



Pan American Health Organization



Regional Office of the
World Health Organization



<http://www.paho.org>

WORKERS' HEALTH IN LATIN AMERICA AND THE CARIBBEAN: *Current situation and follow up*



Julietta Rodríguez Guzmán, MD SOH MScA OH
Regional Advisor on Workers' Health
Sustainable Development and Environment SDE/EOH

***2nd Meeting of the Working Groups of the
XVII Inter-American Conference of Ministers of Labor (IACML)
Panel 3 – OCCUPATIONAL HEALTH AND SAFETY***

Contents

1- Background

2- Context of Workers' Health in the Region:

Overview of inequities

3- Regional milestones

4- The way forward



http://www.oas.org/udse/cersso/



Outlook Web App

Diálogos Hemisféricos



TALLER SOBRE SALUD Y SEGURIDAD OCUPACIONAL LA EXPERIENCIA SUBREGIONAL DE CERSO

SAN SALVADOR, EL SALVADOR - ABRIL 29 - 30, 2004

BIENVENIDOS

QUE ES CERSO

PARTICIPANTES

REFLEXIONES

PROGRAMA

RECOMENDACIONES

INFORMACION
DE APOYO

INVESTIGADORES

COMUNICADOS



PARTICIPANTES



Pan American Health Organization

Contribuciones de las distintas Organizaciones y Agencias Internacionales y



**Pan American
Health
Organization**



**Pan American
Health
Organization**



*Regional Office of the
World Health Organization*

<http://www.paho.org>

**III TALLER HEMISFÉRICO SOBRE
SEGURIDAD Y SALUD OCUPACIONAL**

**“Buscando mejorar las condiciones de
la salud y seguridad ocupacional de
nuestros trabajadores”**

Cusco, Perú
21 de octubre de 2008

Dra. Luz Maritza Tennessee
Asesora Regional de Salud de los Trabajadores

Marie-Claude Lavoie



Pan American
Health
Organization

Dynamic and changing conceptual framework

WORK-HEALTH RELATIONSHIP: the traditional approach

QUALITY OF LIFE AT WORK: holistic approach

SOCIAL DETERMINANTS OF HEALTH:
Clear difference between EMPLOYMENT & WORKING conditions

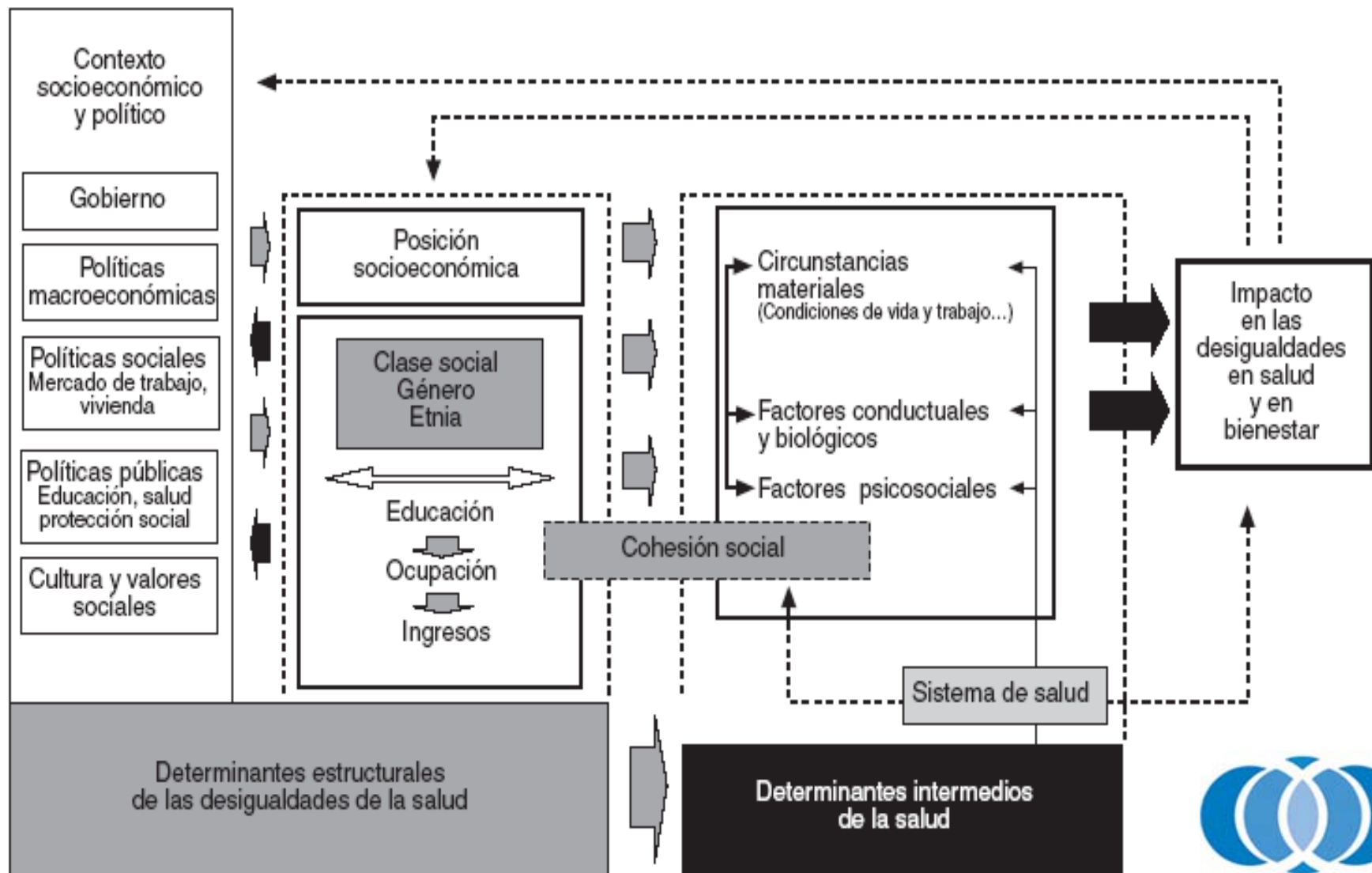
SOCIAL & ENVIRONMENTAL DETERMINANTS OF HEALTH AT WORK:

- Multi-causal, multi-systemic & multisectorial approach
- Post-Rio +20: Sustainable Development Goals
- Health Promotion: Health in All Policies, Finland 2013



Pan
Heal
Orga

Figura 1. Marco conceptual de los determinantes sociales de la salud. Comisión de Determinantes Sociales de la Organización Mundial de la Salud.

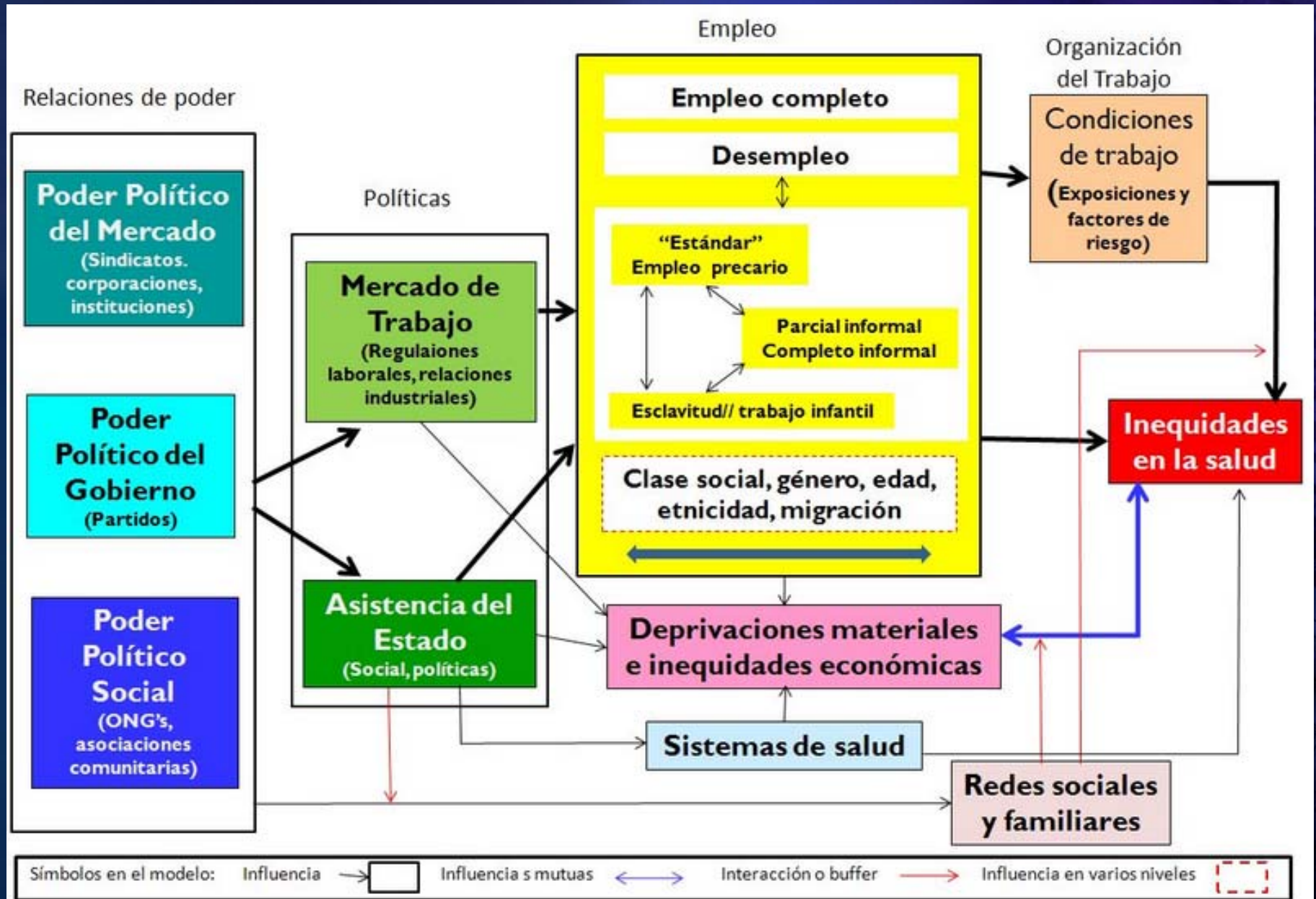


Fuente: Solar e Irwin¹.



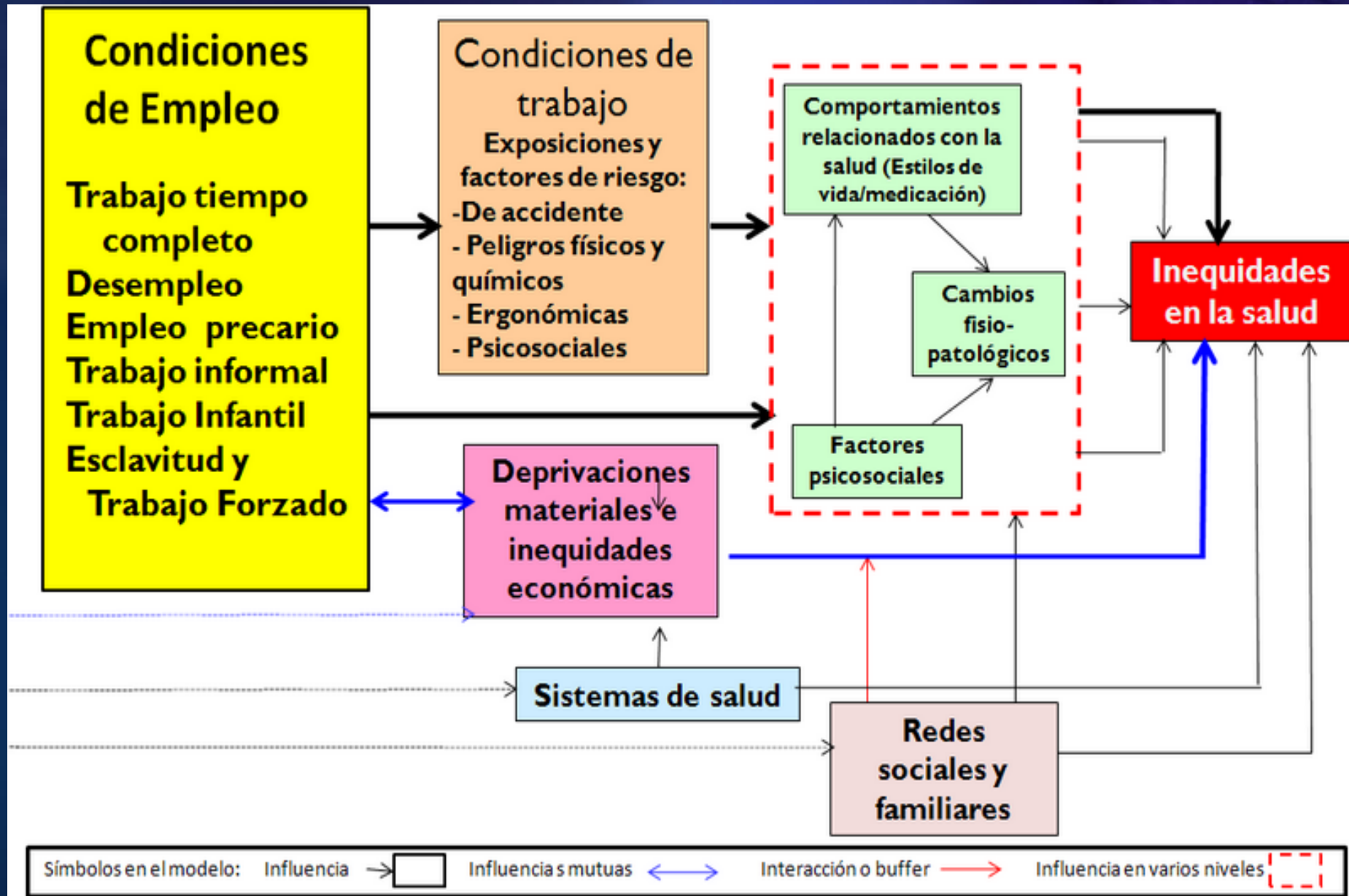
Commission on social determinants of health

Macro - Theoretical frame of work and health inequities



Source: Benach, J., Muntaner, C. & Santana, V (2008) Employment Work & Health Inequalities: a Global Perspective. WHO CSDH, In: Proceedings Global strategies: Improving labor conditions for working poor.. IHSP, McGill University, Montreal, May 2008

Micro – Theoretical frame of work and health inequities



Source: Benach, J., Muntaner, C. & Santana, V. (2008) Employment Work & Health Inequalities: a Global Perspective. WHO CSDH, In: Proceedings Global strategies: Improving labor conditions for working poor.. IHSP, McGill University, Montreal, May 2008

Major inequities in Workers' Health

→ WHERE?

→ WHY?

→ WHEN?

→ WHO?

"Taxonomy Of Inequities"



Pan American
Health
Organization

Some criteria about the “Taxonomy of the inequities”:

→ **WHERE?** Geographic or spatial distributions/ comparisons between or within regions and countries (e.g. North/South).

- Continental → e.g. Europe/Africa

- Countries: “developed” x “emergent” x “recently industrialized” “less developed”, etc.

- Within the countries: between and within regions, states, provinces; very frequent “urban” / “rural”



Pan American
Health
Organization

Some criteria about the “Taxonomy of the inequities”:

- **WHY? “Work division criteria”** (working conditions and hazards, the culture of unionization, the recruitment and power of prevalent economic models [*coming into LM* → *competencies y education*])
- a) **Social division**– between productive sectors.
 - b) **Technical division**– Work/production divided by sections, tasks, supervisors, minorities
 - c) **Gender division**: occupational segregation, some occupational for men or women within and outside of work, and expanding to domestic and other environments.
 - d) **Cultural/ ethnic division**- Regional minorities in relationships similar to colonization within the power zones of metropolis.



Pan American
Health
Organization

Some criteria about the “Taxonomy of the inequities”:

- **WHY? WHY? “Work division criteria”** (working conditions and hazards, the culture of unionization, the recruitment and power of economic models)
- e) **International divisions** – cheap manpower in low-income countries, often producing raw materials. Multinational corporations transfer production processes + hazards + risks and problems due to less controls.
 - f) **Spatial division** – the Massey concept (1984): concentration of certain industry jobs or sectors in specific geographical areas E.g.: maquilas, exportation zones, etc.
 - g) **Key business** - policy and practices transferred due carry along undesirable practices (3 Ds: dangerous, dirty, deadly) to outsourced contractors, day journalists y home laborers (fami-enterprises).



Pan American
Health
Organization

Some criteria about the “Taxonomy of the inequities”:

→ **WHEN?** Inequities in critical moments of working life:

- **Access to work** and hiring processes
- **Vertical mobility**, including “re-engineering
- **Layoffs** (including “downsizing”)
- Health events: general diseases & medical leave
- **OI&D** Occupational injuries and diseases
- Events related to **lossing functionality and disability**
- **Retirement and aging**



Pan American
Health
Organization

Some criteria about the “Taxonomy of the inequities”:

- **WHO?** According to the perpetrator (direct/indirect):
- Social and economic macro- policies, including *pervasive development and productive models*, etc.
 - Genral healthcare services?
 - Employers and representatives?
 - Technicians, supervisors o administrators?
 - **OHS professionals ?**
 - Others, including workers themselves?



