for un-organized labor markets in India. <i>Indian J Occup Environ Med</i> 2018;22:1			
170	AUT	D	Editorial	OA	Joseph B. Universal Occupational Health Care - The Need of the Hour. <i>Indian J Occup Environ Med</i> . 2019			
171	AUT	D	Article	OA	Kumar MM, Ruikar M. Technology driven integration of occupational health services into primary healthcare settings. <i>Int J Community Med Public Health</i> . 2020;7:2421-2425.			
172	AUT	D	Lecture at international forum	OA	Zodpey S, Negandhi H. Revitalizing Basic Occupational Health Services Provision for Accelerating Universal Health Coverage in 21(st) Century India. <i>Indian J Occup Environ Med</i> . 2020;24:1-2.			
173	AUT	D	Article	OA	Pal A, Dasgupta A, Sadhukhan SK, Bandyopadhyay L, Paul B, Podder D. How common are aches and pains among garment factory workers? A work-related musculoskeletal disorder assessment study in three factories of south 24 Parganas district, West Bengal. <i>J Family Med Prim Care</i> . 2021;10:917-921.			
174	AUT	D	Article	NOT O				
175	AUT	D	Book (E-book)	OA	Copyright	Pingle S. Basic occupational health: a key issue for achieving health equity in India. <i>Occup Environ Med</i> 2018;75(Suppl 2):A1–A650	India	<a href="http://dx.doi.org/10.1136/oemed-2018-ICOHabstracts.902">http://dx.doi.org/10.1136/oemed-2018-ICOHabstracts.902</a>
176	AUT	D	Book review	OA	Creative Commons	Saha RK. <b>Occupational Health in India</b> . <i>Annals of Global Health</i> . 2018; 84: 330–333.	India	<a href="https://doi.org/10.29024/aogh.2302">https://doi.org/10.29024/aogh.2302</a>
177	AUT	D	Book review	OA	Creative Commons	Kulkarni GK. <b>Mini occupational health services for un-organized labor markets in India</b> . <i>Indian J Occup Environ Med</i> 2018;22:1	India	<a href="https://www.ijorm.com/text.asp?2018/22/1/1/230353">https://www.ijorm.com/text.asp?2018/22/1/1/230353</a>
178	AUT	D	Lecture at international congress (abstr)	OA	Creative Commons	Joseph B. <b>Universal Occupational Health Care - The Need of the Hour</b> . <i>Indian J Occup Environ Med</i> . 2019	India	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6783522/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6783522/</a>
179	AUT	D	Lecture at international congress (abstr)	OA	Creative Commons	Kumar MM, Ruikar M. <b>Technology driven integration of occupational health services into primary healthcare settings</b> . <i>Int J Community Med Public Health</i> . 2020;7:2421-2425.	India	<a href="http://dx.doi.org/10.18203/2394-6040.ijcmph20202509">http://dx.doi.org/10.18203/2394-6040.ijcmph20202509</a>
180	AUT	D	Article	OA				
181	AUT	D	Article	OA				
182	AUT	E	Editorial	OA				
183	AUT	E	Article	OA				

# WORK AND HEALTH IN AGRICULTURE

For primary, community  
and occupational  
health care

Maarten Verberk  
Frank van Dijk

Learning and Developing Occupational Health Foundation

Airborne contact with pollen, due to the handling or mowing of flowering plants, may cause allergic CD, rhinitis and asthma. Notorious plants are ragweed (Figure 4 and 5; small amounts may induce severe reaction) and feverfew (Figure 6). CD in the face is due to airborne or hand-face contact.



Figure 4. Airborne contact dermatitis due to ragweed (<http://emedicine.medscape.com/article/1090097-overview#a3>, accessed 2015-12-11).

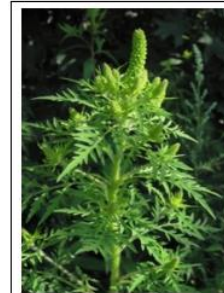


Figure 5. Common ragweed (Ambrosia artemisiifolia) (<https://www.dalsenet.nl/nieuws-/283324>, accessed 2019-09-13).



Figure 6. Feverfew (Parthenium hysterophorus) ([https://en.wikipedia.org/wiki/Parthenium\\_hysterophorus](https://en.wikipedia.org/wiki/Parthenium_hysterophorus) Photo by Ethel Aardvark, accessed 2019-09-13).

