

Workplace Health Without Borders (WHWB) -Expanding the Practice of Industrial Hygiene

YPSW 42nd Annual Meeting San Diego, CA January 20, 2017

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Update

- * Why is occupational health a global health concern?
- * What needs to be done?
- * Where does it go wrong?
- * What is the status of Industrial Hygiene on the International Scale?
- * What can we do?

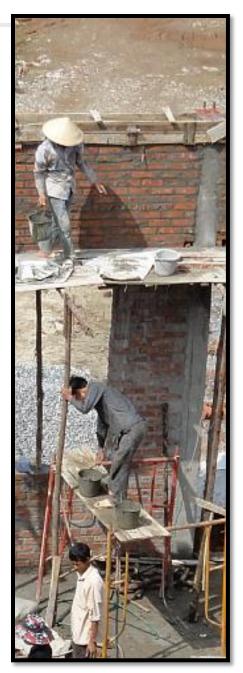
There are over 3 billion workers in the world...

Nearly 2 billion of them work in unhealthy and unsafe conditions

2.34 million workers die each year from workplace causes

2 million of these die from occupational disease

That is 1 death every 15 seconds





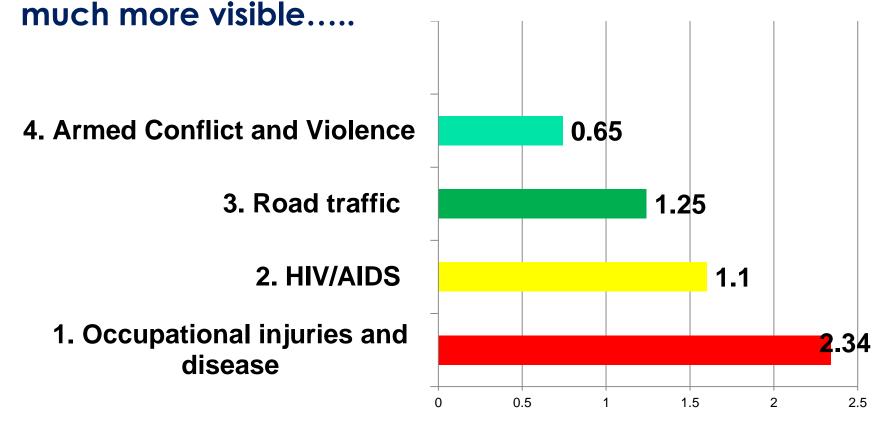
In addition....

- * 160 million workers get sick each year due to non-fatal work-related diseases
- Occupational injuries, sickness, and disease costs the world economy \$2.8 trillion/year USD

Source: ILO



More people die each year from occupational injuries and disease than from other major causes that are



Millions of Deaths per Year Worldwide

Sources:

- 1. ILO, 2013
- 2. WHO, 2013 deaths
- 3. WHO, 2010 deaths
- 4. Armed conflict, 2016 (IISS) + homicides, 2012 (WHO)+ terrorism, 2015 (Statista)



"Official" statistics don't reflect

- Environmental impacts of workplace agents
- * Synergy between workplace hazards and other disease risk factors (e.g. silica-TB; asbestos-smoking)
- * Informal work
- * Blurred lines of workplace, home and community: exposed family members
- The costs to a family with no provider



The informal economy

In the developing world, employment in the informal sector may reach 70 percent, with the contribution to the gross domestic product (GDP) ranging from 10 to 60 percent.



168 million of the world's children are child labourers. More than half of them do hazardous work: ILO





Saeed Awan, Glass bangle manufacture, Pakistan



Where every day is take your kid to work day







Exports of Hazardous

Lead Paint, Other Toxic Products Banned In U.S.

Lead Paint, Other Toxic Products Customers Abroad

Exported To Unsuspecting Customers

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In this 2013 photo, a worker covers his face with a handkerchief as he sees people photographing him and his co-worker handling asbestos sheets at the Ramco Industries Ltd. Factory in Bhojpuri district of Bihar state, India (AP/Saurabh Das)



Workplace Health Without Borders

Our Vision

A world where workers, their families and communities do not get ill because of their work.

Our Mission

To prevent work-related disease around the world through shared expertise, knowledge and skills.



What can we do?

