



Provision of Occupational Health Services for informal sector workforce - a case from Viet Nam

WHO Viet Nam country office

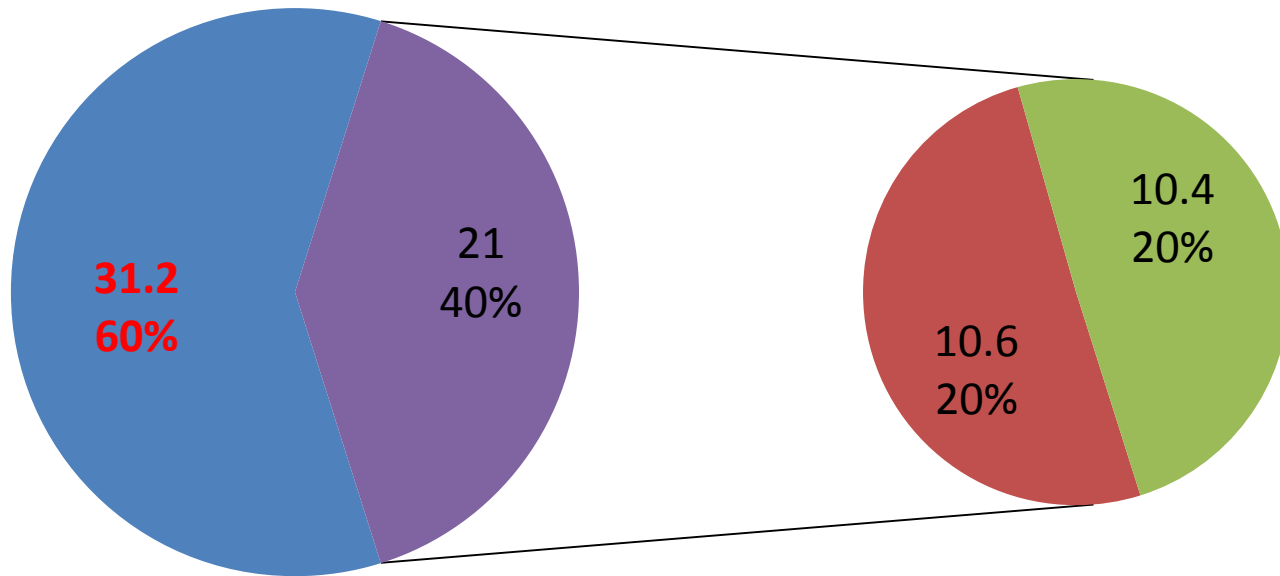
WHY informal sector?

- *Occupational health is a **human right of everyone**, not just workers with labour contracts*
 - Universal Declaration on Human Rights
 - International Covenant on Economic, Social and Cultural Rights
 - Vietnam's Constitution

Sustainable Development Goals - 2030

- **Goal 3:** Ensure healthy lives and promote well-being for all at all ages
 - 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
- **Goal 8:** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
 - 8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.

