



World Health  
Organization

# ***Workers' Health: Global of Plan of Action***



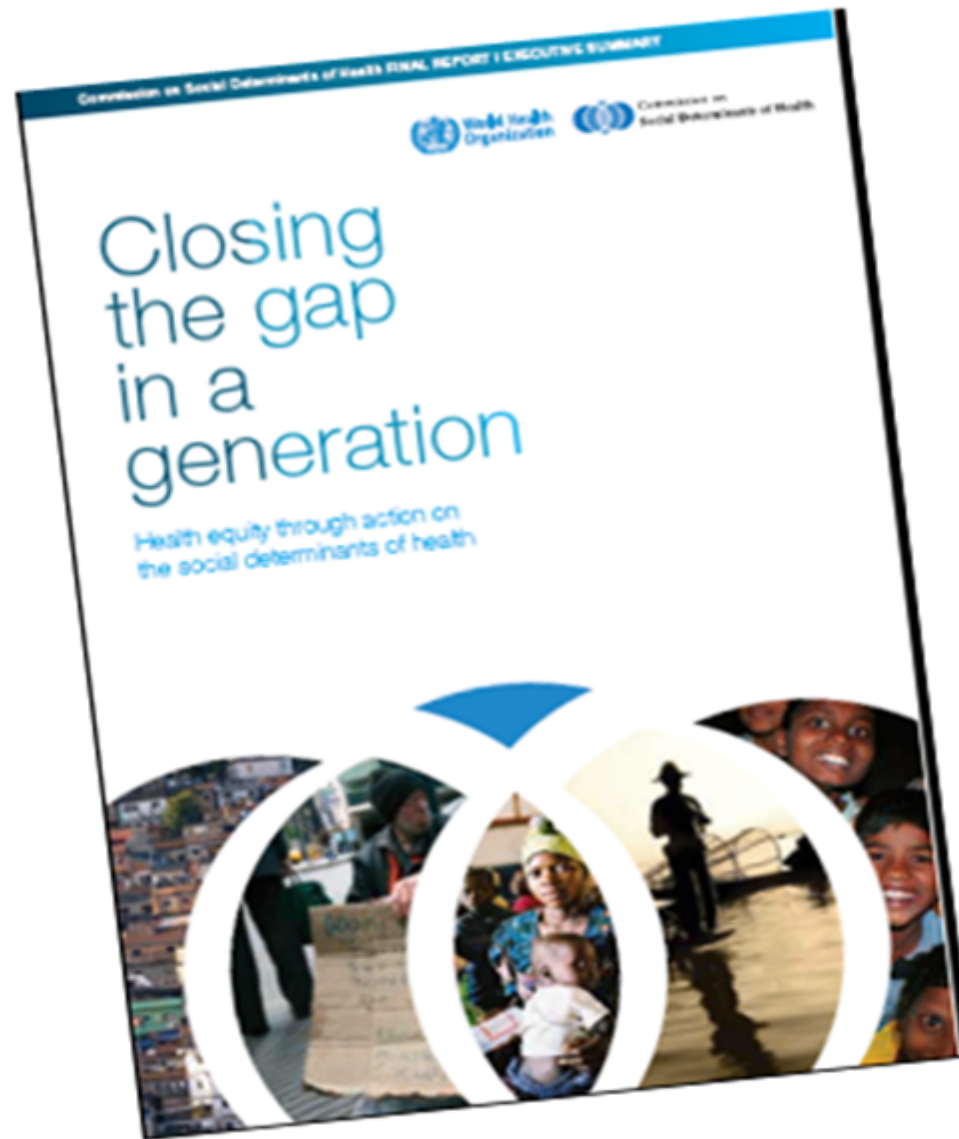
# Health as a human right

- **WHO Constitution** – entered into force 7 April 1948
  - The enjoyment of the highest attainable standard of health is one of the *fundamental rights* of every human being without distinction of race, religion, political belief, economic or social condition.
  - [www.who.int](http://www.who.int)
- **United Nations Economic and Social Council: *The right to the highest attainable standard of health* : . 11/08/2000. E/C.12/2000/4. The human right of everyone to the enjoyment of the highest attainable standard of physical and mental health**
  - The right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, **healthy occupational and environmental conditions**, and access to health-related education and information, including on sexual and reproductive health.
  - The right to health contains both freedoms and entitlements. Freedoms include the right to control one's health, including the right to be free from non-consensual medical treatment and experimentation. Entitlements include the right to a system of health protection (i.e. health care and the underlying determinants of health) that provides equality of opportunity for people to enjoy the highest attainable standard of health.
  - The right to health is a broad concept that can be broken down into more specific entitlements such as the rights to: maternal, child and reproductive health; **healthy workplace and natural environments; the prevention**, treatment and control of diseases, including access to essential medicines; access to safe and potable water.
  - [http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/40d009901358b0e2c1256915005090be?Opendocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/40d009901358b0e2c1256915005090be?Opendocument)

# Antecedents

- WHO Global Strategy on Occupational Health for All – WHA 49 (1996)
- WSSD (2002) Plan of Implementation: strengthening WHO programme on occupational health and linking it to public health
- Regional efforts
  - AMRO workers' health action plan
  - AFRO resolution of RC on occupational health and safety
  - EURO Environment and Health ministerial conferences
  - WPRO/SEARO inter-regional framework for action on workers health

# “Social injustice is killing people on a grand scale”



# ***Report of the Commission on the Social Determinants of Health and its Knowledge Network on Employment Conditions***

"Social injustice is killing people on a grand scale."

- Improve Daily Living Conditions
- Tackle the Inequitable Distribution of Power, Money and Resources
- Measure and Understand the Problem and Assess the Impact of Action

[www.who.int/social\\_determinants/final\\_report/en/index.html](http://www.who.int/social_determinants/final_report/en/index.html)

## **Knowledge Network on Employment Conditions**

- Fair Employment and Decent Work
  - Action Area 3: Improve working conditions for all workers to reduce exposure to material hazards, work-related stress, and health-damaging behaviours.
- **The Commission recommends that:**
  - OHS policy and programmes be applied to all workers – formal and informal – and that the range be expanded to include work-related stressors and behaviours as well as exposure to material hazards.