Pan American
Health
Organization

The practice of OHS: “Temptations and sins” against equity

- Discriminative practices in hiring processes (pre-occupational medical evaluations)
- Use, abuse & mistakes in biological monitoring
- Evaluations of impairment and disability
- Determining the origin of events at work
- Reporting and registering OI&D
- Ideologies and leadership based only on productivity and economic targets
- Silence in inadequate & unacceptable working conditions
- Violence (including all forms of harassment) at work



– OTRAS
Pan American
Health
Organization

***2nd Meeting of the Working Groups of the
XVII Inter-American Conference of Ministers of Labor (IACML)
Panel 3 – OCCUPATIONAL HEALTH AND SAFETY***

Contents

1- Background

2- Context of Workers' Health in the Region:

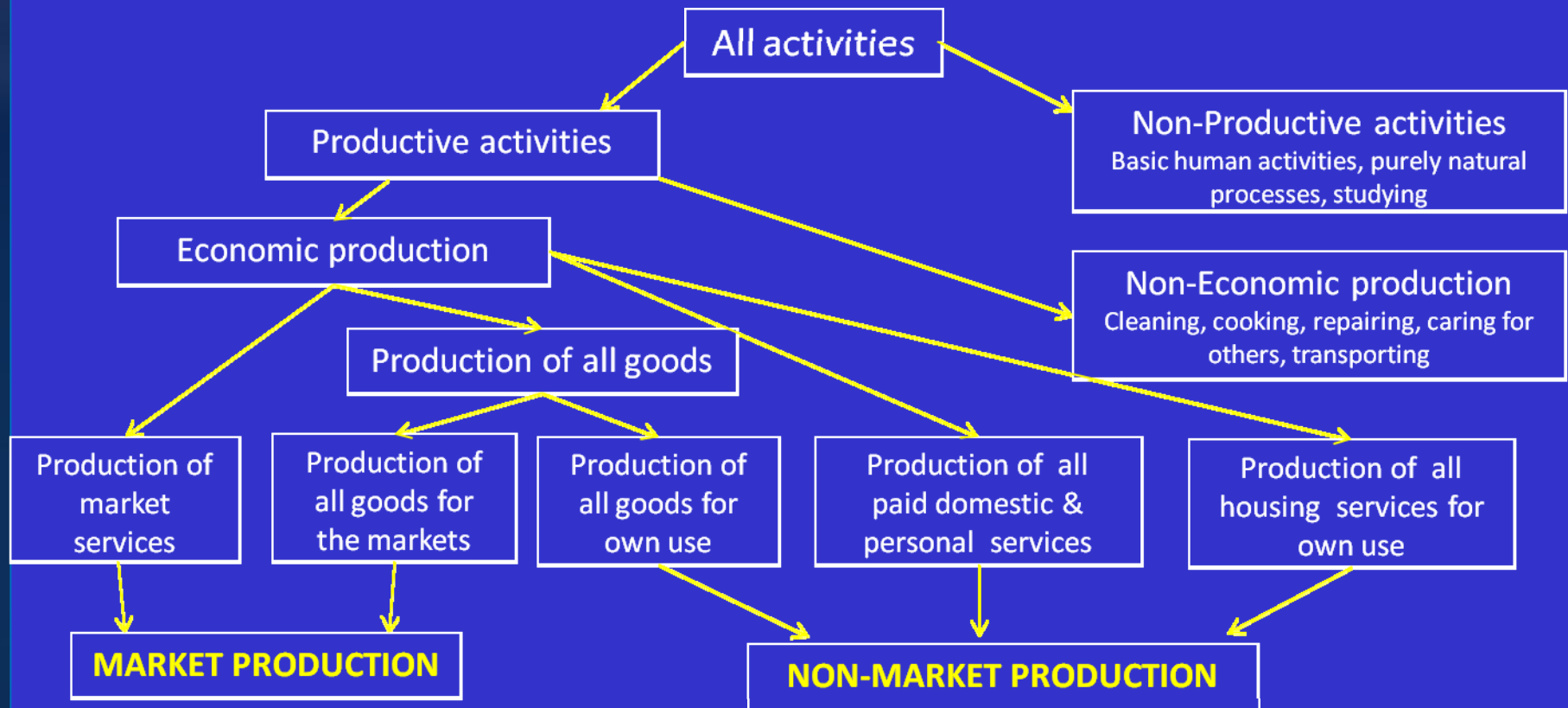
Overview of inequities

3- Regional milestones

4- The way forward

WORKERS' HEALTH CONTEXT: INEQUITIES OF FORMAL & PRECARIOUS WORK IN THE AMERICAS

Economic production as defined in the current system of national accounts

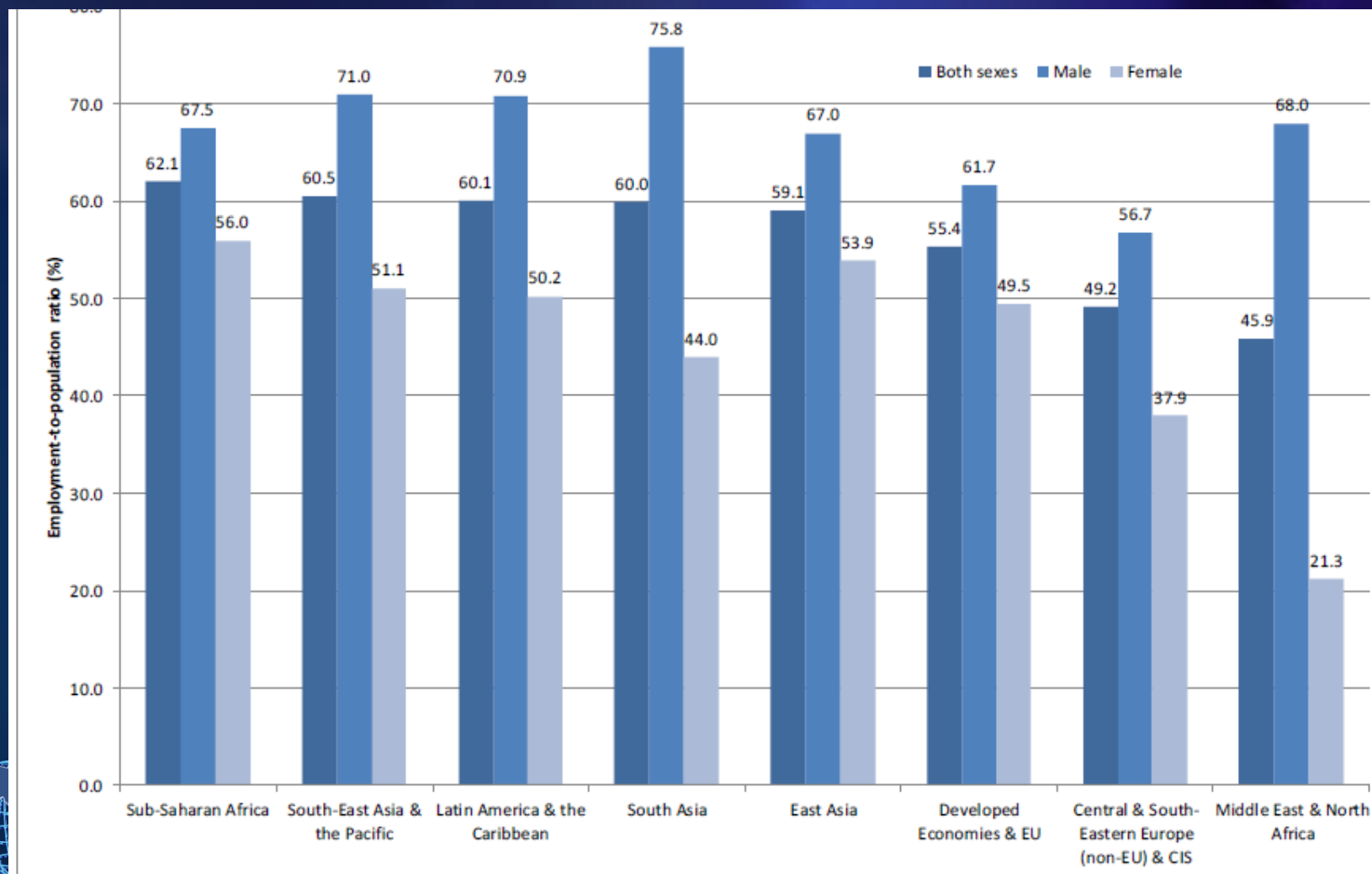


Pan American
Health
Organization

Fuentes: Measuring the economically active in Population censuses.: a handbook.
Study methods Series F No. 102 , UN/OIT, 2010.

CONTEXTO DE LA SALUD DE LOS TRABAJADORES: Distribución del empleo formal en el Mundo

Tasas de empleo/población desde 2000 para países con información
(Población en edad de trabajar efectivamente empleada)



Fuente: ILO. Key Indicators of the Labour Market (KILM), 7ª Edición, 2013

WORKERS' HEALTH CONTEXT: LABOR FORCE DISTRIBUTION IN THE AMERICAS



North America	185 million	(39.5%)
----------------------	--------------------	----------------

Latin America	283 million	(60.2%)
----------------------	--------------------	----------------

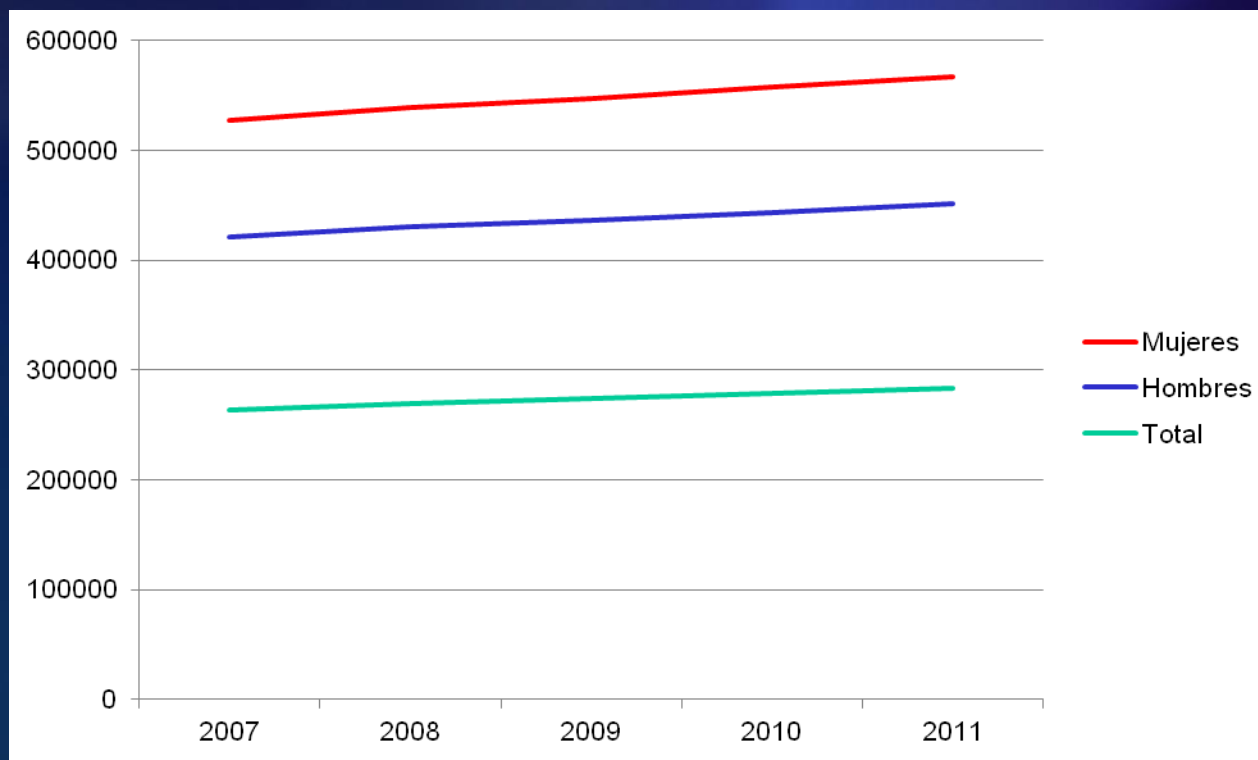
TOTAL	468 MILLION	
(100%)		



Pan American
Health
Organization

Fuentes: OIT, 2011; Benach et al., 2010.

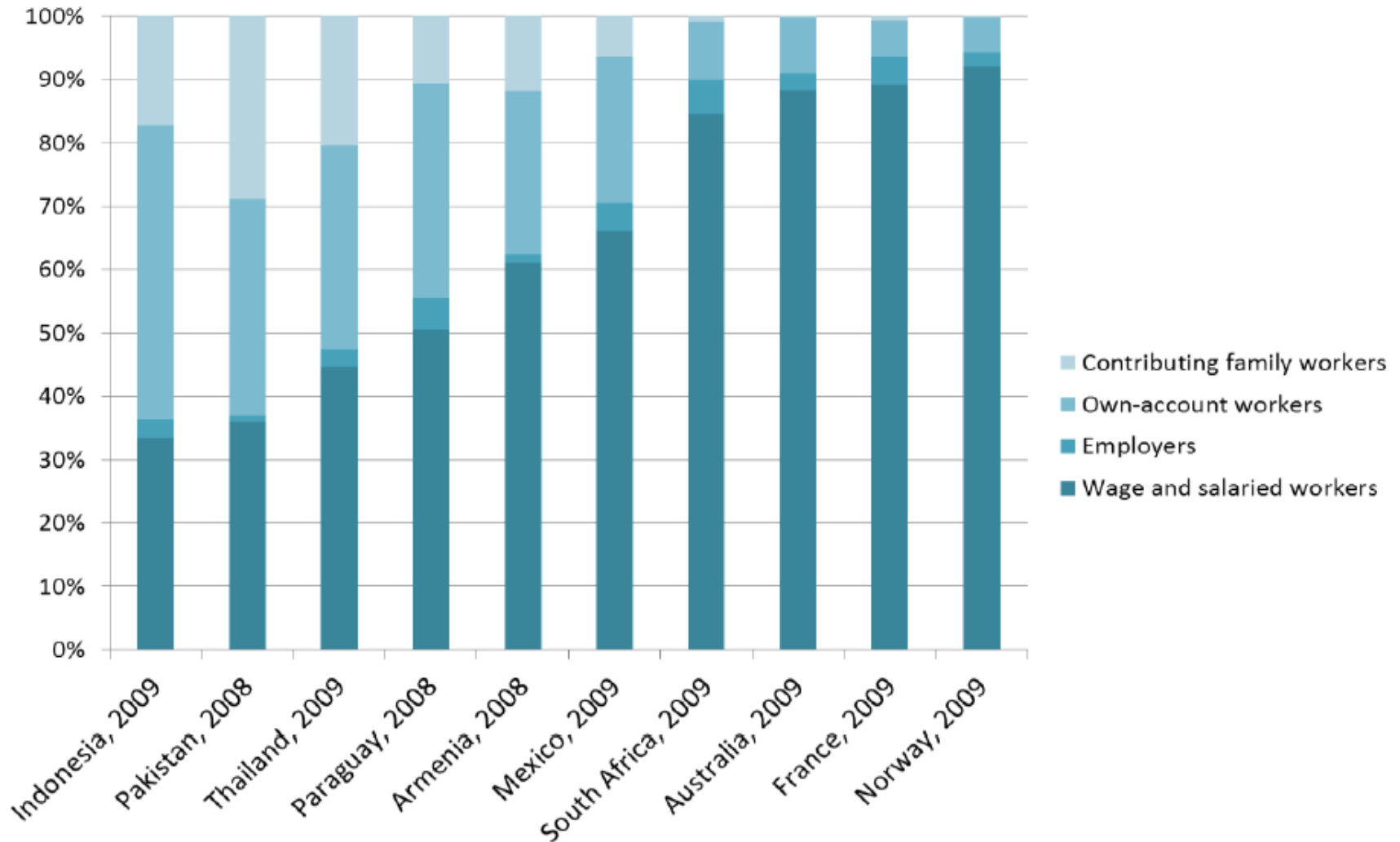
CONTEXTO DE LA SALUD DE LOS TRABAJADORES: Evolución de la fuerza de trabajo por genero en LAC



Pan American
Health
Organization

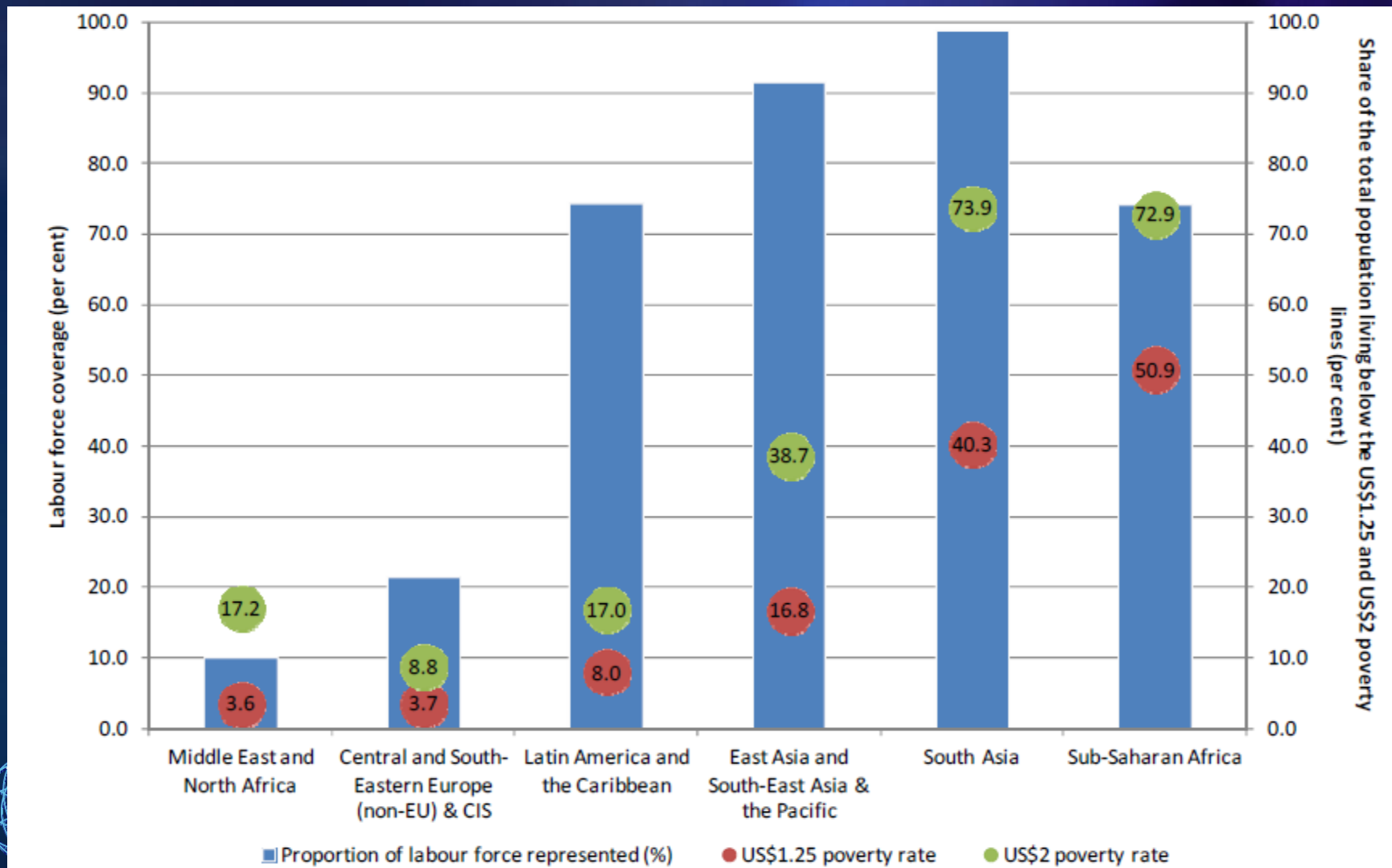
Fuentes: OIT, LABORSTA Proyecciones de PEA 2011.

