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# Safety and Health at Work

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Commentary

## ICOH Marrakesh Declaration

International Commission on Occupational Health (ICOH)



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### International Commission on Occupational Health - ICOH Commission Internationale de la Santé au Travail - CIST

Founded in 1906 as Permanent Commission



The 34th Congress of the International Commission on Occupational Health (ICOH), was organized from 28<sup>th</sup> April - 3<sup>rd</sup> May 2024 in Marrakesh, Morocco. The Congress had the theme: “Enhancing occupational Health Research and Practices. Closing the Gaps” and was hosted by the National Organizing Committee composed of the Moroccan Occupational Health Association (MOHA), and the Faculty of Medicine and Pharmacy, University of Hassan II, Casablanca (FMPC).

A total of 1,300 occupational health experts, researchers and practitioners, trainers and educators from 93 countries participated and delivered over 900 communications, keynote presentations, free communications and posters. A total of 10 Plenary sessions, 32 Semi-plenary sessions, 78 free communication sessions plus 74 Special sessions were organized.

#### Background, the trends of the global work of world

Considering the global impact of climate change, the introduction of new technologies, new modes of employment, and new

structures of workplaces, ICOH recognizes, on the basis of 6 days presentations and discussion at ICOH2024, the following challenges to occupational health:

1. The **globalization** project has continued to show changing and evolving trends, including a growing expansion of the developing world and emerging economies. Some deglobalization trends with reverting production back to original home countries is being seen, but at a relatively minimal scale. Parallel to that development, there have been trends of new economic groupings in the world, particularly growing attention to LMI (Low and Middle Income) countries. Certain evidence of protectionism and some limitations of free trade have been experienced in the key economic powers. The changed geopolitical situation has affected the earlier decades-long positive developments in international collaboration. All these trends have an impact on occupational health.
2. The unexpected, unprepared and dramatic impact of **COVID-19 pandemic**, lead to, globally, 74 million confirmed cases and

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over seven million deaths. The recovery from the pandemic has happened at a different pace in different countries: there has been a rapid recovery in advanced economies and substantially slower in developing economies. The COVID-19 pandemic changed radically and permanently, the world of work and contributed partially to the above trends. Severe deficiencies in preparedness and crisis management were recognized and several vulnerabilities in the workplaces, work organizations and among working populations were recognized. At the frontline of the epidemic risks were the workers in several sectors of economies and most intensively the workers in human-to-human contact in many public and private service occupations, most acutely in health services. A mega-scale work organization experiment was done during the times of COVID-19 pandemic in the form of remote working.

3. The fast introduction of **new technologies**, such as rapid digitalization, nanotechnologies and nanomaterials, artificial intelligence, machine learning and deep learning have brought several new safety and health challenges to work life along with changed working practices and working methods, competence requirements and job profiles. New types of employment modes, such as platform works, and remote/home working has changed workers legal and employment conditions. This includes challenges in provision of safety, health and social protection services to all workers. Several of these factors have also increased inequalities among workers within all countries and particularly between countries at different levels of economic development. As a consequence of such inequalities, millions more groups of vulnerable workers are to be found in the global workforce.
4. The COVID-19 and the technology changes did not abolish traditional occupational health and safety hazards, such as hazardous physical and chemical factors, ergonomic factors, including heavy physical work, repetitive tasks and the risk of accidents. Working hours have developed in a less favorable physiological direction. Psychological work-loads and stress, including excessive work, have continued to increase in frequency and intensity. This directly impacts workers' health and well-being.
5. Climate change modifies working environments, work and work practices by several mechanisms. Amongst others these include increasing UV exposures and heat stress, changing microbial, parasite and vector ecology, increasing extreme weather conditions. Such trends make the availability, work ability and protection of emergency, rescue and first response workers all the more essential. The global response to the climate change, new energy options and green technologies, will provide new types of jobs and eliminate several traditional exposures.
6. Demographic changes among the global workforce are massive due to many factors including global ageing, feminization of workforce, growing mobility and migration. With changing job profiles and occupations, there must be a development in competence and skill structures to service multiethnic, multicultural workforces. Due to many new opportunities, including novel technologies, more vulnerable groups are enabled to participate work life but they may need special measures for their protection at work

## Declaration

Recognizing the **global responsibility for workers' health** at the 2024 Congress, ICOH declares the following:

1. ICOH recognizes the need for strengthening global leadership in occupational health by the international organizations, WHO and ILO. For this purpose, we call for revitalization of the Joint ILO/WHO Committee on Occupational Health, that was established by the Governing Bodies of both organizations and recognized by the UN General Assembly in 1950. The urgent re-establishment of the Joint Committee is necessary to ensure that the leadership role of both organizations should draw up future-oriented occupational health strategies and relevant action programs.
2. ICOH wants to encourage ILO to strive for and achieve ratification of ILO Convention No. 161 on Occupational Health Services which would provide legal support for building up the global coverage of occupational health services.
3. Drafting up and implementing WHO global and regional strategies for occupational health is strongly recommended. ICOH encourages WHO to revitalize the global and regional networks of WHO Collaborating Centres in Occupational Health. The networks should be considered as having a two directional role, providing support for WHO in its drawing and implementation of WHO Occupational Health Strategies and Work Programs and in channeling through the networks support and advice for member countries in development.
4. In view of the challenging global trends in contemporary world of work, ICOH calls on all relevant stakeholders to join forces for the promotion and protection of workers' health and workability against all kinds of, traditional and emerging, hazards and overloads at work, both physical and psychological. It is necessary to achieve the earliest identification, recognition and care for occupational and work-related diseases and labour accidents, and ensure timely rehabilitation and support for an early return to work. This happens best with the stepwise development of occupational health services for all, starting with basic occupational health services, BOHS, and moving towards comprehensive services for workers' health. The ultimate goal is Universal Coverage of Occupational Health Services, UOHC.
5. Closer collaboration and global networking is proposed between all stakeholders in occupational health and wellbeing. Such collaboration can be promoted and implemented within the frameworks of ICOH, and the International Organizations, ILO and WHO. This includes the proposed global and regional networks of the WHO Collaborating Centres in Occupational Health and with the relevant international professional associations, International Association of Labour Inspectors (IALI), International Occupational Hygiene Association (IOHA), International Ergonomics Association (IEA), Workplace Health Without Borders (WHWB) and other international actors.
6. To achieve the above objectives for UOHC and occupational health services, more training and education is needed to produce more competent and multidisciplinary occupational health experts, physicians, nurses, psychologists, epidemiologist, hygienists, ergonomists and physiotherapists, safety engineers. The training programs should be sufficient to address the severe global shortage occupational health professionals and be adequate to supply appropriate professional competencies and skills to meet the needs of modern and future occupational health by following the principles of the Competency Based Education/Entrustable Professional Activities (EPA). More funding for training and education programs in all countries is needed, taking particularly in consideration of the urgent and critical needs of low- and medium-income countries (LMIC).
7. ICOH recognizes the importance of active global and international collaboration in comprehensive occupational health

research, including amongst others, surveys of workers' health, well-being and work ability. It should also quantify the occurrence and distribution of hazards at work, access to occupational health services, occupational and work-related morbidity of workers, the emergence of new occupational health hazards and risks, including ever increasing psychosocial components. It should also track new hazards such as those in prevention and management of growing numbers of new emergencies and disasters, such as global pandemics and occupational health impacts from climate change. This all needs more funding for occupational health research that is sustainable enough to permit actual and long-term research, including follow up studies.

8. Due to demographic trends and to meet the expected shortage of labour in many countries, the resources have to be sufficient to address the needs of vulnerable populations, migrant workers, older workers, ones with disabilities and partial work ability and allow for these to be mobilized to work. The needs of all vulnerable groups, including in addition several groups of informal workers should be addressed. Appropriate occupational health programs and occupational health services should be bent of their occupational health and occupational health provided for such workers taking into consideration their special needs and prerequisites which enable them to achieve full participation in work.
9. ICOH recognizes the need for prediction and anticipation of new and unexpected hazards, better coverage and provision of occupational health services, particularly for underserved groups of workers. This will include special protection of vulnerable groups, education and training of new modern competencies and skills for the occupational health experts of different professions, enhanced multidisciplinary collaboration between OH experts. ICOH also calls for closer collaboration of OH with public health and occupational safety and health.
10. Although many of the new trends make work and work environment healthier and safer, a majority of the global working population remains exposed to traditional physical, chemical hazards, heavy and unergonomic work, and psychological work load and violence at work, including bullying and sexual harassment. Such hazards and conditions led to loss of 2.9 million work-related deaths from work-related causes and loss of 180 million DALYs causing an economic loss of 6% of GDP. All the necessary knowledge to prevent and manage such hazards and losses is available and should be taken in use in all countries.
11. Many of the new trends of modern world of work set several traditional and new ethical challenges for occupational health experts and service providers. ICOH wishes to strengthen

collaboration with professional associations such as IOHA, IEA, IALI, Professional Associations of world psychologists and safety experts to join our efforts for strengthening the possibilities for genuine ethical conduct in our activities and for protection of our professional independence in the rapidly changing working life.

ICOH will follow up the global development in view of this declaration and discuss the situation in the forthcoming 35th ICOH Congress in Mumbai, India, 14-19 February 2027.

### **Our commitments**

1. ICOH commits to provide all the support in its power for international organizations WHO and ILO in their highly valued efforts on global responsibility for workers' health, such as for development of occupational health, wellbeing, work ability and decent work and life for all workers of the world.
2. ICOH is committed to use and promote all efforts and means for maximizing the health benefits of the new world of work and minimizing all occupational health risks and burdens – traditional, new and emerging – thus promoting workers' health, safety and well-being throughout the world and particularly in the LMI countries, informal sectors and giving special attention to vulnerable and underserved groups of workers.
3. ICOH continues its efforts for development of occupational health research, training and education and good practices for occupational health.
4. ICOH is committed to serve as a global guardian of professional competences, ethics and professional independence in the field of occupational health.

To accomplish these commitments, ICOH calls support from the International Organizations, ILO and WHO, through:

1. The revitalization of the Joint ILO/WHO Committee on Occupational Health;
2. ILO to request its member states to ratify the ILO Convention 161;
3. WHO to revitalize and expand its global and regional networks of collaborating centres in occupational health.

Marrakesh, 3<sup>rd</sup> May 2024

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### **Conflicts of interest**

There is no conflict of interest.