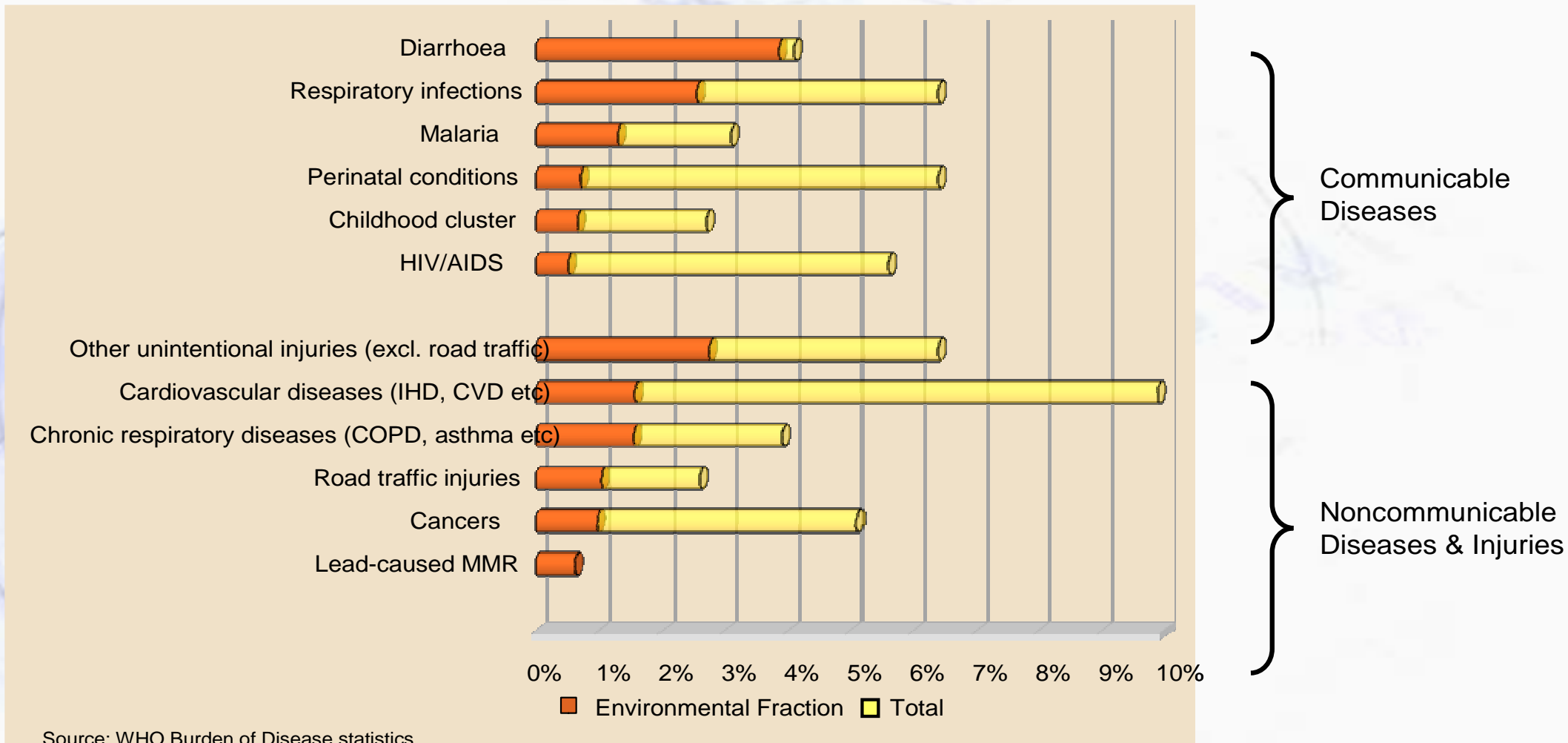


**World Health  
Organization**

# Environmental factors cause over 25% of global burden of disease

– important contributions to largest diseases

Share of burden of disease



Source: WHO Burden of Disease statistics

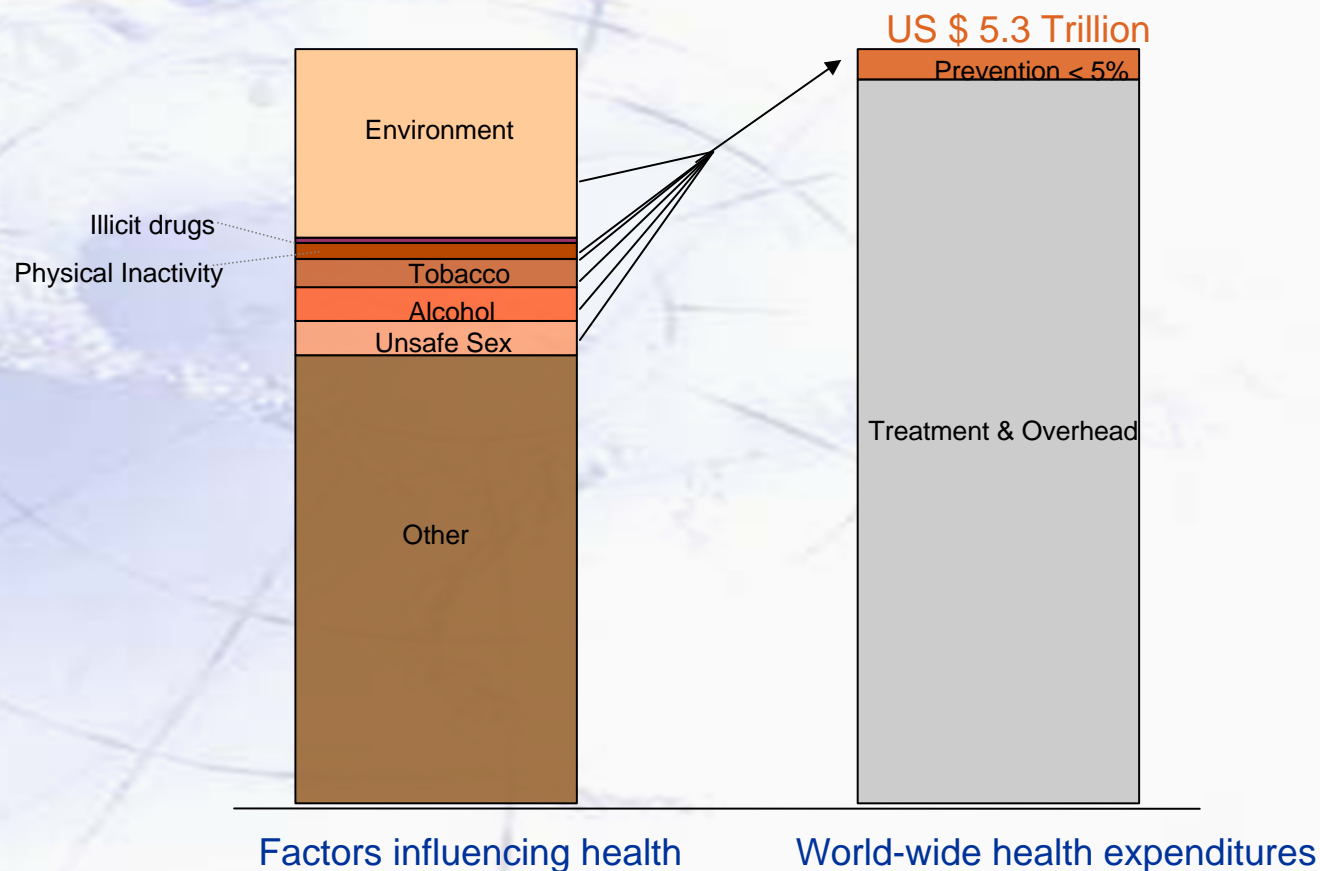
## Available data on work-related NCDs

Occupational Risks	Disease outcomes	Deaths (per year)	DALYs (per year)
Asbestos	Mesothelioma; lung cancer; asbestosis	107,000	1,523,000
Lung carcinogens (8 selected carcinogens)	Lung cancer	111,000	1,011,000
Leukaemogens (benzene, ethylene oxide, ionizing rad.)	Leukaemia	7,400	113,000
Dusts, fumes and gases	COPD	375,000	3,804,000
Fibrogenic particles	Asbestosis; silicosis; Black lung	29,000	1,062,000
<b>TOTAL</b>		<b><u>581,000</u></b>	<b><u>6,763,000</u></b>

