

N O T I Z I A R I O

The New Lodi Declaration on Rural Health

Adopted by the International Congress on Rural Health (ICRH) and the 4th International Conference Ragusa Safety Health Welfare in Agriculture Agro-Food and Forestry Systems (Ragusa SHWA)

Whereas more than 50% of the world's population live in rural areas, with limited or no access to primary health care, basic occupational health care, clean water and sanitation,

Whereas unsustainable and unhealthy agricultural practices have influence on the rural population, with potential severe influence on the environment, wildlife, and urban population, through contaminated soil, water and food,

Whereas structural system-related determinants accompanied by unsafe work behaviours causes occupational and work-related diseases and injuries, disabilities, premature deaths, loss of income, as well as human suffering and poverty in rural areas,

Whereas children and women working in agriculture are especially vulnerable to occupational and environmental risks, in addition to consequences arising from the unavailability of basic health service and inadequate housing, in particular from household fuel combustion,

Whereas international, national and local actions, although significant and honourable, have not been able to respond successfully to all the challenges put before them,

Underlining that the achievement of the highest possible level of health for all people is impossible without improving the health of the rural population, and this is impossible without the involvement of the public sector as a whole,

Taking into consideration the Declaration of the International Conference on Primary Health Care, Alma-Ata, USSR, 1978, the *Global Strategy on Occupational Health for All* adopted by the World Health Assembly with Resolution 49.12 from 1996 and the *Global Strategy on Occupational Safety and Health* adopted by the *International Labour Conference in 2003*, the *Safety and Health in Agriculture Convention, 2001 (No. 184)* of the International Labour Organisation.

Recalling the outcomes of previous international deliberations on occupational health in agriculture and rural health, such as the *Declaration of the First International Congress on Rural Health in the Mediterranean and Balkan Countries* (Bari, Italy, 2002), the *Agenda on Rural Health* (Loni, India, 2002), the *Declaration on Occupational and Environmental Rural Health* (Belgrade, Serbia, 2004), the *Lodi Declaration*

on *Healthy Villages* (Lodi, Italy, 2006), the *Cartagena Declaration on Rural Health in Latin America* (Cartagena de Indias, Colombia, 2009), and the *Goa Declaration for Health in the Global Village* (Panaji, Goa, India, 2012),

Recalling the continuing appeal of spiritual and secular leaders and of scholars and scientists worldwide to a responsible stewardship of the Planet, to a shared and sustainable access to its natural and limited resources, to their preservation for future generations,

We, the 250 participants from 52 countries from all continents who took part in the International Congress on Rural Health and 4th Ragusa SHWA, held here in Lodi, Italy, from September 8th to September 11th, 2015, discussed the challenges to providing adequate occupational and environmental health, food safety, public health and medical services in rural areas, and

We declare that:

