

# 15th Annual Meeting of the Baltic Sea Network on Occupational Health and Safety

8 October 2008, Riga Stradins University, Latvia

Report of the BSN Annual Meeting 2009 (1 March 2010)

notes by Taina Pääkkönen, Finnish Institute of Occupational Health, and representatives of the member countries

## Brief summary of the report:

*Topics discussed and conclusions:*

- More and of better quality training is needed to improve diagnostic of occupational diseases
- Promotion of safety culture is needed (attitudes, knowledge, awareness) at workplaces, but also by integrating safety and health training in the curriculums of vocational schools
- The right to work is a basic human right, therefore actions to ease the return from sick leave, prolong work careers and integrate immigrants is needed
- Old risks (asbestos, lead, silica, ergonomic and physical risks, etc.) should not be forgotten, but identifying and preventing emerging risks (nanotechnology, etc.) is needed
- A most important mission for all of the BSN members is to provide reliable information for the policy makers to make the right kinds of decision. The decision makers in turn will provide good structure and funding for carrying out the work.

*Actions agreed:*

- Replying to the NDPHS questionnaire (sent to the Ministries of Health); providing information
- Reporting the progress in each country based on the questionnaire and information table provided by Mr. Wiking Husberg this year (2009) in the forthcoming 2010 Annual Meeting
- If financing can be arranged, the meeting is invited to Tartu (Estonia) in 2010 by Dr. Eda Merisalu

## I. Opening

Professor Maija Eglite of the Riga Stradins University opened the 2009 Annual Meeting by thanking partners on co-operating to arrange the meeting and for providing this opportunity to meet. Professor Eglite continued by stressing how important it is to continue to work together. Present today at the 15th meeting were three persons who participated in the first meeting and are founding members of the Network: Professor Maija Eglite, Ms. Suvi Lehtinen, and Ms. Tatiana Zabrovska.

## II. Country reports

Latvia:

*Renārs Lūsis, Ministry of Welfare*

Latvian national OH&S Strategy has been updated along the lines of EU policies; OSH training and services system policies are the focus points of the new Strategy. Also, legislation will be amended to include stronger penalties for not complying with the safety regulations. Currently main problems are lack of compliance to the legislation and of awareness of OH&S risks. Also, there is still a lack of reliable data for making good and accurate decisions in OH&S matters.

The new Strategy for 2008–2010 is focused on:

1. Reducing accident risks and improving implementation of OSH legislation
2. Providing better scientific support; ie. reliable data for decision makers

The main actions are:

1. Strengthening the capacity and increase work efficiency of the Labour Inspectorate
2. Providing economic stimuli and state support for employers
3. Improving the OSH legislation, decreasing administrative burden

#### 4. Improving OSH service quality

Challenges for the new Strategy are: receiving sufficient political support and national funding; avoid relying on the EU structural funds, and the black lashes of the economic crisis – ie. reduction of funding and staff. Opportunities are: support of social partners and EU structural funds

Germany:

*Carsten Brück, BAuA*

German government, the Federal States, and the Statutory Accident Insurance Funds are developing joint objectives in the field of OSH. The main idea is that healthy workers are more effective, and therefore more competitive enterprises and better productivity will follow. Main activities are raising awareness, involving workers, and activating in-house stakeholders. Main fields of action are accident prevention (construction, transport, temporary workers, schools), musculoskeletal diseases (office work, care work, drivers, horticulture), and skin diseases (not sector specific). BAuA has a new R&D strategy and is still re-organizing. The aim of Dr. Isabel Rothe (General Director) is to have a flexible reaction to new challenges. First the R&D performance will be evaluated. Then actions will be taken: setting new strategic priorities, agreeing on new targets BMAS - BAuA. The aim is to have problem oriented and practice related research, and support the implementing of the research results in to practice, and also to be better able to forecast of emerging risks (nano, ambient, intelligence). Also, BAuA aims to have systemic approaches for OSH at company level.