# Health costs climbing faster than health gains – but disease prevention still neglected

Each year from 2000-2008:

- Life expectancy rose 0.5%
- Health costs rose 6 %



Source: Estimated from OECD, WHO, and Prevention Institute data



# What determines workers health?

## Working environment

- Mechanical
- Physical
- Chemical
- Biological
- Ergonomic
- Psycho-social risks

## Social factors

- occupational status, employment conditions
- income
- inequities in gender, race, age, residence etc.

## Work-related health practices

- individual risk-taking behaviour
- physical exercise, sedentary work
- diet and nutrition
- unhealthy habits – smoking, alcohol

## Access to health services:

- preventive occupational health services
- specialized curative care and rehabilitation
- health and accident insurance



# Why a WHO Global Plan of Action on Workers Health?



- To provide a framework for concerted action by all health and non-health actors for protecting and promoting the health of workers
- To establish political momentum for primary prevention of occupational and work-related diseases
- To ensure coherence in the planning, delivery and evaluation of health interventions at the workplace

# *Many public health programmes are related to workers' health*

- Occupational health and safety
- Communicable diseases
- Chronic diseases
- Health promotion
- Mental health
- Environmental health
- Health systems development

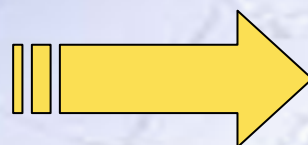


# ***From occupational health to workers health***

## **The Labour Approach**

### **Occupational Health**

Labour Contract  
Employer's responsibility  
Only at the workplace  
Only work-related health issues  
Negotiation between workers  
and employers



## **The Public Health Approach**

### **Workers Health**

All workers  
Beyond the workplace  
Responsibility of everybody  
All health determinants  
Other stakeholders (health  
insurance, social security, public health  
and environment authorities)  
Health protection not subject to  
collective negotiation



## ***60<sup>th</sup> World Health Assembly, May 2007***

### ***Resolution 60.26 "Workers' Health: Global Plan of Action"***

- The Global Plan of Action developed by the Member States for the Member States
- Member States pledged full support and commitment to implement action on workers' health
- Adopted by consensus by all 193 Member States of WHO
- WHA60 endorsed the global plan of action on workers' health (2008-2017)
- WHA60 urged Member States to take a number of measures on workers' health

# Arguments for action on workers' health

- WSSD (2002) recommended to WHO to strengthen its programme for occupational health and link it to public health promotion
- ILO adopted Promotional Framework for Occupational Safety and Health Convention (2006)
- Health of workers is determined by occupational hazards, social and individual factors and access to health services
- Interventions exist for primary prevention of occupational hazards and for developing healthy workplaces
- There are major gaps between and within countries in the exposure of workers and local communities to occupational hazards and access to services
- The health of workers is essential prerequisite for productivity and economic development



World Health  
Organization

## ***Member States urged by the Health Assembly to take a number of measures on workers' health***

1. National policies for implementation of GPA
2. Universal coverage with essential interventions and basic services
3. Capacities and evidence for action
4. Local communities affected by industrial and agricultural activities
5. Concerted action by all national health programmes
6. Workers' health in non-health policies
7. Inter-country collaboration
8. Reintegration of sick and injured workers



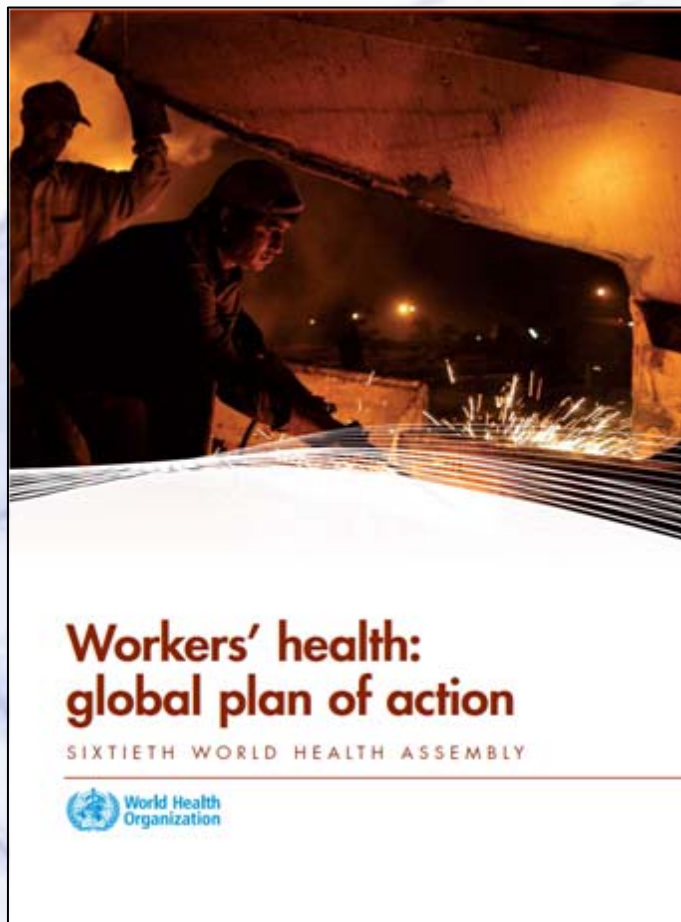
## ***The global plan of action deals with all aspects of workers' health***

- Primary prevention of occupational hazards
- Protection and promotion of health at work
- Employment conditions
- Better response from health systems to workers' health

**Actions are to be considered and adapted by countries, as appropriate, to their national profiles and specific circumstances in order to achieve the specific objectives of the plan**



# WHO Global Plan of Action on Workers' Health 2008-2017



- Develop national policies and programmes to tackling priority problems
- Improve workplace health protection and promotion
- Scale up access of workers to preventive health services
- Strengthen surveillance and monitoring of workers' health
- Integrate workers' health in policies on climate change and sustainable development