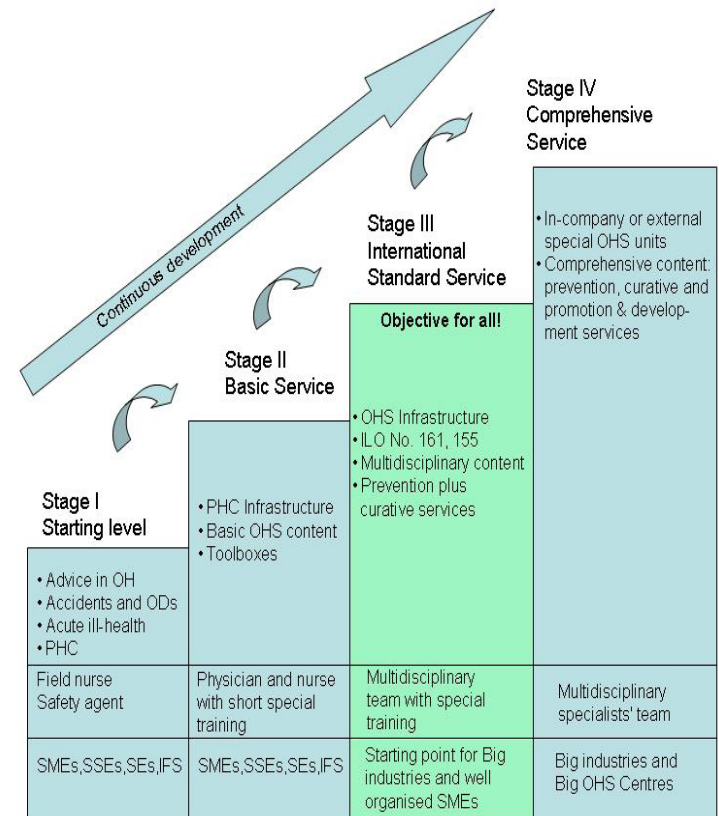
Vietnam workforce



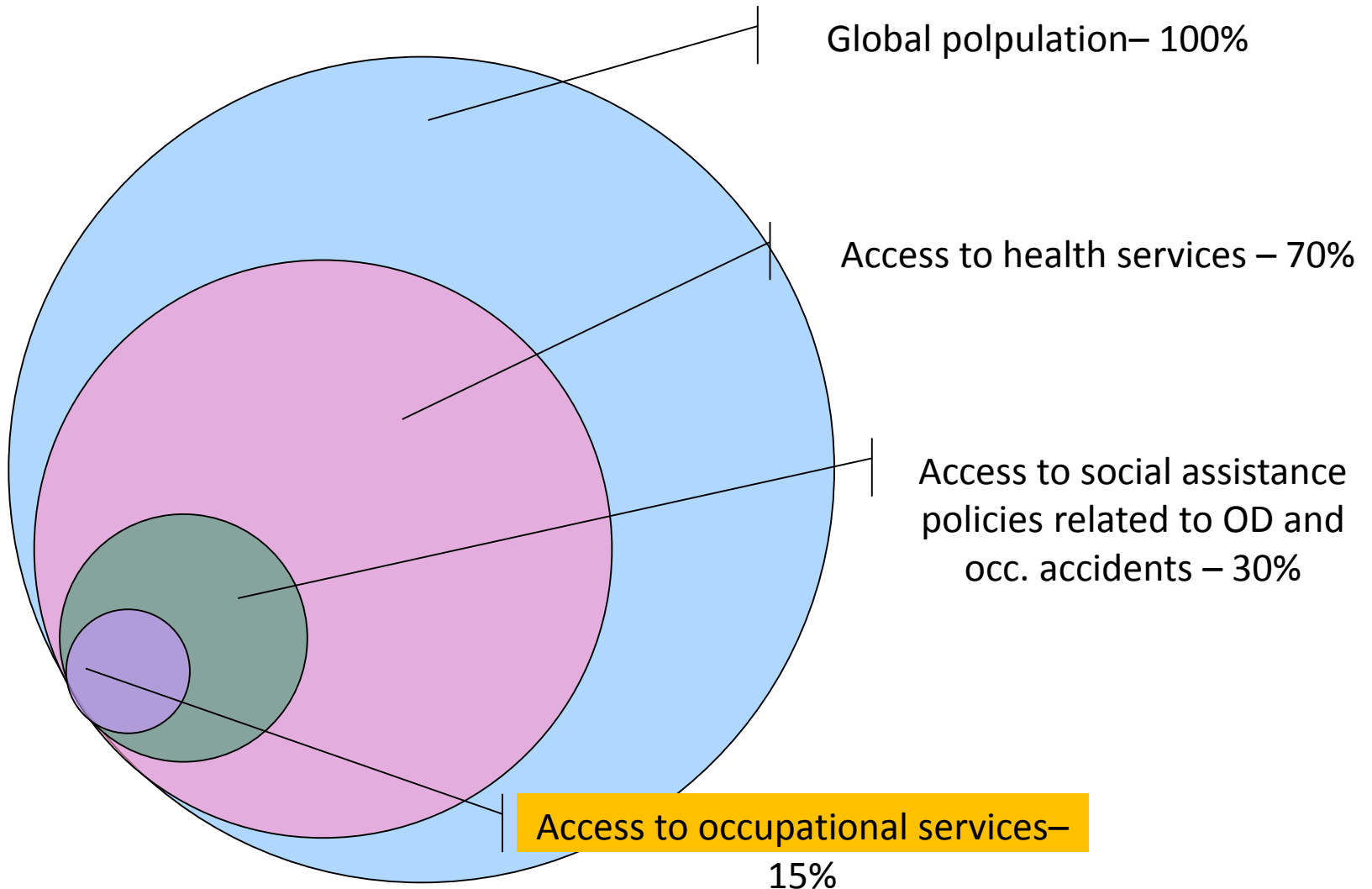
- Informal sector
- Formal sector with social insurance
- Formal sector without social insurance

WHAT are the Basic Occupational Health Services?

