Regional Workshop

“Development of a Basic Occupational Health Indicators Initiative for Latin America and the Caribbean”

Santiago, Chile, July 8th-9th, 2004

Workshop Report

Unit of Evaluation and Management of Environmental Risks
Area of Sustainable Development and Environmental Health
Pan American Health Organization
World Health Organization
Acknowledgements

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Organizing Committee
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Dr. Maritza Tennessee – Pan American Health Organization
Dr. Samuel Henao – Pan American Health Organization
Contents

Acknowledgements

1. Background
2. Workshop objectives
3. Summaries of the sessions
   a. PAHO agenda on occupational health
   b. ILO strategy for health indicators
   c. PAHO strategy for health situation analysis
   d. Occupational health surveillance programs in the Region
4. Recommendations

Annexes
Annex 1 Workshop agenda
Annex 2 List of participants
Annex 3 Guidelines for the work sessions
1. Background

The workplace might pose risks for the well-being and health of the workers when harmful exposures are present. Such risks may cause disease, disability, death, and a reduction of the quality of life of the workers and their families.

The development of policies and programs for prevention and control of occupational risks is essential to protect the workers’ health. However, information describing the workers’ health conditions should be gathered to know the occupational health priorities of a country and to assess the impact of prevention policies and programs on the population at risk.

The workers’ health situation can be described through the analysis and interpretation of occupational health indicators. Many countries of the Region are implementing programs to compile occupational health indicators; every program has its own characteristics and development stages.

The Pan American Health Organization (PAHO/WHO) aims at preparing and implementing a strategy to consolidate the data of the national surveillance systems in a regional report. PAHO’s mission is to support the Member Governments in the development and implementation of actions geared to improving work environments and workers’ health. The collection, analysis, and dissemination of indicators describing the workers’ health at the regional level are essential to fulfill this mission.

The workshop “Development of a Basic Occupational Health Indicators Initiative in Latin America and the Caribbean” was held for this reason. This workshop was carried out in July 8th-9th, 2004 in Santiago, Chile, and brought together professionals with experience in epidemiology and occupational health that have somehow been involved in the surveillance processes of occupational health indicators. Thirty-eight people representing 13 countries of the Region participated in the workshop.

2. Workshop objectives

1) To list a set of technical recommendations that, if they were implemented, they would strengthen the sources of indicators existing in the countries and would contribute to a regional report initiative.

2) To select the most suitable occupational health indicator to start a regional report initiative.

3) To identify the main lines that should be considered in the pilot project design that would explore the feasibility of implementing a regional report initiative of occupational health indicators.
3. Summaries of the sessions

a. PAHO agenda on occupational health

Lecturer: Maritza Tennessee, Pan American Health Organization

Ms. Tennessee highlighted PAHO’s mission to support the Member Governments in the development and implementation of actions aimed at improving the work environments and workers’ health in response to the agreements, mandates, and strategies that have been formulated in the last decade. One of the most recent events that she mentioned was the World Summit on Sustainable Development held in 2002 in Johannesburg where occupational health got special attention. In that meeting, the topics that received particular consideration were: 1) the importance of the protection of the workers’ health and safety; 2) the strengthening and promotion of the International Labour Organization (ILO) and the World Health Organization (WHO) programs to reduce work-related deaths, injuries, and occupational diseases; and 3) the linkage of occupational health actions with public health promotion activities.

During her presentation, she pointed out that the PAHO’s regional plan for worker’s health aims at contributing to the improvement of the working conditions and the environment for workers’ health. This plan considers four large areas: 1) the quality of work environments, 2) the development of occupational health policies and legislation, 3) the promotion of workers’ health, and 4) the implementation of integrated services for the workers’ health.

The lecturer concluded that the improvement of the well-being and productivity of the labor force and the society will be an important contribution of the regional initiative on basic occupational health indicators. Furthermore, the regional report might support the negotiation of favorable working conditions within integration processes and free trade.

b. ILO strategy for occupational health indicators

Lecturer: Jukka Takala, International Labour Organization

The presentation began with a summary of the statistics of occupational health indicators worldwide. In Latin America and the Caribbean, 147,600 deaths caused by work accidents have been reported. Of these deaths, 108,200 were due to occupational diseases, 39,400 occurred during work accidents, and 28,500 were caused by hazardous substances (it is estimated that 10,000 could be related specifically to asbestos).

