SUMMARY REPORT

Tuesday, 15 September 2015

Opening of the Meeting

Piia Tint from the Tallinn University of Technology welcomed the participants to Tallinn.

Maret Maripuu, General Director of the Estonian Labour Inspectorate opened the meeting. Maripuu told that the OSH figures in Estonia are small, as the working population is comparatively small, but the challenges are the same as in the rest of Europe.

"The majority of serious accidents were caused by slips and trips. Minimal investment would have helped avoiding these accidents. We hope that with tripartite cooperation we would find solutions to make work better and safer," encouraged Maripuu.

Egle Käärats, Vice Chancellor of the Ministry of Social Affairs, talked about the demographic situation in Estonia. Ageing causes more illnesses, and the number of the work force is diminishing. Estonian population is only 1.3 million. There is a need to pay attention to the working patterns and the work environment. 44% of the workers say that work has a negative effect on their health. On the other hand, 15% of the workers say that work has positive effect on their health. Both numbers are higher than the EU average. The working culture is changing: more occupational accidents are registered, which is a good thing, even if it is hoped that the number eventually will go down. The work ability reform is going on in Estonia. Ministry is analysing the sustainability of employees work ability.

Antti Koivula, Director General of the (FIOH) bid all participants welcome to the BSN Annual Meeting on behalf of the Finnish Institute of Occupational Health. He mentioned two great reasons for prioritizing the BSN Annual Meeting: BSN is an arena of collaboration. Secondly, he mentioned the good development of Estonia in information society matters. There all BSN-countries can learn.

Suvi Lehtinen, Chief of International Affairs of the FIOH described the history of the Baltic Sea Network: the BSN started as a consultation meeting on strengthening of occupational health services in the Baltic states in 1995. Since 2005, the BSN has had close collaboration with the Northern Dimension Partnership on Public Health and Social Well-being (NDPHS). During the past two years there has been two specific projects: one on health promotion and the other on reporting of occupational accidents. The latest cooperation is being planned and started with the South East European Network for Workers’ Health (SEEWH). The representative of the SEEWH, Prof Jovanka Bislimovska, attended the BSN-meeting last year in Vilnius.

Inger Schaumburg, Director General of the National Research Centre for the Working Environment (NRCWE), Denmark, described possible changes of the strategy of the Research Centre. The Centre is located under the Ministry of Employment in Denmark and carries out independent research.
Social partners are involved in the Board of the Research Centre, which leads to very useful discussion. Focal points of research are, for example, Psychosocial work environment, Musculoskeletal disorders, Work accidents and safety culture, and Nanotechnical issues. The NRCWE collaborates with Nordic Occupational Safety and Health Initiative (NOSHI) in four new nordic research projects. Cooperation with PERO SH is also continuing. Schaumburg will discuss the BSN with the NRCWE stakeholders and will come back to the next year Annual Meeting with a situation analysis.

Session I: Current international programmes on occupational health and safety

Current activities in the WHO occupational health programme

Aliya Kosbayeva, WHO-EURO, reported that she had participated in the SEENWH-meeting in April 2015. The policy issues are being discussed in WHO-EURO right now at a ministerial meeting.

Current activities of the European Agency for Safety and Health at Work (EU-OSHA)

Tim Tregenza, EU-OSHA, gave an introduction of 60 workers’ organization of EU-OSHA. They have tripartite governing board and 31 member countries. EU-OSHA provides information to researchers and workplaces.

Current activities in EU-OSHA: a second analysis on New emerging risks is going on. Ageing is a continuous big issue within EU countries. There are big differences in the working habits within EU: 26% of the workers in the Netherlands work from home, the same percentage in Italy is only 4%. Work language is an increasing issue for the mobile workforce. What is dangerous nowadays in work life: having to deal with difficult customers/patients.

EU-OSHA is campaigning for awareness of the employees, as workers themselves are many times not aware of the risks they face, nor of the solutions there may be. A project on work-related diseases is being started. New e-Tools are being developed, for example, noise-level measure application in a mobile phone. Another tool, Heart meter, would serve a lonely worker to measure his heart beat.

