

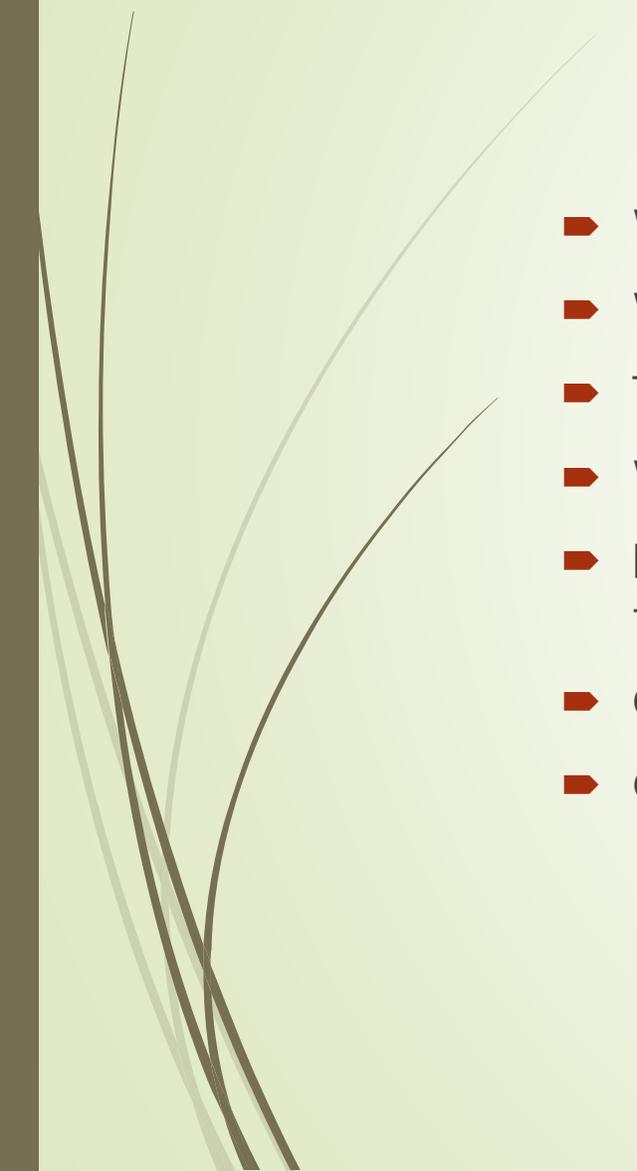


***Harmonized use of ILO's list  
of occupational diseases with WHO ICD  
at the national level-the precondition  
for estimating the real magnitude  
of occupational diseases***

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# Presentation outline

- What is WHO ICD?
  - What is ILO list of occupational diseases?
  - Types of the lists of occupational diseases in different national legislations
  - Whatever is the national approach surveillance is the must
  - Importance of the harmonised use of WHO NCD (10 or 11) together with the ILO list of occupational diseases at the national level- scientific validity
  - Conclusions and opportunities in the Russian Federation
  - Questions for the discussion
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# What is WHO ICD

- **ICD-10** is the 10th revision of the [International Statistical Classification of Diseases and Related Health Problems](#) (ICD), a [medical classification](#) list by the [World Health Organization](#) (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
- Work on ICD-10 began in 1983
- In 1990 it was endorsed by the Forty-third World Health Assembly, and was first used by member states in 1994.

ICD-11 Update

# Ten things you might not have known were in International Classification of Diseases-11



**PJ00**  
Victim of lightning



**SJ3Z**  
Traditional medicine



**PD7Z**  
Being hit by spacecraft



**NE40**  
Frostbite



**ND73.20**  
Hairball in the stomach



**6B24**  
Hoarding disorder



**QC30**  
Malingering



**QB90**  
Contacting health services for ear piercing



**QE31**  
Insufficient social welfare support



**QE41**  
Problems associated with being in prison



# What is ILO list of occupational diseases

- ▶ The ILO Employment Injury Benefits Recommendation, 1964 (No. 121), Paragraph 6(1), defines occupational diseases in the following terms: “Each Member should, under prescribed conditions, regard diseases known to arise out of the exposure to substances and dangerous conditions in processes, trades or occupations as occupational diseases.”
- ▶ Extensive (106 diseases)
- ▶ Not obligatory for member states
- ▶ There are no verification criteria, so member states have an opportunity (advantage/disadvantage) to develop national criteria



