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Strengthening the role of Employment Injury Schemes to Help Prevent Occupational Accidents and Diseases



Programme on Safety and Health at Work and the Environment
(SafeWork)

Strengthening the Role of Employment Injury Schemes to Help Prevent Occupational Accidents and Diseases

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This report was produced under the Swedish International Development Cooperation Agency (SIDA) project *Linking safety and health at work to sustainable economic development: From theory and platitudes to conviction and action* (2009–2012). The project promotes the improvement of occupational safety and health for all workers through the development of global products addressing the methodological and informational gaps in this field and through the mobilization of national stakeholders towards the implementation of practical measures at national, local and enterprise levels. The outputs of the project include training materials, practical tools and policy guidance to reinforce national and local capacities in occupational safety and health and to help constituents design and implement occupational safety and health policies and programmes.

Preface

Employment injury schemes (EI schemes) are the oldest form of social security coverage and the most widespread in the world, both indicators of their great importance. They can provide medical care, vocational rehabilitation and benefits to workers who are injured on the job or who develop occupational diseases, as well as survivors' benefits for families of victims of occupational fatalities. More recently, some such schemes have extended their approach to incorporate the notion of prevention by encouraging workplace improvements in occupational safety and health or by actively supporting and financing awareness-raising and prevention activities.

In practice, many of the schemes fall short of providing a minimum standard of benefits, and strengthening EI schemes, particularly towards prevention principles and activities, would improve the lives of workers who suffer occupational injuries and diseases each year. The rationale for this guide comes from requests from the ILO constituents who have expressed the need for guidance on improving EI schemes, especially in relation to the need to highlight the role of prevention. In this respect, the guide gives an overview of the principles behind EI schemes, the different types or models of schemes, areas such as coverage, benefits, contributions, and administration and oversight, and preventive programmes and activities, etc. Some examples of preventive work already being conducted by EI schemes are highlighted as well as the benefits this work brings. The overall aim of the guide is to provide policy recommendations for future direction in this area.

The guide is targeted at a mixed audience of national authorities dealing with occupational safety and health (OSH), notably Ministries of Labour, Ministries of Health and Ministries of Social Affairs or Social Security, and national authorities and institutions dealing with social security and social insurance, the social partners (employers' and workers' organizations) as well as policy-makers amongst the ILO's tripartite constituents. It aims to encourage active collaboration among all stakeholders involved in OSH and EI schemes, from conducting preventive work and reporting incidents right through rehabilitation to paying benefits to injured workers.

I hope that this report will serve as a useful source of information, experiences and good practice to encourage all parties concerned with preventing occupational accidents and diseases to work together to develop a more preventive role of employment injury schemes.

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at Work and the Environment (SafeWork)

Acknowledgements

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This report was originally prepared by Dr. Sven Timm, of the Deutsche Gesetzliche Unfallversicherung (German Social Accident Insurance). We would very much like to acknowledge his contribution in preparing and conducting a questionnaire survey (attached as appendix 1) in order to assess a broad variety of national EI schemes. This was backed up by additional telephone interviews in order to develop recommendations for the establishment of new, or the improvement of existing, EI schemes with a special focus on the integration of preventive elements. We thank Dr. Timm for his analysis of the results in order to give this report the practical guidance which can be of benefit to any country wishing to establish a preventive EI scheme.

Dr Timm benefited from the experience and insights of many contributors, the representatives of the 24 EI schemes who responded to the questionnaire and telephone interviews. Too numerous to mention by name, we nonetheless extend our thanks to these for their time and interest in the project. They know who they are; the countries they represent can be seen in appendix 1 and the tables outlining the survey results.

Our appreciation goes to ILO colleagues in Headquarters and the field who provided advice on the initiative. In this context we would especially like to thank Social Security specialists Christina Behrendt, Florence Bonnet, Theopiste Butare, Keniche Hirose and Valérie Schmitt-Diabate, as well as Occupational Safety and Health Specialists Valentina Forastieri and Dr. Tometo Kalhoulé. We also acknowledge the valuable contribution of Jooyung Kim, seconded from the Korea Workers' Compensation and Welfare Service to the ILO Decent Work Team in Bangkok, for his paper on employment injury schemes in Asia and the Pacific, and Elaine Fultz (formerly of the ILO's Harare Office) who, together with Bodhi Pieris, wrote a paper on employment injury schemes in Southern Africa.

Finally we would like to thank Andrew Bibby and Andrew Christian (consultants) for their work in reviewing and editing the report to make it accessible to a wide audience, to the benefit of occupational safety and health professionals and social security specialists alike.

The report was prepared under the technical guidance and supervision of Annie Rice, Senior Specialist for Occupational Safety and Health, SafeWork. Our thanks also go to Amélie Schmitt, Chief Technical Adviser of the SafeWork/SIDA project under which the report was produced, for her coordination of this and other related products.

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1. Introduction

Work-related injuries and illnesses are, regrettably, all too common. The ILO has estimated that, worldwide, more than 2.3 million people die from work-related accidents or diseases each year.¹ Hundreds of millions more people, to a greater or lesser extent, suffer ill-health or disability as a result of their work.

Nothing can replace the urgent task of trying to reduce the safety and health risks of work. But for those workers who are injured or disabled through their work, and for the families of those who suffer death, employment injury schemes are a vital safety net.

For the purpose of this report the term employment injury (EI) scheme is used to cover social insurance schemes, accident insurance schemes, employment injury insurance schemes, employers' liability insurance, workers compensation schemes, occupational accident insurance, etc.

Redress for employment injury is the oldest and the most widely adopted form of social protection. Historically, the idea is usually traced back to the implementation in 1884 by Chancellor Otto von Bismarck of a national scheme for Germany. Bismarck was particularly concerned with high-risk sectors of the economy such as mining, salt extraction, iron and steel production, stone quarrying, dockyards and railways where accidents were common. Bismarck's initiative brought advantages to employees, who previously would have been obliged to face the arduous and expensive task of confronting their employer in the courts if they wished to seek redress for a workplace injury. But the reform also benefited employers, and helped contribute to social peace. In the words of one writer, "the origin and fundamental value of workers' compensation rests on the principle of mutual protection arising from the historic compromise in which workers relinquished their right to sue their employer and employers agreed to fund a no-fault insurance system".²

The idea of EI schemes (originally known as workmen's compensation schemes) spread quickly in industrialized countries. Similar laws to those introduced in Germany were passed, for example, in Austria in 1887, in Norway in 1894 and in Finland in 1895. Some form of EI scheme is currently in place in around 165 countries around the world.

EI schemes perform three linked functions. Firstly, they help (or should help) to support preventive work, so that fewer workplace accidents take place and fewer workers are affected by occupational diseases. Secondly, where accidents and illness have occurred, they help in the rehabilitation process, so that the individuals affected can if possible return to their original jobs, or if this is not possible to other employment. Thirdly, they offer compensation where individual workers have lost out, through illness or disability.