Current activities of the Association for Labour Inspection (IALI)

Paul Weber, IALI, reported on their activities. IALI was established in 1972 and nowadays has 100 member organizations worldwide. IALI focuses on both occupational safety and health, and decent work. It promotes the profession and interests of Labour Inspection. IALI is keen to cooperate with the BSN, as they find regional cooperation very important in order to help labour inspectorates to address the challenges of modern societies.

Current activities of the International Commission on Occupational Health (ICOH)

Timo Leino, FIOH, presented ICOH activities as a member of the network. ICOH was founded in 1906 and has nowadays 2000 members in 93 countries. The next world congress will be held in Dublin in 2018. ICOH’s International Code of Ethics is very valuable, and used even in legislation in some countries. The new President of ICOH, Dr. Jukka Takala from Singapore, gave his greetings in a video-clip. Facts on work-related mortality and diseases are the base for the ICOH work. Still, for example, asbestos is used in some countries. ICOH emphasizes the role of science, research, knowledge on work life and sustainability in order to take occupational health and safety further globally. ICOH promotes Zero harm and Vision Zero -mindsets.

DISCUSSION

Aliya Kosbayeva wished that ICOH activities will bring more voice for the occupational health and safety, and will arise the awareness of financial benefit of OH&S globally. Referring to the organizational changes at WHO-EURO, Suvi Lehtinen encouraged the WHO Collaboration Centres for occupational health to support the role of OH at WHO-EURO.
Axel Wannag reminded of the importance of evaluation, after performing various things in occupational health and safety, to examine what works in real life.

Session II: Approaches in the current work life

Possibilities of digitalization for the worklife

Antti Koivula talked about scenarios of technical revolution that will change the work life fundamentally in coming years. He encouraged the audience to think how to take work life further and to study the possibilities of the ICT deeper.

“Socio-technical changes are breaking down barriers. We are re-writing the roles of work life and we can create new laws. Tech is again about to revolutionize work, as it has done earlier. There is no way to stop the tech-train. There will be a lot of ethical issues to take care of.” he said.

DISCUSSION

Koivula’s presentation raised lively discussion in the audience. Technology was seen as a big possibility for the future work life, but it wasn’t seen as a solution for ill-health at work. ICT was also seen as a cause to make workers more isolated. Lots of work-related diseases and unsafety happens despite of new technologies. Koivula agreed with most of the arguments but said that ICT-solutions need to be taken further to find ways to protect workers from any harm.

Health promotion activities at the workplace: A model for a pilot

Maria Rautio reported on a Finnish pilot study on health promotion at work. The study had been made by a student Saija Rauhamaa at University of Eastern Finland. The study was carried out in five large health care organizations. Several models had been created based on the study data, such as Support of work ability, Management of health and safety, Prevention of accidents, Prevention of long-term illnesses, Promotion of lifestyles, etc. More info: mh.rautio@pp.inet.fi

Session III: Reporting of work-related health outcomes

Economic calculation related to work injuries

Päivi Mattila-Wiro presented the outcomes of the survey on economic loss of ill-health at work. In order to get comparative cost-analyses, there needs to be a common understanding what to calculate. The Ministry of Social Affairs and Health chose to calculate the minimum costs of work injuries.

In Finland, cost of lost labour input due to sickness absence was 3.4 billion euros, which means around 1590 euros / wage-earner / year, when using data from 2012. Presenteeism was seen accounting for even higher loss of productivity than absenteeism.

DISCUSSION

In the discussion, it was asked whether presenteeism is good or bad. There may be employees with chronic diseases – they may never be totally healthy at work but they can work with the certain amount of tasks. Also, comparing the results with the GDP was recommended, as well as adding the definition of occupational diseases. IALI representative wanted to know whether it is known who is paying for the ill-health. To make employers pay they would become more motivated to take action to prevent the accidents.

