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Occupational Health and Primary Health Care Strategies

The WHO Alma Ata Declaration on Primary Health Care from 1978 emphasized the importance of bringing health care as close as possible to "where people live and work." However, in the course of implementation, primary health care reforms barely considered the provision of health care at the workplace. Currently specialized occupational health services (OHS's) that provide preventive and curative health care are available only to small part of the global workforce, and their organization. Scope and activities are not seldom driven by mercantile interests more than by health needs of the workers.

In 2009, TNO participated in a global consultation on occupational health and primary health care convened by WHO and the Chilean Government. This consultation revealed that while some countries have succeeded to integrate occupational health in the provision of primary care, others lack even the basic OHS. Even in countries where OHS's exist they are often detached from primary care and the national health system. Such fragmentation results in insufficient primary and secondary prevention, a lack of continuity in care and inefficient use of human and financial resources.

It is a big concern that despite existence of effective interventions for primary prevention of occupational health hazards there are still major gaps between and within countries in the exposure of workers and local communities to health hazards at the work place and in their access to occupational health services. Therefore, the decision of the 60th World Health Assembly in 2007 is very important: to work towards full coverage of all workers - including those in the informal economy, SME's, agriculture, and migrant & contractual workers - with essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries.

The four reform sets to provide health care to all citizens (WHO, 2008) - (1) moving towards universal access and social health protection; (2) reorganization of service delivery around people's needs, (3) pursuing public health polices across sectors; (4) providing participatory and negotiation based leadership to the health system – are very inspiring.

The renewed attention to primary health care provides many opportunities to scale up OHS's based on the values of equity, solidarity and social justice, and on the principles of multisectoral action and community participation. This also requires strengthening the links between occupational health services and primary care centers, between occupational physicians and general practitioners. Better integration of occupational health with primary care would avoid unnecessary duplication of activities, would facilitate referral of patients with work-related problems, would reduce sickness absence and will save costs for healthcare.