# The emerging vision: Renewing PHC through four sets of reforms



## ***Alma Ata Declaration, 1978***



*"It [Primary health care] is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work,.."*

## **What happened with primary health care at work?**

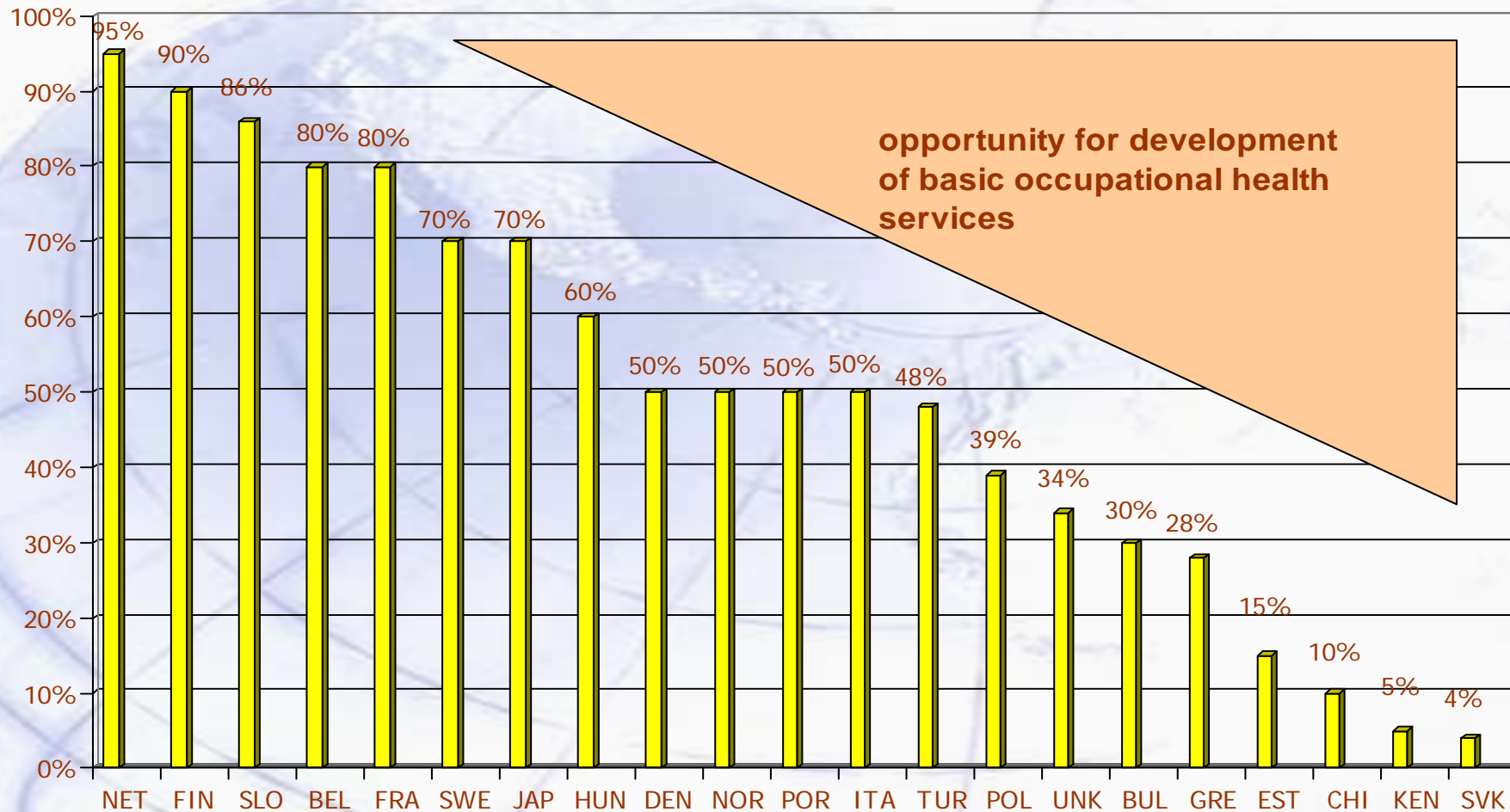
## Why primary health care for workers?

- The workplace can be a setting for delivery of essential health interventions
- Health messages delivered through the workplace can reach workers' families
- Sometimes, the workplace is the only way of providing health care, e.g. mining communities, migrant workers
- Improving workers' health can help reduce poverty and meet development goals
- The health of workers is an essential prerequisite for productivity and economic development



# Worldwide 85% i.e. 2.2 billion workers do not have access to occupational health services

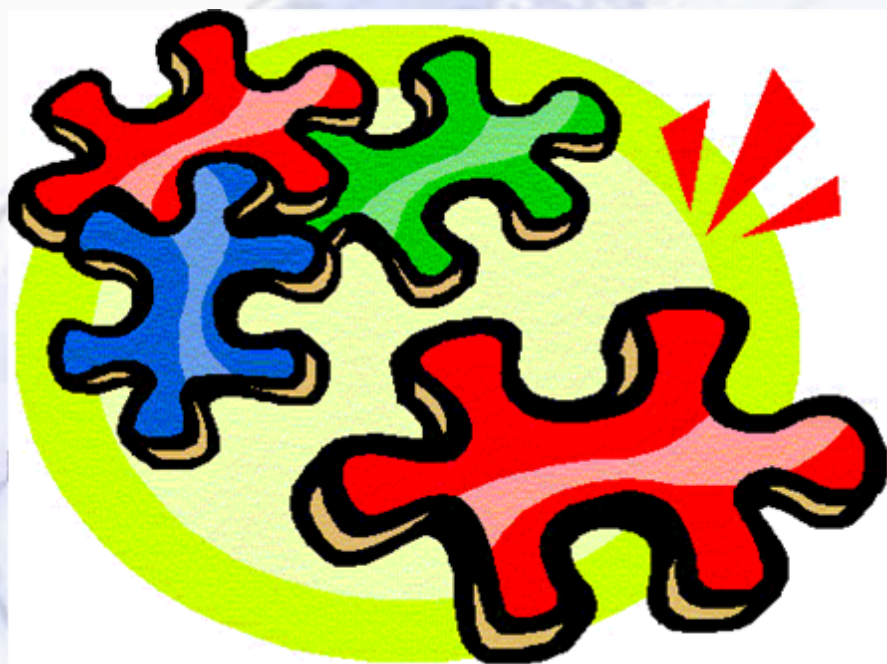
## Coverage of OHS in 21 countries



Adapted from J. Rantanen, 2005



## Elements of PHC for workers



- First contact of workers with health system
- Workplace and community based
- Emphasis on primary prevention and promotion
- Active mechanisms for workers' participation
- Sound policy, legal and institutional framework
- Optimal organization and management
- Appropriate human resources
- Adequate and sustainable resources
- Universal coverage and access