1. We will commit ourselves to help solving occupational, environmental and public health problems and inadequacies in access to health care in rural areas, in the frame of the WHO global strategy on people centred and integrated health service;
2. We will advocate for the elimination of child labour in rural and remote areas, recognition of informal and migrant agricultural workers, and abolishment of modern slavery;
3. We call for national and international organizations, as well as individuals to work on the improvement of the scope and coverage of primary health care to address better the needs of rural communities inclusive needs related to health and safety at work such as agro-chemical use, heavy physical work, accidents, heat stress, dehydration and kidney injuries, cancer due to solar radiation, biological risk factors and zoonoses;
4. We will work towards providing higher access of workers to occupational health care with the creation of basic occupational health services in rural areas wherever necessary,
5. We recognize the need for addressing occupational, environmental and public health risks in rural areas by working together with all of the stakeholders, governments, public sector a while, and industry, as well as the ministries of health, environment, labour, agriculture and other state agencies, private enterprises and workers' organizations;
6. We underline the significance of local, regional, national and international initiatives to protect and promote the health of the rural population;
7. We encourage the following organizations: The European Rural and Isolated Practitioners Association (EURIPA), The International Association on Rural Medicine and Health (IARM), the International Commission on Occupational Health (ICOH), the WONCA Working Party on Rural Practice, as well as the organizations of farmers, agricultural workers, agricultural industry, and the relevant non-governmental organizations and networks, to take action to support and promote the development of Rural Health programmes;
8. We will dedicate a significant part of our scientific and professional efforts to create useful, accessible, simple and low-cost tools for occupational, indoor and environmental risk assessment, communication and management;
9. We call upon the governmental agencies and local authorities to ensure equal and proper access of people in villages, to information on public and occupational health and the environment, stimulate social and environmental justice, as well as to provide means for empowerment of rural populations to protect and promote their health, and to improve their working and living conditions. Access to health care should be treated as a basic human right. Use of e-health and telemedicine should be promoted in rural area;
10. We congratulate our colleagues which have been working on opening reference centres at the local, national and international level for providing expertise and support to the rural population;
11. We call for the creation of interdisciplinary teams of experts from the field of human and veterinary medicine, public, occupational, and environmental health, health promotion, food safety, chemical safety, agricultural, social and human sciences, and agricultural engineering which will address the needs of the rural population;
12. We recommend introducing Occupational Health and Safety concerns in training and educational programmes in all of the above-mentioned disciplines at any level, from health care providers to rural workers and population, in order to build the necessary human resources and to provide services of great quality to the rural population and agricultural workers. Specific country needs and participatory approach should be addressed;
13. We urge the agricultural sector to realize its responsibility for healthy working and housing conditions by expanding suitable measures for workers and farms

and by providing financial means for scientific and educational developments to support such measures;

14. We are committed to share our practice and experience in devising, implementing and evaluating educational programs for the improvement of the health of the rural population;

15. We are committed, as citizens, to advocate peace and justice, and the pursuit of the common good as the founding of scientific and professional achievement in our own field of expertise;

We hereby authorize the Congress Presidents, the EURIPA, IARM, ICOH and WONCA Working Party on Rural Practice representatives to sign this declaration on our behalf.

Submitted to the Assembly by Stefan Mandic-Rajcevic (Italy and Serbia)

Signed in Lodi, September 11th 2015

Claudio Colosio, ICRH President

Giampaolo Schillaci, Ragusa SHWA President

Tanja Pekez Pavlisko, President, EURIPA; Vice Chair WONCA Working Party on Rural Practice,

Hans Joaquin Hannich, President, IARM

Shuzo Shintani, Secretary General, IARM

Jukka Takala, President, ICOH

Gert van der Laan, Chair, the ICOH Scientific Committee on Rural Health, ICOH

Education in Agricultural Health

Introduction

More than one third of the world's labour force is employed in agriculture, which is one of the most hazardous of all sectors and many agricultural workers suffer occupational accidents and ill health (5). In several parts of the world educational activities are developed, executed and evaluated (3) in order to protect the health and safety of agricultural workers. In September 2015 an international congress on Rural Health in Lodi, Italy, devoted a session¹ to Education in Basic Occupational Health. The aims of this session were (1) exchange of recent experiences, and (2) discussion of potential future activities including the feasibility of an educational network. Nine lectures, mentioned in the Appendix, were presented by experts from several countries and by representatives of ICOH, EU, ILO and WONCA².

Education primarily For health care professionals

The famous 5 day-course, developed in Iowa (USA) from 1974 on by Donham and colleagues (4) with well-understood support from the agricultural industry and farmers' as-

sociations, gradually spread in adapted form to various states in the USA, to Australia and Turkey (12). As an experiment the team offered a course in which one day was replaced by online education. The multidisciplinary background of the participants is appreciated as a means for additional learning, e.g. from agricultural engineers; this aspect was confirmed by other educators present at the meeting. Also supported was the intention to develop a core course (in fact a course core), as this could foster the international application of training programs that cover the most relevant themes.