CONTEXTO DE LA SALUD DE LOS TRABAJADORES: Distribución del empleo por status, países seleccionados y últimos años



Fuente: ILO. Key Indicators of the Labour Market (KILM), 7ª Edición, 2013

CONTEXTO DE LA SALUD DE LOS TRABAJADORES: Cobertura de la fuerza de trabajo con estimados de trabajo precario y tasas de pobreza en el mundo por regiones 2010



Fuente: ILO. Key Indicators of the Labour Market (KILM), 7ª Edición, 2013

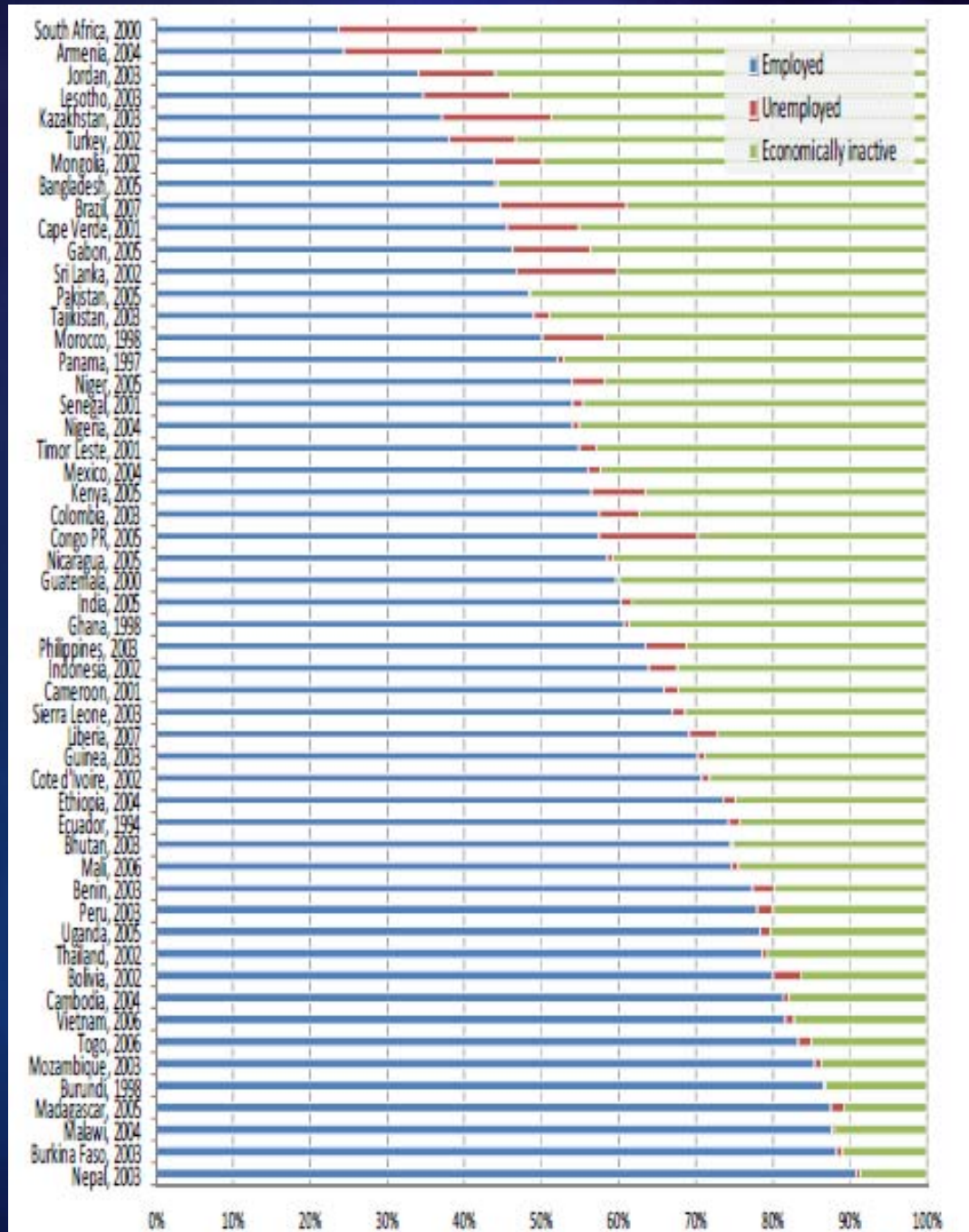


Pan American
Health
Organization

CONTEXTO DE LA SALUD DE LOS

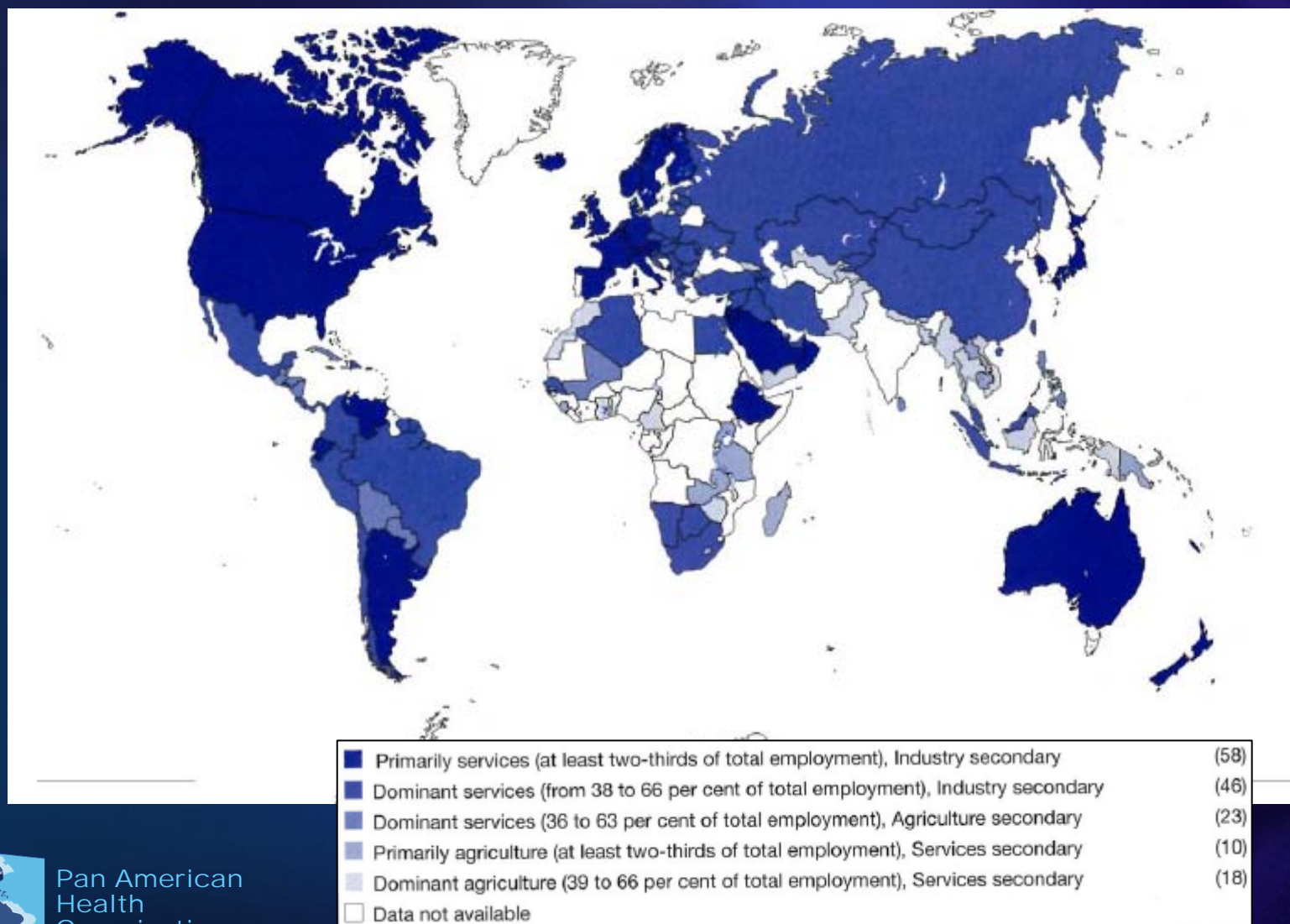
TRABAJADORES:

Distribución de la población en edad de trabajar (>15 a) que viven por debajo de la línea de pobreza \$ 1.25 USD 2010



Fuente: ILO. Key Indicators of the Labour Market (KILM), 7ª Edición, 2013

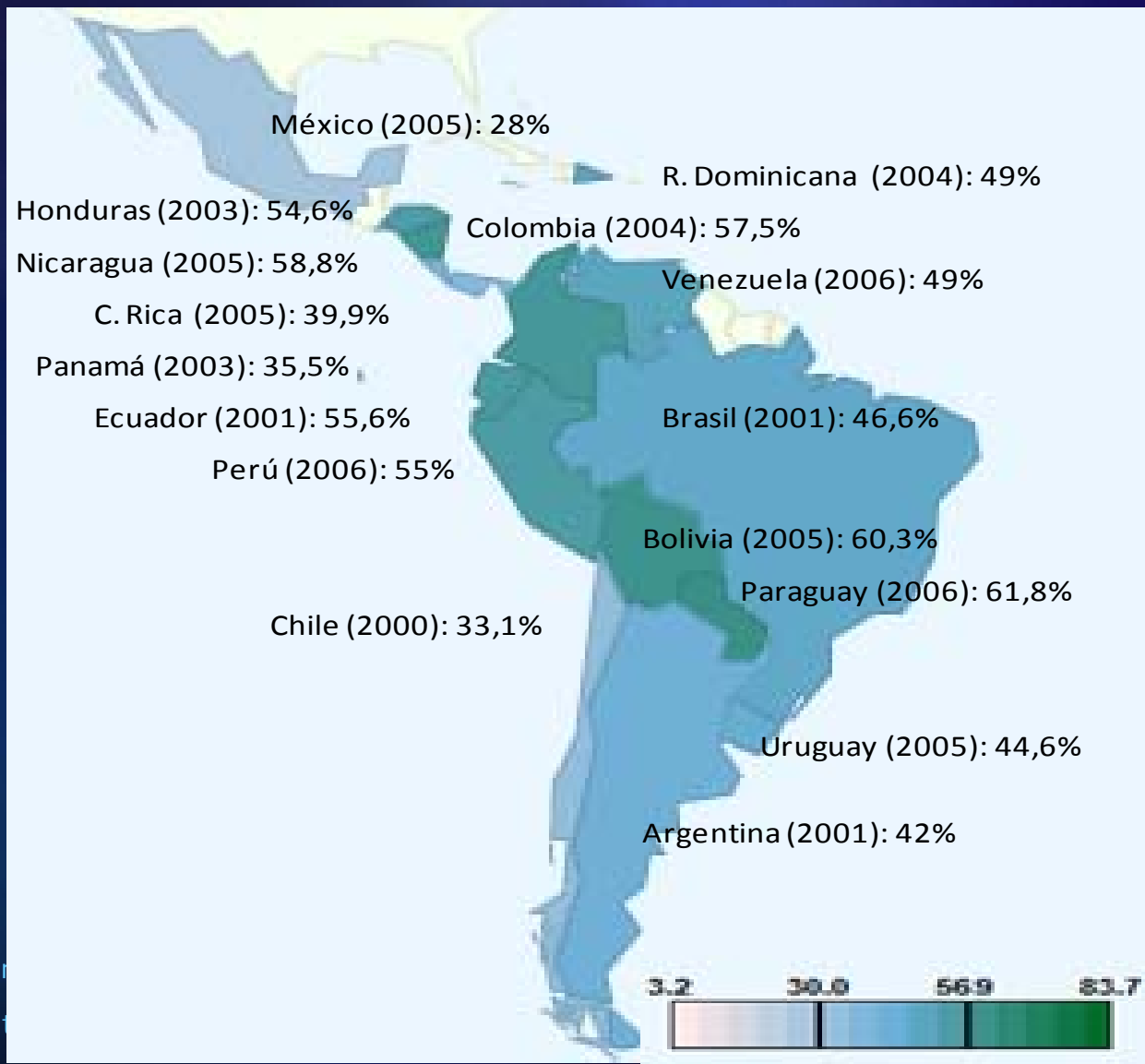
CONTEXTO DE LA SALUD DE LOS TRABAJADORES: Distribución del empleo por sectores dominantes últimos años >1995



Pan American
Health
Organization

Fuente: ILO. Key Indicators of the Labour Market (KILM), 7ª Edición, 2013

CONTEXTO DE LA SALUD DE LOS TRABAJADORES: DISTRIBUCION DEL EMPLEO FORMAL EN LATINO AMERICA



Pan American
Health
Organization

Fuente: Key Indicators of the Labour Market (KILM), 6ª Edición

WORKERS' HEALTH CONTEXT:
LABOR FORCE DISTRIBUTION IN THE AMERICAS

Employment conditions:

- Contracts
- Salaries
- Social Prot

Working conditions:

- Derived from work
- and processes
- risks

Inequity



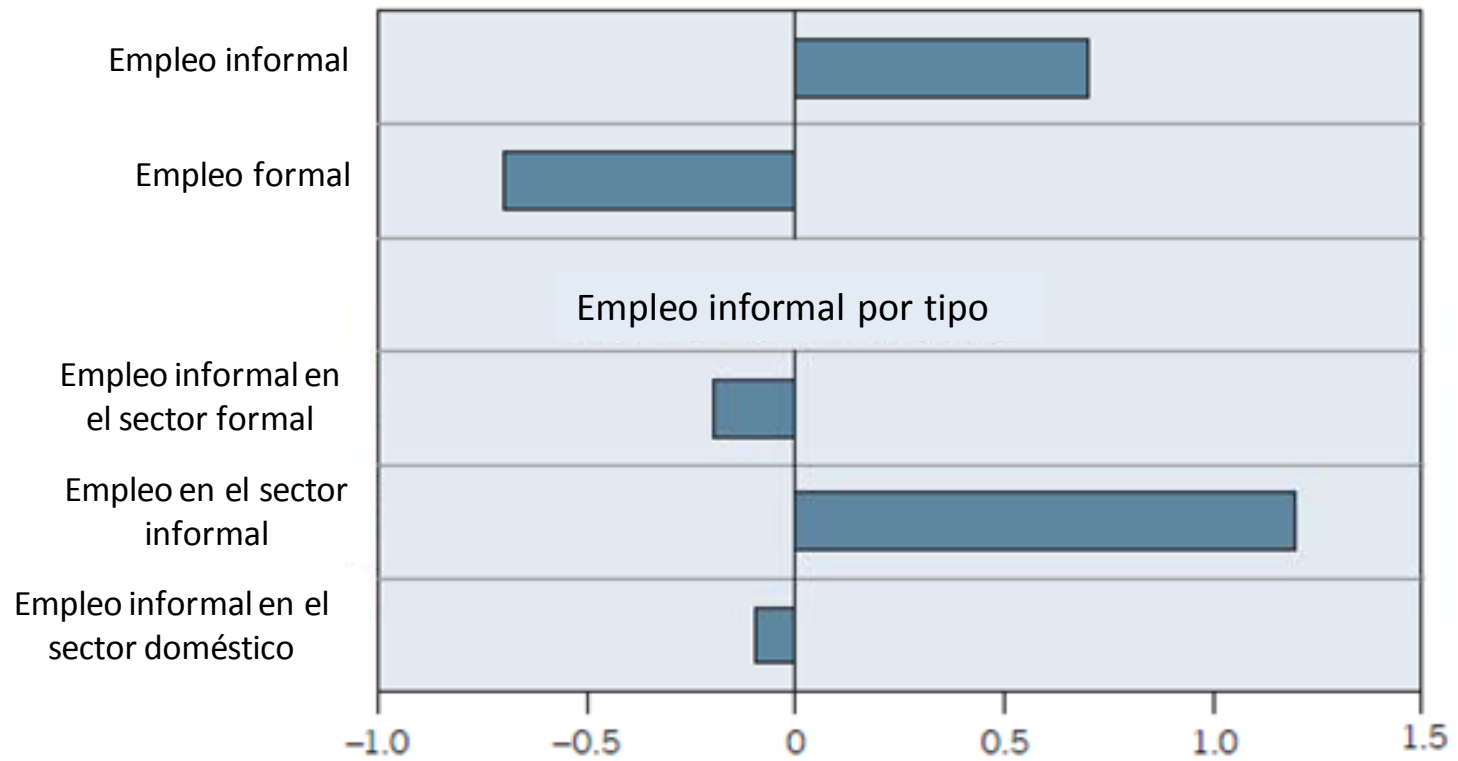
Regional
Heterogeneity



Pan American
Health
Organization

Fuentes: OIT, 2011; Benach et al., 2010.