Sweden:

*Elisabeth Åkerlund, Swedish Work Environment Authority (transport sector)*

The Authority's vision is that a decent work environment is a shared objective that we can all achieve. To comply with this remit, with the resources at the Authority's disposal, efforts must focus on key, long-term development areas and also ensure efficient and high-quality operations. For 2009 the Government has decided to increase the funding of some specific activities, e.g. information, standardization and market surveillance. Some examples of the Authority's general priorities: Violence and threats at work; musculoskeletal injuries (heavy lifting and unsuitable work postures); and serious accidents at work. Inspections with emphasis on: Machine safety and working safely with animals in agriculture; young people at work; risk assessment and safety in building and construction work; and machine safety in old saw-mills. The Swedish Government has also initiated the forming of an advisory committee for work environment, to contribute to the working life politics. The advisory committee will work until August 2010.

Denmark:

*Steffen Hylborg, National Research Centre for the Working Environment (NRCWE)*

The Centre has just finalized a new business and research strategy taking effect in 2010 and running until 2014. One of the strategic goals in the strategy period is to increase international cooperation. The NRCWE is actively pursuing a strategy of targeting EU-funding within research areas in which the NRCWE has particular expertise and strategic interest. In 2009 this has resulted in no less than 5 successful applications within the field of nano-risk. The government has granted more than EUR 37 million to a large scale return-to-work project. The NRCWE is responsible for managing the project, for educating return-to-work coordinators and teams, and for evaluating the effects of the project.

Norway:

*Truls Johannessen, Directorate of Labour Inspectorate in collaboration with Trygve Eklund, STAMI*

The Labour Inspectorate has actively worked to improve the legislation and regulations. The government is renewing of the OSH regulation (ie. white paper). Also, government regulations have expanded to ensure the competence of the OSH organizations (a pre-authorization of competence by the Labour Inspectorate) – levels of minimum requirements have been set. Five fields are in the focus for action: Occupational medicine and health, occupational hygiene, ergonomics, organizational and psycho-social work environment issues, and how to organize systematic health and safety actions. Challenges are: Quality and timely information: not too much or too little, and how to introduce the information to the enterprises. White paper on

occupational health and safety will include: three (3) future actions on occupational health, and discussion on the future of the Norwegian work life.

STAMI is helping with collating the white paper, and is particularly satisfied that the governments attention on research knowledge. Dr. Trygve Eklund thinks that this will help to base the political decisions on scientific knowledge. STAMI works to prevent exposure to chemicals, among others, through the EXPO database, which will be updated and expanded. The new system will be in operating in 2010 and by 2012 it will be legally compulsory to report to the data base. STAMI is responsible for the NOA; National Surveillance of Working Environment. NOA submits a comprehensive report every third year and supplements a critical analysis of data collected on work life factors and health. STAMI is now a WHO collaborating centre in occupational health since a few days.

#### Russian Federation:

*Sergey Grebenkov, MAPS (presentation in Russian, interpretation to English by Elena Milutka)*

Current problems in OS&H in Russia are much the same as a few years back when Prof. Grebenkov last reported to the BSN members. Life expectancy is in average 66 years, for men it is over 13 years less than for women. Mortality of the working age populations is 4.5 times higher than in EU countries. Up to 70% of workers have serious health problems in average 10 years before the retirement age. The government, and particularly the President, has given more attention to occupational safety and health issues and their relation to economic success than before. This gives hopes that improvements in the OS&H field will be possible to carry out. A national priority health programme aiming to improve public health has been established. A recent research project on working age population did not find any occupational diseases (though diabetes, cancer, and tuberculosis were diagnosed). MAPS estimated that this is due to the physicians' inability to recognize occupational diseases, and therefore MAPS is now trying to find ways to improve the diagnosing of occupational diseases. Main problems in occupational medicine are lack of legal structure of occupational medicine, obsolete and contradictory legislation, and out of date diagnostic and treatment methods.

