



Fogerty International Center/ NIH/ NIEHS/ NIOSH

**Project on Occupational Health Research, Policy
and Capacity Building in Thailand-US**

**A Planning Workshop on Occupational Safety and Health Among
Healthcare and Informal Workers in Thailand:
Setting Priorities for Research Needs**

January 13, 2013

Report on Workshop Proceedings and Major Findings

**Report prepared
April 8, 2013**

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Table of Contents

The Workshop Organization and Objectives.....	1
Summary of Workshop Proceedings	1
Morning session.....	1
Dr. Somkiat Sirirattanapruk’s keynote presentation.....	2
Dr Chalermchai Chaikittiporn’s keynote presentation	3
Dr Sirikiat Leangkobkit’s keynote presentation	4
Afternoon break-up sessions.....	4
The healthcare sector small discussion group	5
Small discussion group on informal sector home-based workers	6
Workshop evaluation.....	9
Recommended post-Workshop follow-up action by the Project team	Error! Bookmark not defined.

List of Appendices

Appendix I:	Workshop Guidance Note
Appendix II:	Workshop Agenda
Appendix III:	List of Participants
Appendix IV:	Workshop Evaluation

A Planning Workshop on Occupational Safety and Health among Healthcare and Informal Sector Workers in Thailand: Setting Priorities Setting for Research Needs

The Workshop Organization and Objectives

On January 2013, the Faculty of Public Health of the Mahidol University in collaboration with the School of Health and Environment of the University of Massachusetts Lowell (UMASS Lowell) organized the Planning Workshop on Occupational Safety and Health (OSH) among Healthcare and Informal Sector Workers in Thailand. The Workshop venue was the Mahidol University Faculty of Public Health, Bangkok, Thailand.

The purpose of the Workshop was to examine and prioritize the OSH research needs of healthcare and informal sector workers to identify existing research gaps and guide the process of developing a research agenda for the GeoHealth Hub in Occupational and Environmental Health. Specific objectives included (i) to provide a forum to exchange ideas with government and non-government stakeholders, including workers, (ii) identify research undertakings that would address existing research gaps.

The Project teams in both countries developed a Workshop guidance note for as the first preparatory stage (see Appendix I). The purpose of the guidance note was to provide all Project members and invited Workshop participants a brief and uniform guidance on the Workshop and Project objectives as a basis to develop a meaningful Workshop agenda (Appendix II).

All in all **66** persons participated in the Workshop (Appendix III). The participants included key OSH government representatives, representatives from healthcare organizations, academic institutions, and organizations involved in activities to promote health and well-being among informal sector workers.

Summary of Workshop Proceedings

The Workshop comprised the morning session with three keynote presentation and afternoon break-out sessions.

Morning session

The morning session of the Workshop consisted of these keynote presentations:

- (i) Dr. Somkiat Sirirattanapruk, Director of Occupational & Environmental Diseases Bureau, Department of Disease Control, Ministry of Public Health;
- (ii) Dr Chalermchai Chaikittiporn, Associate Professor at the Department of Occupational Health and Safety, Faculty of Public Health, Mahidol University; and
- (iii) Dr Sirikiat Leangkobkit, Director of Health Risk Control Section, Thai Health Promotion Foundation.

Dr. Somkiat Sirirattanapruk's keynote presentation

Dr. Somkiat addressed the general OSH situation in Thailand and highlighted specific challenges to be overcome for the better quality of life of Thai people. He started by showing the 2011 key occupational injury and illness statistics recorded by the Workmen's Compensation Fund of Thailand statistics. In 2011, there were more than 125,000 recorded occupational injury cases and more than 4,300 occupational illness cases. The vast majority of occupational illness cases were included musculoskeletal disorders and skin diseases. He mentioned that Thailand is now preparing for the entrance to the ASEAN community in 2015. This will result in the free cross-border movement of many workers as they search for more lucrative work environments.

In his speech, Dr. Somkiat emphasized particular OSH challenges:

- how to address various health hazards in the service sector and the need to develop an occupational health service infrastructure for the service sector workers,
- how to protect informal sector and migrant workers from work-related injuries and illnesses,
- how to promote the implementation of OSH management system/comprehensive OSH programs in small and medium-sized enterprises,
- how to address the shortage of health professionals in various industries.

The following sections in Dr. Somkiat's presentation addressed these OSH priorities in Thailand:

- **Disaster response and emerging diseases.** During the past decade, Thailand has faced several natural disasters, including the 2004 tsunami in the southern part of Thailand, the outbreak of avian influenza in 2004, pandemic of influenza H1N1 in 2009, and serious flooding in 2011. The challenge is how to develop the emergency preparedness and response infrastructure within general medical services and occupational health services for workers who are vulnerable during such disasters such as farmers, construction workers, and emergency responders.
- **Consumers' low awareness on hi-tech products' health hazards like computers and nanotechnology products.** Public health policy measures need to take into account environmental and occupational health risks of new technology such as nano-particles. Risk assessment and management framework needs to be developed for this.
- Addressing “**traditional**” **occupational health hazards** like silicosis, lead-poisoning and noise-induced hearing loss which remain very important problems in Thailand.
- **WHO Global Plan of Action on Workers' Health (2008–2017).** The work under the WHO Global Plan of Action framework is one of the main priorities at the Ministry of Public Health until 2017. Activities include development of national profiles and action plans on improving workers' health; regional and national programs to address occupational cancers, silicosis and asbestos-related diseases; good OSH practices for health care workers; tools, standards and capacities for healthy workplaces; essential interventions; human and institutional capacities for occupational health services, occupational health

aspects of emerging technologies; diagnostic and exposure criteria for occupational diseases; occupational health knowledge about vulnerable groups and high-risk sectors.