CAMBIOS EN LA ESTRUCTURA DEL EMPLEO 2008 - 2009



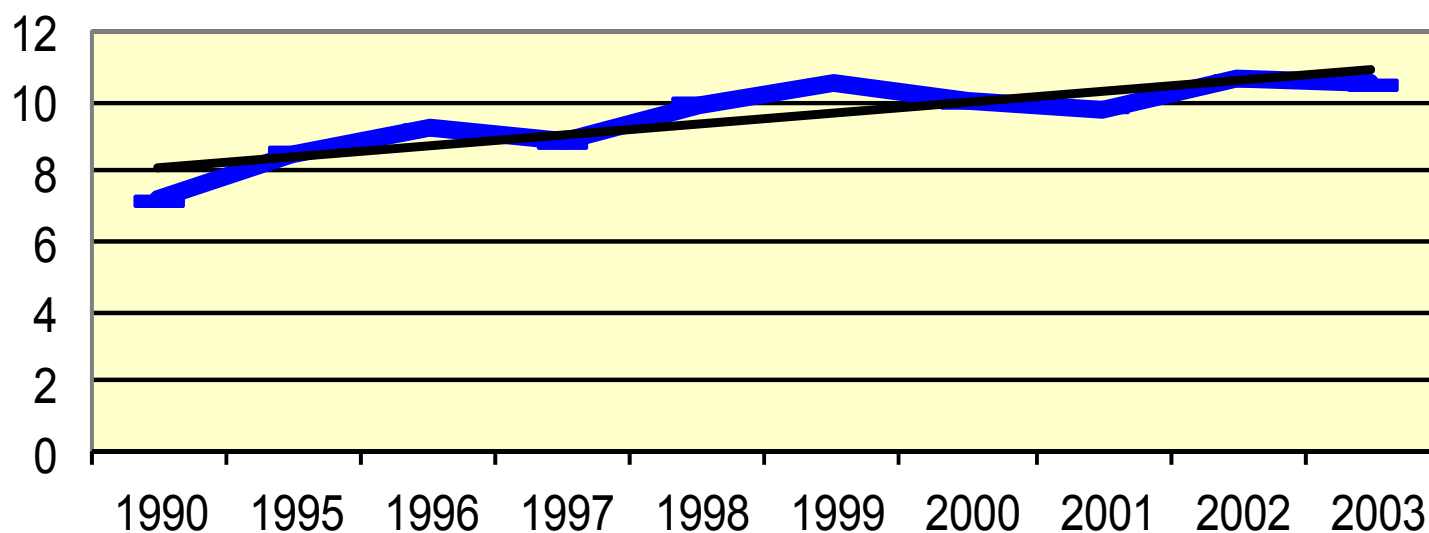
Países considerados: Chile, Colombia, Ecuador, México, Panamá y Perú.

Fuente: OIT (2010). World of Work Report.



Pan American
Health
Organization

TASAS DE SUBEMPLEO URBANO EN LATINO AMERICA Y EL CARIBE 1990 - 2003



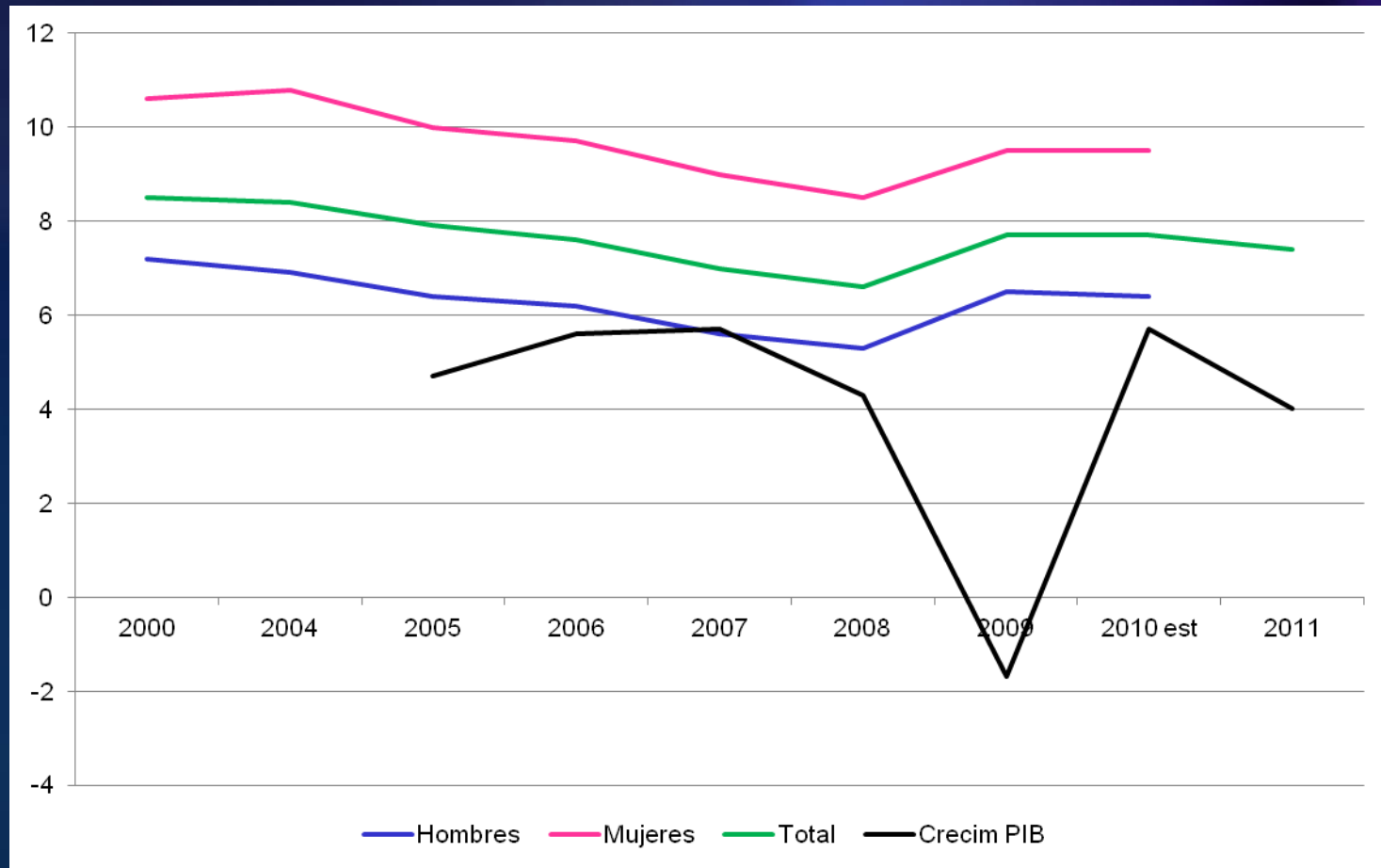
— Tasa de desempleo — Linear (Tasa de desempleo)



Pan American
Health
Organization

Fuente: Informe Plan Regional de alude los trabajadores 2007. Adoptado por la consultoría de:
Titelman D & Uthoff A. El Papel del Aseguramiento en la Protección social de América Latina.
International Social Security Review 58 (2-3), 45-70. 2005

WORKERS' HEALTH CONTEXT: EVOLUTION OF GIP AND UNEMPLOYMENT RATES IN LATIN AMERICA AND THE CARIBBEAN BY SEX 2000-2010 (*)



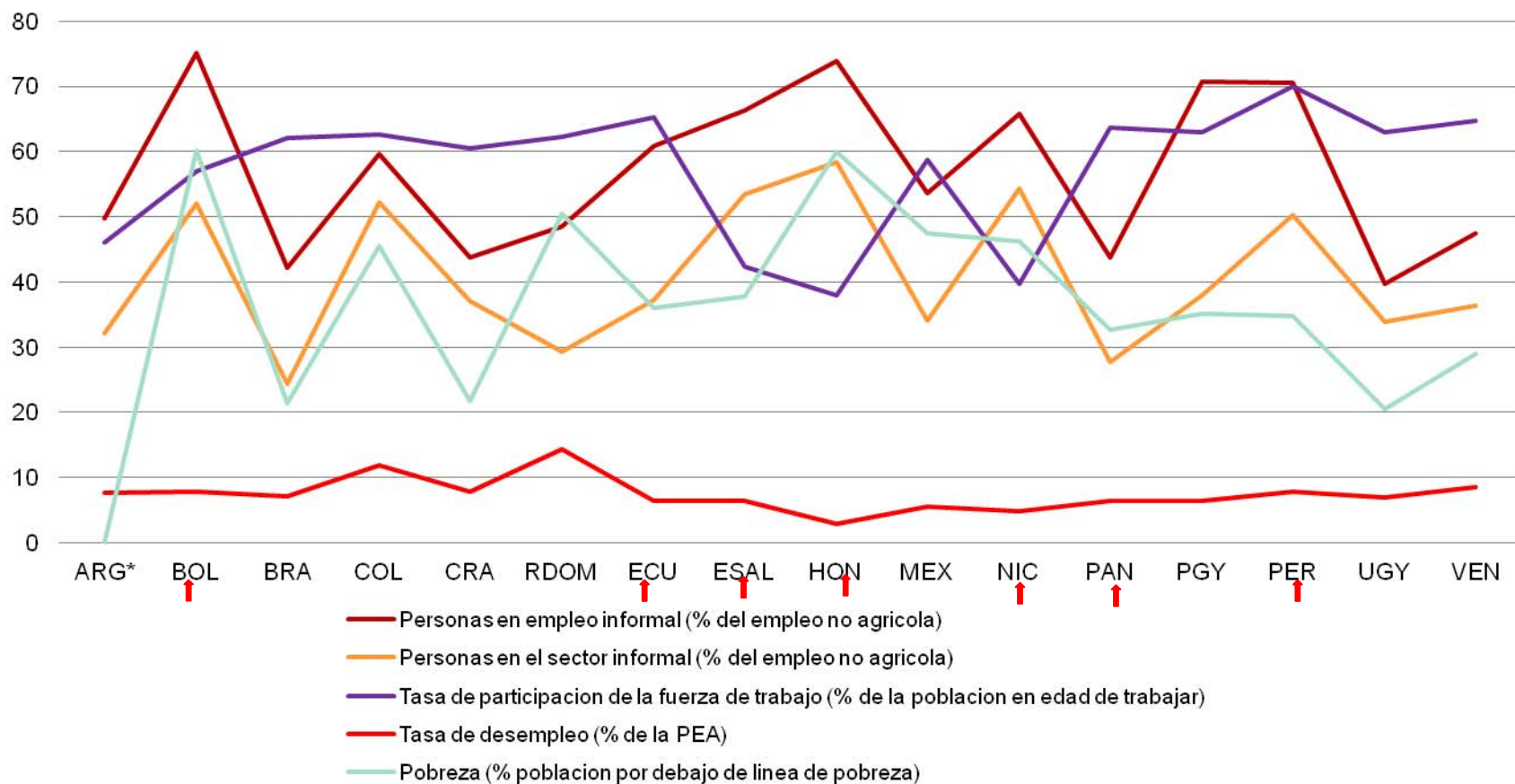
Pan American
Health
Organization

Fuentes: OIT, LABORSTA Proyecciones de PEA 2011.

THE INFORMAL SECTOR

MAKING INEQUITIES VISIBLE...

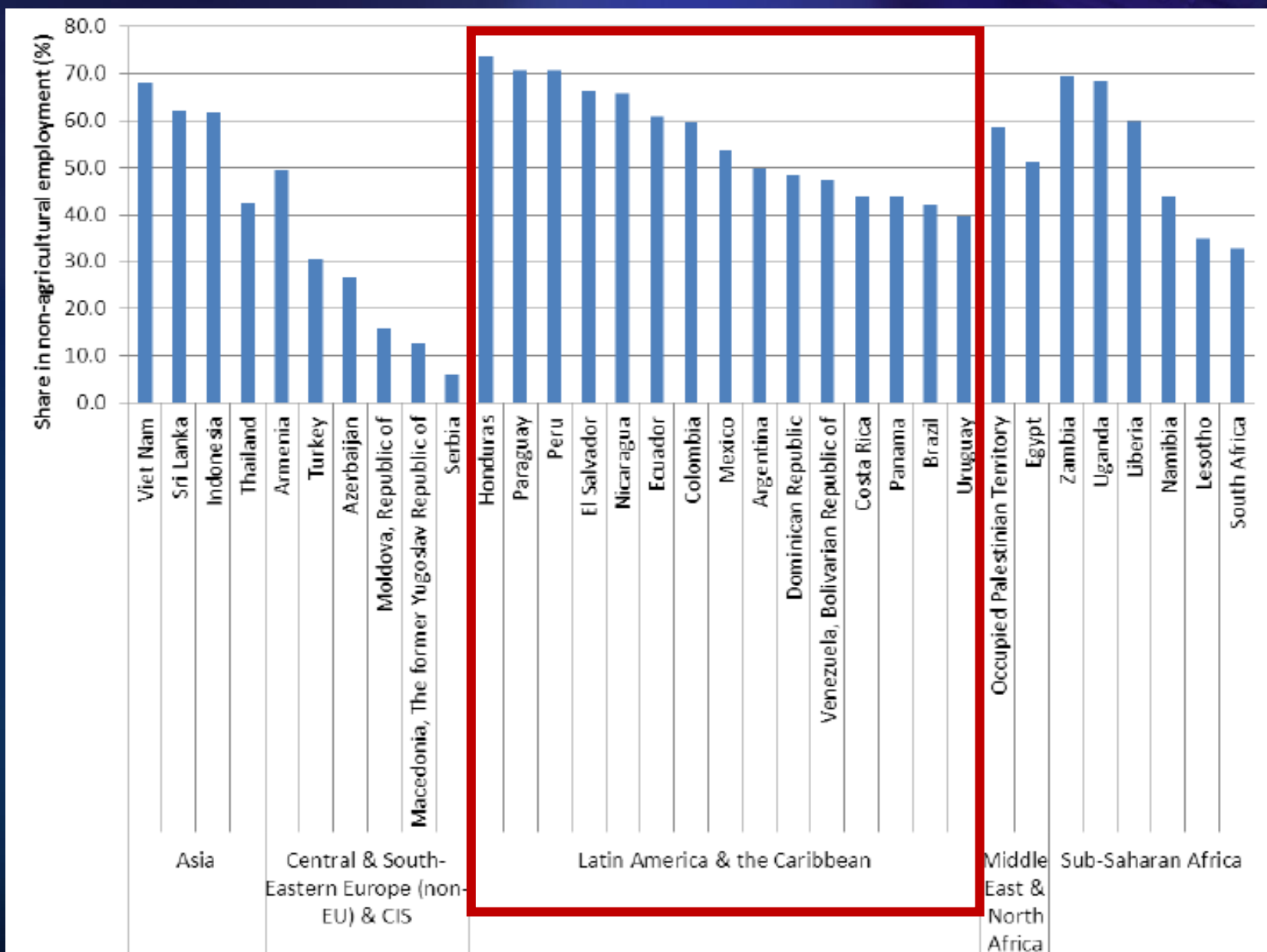
Annual indicators of employment in the informal economy in 16 countries of Latin America and the Caribbean 2011



Organization

Fuente: OIT Statistical update on employment in the informal economy. ILO Dept. of Statistics, June 2011

CONTEXTO DE LA SALUD DE LOS TRABAJADORES: Tasa de empleo informal en empleo no-agrícola por regiones 2009



Fuente: ILO. Key Indicators of the Labour Market (KILM), 7ª Edición, 2013

THE INFORMAL SECTOR

MAKING INEQUITIES VISIBLE...

- SUSTAINED GROWTH OF THIS SECTOR.
 - Low coverage of social security and health
 - Lack of opportunities enough to reaching a survival economy
- Great difficulties on definition, quantification & characterization of informal sector, its components and categories.
- Diversity of characteristics in and within countries, making general interventions difficult to de implemented.
- Difficulties for payment or co-payments for social benefits, due to high levels of poverty.
- Vulnerable populations: Incursion of women, children, aging adults, disabled, indigenous, etc., that fall into the “Vulnerable Employment” category.



Pan American
Health
Organization

Varillas, W. (2004) Aproximación al estudio de la situación y propuestas sobre trabajo informal y salud en América Latina.

CHILD LABOR

MAKING INEQUITIES VISIBLE...

→ PROTECTION REMAINS TO BE ACHIEVED IN ALL THE REGION!

→ It is present in all economical activities with/without subordination, salary, full or part time, occasional, seasonal, regular, legal or illegal

→ Trends show decrease:

196 mill (2004) → 178 mill (2008)

→ LAC: 10.7 mill (9% between 5-14 y. a.)

