



BOHS: Working toward Occupational health care for Informal Workers

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Informal Economy

part of any economy that is neither officially taxed nor monitored

size of India's informal economy - approximately \$4,183 billion at GDP PPP levels*

produces almost half of India's GDP and employs more than 80% of the overall workforce of 554 million (WB 2022)

informal worker with no written contract, paid leave, health benefits or social security ; also looking at gig workers - taxi drivers, delivery people, plumbers, electricians, etc. part of a platform-enabled gig economy of semi-skilled workers



*Quarterly Informal Economy Survey (QIES) by World Economics, London



Challenges for Occupational health care in Informal Industry

Insignificant trade unionism/workers' movements

Civil society apathy, employers' disinterest and profit motives

No employment data or legal framework for registration of workplaces

Labour flexibility

Insufficient extension of social security coverage

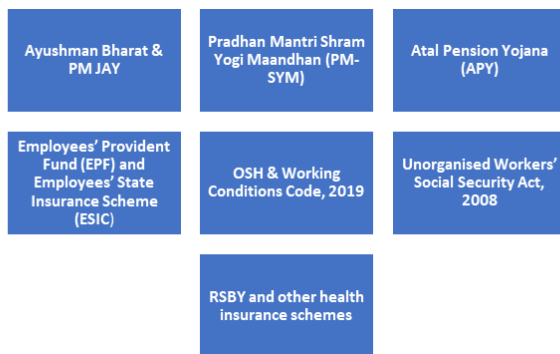
Low awareness among workmen/neglect of OH

Infrequent coverage in national labour surveys

Absence of comprehensive data on occupational illness, injuries, and fatalities

High population density, easy replacement of labour

Challenges for Occupational health care



Predominance of medical-technical and reactive approach; less preventive and promotive care

Biomedical approach to health; less importance to socioeconomic determinants

Needs analysis for health neglects occupational health needs

Shortfall in trained OH resources

Health insurance penetration only to the tune of 37%

Out of pocket (OOP) expenditure as a percentage of Total Health Expenditure has dropped to 47%

Very low public health expenditure and underfunding of OH programs



- Informal workers' health essential prerequisite for sustainable economic development - national capital
- How can health systems support this capital?

Integrating workers' health needs with primary care services - BOHS

Focus - elimination, prevention, control of hazardous factors in the work environment

Objective is provision of services

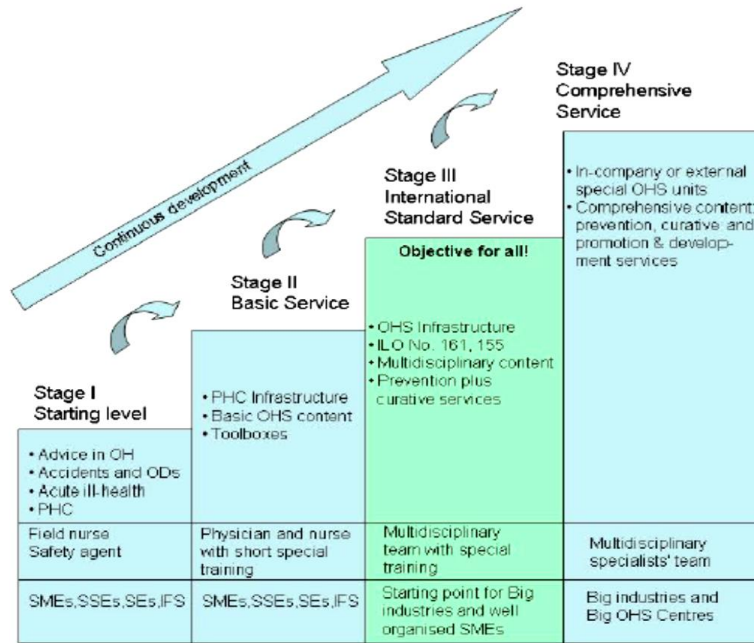
- for **all workplaces** lacking such services or have not met existing occupational health needs;
- to **all working people** irrespective of occupation, type of work contract, or mode of employment and location of workplace

Based on principles of universality and equity -

- addressing local needs & adapted to local conditions
- affordable to providers and clients
- organized by the employer for employees
- provided by the public sector for the self-employed and the informal sector
- supported by intermediate level services

Stepwise Development Of Occupational Health Services

ODs = occupational diseases, PHC = Primary Health Care, OHS = occupational health services, SME = small and medium-sized workplace, SSE = Small enterprise, SE = Self-employed, IFS = Informal sector