#### Lithuania:

*Raimonda Eicinaite Lingiene, Institute of Hygiene*

Until 2005 the numbers of occupational diseases reported were increasing, but figures are now again decreasing. Due to the economic crisis and decline in governmental support for injuries, people are trying to stay at work though ill. The figures of serious accidents and fatal occupational accidents in Lithuania have a similar trend to the figures of diseases. More licensed OHS services and OH specialists are needed. Legislation has been updated, but the quality of the health examinations need to be improved. Occupational diseases are underdiagnosed. Improvements are needed in procedures of recognizing occupational diseases, developing the institutional capacities, ensuring good quality training, and in implementing non-governmental OH&S actions, such as Move Europe. Strategic goals for 2008-2012 (approved in August 2009) are to reduce serious and fatal accidents at work, and improve legal and organizational health system. This needs strengthening and developing health and safety policy. Strategic research activities are evaluating the implementation of the OHS policy and establishing a national OH&S network. Internationally this means participating in EU Leonardo -programme and collaborating with NDPHS.

#### Estonia:

*Irma Nool, Health Care Board*

Main activities in 2009 were analysing the legislative framework of occupational health and safety and the needs for occupational health specialists in Estonia, updating the occupational health and safety act, cooperating with the Ministry of Education and Research to integrate OS&H training in the vocational school curricula, developing professional standards for ergonomists and occupational hygienists, training of work environment specialists, drafting guidelines and training for family physicians to diagnose occupational diseases, translating acts/ regulations (mainly into Russian and English), promoting involvement of social partners in occupational health and safety matters. In the coming years the aim is to implement the EU strategy on health and safety at work through the scoreboard (a political follow-up tool, a tool for monitoring the situation in member states, will provide an overview of developments in the

member states), improve transparency and knowledge of OS&H matters, and improve training and counselling in workplace health promotion.

Finland:

*Harri Vainio, Finnish Institute of Occupational Health*

Global economic crisis has influenced Finland: the government debt keeps growing. At the same time demographic dependency ratio is increasing as a growing number of people are retiring (the baby boomers are at the age to retire in the next few years). These phenomena have consequences for the labour market, the national economy and the society as a whole. Nevertheless, more and more young people (under age of 25) are employed. Currently the main concern is the need for longer working careers. This is a paradox: on one hand people need to have longer work careers, but on the other hand people find it difficult to enter and stay in the labour market. Musculoskeletal diseases and mental disorders are increasing, occupational accidents are increasing, and alcohol is causing more problems at work. Challenge is to guarantee sustainable economic development and decent work, and well-being at work. FIOH was evaluated by an international group of specialists this year (chaired by Prof. Göran Bondjers): the report is available at

<http://www.ttl.fi/Internet/English/Organization/About+FIOH/International+Evaluation/>.

The evaluators estimated that FIOH has dedicated personnel, research and development is at good quality level, innovation systems are promising, prominent international role seems to hold. The group gave a number of recommendations to further develop the Institute's activities. In the international activities: FIOH implements WHO global plan of action on worker's health, the NDPHS strategy, and the EU strategy

### III. From profiles to actions in practice

ILO regional OSH profiles: Case North-West Russia

*Marat Rudakov, ILO Moscow Office*

The profile work is based on ILO convention 187/2006 and ILO recommendation 197. The ILO Moscow office promotes making of national OSH profiles in Central Asian states and in Russia. Outline for compiling OSH profiles has been prepared by ILO Moscow office. New profiles have been made on Leningrad region, St Petersburg and Vologda regions. Profiles contain a wide spectrum of data on labour issues in a particular region, and are approved by a regional tripartite committee. Next steps for the project are to have regional profiles made in Karelia and Arkhangelsk region by the end of 2009. Also under work is to start regional OSH programmes based on the findings of the profiles, and to make health profiles of cities in Russia. Also, under work is updating national OSH report of the Russian Federation. Russian Federation is showing green light for officially accepting the ILO conventions 187/2006 and 197/2006.