Poison ivy (Toxicodendron radicans, Figure 7 and 8) is quite common; its sap contains urushiol, which is able to sensitize more than half of exposed persons; symptoms may appear even months after exposure.

Many food plants are able to induce allergic CD, for instance mango, cashew, carrots, asparagus, cucumber, tomato, potato, pecan, olive oil, rice, parsley, cloves. The same holds for ornamental plants: many composites, chrysanthemums, alstroemeria, primula, hederia, etc., also bulbs of plants. Especially harvesters and packers are at risk.

Sawdust from wood may cause CD and respiratory problems due to the lichens (moss species) growing on it. Allergenic timbers are meranti, mahogany, afzelia, rosewood and many others.



Figure 7. Poison ivy on ankle; 'streaked' appearance due to shift of damaged parts of plant (<http://diseasespictures.com/poison-ivy-rash-poison-oak-rash-pictures-home-remedies/>, accessed 2015-12-11).

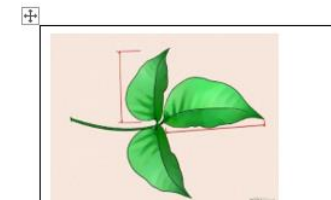


Figure 8. Poison ivy (Toxicodendron radicans); shrub or vine climbing with air roots; berries white, red in autumn; side leaflets shorter than middle leaflet (3-12 cm) (<http://www.wikihow.com/Identify-Poison-ivy>, accessed 2015-12-11).

# LDOH Newsletter



## Education in OSH News

In the Newsletter, we would like to give you an overview of the activities of the LDOH Foundation.

In this issue, we highlight the activities of the LDOH in 2022. LDOH participated in OSH training and education, a book has been written and new learning material was added to the LDOH e-library of Education.

[Visit our website](#)

## Virtual Patients Medical Cases

Virtual Patients (VP) cases have been developed as online lessons by the LMU in Germany, in collaboration with others. The unique VP lessons, each containing one case, were developed for undergraduate medical students and for continuing medical education. All lessons contain several so called 'cards' with information and assignments. These assignments are partly interactive, and the participant receives feedback about the answers given.



In total, the collection contains 32 cases in English and 17 in Spanish and German language. The cases were developed between 2006 and 2013. Although the cases are surely still very

## Inside this Issue

- News on Education in OSH
- Virtual Patients offers Medical Cases
- Book Work and Health in Agriculture release
- Training on Occupational Diseases
- Basic Occupational Health Services
- Plans for 2022 and next year
- Who wants to participate?

version. If you are interested you can find the free-of-charge online book version on our website, during November 2022.



## Training on Occupational Diseases in NEPAL

LDOH co-organized a 5-day capacity building training funded by the [German Development Organization](#), on recognition and prevention of Occupational Diseases (OD) for the Social Security Fund (SSF) in Nepal. Participants were doctors dealing with OD in hospitals as well as the officers at SSF dealing with OD.

In order to help the participants to articulate their learning needs, a literature search was conducted by Frank van Dijk and Gert van der Laan of LDOH, resulting in 71 relevant contributions (34 from Nepal) in scientific literature. Based on this comprehensive overview the experts (Gert van der Laan LDOH, Andreas Kranig DGUV) could plan their curriculum for the workshop focussed on the apparent problems and needs in Nepal.

This interactive 5-day course contained basic knowledge of recognition, assessment and prevention of OD, presentation of cases of suspected OD by the participants, a review of national policies and regulations by the local expert (Pranil Pradhan), group exercises and an OD quiz and finally a written assessment (designed and analyzed by Paul Smits of LDOH).



Both the oral evaluation and the written assessment showed that the course was appreciated and met the learning objectives. Furthermore, the course was fruitful of its own, for it gathered many doctors in Nepal and officers from the Social Security Fund dealing with OSH and OD.

LDOH participated in similar courses and workshops in Türkiye, several Central-Asian countries, Tanzania and Bangladesh (clothing industry).

Gradually we developed a method in which we could enrich the literature search by a brief bibliography describing not only shortly the content of the publications but also the authors, institutes and national/international connections behind the publications.