¹ ILO (2011), *ILO Introductory Report: Global Trends and Challenges in Occupational Safety and Health*, XIX World Congress on Safety and Health at Work, Istanbul 11-15 September 2011

² Kim, J.,(n.d.) *Building Synergetic linkage model between OSH and employment injury scheme in Asia and the Pacific region*.

When operating effectively, EI schemes bring benefits to employees, employers and governments alike. They play a positive role in protecting workers' living standards, and can help maintain sound industrial relations. By pooling the risks arising from occupational accidents and diseases, they assist individual enterprises to mitigate the risks they would otherwise face alone. And EI schemes are effective in terms of the theory of least social cost – or, in other words, it resolves problems which, if handled in other ways such as through the legal system, would cost society more.

This presumes, of course, that EI schemes do operate efficiently and equitably. Almost since its creation in 1919 the ILO has sought to encourage good practice in this area. It adopted the Workmen's Compensation (Agriculture) Convention, 1921 (No. 12), and four years later it returned to the issue to adopt the Workmen's Compensation (Accidents) Convention, 1925 (No. 17), the Workmen's Compensation (Occupational Diseases), 1925 (No. 18) and the Equality of Treatment (Accident Compensation) Convention, 1925 (No. 19), which called for equality of treatment in compensation between national and foreign workers.

Today, the ILO Convention which focuses particularly on this area is the Employment Injury Benefits Convention, 1964 (No 121). The Convention provides for the appropriate competent authority to define occupational accidents and diseases for which certain compensation benefits should be provided. These benefits include payment for medical care and rehabilitation services for workers, and income maintenance for injured workers and their dependants during periods of temporary or permanent disability or in case of death.

This is complemented by the List of Occupational Diseases Recommendation, 2002 (No 194) which provides for the ILO to regularly update the list, which was originally established under the 1964 Convention (No 121). The 1964 Convention is also complemented by the Minimum Standards of Social Security Convention, 1952 (No 102), which sets out minimum standards for different kinds of social security including employment injury.

The ILO has separately addressed more general issues of safety and health at work, most recently in 2006 with the Promotional Framework for Occupational Safety and Health Convention (No 187), and its accompanying Recommendation (No 197). Other ILO instruments covering the area include the Occupational Safety and Health Convention, 1981 (No 155) and the Occupational Health Services Convention, 1985 (No 161).

This report seeks to encourage further strengthening of EI schemes. Because in the past there has sometimes been a fracture between these schemes – which have been treated as being within the remit of social security provision – and general occupational safety and health (OSH) concerns, the report especially aims to promote a greater emphasis on preventive OSH work by EI schemes. These schemes pay compensation to workers once they have been injured; the ILO believes it would be more beneficial to society as a whole as well as to EI schemes themselves if the schemes increased expenditure on preventive OSH work, thereby improving conditions in the workplace. The EI schemes should aim to be more proactive, acting before an incident is likely, by providing OSH advice and guidance to employers rather than reactive, that is acting after an incident and having to pay compensation to workers.

'Prevention is better than cure' or, put another way, 'prevention before compensation'. This approach would not only serve to assist in protecting all workers from accidents and disease but would also, in the long term, reduce cost. A number of examples of good practice, and recommendations for action, are included in Chapter 3.

The report is able to take advantage of a survey of EI schemes in 24 countries carried out for the ILO by Dr. Sven Timm of the Deutsche Gesetzliche Unfallversicherung, DGUV, the German Social Accident Insurance organisation.

The survey, to which ministries and employment injury institutions contributed, sought the following information:

- The type of employment injury scheme operating in each country
- The legal basis of the scheme
- The membership arrangements for employers/enterprises
- The coverage
- The supervisory and administrative arrangements
- Services and benefits, including prevention services.

The countries selected were as follows:

- Africa: Kenya, Togo, Tunisia
- Asia: Australia, Indonesia, Japan, Korea, Singapore, Saudi Arabia
- North America: Canada (Ontario), Mexico, Panama
- South America: Brazil, Columbia, Costa Rica
- Europe: Austria, Belarus, France, Germany, Former Yugoslav Republic of Macedonia, Poland, Russia, Spain, Switzerland

A summary of the findings of Dr. Timm's study is included in appendix 1 to this report. The report also benefited from a study produced by the ILO's Harare office (then the Southern Africa Multidisciplinary Advisory Team)³ and by an independent study of employment injury schemes in the Asia-Pacific region from Jooyung Kim, seconded from the Korea Workers' Compensation and Welfare Service to the ILO Decent Work team in Bangkok.⁴

³ Fultz, E., and Pieris, B., (n.d.), *Employment Injury Schemes in Southern Africa: An Overview and Proposals for Future Directions*, ILO/SAMAT Policy Paper No 7.

⁴ Kim, J (n.d.) op cit.

2. Issues and challenges

2.1. Types of employment injury schemes

Arrangements for EI schemes vary widely between individual countries. EI schemes across the world show a broad range from systems which are self-administered by the social partners, financially independent from the State budget, autonomous in administration and management, although based on a law; through systems as part of the tax- and/or contribution-based and State-run social security scheme conducted by governmental authorities; to systems where the employer is obliged to purchase EI insurance (Employers' liability insurance) from private insurance enterprises.

In general terms there are two main forms of EI schemes, social insurance and employer liability. Whatever the type of scheme, most are mandatory for the employer.

With regard to the countries surveyed the predominant type of EI schemes were social insurance-based systems. 17 of the 24 countries described their systems as part of a social insurance system, of which ten were separate systems for EI insurance, and seven were combined systems of social insurance (e.g. accident insurance and health insurance as one). All five countries with an employers' liability scheme have an Anglo-Saxon or US background or close relation to them, such as Australia, Costa Rica, Kenya, Saudi Arabia and Singapore. Only in one of the surveyed countries, Columbia, was there a public-private mix of systems.

The following table gives some indication of the diversity of EI schemes, even between close neighbouring countries. It combines the findings of the 24 country survey undertaken by Dr. Sven Timm with those of the Southern Africa and Asia-Pacific studies mentioned in the last chapter.