After quoting the above statistical data, Dr. Takala described the ILO overall strategy and action plan. One aspect of the global strategy is the development and maintenance of a preventative safety and health culture. The development, management, and dissemination of knowledge is one of the tools that will make it possible to develop and maintain such culture. In relation to occupational health indicators, the ILO premise is that the improvement of statistics increases
the visibility of health and occupational safety. Currently, the ILO compiles information on 10 indicators grouped into three categories: 1) input – laws and practices, 2) processes – resources and 3) output – accidents and occupational diseases, absenteeism, and other aspects of the worker.

c. **PAHO strategy for health situation analysis**

Lecturer: Enrique Loyola, Pan American Health Organization

Dr. Loyola started with a brief explanation of the PAHO’s regional core health data initiative (RCHDI). He pointed out that PAHO launched the initiative in 1995 to obtain a common, regular, and timely database to support the health situation analysis processes necessary for technical cooperation, policy-making, and health plans.

Core health data are a minimum set of data and indicators required to characterize the health situation or problem of a country or geographical area. This initiative is an institutional collective effort with important involvement of PAHO and the countries at all levels.

Dr. Loyola talked about the complexity of the RCHDI and detailed the strategy used by PAHO to integrate information. Some elements of the strategy are: 1) the definition of institutional working groups, 2) the definition of the content, 3) the selection process, 4) the identification of responsible institutions and data sources, 5) standardization methods, 6) the mechanism of annual collection, 7) validation processes and information consistency, and 8) consensus processes and the validation commission. He indicated that such a process takes several years and that all sources of available indicators should be considered at the national level.

Finally, Dr. Loyola showed the procedures followed to analyze and disseminate the information generated by RCHDI. Some examples included the atlas of basic indicators, the systems of country health profiles, and the brochures of indicators.

d. **Occupational health surveillance in the Region**

**Brazil**

*Lecturer: Marco Perez, Ministry of Health of Brazil*

The workers’ health indicators currently available in Brazil are the mortality rate associated to work accidents, the incidence rate of work-related diseases, and the incidence rate of typical work-related accidents; compiled by the Rede Intergigacional para Informação de Saúde, RIPS (Interagency Health Information Network), that uses information of 22.179.855 employees with formal work contract, insured by the Instituto Nacional de Seguro Social, INSS. These indicators, however, do not show the reality of most workers because the country has 75.458.172 workers. Therefore, it is necessary to collect data on occupational diseases and work-related accidents regardless of the way the worker has entered the job market.
The right to health, foreseen by the country Constitution, envisages the Sistema Único de Saúde, SUS, of universal coverage. The recording of work-related injuries in the SUS information system will make it possible to create indicators of broader scope than those already existing for the workers’ health. The recording of this kind of injuries is being implemented in the Sistema de Informação de Agravos de Notificação, SINAN, established for infectious diseases and in the Sistema de Informação da Atenção Básica, SIAB, that records the cases of the Unidades Básicas de Saúde and Equipes de Saúde da Família. This proposal, integrated into the structure of the Vigilância em Saúde do Trabalhador (Surveillance of the Workers’ Health) at the local level, is being implemented by the Ministry of Health. Eleven sentinel events to be reported have been identified: fatal work-related accidents, work-related accidents with mutilations, accidents with biological material, work-related accidents in children and teenagers, work-related dermatosis, exogenous intoxications (by chemical substances, including agrotoxics, toxic gases, and heavy metals), injuries attributed to repetitive work, pneumoconiosis, noise-induced hearing loss, work-related mental disorders, and work-related cancer.

Canada
Lecturer: Pierre Deshaies, Collaborating Center of the World Health Organization for the evaluation and monitoring of the environmental and labour impact on health, Centre hospitalier universitaire de Quebec (CHUQ)

Since the organization of health services and occupational surveillance are carried out by every province or territory of Canada (30 million inhabitants), the experience of the province Quebec (7 million inhabitants; 3 million workers) was considered.

The legal and historical occupational health framework within the public health system was presented. Regarding occupational health surveillance, key informants documented nine outstanding experiences of epidemiological surveillance that influenced the public policies. Two were presented. In the case of asbestos, the Ministry of Health has recently documented epidemiological tests on exposures and diseases caused by asbestos in Quebec. The results changed the biased perception of several political decision-makers regarding this risk and granted the funds to develop an epidemiological surveillance system for asbestos diseases. In the second example, a biological surveillance system for professional exposure to blood and biological fluids (SISES) in 21 hospitals led to the prioritization of this risk by the inspectors of the Commission de la Santé et de la Sécurité du Travail, CSST (Occupational Health and Safety Commission) and to the development of post-exposure policies by the Ministry of Health.