## Basic Occupational Health Services

How to support the 85 % of the workers in the world without access to expert-based



# International Training Courses in Recognition and Prevention of OD's



## Capacity Building Programmes:

Project	Funding	Target Group	Date:
ESPrIT	EU-Türkiye Twinning	Public Health Institute, community health centers	2016-2019
TUTORIAL Central Asia	Erasmus+	University Teachers	2016-2020
Tanzania	Socieux	OD Social Security	2020
Nepal	GIZ	OD Social Security	2021
Bangladesh	DGUV	OD Social Security	2021

# What was the impact for the international partners and students?



- Many students have been trained in OSH, in education-development, basics of research, and health surveillance
- Contribution to prevention and to quality of OH care
- Mutual Cultural Enrichment



# Strong features OSH in the Netherlands good for export



- Out of the box thinking ( Jac van der Klink: ‘capability’, research for practice) and good international connections
- Notification and alerts on occupational diseases, independent of a compensation system (NCvB, support NVAB)
- International overviews on ODs, Alerts (NCvB - Henk van der Molen, Modernet - Annet Lenderink; Work for ILO - Gert van der Laan)
- Prevention of disability by advanced support of workers with chronic disease (KCVG)
- Strong scientific research in occupational health: Amsterdam, Groningen, Tilburg
- Pioneers in Evidence-based OM: Cochrane Center (Amsterdam UMC), unique NVAB guidelines for professional practice in OM
- Strong Association of Occupational Physicians (NVAB); high quality hygienists, psychologists, sociologists, safety experts; strong social insurance physicians
- Experience in development of education in OSH

# Weak OSH features in the Netherlands, good to learn from others, benefits for us



- OHS & OPs focused on sickness absence management, not on OD prevention (Belgium)
- Commercialization of OHS services: money-driven, poor quality, disintegration of OH care, erosion of values, no integration in health care (COVID, KNAW Report 2022) (Belgium)
- Absence of compensation and support for workers with occupational disease (long COVID, cancer, COPD) (Germany, Belgium)
- Large gap between public health and occupational health (COVID 19) (Thailand, Türkiye, Iran, Brazil)
- Lack of care for informal workers, self-employed, migrants \*
- Absence of enforcement of safe and healthy working conditions \*
- Lack of scientific research on vulnerable groups \* (USA)
- Lack of occupational nurses (many countries better), and hygienists
- Serious problems in attracting & educating OP manpower \*
- Evidence-based Occupational Medicine not promoted in daily practice \*

\* rather universal problems

# What may be learned from international work



- OHS services should be not-for-profit and not one-sided employer-dependent (Belgium)
- Isolated OH professionals are vulnerable, so hindering progress (UK NHS Health at Work, Belgium IDEWE)
- More accent on empowerment of management and workers, less dominant ‘medical’ thinking; more interdisciplinary work and participatory approaches (ILO WISE, WIND programs)
- Greater role for occupational health surveillance as once was practice in the Netherlands (EU directive 89/391, but in EU no good evaluation available\*)
- Social security must take a supportive role in prevention (Germany)
- Occupational health is part of an overall public health responsibility (Thailand, Brazil)
- Migrant worker studies (USA)
- Basic Occupational Health Services ambitions and efforts (Thailand, India, Brazil)
- International collaboration promotes a wider perspective on issues of work and health
- International collaboration as a form of international solidarity

\* study in EU countries 2017. Colosio, Mandic-Rajcevic, Godderis, van der Laan, Hulshof, van Dijk



# **Future of work - what could healthy organisations look like?**



## Hypothesis 3

**Artificial Intelligence (AI) will make Occupational Physicians redundant in the next decade.**

**[Yes/no]**



# What is Health and wellbeing?

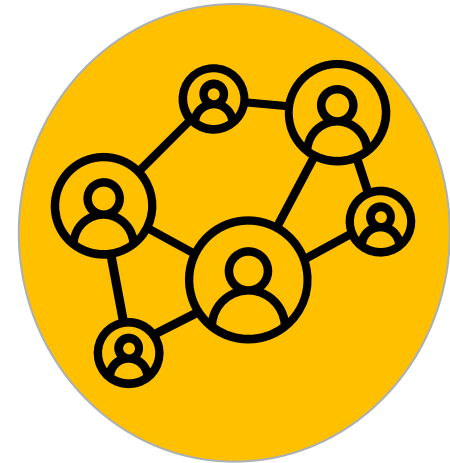
A state of total.....