→ 9.4 mill dangerous work (agriculture)

→ Economical activities:

→ 60% Agriculture → MOSTLY BOYS (62.8%)

→ 26% Services → MOSTLY GIRLS (52.6%)

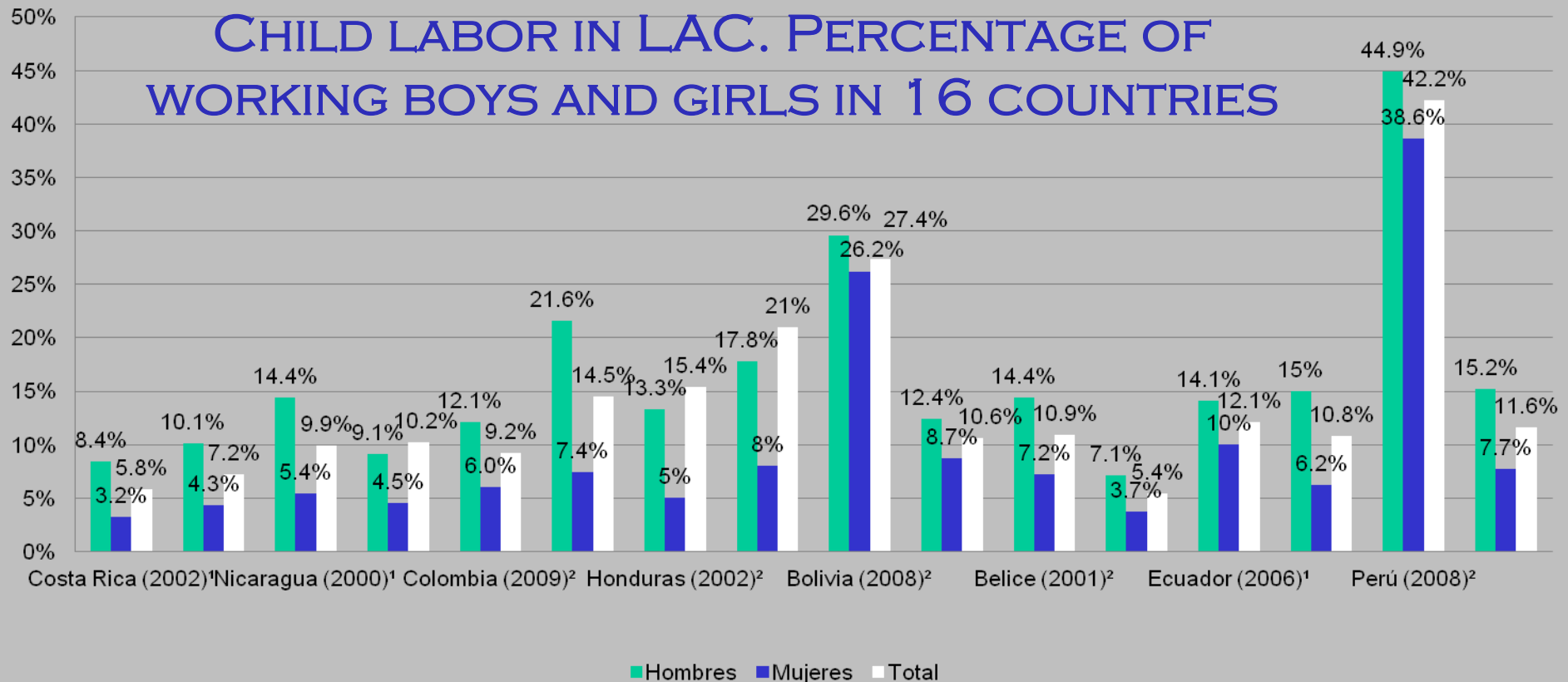
→ 7% Industry → MOSTLY BOYS (68.5%)



Pan American
Health
Organization

CHILD LABOR

MAKING INEQUITIES VISIBLE...



Fuente: OIT (2002) Costa Rica Child Labour Data Country Brief; OIT (2001) El Salvador Child Labour Data Country Brief; OIT (2008) Brasil Child Labour Data Country Brief; OIT (2009) Departamento Administrativo Nacional de Estadísticas (DANE); OIT (2000) R. Dominicana Child Labour Data Country Brief; OIT (2006) R. Dominicana FLACSO; OIT (2002) Síntesis de los Resultados de la Encuesta de Trabajo Infantil de Honduras; Ministerio de Trabajo y Previsión Social de Guatemala (2008). Trabajo Infantil en Guatemala. Un estudio en profundidad sobre la Encuesta de Condiciones de Vida ENCOVI 2006; OIT (2010). Magnitud y Características del Trabajo Infantil en Bolivia. Informe Nacional 2008; OIT (2006) Infancia y Adolescencia: trabajo y otras actividades económicas. Primera Encuesta; OIT (2001) Summary of the Results of the Child Activity Survey un Belize; OIT (2004) Trabajo Infantil y Adolescente en Cifras. Chile.

CHILD LABOR

MAKING INEQUITIES VISIBLE...

→ COUNTRIES WITH HIGHEST RATES OF CHILD WORK:

- Peru (42.2%)
- Bolivia (27.4%)
- Guatemala (21%)

→ Average working time: 18-30 hours/week

Worst forms of work: THE SILENT MAJORITY!

→ Exposure to multiple hazards:

- Extreme psychosocial risks
- Street violence: sexual abuse, authority prosecution, drug dealing, minor trading.
- Other forms: sexual exploitation, military/guerrilla recruitment,



traffic
Pan American
Health
Organization

FORCED LABOR

MAKING INEQUITIES VISIBLE...

→ EXTREME OPPOSITE OF DECENT WORK!

- Neglect and violation of human rights
- VICTIMS: the most unprotected;

Women, children, youngsters, indigenous, elders
and migrants

→ LAC:

→ 1.3 MILL UNDER THIS CONDITION

→ In many economical activities; formal/informal; urban/rural

→ ABUSIVE FORMS INCLUDE:

- Diverse forms of slavery or semi-slavery
- Servants or labor exploitation for debts
- Traffic of people

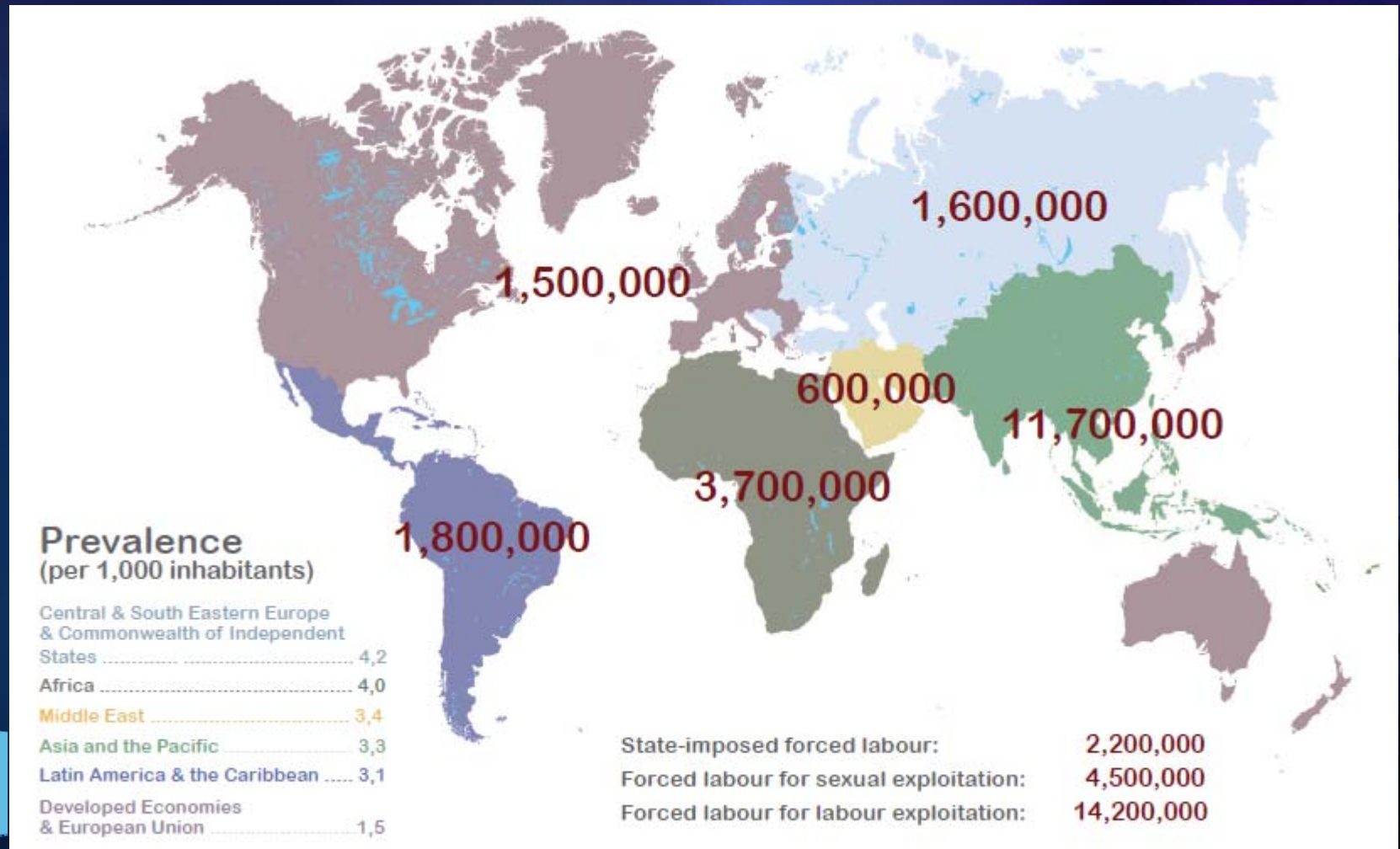


Pan American
Health
Organization

TRABAJO FORZADO

HACIENDO LAS INEQUIDADES VISIBLES...

DATOS REGIONALES DE PERSONAS EN TRABAJO FORSOZO, 2012



WOMEN & WORK

MAKING INEQUITIES VISIBLE...

→ Increase of women's' participation in the workforce:

From 47.3% in 2000 → to → 52.8% in 2010

→ LAC:

- Problems at work have increasingly been made more visible, but improvement remains limited
- Women remain in disadvantage in relation to social and development indicators except in countries with greater income.
- POVERTY impedes access to education & skills training
- Sexual division of work assigns them to service and care of others limiting access to better quality of work

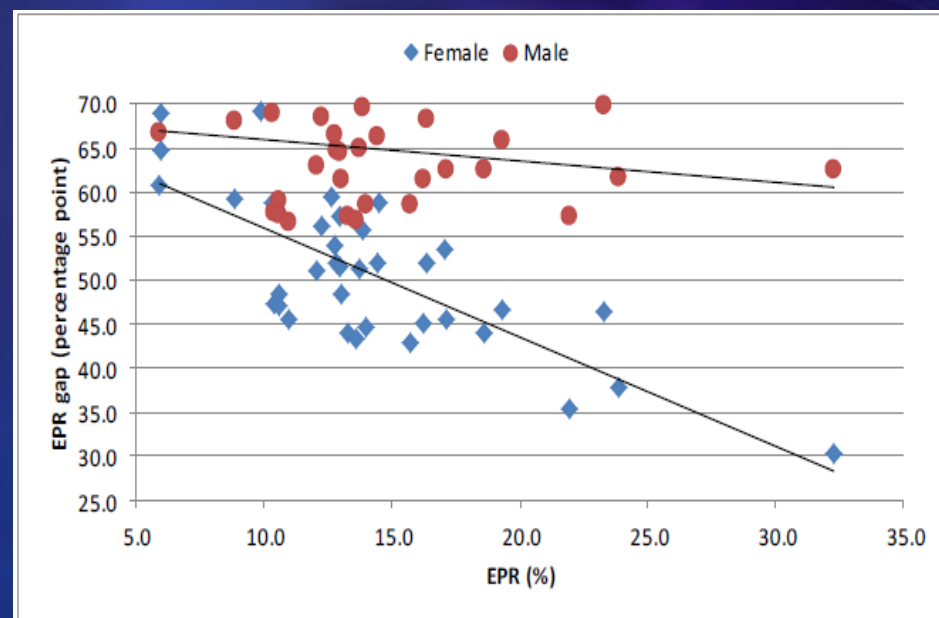
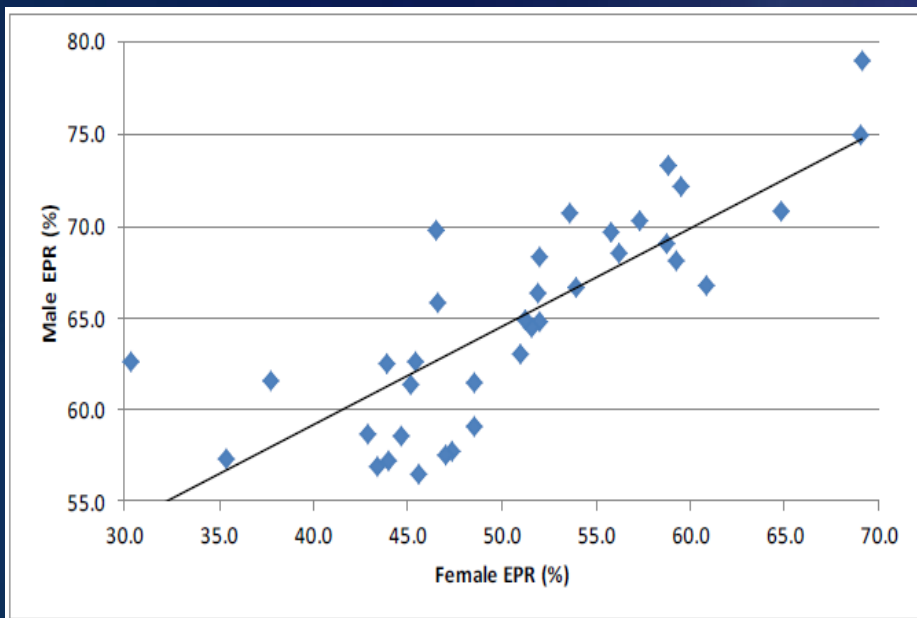


Pan American
Health
Organization

MUJER Y TRABAJO

HACIENDO LAS INEQUIDADES VISIBLES...

Correlación entre tasas de empleo/población entre H y M en economías desarrolladas 2008
(Población en edad de trabajar efectivamente empleada)



Brechas de las tasas de empleo/población entre H y M en economías desarrolladas 2008
(Población en edad de trabajar efectivamente empleada)

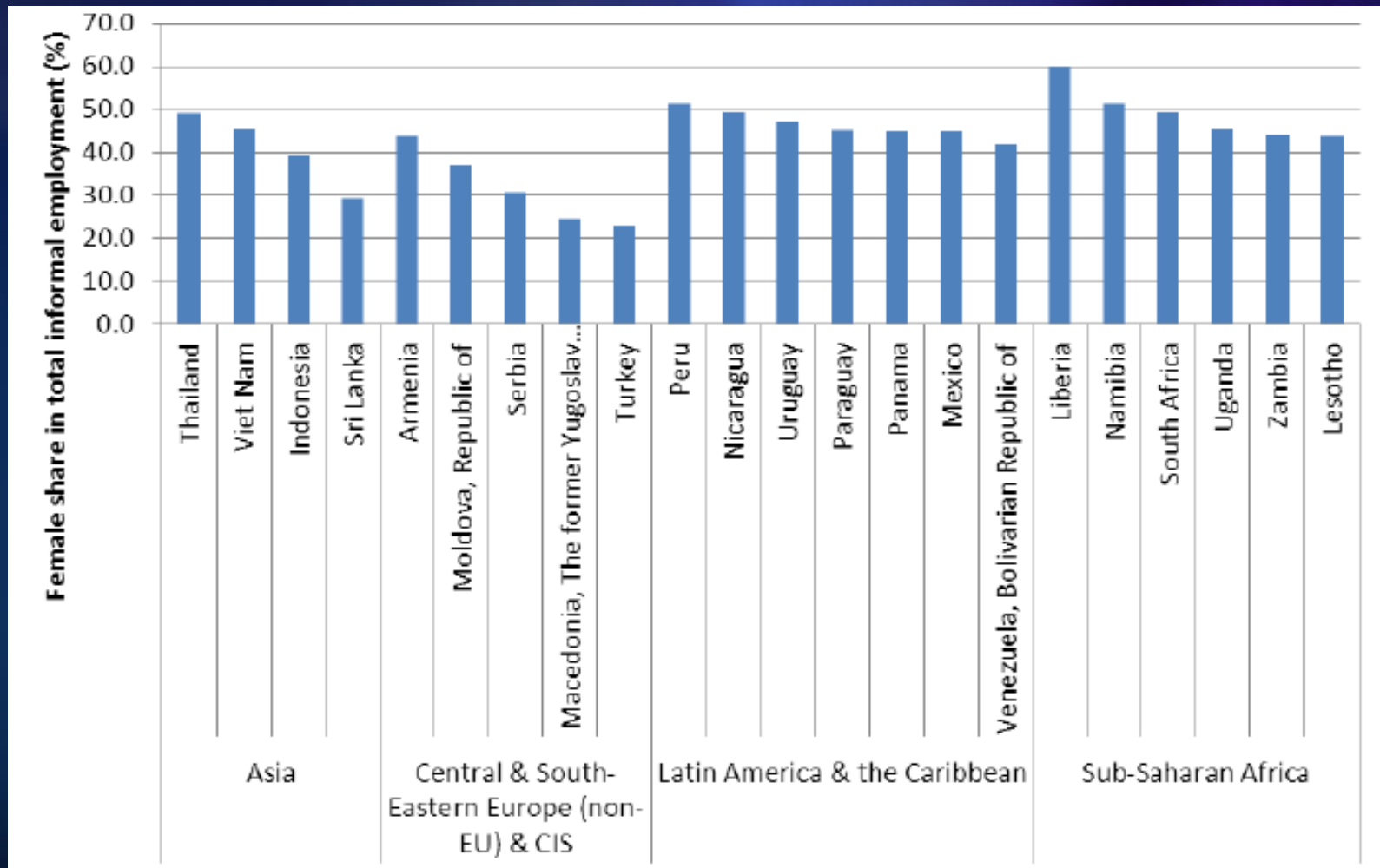


Pan American
Health
Organization

MUJER Y TRABAJO

HACIENDO LAS INEQUIDADES VISIBLES...

Proporción de mujeres en empleo informal total, por países y regiones disponibles
2009



Fuente: ILO. Key Indicators of the Labour Market (KILM), 7ª Edición, 2013

MUJER Y TRABAJO

HACIENDO LAS INEQUIDADES VISIBLES...