# ILO list of occupational diseases

- 1919 ILO recognized Anthrax as occupational disease.
- 1925 First ILO List of occupational diseases (ILO Convention 18):
  1. Lead poisoning
  2. Mercury poisoning
  3. Anthrax infection



# Second ILO List of occupational diseases (ILO Convention 42)

1. Poisoning by lead
2. Poisoning by Mercury
3. Anthrax infection
4. Silicosis
5. Phosphorous poisoning
6. Arsenic poisoning
7. Poisoning by benzene or its homologues
8. Poisoning by the halogen derivatives of hydrocarbons of the aliphatic series
9. Pathological manifestations due to radium and other radioactive substances or X-rays
10. Primary epithelioma skin cancer

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- ▶ 1964 Third ILO List of occupational diseases (ILO Convention 121)
    - ▶ 29 Occupational diseases
  - ▶ 2002 (revised 2010) ILO List of occupational diseases (ILO Recommendation 194)
    - ▶ 106 Occupational diseases



# Reality

- An occupational disease is a case of disease ***recognised by the national authorities*** as being caused by a factor at work.
  - Linked with the insurance during legally regulated type of work
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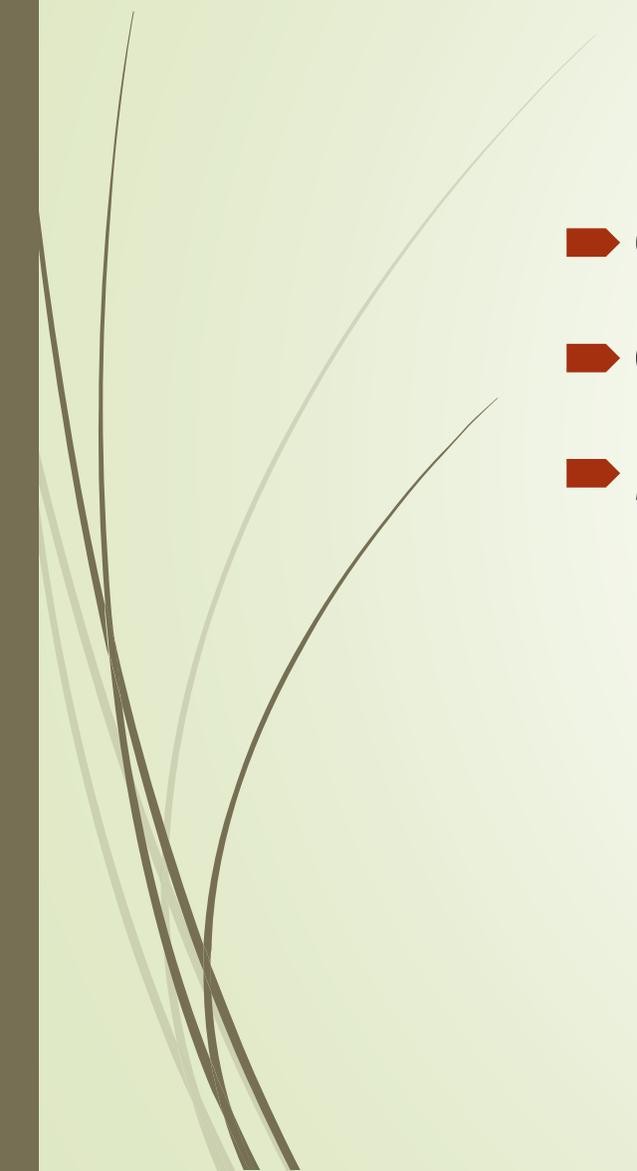


# Occupational disease and work related disease

- Occupational disease is a case of disease recognised by the national authorities as being caused by a factor at work
  - Work-related diseases (WRD) comprise occupational diseases and also other diseases, whose etiology is partly affected by work-related factors (like musculoskeletal diseases, cardiovascular diseases, many respiratory diseases and mental disorders)
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# Types of national lists of occupational diseases

- Open list (Sweden)
  - Closed list (France, Serbia, Russian Federation)
  - Mixed list (Germany, Finland, Belgium...)
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# Occupational health surveillance

***The ongoing systematic collection, analysis, interpretation and dissemination of data for the purpose of prevention***

- Surveillance is essential to the planning, implementation and evaluation of occupational health programs and to the control of work-related ill health and injuries, as well as to the protection and promotion of workers' health.
- Occupational health surveillance includes workers' health surveillance and working environment surveillan