Those experiences helped to prepare the current development of the integrated occupational surveillance plan, which is part of the Quebec global epidemiological surveillance plan required by the 2001 public health law. Supported by the prioritization of occupational health indicators carried out in 2000, the integrated occupational surveillance plan will mainly include the
surveillance of mortality and general and specific morbidity of 10 occupational health problems, including its main determinants (exposures). An automated analysis program of the database of professional injuries of the CSST (estimated coverage of 91%) was also presented.

Chile
*Lecturer: Santiago Mansilla, Ministry of Health of Chile*

The Ministry of Health has a single health information system made up of several components. In relation to occupational health, three categories of data sources feed the system: 1) surveillance system components – Red Nacional de Vigilancia Epidemiológica de Intoxicaciones Agudas por Plaguicidas, REVEP (National Network of Epidemiological Surveillance for Acute Pesticide Poisoning) and the Sistema Nacional de Vigilancia de Accidentes Laborales Fatales (National Surveillance System for Fatal Work Accidents); 2) records – reports of work-related injuries and professional diseases, pensions for disability, vital facts and records of the autopsy service; 3) population surveys – quality of life and health, national health survey, occupational health studies of specific groups.

Acute pesticide poisoning is reported through the REVEP. This was implemented in 1993 and covers approximately 85% of the population. This system collects poisoning data from the community through the network of public and private health facilities. Cases are reported to the Regional Health Authority, which then conducts field research, verifies the cases, and reports them to the central level of the Ministry.

The national surveillance system of fatal work accidents was implemented in 2001 and covers all the working population (approximately five million workers). It generates indicators as mortality from occupational injuries by sex and economic activity and deaths by age groups and company size. This system is fed with data from multiple sources including: health services, mutual associations of employers, the police, the Autopsy Institute, mass media, and the community.

The records of work-related accidents and diseases use information from the mutual associations of employers (nonprofit private organizations) and of the Instituto de Normalización Previsional (Institute of Welfare Standardization) (public insurance agency). These cover approximately 70% of the workers. Data are reported annually by the Superintendencia de Seguridad Social (Social Security Authority).

Jamaica
*Lecturer: Owen James, Windalco Inc.*

In developing countries, injuries account for 15% of all deaths. In the Caribbean, they are the leading cause of preventable mortality, predominantly in males. In Jamaica, injuries are the leading cause of discharges from public hospitals; an estimated J$823M was spent on direct care of injuries in public hospitals in
2002. Violence accounts for increasing injuries and fatalities in contrast to the falling incidence in areas like the bauxite/alumina companies.

The epidemic of violence prompted development of a Violence-Related Injury Surveillance System (VRISS) in 1998, followed by a Jamaica Injury Surveillance System in 1999. This system assessed intentional and unintentional injuries under the headings of motor vehicle accidents, other accidents, violence and attempted suicide. In 2003, the system was further modified to include occupational Injuries, a major criterion for this classification being “injured while working for pay.”

The system, designed by a team of multidisciplinary experts, involves trained patient registration clerks collecting and computerizing certain predefined data on injuries from patients at the Accident and Emergency department of selected regional hospitals. The injuries are classified according to ILO definitions and the International Classification of External Causes of Injury (ICECI). A “trauma sheet” is generated and further assessed/modified by physicians/nurses. The data are then e-coded by medical records, analyzed and used to generate reports. The reports are distributed to appropriate personnel/bodies for use in information dissemination, planning and evaluation.

Challenges include present inadequate identification, recording and classification of occupational injuries, paucity of exposed workers who are actually covered and lack of accurate and reliable data.

Mexico
Lecturer: Pablo López, Instituto Mexicano del Seguro Social (Mexican Institute of Social Security)

Until 2003, the epidemiological surveillance in the Instituto Mexicano del Seguro Social, (IMSS, Mexican Institute of Social Security), included a universe of 12 million workers and 800,000 companies. The IMSS epidemiological surveillance system was established in 1995 and since 2001 has a system called Vigilancia Computarizada para el Control de los Riesgos a la Salud y Accidentes del Trabajo (Computerized Surveillance for the Control of Health Risks and Occupational Accidents). Some work-related health problems addressed in the epidemiological surveillance programs are: hand injuries, lumbar sprain, slipped disk, work-related accidents, and amputations. Epidemiological surveillance programs were developed in the following economic activities: metallurgy, textile mills, and services.

