

the e-retail sector. A follow-up study 'Regulating the OSH impact of the online platform economy' describes the related OSH risks, highlights the challenges for current regulatory approaches on OSH and presents examples of approaches being developed to meet these challenges.

Discussion The future can evolve in different directions shaped by the actions and decisions of various players taken today. EU-OSHA intends to inform and stimulate debate on the future of work among experts and policy-makers to ensure safe and healthy workplaces in the future.

1757d FUTURE OF WORK AND OCCUPATIONAL HEALTH – A GLOBAL VIEW FROM THE ILO

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Introduction Summary and key 'takeaways' from ILO global conversations on the Future of Work and their implications for occupational safety and health

Discussion Over that last two years the ILO has support global conversations on the Future of Work. These conversations have focused on four topics:

- work and society,
- jobs of the future,
- organisation of work and production, and
- governance of work.

These conversations identified for key drivers of changes in the world of work –technology, demography, climate change and globalisation. Each of these conversations and the drivers of change they identified have implications for occupational safety and health and the strategies that have been developed over the last decades to improve the safety and health of work and workplaces – from government regulation to workplace management systems. For decades, we have been reacting to the growing body of evidence on work-related hazards and their impact on workers' health and safety. Our energies have been focused on retrofitting work and workplaces to eliminate hazards after significant harm has already been done.

And as the body of evidence on occupational safety and health hazards has grown and its scope expanded beyond physical, biological, and chemical hazards, to psychosocial hazards and hazard related to work organisation, we must now presume that all work has an impact on worker health and safety and when we create the future of work we can no longer have 'a wait and see' attitude. We must anticipate the impact that future jobs will have on the safety and health of workers and this responsibility does not rest only with governments, employers and workers but with technology developers, equipment and chemical manufacturers, architects and the workplace designers, and human resource professionals as well as OSH professionals. For the ILO this may mean rethinking how it develops OSH standards and supports their implementation by its Member States.

1741 PROMOTING OSH STRATEGIES FOR GLOBAL END TB EFFORTS AMONG SILICA-EXPOSED WORKERS AND HEALTHCARE WORKERS

MA Fingerhut, P Gottesfeld. *International Commission on Occupational Health (ICOH)*

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Aim of session Tuberculosis is the greatest public health challenge today. The global health community is actively planning strategies to End TB by 2030, and the occupational health community can play an important role in contributing solutions to prevent TB in high-risk worker populations. This session will review the evidence for the high prevalence of TB among health care workers and silica-exposed workers and outline the practical strategies for reducing these risks. Partners will be sought to engage governments and global health funders to invest in prevention strategies, and to offer assistance to countries in the future to carry out the OSH actions.

Despite decades of global efforts to end tuberculosis (TB), it is still 9th in the top ten causes of death globally, with 10.4 million new cases occurring in 2016. In September 2018 the UN General Assembly will hold a high-level meeting on TB. A preparatory Global Ministerial Meeting was held in Moscow in November 2017. Because it is well established that occupational risk factors contribute to the TB epidemic, ICOH participated in the Moscow Meeting. ICOH members reached out to health ministers to include occupational safety and health (OSH) measures to prevent TB cases by reducing respirable silica dust exposures and taking actions to protect healthcare workers from occupational TB infections. This OSH focus adds additional approaches to the current focus on improving effective medication, which also prevents new TB cases. The Moscow Declaration now includes health care workers, care givers, miners and other workers exposed to silica dust as high risk TB populations. In some high burden TB countries, health care workers have almost a 4-fold incidence of TB compared to the general population. Studies have shown that silica dust exposure increases risk of acquiring TB up to 4-fold, and combined silicosis and HIV in miners increases risk of acquiring active TB by 15 times. Because respirable silica is an IARC Group 1 carcinogen, reduction prevents both cancer and TB. Discussions at the Moscow Meeting appreciated the addition of OSH preventive measures. However, more effort is required to bring governments and global health funders on board to recognise that working conditions and silica dust are significant risk factors for TB that must be addressed as part of a comprehensive strategy. To take these efforts forward, ICOH has formed two Stop TB component efforts: TB-HCW and Silica-TB. Discussions in this Workshop will bring together partners and plans to succeed.