- **Health Development Plan for the Thai Workforce in 2013** is an officially budgeted program under the Ministry of Public Health and includes five specific components: (i) establish comprehensive health service for agricultural workers; (ii) establish surveillance system as well as prevention and control measures against health risks from environmental pollutants; (iii) identify prevention and control measures against safety and health hazards among healthcare workers, (iv) establish preparedness and emergency response system against disasters caused by hazardous chemicals; and (v) Develop occupational health services both in the private and public sectors
- **Occupational Disease Clinics in regional, provincial and community hospitals.** The Bureau of Occupational and Environmental Health has set up all in all 35 occupational disease clinics in regional, provincial, and community hospitals as well as in district health promotion hospitals (health centers).

Dr Chalermchai Chaikittiporn's keynote presentation

Dr. Chalermchai started by providing a definition for “informal sector workers”, sharing the key statistics reflecting health problems among informal sector workers, as well as current laws and regulations related to the informal sector workforce. **Workers in the informal sector are unprotected employees receiving no social protection and social security from their employment.** Informal sector workers according to the Ministry of Public Health refer to people over 25 years old and living in Thailand without health protection promulgated in the public health and labor laws. However, informal sector workers are covered for medical treatment by the universal healthcare coverage. **There are three main informal sector worker groups:** (i) agricultural workers including fishing, livestock, forestry; (ii) manufacturing workers including community enterprises, One Tambon One Product, craft, home workers; (iii) Service workers including construction laborers, beauty parlors, taxi drivers, motorcycle drivers, temporary employees, etc.

According to the National Statistics Office (2012), the total number of employed population was 39.6 million. Informal sector workers accounted for 24.8 million (62.6%): they were located in in the northeast (41.5%), northern Thailand (21.7%), central Thailand (18.1%), in the South (, 13.6%), and in Bangkok (5.1%). In 2012, around 4 million of informal sector workers were injured from work. The main injury causes were sharp cuts/wounds (67.9%), falls (14.6%), hit/struck-by (8%), burns (4%), motor vehicle accidents (2.7%), exposure to harmful chemicals (1.8%), and electric short circuits (0.6%). **The main challenges that informal sector face are:**

- poor compensation (44%), hard work (24.8%), non-permanent work (19.2%),
- unsafe working conditions (48.2%), smoke (17.6%), inadequate light (16.4%), and
- unsafe work exposure workers to hazardous chemicals (66.8%), dangerous equipment (20%), harmful agents to ears (noise) or eyes (4.6%).

At the end of his presentation, Dr. Charlemchai emphasized **the most important laws and policies** adopted by the Government of Thailand to protect informal sector workers:

- Home Worker Protection Act (2010)
- Occupational Health, Safety and Working environment Act (2010)
- Currently, the prime minister has set up the *National Administrative Committee for Informal Sector Workers*. Duties of the committee include: (i) Define policy and strategic plan for informal sector workers including budget for support activities; (ii) direct follow-up the activities of informal sector workers; (iii) progress report about informal sector workers to the Cabinet; (iv) set-up needed committees and working groups as well as nominate representatives from appropriate departments.

Dr Sirikiat Leangkobkit's keynote presentation

Dr. Sirikiat's presentation explained the function of the Thai Health Promotion Foundation and its efforts to develop the quality of life for informal sector workers. This is a response to the Thai Health Promotion plan of 2012-2014 which objective is to develop mechanisms to reduce health risk factors among informal sector workers and other specific groups.

He explained plans for national policies to develop health and social protection for informal sector workers. The national policies would include the informal sector workers' right to access occupational health services, social security, and more equal career opportunities through skills development. Specific objectives are to develop strategies and mechanisms to provide occupational health services at the local level, databases and information administration systems about occupational health in primary health care units, and mechanisms and a networking format of provincial occupational health services system and policy to extend the health services to cover all life issues.

Dr. Sirikiat also emphasized the strategic plan for administration of informal sector workers during 2012-2016. As aforementioned in Dr. Charlemchai's presentation, *National Administrative Committee for Informal Sector Workers* has been established and chaired by the Prime Minister. The committee sets forth these three strategic plans: (i) protection and social security assurance for informal sector workers. This plan focuses on social security system and old age pension; (ii) awareness raising and capacity building for informal sector workers to expand their employment opportunities. This plan is for the career and skills development of informal sector workers to improve their expertise, produce good quality products, and increased marketing opportunities for their products; and (iii) increase administrative resources for informal sector workers.