# CONNECTING HEALTH AND LABOUR: WHAT ROLE FOR OCCUPATIONAL HEALTH IN PRIMARY HEALTH CARE?

Global conference organized by WHO  
in collaboration with TNO Work and Health and the Dutch Government  
The Hague, 29 November - 1 December 2011

## Provisional Agenda

1. Factors of success and obstacles for integrating occupational health in primary health care in countries
2. Opportunities and challenges for occupational health arising from primary health care strategies:
  - universal coverage
  - people-centred health care
  - participatory health governance
  - health in all policies
3. Strategic directions for delivery of occupational health services in the context of integrated primary health care

## **Implementation**

- **Government leadership with participation of employers and workers**
- **Adaptation to national specificities and priorities**
- **WHO support for implementation:**
  - partnerships – ILO, organizations of employers, trade unions, civil society and private sector
  - standard setting, guidance, contribution to adoption and implementation of international labour conventions
  - articulating policy options for national agendas
  - technical support for specific needs and building core capacities
  - monitoring and addressing trends
  - scientific and advisory mechanisms
- **Review and monitoring**
  - national and international indicators of achievement
  - reporting to WHA in 2013 and 2018



**World Health  
Organization**



# WHO Global Network of CCs in Occupational Health



[www.who.int/occupational\\_health](http://www.who.int/occupational_health)

# 8<sup>th</sup> Meeting of the WHO Network of Collaborating Centers in Occupational Health Geneva October 2009



## **Objective 1:** **to develop and implement policy instruments** **on workers health**

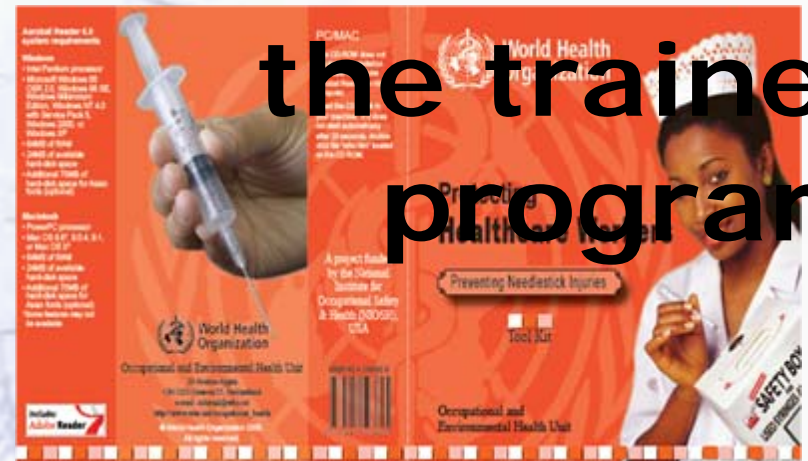
- **National policy frameworks**
  - legislation
  - intersectoral collaboration
  - funding and resource mobilization
  - strengthening the ministries of health
- **National action on workers' health** (taking into consideration also ILO Promotional Framework for OSH Convention)
  - national profiles and priorities for action
  - objectives, targets and actions
  - mechanism for implementation, monitoring and evaluation
  - human and financial resources
- **National approaches for prevention of priority occupational diseases and accidents**
- **National programs for occupational health and safety of health care workers**
- **Minimizing gaps – high risk sectors, vulnerable groups, gender aspects**
- **WHO assistance** to strengthen the capacities of ministries of health; global campaigns: elimination of asbestos-related diseases and immunization of healthcare workers against HBV



# Priority GPA1.4 PROTECTING HEALTH CARE WORKERS GLOBALLY

*Adapting the WHO tool kit to Latin American HCW*

## Needlestick train-the trainer program



**Pilot training in**  
**South Africa**  
**Tanzania**  
**Vietnam**

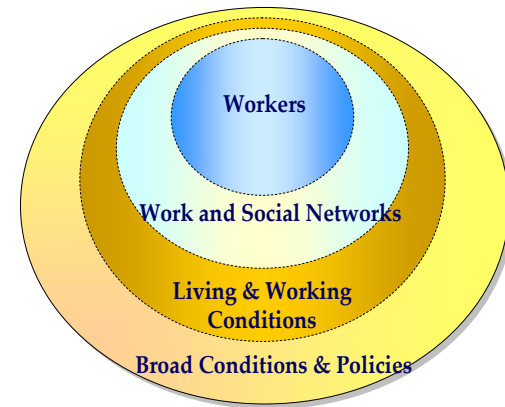
**Now in**  
**Peru**  
**Venezuela**  
**Colombia**

