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A. PLAN OF ACTION ON WORKERS' HEALTH: MIDTERM REVIEW

Background

1. The Plan of Action on Workers' Health (Document CD54/10, Rev.1) for the period 2015-2025 (1), adopted by the 54th Directing Council of the Pan American Health Organization (PAHO) in October 2015, was formulated taking into account that work and employment are health-related human rights and social determinants of health that contribute to productivity and regional development. This report constitutes the midterm review of the Plan of Action and presents the results of its implementation over four and a half years of work. According to PAHO, the Region has a total population of 1.014 million people, 649 million of whom are of working age (between 15 and 65 years of age) (2). The International Labor Organization (ILO) estimates that in 2019 the Region's workforce numbered 500 million people, of whom 62.78% were in Latin America and the Caribbean and 37.22% in North America (3). Given the size of the working population, ongoing efforts for workers' health are needed in order to improve workers' employment and working conditions, reduce harm to their health, and lessen inequalities, addressing social and environmental conditions that affect health. Protecting and safeguarding the life, health, and well-being of workers will contribute to better family and population health and promote productivity and development in the Region.

Analysis of Progress Achieved

2. The many activities undertaken to implement the Plan of Action on Workers' Health and achieve its goals have focused on strengthening the health sector's response in terms of technical and institutional capacities; actions to prevent and control conditions that cause occupational injuries, diseases, and deaths; and promotion of the health and well-being of the workforce. In response to technical cooperation, ministries of health have taken leadership and successfully implemented the basic principles of Health in All Policies. National Outlooks on workers' health were developed, which provided a basis for public policy-making and the formulation of national plans on the subject. Activities have also focused on addressing the situation of the health, informal, agricultural, and mining sectors; and on specific diseases and risks, health promotion in the workplace, and strengthening the identification, recording, and reporting of occupational diseases. The

achievements made during the first four and a half years of the Plan of Action, detailed below in the tables, are numerous and varied, demonstrating the flexibility of the Plan of Action and the satisfactory progress in its implementation. The support of the network of PAHO/WHO collaborating centers in occupational health was crucial to achieving these results. Ongoing activities, projects, and other initiatives will contribute to progress in other key areas and make it possible to analyze inequalities in employment, improve workers' health statistics, and expand access to health services and universal coverage for workers, particularly those in the informal sector.

Strategic Line of Action 1: Develop and update legislation and technical regulations on workers' health

3. In order to make workers' health a priority on the public health policy agenda of ministries of health, an intersectoral approach has been promoted, along with the updating of laws and regulations and the application of a Health in All Policies approach. Latin American and Caribbean countries have an extensive legal framework for labor and social security regulations and health codes, many of which were formulated long ago (4) and some of which have been updated. This result is reflected in the findings of the Latin American public policy forum held in Brazil in 2018 (5), and in the development of the National Outlooks on workers' health, with the participation of multiple sectors. The main challenge is harmonization and coordination with the health and labor sectors, which have historically seen unnecessary competitiveness in relation to workers' health policies. This is reflected in labor and health codes issued more than 50 years ago, which need to be updated.

Objective 1.1: Develop and update legal instruments to monitor compliance with policies and technical standards for surveillance and control of conditions that jeopardize workers' health, well-being, and lives, in accordance with international conventions of the International Labor Organization (ILO), human rights instruments applicable to health, and public health standards	
Indicator, baseline, and target	Status
<p>1.1.1 Number of countries with regulations on occupational safety and health, updated in accordance with ILO conventions and WHO international health recommendations</p> <p>Baseline (2014): 9 Target (2025): 20</p>	<p>Indicator met in five countries. Total: 14. Specific regulations were updated in five countries and two countries formulated public policies (6).</p>
<p>1.1.2 Number of countries with lists of occupational diseases, updated in accordance with the ILO list</p> <p>Baseline (2014): 4 Target (2025): 20</p>	<p>Indicator met in four countries. Total: Eight. Most countries have old lists.</p>

Objective 1.2: Strengthen national coordination and capacity to effectively address workers' health in countries	
Indicator, baseline, and target	Status
1.2.1 Number of countries with national workers' health plans integrated into national public health plans Baseline (2014): 6 Target (2025): 20	Indicator met in five countries. Total: 11. Countries with plans in place received technical collaboration for the review of specific policies, regulations, and programs.
1.2.2 Number of countries with functioning national committees or councils on occupational health Baseline (2014): 9 Target (2025): 25	Committees or councils were reactivated in seven countries. Total: 16. Most countries have national committees or councils, but not all of them are active.
1.2.3 Number of countries with functioning networks of occupational health committees Baseline (2014): 1 Target (2025): 10	Indicator met in three countries. Total: Four.