Jorma Rantanen. Basic Occupational Health Services.
3rd Ed, 2007


Indian Association of Occupational Health - Mission BOHS

Voluntary organization active since 1948; members are industrial physicians, physicians with service organisations, ministry, public & private health sector, academic institutes and medical colleges

Collaborates with WHO, ILO, ICOH, AAOH, MediChem, WONCA & Ministries of Labour & Health

Mission BOHS - Conceptualized by IAOH

Goal of provision of basic occupational health services (BOHS) for populations working in the unorganised sector/informal industry targeting specific needs



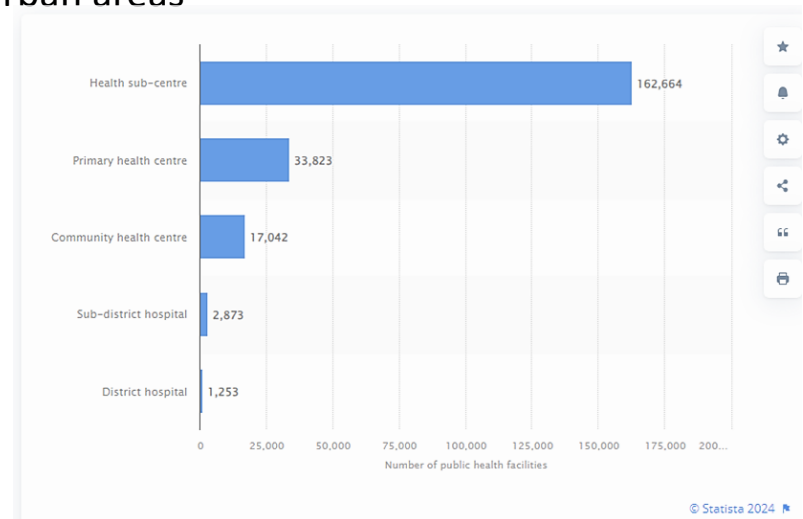
Basic Occupational Health Service for Informal Sector
Through Primary Care Ecosystem

IAOH : Agenda for Next Decade

Mission BOHS

Delivery of BOHS for Informal Sector via Primary Care System

- Training primary care providers - *Primary Health Centre Medical Officers, General Practitioners, Employees State Insurance Physicians* who are, particularly, accessible to the workers of informal industry for provision of BOHS
- Training by IAOH members on voluntary basis
- IAOH Mission BOHS for training primary care providers considers -
 - Each primary health center (PHC) physician serves 20,000-25,000 population in rural areas
 - General physicians are available readily in urban areas
 - Cost-beneficial proposition



Mission BOHS

- BOHS - tailored according to the national conditions and needs of target groups
- **Stages**
 - **Task Force** to identify informal occupations
 - **Training Manual for Primary Care Providers(PCPs)**
 - **Capacity building** and certifying the PHC providers as Basic Occupational Health Physicians (BOHP)
 - **Impact evaluation**
- Mission to be executed in areas with IAOH presence



Mission BOHS Implementation Plan

Goal

Improved health care for informal workers through BOHS to control work-related illnesses and injuries

Project Objectives

Increase capacity of primary health care to provide BOH care

Develop knowledge and capacity of staff to initiate OH services in PHCs

Reduce vulnerability of high-risk groups among informal workers

Outcomes Expected

BOHS Manual for training the PHC staff; reference guide

75% PHC staff certified trained in OHS care

Trained PCPs actively manage 90% OHS complaints in rural project areas

End-users at informal worksites undergo basic training in safe working under certified PHC staff

Reduction in work-related health complaints

Reduction in incidents of pesticide poisonings, injuries



BOHS
BASIC OCCUPATIONAL HEALTH SERVICES
for Informal Industry
Manual for Primary Care Providers



EDITORS:
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Foreword by:
The President - International Commission on Occupational Health and
The President - World Organization of Family Doctors



Indian Association of Occupational Health
Basic Occupational Health Services Initiative

“When a doctor arrives to attend some patient of the working class... let him condescend to sit down...if not on a gilded chair... one a three-legged stool...He should question the patient carefully... So says Hippocrates in his work ‘Affections.’

I may venture to add one more question: What occupation does he follow?”

Bernardino Ramazzini

De Morbis Artificum Diatriba (1713) Trans. by W.C. Wright in A.L. Birmingham, Classics of Medicine Library (1983).