# ILO Convention 161 on workers' health surveillance and Recommendation 171

- ▶ Surveillance of the workers' health should include all assessments necessary to protect the health of the workers, which may include:
  - ▶ a) health assessment of workers before their assignment to specific tasks which may involve a danger to their health or that of others
  - ▶ b) health assessment of periodic intervals during employment which involves exposure to a particular hazard to health



# ILO Convention 161 on workers' health surveillance and Recommendation 171

- ▶ Workers' health surveillance has to take place within a framework of occupational health services set up in accordance with the ILO's Convention No. 161 & Recommendation No. 171
- ▶ Workers' health surveillance program must ensure:
  - ▶ professional independence and impartiality of the relevant health professionals
  - ▶ workers' privacy and confidentiality of individual health information
- ▶ Procedures in a particular program must meet, clearly and demonstrably, four value criteria : need, relevance, **scientific validity** and effectiveness

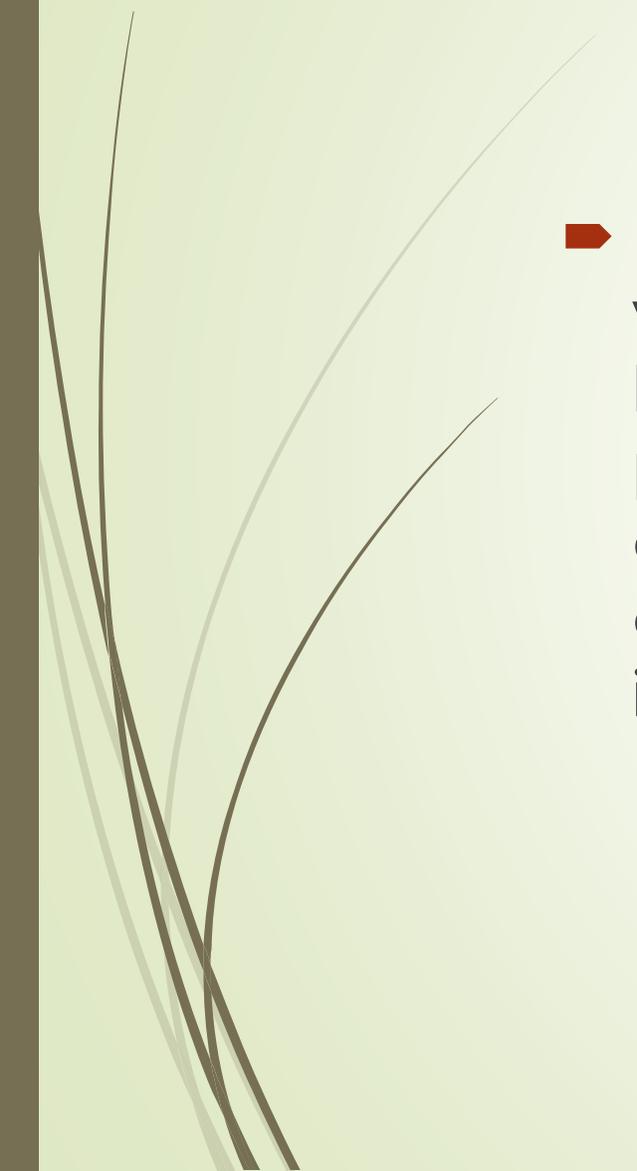


# Scientific validity

- ▶ Is ensured by establishing appropriate links between the exposure data and the health outcome expressed, defined and coded as WHO ICD
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# ILO approach to health surveillance of the workers

- ▶ Health examinations practised to assess the health of workers in line with principle of sound occupational health services, should serve for prevention and protection purposes which cover not only the protection and promotion of workers' health but also the protection of access to work, entitlement to compensation, health insurance benefits and social protection.
- 



National laws or regulations should specify that notification of occupational diseases include this minimum of information:

- ▶ enterprise, establishment and employer: name and address of the employer, economic activity of the establishment;
- ▶ person affected by the occupational disease: name, address, sex and date of birth; employment status; occupation at the time when the disease was diagnosed; and length of service with present employer;
- ▶ occupational disease: name and nature of occupational disease (**according to WHO ICD with appropriate coding**); harmful agents, processes or exposure to which the occupational disease is attributable.



