Report on the current situation in relation to occupational diseases' systems in EU Member States and EFTA/EEA countries

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Justification (I)

In its Communication "Improving quality at work: Community strategy 2007-2012 on health and safety at work", the Commission recognises the importance of those factors and expressed its intention to continue its work on Occupational diseases. It is expected that the strategy that will follow the 2007-2012 one will specifically recognise the importance of this topic acknowledging the need to further this area of work.
Justification (II)

Certain types of occupational illnesses are becoming more common (musculo-skeletal disorders, infections and illnesses associated with psychological stress). The nature of occupational hazards is changing in tandem with the acceleration of innovation, the emergence of new risk factors (violence at work, including sexual and psychological harassment, and addictions) and the transformation of work patterns (working life is becoming more fragmented).

These changes mean that a better understanding of such problems must be acquired by conducting specialised research in order to identify effective prevention measures. Finally, the degree to which Community legislation has actually been implemented differs measurably from one Member State to another. For the reasons given above, efforts must be continued and stepped up in order to promote health and safety at work during the next five years. The Commission will evaluate the measures taken in response to the recommendations concerning ...the European schedule of occupational diseases.
Justification (III)

Scientific developments and developments in international fora (e.g. ILO, WHO, national level, etc.) call for a Commission 'keeping up' exercise in order to provide the EU with a modern approach to tackling problems in the 'Occupational diseases' front.
Aim of the Project

• Analysis of impact of Commission Recommendation 670/2003/EC on the national OD-systems
• Description of decision making processes on the schedules of ODs
• Selection and description of 'good practices' in prevention of ODs
• Discussion and presentation of options for improvement of ODs systems
Quality assurance

• Selection of the national reporters
• Experts preparing the literature review
• Experts filling in comparative tables
• Core Experts in charge of the Final report
• Discussions and multiple feedback on each chapter of the Final Report
Involvement of social partners

- National reporters representing different social partners
- National reports providing opinions of social partners
- Participants in the workshop in Brussels
- Results discussed with representatives of ETUI and BusinessEurope
The Process

- Literature research
- **Country reports** (n=29):
  - National lists of OD's
  - Criteria for recognition of OD's
  - Procedures, infrastructure, capacity
  - National regulatory frameworks on compensation
  - Target setting: policy targets/strategies to reduce the number of OD's
  - Stakeholders' evaluations of the EU Recommendation
  - Case studies and good practices

- **Analysis and Synthesis**

- **Workshop:**
  - interpretation of results
  - discussing options for further management of OD's in Europe
Chapters of Final report

1. Introduction
2. Developments in the areas covered by Recommendation 670/2003/EC
3. OD list revisions: the decision process
4. Analysis of the national lists and EU list
5. Stakeholders' opinions and evaluations
6. New work-related hazards and risks
7. Good practice in prevention of OD
8. Options for development of a EU intervention in OD policies
9. Synthesis of the analysis, conclusions, policy recommendations
Annexes

- Annex A List of the Project Experts
- Annex B List of the National reporters
- Annex C National Reports
- Annex D Comparative Tables
- Annex E Literature Review
- Annex F Questionnaire, Guidelines and Templates
- Annex G Annexes of the National Reports
Possible Options for a EU strategy

1. Status quo: change nothing
   - Missed opportunity as complement of open EU Labour Market

2. Progressive improvement of recognition and identification by:
   - Stimulating and inspiring recommendations
   - Selective reporting obligations

3. Systematic steps towards harmonization
   - Simply harmonizing not realistic / sovereignty social regulations

4. Stop Recommendation

5. A stronger EU legal instrument, e.g. Regulation, Directive
Covered by the Recommendation

- Recognition and Compensation
- Prevention, Target setting and Awareness raising
- Diagnosis, recording and reporting, Statistics
- Epidemiology and Research
Recognition

• 26 out of 29 countries have a List of ODs
• Since 2003 many changes
• 5 countries transposed EU list in national legislation
• New ODs on national lists:
  - Asbestos-related diseases
  - Musculoskeletal Disorders
  - Cancers (lung cancer and passive smoking DK)
Recognition

Suggestions:

• **Obligation** for MS to report reasons for not including ODs in the national lists
• **Regular updating** of the EU list of ODs
• **Exchange of criteria documents**
• Creating **SCOD**, like SCOEL
• Reporting of ODs by MS to EUROSTAT
Compensation

Main findings:

• Great heterogeneity among the 23 specific systems for compensation

• In 12 countries changes of a limited character regarding benefit levels, changes in provisions and administrative issues

• In the 6 countries without a list loss of ability to work is covered under general social security regulations

• Problems with dealing with multi-causality in recognition
Compensation

Suggestions:

• **Inventory of coping strategies** of MS in cases of multi-causality

• **Exchange of experiences** and Good Practices in rehabilitation and reintegration of victims
Prevention

Main Findings:

• Great majority (19/29) policy for prevention focused on risk control

• Priorities:
  • MSDs
  • Hazardous substances / asbestos
  • Psychosocial risks
  • Nanotechnology
Prevention

Suggestions:

• Primary prevention could be taken out of the Recommendation

• Focus on secondary prevention and 'disease first' approach in tracing new ODs
Target Setting

Main Findings:

• Ambiguous reactions:

  Goal of reduction of ODs is generally supported, but

  • Generally, when actions are taken, first an increase in numbers of ODs is seen

  • Target setting might be counterproductive

  • Only in the long run does this make sense
Target Setting

Suggestions:

• **Restriction of target setting to the domain of detection / identification**
  - Search for 'lost cases' of ODs
  - Medical surveillance systems
Recording and reporting

Main Findings:

- Substantial differences in reporting accuracy
- Problem of underreporting
- Incentives for reporting vary (payment of reporters/facilitation of assessments of ODs)
- Technical improvements (electronic notification systems)
Recording and reporting

Suggestions:

- Stimulate the multi-source approach (Occupational Diseases Intelligence System)

- Cross border exchange information

Criteria development at EU level
Epidemiology and Research

Main findings:

• In 23 countries research on work related psychosocial disorders after 2003

• Emerging/new occupational risks priority (15 countries, specially nanotox, shiftwork)

• Generally lack of overview in epidemiology and research
Epidemiology and Research

Suggestions:

• Establish a database with ongoing and completed occupational epidemiological research

• Role for SCOD, like SCOEL

• Setting research priorities in the domain of possible adverse health effects
Diagnostics

Main findings:
• At national level wide variety of handbooks, guidelines, protocols
• Differences in diagnostic infrastructure (availability of specialists in occupational medicine)
• EU Information Notices on Occupational Diseases
Diagnostics

Suggestions:

• Stimulate international exchange and development of diagnostic tools / criteria documents (scientific, evidence-based, universal nature)

• Training course in use of 'Information Notices on Occupational Diseases'

• For tracing new work-related diseases strengthen the role of the EU OSHA as a OSH-vigilance centre
Main findings:
Various weaknesses as:

• **underreporting**

• **variations in diagnostic criteria** and

• **widely different national reporting practices**

leads to problematic comparability between countries
Statistics

Suggestions:

• **Keep up the momentum:**
  • EUROSTAT should continue to ask for OD statistics from MS
  • Providing criteria / pilot projects on specific ODs
Awareness raising

Main findings:

• Training of medical students and physicians in occupational health/OD-diagnostics are performed in different countries (scale? in 2 countries planned, 20 countries some activities)

• Coverage of occupational health services is not complete, SMEs and agricultural workers underserved
Awareness raising

Suggestions:

Stimulate the role of General Physicians

Joining the WHO/ICOH Basic Occupational Health Service approach through BOHS-training
Thank you!