Table 1: Types of employment injury insurance, selected countries

Region	Social Insurance	Employer Liability
Africa	Mauritius, Mozambique, Namibia, South Africa (mining/construction: employer liability, private insurance), Tunisia, Zambia	Botswana (private insurance or deposit with govt.), Kenya, Malawi (not compulsory), Tanzania
Americas	Brazil, Mexico, Panama	Costa Rica
Asia	Bahrain, China, India, Indonesia, Japan, Republic of Korea, Malaysia, Philippines	Bangladesh, China, Nepal Singapore, Sri Lanka
Europe	Austria, Belarus, France, Germany, Poland, Russia, Spain	
Oceania		Australia, Fiji, New Zealand Universal; employer-liability

2.2. Social insurance and employer liability

Social insurance-based EI schemes involve the creation of a national fund for employment injury and disease. Such a scheme is usually held under public administration, and often administered by a tripartite board including the social partners. Contributions into the fund generally come from employers, sometimes from employees, and there may also be a contribution from general revenue i.e. taxes. It is a government agency which usually has responsibility for collecting the contributions, assessing claims, making compensation payments and generally overseeing the financial sustainability of the fund. An EI scheme may be specific or it may be a component of a broader system, with benefits payable in the event of unemployment, sickness, disability, maternity, retirement and death.

Employer-liability systems, on the other hand, are based on the premise that employers are liable in some circumstances for disabilities caused to their employees. Individual employers are therefore responsible for putting in place compensation measures for work-related accidents and illnesses. In most cases, employers are legally obliged to have liability cover, although in some jurisdictions this remains voluntary. Employers obtain cover by purchasing an insurance policy (or less commonly by placing a deposit with the government).

Both social insurance and employer-liability private insurance schemes share some of the same characteristics. Both involve a pooling of risks. Both define the benefits to be provided, and the rules for entitlement for claims. Both set contributions for employers to pay.

However there are also fundamental differences between the two approaches. The right to receive benefits within a private insurance programme is contractual, based on the agreed insurance contract. The insurer generally does not have a unilateral right to change or terminate coverage before the end of the contract period (except, of course, in the case of non-payment of premiums). Social insurance programmes are based generally on statute rather than contractual law, and the right to benefits is statutory, as laid down by the government. A further important difference is in relation to funding. Individually purchased private insurance generally must be fully funded, with employers' contributions being of a sufficient amount to cover the insurer's marketing costs and normal profit levels. Social insurance programmes are not necessarily fully funded (indeed, some people argue that full funding is not economically desirable, since lower employer contributions may stimulate business growth). Any fund shortfalls are met from general state funds.

More theoretically, it can be argued that social insurance is centred on a collective sense of solidarity and social justice within a society, whereas private insurance adopts a more individualistic approach, focused on the individual claims process.

2.3. Employers' contributions

Perhaps surprisingly, there is a wide divergence between countries in the levels of contributions which employers pay to participate in EI schemes.

The ILO study of the situation in southern Africa found that employers' average contributions ranged from 0.17 per cent in Malawi (where private insurers cross-subsidised this form of insurance from other products) to 3.9 per cent in Namibia.

In Europe, again, there is wide variation: an average of 1.1 per cent in Finland, 1.28 per cent in Germany, 1.4 per cent in Austria, 2.75 per cent in Spain, 3.24 per cent in Belgium, and 3.5 per cent in Portugal, to give a few examples⁵.

Under both approaches to EI schemes, the contributions which employers pay may either be uniform across all employers or may be weighted towards companies in high risk industries and sectors. Generally speaking, sectors such as mining, construction, transport and agriculture are in most countries demonstrably higher risk than other industries, and employers in these sectors may have to pay correspondingly higher contributions.

Risk-based charging applies in many European countries, so that the averages quoted above may hide wide variations. In Belgium the rate ranges from 0.5 per cent to 10 per cent; in Finland between 0.3 per cent and 4 per cent; in France between 1 per cent and 35 per cent; in Germany from under 1 per cent to around 7 per cent; in Luxembourg between 0.61 per cent and 16.2 per cent; in Portugal between 1.5 per cent and 22 per cent; and in Spain between 0.81 per cent and 16.2 per cent. Austria by contrast chooses not to assess employer contribution levels according to risk.

Elsewhere, practice again varies. Uniform rates apply, for example, in India, Malaysia, the Philippines and Vietnam. Differential employer contribution rates apply in China, Indonesia, and Thailand.

As is standard insurance industry practice, private insurance companies may charge higher premiums to individual employers with poor past claims records or reduce premiums for employers with good records. Good practice, for example, decreasing accident numbers/severity and demonstrable improvements in OSH management systems can be rewarded by reduced contributions. Conversely poor practice, such as rising accident numbers and severity, can be penalised by increasing contributions (this is frequently known as the “*bonus/malus*” system). The EI schemes are able to finance any reductions in contributions as a result of fewer claims for compensation.

Likewise social insurance schemes may also seek to reward or penalise employers on the basis of their past track record in employment injury.

In Germany, where the employment injury system is operated primarily on a sectoral basis by nine agencies, the *Berufsgenossenschaften* (BGs), under the control of the social partners, the use of financial incentives or penalties has been in place for many years. It means that BGs have the legal powers to set contribution levels for individual enterprises on the basis of the quantity and severity of accidents. Good practice, even in industries with high risk levels, can be rewarded, poor practice can be penalised.

Opinions can differ on whether it is advantageous or not to have varied rates of contributions from employers on the basis of the sector in which they are operating. For some commentators, it is a matter of simple fairness that industries which cost an employment injury fund more than others contribute accordingly more in contributions. As has been pointed out,⁶ risk classes do not necessarily have to be fixed for ever: if there are significant reductions in the

⁵ Research by Dr. Sven Timm for the ILO.

⁶ *ibid.*

numbers or severity of occupational accidents and diseases in particular industries, perhaps as a consequence of new ways of working or new technologies, risk classes can be adjusted and contribution rates amended.

For others, financial incentives linked to experience rating (such as reductions or increases in contributions, or tax rebates) are much better at creating incentives for employers to suppress the reporting of accidents, rather than to invest in real improvements to the work environment.

A considered assessment of this issue has been put forward by Elaine Fultz and Bodhi Pieris in the context of southern Africa. They write: “Advocates of experience rating [setting contribution rates on the basis of past experience of accidents or diseases] hold that imposing higher contribution rates on firms with unsafe working conditions encourages them to eliminate hazards and invest in safety measures. Critics, on the other hand, contend that high rates simply discourage compliance by marginal firms and thus serve to deny workers employment injury protection. The latter logic may carry greater weight in this region where, as has been shown, limited enforcement makes it possible for firms that face high rates to decline to make contributions all together.”⁷

Fultz and Pieris add that some southern African countries are currently reviewing their practice: Namibia, for example, is simplifying 104 categories of risk into just three: high, medium and low risk.

2.4. Coverage of employment injury schemes

How many workers are covered by EI schemes? The answer varies enormously, particularly between developed and developing economies, but in almost every country it is likely to be: not everyone who works.

One recent report⁸ suggested that legal coverage worldwide is less than 30 per cent of the working-age population, and less than 40 per cent of the economically active. In general, workers who are on casual contracts or are working on a self-employed basis, domestic workers, and those working in the informal economy are most at risk of not being covered. (These groups comprise, arguably, some of the workers most at risk of accident and disease).