Strategic Line of Action 2: Identify, evaluate, prevent, and control hazardous conditions and exposures in the workplace

4. This line of action prioritizes primary prevention to determine the sources, means of transmission, and magnitude of occupational hazards or risk factors and identifying, evaluating, and controlling them through the occupational health sciences (occupational hygiene, safety, ergonomics, and medicine). Multiple actions were taken in the economic sectors identified as critical, with particular attention to the informal sector, which is on a rising trend throughout the Region, with rates that correspond to 18.1% of the labor force in North America (Canada and the United States), 58% in Central America and Mexico, 57.6% in the Caribbean, and 50.8% in South America, with an average of 53.1% for Latin America and the Caribbean as a whole (7). The sector is made up mostly of women, young people, and elderly adults, who contribute to the increase in the unemployment figures. Therefore, the informal sector will remain a priority for work under the Plan. Progress was made under regional programs for the control of specific occupational diseases identified in the Plan, which are complemented by training activities on occupational diseases related to occupational hygiene. Consequently, PAHO's publication *La higiene ocupacional en América Latina: Una guía para su desarrollo* (Occupational Hygiene in Latin America: A Guide to its Development) was updated with experts and representatives from the Latin American occupational hygiene associations. Online courses were provided with the support of PAHO/WHO collaborating centers and Latin American and global professional associations.¹

¹ International Commission on Occupational Health (ICOH), International Association of Occupational Hygiene (IAOH), International Association of Ergonomics (IEA), Latin American Occupational Health Association (ALSO), and the Central American and Caribbean Occupational Health Federation (FECACSO).

Objective 2.1: Strengthen the capacity of the Member States to develop and implement initiatives that identify and control hazardous agents and other conditions of risk and inequality in the workplace	
Indicator, baseline, and target	Status
2.1.1 Number of countries implementing training programs on occupational health Baseline (2014): 14 Target (2025): 24	Indicator met in 10 countries. Total: 24. The target was met, as verified through an updated inventory of academic programs on occupational and environmental health, which indicates that 24 countries have 134 undergraduate and graduate programs, some in special areas.
2.1.2 Number of countries with occupational health research centers devoted to research on workers' health and its social determinants Baseline (2014): 16 Target (2025): 30	Indicator met in 10 countries. Total: 26. This reflects significant progress, especially in the countries of Latin America and the Caribbean, although there was less progress in research than in the area of human talent development.
Objective 2.2: Develop and implement comprehensive health programs that identify and control hazardous agents and other conditions of risk and inequality in selected critical economic sectors	
Indicator, baseline, and target	Status
2.2.1 Number of countries with programs on workers' health and well-being implemented in the informal sector Baseline (2014): 9 Target (2025): 20	Indicator met in six countries. Total: 15. Health and well-being programs range from the creation of communities of practice with the eco-health and public policy model (8) to a support network for rural informal-sector workers (9). Given the complexity of the topic, it was decided to form a knowledge network and a group of experts with the PAHO/WHO collaborating centers in occupational health (10, 11).
2.2.2 Number of countries with comprehensive workers' health and well-being programs implemented in the health sector Baseline (2014): 15 Target (2025): 25	Indicator met in four countries. Total: 19. In addition, validation of the WHO and ILO HealthWISE ² toolbox was completed with a pilot project carried out in the state of Virginia in the United States of America.
2.2.3 Number of countries with comprehensive workers' health programs established in the mining sector Baseline (2014): 9 Target (2025): 15	Indicator met in three countries. Total: 12. Activities have focused on prevention and control programs for artisanal gold and coal miners.

² HealthWISE is a practical, participatory quality improvement tool developed by WHO and ILO. Topics addressed include occupational safety and health, human talent management, and environmental health.