Women's universal problems at work in LAC *

Category	Definition	Referenced Studies
1) <i>Occupational Segregation or work segmentation</i>	Women work in limited number of "traditional occupations" or stereotyped, earning less salary, low productivity and no social protection.	OIT 2011 Tendencias del empleo. Messing, K. & Ostlin, P. (Ed.) (2006) Gender equality, work and health : a review of the evidence. WHO
2) <i>Instability or lack of opportunity</i>	Women cannot reach labor stability; hired for short terms, partial time, no guaranties for sustainability. Job opportunities are preferably given to men.	Abramo, L (ed.) (2006) Trabajo decente y equidad de género en América Latina
3) <i>Barriers to advancing or invisibles ceilings</i>	Women are retained in a job without chance of progress, due to work barriers built by work organization (goals, schedules, etc.), policies or managerial styles.	CIM (2011) Avance de la igualdad de género en el marco del trabajo decente. OEA
4) <i>Under-employment or unemployment</i>	If paid, salaries are below their skills and competencies, or ends confined to domestic services such as home caregiver, domestic servant, family care or others informal forms of work.	CIM (2011) Avance de la igualdad de género en el marco del trabajo decente. OEA
5) <i>Low or no salary</i>	Women's income s lower tan those of men (Average 75% in the formal economy), being the gap greater in higher levels of education; or no remuneration in the case of caregivers, in rural households or domestic servants.	OPS (2008) La economía invisible y las desigualdades de género.
6) <i>Sexual & psychological harassment & incidental violence</i>	Women will subsume to perpetrators due fearing to lose their job, or hide and tolerate other types of violent conditions (in-house) to void problems at work	CEPAL (2009) Ni una más! Del dicho al hecho: ¿Cuánto falta por recorrer? Únete a poner fin a la violencia contra las mujeres.
7) <i>Multiples loads</i>	Given by multiple roles women carry on at home, at work, with family, community, etc. and the difficulty to have them conceal	Borrell, C. y Artazcoz, L. (2007). Investigación en Género y Salud. SEE

*Based on the category of women's universal problems in LAC defined by Stellman y Mejia (2002)



HACIENDO LAS INEQUIDADES VISIBLES...

**VIOLENCE
AT WORK**

Cuadro No. 4: Clasificación de la Violencia en el Lugar de Trabajo

Tipo	Características	Ocupaciones a riesgo
<i>TIPO I: Intento Criminal</i>	Se genera de un victimario que no tiene una relación comercial o laboral directa con la víctima, su motivación primaria es criminal y usualmente involucra el uso de un arma mortal (incrementando el riesgo de muerte).	El intercambio de dinero en efectivo, el trabajo en horas de la noche, o el trabajador aislado o solitario
<i>TIPO II: Relación Cliente Proveedor</i>	Se genera de un victimario que generalmente es un cliente o un proveedor de productos o servicios en contacto con el trabajador; y, el acto violento ocurre en conjunción con las tareas habituales del proceso de trabajo.	El riesgo de violencia puede ser constante, incluso rutinario, para algunos trabajadores, tales como trabajadores de la salud, profesores de escuelas u operadores de buses o trenes.
<i>TIPO III: Entre trabajadores</i>	Se genera en un victimario de la misma empresa que asalta o ataca a su propio compañero de trabajo, bien sea un superior o un subalterno. El factor motivador de las personas con algún nivel de relación laboral usualmente es una o varias diferencias interpersonales o laborales.	la violencia física o las simbólica, considerando la repercusión psicológica (acoso laboral) o social. Los cargos de mayor riesgo parecen ser administradores y supervisores.
<i>Tipo IV: Interpersonal</i>	Se genera en un victimario que es un agresor que sostiene algún vínculo o nexo interpersonal de tipo familiar o social, y no es trabajador o compañero de trabajo en la misma empresa. Es el desbordamiento de la violencia doméstica al sitio de trabajo.	Las mujeres suelen ser mayor blanco de esta categoría que los hombres, aunque ambos géneros de compañeros y supervisores se han visto afectados.
<i>Tipo V: Auto-infligida:</i>	La presión en el trabajo o de agentes externos, hace que el trabajador dirija la violencia contra si mismo y el evento se desencadene en el sitio de trabajo.	Sector de finanzas, gerencia, en altos cargos ejecutivos.

Fuente: Tomado y ajustado de Rodríguez G.J & cols. Programa Autocuidado y auto-control para control de los riesgos sociales. Colmena Riesgos Profesionales, Bogotá, 2002



Pan American
Health
Organization

HACIENDO LAS INEQUIDADES VISIBLES...

Cuadro No. 5
**TIPOS DE SISTEMAS DE ASEGURAMIENTO CONTRA LOS RIESGOS
PROFESIONALES**

No.	TIPO	CARACTERIZACIÓN	PAÍS
1	Sistema de seguros nacionales	Cobertura universal de ATEP mediante afiliación obligatoria a todas las personas, con o sin contrato de trabajo, bajo un esquema de administración con monopolio del Estado.	Costa Rica Cuba, Uruguay
2	Sistema de seguridad social tradicional	Cobertura del ATEP para aquellos trabajadores con contrato de trabajo formal, a veces para trabajadores independientes, administrado por el instituto u organización nacional de seguridad social, bajo un esquema de administración con monopolio Estatal.	Canadá, Guatemala Belice, Barbados, Bolivia Brasil, Guyana, Jamaica México, Paraguay, Trinidad y Tobago, Venezuela
3	Sistema mixto	Cobertura del ATEP en donde se mezcla la categoría anterior, con la opción de aseguramiento privado por cuenta propia del empleador; cuando el Instituto nacional de seguridad social no logra cobertura nacional; o cuando hay regímenes de excepción que operan simultáneamente.	El Salvador, Panamá Nicaragua, Honduras
4	Sistema de seguridad social pluralizado	Cobertura del ATEP para los trabajadores con contrato de trabajo formal y trabajadores independientes del sector público o privado, bajo un esquema de administración con participación de múltiples instituciones de carácter público, privado, solidario, cooperativista o mutual.	Argentina, Chile, Colombia, República Dominicana, Peru, Estados Unidos*

Fuente: Modificado por Rodríguez G. J, de: Rodríguez G., J. (2005) Diagnóstico actual y prospectivo de la salud ocupacional y los riesgos profesionales en Colombia con enfoque de entornos, Ministerio de la Protección Social, Servicio Nacional de Aprendizaje SENA. - Rodríguez G. J & cols. (2002) Plan regional para el fortalecimiento de la salud ocupacional y los sistemas de riesgos del trabajo en centro América FISO/BID. Modelo modificado de Bolis, OFS (2001).

**SOCIAL
SECURITY
COVERAGE**



Pan American
Health
Organization

Covergae of social security

SOCIAL
SECURITY
COVERAGE

n → 2/3 ECP excluded of social protection networks.

n → Data of countries limited to fomrality and incomplete, not comparable



Pan American
Health
Organization

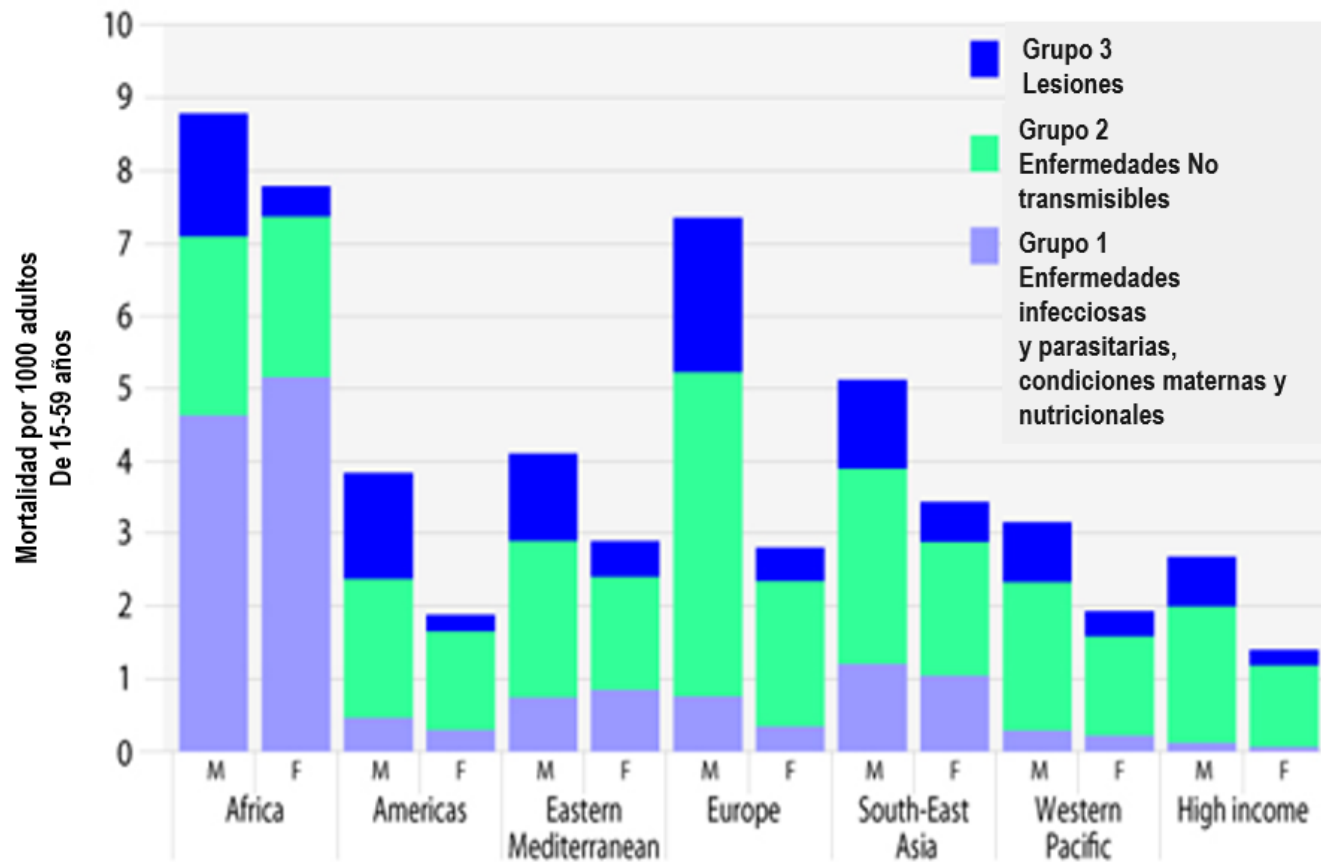
NCD

How are we doing? Bad news: NCD all over the world!!



World Health Organization

Causas de muerte en hombres y mujeres entre 15-59 años por región, 2008



Pan A
Health
Orgar

NCD

How are we doing?

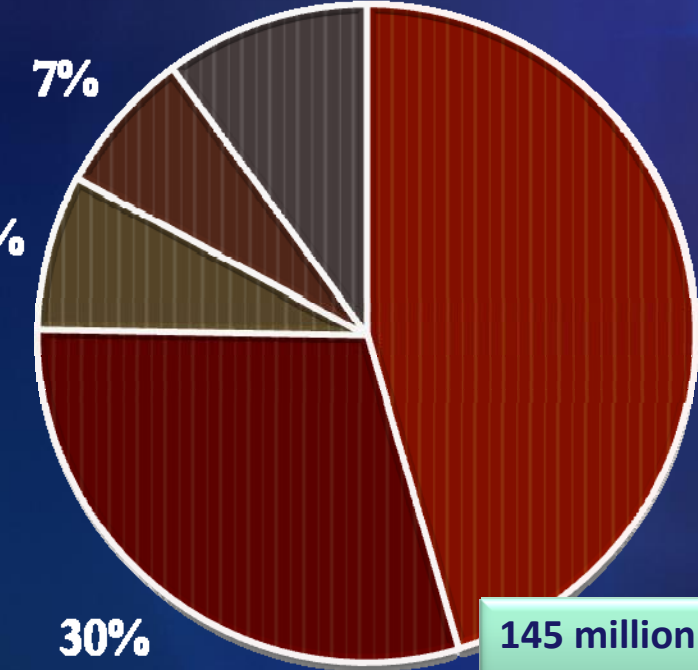
Bad News: NCDs #1 Killer in the Americas

Chronic respiratory disease

10%

Other NCDs 7%

Diabetes 8%



TOTAL NCD DEATHS 2007

3,9 M

45%

Cardiovascular diseases

30%
Cancer

145 million smokers; 139 million overweight
Higher burden in poor and less educated



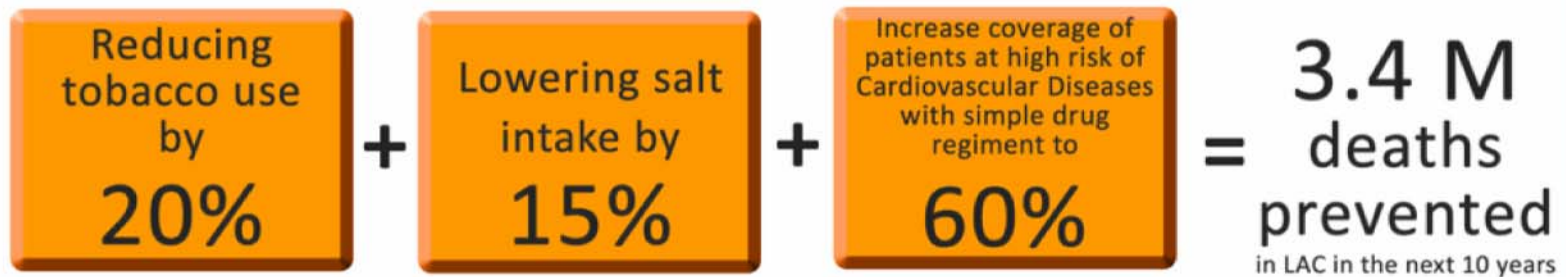
Pan American Health Organization

Approx 250 million people living with an NCD in the Americas, N= 940 million

NCD

Good news: We can avoid >3 mill deaths in 10 yrs

NCDs ARE HIGHLY PREVENTABLE



*Gaziano T, et al. Scaling-up interventions for chronic disease prevention: the evidence. Lancet, 2007,370: 1939-46; extrapolated to countries of Latin America and Caribbean countries.

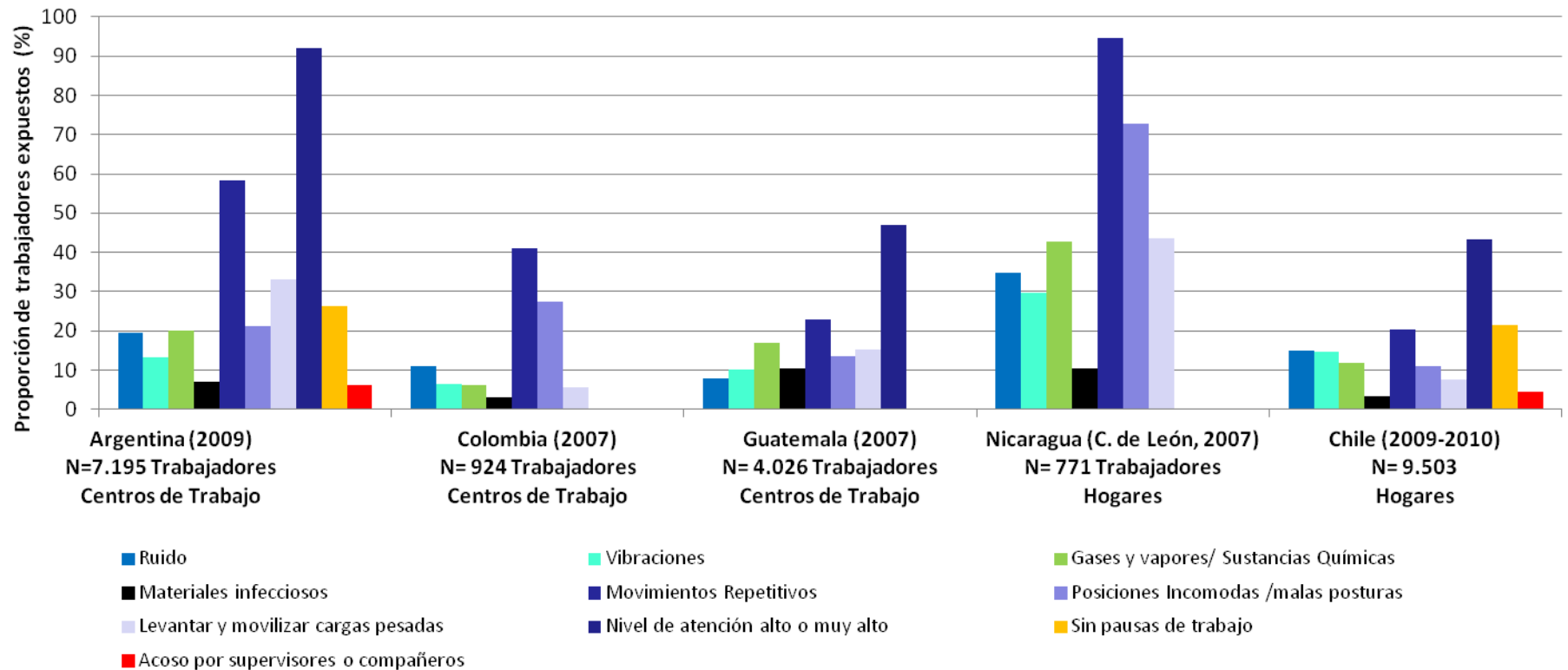
The tobacco and salt intake interventions would be cost than US \$ 0.40 per person/year in low and middle income countries, and US\$ 0.50-1.00 in upper middle-income countries