EU-OSHA is planning to make a common model of calculating OSH and economics. Cost of non-OSH is calculated in many places according to Tregenza. EU-OSHA is arranging a meeting still in September to look at the basic costs of ill-health. Kooperationsstelle Hamburg is participating in the project.
Study on monitoring statistics of work injuries in the BSN countries

**Kari Kurppa** presented his study: Severe Under-reporting or Work Injuries in Many Countries of the Baltic Sea Region. The study has been based on statistical data that have been submitted by the national authorities to the International Labour Office and published in the ILO Yearbook of Labour Statistics 2008.

The aim was to provide comparative big picture description about the main indicators of work injuries in the BSN-countries. The results of the order-of-magnitude analyses indicate that in several BSN countries the level of reporting of non-fatal work injuries (>3 days absence from work) may be less than 10 to 20% of the estimated true level. If only a small proportion of work injuries is reported and registered, it may be impossible to say with any degree of certainty what the actual situation is or is the situation developing for better or for worse. As a consequence of severe under-reporting of work injuries, the decision makers of many BSN countries may have at their disposal seriously deceptive statistical information when setting evidence-based policy objectives, estimating economical loss, or defining priorities on the national agenda.

The Realocc Accidents Project on Registration, Summary of the survey

**Anne Marie Lund** presented the survey on registration of the work-related accidents. The replies for the survey were gathered from Norway, Sweden, Finland, Estonia and Latvia. The short qualitative survey focused on surveillance systems, data collection agencies, levels and evaluation of under-reporting, and developing the registration system.

One of the suggestions led by the survey was to make legislation to concern all types of workers. Also, awareness-raising of the reporting requirements could help the situation.

**DISCUSSION**

It was noted that the Finnish system on reporting work injuries supports reporting positively, as the employer does not get compensation without reporting the accident.

The issue of underreporting of occupational accidents is now on the paper. The question is, what to do with the report. It would be very good to transfer the calculations into euros. Then it would be more easily understood by politicians.

**Country reports:** The Member countries of the BSN commented on the report *Severe Under-reporting of Work Injuries in Many Countries of the Baltic Sea Region* by Kari Kurppa. Denmark, Estonia, Latvia, Lithuania, Norway and Sweden presented their remarks. Finland and Germany were acting as reference countries as their reporting percentage is nearly 100% according to Eurostat.

**DISCUSSION**

Questions from the audience concerned, for example, the percentage of the workforce which is not covered with insurance. It was also commented that the report (K.Kurppa) does not refer to other costs of work-related accidents, such as effects on family. Germany’s ‘secret’ of 100% reporting system was enquired. Carsten Brück replied that work-related accidents are reported by employers. For some reason, health treatment in Germany is better for work-related accidents than for accidents occurring during leisure time. Luxembourg has copied the German system in registering work-related accidents. In several countries, many cases of under-reporting is caused due to systems which do not recognize emigrant workers and the self-employed workers. In addition, in Lithuania, registration for mild work-related accidents happens only at the workplace – the information does not get further.

The report on *Severe Under-reporting of Work Injuries* was found good. It was decided to make a 3-4 page executive summary. Kari Kurppa will take care of the shortening by the end of October. Participants were encouraged to take the information to their own ministry / decision-makers. To get the reporting-rates better, the meeting wondered whether sanctions or changing the reporting systems would help. Naturally, it comes to each country’s political decisions to make reporting more accurate.
Current activities in the ILO on occupational safety and health

Claude Loiselle presented the current OSH activities at the ILO. He described ILO as a “Global factory of international labour standards”. Level of complexity of standards is huge in the world. Loiselle mentioned a new activity on Five Flagship Programmes to guide resource mobilization, the name of which is Global Action for Prevention (GAP). It was launched in February 2015 and it will be further discussed in November 2015. Loiselle asked whether the BSN would be interested in the ILO flagship programme: OSH for health workers.

At the very beginning of 2016 there will be a streamline through labour inspection: Promoting workplace OSH-compliance through labour inspection.

Zero Accident Forum

On behalf of Markku Aaltonen, Timo Leino presented the Zero Accident Forum. The Forum states that every accident is preventable. Good managerial systems are significant for accident prevention. Zero Accident Forum is a totally voluntary activity. The Forum requires commitment of the management and training on Zero accident thinking. “Safety starts from me” - attitude is the key thinking in the Forum. Currently, 333 organizations in Finland are involved in the Zero Accident Forum.