Afternoon break-up sessions

The Workshop's break-out sessions included these two small discussion groups: (i) the healthcare sector, and (ii) informal sector home-based workers.

The healthcare sector small discussion group

The purpose of the Workshop's break-out session for the healthcare sector was to identify research needs related to wide range of OSH issues among healthcare workers. The break-out session consisted in total of 12 participants: 4 occupational health nurses, 2 occupational physicians 2 industrial hygienists, 2 hospital nurses, and 2 academic researchers. The participants represented hospitals, academic institutions, and the Ministry of Public Health.

To generate the discussion, the key questions of this break-out sessions were as follows:

- What are the most hazardous types of work/jobs in the healthcare sector?
- What are the health risk data gaps among workers in healthcare sector?
- What types of interventions are needed to prevent injuries and illnesses in the healthcare sector?
- What would be the key improvement of the above interventions?

This session lasted about 2 hours. Major findings are reported below.

Respiratory diseases and musculoskeletal disorders. Most participants reported respiratory infection and tuberculosis (TB) due to poor indoor air quality as the most frequent concern among health care workers. The second most important issue was musculoskeletal disorders, in particular back pain due to manual patient handling and transfer (including lifting) often in awkward work postures. Many participants reported that musculoskeletal disorder prevention projects had been implemented in their hospitals but these projects did not seem to have “much success”.

Chemotherapy drugs. Nurses' exposure to chemotherapy drugs is of particular concern. It was mentioned that nurses would prefer not to work in hospitals cancer treatment section because of their fear of developing cancer. Clear guidelines on safe work practices in chemotherapy sections are necessary. Some participants indeed stated that cancer cases among hospital nurses are increasing and recommended a case – control study on cancer among health care workers as a possible research follow-up activity.

Infectious diseases. An occupational physician said that a communicable disease outbreak, such as chicken pox, impacts health care workers. Therefore, it is essential to provide vaccines against communicable diseases as a primary prevention measure. Moreover, diseases related to health behavior (e.g. smoking, overweight/obesity) and chronic diseases (e.g. diabetes, heart diseases) are also concerning.

Injuries from used sharp medical devices. One participant raised a concern about injuries from used sharp medical devices (e.g suture needles, lancets, syringes, IV-equipment, and other medical sharps).

Noise. Noise was also identified as a concern.

Awareness raising. One physician raised whether health care workers were aware of their work-related health concerns and the concept of occupational health in general? To what extent could they

assess workplace health risks? Awareness raising on occupational health issues in the healthcare sector was recommended.

Violence. One participant reported about violence towards health care workers in her hospital.

Health risk assessments. Most of participants reported health risk assessment (HRA) policy in their hospitals, however, the HRA response rates among healthcare workers is low in general. It's important to find out why the HRA participation is low and how the response rates could be improved (e.g. incentives for participation). Hospital administrators are in the most important position to push HRA program forward. Most participants reported that administrators did not consider occupational health issues as a priority.

OSH research needs for the healthcare sector. As a first step in identifying research needs, the participants suggested to investigate systematically what OSH research studies and activities have been conducted in the healthcare sector of Thailand. It was suggested that preventive measures against injuries and illnesses are recommended according to “the hierarchy of hazard controls” giving priority to hazard elimination as much as possible rather than merely reducing exposure (e.g. elimination, substitution, engineering controls, administrative controls, and personal protective equipment)

In conclusion, the participants proposed the following research needs among health care workers which participants proposed are as follow: 1) Case-control study for cancer; 2) Capacity building on exposure assessment and analysis; 3) Systematic review of musculoskeletal disorders and effective interventions among healthcare workers; 4) Role of redesigning the workplace to prevent MSD among healthcare workers; 5) Study on quality of working life among healthcare workers; 6) Review on long-term effect of chemotherapy and its management; and 7) economic analyses on OSH interventions against injuries and illnesses.

Small discussion group on informal sector workers

The small discussion group on home-based workers comprised 15 participants from various sectors, including representatives from a non-government organization (NGO), OSH administrators, researchers, academic staff from various disciplines. The key question for this session was: **do home-based workers face OSH problems?** The group members expressed that types, nature, and the environment of various goods production and/or services are crucial determinants for health and safety of home-based workers. Poor working conditions have long affected home-based workers being active income earners in industries like garment, handicraft, agriculture, transportation (truck drivers, taxi drivers, motorcycle drivers), and fishing, etc.

Challenges home-based workers face. Although OSH policy and preventive measures against injuries and illnesses exist in Thailand, there are still insufficient tools to address the challenges home-based workers face. There is a lack of knowledge to support the improvement of hazardous conditions among the risky groups. The risky groups have difficulties accessing health and welfare services. It was found that many credible organizations study these matters, however, there is no effective cooperation and collaboration among them. Also, the communication to the public is poor.