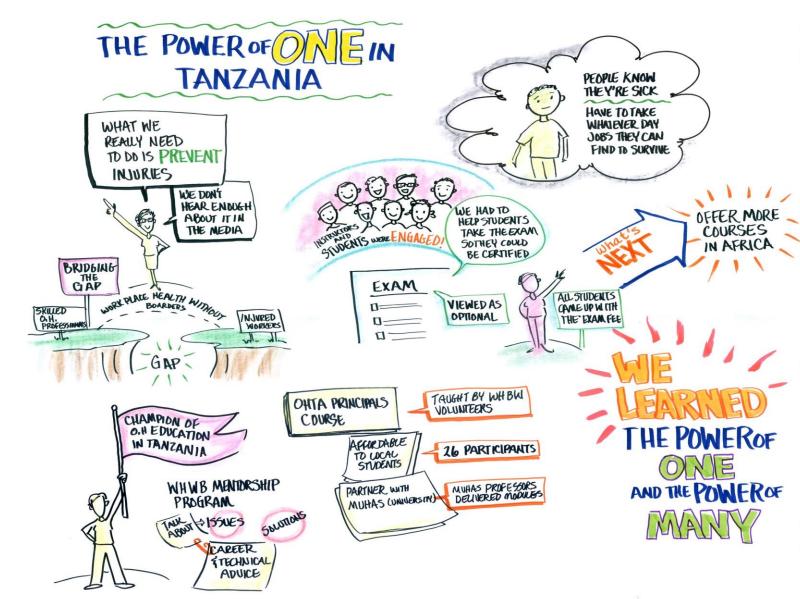
- Training Programs
- Mentoring Programs
- Professional and Public Awareness
- Support for International NGOs
- Projects
- PPE and Equipment

WHWB -

Teaching and Professional Development

- Renaissance University Nigeria helped develop proposal and curriculum for an Industrial Hygiene/Occupational Hygiene (IH/OH) program.
- IH/OH for Physicians at Maulana Azad Medical College in India – 2015
- OHTA W201 Basic Principles in IH/OH at Muhimbili University, Dar Es Salaam, Tanzania - 2015
- OHTA W201 Basic Principles in IH/OH to National Institute for Occupational and Environmental Health in Hanoi, Vietnam – 2016
- Facilitated donating IH/OH equipment to Uruguay,
 Pakistan, Tanzania, and Ebola PPE to Sierra Leone





OHTA W201 Basic Principles Course – National Institute of Occupational & Environmental Health (NIOEH) Hanoi, Vietnam June 2016

WHWB-US, AIHA, OHMS Australia, OHTA







IOHA View of the World



IOHA's Focus is Growing the World of IH/OH





Global Need for IH/OH



IOHA 2016-20 Strategy Document; IOHA's Mission



Global Status of IH/OH



Growing the World of IH/OH

Where in the World is my Classroom?

UIC SCHOOL OF
UNIVERSITY OF ILLINOIS PUBLIC HEALTH

Environmental and Occupational Health Sciences Division

Global Program in Occupational Health Practice (GPOHP)







Workplace-based assignments



144 Students – 41 Countries

- Abu Dhabi
- Argentina
- Azerbaijan
- Bahamas
- Bosnia/Herz egovina
- Botswana
- Brazil
- Canada
- China
- Dominican Republic

- Egypt
- Germany
- Ghana
- Haiti
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Jamaica
- Kenya

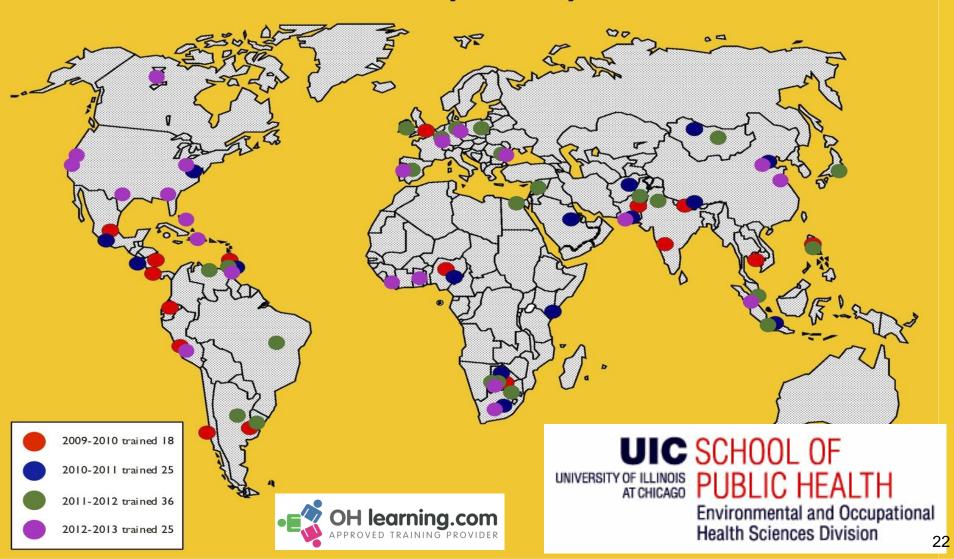
- Liberia
- Libya
- Luxembourg
 Switzerland
- Mexico
- Nigeria
- Pakistan
- Peru
- Poland
- Romania