The 24-country survey by Dr Sven Timm asked detailed questions about employment injury coverage, and information for selected countries is given in Table 2 below (further details can be found in Appendix 1). In general, the survey found that self-employed workers are covered in 11 of the 24 countries (with the option in three others, Canada, Germany and the Russian Federation, of opting in on application).

Migrant workers are covered in 18 countries. In Germany, even informal workers operating illegally without a contract are deemed to be covered, despite the fact that no employers’ contributions are being received on their behalf.

⁷ Fultz and Pieris, op cit.

⁸ Kim, op cit.

Table 2: Coverage of EI schemes, selected countries

Country	Coverage – who is insured?
Australia	Worker according to definition given by the 11 different EI schemes of territories (approx. 89% of workforce covered)
Austria	Contracted worker/employee, people doing voluntary and community service, helpers and first aiders, self-employed, part-time workers, apprentices, trainees and those on work training (not in every case), pupils, students and children, migrant workers, informal workers, domestic workers
Brazil	Contracted worker/employee, people doing voluntary and community service, helpers and first aiders, self-employed, part-time workers, apprentices, trainees and those on work training (not in every case), pupils, students and children
France	Contracted worker/employee, part-time workers, apprentices, trainees, pupils, students and children. In addition, provided work is declared, spouses & family workers, migrant workers, domestic workers, informal (illegal) workers
Germany	Contracted worker/employee, part-time workers, apprentices, trainees, pupils, students and children, people doing voluntary and community service, helpers and first aiders, employers/self-employed on application, spouses and family members, migrant workers, domestic workers, informal (illegal) workers
Indonesia	Contracted worker/employee
Japan	Contracted worker/employee, self-employed, part-time workers, trainees and those on work training, migrant workers
Russian Federation	Contracted worker/employee, part-time workers, apprentices, trainees, people doing voluntary and community service, helpers and first aiders, employers/self-employed on application, migrant workers, and domestic workers. Precondition for all: signed contract
Saudi Arabia	Contracted worker/employee, part-time workers, migrant workers, domestic workers
Switzerland	Contracted worker/employee, part-time workers, apprentices, trainees, people doing voluntary and community service, migrant workers (if contracted)

The problem of ‘atypical’ workers (for example, those engaged in casual work, in a domestic context, as an outworker or labouring in a family setting) being excluded from EI schemes has been highlighted by Elaine Fultz and Bodhi Pieris (Table 3).

Table 3: Major Exclusions from EI scheme coverage, southern Africa

Country	Casual	Domestic	Outworker	Family labour
Botswana	X			X
Lesotho	X	X	X	X
Malawi	X		X	X
Mauritius				
Mozambique	X		X	
Namibia			X	
South Africa		X		
Swaziland	X	X	X	X
Tanzania				
Zambia	X		X	
Zimbabwe	X	X	X	

Notes: In Lesotho, casual labour is defined as a person whose employment is of a casual nature and who is employed other than for the purpose of the employer's trade or business. In Zambia, a casual worker is covered by the Workers Compensation Act only if hired to do work connected with the employer's trade or business.

It is not just workers working other than on standard employment contracts who may find themselves outside the scope of EI schemes. There is also clearly an issue of compliance in many countries. Again using information from Fultz and Pieris, a 1990 review in Namibia estimated that 50 per cent of employers were not making the required contributions; in southern Zambia, a survey suggested that officers were collecting only 56 per cent of contributions due; in Botswana, the best estimate is that only about half of employers purchase insurance.⁹

Data on the coverage of EI schemes on the basis of gender do not appear readily available. However, given that women workers are more likely to find themselves working in casual, short-term or part-time arrangements, it is almost certainly the case that male workers are more frequently covered by protection against workplace accident or illness than are their female counterparts.

As in other aspects of their working lives, migrant workers face particular issues in relation to employment injury insurance. Schemes – including those in developed as well as developing countries – may have little to offer migrants who return to their home country after being injured at work, or those who later develop an occupational disease which was caused by work they undertook as a migrant. In addition, migrant workers often find work in the informal economy, where they lack legal protection and face exclusion, exploitation and low levels of pay. Migrant workers also frequently find work in industries with high levels of accidents, such as mining, construction, heavy manufacturing and agriculture. Migrant women workers working in private households are particularly vulnerable.

2.5. Operational and administrative issues with employment injury schemes

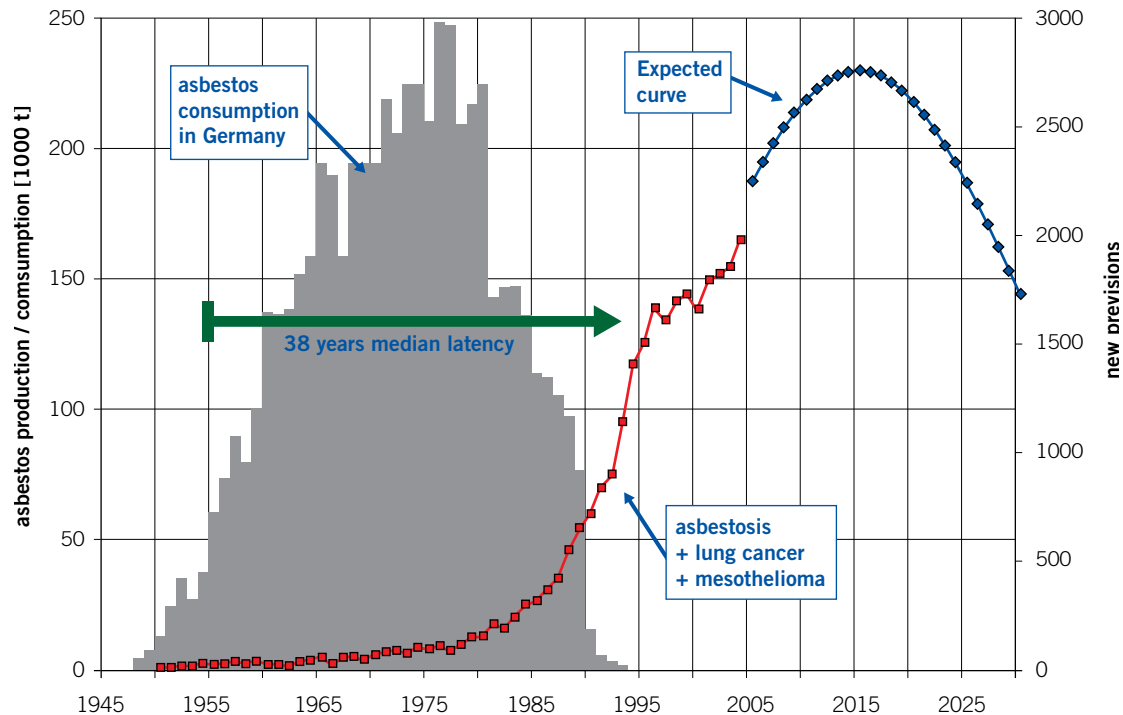
In general, it is more straightforward for EI schemes to respond to accidents in the workplace, where there is likely to be much less scope for dispute about the circumstances, than to employee *ill-health*, where there may be disputes about whether the condition is work-related or not.