Access to good online education materials such as lessons, modules and courses is offered by the website www.workershealtheducation.org (14). Relevant information on the Internet is provided also by PubMed/Medline for medical information (11) [specific agriculture filters support searching (9)], by the Cochrane Library (2) for authoritative reviews, by a Canadian site (1) offering person-to-person advices and e-lessons, and by other websites. Development of an online platform for exchange of experiences as a part of www.workershealtheducation.org or with similar facilities was recommended.

An initiative was presented to train trainers in low income countries to deliver a concise course Basic Occupational Health in Agriculture to primary health care profes-

¹The congress was organized by the International Centre for Rural Health and the Department of Health Sciences of the University of Milan (Head Claudio Colosio); the session was chaired by Gert van der Laan and Frank van Dijk.

²ICOH, International Commission on Occupational Health; ILO, International Labor Organization; WONCA, World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians.

sionals. The course should give due attention to diagnosis, treatment and prevention of occupational diseases and to counseling of workers with a medical problem in return to work. Another focus would be keeping oneself well informed, e.g. by using online information. In this context the authors mention that recently WONCA and ICOH jointly pledged: ‘... to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families (13).

Education primarily For agricultural professionals

In Sweden, education in Health and Safety (H&S) is now recognized as essential in the training for Agricultural Business and Management. Paying for a course can be unacceptable for farmers. Experiences in Italy show that H&S training for farmers and farm workers should be adapted to their specific branch of agriculture e.g. winery, olive oil or meat production, dairy, and have sufficient practical elements, e.g. simulation of first aid and emergency measures.

ILO introduced the successful program ‘Work Improvement in Neighborhood Development’ (WIND), executed e.g. in Vietnam, China, South Korea, Senegal, and Eastern European countries (7). Farmers are trained to use the WIND questionnaire in exploring risks and finding solutions with their colleagues. Principles are: participation, simple low-costs solutions, learning from local examples, follow-up of plans (8). The illustrated ILO Ergonomic checklist for agriculture (10) is now available in abbreviated version as an app for smartphone (6).

Future activities

The participants were willing to share teaching experiences, e.g. on the efficacy and appreciation of a specific course design, and on the feasibility of methods to evaluate the learning process. Several participants expressed their preparedness to share or jointly develop educational materials: visual presentations, case-based lessons, motivating examples of solutions for a problem, tasks to assess work-site hazards, and methods how to incorporate training-by-peers. A joint initiative could be the development of a short blended core course for primary health care professionals, supporting the delivery of essential occupational health interventions in developing economies. Subsidies are needed for these activities.

In conclusion, there is a great need for educating many groups at various levels to improve working conditions, safe behavior and health care in the diverse agricultural branches.

There is a great willingness to cooperate in order to expand teaching activities and to improve teaching quality.

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Appendix: Presenters in the session on education in agricultural health (Lodi Congress, 2015)

Susan Brumby, National Centre for Farmers Health, Deakin University, Australia. *Experiences with training courses; lessons learnt.*

Margherita Guzzoni, Education Department of the Italian Association of Workplace Safety Trainers (AiFOS), Italy. *Growing safety for workers and consumers. A model for training and education in agriculture.*

Risto Rautiainen, Nebraska University, USA. *Experiences with training courses; lessons learnt.*

Peter Lundqvist, University of Agricultural Sciences, Sweden. *Experiences with training courses; lessons learnt.*

Claudio Colosio, Department of Health Sciences of the University of Milan and International Centre for Rural Health, Italy. *Experiences from the international Centre of Rural Health.*

Frank van Dijk, Foundation Learning and Developing Occupational Health (LDOH), The Netherlands. *Safe and healthy work in agriculture: online information and education.*

Maarten Verberk, Foundation Learning and Developing Occupational Health (LDOH), The Netherlands. *Development of a training program.*

Tanja Perez-Pavliško, Croatia, EURIPA (European Rural and Isolated Practitioners Association) and WONCA (World Association of family physicians). *On training book Rural health.*

Jorge Costa-David, European Commission, Directorate General Employment, Luxemburg. *The EU opinion and recommendations.*

Shengli Niu, International labour Organisation (ILO), Geneva. *About WIND-approach.*