- Singapore
- South Africa
- Madagascar
 Trinidad/Tobago
 - Uganda
 - United Arab **Emirates**
 - United Kingdom
 - Uruguay
 - United States
 - Zambia



8 Years – 41 Countries

Where do our participants come from?





Nearly Half Students – Reduced Fees

Where do our participants come from?

UIC is a Non-Profit

- Philippines
- South Africa
- Uganda
- Nigeria
- * Uruguay
- Indonesia
- Dominican Republic
- Switzerland (for WHO)

- * Liberia
- * Mongolia
- * India
- * India
- * Zambia
- * Kenya
- Botswana (3 recipients)



2010-2011 trained 25

2011-2012 trained 36

2012-2013 trained 25



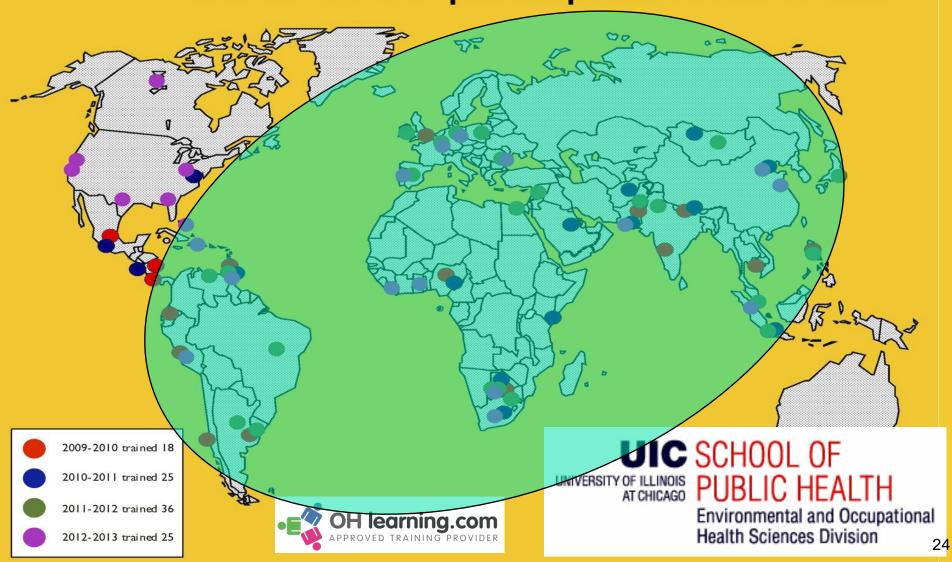


Environmental and Occupational Health Sciences Division



8 Years – 41 Countries

Where do our participants come from?





Bridge Building; The Future of IH/OH



IOHA 2016-20 Strategy Document; IOHA's Mission



Mentor Program

Our mentor program matches experienced IH/OH professionals with new hygienists who want technical and career guidance

Mentors to early career IH/OH practitioners in Africa, South America and Asia





Addressing hazards and industries with shared problems around the world

Projects - Silica

- Agate Workers in India
- Stone Crushers in India
- Brick Plants in Africa and India



Silica – Gujarat Agate Jewelry Industry

* 2004, NIOH of India

- Estimated 1 million exposed in this industry
- Prevalence of silicosis is 20-30% (workers) and 11% in family members
- Elevated levels of accelerated silicosis,
 Tuberculosis
- Silica levels measured 2-15 mg/m³



Agate production Gujarat, India





Agate is processed in workers' homes, involving and exposing family members to silica





