



## Event Report: IARM 2023 in Belgrade

### The Congress of the International Association of Rural Medicine (IARM 2023)



<Review of the Congress>

## The Congress of the International Association of Rural Medicine has been held in Belgrade (September 14-16, 2023) within the premises of the Serbian Academy of Sciences and Arts.



President of IARM2023 Prof. Dr. Peter Bulat

The President of the Serbian Academy of Sciences and Arts welcomed participants and emphasized the importance of rural health for the Serbian Academy of Sciences and Arts and especially to the Academy Board for Rural Issues. **Prof. Dr. Petar Bulat**, President of IARM 2023 Organizing Committee, informed the audience on the IARM history and fact that due to Covid pandemia the Congress has been postponed from 2021. to 2023. Also, he provided information on the Congress program and organizations and individuals that supported Congress in Belgrade. **Prof. Dr. Claudio Colosio**, President of International Association of Rural Medicine, welcomed participants and informed them on the activities during the period of his presidency. **Prof. Dr. Ivanka Markovic**, Vice Dean, University of Belgrade - Faculty of Medicine and **Shengli Niu**, International Labor Organization gave short speeches welcoming participants and supporting the Congress and the IARM. The last speaker Academician **Prof. Dr. Nebojša Lalić**, General Secretary, Serbian Academy of Sciences and Arts, emphasized the importance of Rural health for public health and the development of society. At the end of his speech, he officially opened the Congress.

### <1st Day>

The first session of the Congress has been chaired by Academician **Prof. Dr. Nebojša Lalić**, Academician **Prof. Dr. Dragan Skoric** and **Prof. Dr. Claudio Colosio**. The first plenary lecture “Foreign workers and immigrants in Japan-The Respect They Deserve” was presented by **Dr. Satoshi Izawa** Saku Central Hospital, Japan. He presented the number and structure of foreign workers in Japan. Also, informed us of the Japan Law of the Technical Intern Training Program and concluded that economic disparity is widening in Japan and ask the question isn't it time to seriously reconsider the current situation? The second plenary lecture “A new tool for improving occupational health and safety of agricultural workers: the ILO 2022 guidance notes on “Diagnostic and Exposure Criteria for

Occupational Diseases”” has been presented by **Dr. Shengli Niu** Senior Specialist on Occupational Health, International Labour Organization, Switzerland. He presented data on global statistics on occupational diseases and the history of ILO lists of Occupational Diseases. In the second part of his speech, he presented the ILO publication “Diagnostic and Exposure Criteria for Occupational Diseases” and authors involved in this publication.

## <2nd Day>

The second day of the Congress had four sessions. The first one was chaired by **Prof. Dr. Vesna Bjegović** and **Dr. Shengli Niu**. **Prof. Dr. Claudio Colosio** presented “Experience of best practice for increasing the health coverage of rural populations and workers”. During his lecture he presented data on agricultural workers in the world and their coverage by occupational health and safety services. At the end he proposed the Integrated System for Territorial Prevention (ISTP) as a solution for inadequate coverage of agricultural workers by occupational health and safety services. During the second session **Prof. Dr. Vesna Bjegović** presented a lecture “Enhancing Rural Healthcare: Overcoming Challenges for Quality Improvement”. During her lecture she talked about rural healthcare quality, key principles and challenges for providing healthcare in rural areas, using data to drive change and the way forward in enhancing the quality of rural healthcare.

The second session of the second day was chaired by **Prof. Dr. Min Zhang**, **Prof. Dr. Dušica Parojčić Krajnović** and had three lectures. The first lecture was “Pharmaceutical health care in rural areas: reality, desires and needs” presented by **Prof. Dr. Dušica Parojčić Krajnović**. She informed the audience how the degree of urbanization influences healthcare. Also, she draws our attention to differences between urban and rural provision of pharmaceutical care, informed us on pharmacy capacities and patients` needs. The second lecture within this session was “Oral health of rural population and association with general health and quality of life” by **Prof. Dr. Aleksandra Jelenković Popovac**. She informed us on Impaired oral health in different age groups of rural population, poor access to dental health services and consequences for general health of rural population. The third lecture was “Health status, attitudes and health related knowledge of disadvantaged people living in a segregated and rural community” by **Prof. Dr. István Kiss**. He presented data on population living in segregated and rural communities, their health literacy, knowledge and attitudes, as well as their economic and social deprivation.