Objective 2.2: Develop and implement comprehensive health programs that identify and control hazardous agents and other conditions of risk and inequality in selected critical economic sectors	
Indicator, baseline, and target	Status
<p>2.2.4 Number of countries with comprehensive occupational health programs implemented in the agriculture sector, with emphasis on exposure to pesticides</p> <p>Baseline (2014): 16 Target (2025): 26</p>	<p>Indicator met in two countries. Total: 18. Priority was given to comprehensive programs to address the epidemic of chronic kidney disease of non-traditional etiology (CKDnT) in Central America (11). The occupational nature of this disease was recognized in a special report published in PAHO's Pan American Journal of Public Health (12).</p>
Objective 2.3: Advance with programs to prevent occupational diseases, in particular those related to asbestos, silica, carcinogenic agents, ergonomic stressors, and psychosocial risks	
Indicator, baseline, and target	Status
<p>2.3.1 Number of countries participating in the silicosis elimination initiative</p> <p>Baseline (2014): 6 Target (2025): 15</p>	<p>The baseline was lowered to four because two countries paused their programs for a time, resulting in the relaunching of the Americas Elimination of Silicosis Initiative, spearheaded by Chile's Institute of Public Health (ISP), in which six countries were involved. Total: 10.</p>
<p>2.3.2 Number of countries that have developed programs for the prevention of occupational cancer and matrices for occupational exposure to carcinogens (CAREX)</p> <p>Baseline (2014): 7 Target (2025): 16</p>	<p>Indicator met in four countries. Total: 10. CAREX project training workshops were offered for 27 countries, as a result of which several national projects are being developed (13).</p>
<p>2.3.3 Number of countries implementing asbestos-related disease prevention programs</p> <p>Baseline (2014): 15 Target (2025): 25</p>	<p>Indicator met in three countries, where the use of asbestos was banned. Total: 18. The regional initiative, led by Brazil, made progress in the assessment of the situation in Latin America and the Caribbean (14) and in the registration of mesothelioma and asbestosis cases.</p>
<p>2.3.4 Number of countries with programs for the prevention of musculoskeletal disorders</p> <p>Baseline (2014): 6 Target (2025): 15</p>	<p>Indicator met in three countries. Total: Nine. Countries have developed prevention programs and guidelines for controlling the effects of ergonomic stressors and for healthy work.</p>
<p>2.3.5 Number of countries with developed and implemented programs for the prevention of psychosocial risks and for the control of workplace violence</p> <p>Baseline (2014): 6 Target (2025): 15</p>	<p>Indicator met in seven countries. Total: 13. These seven countries have adopted "zero tolerance" policies, rules, and programs to prevent workplace harassment.</p>

Strategic Line of Action 3: Increase access to and coverage of health services for workers

5. In order to strengthen access to and coverage of comprehensive workers' health services, two lines of work were proposed. The first is to integrate basic occupational health services into primary health care services, following WHO guidelines, in order to provide access and coverage to disadvantaged populations, particularly workers in the informal sector. There are four countries that have experience in integrating occupational health services into health care systems. They have proven to be effective, with strong public health support, and are examples to follow. The United Nations political declaration entitled "Universal health coverage: moving together to build a healthier world" (15), together with the regional strategy in this area, provides opportunities to improve workers' health service coverage, as countries have committed to strengthening occupational health.³ The second line of work under this strategic line of action seeks to promote and facilitate access to specialized occupational medicine services, where they exist, to address harm to health, particularly occupational diseases.

Objective 3.1: Improve access to and expand coverage of comprehensive occupational health services integrated into national health systems	
Indicator, baseline, and target	Status
3.1.1 Number of countries with basic occupational health services integrated into primary health care services Baseline (2014): 3 Target (2025): 15	Indicator met in five countries. Total: Eight. To achieve this, basic occupational medicine courses were offered for primary health care workers in these five countries.
3.1.2 Number of countries with primary health care professionals trained and certified in basic occupational health skills Baseline (2014): 3 Target (2025): 15	Indicator met in only two countries where health authorities have recognized occupational health training. Total: Five.
Objective 3.2: Strengthen specialized occupational medicine services and other clinical specialties, as well as referral and cross-referral systems	
Indicator, baseline, and target	Status
3.2.1 Number of countries with functioning referral and cross-referral systems providing access to specialized occupational medicine services and other clinical specialties Baseline (2014): 4 Target (2025): 12	Indicator met in one country. Total: Five. Achieving this target requires the development of occupational medicine training programs, which are scarce and vary greatly in quality across Latin America and the Caribbean. Little progress has been made in developing specialized occupational medicine services, making referral and counter-referral very difficult.

³ "Scale up efforts to promote healthier and safer workplaces and improve access to occupational health services, noting that more than 2 million people die every year from preventable occupational diseases and injuries" (paragraph 38 of the United Nations political declaration).