**Ecuador**  
**Egypt**  
**Afghanistan**



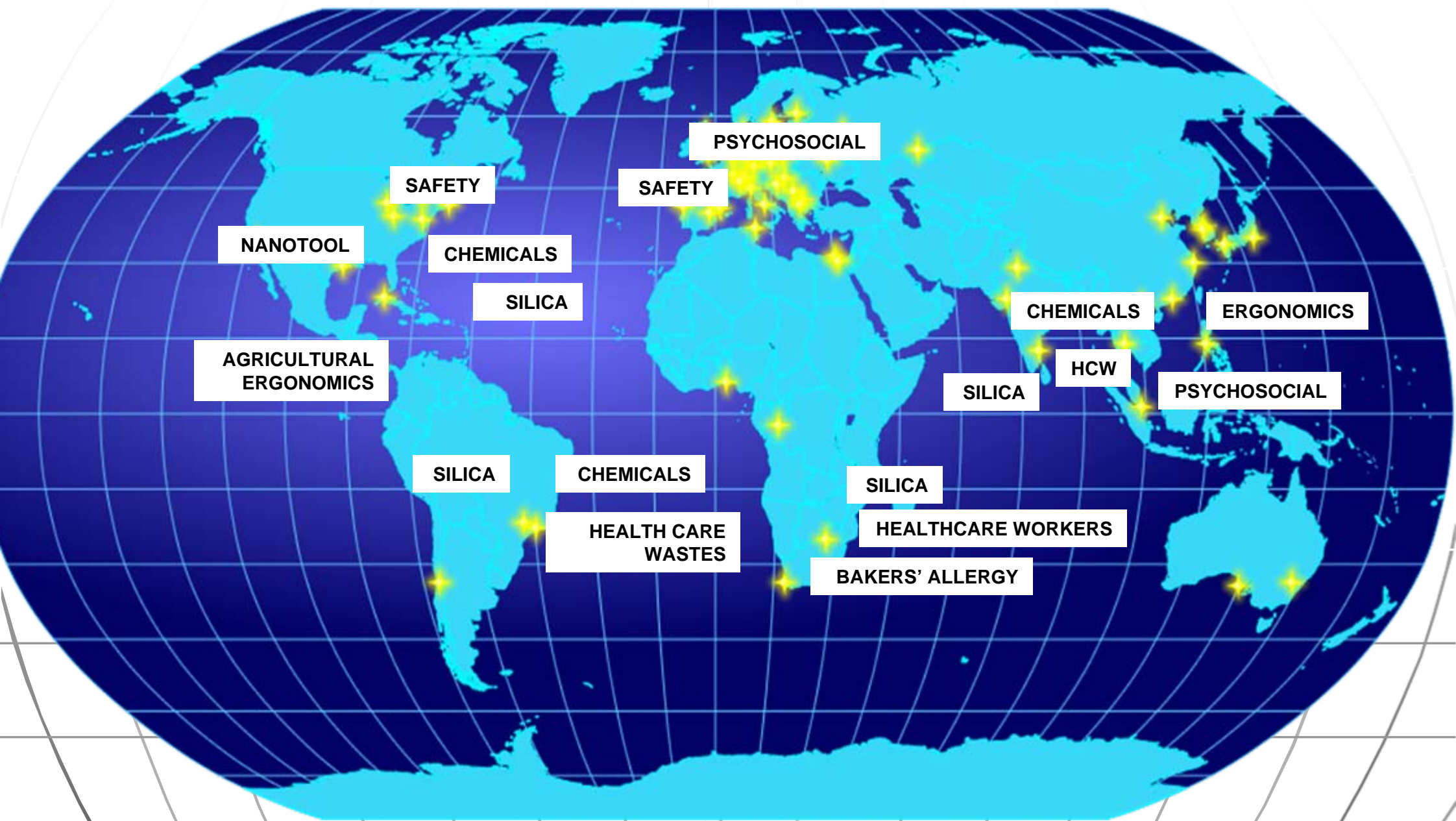
**World Health Organization**

## **Objective 2:** **to protect and promote health at the workplace**



- **Improving assessment and management of health risks at work:**
  - Essential interventions for prevention occupational hazards
  - Integrated management of chemicals
  - Elimination of second-hand tobacco smoke from all indoor workplaces
  - Health impact assessment
- **Basic set of occupational health standards**
  - Minimum requirements for health and safety protection
  - Enforcement and inspection
- **Capacities for primary prevention of occupational hazards, diseases and injuries**
  - Methodologies
  - Training
  - Healthy workplaces
- **Health promotion and prevention** of noncommunicable diseases at the workplace: diet, physical activity; mental health; family health
- **Prevent and control HIV/AIDS, malaria, TB, avian influenza**
- **Specific WHO action:** practical tools for risks assessment; minimum health requirements and guidelines for healthy workplaces; incorporation of workplace action into programmes on global health threats

# GPA 2.1 Risk Management Toolkits (25) in 2009-2012 Workplan



# Silica Essentials Hazard Guidance Sheets\*

**HSE** Health and Safety Executive

## QY6 Dry grinding

**COSHH essentials in quarries: Silica**

**Control approach 3 Containment**

**Hazard**

- Quarry work can produce airborne respirable crystalline silica (RCS).
- All RCS is hazardous, causing silicosis. This is a serious lung disease causing permanent disability and early death.
- Silicosis is made worse by smoking.
- Respirable means that the dust can get to the deepest parts of the lung. Such fine dust is invisible under normal lighting.
- When all controls are applied properly, less than 0.1 mg/m<sup>3</sup> RCS is usually achievable (based on an 8-hour time-weighted average).

**Crystalline silica concentrations in common materials**

- See table in sheet QY0.

**Access and premises**

- Only allow access to authorised staff.
- Use CCTV to monitor the process - reduce the need for people to be there.

**Equipment**

- Design equipment to resist the abrasive effects of silica-containing materials.
- Use wet milling wherever possible.
- Segregate the operator in a control cabin. See sheet QY11. Provide HEPA filtered air to the control cabin.
- Use CCTV to monitor the process.
- Avoid overloading grinding mills - monitor and control the input rate.
- Enclose grinding operations as much as possible and ensure the equipment is dust-tight.
- Ducts must be well resistant and sloped.
- Fit a manometer or pressure gauge near the extraction point, to show that the system is working properly.
- Mark the acceptable range of readings.

**Procedures**

- Always confirm that the control cabin air supply is turned on and working before starting work.
- Keep doors and windows closed while working.

**Health surveillance is usually needed. See sheet 604.**

**It is important to follow all the points, or use equally effective measures.**

**Health surveillance is usually needed. See sheet 604.**

**High dust levels produced in dry grinding can escape through poorly-maintained bearings and seals.**

**Exhaling in dust may cause silicosis.**

**Keep the emission sources as small as possible.**

**Keep exposure as low as possible using all the controls in this sheet.**

**You need air sampling. See sheet 600.**

**Health surveillance is usually needed. See sheet 604.**

**HSE** Health and Safety Executive

## BK3 Facing green bricks with sand

**COSHH essentials in brick and tile making: Silica**

**Control approach 2 Engineering control**

**Hazard**

- Brick and tile making can produce airborne respirable crystalline silica (RCS).
- All RCS is hazardous, causing silicosis. This is a serious lung disease causing permanent disability and early death.
- Silicosis is made worse by smoking.
- Respirable means that the dust can get to the deepest parts of the lung. Such fine dust is invisible under normal lighting.
- Keep inhalation of RCS as low as possible.
- When all controls are applied properly, less than 0.1 mg/m<sup>3</sup> RCS is usually achievable (based on an 8-hour time-weighted average).

**Crystalline silica concentrations in common materials**

- See table in sheet B10.

**Access and premises**

- Only allow access to authorised staff.
- Use CCTV to monitor the process and reduce the need for people to be there.
- Segregate this task as far as possible to reduce cross-contamination.

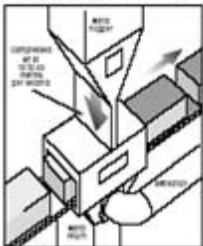
**Equipment**

- Facing bricks with sand creates dust. Fit controls to extract this dust.
- Use an extracted enclosure for tading.
- If you use compressed air, it is important that the extraction is strong enough to cope.
- You need an air speed between 10 and 20 metres per second into an extracted enclosure.
- Fit a manometer or pressure gauge near the extraction point, to show that the system is working properly.
- Mark the acceptable range of readings.
- With multiple extraction points, a simplified pressure check method may suffice.
- Discharge cleaned, extracted air to a safe place outside, away from doors, windows and air inlets.

**Health surveillance is usually needed. See sheet 604.**

**It is important to follow all the points, or use equally effective measures.**

**Health surveillance is usually needed. See sheet 604.**



**HSE** Health and Safety Executive

## BK5 Manual dechacking and batching

**COSHH essentials in brick and tile making: Silica**

**Control approach R Respiratory protective equipment (RPE)**

**Hazard**

- Brick and tile making can produce airborne respirable crystalline silica (RCS).
- All RCS is hazardous, causing silicosis. This is a serious lung disease causing permanent disability and early death.
- Silicosis is made worse by smoking.
- Respirable means that the dust can get to the deepest parts of the lung. Such fine dust is invisible under normal lighting.
- Keep inhalation of RCS as low as possible.
- When all controls are applied properly, less than 0.1 mg/m<sup>3</sup> RCS is usually achievable (based on an 8-hour time-weighted average).