Pan American
Health
Organization

WORKING CONDITIONS

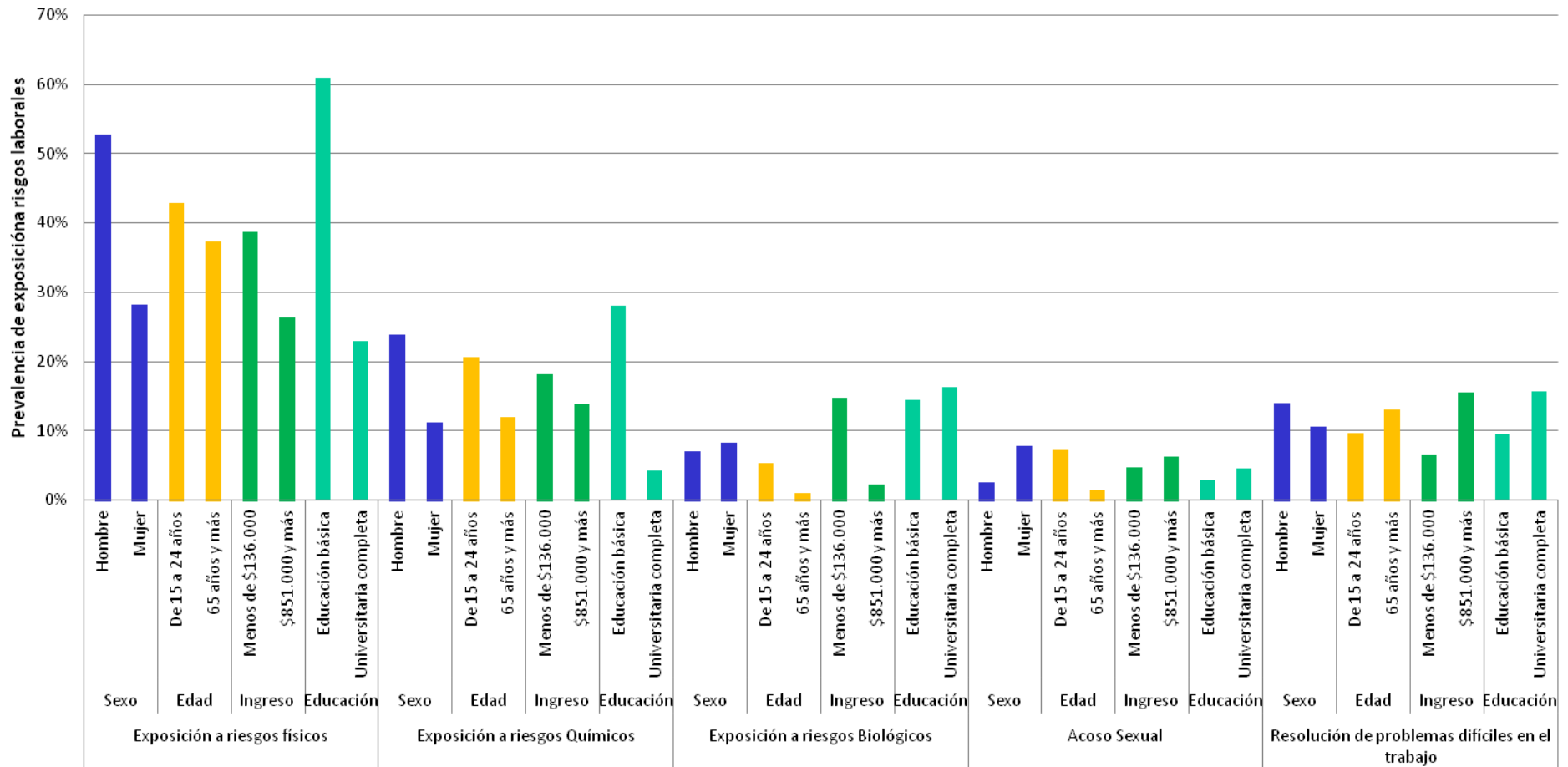
MAKING INEQUITIES VISIBLE...



Fuente: Argentina: González, J. "Las Encuestas sobre condiciones de trabajo y salud son un instrumento para planificar y evaluar las políticas en salud laboral". IV Congreso de Prevención de Riesgos Laborales en Iberoamérica Nuevos Tiempos para la Prevención 2010; Colombia: Ministerio de Protección Social. 2007. Primera Encuesta Nacional de Condiciones de Salud y Trabajo en el Sistema General de Riesgos Profesionales; Guatemala: Consejo nacional de Salud y Seguridad Ocupacional (CONASSO), OIT. 2007. Encuesta Nacional sobre Condiciones de Trabajo, Salud y seguridad ocupacional; Nicaragua: Programa Salud y Trabajo en América Central (SALTRA). Perfiles de salud ocupacional en Centroamérica. 2009; Chile: ENETS CHILE 2010 MINSAL-ISL-MINTRAB.

WORKING CONDITIONS

MAKING INEQUITIES VISIBLE...



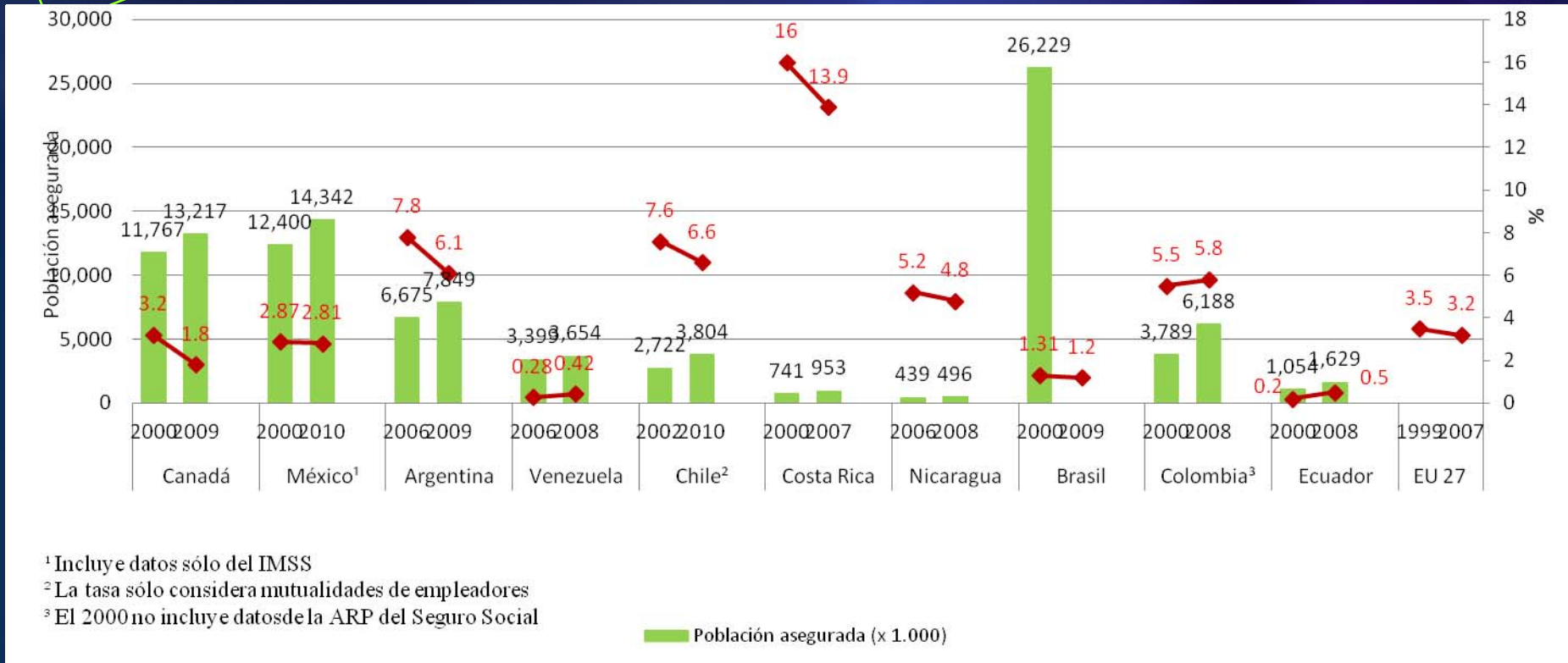
Pan American
Health
Organization

Fuente; Solar, O. Elaboración propia en base ENETS Chile 2009-2010

1. EPIDEMIOLOGIC CONTEXT

OI
(AT)

Rate of Occupational Injuries (x 100 workers) in insured population in selected countries of the Americas, 2000 -2010.



Pan American Health Organization

Fuente: Solar, O. Elaboración con base en estadísticas disponibles en-línea de los países mencionados. Consultora OPS, 2011

EPIDEMIOLOGIC CONTEXT

OD



LA **PREVENCIÓN** DE **ENFERMEDADES PROFESIONALES**

2 millones de trabajadores mueren cada año

Día Mundial de la Seguridad y la Salud en el Trabajo
28 abril 2013

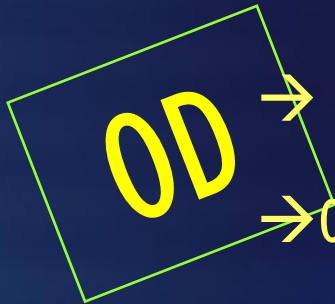
SafeWork
ICSA



Pan American Health Organization

http://www.ilo.org/wcmstp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_209555.pdf

1. EPIDEMIOLOGIC CONTEXT



→ OCCUPATIONAL INFECTION: 3/35 mill. HCW exposed to → HBV VIH/SIDA

→ OCCUPATIONAL CANCER :

Exposures to chemical, physical & biological hazards → 10.3% Ca. Lung, traquea, bronchii

→ ALLERGIES: Occupational Asthma 5- 18%

→ Rhinitis, skin allergies

→ MENTAL HEALTH & WORK: Mobbing, Burnout, Depression, estress

→ MUSK-SKELETAL DISORDERS: Low Back Pain causes 800000 DALY — in US = 34% of absenteeism

→ PHYSICAL HAZARDS: 16% Occupational Hearing loss Sordos del mundo son ocupacionales



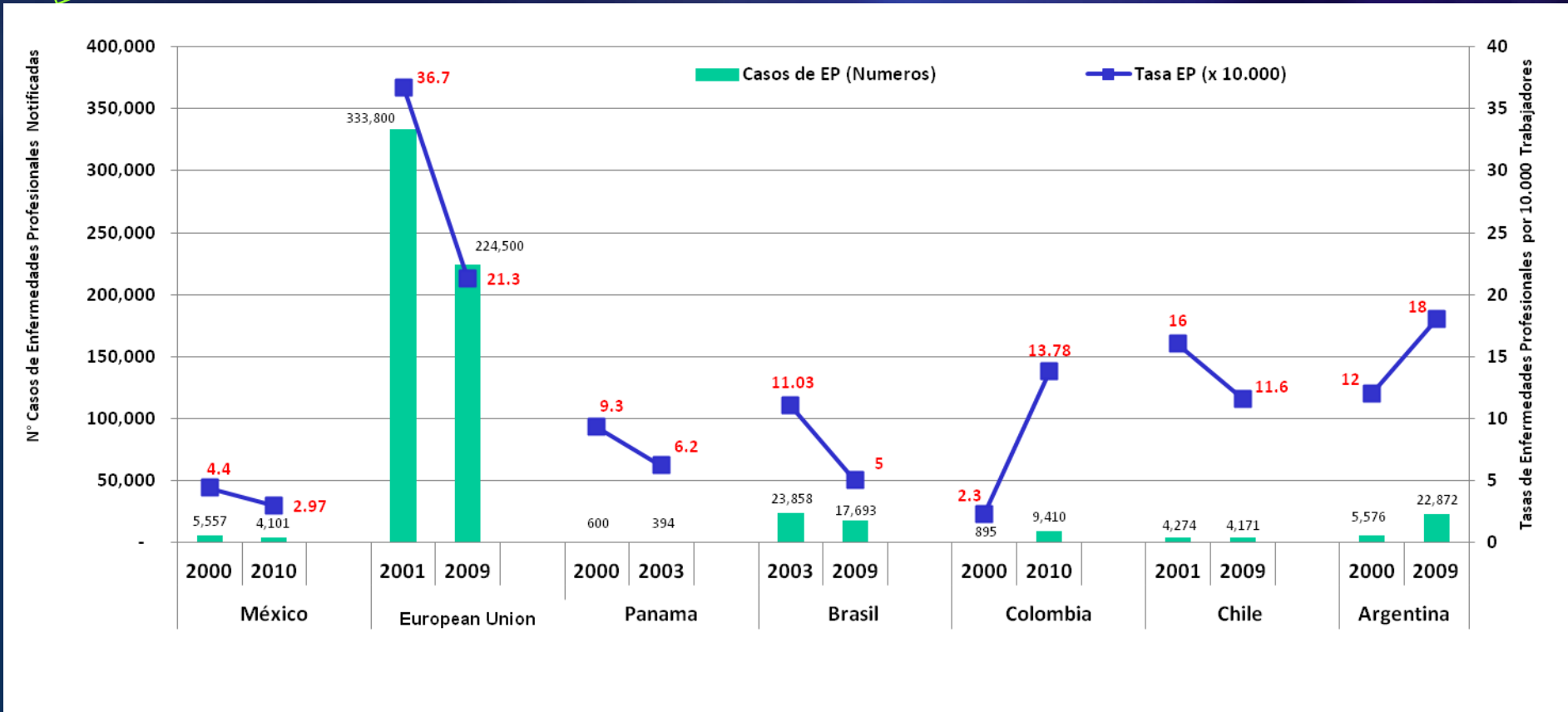
Pan American
Health
Organization

Tennessee, M, Rodríguez G., J. et al. (2007) Plan regional de Salud de los Trabajadores : Doce años de resultados y perspectivas. II Congreso Salud y Trabajo, La Habana, Cuba

1. EPIDEMIOLOGIC CONTEXT



Number and rate of Occupational diseases (x 10,000 workers) in Insured population in selectd countries of the Americas, 2000 -2010.



Pan American Health Organization

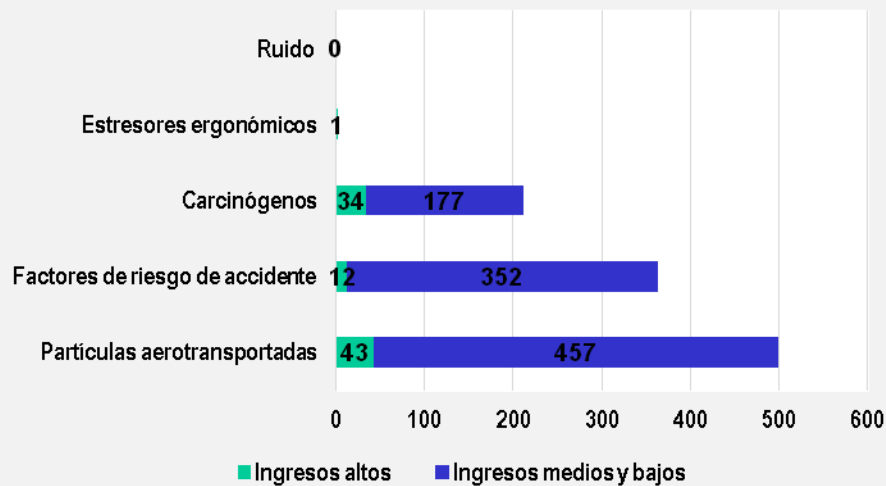
Fuente: Solar, O. Elaboración con base en estadísticas disponibles en-línea de los países mencionados. Consultora OPS, 2011

CONTEXTO EPIDEMIOLÓGICO

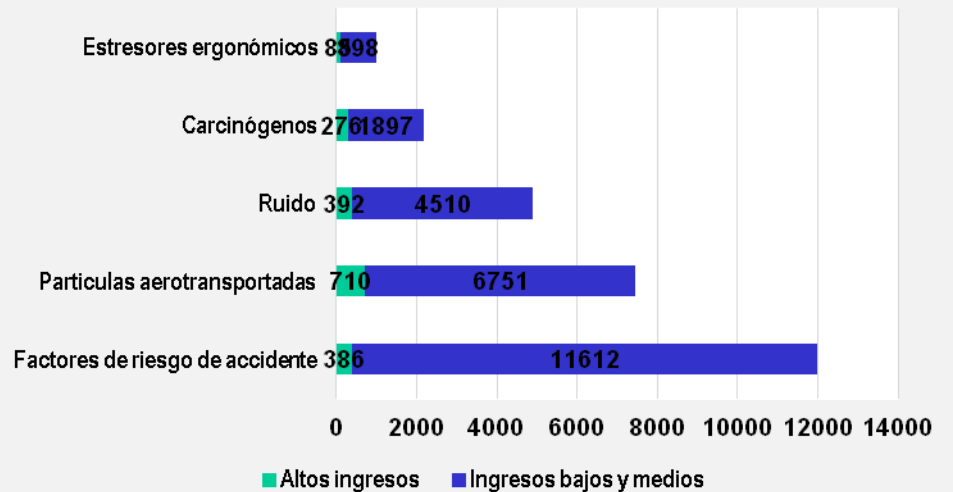
EP



Muertes por riesgos ocupacionales seleccionados 2004 (miles)



AVISAS de riesgos ocupacionales seleccionados 2004 (miles)



Pan American Health Organization

CONTEXTO EPIDEMIOLÓGICO

Estimaciones de los Riesgos Ocupacionales del Estudio de Carga de Enfermedad 2010⁴:

- “ *La muerte prematura atribuible a mortalidad* por peligros ocupacionales causaron 58,200 muertes (2% de la carga de enfermedad), y 5 M de años saludables de vida perdidos, 1 M más que en 1990.
- “ *La discapacidad y muerte prematura* fueron altas en el Cono Sur (860 AVISAS en BRA & PAR, y 640 AVISAS en ARG, CHI & URU) en comparación con 360 AVISAS en NA.
- “ *El Dolor Lumbar* es la EP que más contribuye a la discapacidad (AVISAS mas altos).
- “ *Las exposiciones mas prevalentes a carcinógenos ocupacionales* en NA fueron Asbesto (27,5 AVISAS por 100.000), seguidas de humos de segunda mano y diésel en el Cono Sur (11.7 y 13.8 AVISAS respectivamente).

CLUSTER DE RIESGOS OCUPACIONALES ANALIZADOS

Carcinógenos:

Asbesto, Arsénico, Benceno, Berilio, Cadmio, Cromo, Humos de diesel, Humos secundarios, formaldehido, níquel, aromáticos poli cíclicos, sílice, acido sulfúrico.

