

Editorial

Promoting international collaboration through the International Commission on Occupational Health

As a leading international organization of occupational health professionals, the International Commission on Occupational Health, known by its acronym ICOH in English or CIST in French, is fully committed to promoting international collaboration in the field of occupational health. Founded in 1906, ICOH continues its longstanding work, with the main emphasis on fostering the scientific progress, knowledge and development of occupational health, as stated in its Constitution. This work is further strengthened by keeping close liaison with international allies and the scientific media, including this journal.

Strategic Prevention of Occupational Diseases and Global Ban of Asbestos

It is encouraging that there is internationally a common understanding about the emphasis to be placed in protecting and promoting the health of workers. Awareness is shared concerning a strong need to reduce incidences of occupational injuries and diseases in all the industrial sectors and to fill gaps in providing occupational health services in different employment situations. To meet these challenges, international collaboration is growing towards two main directions, i.e., developing proactive risk management procedures and extending occupational health services to all workplaces. The two directions are incorporated as two major areas of ICOH action plans for the triennium 2012–2015.

ICOH is an association of about 2,000 individual occupational health professionals and practitioners. Based on this unique set-up, international collaboration is undertaken by the initiative of its members in varied key positions and 35 Scientific Committees. There are about 60 National/Area Secretaries designated for enhancing collaboration of the members. Each member can join three Scientific Committees. Thus the members in each country/area and the Scientific Committees constitute two pillars of the ICOH activities.

The impact of ICOH activities is visible by the recent developments in advancing strategic prevention of occupational diseases, with due attention to complex health-

related dynamics. Examples include the recent revision leading to the ILO List of Occupational Diseases (2010) and the concerted effort towards the global ban of asbestos.

The need for the strategic prevention of occupational diseases is well reflected in the new ILO List of Occupational Diseases. ICOH was involved in the expert meetings formulating the revised list. The range of internationally recognized occupational diseases has expanded, including illnesses caused by chemical, physical and biological agents, respiratory and skin diseases, musculoskeletal disorders and occupational cancer. Mental and behavioural disorders have for the first time been specifically included. The list has open items in all the sections allowing the recognition of the occupational origin of diseases not specified in the list if a link is established with exposure to risk factors arising from work activities. The expanded list represents the new track addressing multifaceted risks at work including organizational and psychosocial aspects.

ICOH cooperates closely with the ILO, WHO and other international organizations by means of developing evidence-based procedures of risk management addressing multifactorial risks. ICOH members and the Scientific Committees make special efforts to apply comprehensive workplace procedures in line with the ILO global strategy on occupational safety and health (2003) and the WHO global plan of action for workers' health (2007). ICOH is an active member of the global network of WHO Collaborating Centres in Occupational Health. Collaborating with the International Ergonomics Association (IEA), the International Occupational Hygiene Association (IOHA), the International Social Security Association (ISSA) and the International Association of Labour Inspection (IALI), based on respective memoranda of understanding, ICOH endeavours to promote workplace measures for risk identification and communication and for locally feasible actions particularly in underserved sectors and industrially developing countries. Recent examples include the guidelines for preventing occupational diseases by the ICOH Scientific Committees, the ICOH/IEA Ergonomics

Guidelines for Occupational Health Practice in Industrially Developing Countries (2010) and the ILO Stress Prevention at Work Checkpoints (2012).

In line with these initiatives, ICOH has issued the Statement on Global Asbestos Ban and the Elimination of Asbestos-related Diseases (2013). The Statement calls for a global ban of all forms of asbestos and the joint effort to ensure primary, secondary and tertiary prevention of asbestos-related diseases. A sustained effort is necessary because even after a total ban on production and use of asbestos is achieved, occupational exposure to asbestos will persist due to the continued presence of asbestos from prior use in building materials and durable machinery/equipment. It is vital to foster global and national collaboration in this endeavour, ensuring the engagement of ICOH members in training competencies needed to support national efforts.

Extending Effective and Basic Occupational Health Services to all Workers

In recent years, a number of initiatives involving ICOH for extending occupational health services to all workers have been launched. The need to promote situation-based good practices is recognized by developing action-oriented procedures applicable to various small-scale workplaces with many constraints, as shown by recent intervention studies. The ICOH Scientific Committee on Occupational Health and Development and other Scientific Committees are developing practical guidance materials in this regard.