The labor epidemiological surveillance program has national coverage and is carried out by the IMSS. Companies are selected based on their accident rate and severity index. The program is developed with resources of the companies and the involvement of safety engineers, technicians and health physicians of the IMSS. Between 1999 and 2003, 2,181 epidemiological surveillance programs have been established in the same number of companies serving 642,597 workers.
4. Recommendations

The working day was divided into three sessions and each one was aimed at developing one of the three workshop objectives. Owing to the number of participants, five working groups were formed to facilitate the discussion. Every group reported their recommendations in the plenary session. The summary of the recommendations provided by the groups in each session are presented below.

Work session 1
Objective – To list a set of technical recommendations that, if they were implemented, they would strengthen the existing sources of indicators in the countries and would have the potential to contribute to the initiative of a regional report.

Recommendations to be implemented at the national level

- **Coverage**
  - to aim at a population-based approach for strengthening information collection of the population without health insurance.

- **Legal framework**
  - to make case reporting mandatory
  - to update the legislation
  - to strengthen the regulatory function.

- **Intersectoral approach**
  - to identify all national public and private systems with capability to report information on occupational health indicators
  - to create or strengthen national mechanisms to coordinate and systematize information at the national level
  - to include actors of all involved sectors, for example union organizations, in the implementation of actions requiring intersectoral coordination.

- **Data**
  - to include in death certificates information to determine whether the death was work-related or not
  - to improve the current report mechanisms
  - to strengthen the dissemination of information
  - to improve the diagnostic capacities of occupational diseases.

- **Raising awareness**
  - to raise awareness on occupational health as a public health problem and not as an isolated issue, thus increasing its reputation among public health professionals.
Recommendations to be implemented at the regional level

- **Data**
  - to implement a single sheet to collect basic indicators at the regional level
  - to determine the differences in definitions of cases in the Region.

- **Dissemination of the workshop recommendations**
  - to develop strategies for PAHO and ILO to inform the workshop recommendations to decision-makers for its implementation at the national level.

- **Development of an virtual working group**
  - to create a virtual space for the exchange of knowledge that serves as a place for consultations and dissemination of information relevant to the development and implementation of the initiative in the countries.

*Work session 2*

*Objective – to select the most suitable occupational health indicator within the context of a regional initiative.*

**Indicators observed**

- The working groups identified a set of indicators compiled in their countries that were regarded as good options for a regional report. These are:
  - pesticide importation
  - acute pesticide poisoning
  - mortality caused by work accidents
  - occupational injury occurrence in children
  - mortality associated with work related causes
  - coverage of workers.

**Selected indicator**

- The definition of an indicator for the regional report initiative was not easy, since the working groups thought that all indicators included were important. Taking into account the attributes that should be considered, that the indicator was compiled in most of the countries, and that a denominator was available, the following indicator was recommended:
  - mortality due to work accidents.
Work session 3

Objective – To identify and discuss the main lines to be considered in the pilot project design that would explore the feasibility of implementing a regional report initiative of occupational health indicators.

The development of a regional report is complex and requires that a series of conditions are met. The principal condition is that the information reported by the countries must be comparable and to this end it is necessary that there exists uniformity in the case definition.

Initially, the implementation of two actions is proposed to generate the evidence that would support the feasibility evaluation and the design and development of a medium and long term strategy.

a. Situation analysis
Through the situation analysis the current state of the collection, analysis, and dissemination of the indicator in the countries of the Region will be described. This information will be used to analyze the feasibility of implementing the regional initiative of occupational health indicators and to determine the methodological aspects required to standardize the processes of collection and data report in the countries.

b. Preparation of a case definition
To achieve uniformity in the case definition it will be relevant to prepare a definition that can be adopted by the countries. This will require the preparation of an informative card on the indicator according to the model prepared by PAHO/WHO and its distribution in the countries for comments and debate.

A working committee led by PAHO will be formed and it will be responsible for planning and support the implementation of the actions. The role of the committee will be to propose and develop the standardization methods and validation of the selected indicator and to prepare guides, technical cards, or another necessary material for its implementation. Furthermore, the committee should provide technical support for the planning and implementation of the situation analysis and give recommendations on how to better accomplish this initiative.