Asmogénicos

Partículas, gases u humos

Riesgos de Accidente de Trabajo

Dolor lumbar

Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, Adair-Rohani H, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet 2012;380:2224-60.



CONTEXTO EPIDEMIOLÓGICO

EP

LA VIEJA EPIDEMIA REGIONAL ESCONDIDA

- Enfermedades pulmonares ocupacionales (Asbestosis, neumoconiosis)
- Dermatitis Ocupacionales
- Hipoacusia y sordera Ocupacional
- Intoxicaciones por plaguicidas y otros tóxicos (Mercurio, plomo, arsénico, benceno, tolueno, xileno)
- Alergias (Asma, rinitis, dermatitis por hipersensibilidad)

LA NUEVA EPIDEMIA REGIONAL ESCONDIDA

- Desórdenes Musculo esqueléticos (Dolor lumbar, síndrome de túnel del carpo)
- Enfermedades cardiovasculares
- Desórdenes mentales y emocionales (Estrés, burnout, depresión)
- Enfermedades emergentes: como la hipersensibilidad química múltiple, cánceres ocupacionales, disruptores endocrinos y aquellas causadas por nuevas tecnologías (nanotecnología y otras)



Pan American
Health
Organization

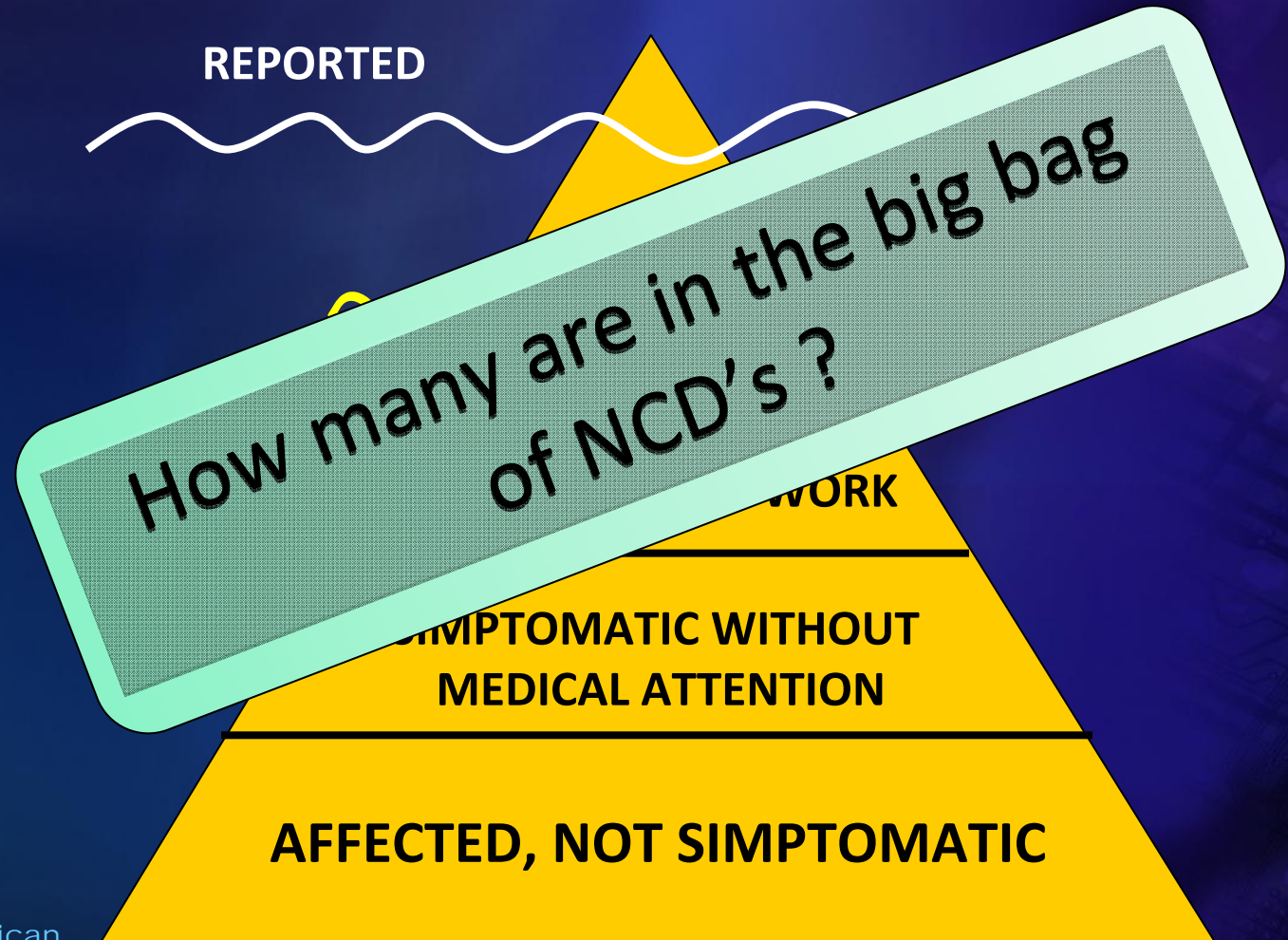
STATISTICS & QUALITY OF DATA IN LATIN AMERICA

- Information not reliable
- Varied sources and quality of data
- Occupational injury rates vary between 0.8-34%
- Morbidity for OD was almost inexistent
- Average number of days lost due to absenteeism of medical origin estimated between 8-25.5 days



2. EPIDEMIOLOGIC CONTEXT

THE CRUDE REALITY OF OD:



Pan American
Health
Organization



**Pan American
Health
Organization**



Regional Office of the
World Health Organization



***2nd Meeting of the Working Groups of the
XVII Inter-American Conference of Ministers of Labor (IACML)
Panel 3 – OCCUPATIONAL HEALTH AND SAFETY***

Contents

1- Background

2- Context of Workers' Health in the Region:

Overview of inequities

3- Regional milestones

4- The way forward



Pan American
Health
Organization





Workers' health

DC Resolution XIV 1990

Regional Action Plan on Workers' Health

DC Resolution CD 41, 1999

Strategic and programmatic orientations

1999-2002

REGIONAL PLAN → PURPOSE

→ Contribute to improving work environment, life conditions and general workers' health and wellbeing to advancing towards sustainable development with equity and social justice.



Inter-disciplinary

Trans-national

Inter-sectorial

Human sustainable development



Pan American
Health
Organization

Workers' health

→ Social response

- National governments
- Labor Organizations
- Productive Sector
- Private Sector

- Other stakeholders:
- Collaborating centers
 - NGOs
 - Universities
 - Media

→ International Governmental Organizations



Pan American
Health
Organization

Workers' health

→ PAHO's response

- Directive bodies involvement
- National Representations PW
- Collaborating Centers Network
- Consultant and expert Regional networks

→ International Governemental Organizations



Pan American
Health
Organization

REGIONAL PLAN → PROGRAMMATIC AREAS

Quality of work environments

Primary prevention

Policy and regulations

Political & regulatory framework

Workers' Health promotion

Healthy workplaces

Comprehensive health services

Primary health care



Pan American
Health
Organization

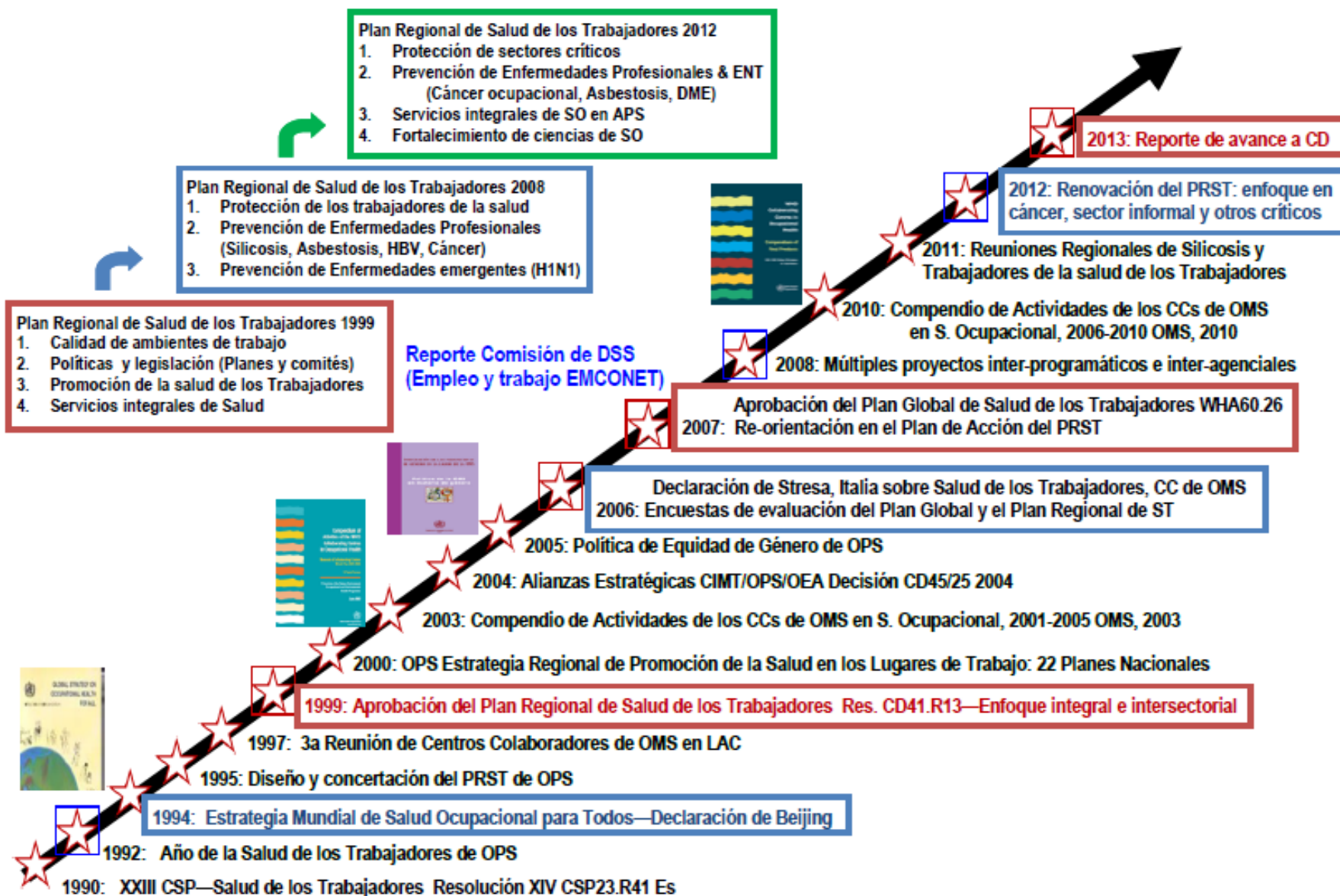
REGIONAL MILESTONE:

PAHO/WHO COLLABORATING CENTERS NETWORK

Collaboration
Coordination
Commitment
Cooperation



Piedras Angulares en la Evolución del Plan Regional de Salud de los Trabajadores de la OPS



Main Strategic Objective 8

To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health

Other SOs: 5, 7, 13



Pan American
Health
Organization

Strategy 1: Inter-sectorial Alliances

Governmental Organizations

OAS inter-ministerial collaboration

NAFTA, SICA, CARICOM,
MERCOSUR, CAN

International Organizations

ILO, Employers' and
Workers' Organizations

Cochrane Collaboration

**Workers
Health**

Collaborating Centers

14 Collaborating Centers 2
new since 2007

Non-governmental organizations

International Commission on
Occupational Health (ICOH)

Professional Organizations

Strategy 2: Collaboration within PAHO

→ **NCD**

→ **Health promotion**

→ **Gender**

→ **Primary health care**

→ **Human rights**

→ **Social protection**

→ **Indigenous rights**



Pan American
Health
Organization

Regional Initiatives

- Protecting health of HCW: Biological risk prevention, Vaccination campaigns, Training to prevent NSI & blood borne exposures & EPI net
- Prevention & control of Occupational Lung Diseases & Occupational and Environmental Cancer
 - Elimination of silicosis
 - Elimination of asbestos related diseases
 - Prevention of Occupational & Environmental Cancer
- Emergent Priorities: Influenza A(H1N1)
- Strengthening the PAHO OHS wellbeing Committee
- Strengthening resources & dissemination of information: World Day of OHS, CDs, Tool boxes, guidelines, Geo-library, development of instruments for surveys in employments and working conditions, etc.
- Strengthening strategic alliances with OAS: IACML/CIMT (Oct, 2011) and Consumer Safety and Health Network (Nov, 2011)

***2nd Meeting of the Working Groups of the
XVII Inter-American Conference of Ministers of Labor (IACML)
Panel 3 – OCCUPATIONAL HEALTH AND SAFETY***

Contents

- 1- Background**
- 2- Context of Workers' Health in the Region:
Overview of inequities**
- 3- Regional milestones**
- 4- The way forward**

The way forward

FACING ON HOW TO TACKLE INEQUITIES ON WORKERS' HEALTH IN THE AMERICAS

TOWARDS EQUITY WITH SOCIAL JUSTICE AND HUMAN DEVELOPMENT:

1. Improving basic dimensions of human development (HDI): Long-lived and healthy life; knowledge and a life standard with dignity (decent).
2. Overcoming deprivations and decreasing poverty indexes
3. Towards elimination of social exclusion (HPI-2)
4. Eliminating gender inequities: Development index with gender approach
5. Strengthening opportunities for women Empowerment in policies, decision making and high level leadership in governments.
6. Empowering workers in all dimensions: Respect of all human rights: social power (taking part in the decision process concerning their health); psychological power (self-esteem and behavior).

The way forward

FACING ON HOW TO TACKLE INEQUITIES ON WROKERS' HEALTH IN THE AMERICAS



Pan American
Health
Organization

The way forward

EXPECTED POLICY AND RESULTS IN OH IN THE AMERICAS 2012-2013

General action lines based on the platform of external and internal strategic alliances, and the CCs networking:

- Prioritizing actions through critical economic sectors:
 - Informal sector of economy (rural & urban)
 - Health Sector : Continuing & expanding successful projects that may be nested in other and within countries, and other risks
 - Mining and agriculture sectors: coming developments in the region
 - GREEN ECONOMY/GREEN JOBS

- Strengthening diagnoses, registration and making visible OD, facing the huge magnitude of NCD:
 - CID-10 y CID-11: protocols and surveillance systems
 - Promoting and supporting technical cooperation between and within countries; and,
 - Updating training materials and tools that can ease the diagnoses of OD



The way forward

OD → Regional initiative to eliminating silicosis and Asbestos related diseases

- Expanding the initiative to other countries
- The on-line Regional Asbestos Atlas

OD → Strengthening policies, registration, surveillance & interventions to preventing and controlling Occupational and Environmental Cancer

- Updating the results of the initiative launched by PAHO in 2008
- Development of national profiles of exposure → Regional CAREX
- Workplaces free of smoke & other carcinogens

PAHO → OHS & wellbeing Committee

- Supporting institutional policy approved in Dec. 2011 la OPS
- Implementing Action Plan with regional coverage (NIOSH, UIC, UofM)

Hprom → Dissemination of information on WH

- PAHO webpage, KMC strategies, social networks, Email List RST/LAC
- Seminar series in Rio+20



The way forward

OD→ Applying evidence based policies and practices

- National Profiles in OHS
- National Commissions on OH (sector & nets)
- Employment and working conditions standard survey

Promoting better practices for healthy work within the WHO Healthy Work Approach

- Training tool kit for formal enterprises (On-line, SPA)
- Healthy companies network
- Wellness weeks together NCD prevention activities

Strengthening BOHS for vulnerable populations

- Training on-line course for PHC professionals on BOHS (SPA)
- Pilot test April-Jun 2012
- Strengthening Sub-regional Networks
- The Anglophone Caribbean Consortium (Omur)/ joint effort

BAH-GRE-T&T-SUR-STL-DOM-BEL-BAR-ANT-GUY

KN in OHygiene



Trabajo y empleo: requeridos para el desarrollo sostenible

Una fuerza de trabajo saludable es el pilar de la productividad individual, colectiva y social.



El trabajo pago y digno es un determinante social de la salud capaz de:

- Incrementar el status de socioeconómico y de salud para los trabajadores y sus familias.
- *Contribuir a la auto-estima y la integración social* (Messing & Ostlin, 2006)
- *Mejorar relaciones empoderadas y con enfoque de genero* (Piras 2004)
- *Romper el ciclo de la pobreza al incrementar la educación, nutrición y el vestido* (Piras 2004)



Organization

**LA HIGIENE
OCUPACIONAL
EN AMÉRICA LATINA:**
UNA GUÍA PARA SU DESARROLLO

Elaborada por
Haskl van der Meer
Beverly Godlee



ORGANIZACIÓN PANAMERICANA DE LA SALUD
ORGANIZACIÓN MUNDIAL DE LA SALUD
DEPARTAMENTO DE SALUD E AMBIENTE
PROGRAMA REGIONAL DE SALUD DE LOS TRABAJADORES
WASHINGTON, D. C., 2000

**Tema prioritario
en la agenda
pendiente para
avanzar hacia la
salud de los
trabajadores, el
trabajo digno y
el desarrollo
sostenible**

LA HIGIENE OCUPACIONAL EN AMÉRICA LATINA:

UNA GUÍA PARA SU DESARROLLO

EDITADO POR
Roald van der Meer
Bernice Gofner



 
ORGANIZACIÓN PANAMERICANA DE LA SALUD
ORGANIZACIÓN MUNDIAL DE LA SALUD
DEPARTAMENTO DE SALUD Y AMBIENTE
PROGRAMA REGIONAL DE SALUD DE LOS TRABAJADORES
WASHINGTON, D. C., 2000

Alternativas
OPS/OMS

Alianzas
estratégicas internas
y externas

Redes de
conocimiento

The way forward

WHO/PAHO Collaborating Centers Meeting Sustainable Development and Environmental Health (SDE)

Durham, North Carolina, 24-26 October 2011





Pan American
Health
Organization