The third session of the second day was chaired by **Dr. Satoshi Izawa**, **Prof. Dr. István Szilárd**. The first lecture was “The need and conditions for the safe and smooth introduction of migrant workforce into the agricultural labour market” held by **Prof. Dr. István Szilárd**. He presented data on migrant workers, routes of migration and so called 3D jobs (Dirty, Dangerous & Difficult) as well as Impact of / in the host community. The second lecture in this session was “The socio-economic outcomes of adopting the sustainable health-governance framework in the field of occupational health and safety of migrant workers: A comparative study” held by **Dr. Kia Goolesorkhi**. He presented data on an ongoing investigation examining the contextual reasons behind resistance for the formal adoption of Health Governance as well as Governance especially at the national level.

The last session of the second day was chaired by **Prof. Dr. Claudio Colosio**, **Ass. Dr. Sci. Stefan Mandić-Rajčević**. **Prof. Dr. Min Zhang** presented “Progress of occupational safety and health in China's rural areas”. She presented China's national policy on advocacy for occupational health in agriculture, application of international instruments and tools in OHS in the rural areas, OHS capacity building across the network and Improvement in the piloting area. The last speaker on the second day was **Dr. Csaba Jaksa**. He presented “Frameworks for the migrant work force around the Western

Balkans”. In his presentation he informed us on the demographic structure of the migrant workforce (male: 93.8%, under the age of 29: 74.6%, and lower secondary or primary education/profession: 71.6%).

## <3rd Day>

The third day of the Congress had two sessions. The first one was chaired by **Dr. Tanja Pekez** and **Prof. Dr. Petar Bulat** and had three lectures. The first one, held by **Dr. sci. Jovan Protic** was on Child labour in agriculture in Serbia – quantitative analysis and the legal framework. He presented results of the study on child labour in Serbia which indicates that: in Serbia 2.2% of younger and 10.1% of older children are in hazardous work, two most common reasons for child labour are supplementing family income and acquiring skills, most children perform household chores for at least one hour per week and that child labour is most often present in agriculture. The second lecture was held by **Prof. Dr. Petar Bulat & Dr. sci. Stefan Mandić Rajčević** “Education for safe and healthy work in modern agriculture” indicate that the available data on the curricula of faculties, colleges and secondary schools in Serbia that train personnel for work in agriculture do not provide teaching on OHS in agriculture and proposed mandatory OHS education in all levels of agricultural education. The third lecture was held by **Dr. sci. Stefan Mandić Rajčević** “Agricultural Health and Safety Training for the New Generation of Agricultural Workers” presented a new approach to OHS training including online training and involving virtual reality in OHS education.

The second session was chaired by **Dr. Federico Maria Rubino** and **Dr. Sci. Jovan Protic** and had three lectures. The first one “Prevention in the hands of the workers: the PESTIRISK tool for safe planning of pesticide use at independent farms” held by **Federico Maria Rubino** informed the audience on the simple tool for preventive pesticide risk assessment in agriculture. The second one “Treatment of patients with COVID in rural settings” held by **Dr. Tanja Pekez** gave us an overview of treatment of patients with COVID in rural settings of Kutina (Croatia), indicating that they had 820 patients and relatively low mortality. The last Congress lecture “COVID-19 vaccination barriers and motivators in rural and urban settings” held by **Smiljana Cvjetković** provide data on vaccine acceptance rates worldwide with focus on Serbia indicating that 28.6% respondents were extremely unlikely to get vaccinated against COVID-19, 33.7% of respondents were vaccine accepting, while 37.7% were undecided. She also presented determinants of vaccination behavior and data on vaccination behavior in rural and urban places in Moldova and Serbia.

**The IARM Executive Board Meeting and General assembly** was organized on September 15<sup>th</sup>, 2023. The IARM Executive Board Meeting proposed a new President (Prof. Dr. Petar Bulat), Secretary General (Dr. sci. Stefan Mandić Rajčević) and new Board Members Prof. Istvan Kiss, University of Pecs Medical School, Hungary, Prof. Shengli Niu from ILO, Prof. Min Zang from China. Also, The IARM Executive Board decided that the next IARM **Congress will be held in China in 2026 and appointed as Congress president Prof. Dr. Min Zhang**. The IARM General assembly accepted all proposals of the IARM Executive Board.