Profile of the Finnish road transport sector

*Seppo Olkkonen, Finnish Institute of Occupational Health*

Dr. Olkkonen presented results of a research project carried out 5 years ago. The project was part of the Dublin Foundation action. At the base of the research were problems identified during surveys made in 1990, 1995 and 2000. Dr. Olkkonen's research used qualitative information from published research reports, and interviewed main stakeholders. The key informers interviewed were from employers' organizations, trade unions and public authorities. 94.7% of freight transport companies were SMEs; only few companies have more than 49 employees. The number of people working in transport sector has grown. Majority of workers are men, though the number of women as bus drivers has increased. Bus transport has most of the workers. Impact of legislation and regulations on the conditions of the transport sector (Occupational safety health act, accident insurance act, Occupational Health Act in national level, EU directive on driving conditions had strong impact) were evaluated. Drivers are exposed to noise, vibration, insufficient lighting, cold climate, chemicals, etc. Musculoskeletal disorders are common. Problems were found in organizing work, working time, and in income level (basic salary low). Trade unions and employer organizations mainly focus on salaries agreements, less in the working conditions.

The following causes for problems and proposals for improvements were identified:

1. Heavy price competition does not allow SMEs find funds for improving health and safety issues
2. Drivers have unhealthy life style: more smokers than on average, overweight issues and not enough physical exercise – due to irregular working time
3. SMEs have problems in getting OHS services
4. Needs for rehabilitation for enabling the drivers to work until normal retirement age
5. Ergonomics of IT technology is not optimal for drivers, needs adjustment and modification
6. Safety and health (ergonomic) issues at loading sites are usually poor
7. Lack of good quality and safe resting places with showers etc
8. Overtime and fatigue are still a prominent health risk to the drivers
9. Improvements are needed in providing systematic training on health and safety in order to improve the working conditions.

#### Preparation of sectoral profile on OSH in road transport in St. Petersburg region

*Sergey Grebenkov, Elena Milutka, MAPS, Russian Federation*

MAPS started to work with the FIOH experts two years ago on making a road transport profile. In December 2008 a coordinating meeting was held in St. Petersburg. Among others, the meeting had participants from different institutes, trade unions, and St. Petersburg region administrators/authorities. The results of the meeting have been published (inquiries with Dr. Elena Milutka). Problems identified in 2008 were legislative, socioeconomic, administrative, technical, psychological, and educational (which needs particular focus: how to train the drivers and change their attitudes and behaviour). 75% of operators in the transport sector are private companies, and most are SMEs (with workers less than 10). The number of small private companies has increasing, and with it the average driving times per driver. Typical problems are early retirement and increasing risk of occupational diseases (respiratory, cardiovascular, etc). Legislatively the needs are to have more severe punishment for breaking the traffic laws (reducing accidents), better licensing system and control (better driving skills, less accidents). Also, the transport sector needs better quality vehicles and better system for controlling the technical soundness and sanitary of the vehicles. Russian drivers face many occupational hazards, such as: physical (noise, vibration, infrasound, etc), and chemical (exhaust gases). MAPS is in the first stage of making the transport sector profile. The most challenging has been to acquire information. The companies are wary of parting information on their work methods and working conditions in fear of being caught breaking the health regulations and other legislations.