A prominent trend is to extend Basic Occupational Health Services (BOHS) to small enterprises and informal workplaces in association with the primary health care approaches. In collaboration with WHO, ICOH is contributing to developing guidelines and pilot projects for applying BOHS. A global online platform has been created for the exchange of experiences on BOHS. A new action guide for incorporating participatory workplace improvement methods within BOHS has been prepared in cooperation with the ILO. The Working Group on Participatory Approaches in Occupational Health is preparing action-oriented toolkits and guidelines for use in participatory programmes, including WISE (work improvement in small enterprises), WIND (work improvement in neighbourhood development) and other similar methods for small enterprises, farmers and the informal sector.

Promoting Networking Aimed at Concrete Results

The ICOH network comprises the Scientific Committees, Working Groups, the Task Group on Information, the Network on International Communication and Information Technology and the National/Area Secretaries. The network activities are closely linked with the organizational development of ICOH and accessible through www.icohweb.org. The ICOH-related website facilities and online schemes play increasingly important roles, also focusing on the social media such as www.twitter.com/ICOHbuzz.

During each three-year term of ICOH activities, about 100 scientific conferences and symposia are held by the Scientific Committees to reflect the reoriented advances. A large number of researchers and practitioners, the majority being non-ICOH members, take part in these meetings. The areas covered by the Scientific Committees reflect the occupational health needs from key perspectives of international collaboration, i.e., emerging health-related risks, underserved sectors and service quality. Each of these areas reflects the focus essential for collaboration, such as aging, musculoskeletal disorders, respiratory disorders, reproductive hazards, psychosocial factors, shiftwork and work disability as well as immunotoxicology, cardiology, neurotoxicology and industrial hygiene. Advances in occupational health services and nursing, occupational medicine, occupational health in development, education and training, agriculture, construction, chemical industry, small enterprises and the informal sector as well as unemployment are further focused on. Scientific Committees recently created or in preparation also address key areas such as women at work, nanomaterials and emergency care.

The reoriented progress is the most visible at the triennial International Congresses on Occupational Health. They are held in different regions and usually attended by some 3,000 participants. Prominently, the scientific programmes of each Congress are composed of symposia and sessions planned by the Scientific Committees. The 2000 Congress was held in Singapore, the 2003 Congress in Iguassu Falls in Brazil, the 2006 Congress as the centennial event in Milan, the 2009 Congress in Cape Town and the 2012 Congress in Cancun in Mexico. ICOH 2015 Congress will be held in Seoul, while the 2018 Congress will be held in Dublin. During each Congress, two sessions of the General Assembly of ICOH members are held to discuss the actions plans and decide the venue of the future Congress to be held six years later. The triennial Congresses serve as a forum for reviewing and promoting

international collaboration.

Enhancing Ethical Principles in Occupational Health

The International Code of Ethics for Occupational Health Professionals published by ICOH is intended to guide all professionals who carry out occupational health activities and set a generally valid reference level in their performance. The Code was first published in 1992 and revised in 2002. In some countries, the Code is incorporated in the national law. In 2010, the United Nations Medical Doctors Working Group advised that any UN organizational statements of ethics in occupational health matters should be consistent with the ICOH Code of Ethics. The newly revised Code has been in place since 2014 as a result of extensive review within ICOH involving a Code Review Group and feedback from ICOH members.

The revised Code keeps the three basic principles of ethics for occupational health professionals: serving the

health and social well-being of workers; integrity and impartiality in professional conduct; and professional independence in the execution of their functions. On this basis, the new provisions extend the scope of the practice in terms of evidence-based practice, auditing of its effectiveness, research work and organizational ethics of organizations employing occupational health professionals. It is hoped that the ICOH Code continues to be broadly referred to as a framework for occupational health programmes.

The recent experiences through the ICOH network demonstrate the effective types of proactive risk management and the practical ways to extend occupational health services in a locally adjusted manner. In close collaborative relations with regional and inter-country networks, a special emphasis must be placed on positive experiences in diversifying work situations. ICOH will endeavor to join effort with the scientific media in the field of occupational health.

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