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# **Declaration on Occupational Health For All**

**Approved at the Second Meeting of the  
WHO Collaborating Centres in Occupational Health  
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Drawings on the front cover: Access to occupational health services should be ensured for all workers of the world irrespective of age, sex, nationality, occupation, type of employment, or size or location of the workplace.

Drawing on the back cover: The Declaration on Occupational Health for All, approved by the Second Meeting of the WHO Collaborating Centres in Occupational Health, was signed on the Great Wall, the largest structure constructed by human labour in the history of mankind.

# **Declaration on Occupational Health For All**

## **Preamble**

The Second Meeting of the WHO Collaborating Centres in Occupational Health, which was held in Beijing, People's Republic of China, 11–14 October 1994, discussed and adopted a proposal for a WHO Global Strategy for 'Occupational Health for All'. In adopting the strategy, the meeting recognized the urgent need to develop occupational health at a time when rapid changes in working life are affecting both the health of workers and the health of the environment in all countries of the world. The meeting also adopted a proposal for action aimed at implementation of the strategy.

The meeting was attended by representatives of 31 collaborating centres in 27 countries, WHO, the International Labour Office, the United Nations Development Programme and the International Commission on Occupational Health. The WHO Workers' Health Programme and the Institute of Occupational Medicine of the Chinese Academy of Preventive Medicine were the main organizers of the meeting.

## **Health at work – a priority issue**

1. According to the best available estimates 100 million workers are injured and 200 000 die each year in occupational accidents and 68–157 million new cases of occupational disease are attributed to hazardous exposures or workloads. Such high numbers of severe health outcomes contribute to one of the most important impacts on the health of the world's population. Occupational injuries and diseases play an even more important role in developing countries where 70% of the working population of the world lives. By affecting the health of the working population, occupational injuries and diseases have profound effects on work productivity and on the economic and social well-being of workers, their families and dependents. According to recent estimates, the cost of work-related health loss and associated productivity loss may amount to several per cent of the total gross national product of the countries of the world.
2. The formal workforce constitutes on average 50–60% of a country's total population. If informal work and work at home are also taken into account, the major part of the population is involved in work. This work produces all economic and material values and sustains all other societal activities thus ensuring the socioeconomic development of countries.

The Constitution of the WHO, the Alma Ata Declaration on Primary Health Care, the WHO Global Strategy on Health for All, plus the ILO Conventions on Occupational Safety and Health and on Occupational Health Services stipulate among other issues the fundamental right of each worker to the highest attainable standard of health. To achieve this objective, access to occupational health services should be ensured for all workers of the world irrespective of age, sex, nationality, occupation, type of employment, or size or location of the workplace.

3. Although effective occupational health and safety programmes and many structural changes have improved the conditions of work in some sectors, several hazardous agents and factors such as physical, chemical, biological as well as psychosocial stress in addition to occupational accidents still threaten the health of workers in all countries continuing to cause occupational and work-related diseases and injuries throughout the world. In some economic sectors and in some countries occupational health indicators show even worse trends than in the past.

Although the transfer of healthy and safe technologies has had a positive impact on development, the transfer of hazardous technologies, substances and materials to developing countries, which have insufficient capacity to deal with such problems, constitute a threat both to the health of workers and the environment.

4. New developments in work, the work environment and work organization, the introduction of new technologies, new chemical substances and materials in all countries, and the growing mechanization and industrialization in developing countries can lead to new epidemics of occupational and work-related diseases and injuries. In addition, demographic changes in working populations call for new strategies and programmes for occupational health throughout the world.
5. The level of occupational health and safety, the socioeconomic development of the country and the quality of life and well-being of working people are closely linked with each other. This suggests that intellectual and economic inputs in occupational health are not a burden but have a positive and productive impact on the company and national economy. Some industries and countries have demonstrated that it is technically feasible and economically productive to prevent and minimize hazards at work.

Thus occupational health is an important factor for sustainable socioeconomic development that enables workers to enjoy a healthy and productive life both throughout their active working years and beyond.

### **Way to a new healthy working life**

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6. Health and safety at work are important matters that relate to the general health and well-being of working people and that should be given due consideration in policies at all levels (i.e. company, national and international). Health and safety problems at work are, in principle, preventable and should be prevented by using all available tools – legislative, technical, research, training and education, information, and economic instruments.

Governments are encouraged to prepare a special national policy and programme for occupational health that include actions for providing competent occupational health services for all people at work. Such a programme should include the development of appropriate legal provisions, and systems for enforcement and inspection by competent authorities specially responsible for occupational health.

7. Governments should ensure the development of necessary infrastructures for effective implementation of occupational health programmes, including occupational health services, research programmes, training and education, information services and data banks. Networking of such infrastructures within and among the countries would substantially facilitate their efforts to implement national programmes.

8. It is a realistic long-term objective to organize well functioning and competent occupational health services for all workers to ensure healthy and safe workplaces as well as the required services for each individual worker. In order to be comprehensive such an occupational health service should include first of all a multidisciplinary preventive element, including surveillance of the work environment and health of workers and, where appropriate, relevant curative and health promotion elements.
9. The focal point for practical occupational health activities is the workplace. Employers are responsible for planning and designing a safe and healthy work, workplace, work environment and work organization, as well as for maintaining and constantly improving health and safety at work.

Workers in many countries are trained in occupational safety and health. They have the right to know the potential hazards and risks in their work and workplace, and they should, through appropriate mechanisms, participate in planning and decision-making concerning occupational health and other aspects of their own work, safety and health.

Workers should be empowered to improve working conditions by their own action, should be provided information and education, and should be given all the information, in order to produce an effective occupational health response through their participation.

Workers with individual susceptibilities, handicaps and other

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