The participants of the workshop will be called to participate in the advisory committee. The main responsibilities of the members of the advisory committee include: 1) to participate in the telephone meetings of the committee, 2) to support the definition of a work plan, 3) to analyze and comment on the material as it is being prepared. The main responsibilities of PAHO include: 1) coordination of the meetings, 2) preparation of the agenda and minutes of the meetings, 3) development and distribution of the material, 4) dissemination of the work, 5) promotion and development of follow-up actions in the countries.

The set up of the committee is expected in October 2004.
ANNEX 1 – WORKSHOP AGENDA
PAHO Workshop

“Development of a Basic Occupational Health Indicators Initiative for Latin America and the Caribbean”

Santiago, Chile

Agenda

July 8th

8:45 Welcome to the workshop
Pan American Health Organization
Representative of the Ministry of Health of Chile

9:00 Introduction to the workshop
Dr. Maritza Tennessee, PAHO
Presentation of the PAHO agenda on occupational health for the biennium 2000-2006.

9:30 The ILO strategy for occupational health indicators
Yukka Takala, ILO
Presentation of the ILO strategy for occupational health indicators as a policy-making tool

10:15 Break

10:30 Occupational health indicators in the context of the PAHO health situation analysis
Dr. Enrique Loyola, PAHO
Presentation of the strategy on health situation analysis of the Americas. Explanation on the elements to be considered by the working group for the development and implementation of the initiative on occupational health indicators within the context of PAHO’s annual publication on basic indicators.

11:15 Existing occupational health surveillance in the Region
Presentations of the countries. Maximum time allowed: 30 minutes per presentation.
Argentina
Brazil
Canada

13:00 Lunch
14:00 Existing occupational health surveillance in the Region (continuation)
    Chile
    Jamaica
    Mexico

16:00 Discussion session

16:30 Summary of the day

July 9th

8:45 Organization of the working groups

9:00 Work session 1
    Objective – To list a set of technical recommendations that, if they were implemented, they would strengthen the existing sources of indicators in the countries and would support the development of a regional report.

10:00 Presentation of the recommendations of the working groups

10:45 Break

11:00 Work session 2
    Objective – to select the most suitable occupational health indicator within the context of a regional initiative.

12:00 Presentation of the recommendations of the working groups

12:45 Lunch

14:00 Work session 3
    Objective – to identify and discuss the main lines to be considered in the pilot project design that would explore the feasibility of implementing a regional initiative for reporting occupational health indicators.

15:00 Presentation of the recommendations of the working groups

15:45 Break

16:00 Closing plenary session
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ANNEX 3 – GUIDELINES FOR THE WORK SESSIONS
**PAHO Workshop**

“Development of a Basic Occupational Health Indicators Initiative for Latin America and the Caribbean”

**Work Session 1**

**Objective of the session**
To list a set of technical recommendations that, if they were implemented, they would strengthen the existing sources of indicators in the countries and would have the potential to contribute to the initiative of a regional report.

**Methodology for the work session**
Each group is expected to develop a set of recommendations on technical aspects that would strengthen the existing sources of indicators.

To this end, the working group should provide recommendations based on the experiences of national data sources in relation to the following elements:

- The existence of an information system to report occupational health indicators.
- Operation of the systems during the last ten years.
- If there is more than one information system in the country, is there any coordinating system at the national level?
- Legal authority for data collection.
- Coverage – Represented sectors and percentage of the coverage of the working population.
- Strengths and weaknesses.
- Sustainability – availability of human and financial resources.
- Ability to produce a periodic and permanent indicator of an event.
- Use of the information produced by the systems for decision-making to prevent work-related risks and health impairments.

Every working group should assign a secretary, who will prepare a list of the main recommendations, including its justifications, and will provide them to the moderator. Another person should be appointed to prepare a summary of the discussion to be delivered in the plenary session.
Introduction

An occupational health indicator is an objective and evidence-based tool of basic public health to measure the health conditions of the country’s working population. It should be noted that these indicators not only measure health effects, but also other occupational health circumstances, as exposure, hazards, interventions, and economic impact.

An appropriately selected and dynamically handled indicator will be very useful to manage occupational health and decision-making processes at the political, normative, and operational levels.