1. Orientation and planning
2. Surveillance of working environment
3. Surveillance of workers' health
4. Risk assessment
5. Information and education
6. Prevention of occupational hazards
7. Accident prevention
8. First aid and emergency preparedness
9. Diagnosis of occupational diseases
10. Treatment and rehabilitation
11. Record keeping
12. Evaluation



OH services are available, however, access is low



HOW to provide occupational health services for informal sector workforce?

- **Primary care based interventions** for informal workforce*
 - Primary prevention at the workplace
 - Detection and case-management
 - Fitness for work and health surveillance

Experience from Asian countries: Primary prevention at the workplace

Interventions	IRN	PHL	THA
Workplace visit/survey	YES	YES	YES
Workers' health education	YES	YES	YES



Experience from Asian countries: Detection and case-management



Interventions

IRN

PHL

THA

Taking work history

YES

YES

YES

Clinical examination

YES

YES

YES

Notification of suspected cases of occ. diseases

YES

YES

YES

Counselling to patients for work modification

YES

YES

YES

Contact / visit to patient's workplace

YES

YES

YES

Provision of medicines for treatment

YES

YES

Provision of PPE for sick workers by PHC

YES

Experience from Asian countries: Fitness for work and health surveillance

Interventions	IRA	PHL	THA
Assessment of functional capacity		YES	
Periodic preventive medical examination	YES	YES	YES
Return to work counselling		YES	
Screening of high risk workers		YES	YES



Annual costs per worker in USD (PPP)

Interventions	IRA	PHL	THA
<i>Primary prevention at workplace level</i>	4.42	0.39	0.60
<i>Detection and management of occupational ill-health</i>	6.91	0.13	0.65
<i>Fitness for work and health surveillance</i>	6.6	4.0	n/a
Program costs (staff training and supervision)	3.95	0.11	1.15
TOTAL USD	21.8	4.7	2.4

The case of Viet Nam

- Implemented in 2015
- Sectors included: agriculture, fisheries and handicraft villages
- Three provinces: Bắc Giang, Thái Bình and Thừa Thiên Huế

Services delivery model

Organization

- Commune people's committee
- Commune Health protection board
- Preventive medicine system: Province – District – Commune
- Budget:
 - Local funds
 - Integration to existing health related programs
 - Budget support from Fund for occupational accidents and diseases

Services

- Awareness raising
- Risk assessment for accidents and occupational diseases
- Guidance for improvement
- Household visit
- Counselling for health protection and occupational safety
- Develop and maintain health profiles
- Basic first aid training

Household visit



Initial results– Huế

Commune	No. of households	No. of improvements
Quảng Vinh	74	386
Quảng Phú	103	725
Total	177	1.111



World Health
Organization

Initial results - THÁI BÌNH

□ Training for workers:

- Understanding on risk factors increased from 27,3% to >80%.
- Environmental monitoring in 20 households.
- Health check up for workers (55 workers /1 commune)



Initial results - BẮC GIANG

- Training for 20 commune and village health workers.
- Training on work improvement and health promotion for > 50 workers
- Health check up for >100 workers.
- Environmental monitoring in 10 households working in bamboo rattan business.

Challenges:

Primary prevention at the workplace

- Shortage of health workforce
- No occupational health training programme for primary care
- Reaching out to workplaces in the informal sector
- Rapidly changing work practices

Challenges :

Detection and case-management

- Lack of knowledge about occupational diseases and their causes
- Complex diagnostic and exposure criteria
- Fear of repression from employers
- Long waiting time for specialists
- Refusal of workers to have their case notified

Steps forward: Inclusion of occupational health services in primary health care system to cover for all workers

- Rely on preventive medicine system to provide services
- Build capacity for primary health care system to provide basic occupational health services
- Expand coverage of basic occupational health services for workers
- Strengthening coordination between occupational health and primary health care
 - Referral service
 - Continuity of care





Thank you.