Various challenges in OSH information collection and communication. OSH-related information is scattered – there needs to be a systematic data collection and utilization system. In 2010, the Thai national statistical institute conducted a population and household survey on economy and employment for 2011 – 2012. However, the survey data is about general laborforce employment – this data do not classify different occupations and jobs. Another problem stems from insufficient information that are not systematically collected or prepared to provide accurate and reliable data on a timely fashion for users. Some stakeholders complained that the lack of systematic data collection could result in poor communication on hazards and preventive measures with home-based workers. They insisted that occupational hazards needed to be observed systematically, in particular work-related musculoskeletal disorder hazards, allergic reactions such as rash, dermatitis from exposure to hazardous chemicals, contact with biological agents, or their health or working behavior. Other crucial issues were reflected in the stakeholders' discussion: a basic or comprehensive guidelines are needed to solve information-related problems. Private sector representatives stated they obtained insufficient important data.

Information needs about the specific project related to the informal sector. Participants said that they would like to know who has carried out any OSH projects or programs in relation to informal sector workers, where were the location of these project, how did they conduct the project, what were the key findings, and are these findings usable or not. An NGO representative informed that “many organizations had provided health promotion and disease prevention program/projects for home-based workers, especially related to injury prevention. Injuries occurred quite often, they suffered from muscle fatigue, physical strain and pain from sitting or standing in awkward and prolonged positions during long working hours, work stations were unorganized. However, program evaluations are seen less in the public domain. We learn when we meet in academic conferences or research presentation that's limited to people accessing information.

Case example from southern Thailand. A researcher from a southern Thailand university described that “rubber farmers” and “palm gardeners” were required to wake up at 2-3 a.m. and go out to the farm for rubber tree slitting. This a hazardous job and may lead to injuries including poisonous animal bites, violent assaults from strangers, or falls in the dark.

The WIND and WISH tools. A private OSH institute representative described the importance of international knowledge sharing and mentioned the WIND¹ (Work Improvement in Neighborhood Development) and WISH² (Work Improvement for Safe Home) approaches developed by the International Labour Organization to reduce health risks and increase health promotion for informal sector workers. When delivering and transferring the WIND and WISH knowledge and methods to Thailand, it was added up to the concept of “green activities” to integrate those home-base workers. The Ministry of Labor modified the WISH method by integrating the green job idea into them.

Exposure to nano-sized particles. The knowledge transfer from international research on new products, industries and marketing has been bubbling with excitement for more than a decade. Research aiming to improve understanding health impacts of occupational exposures and links between new products such as nanoparticles industrial safety is less advanced. Nonetheless, there is a

¹ Available at http://www.ilo.org/asia/whatwedo/publications/WCMS_099075/lang--en/index.htm

² Available at http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/instructionalmaterial/wcms_110323.pdf

body of knowledge demonstrating that nano-sized particles are more toxic than larger particles. The significant lack of scientific knowledge obliges us to confront a major uncertainty concerning the health risks from nanoparticles.

Currently, although numerous toxic effects have been demonstrated through animal studies, quantitative evaluation of the risks associated with nanomaterials on humans are almost impossible to carry out. In considering OSH risks related to nanoparticles, currently available information allows us to conclude that at present, the tools normally used in industrial hygiene to evaluate worker exposures are ill-suited to evaluate workers' exposures to nanoparticles in the industrial or home-based setting. Home-based workers are also exposed to nanoparticles as well and much research is needed to fully understand the effects of human exposure to nanoparticles among home-based garment workers. It should allow us to fill several major gaps in our knowledge. There is almost no data on personal protection along the skin absorption exposure route. It is assumed that disposable clothing and high-efficiency chemical cartridge should provide effective respiratory protection.

Even in the absence of the knowledge and available control means, several countries have begun to legislate to protect workers from potential exposure to nanomaterials to prevent an increase in occupational disease.

Appropriate work procedures when working with informal sector workers. OSH risks of home-based workers should be taken into account by all responsible OSH organizations' leaders, for example when developing and implementing national labor rights and free-trade agreement policies. We need to have a comprehensive work procedure at place for OSH activities including the development, implementation, and evaluation of related program functions. Professional and scientific work procedures are necessary when dealing with identification and evaluation of working conditions, formulation and recommendation of preventive measures, and promotion of OSH programs for instructing and motivating workers towards interventions against potential hazards in all categories. OSH management systems may require specialized knowledge areas like safety research, employee training, hazardous materials, or other. A specialist must also understand how to appropriately interact with informal sector workers (e.g., steps, procedures, practices, rules, policies, theories, principles and concepts) the nature and extent of different safety skills of these workers, and appropriate OSH measure for different informal sector worker groups. They need to know how to communicate culturally-sound fashion so that local people accept the message. In doing so, participatory action research and evaluation approaches are needed as a basis for selecting, sequencing, and organizing strategies and procedures to manage any level of the informal sector.

Conclusions. The Workshop discussion group emphasizes three crucial knowledge gaps. There is a lack of systematic review on the current situation of informal sector workers especially on needs and challenges resulting from their working conditions. The root of the first knowledge gap seems to be inadequate OSH information and management of this information for various type of informal sector occupations, especially for home-based workers. This information would need to be geographically-based to show their work sites setting in a targeted area. Demographic data is also necessary. The second knowledge gap is inadequate collaboration and information sharing among different organizations. More efficient networking of OSH stakeholders is needed. Last but not least, knowledge is needed on OSH research funding and training programs, program evaluation, as well as evaluation of occupational exposures, preventive measures, and their impacts for improving our body

of knowledge in healthy and quality of working life development of Thai's workforce. Public communication strategies are the last final step for knowledge transfer to access and apply OSH information for daily lives to protect informal sector workers' safety and health.