***“The general impression of the Congress participants is that although the Congress was small in terms of number of participants, the quality of the papers and lecturers was extraordinary.”***

## < Program & Abstracts of paper >

### 1st DAY

#### < Session 1 >

**Chairs: Nobojsa Lalic, Prof. Dragon Skoric, and Prof. Claudio Colosio**

- Foreign workers and immigrants in Japan – We need to respect them

**Satoshi Izawa:** Secretary General in IARM and Saku General Hospital, Japan



#### <Abstract>

A report on the problems that foreign workers, immigrants and refugees have to contend with in Japan. The Technical Intern Training Program started in 1993 in Japan. As of June 2022, about 330,000 foreign workers, referred to as technical intern trainees have been working in Japan. The percentage of workers from other countries are as follows; Vietnam 56%, Indonesia 12%, China 11%, the Philippines 9%, and Thailand 3%. The outward purpose is to acquire skills, but the actual purpose is to secure a labor force with low wages and doing hard labor that Japanese workers would rather not pursue. Many technical intern trainees work in the construction, food manufacturing, and machinery/metal industries. As of June 2023, there were 28,902 agricultural technical interns residing in Japan. Many Japanese fields and rice paddies are so small that it is difficult to use large machinery. Therefore, Japanese agriculture requires a lot of manpower, but the number of Japanese people engaged in agriculture is decreasing every year. In some areas, Japanese agriculture cannot survive without foreign workers. Another problem is that the awareness of human rights is not widely known. Japan has long been reluctant to accept immigrants. Japan wants foreigners as a labor force, however the hurdles to becoming a Japanese citizen are difficult to overcome. In addition, Japan continues to take a tough stance on refugees. As a result, the number of foreigners recognized as refugees in Japan is extremely small. This issue is related to Japanese culture, history, and awareness of human rights, although these are issues that many other countries are also facing.

Economic disparity is widening in Japan. Foreign workers take on jobs that Japanese people do not want to do. The working conditions are poor and wages are low. Workers such as farmers engaged in production have been ranked at the bottom, and those who distribute the products have been ranked at the top.

The Swiss author and architect Max Frisch once said “Wir riefen Arbeitskräfte und es kamen Menschen” (We called for a workforce and people came) . This situation has not changed even now. Isn't it time to seriously reconsider the current situation?

- A new tool for improving occupational health and safety of agricultural workers: the ILO 2022 guidance notes on “Diagnostic and Exposure Criteria for Occupational Diseases”

**Shengli Nie:** International Labour Organization, Switzerland

- The safety of workers, general population and environment in the process of authorization of pesticides

**Angelo Moretto:** Professor of Occupational Medicine, University of Milan, Italy

## 2nd DAY

### < Session 2 >

**Chairs: Prof. Vesna Bjegovic and Shengli Niu**

- Experience of best practice for increasing the health coverage of rural populations and workers

**Claudio Colosio:** President in IARM and Professor of Health Sciences of the University of Milan, Italy



#### <Abstract>

It is known that agriculture is allocated by WHO in the group of the three most dangerous human activities, together with health care system and the building construction sector. One of the main problems existing in the sector in all the corners of the world is a generalized lack of access to the health surveillance at the workplace of agricultural workers, in particular occasional, seasonal, family and self-employed workers. In fact, these workers are not considered in several national laws. To increase the levels of

coverage in the sector, a targeted working group has been created by the Region of Lombardy, who involved in its activities a tripartite group composed of representatives of trade unions, of the employers' associations and of academia and Public Health care system. The working group stated that, according to the Alma Ata declaration it is necessary to create structures allowing the occupational health care system to reach agricultural workers close to the places where they live and work, through the creation of a "Territorial Integrated Prevention System" (TIPS), to be set up through the involvement of all the actors and stakeholders active in the territory. In these structures it should be possible to carry out health surveillance of workers, but also different kind of meeting and training activities, and to set up prevention strategies. In this light, the creation of the TIPS represents the first step to improve agricultural workers' access to health surveillance in the workplace, in a sector of strategic relevance for prevention.

- Enhancing Rural Healthcare: Overcoming Challenges for Quality Improvement

**Vesna Bjegovic:** Professor at Belgrade University, Serbia

### < Session 3 >

**Chairs: Prof. Min Zang and Prof. Dusica Parojcic Krajnovic**

- Pharmaceutical health care in rural areas: reality, desires and needs  
**Dusica Parojcic Krajnovic** and **Dragana Lakic**: Faculty of Pharmacy, University of Belgrade, Serbia
- Oral health of rural population and association with general health and quality of life  
**Alekasandra Jelenkovic Popovac**: Faculty of Dental Medicine, University of Belgrade, Serbia
- Health status, attitudes and health related knowledge of disadvantaged people living in a segregated and rural community  
**Istvan Kiss**: Institute of Public Health, University of Pécs Medical School, Hungary

## < Session 4 >

### Chairs: Dr. Satoshi Izawa and Prof. Istvan Szilard

- The need and conditions for the safe and smooth introduction of migrant workforce into the agricultural labour market  
**Istvan Szilard**: President Elect in IARM and Chief of Migration Health, University of Pécs Medical School, Hungary



#### <Abstract>

##### Background

Europe has an ageing population, with an increasing decline in the 20 – 60 age group that is essential for maintaining the workforce market. Currently there is no generally agreed EU policy on how to integrate migrant labour for balancing the need. This phenomenon is highly relevant for the agriculture.