**Crystalline silica concentrations in common materials**

- See table in sheet B10.

**Access and premises**

- Only allow access to authorised staff.
- Provide good access to enable safe waste removal.


**Equipment**

- Respiratory protective equipment (RPE) is normally needed to reduce exposures to an acceptable level.
- Can you use automated systems?
- Can you de-dust bricks with compressed air in an extracted chamber?
- Or use water suppression?
- Use local air displacement - see illustration. The inlet air must be clean.
- You need a downward air speed between 1 and 1.5 metres per second around workers' breathing zones.
- Make sure that draughts do not interfere with the air flow.
- Fit a manometer or pressure gauge to show that the clean air supply is working properly.
- Fit an indicator or alarm to show if filters have blocked or failed.
- Consult HSL on new system designs. See 'Useful links'

**Health surveillance is usually needed. See sheet 604.**

**It is important to follow all the points, or use equally effective measures.**

**Health surveillance is usually needed. See sheet 604.**



\*From the U.K. Health and Safety Executive  
Workers' Health: Global Plan of Action



World Health Organization

# Simplified Silica Exposure Guidance for Chilean Small Businesses

MÉTODO ECRES  
Evaluación Cualitativa del Riesgo de Exposición a Sílice

**Plantas de Áridos y Estabilizado (AE)**  
**Ficha de Diagnóstico**  
**ECRES AE**

**ISR**  
INSTITUTO DE SALUD PÚBLICA DE CHILE

**1 ASPECTOS LEGALES EN EL CONTROL DE LA EXPOSICIÓN A SÍLICE**

**1.1. Reglamento Interno de Higiene y Seguridad**  
El Reglamento Interno de Higiene y Seguridad u Orden, Higiene y Seguridad permite a los trabajadores conocer sus derechos y obligaciones en el lugar de trabajo. Se verificará la existencia o no de estos reglamentos según corresponda.

1 No tiene Reglamento      0 Tiene Reglamento

**1.2. Derecho a Saber**  
El conocimiento por parte de los trabajadores de los riesgos de exposición a sílice y la forma correcta de realizar su trabajo es de la mayor importancia para la prevención de la silicosis. Debe existir algún registro que evidencie el cumplimiento de esta obligación por parte del empleador (Título VI del D. S. N° 40, de 1969, del Ministerio del Trabajo y Previsión Social).

1 Trabajadores no informados del riesgo de exposición a sílice      0 Trabajadores informados del riesgo de exposición a sílice

**1.3. Protección Respiratoria**  
El empleador deberá entregar protección respiratoria adecuada a los trabajadores como mínimo si estos han sido capacitados en su uso correcto, pruebas de ajuste (presión positiva y presión negativa), limpieza, mantenimiento y almacenamiento. En caso que los trabajadores se capacitan parcialmente (solo en alguno de los puntos señalados anteriormente) se considerará como que no fueron capacitados.

1 No se entrega protección respiratoria adecuada al riesgo      0,5 Se entrega protección respiratoria adecuada al riesgo pero no se capacita      0 Se entrega protección respiratoria adecuada al riesgo y se capacita

**1.4. Señales sanitas en el sitio**  
La implementación de medidas básicas de saneamiento (dotación de agua, vecedores, cisternas, guardarropas, etc.) son elementos que influyen directamente en la calidad y seguridad de los lugares de trabajo. Luego, deberán cumplirse las exigencias establecidas en el D. S. N° 394, de 1999, del Ministerio de Salud, en esta materia.

0,5 Número de lavatorios y duchas no cumple con la norma      0,3 Número de lavatorios y duchas (solo agua fría) de acuerdo a la norma      0 Número de lavatorios y duchas (agua fría y caliente) de acuerdo a la norma

ECRES  
Evaluación Cualitativa del Riesgo de Exposición a Sílice

Plantas de Áridos y Estabilizado

Ficha de Control  
ECRES 1

Disposiciones Legales en el Control de la Exposición a Sílice



Organization

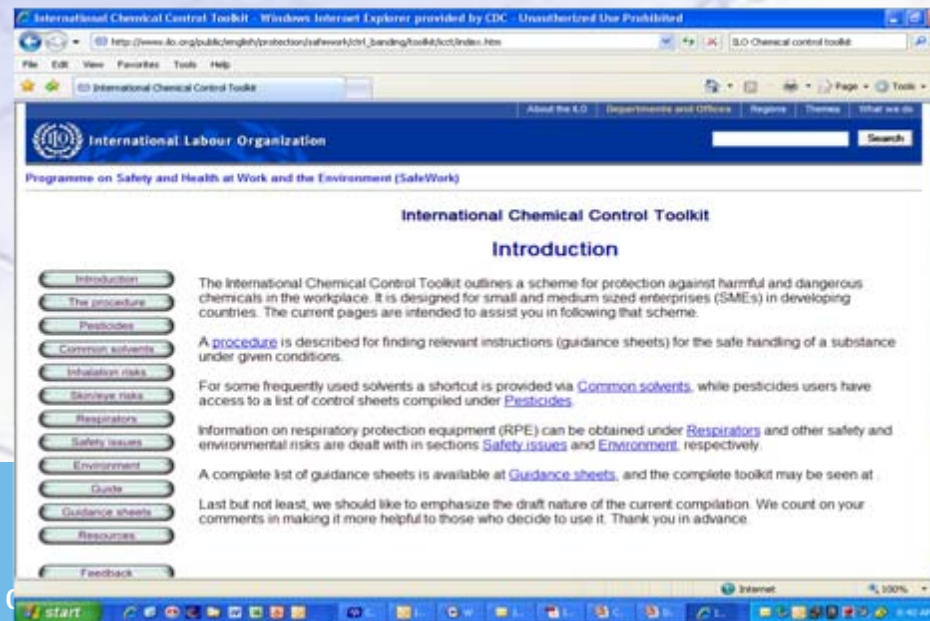


# International Chemical Control Toolkit

[http://www.ilo.org/legacy/english/protection/safework/ctrl\\_banding/index.htm](http://www.ilo.org/legacy/english/protection/safework/ctrl_banding/index.htm)

- Qualitative risk management
- Simple guidance to control exposures
- Assist small businesses and informal sector