Workshop evaluation

The Workshop evaluation report is provided under Appendix IV. Twelve participants submitted comments on the morning session with keynote presentations. Eight participants thought that the morning session was good, three found it very good, and one participant thought the morning session was moderate. Nine participants submitted hand-written comments. Their feedback regarding the general needs assessment for the informal and healthcare sectors are presented below:

Healthcare sector needs

- Collect and analyze data on healthcare workers' health and its association with the organization's safety climate and/or culture
- Administer a baseline survey to collect and analyze accurate data on healthcare workers' OSH issues in Thailand
- Implement studies to identify cost-effectiveness and cost-benefit metrics of preventive interventions against injuries and illnesses in healthcare facilities of Thailand
- Systematic assessment of OSH in the entire Thailand's healthcare sector to determine research needs for the improvement of policies and practices in the national and workplace levels

Informal sector needs

- Collect and analyze data on injuries and illnesses among informal sector workforce to identify specific OSH risk factors
- Develop a database on safety and health issue among informal sector workforce. This database would generate selected information for the general public. The database would consist at least (but not limited to) the following information fields: description of an informal sector occupation/job, general personal health problems identified, work-related safety and health risks factors identified
- Identify priority informal sector occupations/jobs associated with current and future safety and health problems (e.g. home-based workers)

Appendix I: Workshop Guidance Note

**Guidance Note: Occupational Safety and Health
among Healthcare and Informal Workers in Thailand
A Planning Workshop: Priority Setting for Research Needs**

Objectives

The purpose of this workshop is to examine and prioritize the OSH research needs of informal workers and health care workers in order to identify research gaps and guide the process of developing a research agenda for the GeoHealth Hub in Occupational and Environmental Health. Specifically to:

- Provide a forum to exchange ideas with government and non-government stakeholders, including workers.
- Identify research projects that would address the gaps.

Organizers

The Mahidol University and UMASS Lowell are the key organizers and facilitators of the workshop. The workshop venue will be the Mahidol University Faculty of Public Health.

Breakout Workgroups:

- Health care workers (1 group)
- Informal sector workers (1-2 groups)

Draft Program

<i>Time</i>	<i>Program</i>
8:00-9:00	Registration, Introductions and Opening ceremony by the Dean
9:00-10:30	<p>Panel Presentation and Questions: Current Policies and Programs for Occupational Health & Safety for Informal Workers and Health Care Workers and Strategic Plans for the next 5 years</p> <ul style="list-style-type: none"> - อ.หมอสมเกียรติ Ministry of Public Health กระทรวงสาธารณสุข - ผอ.ดำรงศักดิ์ Occupational Health and Safety Bureau, Department of Labour Protection and Welfare, Ministry of Labour กรมสวัสดิการคุ้มครองแรงงาน กระทรวงแรงงาน - ดร.ชอุทธิ์ เจริญวงศ์ (Thailand Development Research Institute, TDRI) สถาบันเพื่อการพัฒนาประเทศไทย (Policy related to Informal workers) ศูนย์วิจัยนโยบายเกี่ยวกับแรงงานนอกระบบ - Dr. Chalermchai (Moderator)
10:30-10:45	Coffee break
10:45-12:00	<p>Panel Presentation and Questions: Priorities for Research in Occupational Health & Safety for Informal Workers and Health Care Workers for the next 5 years</p> <ul style="list-style-type: none"> - หมอสินเกียรติ เหลียงกอบกิจ Manager of Thai Health Promotion (Source of Funding) - นายแพทย์กฤษ สีกองอินทร์ National health Security Office (Source of Funding) - คุณอรพิน วิมลภูมิธ Manager of Quality of Life development plan for Informers ผู้จัดการแผนงานพัฒนาคุณภาพชีวิตแรงงานนอกระบบ - Dr. Chalermchai (Moderator)

Appendix I: Workshop Guidance Note

<i>Time</i>	<i>Program</i>
12:00-13:00	Lunch break
13:00-14:30	Brain storming session around Research Needs in subgroups: Informal Sector Workers and Health Care Workers <ul style="list-style-type: none"> - คุณสุจินต์ Coordinating center of Informal workers, Ministry of labour - รุ่งทิพา Head of Occupational Health and Safety Unit in Ramathibodi Hospital - สุวัฒน์ Head of Occupational Health and Safety Unit in Sirirat Hospital - ทนอมสิน Khon Kan University - พี่โง่ง International Labour Office - นางสุนทรี เสงี่ยม Homenet Thailand มูลนิธิเพื่อการพัฒนาแรงงานและอาชีพ - คุณรังสิภา Chair of Occupational Health Nursing Network - Representative from Social Security Office สำนักงานประกันสังคม - Representative from Department of Agriculture - Representative from WHO - Representative from Health System Research Institute ศวรส - Representative from International Health Policy Program Thailand IHPP
14:30-14:45	Coffee Break
14:45-16:00	Subgroup Report Back and Discussion