Strategic Line of Action 4: Promote health, well-being, and healthy work in the workplace

6. This line of action, based on WHO's healthy workplaces model, seeks to promote the health, well-being, and quality of life of workers with a focus on healthy working environments and workplaces and quality of life at work. It also seeks to contribute to comprehensive care for workers, promote factors that protect against noncommunicable diseases, and promote employee assistance programs and return-to-work programs. These experiences are reflected in the projects of the Global Centre for Healthy Workplaces, which is based on the WHO model to support the development of health and well-being in the workplace and to recognize good corporate practices. Similarly, in line with PAHO's Plan of Action for the Prevention and Control of Noncommunicable Diseases (Document CD52/7 [2013]) (16) for the period 2013-2019, many countries have incorporated tobacco control, reduction of sedentary work, inclusion of active workplace breaks, and healthy diet. A gap persists in countries with policies and plans to promote health at work, as they have yet to reach the population working in the informal sector. Under PAHO's new Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10 [2019]) (17), other options for promoting health in this sector and in other workplaces will be considered.

Objective 4.1: Implement the initiative for healthy and respectful jobs and workplaces, and for quality of life in the workplace	
Indicator, baseline, and target	Status
<p>4.1.1 Number of countries that have incorporated the WHO healthy workplaces model</p> <p>Baseline (2014): 2 Target (2025): 25</p>	<p>Indicator met in five countries. Total: Seven. These countries have implemented part of the model or adapted it to their needs. Implementation of the model has focused on enterprises in both the private and the public sectors.</p>
<p>4.1.2 Number of countries with comprehensive programs that promote workers' health and prevent noncommunicable diseases</p> <p>Baseline (2014): 2 Target (2025): 25</p>	<p>Indicator met in nine countries. Total: 11. These countries succeeded in integrating the promotion of workers' health and the prevention of noncommunicable diseases into plans of action. The Total Worker Health (TWH[®]) program at the United States National Institute of Occupational Safety and Health (NIOSH) promotes this approach and has established a comprehensive model for workers' well-being.⁴</p>
<p>4.1.3 Number of countries with networks of healthy workplaces</p> <p>Baseline (2014): 2 Target (2025): 25</p>	<p>Only two countries have built networks. Total: Four.</p>

⁴ See the program website: https://www.cdc.gov/niosh/docs/2017-112/pdfs/2017_112.pdf?id=10.26616/NIOSH PUB2017112.

Objective 4.2: Strengthen comprehensive health care for working-age adults in the workplace	
Indicator, baseline, and target	Status
<p>4.2.1 Number of countries that have incorporated periodic medical occupational evaluations in the working adult population (18-65 years old)</p> <p>Baseline (2014): 1 Target (2025): 20</p>	<p>Objective met. Total: 20.</p> <p>A review of the legislation of 19 countries verified the legal obligation to conduct periodic occupational health examinations within the framework of occupational epidemiological surveillance (18).</p>
Objective 4.3: Develop knowledge management mechanisms to translate the results of initiatives for health promotion, well-being, and quality of life in the workplace—as well as statistical data on occupational diseases, injuries, and deaths—into policies and regulations for prevention	
Indicator, baseline, and target	Status
<p>4.3.1 Number of countries with publications that reflect the results of successful activities and experiences in health promotion, well-being, and quality of life at work</p> <p>Baseline (2014): 3 Target (2025): 20</p>	<p>Indicator met in two countries. Total: Five.</p> <p>This result reveals the dearth of publications on this topic.</p>
<p>4.3.2 Number of countries with technical regulations issued based on results of activities and experiences in health promotion, well-being, and quality of life at work</p> <p>Baseline (2014): 0 Target (2025): 15</p>	<p>It was verified that two countries have issued technical regulations. Total: Two.</p> <p>It should be noted that the application of regulations involves multiple public entities (19).</p>
<p>4.3.3 Number of countries with publications that reflect the results of activities on the diagnosis, registration, and epidemiological surveillance of occupational diseases, injuries, and deaths in the workplace</p> <p>Baseline (2014): 8 Target (2025): 14</p>	<p>The existence of publications was verified in two countries. Total: 10.</p> <p>Some of the reports are available online from various government sources (20).</p>

Strategic Line of Action 5: Strengthen diagnostic capacity, information systems, epidemiological surveillance, and research in the field of occupational diseases, injuries, and deaths