1741a PREVENTING TUBERCULOSIS WITH SILICA DUST CONTROLS

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Abstracts

Although it is well recognised that silicosis is one of the most common occupational lung diseases worldwide, exposure to silica dust in the workplace plays an even larger role in global health as it contributes to the Tuberculosis (TB) epidemic. TB is now the most prevalent and most deadly infectious disease worldwide accounting for 1.3 million deaths per year. Silica dust exposure, even without clinically evident silicosis, has been demonstrated to increase the life-long risk of TB. Furthermore, occupational silica dust exposure among workers who are HIV positive in high-burden TB countries is a deadly combination increasing the risk of active TB by 15-fold. Global TB efforts are almost exclusively focused on case identification and treatment with few resources going to prevention. Silica dust controls in the workplace can be an effective TB prevention strategy that has yet to be fully understood and embraced by global health funders. Low cost silica dust controls have been demonstrated even in resource constrained informal sector enterprises. Investments in dust controls in the workplace to prevent disease are more cost effective than programs to identify and treat cases of TB. Countries with a high burden of TB and HIV with large mining and construction sectors should be prioritised. There is increased recognition that the global response to the TB epidemic is falling short and that drug-resistant TB is a growing threat. Occupational health professionals can play an instrumental role in making the case that silica dust controls should be incorporated into global health strategies to help meet the UN Sustainable Development Goals to end TB by 2030.

1741b PROTECTING HEALTH CARE WORKERS FROM OCCUPATIONAL TUBERCULOSIS AND ITS EFFECTS: LONG ON GUIDELINES, SHORT ON IMPLEMENTATION?

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Guidelines for prevention of occupationally-acquired tuberculosis developed by the CDC in the 1990s onwards established the primary prevention triad of administrative, environmental and personal protective practices, augmented by secondary prevention measures such as screening for and treatment of latent tuberculosis infection and active disease in health care workers. More recently, a refocusing on the administrative level as 'Find (patient) cases Actively, Separate temporarily and Treat effectively' (FAST) has been advocated. The difficulty of applying all of these measures in low resource high tuberculosis burden settings, where most cases of occupational tuberculosis occur, was recognised by the WHO in the late 1990s. WHO modified its guidelines to apply to settings characterised by undiagnosed tuberculosis in all parts of the health system, HIV-TB co-occurrence, limitations on staff and other resources for triage, isolation, environmental controls and respirators, delays in diagnosis and in treatment of patients and shortage of drug sensitivity testing. Secondary prevention is similarly limited by shortage of skills, particularly in occupational health, and constrained by staff fears regarding lack of confidentiality and job security. Competition for management attention and resources, with attendant fragmentation of effort, add to the problem. Health care workers activists have recently called for advocacy pressure on governments and health authorities to take seriously the need to prevent

transmission of tuberculosis in health care facilities, particularly in the face of rising drug resistant tuberculosis and co-occurrent HIV. This includes an occupational health approach capable of encompassing the whole spectrum of prevention. It would give weight to primary prevention appropriate to low resource settings, but also include surveillance of occupational tuberculosis, co-management of HIV and TB, protection of students, provision of effective treatment, strengthening of worker rights in the form of income, leave and job protection, stigma reduction while promoting self-disclosure, and compensation for those permanently affected.

1722 POLICIES FOR ELIMINATION OF ASBESTOS RELATED DISEASES (ARDS): A GLOBAL PICTURE

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Aim of special session Due to their high incidence and high rates of mortality ARDs are the occupational diseases with the greatest impact. In spite of intensive preventive actions in many countries, the incidence of ARDs are often still growing as the latency periods of malignancies are expiring. Even more disturbingly asbestos is still used in many parts of the world.

There are several ongoing national and global initiatives and programmes for elimination of ARDs, including primary prevention through a ban, protection of demolition workers and better identification, notification, registration, reporting and compensation of disease cases. Policies in countries and continents have several common features, but also important differences in practical implementation and results.

To achieve a decline of ARDs globally, global actions for elimination of use of asbestos are required together with a careful protection of workers in the works for demolition and handling of existing asbestos and asbestos contaminated waste.

The session aims to compile a global overview of the present situation in the ARD elimination policies in different parts of the world by drawing from national and regional experiences and will discuss the proposals for global action for elimination of asbestos-related diseases.

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1722a OPENING POLICIES FOR ELIMINATION OF ASBESTOS RELATED DISEASES (ARDS): A GLOBAL PICTURE

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