There is an electronic newsletter in English by Zero Accidents Forum. It can be read in the website of the Zero Accident Forum: http://www.ttl.fi/en/safety/Occupational_accidents/zero_accident_forum/Pages/default.aspx

At the end of the day, the participants of the BSN-meeting were introduced in the Library of Tallinn Technical University.

Wednesday, 16 September 2015

Session IV: Estonian session

Concluding remarks of the WHO country profile of occupational health system in Estonia

Kari Kurppa described the purpose and the conceptual base for an occupational health profile in Estonia. A profile is an outline of something, a “silhouette”, a short article giving a description of something. It is an inventory by nature, not a policy analysis. The central purpose of a profile is to compile, select, and organise available information to a structure that helps to understand the overall OH situation.

In science and medicine, systematic reviews are used to identify, appraise, select and synthesize evidence relevant to a question of interest. By analogy, for the purposes of occupational health and safety administration, an occupational health profile is a descriptive administrative summary of current situation mostly based on secondary information sources.

The OH profile of Estonia is based on desk reviews of formal and informal documents, such as annual reports of the Labour Inspectorate, white papers of health policies and strategies, statistical data bases, surveys, special research reports, and work-plans of government agencies. Further information was collected by consultations with officials of government offices, employers’ confederation, trade union confederation, academic institutions, and the Estonian Society of Occupational Health Physicians. Mini-workshops were arranged to discuss difficulties and bottlenecks that are encountered by practising OH experts. A group of senior OH doctors of the Estonian Association of Occupational Health Physicians (ETTAS) prepared a concise assessment of stipulated OH service functions. A SWOT analysis was conducted by a stakeholder meeting in 2013.

Liina Saar presented the concluding remarks of the Profile. In Estonia, there is no private work accident/disease insurance. Non-medical occupational health specialists, such as occupational health ergonomists or hygienists, are not often used. Money is an
issue – workplaces tend to only see money they lose when investing in OSH, not the money that will be saved afterwards. There are functions to raise awareness and share competent information in Estonia. Tööbik-website tool provides help for different enterprises on the know-how of conducting risk-analyses. Tööelu-work life portal is targeted at employers, employees and their representatives.

**DISCUSSION**

There were questions on tools for risk-assessment. In Estonia, there are tools which are being tested. The tool mentioned is interactive, it helps a worker make his own risk analysis.

It was suggested that health and safety management should be seen as a part of the general management of the company. Employees should have more knowledge and change the attitude of managers.

Timo Leino told that in the literature, there are a great deal of of examples of saving money with OSH. Paying back ratio is at its lowest 1:2, and even 1:6 in some cases. This message should be taken to the political leaders, key persons of industry and management, perhaps inviting them to a seminar would work. Timo Leino suggested he would send contact information of companies operating both in Finland and Estonia, who can testify that investing in OSH is profitable.

As the WHO outline has been used in the preparation of the profile, it would be good to attach on the WHO-EURO pages in the near future.

**The role of Occupational Health Services (OHS) in workplace health and safety management in Estonia**

Marina Järvis presented the situation of occupational health services (OHS) and core activities in them in Estonia. Although fast improvements have been made in recent years, the situation is still challenging. There is no knowledge in Estonia of how many employees are covered by OHS. Twinning projects in 2001–2002 and 2002–2003 with FIOH were very successful and gave a lot for the Estonian system at the time. The project put a lot of effort to educate family doctors to recognize possible connection between work and disease.

Since 2002, the main problems are still the same: Poor quality of risk assessments and insufficient coverage of OHS. Employers do not understand the importance of OHS and the role of OH Physicians. The Government and social partners should be encouraged to support the development of OSH.

Karin Reinhold presented a survey which studied employers’ views on OHS. Different industries were represented in the study with 16 companies. They used a comprehensive method produced in Finland. Tasks of OHS were weak in all companies, even in corporate companies – money was the issue again. OHS included mostly basic health examinations. OH Psychologist are very rarely used.