Physical



Mental



Social

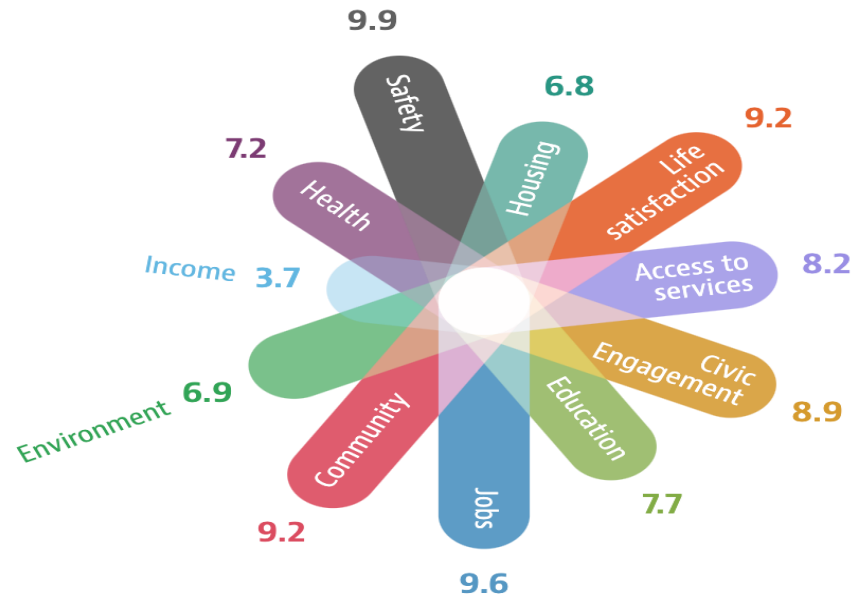
....wellbeing

...feeling good, functioning well,  
and satisfaction with life as a whole





## How is life in Gelderland?



## How is life around you?



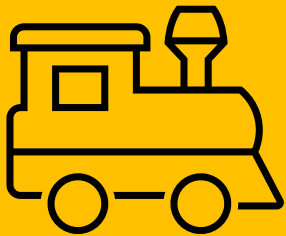
OECD  
**Regional**  
Well-Being

<http://oecdregionalwellbeing.org>



# Industrial Revolutions

Steam



Electricity



Digital



AI, robotics  
machine-  
learning  
blockchain



# Insights from Industrial Revolutions

- They driven economic growth for nations with access to **materials\***, **human capital\*** and **sources of energy\***
- **\*Barriers to access increase risks of geopolitical unrest**
- **health and wealth benefits are unevenly distributed**



# Determinants of speed to reach economic bliss:

- Power to control population
- Determination to avoid wars and civil dissensions
- Entrust to science the direction of those matters which are properly the concern of science
- Margin between our production and our consumption

JM Keynes 1930



# Determinants of speed to reach economic bliss:

- Power to control population
  - **Equitable access to Human Capital?**
- Determination to avoid wars and civil dissensions
  - **Equitable Access to materials & energy**
- Entrust to science the direction of those matters which are properly the concern of science
  - **Evidence-based practice over populism?**
- Margin between our production and our consumption
  - **Sustainability for people and planet?**



# Does the past predict the future?

*“The best way to predict the future is to create it”*

Abraham Lincoln



# Where employers can make a difference?





# How can we align purpose and goals?

More Committed  
More Reliable  
More Productive  
Higher Quality  
& More Profit!

Safer  
More Interesting/purposeful  
More flexible  
More Fulfilment  
& More Money !

Aligned Goals

Worker

Employer





# You decide where are we headed?





## **Concluding Hypotheses**

**The only role of an Occupational Physician is to advise on Return to Work**



## **Concluding Hypotheses**

**Different roles for Occupational Physicians.....**

**An International Lesson from Philadelphia?**



# Sushi roles artists?





## Concluding Hypotheses

**The Occupational physician has an ethical role to advise the employer on the environmental impacts of their operations on Public Health**

**[Yes/No]**



## Concluding Hypotheses

**The Occupational physician has a moral duty to advise the employer impacts of its products and services on health (e.g. weapons, cigarettes, alcohol)**



## Concluding Remarks

**We love you!**



## Concluding Remarks

**Be sceptical!**





## **Concluding Remarks**

**Stay Curious and optimistic!**



## Literature:

- <https://www.iomsc.net>
- <https://ldoh.net/>