A Planning Workshop on Occupational Safety and Health among
Healthcare and Informal Workers in Thailand: Setting Priorities Setting for Research Needs

January 11, 2013

Satharanasuksartvisith Building, Eighth Floor
Collaboration of Faculty of Public Health, Mahidol University &
School of Health and Environment, University of Massachusetts Lowell

Time	Activity
08:00 - 08:30 am	Registration
Moderator: Dr. Orawan Kaewboonchoo	
08.30 – 08.45 am	- Opening ceremony By Assoc. Prof. Dr. Phitaya Charupoonphol Dean of Faculty of Public Health, Mahidol University - Report of the project By Assoc. Prof. Dr. Pakpimol Mahannop Deputy Dean for Research and Quality Development
9:00 - 10:30 am.	Seminar: Policy and Occupational Health and Safety Planning for Informal workers and health care workers Dr.Somkiat Siriruttanapruk , <i>Director, Bureau of Occupational and Environmental Health, Ministry of Public Health</i> Mrs. Sumalee Chanacharnmongkol <i>Acting Director of Bureau of Occupational Safety and Health, Ministry of Labor</i> Assoc. Prof. Chalermchai Chaikittiporn, <i>Department of Occupational Health and Safety, Faculty of Public Health, Mahidol University</i> (Moderator of seminar)
10:30 - 10:45 am	Break (Coffee and tea)
10:45 - 12:00 am	Seminar: Policy and Occupational Health and Safety Planning for Informal workers and health care workers (Continue) Dr. Sirikiat Leangkobkit , <i>Director of Health Risk Control Section, Thai Health Promotion Foundation</i> Assoc. Prof. Chalermchai Chaikittiporn, <i>Department of Occupational Helth and Safety, Faculty of Public Health, Mahidol University</i> (Moderator of seminar)
12:00 - 1:00 pm	Lunch break
13:00 - 14:30 pm	Brainstorming session in 2 separate rooms 1. Occupational health and Safety research gaps in informal workers Dr. Mathuros Thipayamongkolkul (Moderator of session) Room: Surin Osathanugrah, Second floor 2. Occupational health and Safety research gaps in health care workers Dr. Orawan Kaewboonchoo (Moderator of session) Room: Sixth floor
2:30 - 2:45 pm	Break (Coffee/tea)
2:45 - 4:00 pm	Presentation from the two groups discussion Chair: Assoc.Prof. Pornpimol Kongtip Secretary : Lect. Noppanun Nankongnab Room: Surin Osathanugrah, Second floor

Appendix III: List of Participants

List of Workshop Participants
“Occupational Safety and Health for Healthcare and Informal workers”
January 11, 2013

	Participants	Number
1	Speakers	4
2	Invited speakers for brain storming session	13
3	ThaiPHEIN	17
4	Our team of GeoHealth Hub	19
5	Interesting participants	13
	Total participants	66

List of participants from THAIPHEIN			
	Thai PHEIN	Name	Note
1	Faculty of Public Health, Khon Kan University	ผู้ช่วยศาสตราจารย์พงษ์เดช สารการ	
2		รองศาสตราจารย์ กาญจนา นาคะพันธุ์	
3	Faculty of Health and Sports Sciences, Thaksin University, Pattalung campus	ผู้ช่วยศาสตราจารย์ ดร.ปญญพัฒน์ ไชยเนลล์	
4	Faculty of Public Health, Thammasat University, Rungsit campus	อาจารย์ ดร.ณิภัทรา หริศวรร	
5	Faculty of Public Health and environment, Huachiew Chalermprakiet University	อ.นิริฎกานต์ จันทรา	Acting head of Occupational health and Safety unit
6		อ.อุบลรัตน์ พูลพานิชอุบลรัตน์	Lecturer in Occupational health and Safety unit
7	Institute of Medicine, Suranaree University of Technology	อาจารย์พริชญา นุติกะพงศ์	
8	School of Health Science, Mae Fah Luang University	อาจารย์ ดร.รัชชัย อภิเดชกุล	
9	Institute of Allied Health Science and Public Health, Walailuk University	อาจารย์ ดร.นุจรี แซ่จิ้ว	
10	College of Medicine and Public Health, Ubol Rajathaneey University	รองศาสตราจารย์ นพ.ป่วน สุทธิพิณิจธรรม	Dean
11		อาจารย์ลักขณณีย์ บุญขาว	

