

NATIONAL PROGRAMME FOR CONTROL & TREATMENT OF OCCUPATIONAL DISEASES

Burden of Occupational Disease in Injuries

- There are 100 million occupational injuries causing 0.1 million deaths in the world according to WHO. It is also estimated that in India 17 million occupational non-fatal injuries (17% of the world) and 45,000 fatal injuries (45% of the total deaths due to occupational injuries in world) occur each year. Out of 11 million cases of occupational diseases in the world 1.9 million cases (17%) are contributed by India and out of 0.7 million deaths in the world 0.12 (17%) is contributed by India.
- The adverse occupational factors have been estimated to cost 2-14% of the gross national products for various countries. As the incidence of occupational related morbidity and mortality is very high in India it is to false to say that out of total of one million crore of rupee of GNP in the year 1999, occupational diseases has caused a loss of around 70,000 crore. The amount paid as compensation for death and disablement resulting from work related injuries in India has increased from mere Rs. 8 million in 1961 to 186 million in 1997.

Major Occupational Illness

- National Institute of Occupational Safety & Health (NIOSH) has developed a priority list of 10 leading work-related illnesses and injuries. Three criteria were used to develop the list: a) the frequency of occurrence of the illness or injury, b) its severity in individual cases, and c) its potential for prevention. Occupational lung disease is first on the list. Silicosis, asbestosis and byssinosis are still prevalent in many parts of the world. The prevalence of Occupational Asthma varies from 10% to nearly all of the workers in certain high-risk occupations. NISOH considers occupational cancer to be the second leading work-related disease, followed by cardio-vascular diseases, disorder of reproduction, neurotoxicity, noise induced hearing loss, dermatological conditions, and psychological disorders.
- Major occupational diseases can be divided in following categories for better understanding:
 - A. Occupational injuries
 - B. Occupational lung diseases
 - C. Occupational cancers
 - D. Occupational dermatoses
 - E. Occupational Infections
 - F. Occupation toxicology
 - G. Occupational mental disorders
 - H. Others
- Occupational disorders can be grouped according the etiological factors:
 1. Occupational injuries: ergonomic related
 2. Chemical occupational factors: dust, gases, acid, alkali, metals etc.
 3. Physical occupational factors: noise, heat, radiation
 4. Biological occupational factors
 5. Behavioral occupational factors
 6. Social occupational factors
- In India, prevalence of silicosis was 6.2 – 34 % in mica miners, 4.1 % in manganese miners, 30.4% in lead and zinc miners, 9.3% in deep and surface coal miners, 27.2% in iron foundry workers, and 54.6% in slate-pencil workers. Prevalence of Asbestosis was

extended from 3% in Asbestos miners to 21% in mill workers. In textile workers the Bysinosis was as common as 28-47%. Nutritional status in terms of body mass indices (BMI) of the workers is also significantly low.

Programme

- Occupational health was one of the components of the National Health Policy 1983 and now also included in National Health Policy 2002 but very little attention has been paid to mitigate the effect of occupational disease through proper programme. Ministry of Health & Family Welfare, Govt. of India has launched a scheme entitled "National Programme for Control & Treatment of Occupational Diseases" in 1998-99. The National Institute of Occupational Health, Ahmedabad (ICMR) has been identified as the nodal agency for the same.
- Following research projects has been proposed to initiate by the Government:
 1. Prevention, control and treatment of silicosis and silico-tuberculosis in Agate Industry.
 2. Occupational health problems of tobacco harvesters and their prevention.
 3. Hazardous process and chemicals, database generation, documentation, and information dissemination
 4. Capacity building to promote research, education, training at National Institute of Occupational Disease.
 5. Health Risk Assessment and development of intervention programme in cottage industries with high risk of silicosis.
 6. Prevention and control of Occupational Health Hazards among salt workers in the remote desert areas of Gujarat and Western Rajasthan.

Global Strategy for Occupational Health

- The global strategy for achieving occupational health for all (WHO-SEARO 1999) includes the following ten major areas for action:
 1. Strengthening of International and national policies for health at work and development of policy tools.
 2. Developing healthy work environments.
 3. Developing healthy work practices and promoting health at work.
 4. Strengthening occupational health services.
 5. Establishing support services for occupational health.
 6. Developing occupational health standards based on scientific risk assessment.
 7. Developing human resources for occupational health.
 8. Establishing registration and data system including development of information services for experts, effective transmission of data, and raising public awareness through strengthened public information system.
 9. Strengthening research.
 10. Developing collaboration in occupational health services and organizations.