In spite of the well detectable need, there are only a few researches specifying the current conditions and elaborating actions for the safe and smooth introduction of people arriving from regions where the health, public health conditions, cultural and religious heritage and the workplace environment are significantly different.

The situation is well reflected by the recent Italian political action when the limits for accepting overseas migrants for filling the gaps was increased.

##### Scoop

University of Pécs Medical School (UPMS) in cooperation with IFRC and local Red Cross organizations has launched a survey in five refugee camps in the territory of former Yugoslavia. Thousands of migrants are stranded there, most of them are staying for years. They would be pleased to find possibilities for well-regulated work conditions during this period, even in the agriculture.

These are only examples how the existing gap could be filled, if in the host countries the public-primary- and occupational health services are prepared how to ensure the safe integration.

##### Conclusion

UPMS is ready to share its experience how to fill this lacuna on the inclusion of migration health aspects into occupational-, public- and primary health care training programs for health professionals.

- The socio-economic outcomes of adopting the sustainable health-governance framework in the field of occupational health and safety of migrant workers: A comparative study  
**Kia Goolesorkhi:** Faculty of Migration Health, University of Pécs Medical School, Hungary

## < Session 5 >

### Chairs: Prof. Claudio Colosio and Dr. Stefan Mandic-Rajcevic

- Progress of Occupational Safety and Health in China's Rural Areas  
**Min Zhang:** School of Population Medicine and Public Health, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China



#### <Abstract>

**Objective:** We have been engaged in occupational health for agriculture in China since 2008. The analysis focuses on the experience based on the 15-year timeline.

**Methods:** We used an interpretive approach to share policy advocacy, actions and outcomes in China during 2008-2023.

**Results:** (1) General communication: Our team published reading materials under the National Scheme of Scientific Literacy of China Science and Technology Press in 2008, including: Manual of Occupational Safety and Health in Agriculture, Checklist of occupational safety and health in workplace of construction industry. (2) Application of international tools: We have introduced a series of Chinese version of international technical tools since 2008, such as: ILO-Work improvement in small enterprises (WISE)-Action manual, ILO/IEA Ergonomic Checkpoints, ILO/IEA Ergonomic Checkpoints in Agriculture. (3) National policy advocacy: In 2018, the occupational health team of Peking Union Medical College (PUMC) developed the proposal of integrating occupational health in agriculture into the China Rural Vitalization Strategy through the Chinese Peasants and Workers Democratic Party (CPWDP). (4) Capacity building across the network: We collaborated with national leading professional network of General Practice (GP) in the PUMC Hospital, the top hospital in China with 100 year history, in order to strengthen occupational health in the primary health system. Additionally, our official account in social media WeChat for PUMC team-Occupational Health, Going with Peking Union, has been registered since October 2021. (5) Pilot project: PUMC, ILO and the CPWDP launched a joint pilot project on Ergonomic Checkpoints in Agriculture in Dafang County, Guizhou Province in 2021. The local health professionals were funded to participated in training courses on GP by PUMC Hospital, 123 of them took part in the online training, while two joined the in-person training-of-trainer. Following a 3-day workshop, the list of improving points was developed for the local government based on the problems and suggestions/solutions from the trainees. The list serviced as the practical basis of intervention. Through a comparison between the evidences before and after intervention, a PDCA (Plan, Do, Check, Act) cycle was formulated within the pilot project, resulting in significant improvement toward the occupational safety and health, and well being among farmers and rural workers.

**Conclusion:** A healthy population among rural areas is fundamental for China to pursue its Healthy China 2030 strategy as well as the Rural Vitalization Strategy. Sustainable efforts are essential to drive a shift in policies and actions aimed at addressing occupational health issues.