There is a further issue with occupational disease, and that is the long time (in some instances, extremely long time) which may elapse before the medical condition occurs (the latency period). This has been the case most notably with asbestos-related diseases such as asbestosis, lung cancer and mesothelioma, which may take thirty to fifty years to develop after the workers were exposed to asbestos fibres. The graph below shows the likely development of asbestos-related diseases in Germany, based on an average latency period of 38 years.

Social insurance forms of EI schemes rather than private insurance policies are much better suited at coping with the implications of long latency periods. Based as they are on a sense of societal solidarity, they have an implicit intergenerational contract, between yesterday's and today's workers, and between today's and tomorrow's workers.

It is not only occupational diseases which may require a long-term approach from EI schemes. The impact of both accidents and work-related ill-health on individuals may also last very many years – or indeed for a lifetime in the event of permanent disability.

⁹ Fultz and Pieris, op cit.

Graph 1: Implications of long latency in asbestos-related diseases, Germany

Source: German Social Accident Insurance (DGUV)

EI schemes need to be designed with this in mind. There is evidence that social insurance schemes are generally more flexible than employer liability private insurance policies. Again taking the example of southern Africa, Elaine Fultz and Bodhi Pieris report that “the five countries with individual employer liability schemes provide compensation as a lump-sum, whereas the six countries with social insurance provide a combination of periodic payments for severe disabilities and lump sums for more minor ones... In most of the countries which provide lump-sum payments, scheme administrators cite anecdotal evidence that these amounts are exhausted rapidly by workers. They describe cases in which injured workers or their families have returned to the Labour Ministry after exhausting a payment to seek additional assistance, to be informed that none is available.”

On the other hand, there can also be problems where compensation is paid out in stages, if that compensation is not index-linked. The effect is that the living standard of the individual worker affected gradually declines, an extremely serious outcome where an accident or illness has left them unable to return to work. As Fultz and Pieris write: “While social insurance largely avoids this problem by providing periodic payments, many of these schemes are experiencing an equally serious difficulty: erosion of the purchasing power of pensions by inflation. Only one country, Mauritius, provides automatic annual indexing of pensions for inflation; and among the countries which provide ad hoc adjustments, only one, South Africa, has consistently granted increases which are in line with the consumer price index over the last decade.” We shall return to this issue in the next chapter of this report.

Fultz and Pieris also point to another practical problem with the administration of EI schemes, which although they are focusing on southern Africa, is by no means limited to that part of the world. This is the great difficulty which may face injured or ill workers in actually progressing their claim and receiving the compensation due to them: “With the notable exception of Mauritius which has achieved a high level of automation, the processing of applications tends to be paper driven and labour intensive. As claims files move through employment injury bureaucracies, there are typically multiple ledger entries, check points and clearances...Multi-layered procedures can cause extended delays for disabled claimants and surviving family members... Many schemes lack a strong customer service mentality. Long queues of claimants awaiting attention are the norm in some agencies, and publicly listed telephone numbers often go unanswered or are continuously engaged.”¹⁰ (While the study dates from the late 1990s such manual processing of claims is by no means a thing of the past in many countries.)

They add that individual employer liability schemes face a further difficulty, in that eligibility for compensation involves interaction between three parties, the government, the employer and the insurance company.

In other words, even EI schemes which have been designed with high levels of coverage and with good compensation packages may fall down at the point where claims have to be processed and compensation actually paid out.

There is a further good reason for strengthening the administration of existing EI schemes, and that is to enable the collection of accurate data about workplace accidents and illness. These data are invaluable in assessing where risks lie, and in helping to develop effective preventive programmes. The need to better link EI schemes with occupational safety and health practices is one of the key themes of this report, and it is to this issue which we now turn.

2.6. Linking employment injury schemes with preventive occupational safety and health practices

There is, of course, a direct correlation between the number of occupational accidents and illnesses and the costs of running an EI scheme. Therefore, one would expect there to be a very close relationship between OSH practices and initiatives and the operation of EI schemes.

The reality, however, is that this is by no means necessarily the case. In part, this may be because of different roots, which in turn make OSH and employment injury the responsibility of different government ministries or departments. EI schemes, particularly when delivered in the form of social insurance, are closely linked to broader social security benefits, including societal measures to provide support for those who are unemployed, are suffering other forms of ill-health, are in poverty, or are retired and dependent on pension income. Occupational safety and health falls more naturally within the remit of Labour ministries, concerned with employment conditions and practices, although occupational health can often fall within the remit of Ministries of Health.

The next chapter will offer a detailed checklist of measures which can be adopted to bridge this divide. The argument will be that a modern, effective EI scheme is one which is intimately linked to good OSH workplace practices, and in particular to better preventive measures. But

¹⁰ *ibid.*

it is appropriate to note here that some countries' EI schemes do already include an element of preventive work.

Of the 24 countries in the ILO survey, only nine were able to give an indication of the share of the EI scheme budget which was spent on prevention measures. The data contributed are given in the table below. For methodological reasons, the data need to be interpreted with caution and are not necessarily directly comparable between countries, but an overall conclusion is inescapable: that the share of EI scheme resources spent on prevention is almost universally small.

Table 4: Share of EI scheme expenditure spent on prevention work, selected countries

Country	Share of EI scheme expenditure spent on prevention work
Austria	5 per cent
Belarus	5 per cent
Canada (Ontario)	5.8 per cent
Germany	6.9 per cent
Japan	2.1 per cent
Korea, Rep. of	<8 per cent
Poland	0.07 per cent
Spain	<0.5 per cent
Switzerland	6.5 per cent

This is also the finding of Jooyung Kim in his report. He examines the employment injury arrangements in a number of countries and reports as follows:¹¹

- Germany: 8.5 per cent of total premium revenue spent on prevention (EUR 24.6 per full-time worker)
- New Zealand: 7.7 per cent (NZD 24 per worker)
- Canada (Quebec): 4.8 per cent (CAD 28)
- Canada (Ontario): 5.8 per cent (CAD 33)
- Australia (Victoria): 3.09 per cent (AUD 51.50)

The value of preventive work has been demonstrated by the 'return on prevention' work undertaken in Germany from 2006-2008. This aimed to provide a comparable accounting mechanism to the familiar concept of return on investment, to quantify the value of money spent at a micro level by individual enterprises in OSH preventive work. Effectively the 'return on prevention' is simply the ratio between the monetary value of the benefits and the costs of the preventive OSH work. The study was undertaken by the International Social Security Association (ISSA), the federation of German Berufsgenossenschaften, the BGUV, and the Berufsgenossenschaft for the energy, textile, electrical and media sector, the BG ETEM.