**DISCUSSION**

Tiia Piho mentioned that as an occupational health physician she always tries to find a psychologist for her patients if needed.

It was asked whether there is an economic link between enterprises and OH service providers. Marina Järvis explained that as the rate of unemployment is high, employees do not dare to ask for any services.

There was discussion of the reasons of separating work-related diseases from occupational diseases. Tiia Piho told that employers tend to take employees to court if they claim having an occupational disease. The burden of proof is on the worker in Estonia.

The number of OH specialists in Estonia was asked by WHO-EURO. There are 105 OH Physicians in the registry, but around 70 of them are working in Estonia. OH Physicians do not work full-time in OHS nowadays. There are 37 OH hygienists and 32 OH Ergonomists. Unfortunately, companies are not using OH specialists very much.
The reason for annual health examinations was also asked as they are not found effective. There are also a burden of doing risk assessment without exposure assessment as the latter costs much. The key issue in Estonia is the lack of the accident insurance legislation.

**Session V: Cooperation and website**

**Cooperation between the South East European Network on Workers’ Health (SEENWH) and the Baltic Sea Network (BSN)**

_Suvi Lehtinen_ introduced the content of the Memorandum of Understanding, which has been signed in July 2015 by the representatives of the BSN and the SEENWH. Four topics were chosen for the future cooperation:

- Occupational health services for all, including small- and micro-enterprises and farmers
- Situation analysis of asbestos exposure and elimination of asbestos-related diseases
- Prevention of occupational diseases and accidents in high-risk sectors
- Improving work ability of ageing workers

_Jovanka Bislimovska_ sent her greetings via Skype from FYR Macedonia. She stated that together we are a strong force with the WHO, as the SEENWH has 9 country members and the BSN 10 country members. There had been a high-level meeting on Asbestos this year in Belgrade. The meeting showed the issues with the negative outcomes of asbestos to the political level. At the end of September 2015 SEENWH will have another meeting in Sibenik, Croatia.

**DISCUSSION**

Basic Occupational Health Services (BOHS) for migrant workers might be a new task for the cooperation, being currently a huge issue in the whole Europe.

WHO-EURO may be able to support the cooperation between the BSN and SEENWH. Also, EU-OSHA may be able to cover some travelling costs of the cooperation.

**Information management in the new website of the BSN**

_Mirkka Salmensaari_ introduced the new website of the BSN. It has been made using WordPress, which is a widely-used form for web-pages and works well with all kinds of mobile devices. The member countries got their own passwords to be able to update any needed information on their own country-page. It was agreed that the countries will do their updates before the end of September, and the website will be published on 1 October 2015.

**Session VI: NDPHS/TG-OSH and BSN cooperation**

**NDPHS strategy renewal and TG-OSH workplan**

_Wiking Husberg_ reminded the audience that the NDPHS works closely with EU and promotes EU Action plan for the Baltic Sea Region.

There will be a deeper look at occupational health (OH) professionals in the near future. A questionnaire on quality standards of OH personnel training will be sent to each BSN country representative.

It was suggested to add to the questionnaire, how many OH experts are actually working at occupational health services. To be able to plan future OH training there has to be more knowledge on how many are really needed. The country reports on OH training, which are being compiled by FIOH, are very different and are difficult to compare.
In Lithuania, the Institute is working on a big project which studies the competence of OH personnel in Lithuania. All groups of OH specialists are included in the study. There may be a need to invite training also from other countries.

When planning the OH training, the BSN-member countries are not speaking of longer education, but rather upgrading training. WHO-EURO may be able to help in making an electronic questionnaire.

ICOH survey on occupational health services was made in Spring 2015 – there might be useful numbers of OH staff in some of the BSN-countries, and the names of the training institutes. Suvi Lehtinen can communicate that information.

BSN and NDPHS/TG-OSH work plans for 2016

Reports on Under-reporting of work injuries from Kari Kurppa and Yogindra Samant have been published in NDPHS-website. There is also a short paper on OSH-calculations.