- Frameworks for the migrant labour force and its rural possibilities around the Balkan  
**Csaba Jaksa:** Faculty of Migration Health, University of Pécs Medical School, Hungary

## 3rd DAY

### < Session 6 >

#### **Chairs: Dr. Tanja Pekes and Prof. Peter Bulat**

- Child labour in agriculture in Serbia – quantitative analysis and the legal framework  
**Jovan Protic:** National Coordinator for Serbia at ILO, Serbia
- Education for safe and healthy work in modern agriculture  
**Peter Bulat:** Professor, Faculty of Medicine & Serbian Institute of Occupational Health, University of Belgrade, Serbia
- Agricultural health and safety training for the new generation of agricultural workers  
**Stefan Mandic-Rajcevic:** Assistant professor, Faculty of Medicine & Serbian Institute of Occupational Health, University of Belgrade, Serbia

### < Session 7 >

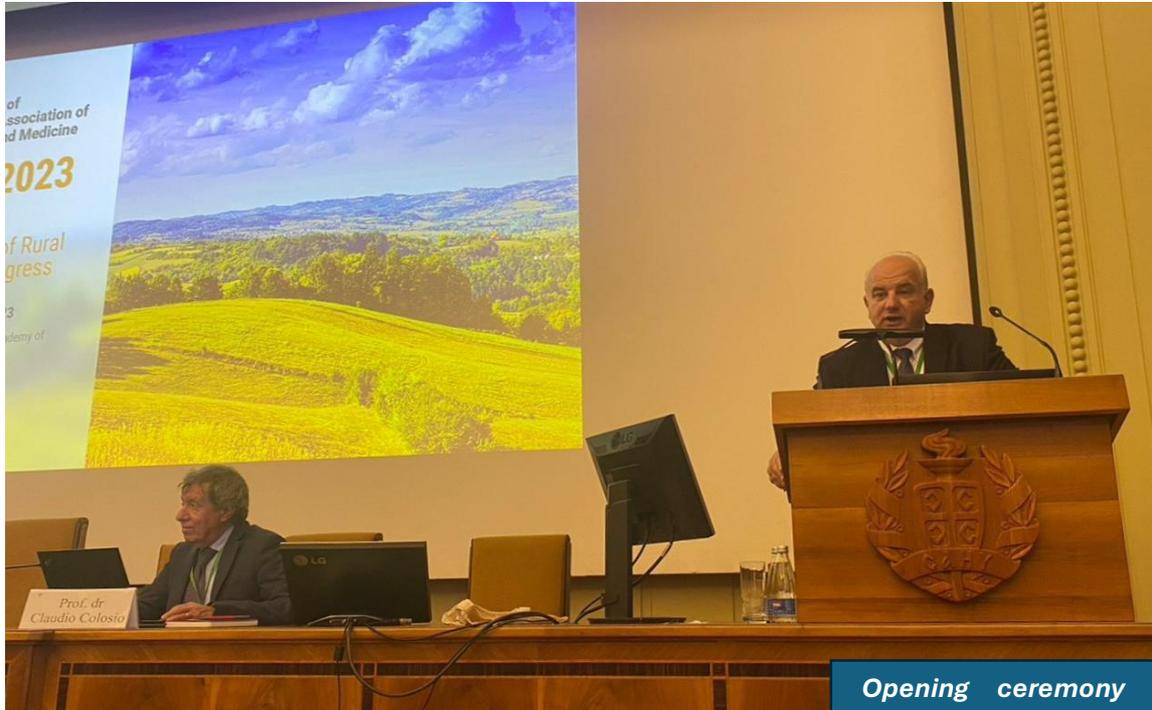
#### **Chairs: Dr. Federico Maria Rubino and Dr. Sci, Jovan Prtic**

- Prevention in the hands of the workers: the PESTIRISK tool for safe planning of pesticide use at independent farms  
**Federico Maria Rubino:** Department of Health Sciences of the University of Milan, Italy
- Treatment of patients with covid in rural settings  
**Tanja Pekez:** Family physician, Croatia
- COVID-19 vaccination barriers and motivators in rural and urban settings  
**Smiljana Cvjetkovic:** Assistant Professor, Department of Humanities, University of Belgrade, Serbia

### < Appendix >

- What is Kaifuku-ki hospital?  
**Koji Suzuki:** Orthopedic surgeon, JA Toride Medical Center
- Information of Journal of Rural Medicine (JRM)  
**Hiroyuki Tomimitsu:** Editor-in-Chief of JRM, Neurologist, JA Toride Medical Center

## <Photographs during the congress>





## < IARM 2026 (The next congress) >



*The next congress will be held in **Beijing** with Dr. Min Zhang as the president in 2026. We are looking forward to your participation.*

**Dr. Min Zhang**