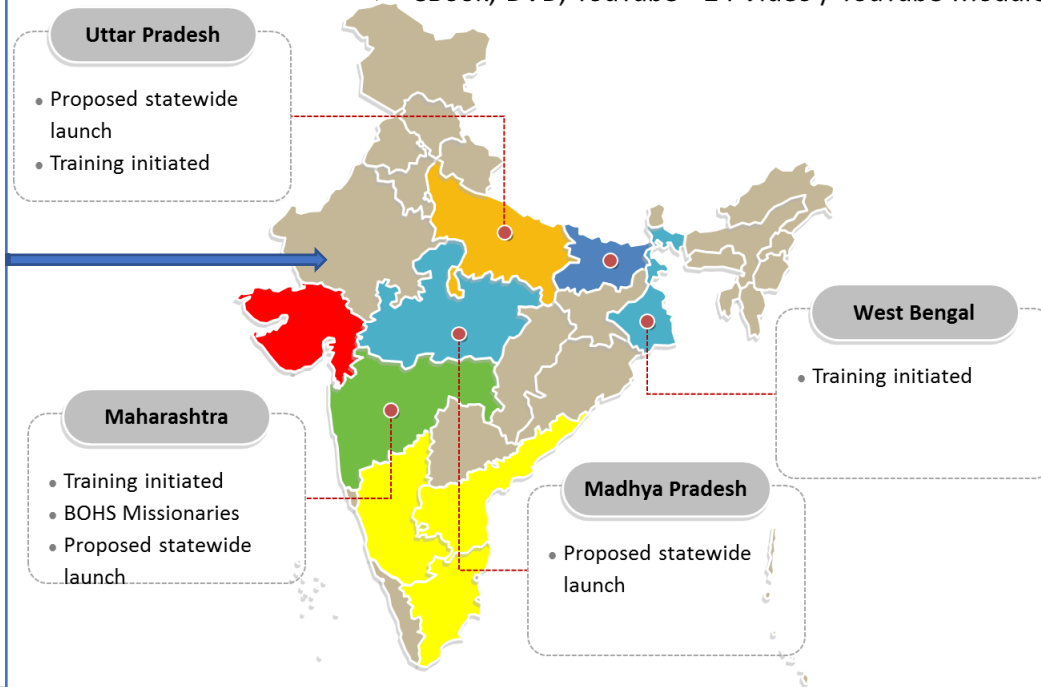
Quoted in Edward J. Huth and T. J. Murray Medicine in Quotations: Views of Health and Disease through the Ages (2006), 276.

Gujarat –

- First statewide launch
- 24 District hospitals, 30 Sub district hospitals, 300 CHCs and 1178 PHCs
- Over 800 PHC MOs covered
- Preliminary OH illness & injury reporting awaited
- BOHS Missionaries

Training Activities

- Contact Sessions through Training Workshops
- BOHS Lecture Series
- Collaborative Training Programs
- Satellite Learning Modality for distance learning
- BOHS Missionaries
- eBook, DVD, YouTube - 24 Video / YouTube Modules of Informal Occupations



Other states covered – Goa, Karnataka, Tamil Nadu, Odisha, Telangana

Tradesmen covered – fishing, agriculture, cashew workers, sugarcane workers, tannery workers, roadside vendors, tea plantation workers, weavers, head-loaders, salt pan workers

