SITUATION AND CHALLENGES FOR PREVENTION OF OCCUPATIONAL DISEASES

The employers perspective

ILO INTERNATIONAL SAFETY AND HEALTH CONFERENCE 2013
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POINTS COVERED

- What does the data tell employers
- The employers approaches to preventing occupational illhealth and diseases—reactive and proactive
- Challenges with these approaches
- Global differences, knowledge and experience transferability
- Action at international, national, workplace and individual level
WHAT DOES THE DATA TELL EMPLOYERS

Worldwide

- 1.9-2.3 million deaths attributed to occupation (ILO)
- 1.6 million deaths attributed to work-related diseases (ILO)
- 217 million cases of occupational disease (ILO)
- 36 million deaths from NCDs (WHO)

Occupational injuries result in about 312,000 deaths per year for the world's 2.7 billion workers (WHO)
ILLHEALTH THROUGH THE EMPLOYERS LENS

The reactive approach – absence management

Happy, healthy, here and contributing to business

Absent, why and for how long

Identification via absence management
LINKS BETWEEN CAUSE AND EFFECT

Accident

Cause and effect are immediate and obvious

Disease

Cause and effect are separated by time and confused by
- Genetics
- Life style
- Environment
- Job changes
- Identifying agents and impacts
### Challenges of Identifying Occupational Health Claims

- If it is difficult for officials and benefit systems, it won’t be easy for employers.

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*Swiss data for 1999
Source: Eurogip 2002:30-36
TOP 10 REASONS FOR SICKNESS ABSENCE 2012 UK
MANUAL AND NON-MANUAL WORKERS

3 TIMES MORE LIKELY TO BE OFF WORK
FOR NON WORK-RELATED ILLNESS OR INJURY
THAN FOR WORK-RELATED INJURY
DAYS OF SICKNESS ABSENCE PER EMPLOYEE IS FALLING IN DEVELOPED WORLD 1987-2012

- Are we getting healthier
- Are we managing absence better
- Has the industrial risk profile changed
- Are there other pressures to remain at work
Separating lifestyle illness from occupational illhealth is difficult if the causes are common.

To attribute with confidence requires multidisciplinary investigation using scarce and expensive resources.

Conditions at work change, so retrospective investigation is often not possible.
ILLHEALTH THROUGH THE EMPLOYERS LENS
The proactive approach – preventing harm

Monitor the workplace,
Monitor the worker

Prevent harm

Identify challenges, set standards, apply measures to control workplace exposure within these standards
A HOLISTIC APPROACH BY EMPLOYERS

- The effects of work on health – employers
  legal obligation to prevent harm

- The effects of health on work – employers
  moral and financial incentive to maintain
  optimum physical and mental health and
  wellbeing
OCCUPATIONAL HEALTH AS PART OF RISK MANAGEMENT APPROACH

1. Identify hazards
2. Consider the people exposed
3. Identify the risks (effects)
4. Implement prevention measures
5. Monitor the workplace
6. Review adequacy of prevention measures
7. Monitor the people
## Monitoring Health Effects from Workplace and Work Activity

- Chemical agents, dusts, fumes and fibres
- Lack of oxygen
- Physical agents such as noise, vibration, heat and cold, raised or lowered pressure
- Biological agents
- Ionising and non ionising radiation
- Ergonomics and manual handling
- Electrical safety
- Workplace conditions such as work at heights, sound floors, seating, lighting and ventilation
- Driving and travelling
- Psychosocial and mental health

### Challenges
- Reactively monitor through absence or ill health
- Setting limits for safe operations and exposures
- Setting limits for exposure to multiple agents
- Proactively monitoring them
- What do you do when you find a problem
OCCUPATIONAL HEALTH BECOMING PART OF CSR AGENDA