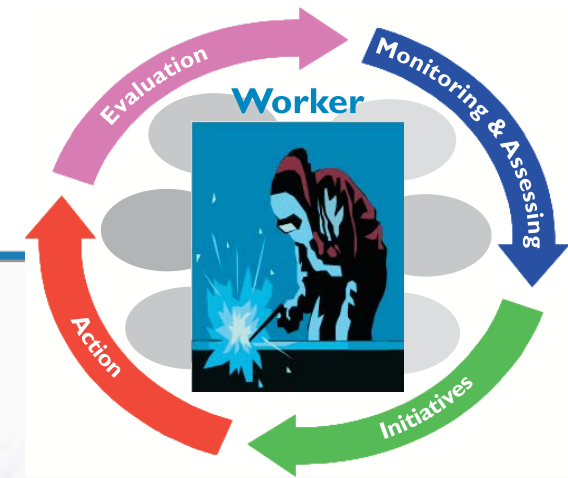
IOHA/WHO/ILO/IPCS



## Objective 3:

### to improve the performance of and access to occupational health services

- **Coverage and quality of occupational health services:**
  - Linkage to national health strategies and health sector reforms
  - Standards for organization and coverage
  - Mechanisms for pooling resources and financing of the delivery
  - Sufficient and competent human resources
  - Quality assurance systems
- **Universal access to basic occupational health services**
- **Building core institutional capacities – national and local levels**
- **Development of human resources for occupational health:**
  - Post graduate training
  - Capacities for basic occupational health services
  - workers-'health in training of primary health care
  - Attracting and retaining human resources
- **Specific WHO action:** develop tools and working methods, models and good practices for occupational health services; build human and institutional capacities



# Training Courses and Materials for Courses

[GeoLibrary Home](#) | [Environmental](#) | [Occupational](#) [English](#) [Français](#) [Español](#) [Русский](#) [中文](#) [عربي](#)

## GeoLibrary.org

Occupational Search [Advanced Search](#) [Email this page](#)

- Occupational Library
- General
- Adverse Health Effects
- Hazardous Exposures
- Economic Sectors
- Control Strategies
- Site Index
- About the Library
- Suggest Materials
- Contact Us

Welcome to the Occupational Health branch of GeoLibrary.org, the Global Environmental and Occupational Health E-Library of Training Materials.

This page provides browsing capacity for the occupational health materials only. If you would like to browse the environmental health materials, please [click here](#). You may search any occupational and/or environmental health subjects by using the search function above.



**2,000 OSH Materials**

**[www.geolibary.org](http://www.geolibary.org)**

**200 Road Safety Materials**

**[www.roadsafetyatwork.org](http://www.roadsafetyatwork.org)**



[Disclaimers](#) | [Privacy policy](#) | [Administrator login](#)

**Objective 4:**  
**to provide and communicate evidence  
for action and practice**



● **Systems for surveillance of workers' health:**

- National information systems
- Capacities to estimate burden of diseases and injuries
- Registries of exposures, diseases and accidents
- Early reporting and detection

● **Research:**

- Special agendas
- Practical and participatory research

● **Communication and awareness raising**

- Workers and employers
- Policy makers, media
- Health practitioners

● **Specific WHO action:** indicators for workers' health; incorporation of occupational causes of diseases in ICD11; diagnostic and exposure criteria for occupational diseases



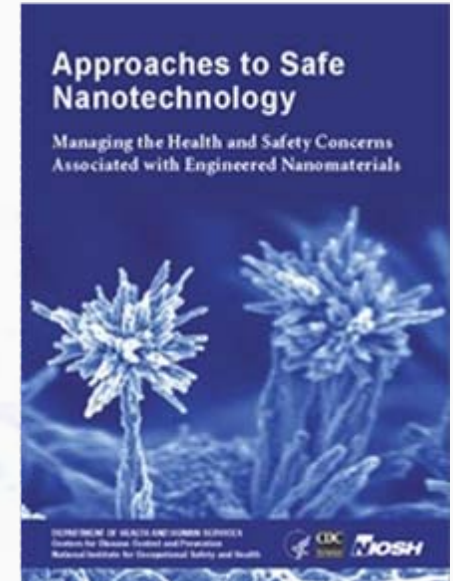
## Priority 4.1: Practical research nanotechnologies

- **Deliverables:** Numerous expert nanotechnology research programs

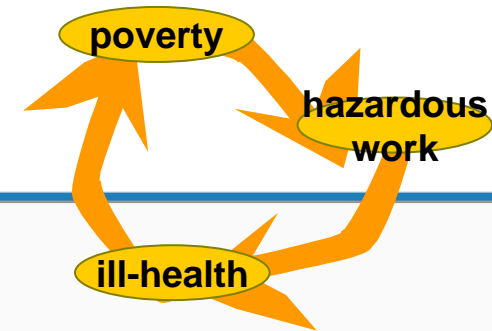
- Primarily in highly developed nations

- **Gaps:**

- Worldwide limitations in understanding and experience with solutions for workers handling nanomaterials
- Communication system to inform low-income countries of nano-materials risks and solutions
- WHO guidance for handling nano-materials for low-income countries



## **Objective 5:** ***to incorporate workers' health into other policies***



- **Economic development policies and poverty reduction strategies**
- **Collaboration with private sectors to avoid international transfer of risks**
- **National plans and programmes for sustainable development**
- **Consider workers' health in the context of trade policies**
- **Assess health impacts of employment policies**
- **Environmental protection in relation to workers' health:**
  - Strategic approach to International Chemicals Management
  - Multilateral environmental agreements: Rotterdam, Basel, Stockholm
  - Environmental management systems
  - Emergency preparedness and response
  - Climate change mitigation and adaptation
- **Sectoral policies for branches with highest health risks**
- **Primary, secondary and higher level of education and vocational training**



**World Health  
Organization**

# STOFFENMANAGER

Work safe with hazardous substances | Home | Back



You are here: > Home

## Stoffenmanager 3.0

Welcome to Stoffenmanager 3.0. Stoffenmanager is a tool that assists SME's in managing risks of hazardous substances.

Stoffenmanager supports you in:

- performing a risk assessment, both for inhalation and dermal exposure; Stoffenmanager also guides you in how the risks can be transferred to an action plan;

The Dutch version of Stoffenmanager 3.0 also contains modules for:

- generating your own Workplace Instruction Cards;
- instructing your colleagues how to work safely with hazardous substances with the aid of educational PIMEX-1 modules;
- generating a register of hazardous substances used by your company;
- assessing explosion safety of your workplace according to the European ATEX guidelines;

**NEW:**  
**Sectors**  
Construction  
Plasterers  
Tilers  
Carpenters  
Bricklayers

# *WHO and ILO have primary roles to* improve global workplace safety and health



Health: Global Plan of Action



World  
Organ





# *Thank you*



**WHA resolution 60.26 "Workers' Health: Global Plan of Action" Resolution**

[http://www.who.int/gb/ebwha/pdf\\_files/WHA60/A60\\_R26-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf)

**For further information [workershealth@who.int](mailto:workershealth@who.int)**