The outcome of the German study was that the return on prevention was 1.6, or in other words, for each investment of EUR 1, the return was EUR 1.60.

¹¹ Kim, op cit.

This German initiative was extended into an international project in 2010-2011, when three hundred enterprises in sixteen countries were interviewed. Countries in the project were Azerbaijan, Australia, Austria, Canada, Czech Republic, Germany, Hong Kong, Republic of Korea, Romania, Russia, Singapore, Sweden, Switzerland, Turkey, USA and Vietnam. The overall return on prevention varied between countries and enterprises from 1.6 to 5.5, and averaged 2.2.

There were qualitative benefits which were identified as well. Enterprises rated as important the improvements brought about in corporate image and company culture as well as the reductions in downtime and disruptions. There were also increases in employee motivation and satisfaction. Larger companies tended to rate the impact and benefits of OSH preventive work higher than smaller companies.¹²

¹² Research by Dr. Sven Timm for the ILO.

3. Future Directions

3.1. A holistic approach towards improving employment injury schemes

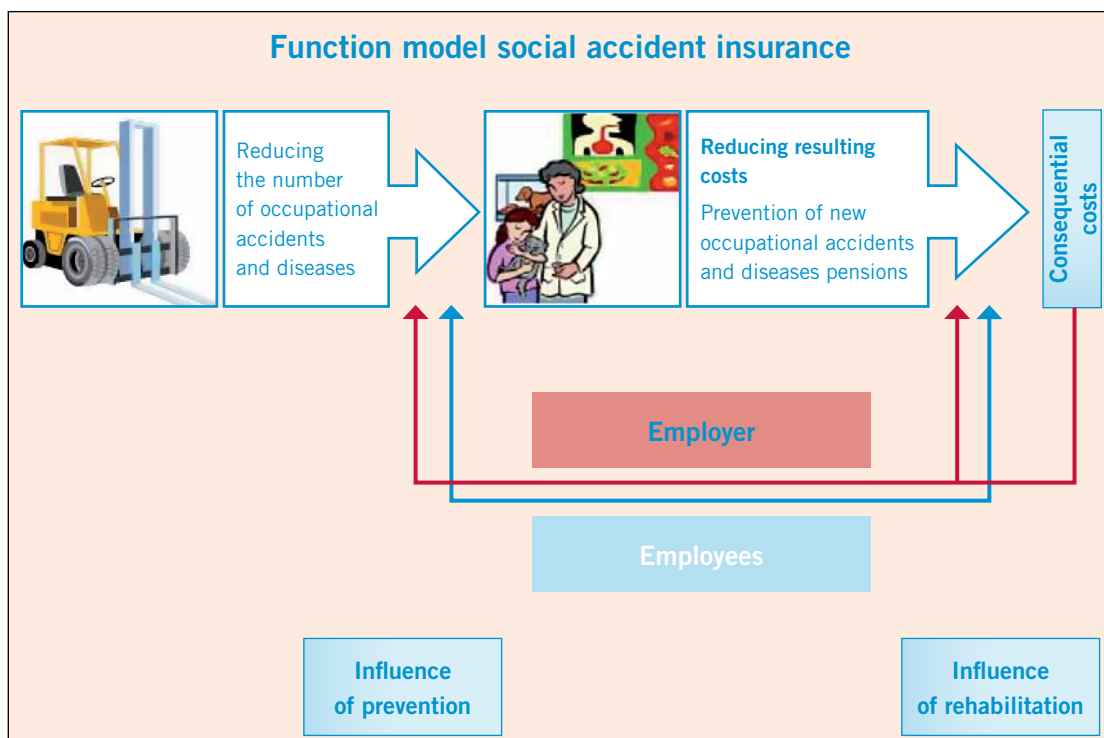
The Introduction to this report pointed out that EI schemes provide three functions:

- **prevention**, to reduce the number of workplace accidents and diseases,
- **rehabilitation**, so that the individuals affected can if possible return to work,
- **compensation** where individual workers have lost out.

An effective EI scheme is likely to be one that adopts a holistic approach, linking these three functions together. In Germany, for example, the guiding principle of EI schemes, as administered by the Berufsgenossenschaften, is:

“Prevention before rehabilitation, and rehabilitation before compensation”

The illustration below, from the work of Dr. Sven Timm, shows the way that this principle operates in practice.



We can identify four steps in particular which can help to improve the functioning and reach of EI schemes:

- Firstly, there is a strong argument for the replacement of employer liability insurance arrangements with social insurance.
- Secondly, simple reforms to administrative procedures can make schemes significantly more responsive to the needs of individual workers who have suffered accidents or ill-health.
- Thirdly, stronger enforcement measures can help ensure that all employers make their contributions, as well as helping to ensure safer workplaces.
- Fourthly, for those schemes which do not currently operate on this basis, automatic indexing of injury pensions helps ensure the continued protection of injured or disabled workers' living standards.

Finally, and an important element in the design of financially sustainable EI scheme, is a strong focus on preventive measures.

We shall look at these issues in turn.

3.2. From employer liability to social insurance?

There is no one-size-fits-all model of EI schemes and each country will naturally tailor their own scheme to their particular circumstances. Nevertheless, in most cases social insurance is likely to prove a more flexible and more satisfactory way of providing employment injury insurance compared with employer-liability private insurance arrangements.

It is interesting to note that, according to the Fultz and Pieris study, a number of countries in southern Africa were either switching from employer liability to social insurance schemes or actively considering such a move. Malawi, for example, has passed the necessary legislation and is actively engaged in the conversion process. Tanzania has a government-approved plan for strengthening social protection which includes switching to social insurance, and both Lesotho and Botswana are discussing similar moves.

As we have seen, employment-related accidents and diseases may have effects that last for very many years; in some cases the fact that a worker has suffered a work-related illness may not even become clear until many years have elapsed. Employer-liability schemes with private insurers tend to operate on a year-on-year basis. There can be significant problems for injured workers seeking redress where employers become insolvent or cease trading.

There are also significant problems in ensuring that workers working for small and medium-sized enterprises are protected. In a small company, a single incident may have a much greater impact on future premium rates than it would for a larger concern. (And it can be said that the independent underwriting of small companies runs against the whole logic of insurance, that of pooling of risks.) The compliance work inherent in ensuring that a large number of small firms have met their employment injury insurance obligations through third party insurance policies can be extremely challenging. As mentioned above, the claims process can also be complicated, if there is the need for coordination between employers, insurers and the state.