The profile of the occupational health conditions of a population is composed of multiple indicators. When selecting an indicator, it is important to bear in mind the objective to be met. Other factors to be considered in the selection of indicators are the availability of information, its levels of disaggregation, data sources, information access, available resources, etc. The indicator should, therefore, be selected within a framework that determines its importance on the basis of a set of attributes.

The attributes that should be taken into account when selecting a suitable indicator are:

- **Severity** – Level of severity of the event and its impact on the quality of life of the workers and their families.

- **Availability of data** – Data on the indicator should come from established sources that collect information systematically and continuously and that are of easy access. In this regard, there are two main data sources in our Region: the public health system and the insurance system for work-related accidents and occupational diseases. Their involvement in a regional report should not be an additional workload to the systems of the countries, but part of their daily work.

- **Quality of available information** – In this regard, the type of information that can be collected from the countries should be considered for the indicator. It is expected that the report be prepared based on complete data generated through the implementation of protocols with operational definitions and standardized procedures to avoid different interpretations of the same problem by different observers (for example: definitions about ‘exposure’, ‘measurement of accident-proneness since the date of the event occurrence’, etc).
- Sensitivity – It should allow (have the sensitivity) to detect the impact of any intervention resulting from policies, plans, and control programs.

- Public perception of the problem – One of the roles of an indicator is to inform the public and authorities on the frequency and trends of a health event. It will be increasingly significant for the workers’ health, as long as it is related to a problem relevant to the public opinion with possibilities to be intervened.

**Objective of the session**

The working group should select an occupational health indicator to recommend it in the plenary session.

**Methodology to select the indicator**

The working group should identify the occupational health indicators that can be included in the Regional initiative. As a product of this initial identification exercise, a list of indicators will be prepared according to the categories shown in Table 1.

**Table 1**

<table>
<thead>
<tr>
<th>Categories of the indicator:</th>
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</thead>
<tbody>
<tr>
<td>• Health effects</td>
</tr>
<tr>
<td>o mortality</td>
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<tr>
<td>o morbidity</td>
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<tr>
<td>o disability</td>
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</tbody>
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| • Exposure                |
| o measurement of the body burden and exposure through biological markers |

| • Dangers                 |
| o risk measurement in the workplace |

| • Interventions          |
| o measurement of intervention activities in the workplace |

| • Economic impact        |
| o measurement of the economic impact of occupational diseases. |

Once the list has been prepared, each one of the indicators should be evaluated to determine if it has the required attributes and qualified according to the score system provided. The indicator with the highest scores should be reported to the plenary session.

The scoring system has three categories: 0 – does not fulfill the attributes; 1 – fulfills partially; 2 – fulfills satisfactorily.

At the end of the session every group should deliver the following table containing the indicators, the score assigned to every attribute, and the total score assigned to each indicator. Additionally, a summary of the main elements related to each indicator should be delivered. A person of the group should act as the spokesperson in the plenary session.
<table>
<thead>
<tr>
<th>Qualification system:</th>
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<tbody>
<tr>
<td>0 – does not fulfill the attributes</td>
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<tr>
<td>1 – fulfills partially</td>
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<tr>
<td>2 – fulfills satisfactorily</td>
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<table>
<thead>
<tr>
<th>Attributes</th>
<th>Severity</th>
<th>Availability of data</th>
<th>Quality of available information</th>
<th>Sensitive to changes owing to the introduction of policies and programs</th>
<th>Public perception of the problem</th>
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<tbody>
<tr>
<td>Indicators</td>
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<tr>
<td>1.</td>
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**PAHO Workshop**

“Development of a Basic Occupational Health Indicators Initiative for Latin America and the Caribbean”

**Work session 3**

**Objective of the session**
To identify and discuss the main lines that should be considered in pilot project design that would explore the feasibility of implementing a initiative for reporting occupational health indicators at the regional level.

**Work methodology**
Every group should propose guidelines for each of the following elements:

- Objectives of the pilot project
- Development of the project protocol
- Implementation of the project protocol
- Socialization of the project and negotiation with involved actors
- Establishment of the advisory committee
  - number of persons
  - profile
  - roles
- Requirements of human resources as well as other resources
- Potential funding sources
- PAHO role
- Other aspects.

Every working group should assign a secretary, who will prepare a summary of the guidelines that were recommended in the discussion; these should be delivered to the moderator of the session. Another person should be appointed to prepare a summary of the discussion to be delivered in the plenary session.