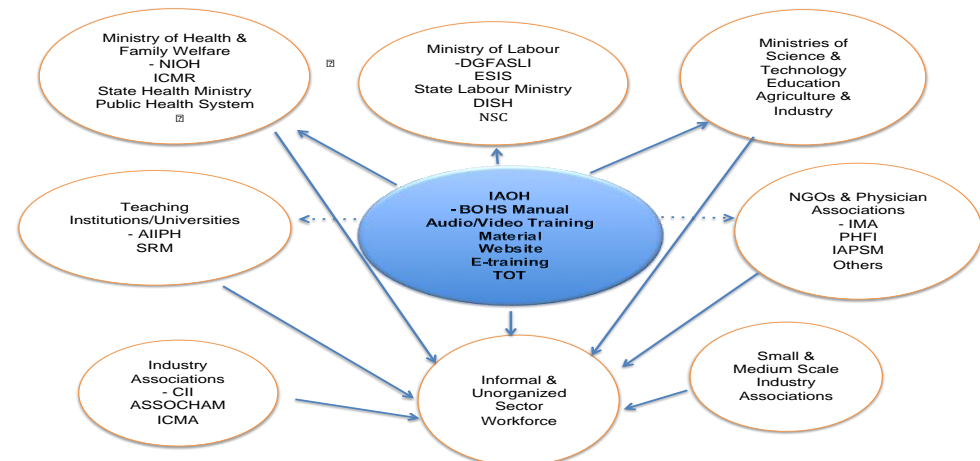
Strengthen PHC OSH Services

Government level

- ✓ Technical guidelines on PHC's OSH services
- ✓ OSH training for PHC staff
- ✓ Budgetary allocation for PHC's OSH services
- ✓ Instrumentalize enforcement apparatus

Primary Care Unit level

- ✓ Adding basic OSH information in PHC's family files
- ✓ Practical OSH workplace risk assessment
- ✓ Training workers in informal economy workplaces in OSH
- ✓ Promoting low-cost safety and health improvement methods



Situational Analysis of Mission BOHS

Assessment of training programs

- Satisfaction – content, relevance, information and quality of training
- Demand - sessions on occupational history, respiratory and behavioural conditions
- Interest - behavioural issues among informal workers
- Demand - specific learning on occupation-based diseases

NGO promoted campaign; hence limited approach and reach

Additional skillsets developed in OSH

Creation of training resource in sync with local conditions

Expert faculty on voluntary basis; limitations for training activities

Sustainability through ownership by state health services

Employers, informal workers' commitment to OSH is warranted

Regulatory enforcement apparatus necessary for the sector

Demonstration of workable strategy for execution of BOHs

BOHS & Similar Initiatives in India

- **IAOH Projects**
 - Developing capacity of PHC medical officers & GPs
- **Mini Occupational Health Services or MOHS**
 - IAOH Mumbai branch has rolled out the first phase of MOHS in a labour market in Mumbai since April 2017
- **Union of waste pickers, Kagad Kach Patra Kashtakari Panchayat (KKPKP) and its solid waste management cooperative SWaCH, Pune**
 - integration of OHS into the union's general work activities, documentation of case studies on health and safety and improving social security data collection systems
- **Mathadi Workers' Health Scheme**
 - basic protective social security, gets accident compensation, medical benefits and dedicated polyclinics and secondary level hospitals with OH consultations, review of working conditions

- **JJADe - ACCESS Development Services**, Jaipur Jewelry Artisans Development project with Jaipur Jewelers Association and community-based organizations
 - to improve living and bring in safe working conditions in urban communities, identified and supported market-driven strategies for improving working conditions among urban jewelry artisans – workplace survey, medical examinations, access to identity cards and health insurance
- **SEWA Gujarat** supplementing government's approach to UHC and OHS through
 - primary health care through cadre of grassroot-level women health workers providing health education, referral services, linkage with public and private providers, occupational health and safety and a health insurance cooperative
 - Tools, equipment for safeguarding health, increasing productivity and income
 - primary prevention of occupational hazards, developing appropriate prototypes and preventive health education for addressing the occupational risks of home-based women workers

Learnings

- Initiative paid less attention to development of nursing cadre in OH, occupational hygienist and ergonomist for BOHS
- Referral services for expert opinion need to be developed through academic/specialised institutes' collaborations
- PHC-driven BOHS has to remain in contact with workplace, participate in risk assessment and employment-related medical evaluations
- Database for registration of informal workers is necessary to plan reach of BOHS
- Capacity building for BOHS as a continual activity to include trade specific and job specific elements and mandate informal workplace-based internships
- BOHS can only sustain with policy, regulatory, legislative and worker support; warrants occupational health competencies in health care personnel; alternatively, it remains an experimental project

Recommendations

- BOHS needs the collective will of MoL & MoH, employer associations and workers to practice it
- Building a network of trade unions, industry bodies, government bodies and development organizations to collate data on OHS issues relating to the informal sector & develop agreement on basic norms on work practices and publicise it
- Universal health insurance for workers will support financing for BOHS
- Trained community health volunteers and nurses, have proven to drive PHC-led BOHS and may be considered in further phase; involvement of allied OH professionals recommended
- Focus on Occupational health to be instituted in academic programs at high school and university levels; use of educational technologies for mobile and elearning for informal workers in workplace health to be prioritized; capacity advancement of physicians at undergraduate and graduate levels using advanced learning tech
- Evaluation of activities under BOHS and comprehensive audit to understand what works

Thank you