#### Sectoral profiles – What next?

*Kari Kurppa, Finnish Institute of Occupational Health*

OHS profiles are concise situation summaries that can be build at different levels (national, local, sector of economy, enterprise, subject-focused). Profiles include both quantitative information from routine statistics or survey results, and qualitative information from rapid assessment procedures (e.g. SWOT analysis). A profile can provide an overall understanding on OHS situation and highlight issues of special importance. Dr. Kurppa noted that compilation of profiles is not a scientific task but a form of development research (a type of applied research) which provides much flexibility. For example, an Estonian Sectoral OHS Profile in Agriculture (2004) has made explicit many OSH problems in the sector while very little reliable statistical information was available. Dr. Kurppa then compared official work injury statistics of the Baltic states with those from the EU15. The EU15 analyses have shown that for each fatal work injury one can expect some 1,000 registered non-fatal work injuries (at least 4 days of sick leave). Although fatal work injuries in the Baltic states are more common than in the EU15, the statistics of non-fatal work injuries show less than 20% of what could be predicted based on the EU15 experience. Dr. Kurppa proposed a comparative analysis to be conducted within the BSN network. Policy makers need dependable evidence to be convinced not to trust in misleading injury statistics. Dr. Kurppa concluded by discussing the cognitive hierarchy: data → (understanding relations) information → (understanding patterns) knowledge → (understanding principles) wisdom. Mere collecting information makes no progress - information in a profile must also be weighed, interpreted, and made explicit. Social marketing of evidence shown by competent OSH profiles may help in persuading decision makers to invest in corrective actions.

## BSLN – Baltic Sea Labour Network

*Katariina Röbbelen-Voigt, BSLN, Germany*

BSLN works together with different actors to provide for sustainable work life. BSNL aims to find solutions to counteract the economic crisis and improve the labour mobility, and also to establish a permanent labour forum. BSNL's is linked to the Council of the Baltic Sea States, and the Baltic Sea parliamentary conference. Main areas of interest are: mobility of labour, active labour market policy, and sustainable labour market. BSNL's goals on transnational level are to support policy making; make accurate information and analyses available, support political processes, promote social dialogue and tripartite cooperation. BSNL focuses on BSN region. BSNL provides project management structure, tripartite steering committee, networking with relevant actors, and pilot projects in focus countries (1st pilot project: a call centre for migrant workers in Sweden). At the national levels, BSNL works for establishing a cooperation network, provide content and carry national pilot project with trade unions and employers organizations as partners. Each country has their own priorities, though main focus is on fostering social dialogue and exchanging information on economic crises, in general provide quality knowledge. Lead partner in the BSNL project: Kooperationsstelle Hamburg. The project duration is 36 months. It has a budget of 2.7 mil. euros. More at [www.bslabour.net](http://www.bslabour.net)

## Right start for young workers

*Truls Johannessen, Norwegian Labour Inspection Authority*

Young workers are particularly vulnerable to accidents, noise and heavy lifting in the workplace – in EU average 15% more than workers in other age categories. Young workers have "weak points" such as little work experience, developmental issues, and little knowledge. Also, employers have blind points in connection with young workers: lack awareness of the young workers, lack of safety knowledge, not enough attention in job training to young. The Authority's goal is to make sure that young workers and their employers have good knowledge of the safety risks and preventive actions in the work environment. The actions to provide this are to inspect enterprises with high number of younger workers (raise awareness), and provide information on safety at schools (include safety training in the educational curriculum). Currently the Authority has established a programme to produce information materials and visited schools. Most important is to assess risks for young people, and provide training to the employers. The main finding of the first inspections are that young workers have a low number of written work contracts. Next steps are to work with education authorities to include OH&S issues in the training curricula, strengthen the relations with workers organizations, and participate in the career fairs. However, more information and knowledge is still needed on this subject. Mr. Johannessen proposed international collaboration through SIHLWA or BSN.

## IV. Work plan 2010

*BSN and NDPHS/SHILWA cooperation:*

BSN is a separate expert group that works with SHILWA. NDPHS strategy contains eight (8) action points (See New NDPHS Strategy at [http://www.ndphs.org/?about\\_ndphs#New\\_NDPHS\\_Strategy](http://www.ndphs.org/?about_ndphs#New_NDPHS_Strategy) ). Some of these actions are already being carried out in the member states, but some need encouragement to be carried out. These action points are:

- national OS&H profile
- national policy and programme
- development of occupational health services
- sectors and branches of highest risks
- audits of occupational safety and health
- targeted actions, for example transport sector
- region-wide sharing of experience
- information sharing: databases, BSN, ILO, WHO and EU OSHA