Finally, there is evidence to suggest that social insurance schemes are better able to encourage preventive practices by employers. It is difficult for private insurers to be able to adjust

premium levels in order to reflect, for example, an employer's commitment to OSH training, its investment in equipment and machinery meeting high OSH standards, or its adoption of certification standards for OSH management systems.

Generally social security schemes are the foundation of modern social states, a core feature in an approach which seeks to ensure the basic protection of all members of the community. Social insurance for employment injury naturally forms a part of an overall social security system – although, because it is designed specifically for dealing with the aftermath of an occupational accident or illness, it is advisable to maintain it as a separate and distinct element of social security rather than allowing it to be subsumed in a broader system of benefits.

3.3. Administrative systems which enable workers to claim their entitlements

Strong administrative systems for EI schemes benefit all. It is certainly unsatisfactory for claims processing to be so bureaucratic or opaque that workers who have suffered workplace ill-health or accident (or, in the case of workplace fatalities, their families) have to struggle to obtain compensation.

In some countries, claims can be held up pending the formal acceptance by an employer that an incident has occurred. Particularly if an employer has failed to comply fully with employment injury law, he or she may have a direct interest in not completing this element of the administrative process. In recognition of this, EI schemes should allow for the processing of benefit claims, even if an employer has not countersigned the claim. Claims should be accepted from individual workers themselves, from their family members and from employee organizations.

Reciprocal agreements allowing for cross-border claims and compensation payments provide a way of ensuring that migrant workers are adequately covered by EI schemes, even if they have returned to their country of origin following an accident. The European Union, which provides reciprocity for most forms of social security, offers a model here of good practice.

Not every claim emerging from a work-related accident or disease is necessarily straightforward, and there will always be occasions where disagreements may occur as to whether compensation is payable. This is an area where there can be considerable benefits from involving the social partners, and in providing provisions for active engagement from workers' organizations.

EI schemes need to build in appeals procedures to enable workers to challenge decisions which they feel are incorrect or unjust. In Germany, for example, workers have the right to appeal against the decision of employment injury agencies to special social courts (court hearings are free of charge to the worker in this instance).

As mentioned in the last chapter, levels of coverage of EI schemes can be disappointingly low, and it is often the most at-risk workers who are excluded. It is good practice for all EI schemes to review regularly the extent to which some workers may be falling outside their protection, and to put in place measures to improve coverage. This almost certainly needs to go hand in hand with effective compliance measures. There is little value in having well-designed and well-administered schemes if some employers are side-stepping their obligations.

Good procedures for reporting of occupational accidents and diseases are needed as this is an important means of prevention since it is through the identification and analysis of their causes that preventive measure can be taken. Detailed advice on creating reliable statistical reporting systems is given in the ILO's *Improvement of national reporting, data collection and analysis of occupational accidents and diseases* (2012).¹³

3.4. Index linking of compensation payments

We noted above the problems which can occur for chronically injured or disabled workers if they receive compensation from a private insurance scheme in a single lump sum. But in social insurance schemes there can also be uncertainty and financial hardship if disability pensions or other on-going compensation payments are not indexed to allow for inflation.

This is a key area for attention. The answer is for EI schemes to operate under a legal requirement to make annual adjustments to benefit levels. Contributions, too, should be subject to the same obligation. Properly implemented in this way, indexing should not jeopardise the overall financial sustainability of a scheme, since both revenues and pay-outs should be increasing by similar proportions.

For individual workers, however, the change can be highly beneficial, enabling their incomes to avoid the otherwise progressive erosion of their purchasing power.

3.5. Linking employment injury schemes with preventive occupational safety and health initiatives

It is an essential precondition for success that EI schemes are financially sustainable and able to continue to operate in times of economic and financial difficulty – as at present in much of the world's economy – as well as when times are better. Inevitably, financial resources will never be limitless. The logic when implementing or reforming an EI scheme points therefore towards seeking the financial benefits which come from effective preventive initiatives.

There are a number of ways in which preventive strategies can be developed. Regulatory measures are one obvious route. Experience rating (charging higher or lower employer contributions, depending on past claims records) is another approach (although, as said in Section 2.3, there are two sides to this apparent incentive). Engaging with workers' organizations, works councils or safety and health committees established by the social partners is a third. Providing appropriate training and expert advice makes up a fourth way forward.

Fortunately, there is now much good practice to build on. The remainder of this chapter explores in more detail the way in which preventive OSH work can be effectively integrated into EI schemes.

¹³ ILO (2012), *Improvement of national reporting, data collection and analysis of occupational accidents and diseases*, SafeWork.

3.5.1. Regulatory measures

Current laws on occupational safety and health in many countries, including the European Union member states, often use generic terms such as ‘safe and healthy workplaces’. As such, they do not provide the guidance to help employers and others with the practical details needed for good OSH practices at work.

This gap has been bridged in some countries by much more detailed OSH regulations included within certain EI schemes which are binding for companies participating in the schemes.

For example, in Germany the employment injury insurance institutions, the *Berufsgenossenschaften*, have issued so-called ‘accident prevention regulations’ (despite the title, occupational diseases and work-related health hazards are also included). Helpfully, foreign enterprises operating in Germany – although they may not be members of the *Berufsgenossenschaften* – will also be required to meet these regulations where their employees are working alongside insured employees of German enterprises. The regulations are formally recognised by the German Ministry of Labour, under a set of agreements concluded in 1998, 2001 and 2003.

3.5.2. Incentives

The 24-country survey of EI schemes found a wide range of incentives being used to encourage appropriate preventive OSH initiatives by employers. Among schemes which seek to incentivise employers are several in Europe and Central America, as well as those in Canada and the Republic of Korea. (Full details are available in Appendix 1, Table 3.)

Both financial incentives (linked to employer contribution levels – the “bonus/malus” and experience rating systems discussed in section 2.3) and non-financial incentives (certificates, prize competitions, quality marks etc.) can be used. These incentives are designed to recognise particularly outstanding OSH practices and improvements (reduction in accident numbers, for example) by companies. The winning of an award in recognition of an employer’s efforts to improve OSH management may be particularly important to a company’s image with regard to corporate social responsibility (CSR). One example is the *Deutscher Arbeitsschutzpreis* (German Occupational Safety and Health Prize), organized jointly by the German federation of employment injury organisations (DGUV), the Federal Ministry of Labour and Social Affairs, and the Committee of the *Länder* for Occupational Safety and Health. The award is conferred on enterprises which show a particularly high degree of commitment to safety and health at work.

Whilst the use of incentives is beneficial, it must be ensured that these benefits are not gained as a result of inaccurate information, for example, through under-reporting of accident/incident data.