Appendix III: List of Participants

List of participants from THAIPHEIN			
	Thai PHEIN	Name	Note
12	Faculty of Public Health, Naresuan University	อาจารย์ ดร.นิทรา กิจธีระวุฒิวงษ์	
13	Department of Community Medicine, Faculty of medicine, Prince of Songkla University	ดร.วิศิษฐ์ ชูสง	
14	Faculty of Public Health and environment, Patumthani University	ศาสตราจารย์ นพ.อนุวัตร รุ่งพิสุทธิพงษ์	Dean
15		คุณพิมพ์ลักษณ์ รัชนะปกิจ	
16	Faculty of Physical Education, Srinakarinwirot University	อาจารย์ทรัพย์สตรี แสงทวีสุข	
17	Faculty of Public Health Khon Kan University	รองศาสตราจารย์ กาญจนา นาคะพันธุ์	
18	Mahidol University	นายพรเลิศ ขุนชัย	

Research Seminar committee		
	Name	Position
1	Dean	Consultant
2	Assoc. Prof. Witaya Yoosook	Consultant
3	Assoc. Prof. Chalermchai Chaikittiporn	Education consultant
4	Assoc. Prof. Pakpimol Mahannop	Chair of the committee
5	Assoc. Prof. Pornpimol Kongtip	Vice chair of the committee
6	Assoc. Prof. Oeawan Kaewboonchoo	Member of the committee
7	Assoc. Prof. Pimpan Silpasuwan	Member of the committee
8	Assoc. Prof. Pipat Lauksamijarulkul	Member of the committee
9	Lecturer Mathuros Thipayamongkolkul	Member of the committee
10	Lecturer Suttinun Chantanakul	Member of the committee
11	Lecturer Ammarin Kongthaveelert	Member of the committee
12	Lecturer Vorakamol Boonthaveelert	Member of the committee
13	Lecturer Chatchawal Singhakant	Member of the committee
14	Lecturer Noppanun Nankongnab	Member and Secretary
15	Ms. Chompunut Onchoi	Assistant Secretary
16	Ms. Supitchaya Tongdee	Assistant Secretary

Appendix III: List of Participants

Research Seminar committee		
	Name	Position
17	Ms. Krittiya Trakoonborisut	Assistant Secretary
18	Mrs. Sriwan Promkan	Assistant Secretary
19	Ms Panitnart Jakpet	Assistant Secretary

Keynote speakers and break-out sessions' participants			
	Name	Position	ชื่อนาม
1	Dr.Somkiat Siriruttanapruk	Director, Bureau of Occupational and Environmental Health, Ministry of Public Health	
2	คุณสุมาลี ขนชะชาญมงคล	Acting Director of Bureau of Occupational Safety and Health, Ministry of Labor	
3	ทพ.ศิริเกียรติ เหลียงกอบกิจ	Director of Health Risk Control Section	
4	คุณรุ่งทิพา บุรณะกิจเจริญ	Head of Occupational Health and Safety Unit in Ramathibodi Hospital	
5	คุณสุวัฒน์ คำนิล	Acting Head of Occupational Health and Safety Unit in Sirirat Hospital	
6	รศ.พญ.เนสินี ไชยอ้อย	Head of Occupational Health and Safety	
7	คุณสุจิตตา กรุงไกรวงศ์	National Consultant, ILO Project on OSH	
8	คุณลำควน เพชรใส	Homenet Thailand	
9	คุณยุพิน เจริญวงศ์	Homenet Thailand	
10	คุณรังสิมา น้าเพ็ญบุญ	กลุ่มงานอาชีพเวชกรรม Chair of Occupational Health Nursing Network	
11	คุณธำรง คูโณปกรณ์	Chair of subcommittee on Protection and promotion of Safety at work	
12	ดร.นวิรัตน์ ศุคคอง	International Health Policy Program	
13	คุณนิสาร์ตนี สงประเสริฐ	International Health Policy Program	
14	ดร.อรพันท์ อันทินานนท์	นักวิชาการสาธารณสุขชำนาญการ Bureau of Occupational and Environmental Health, Ministry of Public Health	
15	คุณธิดา โอบาส	Nurse of center for specialized occupational medicine, Nopparat Rajathanee Hospital	
16	คุณวิไลวรรณ เทืองคำห์	นักวิเคราะห์นโยบายและแผนชำนาญการ Representative from Ministry of Labor	
17	คุณนราธิป ตาปิ่น	นักวิเคราะห์นโยบายและแผนปฏิบัติการ Representative from Ministry of Labor	

Appendix III: List of Participants

Other participants		
	Name	Institution
1	นางพิมพ์วิศา สักดิ์สองเมือง รหัสประจำตัว 5436874 PHPH/D	Doctoral of Public Health (International program), Public Health Nursing
2	นางกานต์ จลาตัญญูกิจ รหัสประจำตัว 5437927 PHPH/D	Doctoral of Public Health (International program), Public Health Nursing
3	Susan Woskie	Umass Lowell Dept Work Environment USA
4	นางสาวกฤษณีย์ บังคะ	Center of informal workers
5	นางสาวสุดา หินทอง	Doctoral of Public Health (International program), Public Health Nursing
6	นางสาวรัตนสุดา สายแสง	Master of Science (Public Health) Program in Infectious diseases and Epidemiology
7	นางสาวภัทรภรณ์ สอนคำมี	Master of Science (Public Health) Program in Infectious diseases and Epidemiology
8	นายสมานรณ พันธ์เพชร	Master of Science (Public Health) Program in Infectious diseases and Epidemiology
9	นางสาวสายสุนีย์ เลิศกระโทก	Doctoral of Public Health (International program), Public Health Nursing
10	นางวันเพ็ญ แว่ววิรุฑิต	Doctoral of Public Health (International program), Public Health Nursing
11	นายศิริศักดิ์ บัวชุม	Center of informal workers
12	นายสมพงษ์ วรรณกุล	Faculty of Public Health
13	นพ.แพทย์จรัส ไซค์สุวรรณกิจ	Nopparat Rajathanee Hospital