7. The aim is to reduce the high level of under-diagnosis and underreporting noted by PAHO (21) and the ILO (22) in order to make visible the silent epidemic of occupational diseases and the high costs for health services of providing care for these diseases. Surmounting this longstanding challenge would also help to reduce the deficiencies in

comprehensive care for workers' health. As can be seen in the results, progress has been limited. A 2017 review of country information systems indicates that data is taken from multiple primary sources and information streams and that in some countries the data are still based on incomplete manual records and outdated laws that do not recognize occupational diseases. For these reasons, there is no regionwide information on occupational morbidity, injury rates, and mortality indicators. Moreover, the statistics available from labor and social security authorities only reflect the situation of formal employment and exclude workers in the informal sector. It is therefore necessary to support and promote the development of inclusive national information systems, particularly in PAHO's priority countries. It is hoped that, in line with the Plan of Action for Strengthening Information Systems for Health 2019-2023 (Document CD57/9, Rev. 1 [2019]) (23), there will be opportunities for improvement in order to progress further towards the objectives under this strategic line of action.

Objective 5.1: Strengthen and develop information and surveillance systems for occupational diseases, injuries, and deaths in the workplace	
Indicator, baseline, and target	Status
5.1.1 Number of countries with functioning registration, and reporting systems for occupational diseases, injuries, and deaths in the workplace Baseline (2014): 6 Target (2025): 15	Registration systems are in place in four countries. Total: 10. However, diagnosis, reporting, and epidemiological surveillance of damages to workers' health needs to be improved and streamlined, and information systems need to be created or strengthened.
5.1.2 Number of countries with occupational epidemiological surveillance systems functioning at the national level Baseline (2014): 5 Target (2025): 15	Surveillance systems are in place in four countries. Total: Nine. Most are occupational epidemiological surveillance systems within national public institutions, some developed by national authorities and others by private workers' compensation insurance companies.
Objective 5.2: Develop and implement protocols or guidelines that facilitate the identification and diagnosis of occupational diseases	
Indicator, baseline, and target	Status
5.2.1 Number of countries with implemented protocols or guidelines for the diagnosis of occupational diseases Baseline (2014): 4 Target (2025): 15	Protocols or guidelines have been adopted and implemented in three countries. Total: Seven. To improve diagnosis, the use of the protocols developed by the ILO and WHO will be encouraged, in line with ICD-11.
5.2.2 Number of countries with complete statistics on occupational injury, morbidity, and mortality rates, distributed by sex, age, ethnic group, economic sectors, and rurality Baseline (2014): 6 Target (2025): 20	Statistics have been compiled in three countries. Total: Nine. Most of the data relate to the population working in the formal economy. Information on workers in the informal sector remains very limited, perpetuating under-diagnosis and underreporting.

Objective 5.3: Establish national research agendas to determine working and employment conditions and related inequalities; and generate practical solutions, knowledge, and evidence for decision and policy makers	
Indicator, baseline, and target	Status
<p>5.3.1 Number of countries with an established national research agenda on working conditions, health, equity, and occupational diseases</p> <p>Baseline (2014): 8 Target (2025): 20</p>	<p>National research agendas have been established in four countries. Total: 12.</p> <p>The progress in countries was complemented by a study on health inequalities among the working population in Latin America and the Caribbean, which was supported and monitored by PAHO (24).</p>
<p>5.3.2 Number of countries with research protocols and guidelines for interventions or preventive actions to control dangerous exposures</p> <p>Baseline (2014): 7 Target (2025): 14</p>	<p>Objective met in three countries. Total: 10.</p> <p>Protocols and guidelines were adapted and updated, particularly for work-related noncommunicable diseases.</p>
<p>5.3.3 Number of countries that have conducted surveys on working conditions, health, and equity</p> <p>Baseline (2014): 10 Target (2025): 27</p>	<p>Surveys were updated in eight countries. Total: 18.</p> <p>The Expert Network on Working Conditions, Employment and Health Surveys (ECoTES) for Latin America has been supporting this initiative by countries and subregions.</p>
<p>5.3.4 Number of countries with intervention or action protocols to minimize the occurrence of chronic kidney disease from nontraditional causes in Central America</p> <p>Baseline (2014): 1 Target (2025): 6</p>	<p>Intervention protocols were designed and implemented in three countries. Total: Four.</p> <p>The protocols were developed to control the effects of exposure to high temperatures, and ergonomic tools were designed to reduce physical burden and prevent chronic kidney disease of non-traditional etiology (CKDnT) (25).</p>

Lessons Learned

8. Despite the ambitious targets of the Plan of Action on Workers' Health for the period 2015-2025, initiatives and alternatives were made available to support Member States in all related aspects, and progress was made in working with stakeholders in the areas of health and labor.