# Significant underreporting

- ▶ On global level only 82 out of 120 countries have national registry on OD (in Europe 40 out of 48).
- ▶ Low level of OD registration, in countries with registration, Europe 30%.

▶ Source:

[http://www.who.int/occupational\\_health/who\\_workers\\_health\\_web.pdf](http://www.who.int/occupational_health/who_workers_health_web.pdf)



# Opportunities in the Russian Federation

- ▶ „While the health system has evolved and changed significantly since the early 1990s, the legacy of having been a highly centralized system focused on universal access to basic care remains. „ HiT WHO Observatory
- ▶ Computerized information systems covering patients, providers, insurers, services and standards are increasingly being developed.
- ▶ Under the Federal level is the organization of state sanitary and epidemiological surveillance;



# Conclusions

- The collection, analysis and communication of workers' health information should lead to action.
  - Workers' health surveillance programs should be used for prevention purposes.
  - Workers' health surveillance should be linked to the surveillance of occupational hazards present in the workplace.
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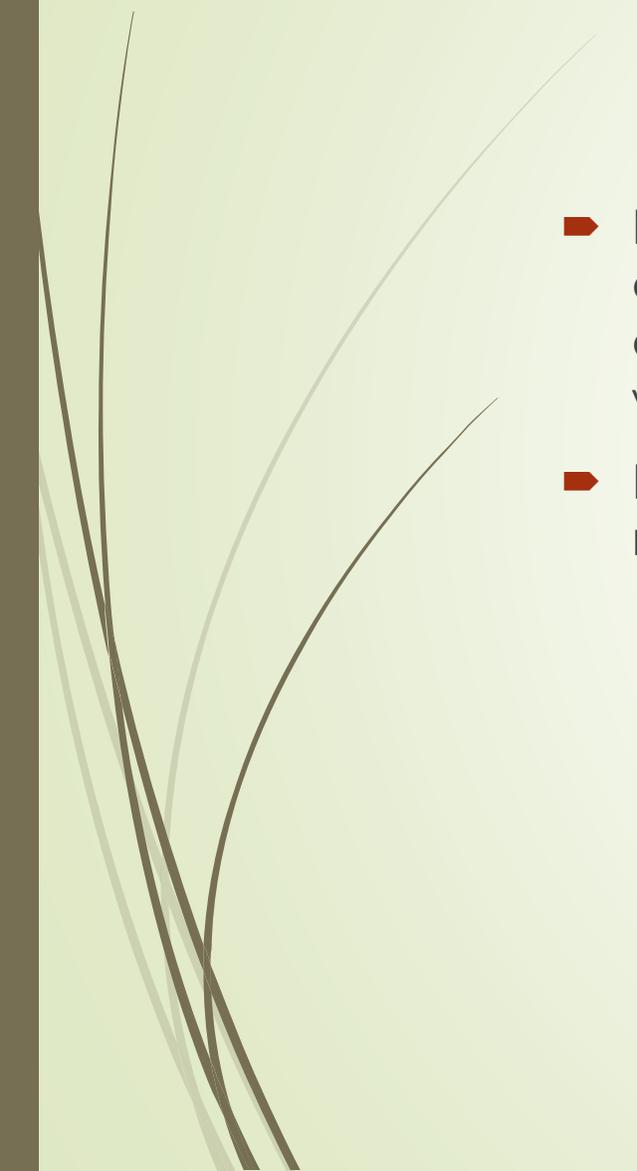


# Conclusions

- ▶ The List of occupational diseases should be periodically reviewed (having in mind all ILO relevant Conventions, **ILO List** of occupational diseases and **WHO ICD** in order to improve scientific validity of the occupational health surveillance of the workforce).
- ▶ Periodically preventive actions should be proposed to bridge identified gaps
- ▶ **Ethical principles** should be embedded into the legislation (including the institution of the appeal on the primary opinion of the occupational health surveillance by the workers) but also in a wider sense of opening new horizons and approaches based on scientific evidence (especially important for the institutes and high level national institutions)
- ▶ Procedures for the cooperation with Labour inspection should be revisited periodically
- ▶ Access to occupational health surveillance should be ensured for all workers



# Conclusions

- ▶ National laws or regulations should specify that notification of an occupational disease by an employer is mandatory, at least whenever the employer receives a medical certificate to the effect that one of his or her workers is suffering from an occupational disease
  - ▶ But, the main role and responsibility, regardless the national legislation is on medical doctors
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***Спасибо за ваше  
внимание***