The Ministers of Health of NDPHS member countries have endorsed these goals. The country profiles made few years back (coordinated by Dr. Timo Leino) already covered some of the points. In addition, Mr. Wiking Husberg presented a table on replies to questions sent by the NDPHS to the Ministries of Health of the NDPHS Partner countries to follow up on the implementation process of the NDPHS Strategy on health at work. Responses have been

received from 6 countries (see report SHILWA 7/5/3 info 1 at [http://www.ndphs.org/?mtgs,sihlwa\\_7\\_ostersund](http://www.ndphs.org/?mtgs,sihlwa_7_ostersund)). Some of the BSN members had not seen the NDPHS questionnaire. Possibly the original questionnaires have not reached all the expert organizations, as it was addressed to the Ministry of Health. Mr. Husberg will send the original questionnaire and also the replies received to the BSN member organizations.

It was decided that in the next Annual Meeting each country will base their situation report on the questions presented by NDPHS strategy points. The focus should be on how each country has progressed in reaching the goals set by NDPHS, and accepted by the BSN Annual Meeting 2009. If countries need to discuss the aims and this task agreed at home, comments can be sent to [bsn@ttl.fi](mailto:bsn@ttl.fi).

*New requests for cooperation:*

Ms. Suvi Lehtinen informed the Meeting that the South-East European Network on Health (a political network of ministries of health), and the South-East European Network on Workers Health (a network of occupational health institutions) have proposed collaboration and exchange of information in Struga (Macedonia) during a WHO meeting. The proposal for collaboration was welcomed and exchange of information was agreed upon.

*BSN Annual Meeting 2010:*

Dr. Eda Merisalu (University of Tartu, Medical Faculty) invited the next meeting to be arranged in Tartu (Estonia), if the City of Tartu will financially support the arrangement costs. Dr. Merisalu promised to discuss the financing with the City of Tartu and inform the BSN Secretariat of the results. The place and date for BSN 2010 will be confirmed in spring 2010, at the latest.

Mr. Husberg was appointed to find out if the NDHPS/SHILWA 2010 meeting could be arranged at the same time, similarly to this year in Riga. This would bring advantages for most participants, and also to the hosts (more weight in negotiating the hotel accommodation prices and other costs).

*General:*

Dr. Kari Kurppa proposed establishing national networks on occupational health and safety, and encouraged them to be established in each BSN member country

*Power point slides of 2009 BSN Annual Meeting:*

Some of the presentation slides of the BSN 2009 are published on [www.ndphs.org](http://www.ndphs.org).

Sweden, Elisabeth Åkerlund

During 2008 the Swedish Work Environment Authority was engaged in a project involving its organisational goals and vision, the intention being to describe the position that it is striving to achieve in the future and to collectively devise a strategy that will take it there.

The document "Goals and Vision 2009–2011" is designed to ensure the strength of the Authority as a public authority that can generate social utility through sustaining the positive development of the work environment. To comply with this remit, with the resources at the Authority's disposal, efforts must focus on key, long-term development areas and also ensure efficient and high-quality operations.

The Authority's vision is that a decent work environment is a shared objective that we can all achieve.

For 2009 the Government has decided to increase the funding of some specific activities, e.g. information, standardization and market surveillance.

Some examples of our general priorities

- Violence and threats at work
- Musculoskeletal injuries / Heavy lifting and unsuitable work postures
- Serious accidents at work

Inspections with emphasis on

- Machine safety and working safely with animals in agriculture
- Young people at work
- Risk assessment and safety in building and construction work
- Machine safety in old saw-mills

Due to the shut down of The Swedish national Institute for Working Life in 2007, the Swedish Work Environment Authority have initiated some reviews on occupational safety and health, concerning e.g ergonomics, lethal accidents, vibrations and organic dust in the agricultural area.

The Swedish Government has also initiated the forming of an advisory committee for work environment, to contribute to the working life politics. The advisory committee will work until august 2010.