Stone quarrying in India

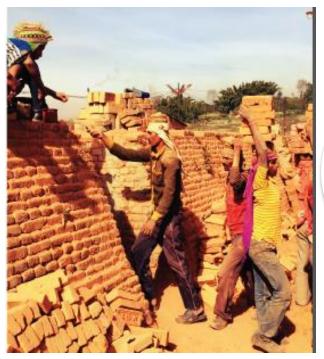
* Some estimates: 10 million workers in quarries; 1 million are children

 Silica exposure: one study of 165 exposed workers found 68% had

silicosis and/or TB







Workers loading bricks in Nepal Photo by Steve Thygerson, WHWB member





Silica exposure in construction,
Mozambique

Photo by Custodio Muianga, WHWB member

WHO & ILO: millions of workers are exposed to silica; 10 million in India alone. 30-50% of workers in primary industries and high risk sectors in developing countries suffer from silicosis and other pneumoconiosis



Brick plants are common in Africa & Asia, often employing children

- * ILO Child Labour Project: 65% of child brick plant workers suffer from work-related injury or illness
- * Exposures to silica, heat stress, musculoskeletal system, combustion products, and more





Brick plant projects: Nepal, Pakistan, Tanzania





Photos by Steve Thygerson, BYU & WHWB



Highest exposures: removal of baked bricks from ovens



Source: Saeed Awan, Dr. Abdul Rehman Alvi



Free Silica measurements in dust samples

District	Making Bricks (mg/m³)	Stacking Raw Bricks (mg/m³)	Feeding Fire (mg/m ³)	Removing Baked Bricks (mg/m³)	Loading Bricks (mg/m ³)	Average Silica Exposure (mg/m³)
OKARA	0.08	0.17	1.69	21.29	0.25	4.69
RAWALPINDI	0.16	0.12	1.53	9.93	0.23	2.39
BAHAWALPUR	0.11	0.17	1.72	18.01	0.19	4.04
SUKKUR	0.10	0.25	2.72	29.77	0.21	6.55
HARIPUR	0.08	0.19	2.05	12.33	0.13	2.96

^{*} Respirable Silica measurements in dust samples by X-Ray diffraction NIOSH method No. 7500.

Source: Saeed Awan, Dr. Abdul Rehman Alvi



Project Objectives Include...

 Engaging workers/employers to develop exposure controls that are feasible and practical for the users (low cost & power usage, available materials)





Vertical Grinder – Dry



No Ventilation, Feb. 2015

Respirable Dust: 1.7 mg/m³

Quartz = 1.2 mg/m^3

Outcomes Transferable to other countries





- With local exhaust, October 2015
- Respirable dust 0.64 mg/m³
- Respirable silica 0.10



Outcomes Transferable to other countries



Engaging workers in developing controls





Research & Development Needs/future directions

- Local exhaust ventilation solutions that can be made with inexpensive, locally sources materials, low or alternate energy consumption
 - ***** WHWB LEV Committee
- Respiratory protection
- Other common hazard exposures:
 - Welding
 - Artisanal mining



Current activities

Branches

- *** WHWB-US**
 - President Dr Mary O'Reilly
 - Offices at University of Michigan
 - US Charitable Status
 - Project Beauty salon nail treatments
 - Website: www.whwb-us.org

*** WHWB-UK**

- President Mike Slater
- Project Seeking BOHS/ILEVE Award for best design of cheap and efficient LEV for application in developing countries

wнwв

Current activities

WHWB International Collaborations

* OHTA

- Develop Trainings for OHTA
- Give OHTA Trainings where most needed

*** IOHA**

- Assist in Global Training requirements
- Efforts to Achieve WHO/ILO Objectives

***** ICOH

- Collaborate with Scientific Committees
- Deliver Occupational Health Training

* WHO

- Achieve NGO Status with WHO
- WHO Collaborating Centres, Occupational Health



Access Information

- Maintain a web site, Facebook page, LinkedIn page, YouTube channel, Instagram and Twitter feed to share information
- WHWB Global Monthly teleconference presentations on topics relevant to global occupational health; ~700 members
- WHWB National Programs Expand to Australia and Africa; countries with unique capabilities and information sharing



Take Personal Action!







Questions & Discussion



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Imagine a world where everyone goes home at least as healthy as when they came to work

Workplace Health Without Borders

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