Sustainable development
Human rights, CSR and OSH

Social
CSR
Human Rights
Economic
Environmental

OSH
CHALLENGES OF IDENTIFYING ABSENCE AS WORK-RELATED ILLHEALTH FROM PROACTIVE APPROACH

- Monitoring and setting standards for multiple factors is a difficult task requiring extensive research and expert resources
- Ensuring total compliance with company standards requires discipline
- Taking lifestyle factors into account is intrusive
- If after applying control measures, illhealth episodes occur, investigation and attribution is complex
- Attributing and reporting occupational illhealth is contentious
STRATEGIES FOR CONTROLLING OCCUPATIONAL DISEASE ARE WELL KNOWN

- Substitution for less hazardous materials and processes
- Applying engineering controls to separate workers from remaining risk
- Administrative controls to minimize contact
- Personal protective equipment

So why are they not used?
- Professionals, equipment and laboratories in short supply
- Knowledge at the workplace is limited
- Regional conflict, climate, geographies may make choices impractical
- Value of labour does not provide economic incentive for investment
GLOBAL DIFFERENCES, KNOWLEDGE AND EXPERIENCE TRANSFERABILITY

- High risk industries where health problems known in developed world are transferring to developing world
- Information on solutions has not transferred or been acted on readily
- Economic sectors are different. High % of economically active in agriculture in developing world
- Health at work and health at home is blurred for them
- More informal working
- Migrant workers face different problems service sector in developed world, mining and construction in developing world
- Work and leisure exposure to carcinogens is different in developed and developing world
- High fatality rates common throughout in agriculture, construction and mining
- Differing environmental and lifestyle factors have different impacts
- Underlying health status is different across the world
- Service delivery is diverse
- Different cultural barriers to effective interventions
INTERVENTIONS - CHALLENGES AND SOLUTIONS at the global level

Challenges
- Different industrial profiles between developed and developing world
- The solutions are there but information about them is not shared
- Resources - people and equipment - to monitor and control are not available
- A lot of information is available but it is not well structured for access and retrieval

Solutions
- Need easily accessible, readable and in-your-face information about causes, effects, prevention - to support national health systems
- Setting standards for safe exposure levels needs to have international recognition and coordination
- Occupational exposure standards must be measurable and achievable
- Awareness raising activities should be aligned with national campaigns
INTERVENTIONS - CHALLENGES AND SOLUTIONS at the national level

Challenges
- Lack of integration/alignment/synergy for public, environmental and occupational health
- Messages are mixed and confused
- Costs of Resources - people and equipment - are high and rising with public expectations

Solutions
- There should be reinforcement of key messages through all systems
- Do not indulge in campaign overload
- National coordination of rules, enforcement provides a level playing field for employers
- Solutions have to be developed for the national circumstances and resources
- Costs of service delivery have to be seen to be equitable
Challenges

- Not enough knowledge, resources and equipment to monitor everything
- It's not monitoring that counts it is prevention by having controls designed into the process
- Retrofitting control measures is expensive
- The organisation has no memory

Solutions

- Need easily accessible, readable and in-your-face information relevant to the workplace about causes, effects, prevention
- Need access to support and advice
- National campaigns should be reinforcing though public, environmental and occupational health systems
- Where there are costs to business they should be related to the risks they expose people to and not cross subsidise inadequacies in other systems
INTERVENTIONS - CHALLENGES AND SOLUTIONS at the individual level

Challenges
- Prevention and compensation are often competing systems
- There is little knowledge about illhealth causes, effects and the difficulties of identifying symptoms and providing diagnoses
- There is confusing information about the effects of environmental, lifestyle and workplace factors

Solutions
- There needs to be a holistic view of health supported by all the systems and providing information to individuals
- Individuals need to be educated to take proportionate responsibility for their health.
- They need to be able to rely on other parts of the system – workplace, public and environmental health playing their part
International coordination

- Levers to manage costs depend on the structure of the healthcare system, the benefits system, the taxation system and the employment and work systems.
- To address the problems of work and non-work-related illhealth, the systems have to work in synergy.