Evaluation Report

Workshop on Occupational Health and Safety
in the Informal and Healthcare Sectors of Thailand

January 11, 2013

Sataranasookwisit Building, Faculty of Public Health
Mahidol University

1. Characteristics of participating organizations

Organizations	Number (N=12)
Informal sector organizations	2
Health care sector organizations	3
Academic Institutes (ThaiPHEIN)	5
Mahidol University	2

2. Satisfaction of the workshop

Time	Activity	Level of Satisfaction (n=12)				
		Very good	Good	Moderate	Less	Least
09:20-12:00	Policy and research needs to improve occupation health and safety in the informal and healthcare sectors of Thailand	25 %	66.67%	8.33%	-	-

A handwritten note from a participant: After attending the workshop, I learnt how to do collaborated research.

2. Discussions in the two break-out sessions on the informal and healthcare sectors

Time	Activity	Number of participants who submitted hand-written comments	
		Informal sector	Healthcare sector
13:00-16:00	Break-out sessions	6	3

2.1 General needs assessment for the informal and healthcare sectors

2.1.1 Informal sector needs

- Collect and analyze data on injuries and illnesses among informal sector workforce to identify specific OSH risk factors
- Develop a database on safety and health issue among informal sector workforce. This database would generate selected information for the general public. The database would consist at least (but not limited to) the following information fields: description of an informal sector occupation/job, general personal health problems identified, work-related safety and health risks factors identified
- Identify priority informal sector occupations/jobs associated with current and future safety and health problems (e.g. home-based workers)

2.1.2 Healthcare sector needs

- Collect and analyze data on healthcare workers' health and its association with the organization's safety climate and/or culture
- Administer a baseline survey to collect and analyze accurate data on healthcare workers' OSH issues in Thailand
- Implement studies to identify cost-effectiveness and cost-benefit metrics of preventive interventions against injuries and illnesses in healthcare facilities of Thailand
- Systematic assessment of OSH in the entire Thailand's healthcare sector to determine research needs for the improvement of policies and practices in the national and workplace levels

2.2 Recommendations for interventions

2.2.1 Informal sector

- Train informal sector workforce on preventive measures against injuries and illnesses. Home-based informal sector workers would be among a priority occupational group.
- Identify specific health, social, and economic benefits when implementing preventive measures against occupational injuries and illnesses in various informal sector occupations/jobs

2.2.2 Healthcare sector

- Improve injury and illness prevention by enforcing existing safety and health policies more effectively, conducting safety and health risk assessments in hospitals and other healthcare facilities, and proposing needed new policies and practices based on the enforcement and risk assessment information
- Educate healthcare workers and healthcare organizations' personnel of OSH risk factors in hospitals and other healthcare settings. For example, a hospital's safety and health unit could develop the needed curriculum and run an initial training-of-trainers course.

2.3 Challenges & potential solutions to be addressed for a smoother research operation

2.3.1 Informal sector

- Identifying research priorities → initiate data collection and development of a detailed database on health and safety issues among informal sector workforce
- Occupations/jobs of informal sector workers are not yet classified → Start the listing of informal sector occupations/jobs from existing records and information

2.3.2 Healthcare sector

- Lack of resources – budgetary, human, and technological budget and network in research collaboration
- Capacity building on how to run specific research activities

2.4 Capacity building priorities to strengthen the conduct of research

2.4.1 Informal sector

- Develop a database on safety and health issues among informal sector workforce
- Compile, develop, and disseminate information on specific preventive measures against injuries and illnesses in various informal sector occupations
- Identify funding resources for specific research and training activities
- Collaborate within the THAIPhen Network members to maximize research operation synergies

2.4.2 Healthcare workers

- Conduct OSH epidemiological studies to assess various safety and health exposures among healthcare workers in Thailand
- Improve OSH knowledge and research collaboration among healthcare organizations of Thailand

2.5 Recommendations for GeoHealth Hub on OSH research areas for further development

2.5.1 Informal sector

- Evaluate the burden of occupational injuries and illnesses in the informal sector of Thailand
- Undertake studies on specific OSH concerns among vulnerable groups such as aging, female, and child workers within the informal sector of Thailand
- Identify how global concerns impact Thailand's informal sector workforce (e.g. climate change, environmental pollution, free trade, AEC, and migration)

2.5.2 Healthcare sector

- Convince OSH stakeholders - in particular at the administrative levels - to apply research findings for the implementation of both public and workplace policies and practices. This step is critical for the improved OSH promotion and practice in the Thailand's healthcare sector.