It was suggested that each BSN-country would go and present the 4-pager of the report (by Kurppa) to their decision-makers in order to raise awareness. Reporting systems of work-related accidents were suggested to be reflected. It would be good to try to find an ideal reporting system. Ivars Vanadzins reminded that system itself is not the only factor – attitudes and fears also form practices that are in common use in some of the BSN countries. It has been hard to find stakeholders who would be willing to fight for the improvement of reporting the work injuries.

Labour Inspectorates were mentioned as some of the key actors to learn about the report on underreporting. Perhaps it would help to attend an EUROSTAT-meeting with the report. One way to get the message of under-reporting issue through to the national statistics offices would be through EUROSTAT which has influence on the national offices.

Senior Labour Inspector Committee (SLIC) is already familiar with the underreporting issue. The issue should, however, be put on the agenda of the next meeting of SLIC. Wiking Husberg will inform the Finnish SLIC-representative.

Axel Wannag suggested to invite Hans-Horst Konkolewsky/ISSA to the next BSN-meeting to discuss the importance of the accident insurance.

Plenary discussion on the plans and commitments of the institutions

It was suggested to put a note of ILO’s 100th anniversary in 2019 and a link to Study on future work –project on the new BSN-webpage.

Work life generally faces big changes. New challenges are there; for example, Labour Inspectorates have difficulties to find the workplaces due to mobile work.

There were suggestions for new topics within BSN and TG-OSH/NDPHS: research on psychosocial strain, nanotech-research, ICT and work, ergonomic interventions, digitalization.

The fact that in 2016 Finland will be chairing the Nordic Council of Ministers might bring some new topics/funding into consideration.

Carsten Brück told about an OSHA OSH outlook project, where they look at data what OSHA has gathered. They (Kooperationsstelle) could analyse main concerns for the Baltic Sea area. Sture Bye told that PEROSH has a future forecasting forum.

Axel Wannag advised not to try to predict future too far. “25 years ago people tried to look at the future and many of those predicted things never happened. It’s better to follow the trends and respond to them”, he said.

The meeting decided to focus on the existing challenge: taking the message of under-reporting of work injuries to the decision-makers. Also, cooperation with the SEENWH
may produce a joint project. The BSN will, however, keep in mind how ICT will change work life and perhaps choose a project on it later.

**Information dissemination**

It was agreed that following persons will write short articles (2700 characters with spaces per article) to NDPHS-newsletter by 13 October 2015:

- Kari Kurppa: Findings of underreporting of work injuries
- Anne Marie Lund: Norwegian Accident-survey
- Karin Reinhold+Marina Järvis: Estonian project

Barents Newsletter on Occupational Health and Safety issue 3/15 will focus on Networking of OH&S. Carsten Brück asked to contribute on behalf of Kooperationsstelle, which was welcomed. NDPHS, ICOH, WHO-EURO, ILO, EU-OSHA, and SEENWH have already agreed to send a short article.

Topics of the Barents Newsletter 2016 will be:

1 / 2016 Changing work life & ICT
2 / 2016 Economics of OSH
3 / 2016 Chemical safety

**Funding of the future projects**

About funding the possible new projects: Carsten encouraged the BSN-members to send their plans on possible projects, he will then look at the funding possibilities. EU-OSHA has just published a funding guide on their website.

Ivars Vanadzins proposed COST-funded action project on occupational accidents. COST is a networking tool. Ivars introduced 3 working group ideas on which to apply funds in Spring 2016. No own funding is needed.

Norwegian Labour Inspectorate worked with COST-funding in improving reporting system on new emerging diseases. Axel Wannag pointed out that there were substantial amount of administrative work with COST. COST give funds for meetings, not for working time. It must be taken into consideration that any European country can join, so there may be big broadening of the project.

**Summary and closing**

The 22nd Annual Meeting of the BSN will be held in Riga, Latvia, on the kind invitation of Ivars Vanadzins. The dates will be informed in due time. The 2017 BSN Annual Meeting could preliminarily be planned to be held in Finland.


Summary by

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