Denmark, Steffan Hyldborg

The Centre has just finalized a new business and research strategy taking effect in 2010 and running until 2014. One of the strategic goals in the strategy period is to increase international cooperation.

The NRCWE is actively pursuing a strategy of targeting EU-funding within research areas in which the NRCWE has particular expertise and strategic interest. In 2009 this has resulted in no less than 5 successful applications within the field of nano-risk.

The government has granted more than EUR 37 million to a large scale return-to-work project. The NRCWE is responsible for managing the project, for educating return-to-work coordinators and teams, and for evaluating the effects of the project.

Summary Country Report: Russia  
S.V.Grebenkov, E.V.Milutka

The current situation in OSH in Russian Federation can be characterized by some specific features. On the one hand occupational medicine is of great importance for the society because of the poor condition of labour resources. That's why one of the first and foremost tasks for the Government is the diminishing of the accidents and mortality due to the occupational traumas and diseases. On the other hand, we have the number of the problems that can oppose effective development of occupational medicine. First of all, they comprise the fundamental changes of economy and the new form of property. The complex reasons led to the fact that 23.4% of the employees work in hazardous conditions.

According to official statistics, the number of registered occupational diseases is decreasing every year, although it does not correspond to working conditions. At the same time the great amount of underreported occupational diseases corresponds to the growth of early retirement. The deficiencies of the regulatory basis and the system of the occupational medicine services are the obstacles for the protection of the workers' health. The other problems are improper medical examination of the people working in hazardous conditions, inadequate quality of medical examination, poor medical, social and professional rehabilitation of the patients, the lack of workers' s motivation for healthy life-style. Now the Government and appropriate structures take worthy actions to improve occupational health and safety.

# **Country Report Norway 2009**

## **Baltic Sea Network on Occupational Health and Safety**

Sture Bye, Communication Director, NIOH, Axel Wannag Chief Medical Officer, TLIA

### **BSN/SIHLWA activities**

1. We have supported the Clinic of Occupational Medicine at the University of Tromsø, in order of establishing a research project on vibration, in cooperation with Sweden and NW Russia. A co-operation has been established with Kirovsk, St Petersburg and an OHS-clinic on The Kola Peninsula.
2. We have not worked on expansion of the Norwegian National Profile (ref: discussion of 2008). Such a structure is wanted in order to go further.
3. Norway has not made a National Plan for the overall National OHS-structure
4. The BSN-page is kept on a basic information-level.

### **National activities; ongoing or phased out in 2008/2009**

#### **Election 2009**

The Norwegian election was held 14.09.09. The present government was re-elected. The present government has had an active participation when it comes to work life and occupational health.

#### **Revision of the Work Environment Act**

The Work Environment Act in Norway was amended in June 09. Workers working three-shift/rotation will have a gradually reduction in work-hours – depending on hours worked at night or Sundays. The Norwegian Labour Inspection and The Petroleum Safety Authority were provided extra competence and needed means of reaction/sanction.

#### **Regulations**

The tri-part-cooperation is working on 6 new main-regulations to replace 47 old regulations.

New branches will have obligation to use the new Approved Occupational Health Service from January first, 2010. These branches are: The Health and Social Sector (human health and social work activities), Marine Aquaculture (fisheries and hatcheries), Education (educational sector), Materials Recovery (recycling and recovery plants), Security (investigation activities), Hairdressing (hairdressers and other beauty treat), Electricity-, gas and water-supply as well as Manufacturing textiles (textile production)

A new regulation specifying that Occupational Health Services wanting to give service to enterprises obligated to use OHS, must become approved comes in force January 2010. The aim of the approval system is to increase the competence of the Norwegian OHS.

To become an Approved OHS the OHS must, from the start, have a certain minimum standard of competence in addition to a plan on how to enhance its competence-level during the 5 year period before re-approval. The Approval Authority is placed under the Labour Inspectorate.