9. The multisectoral approach to workers' health facilitated the implementation of Health in All Policies strategies and yielded very good results, particularly in terms of developing and completing National Outlooks and plans for workers' health in the countries.

10. The approach taken to the issue in the past few years confirms that there is no single formula for safeguarding and protecting workers' health, well-being, and lives. The Plan

of Action on Workers' Health has been well received, and its flexibility in implementation has been demonstrated, although changes in political will sometimes did not allow the expected results to be achieved or completed.

11. The 16 institutions that make up PAHO/WHO's network of collaborating centers in occupational health provided valuable support and contributions in implementing the regional Plan of Action and addressing emergency situations in countries; this is a successful collaborative experience that should be promoted and continued. Another valuable lesson relates to the important linkages with other networks and the work done with them, including: the Health and Labor Network of Central America (SALTRA); the Expert Network on Working Conditions, Employment, and Health Surveys (ECoTES); networks of professional associations, such as the Latin American Occupational Health Association (ALSO), the Central American and Caribbean Occupational Health Federation (FECACSO); and the International Commission on Occupational Health (ICOH); and also with subregional organizations, such as the Council of Ministers of Health of Central America (COMISCA) and similar organizations in the English-speaking Caribbean, the Andean region, and the Southern Cone.

Action Necessary to Improve the Situation

12. In view of the progress described, the following measures are recommended:
- a) Strengthen the integration of workers' health at ministerial level, in service delivery systems and, especially, at the primary health care level, in line with the Strategy for Universal Access to Health and Universal Health Coverage 2014-2019 (Document CD53/5, Rev. 2 [2014]) (26), which, together with the United Nations declaration on universal health coverage, offers a great opportunity for strengthening service coverage for workers, in particular those in the informal sector.
 - b) Incorporate indicators on workers' health into health information systems to strengthen systems for monitoring and reporting on occupational diseases, injuries, and deaths, strengthen national information systems, and have a satisfactory record of the situation. Workers' health indicators should also be included in hospital information systems, mandatory reporting systems in countries, and PAHO health indicators. Occupational health programs should also be integrated into general disease care programs, and vice versa, given the occupational origin of many noncommunicable diseases (pneumoconiosis, work-related cancers) and communicable diseases (hepatitis B, TB, HIV-AIDS, etc.) that are frequent among health workers.
 - c) Optimize opportunities for intersectoral work to advance the implementation of the Plan of Action, with greater institutional integration between ministries of health and other sectors (labor, agriculture, mining, etc.), giving priority to workers' health when collaborating with the labor sector.

- d) Protect the health of health workers by enhancing working conditions, health, and safety at work. It is recommended to facilitate access to training with the WHO/ILO HealthWISE toolbox, among other resources.
- e) Deepen the study of inequities caused by working and employment conditions in order to address the problems of the informal sector, and seek solutions with social actors in the countries (government, employers, workers, academia, professional associations, researchers, etc.). This effort will complement strategies to expand universal access to health and universal health coverage for vulnerable populations. It will also serve to reinforce countries' commitment to addressing working and employment conditions together with other social determinants of health, in line with PAHO's Strategic Plan 2020-2025 (Official Document OD359).
- f) Promote actions that encourage and operationalize health promotion by engaging workers, employers, economic sectors, and various disciplines in order to reduce the gap between theory and practice in health promotion in the workplace. Apart from the programs implemented by ministries of health, studies that address health promotion in a comprehensive manner are scarce. The Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 offers an opportunity for carrying out collaborative work in this area.
- g) Advance in the analysis of the impact of new forms of work (short-term contracts, online platforms, telework, etc.) and the composition of the workforce (increases in informal-sector workers, migrants, women, and older adults) as it relates to the decline in wages and the loss of social protections and benefits, and the study of new interventions. A diversified approach to workplaces is required, with a holistic, flexible, and more accessible public health approach and strengthened technical cooperation actions, in order fully meet the proposed targets and achieve the desired impact of this Plan by the end of the decade.

Action by the Directing Council

13. Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this report will be published for information purposes only, and will not be discussed by the Directing Council.

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