#### **Work immigration and activities to avoid social dumping**

Work immigration to Norway is quite high and despite the global finance crisis Norway still will have to regard lack of work-force as a long term challenge even though the industries normally associated with work-immigration has had an increasing disoccupation the last year.

Activities set forth to avoid social dumping are still at work in the building and construction sector where it has been fruitful. The system has partly been extended into the cleaning-, hotel and restaurant- as well as the transport industry in addition to agriculture.

### **The Including Working Life programme**

In face of the great effort of the 'Threepartite' programme of Including Working Life, the last three years sickness-absence/work-absence has been quite stable at around 7.0 percent.

The main group is diagnosed within musculoskeletal diseases (40 percent) and psychological illness (19 percent). The major industries are Health and care services (which employs app 20 percent of the Norwegian work-force), Hotel and restaurant-industry and Transport and communication. This also reflects the Norwegian Labour market where mostly women are employed in the public sector.

What the Including Working Life programme might have helped to achieve is a delay of going into retirement, which is very useful in itself. The programmes continuation will soon be discussed by the interest-holders.

### **Work related disorders and occupation diseases**

In 2008 there were reported 2 579 cases of work-related disorders to The Norwegian Labour Inspection Authority. In 2007, 2 873 cases were reported. As before there is a large underreporting.

In the period 2004-2007, 920 occupational diseases, on average per year, were approved / compensated by the Norwegian Labour and Welfare Administration.

### **Accidents**

51 persons died in work related accidents in 2008. This is 13 more than in 2007.

The number of other accidents reported were 21.500 – a bit lower than 2007. One has to take into account that these figures are expected to be underreported.

### **Strengthening of OHS**

As informed on last year, the sector of Occupational Medicine in Norway at our Occupational Hospital Clinics and NIOH was strengthened with app 2.800.000,- Euro. The funding came from the parties funding of the Including Work Life project.

The sector of Occupational Medicine in Norway has been evaluated. The results of the evaluation are foremost positive – especially for NIOH. One of the points taken in account in the evaluation was the need for a more coordinated medical deliberation as well as cooperation between the different centres.

### **The Research Council of Norway – work-related programmes**

Specified work-life research funding programs will cease to exist (Fall 2009), and it will be merged with the Welfare, Work and Migration (VAM) programme (Welfare, social institutions, the family and the labour market).

The Programme for sickness absence and 'expulsion' from work life will end in 2016 – health related research (workers health) is related to this programme.

Health, Safety and Environment in the Petroleum sector is (research on OSH and Man-Technology-interaction) as well as occupational health.

Altogether it may be more difficult to obtain money for work-related research in the future.

### **National activities; ongoing or coming in 2009 -**

**Government Report on Work Conditions, Work Environment and Safety at work 2010**

The Ministry for Labour and Social Inclusion is preparing a Government Report with help from The National Institute of Occupational Health, The Norwegian Labour Inspection Authority and The Petroleum Safety Authority. The report will be a factual and political one as decided by the Ministry and will provide a "State of the Nation" when it comes to work conditions, work environment and safety at work both onshore and offshore and related to both industries and occupations.

### **National Institute of Occupational Health in short**

NIOH is now considered a WHO CC although we still are awaiting the final signature from Director General Dr Margaret Chan. NIOH will participate in the next WHO CC meeting in Geneva (oct 09). We are participating with research on: Good OHS, Metals & Health, Psychosocial and Organizational factors (evidence based), Shift time work and cancer as well as Risk assessment and Agricultural work and health.

NIOH is establishing a Surveillance database – the department dealing with National Surveillance System for Work Environment and Occupational Health. The database is expected to be up and running in 2010.

NIOH has been delivering critical systematic reviews on Work hours and health (shift time work and rotation) and musculoskeletal disorders as well as cold work (aka work in the Arctic).

We do have quite a high activity-level within the Petroleum-sector working with cross-scientific research (chemistry, epidemiology and organizational and psychosocial).

Participants of the BSN 2009 (15th) Annual Meeting  
8 October 2009, Riga, Latvia  
33 participants

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