3.5.3. Consulting and inspection

Regardless of whether occupational safety and health rules and regulations are established by legislation or by an EI scheme, there is a clear-cut requirement to ensure that they are followed and complied with by companies. Without control mechanisms, employers may have very limited incentive to implement the regulations properly.

EI schemes in a number of countries, including Canada, France, Germany, the Republic of Korea and Switzerland, provide their own inspection arrangements for employers, often additional

to those organized by the state. It has generally been found preferable to combine the formal inspection role with a more informal advisory and consultative role. One of the key tasks of inspectors is to educate and train employers, to familiarise them with OSH regulations and the reasons why these regulations have been introduced. This can be true particularly in the case of small and medium-sized enterprises which may not have dedicated OSH staff.

Combining the support work of an adviser with the powers of inspection might seem to make for an ambiguous relationship with employers, but the dual approach can work well, provided inspectors fashion their services to the needs of the enterprise they are working with. The balance between the two functions may vary, depending on the industrial sector and on the nature of on-site conditions. Advice work (perhaps on how to undertake a risk assessment, how to acquire appropriate personal protective equipment, or how to approach a new capital investment programme) is often the main focus at permanent employment sites; inspection may be more important at temporary workplaces, such as construction sites where working conditions can change rapidly.

The investigation process after an occupational safety and health incident is also extremely valuable in terms of preventive work. The lessons which can be drawn from the causes of accidents and diseases can help identify better practices and procedures for the future.

Since the quality of the inspections being undertaken and advice being offered is dependent on their knowledge and experience, it is advisable to appoint inspectors with higher educational qualifications. Some countries' EI schemes also make it a prerequisite that their inspectors have had work experience in the private sector. To ensure their impartiality and to retain experienced staff, adequate salaries are necessary.

3.5.4. Making use of expert advice

As well as building up their own teams of inspectors/advisors, EI schemes should seek to make use where appropriate of independent experts. Experts can help in many ways, such as on-site consulting and inspection (including areas such as the approval of new machinery and equipment, or the introduction of new substances); they can help advise on the preparation of accident prevention regulations and the writing of OSH-linked resources; they can also contribute to training initiatives.

Research institutions linked to EI schemes operate in a number of countries. In France, for example, the national institute for research and safety for the prevention of occupational accidents and diseases, INRS (l'Institut national de recherche et de sécurité pour la prévention des accidents du travail et des maladies professionnelles) is supported by the regional French health insurance funds (CRAM) in metropolitan France and by general social security funds (CGSS). Its budget (about EUR 80 million a year) comes almost entirely from the national occupational accident and disease prevention fund.

The German social partners in the Berufsgenossenschaften (BG) have access to a range of specialist research institutes. The BG covering the power, textiles and electrical sectors operates the IEU, for example, which researches electricity-related accidents. The Institute for Research on Hazardous Substances (IGF), at the Ruhr University in Bochum, is operated by the BG covering the chemical industry. The BG for the food and catering industry has a Central Laboratory looking, among other things, at plant hygiene and microbiology. Other BGs also run their own research institutes.

Research institutes dealing with OSH issues exist in most developed countries as well as many developing economies and are often run directly by the state. However, as well as the examples from France and Germany given above, EI schemes in Austria and Canada also directly run their own institutes.

Thanks to the internet, EI schemes worldwide can benefit from direct access to expert advice on a range of occupational safety and health matters, much of which is freely available. For example, the Health and Safety Executive's site in the United Kingdom provides topic specific information, for example on how to undertake a risk assessment, as well as industry specific information, for example on construction and agriculture.

GESTIS is an information system produced by the German Social Accident Insurance Institutions. It contains eight databases (the majority of which are freely available) aimed at establishing and using a network of centralised and decentralised files on harmful substances. The US Occupational Safety and Health Administration (OSHA) also provides a range of topic information. These sites are by no means the only source of information on the internet, but access to them can be found here:

- UK Health and Safety Executive: <http://www.hse.gov.uk/guidance/index.htm>
- GESTIS, Germany: <http://www.dguv.de/ifa/en/gestis/index.jsp>
- US OSHA: <http://www.osha.gov/pls/publications/publication.html>

The ILO also coordinates the master list of internationally recognized occupational diseases, including illnesses caused by chemical, physical and biological agents, respiratory and skin diseases, musculoskeletal disorders, and occupational cancer. Mental and behavioural disorders were for the first time specifically included in the ILO list in 2010. The list is accessible at:

http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_150323.pdf.

3.5.5. Ensuring safe products through testing and certification

Testing and certification of machinery, work equipment and materials used in production and service provision is a valuable way of helping ensure safe and healthy workplaces. This can be particularly appropriate for procurement decisions.

There are several benefits, including:

- The early detection of product defects, enabling them to be remedied before OSH incidents occur
- The value for marketing purposes of certification marks
- The information provided on current OSH developments by the testing/certification organisation
- The support provided by the testing/certification organisation for product innovation.

A number of EI schemes (including those in Austria and Germany) report that they are working with employers to advise them on appropriate purchasing decisions.

3.5.6. Making use of medical personnel

Occupational medical staff, including specialist doctors and nurses, play a valuable role in prevention work. Regular medical check-ups of employees, particularly those working with chemical, biological or other potentially high-risk substances may in some circumstances be obligatory and certainly constitute good practice. These check-ups are also useful to show that control measures currently in place are functioning efficiently and that, conversely, should these checks show deterioration in employee health, corrective action can be identified.

The 24-country survey undertaken for the ILO suggests that a number of EI schemes provide preventive medical check-ups via their own institutional medical services. These include the schemes in Colombia, Costa Rica, Mexico, Indonesia, Japan, the Republic of Korea and Germany. (See Appendix 1 Table 3 for more detailed information).

In Germany, victims of severe injuries or occupational diseases receive in-patient treatment in the eleven dedicated clinics operated by the Berufsgenossenschaften; the BGs also have links with 800 other hospitals which they have approved.

3.5.7. Effective ways to disseminate information

A key tool in adopting a preventive approach to OSH is to ensure that sufficient information about occupational hazards and risks is available in workplaces and accessible to workers. EI schemes have an important role to play in this respect.

There is evidence that some ways in which this work was undertaken in the past have not been particularly effective. It makes sense when planning new information resources to consider carefully which target group or groups they are being designed to reach. For example, owners of small businesses are likely to have different requirements from trade union representatives. Specialist OSH staff will need to be addressed in ways which are different from those used to reach shop-floor workers.

New technology provides a wealth of possibilities for ways to disseminate information, including online resources. The traditional poster for noticeboards may still have a role, but so too may a short video programme or a DVD. When preparing new resources, it may be appropriate to begin by attempting to answer the following questions:

- What is the issue being addressed?
- What is the target audience?
- How does the target audience think and behave in relation to the issue?
- Which messages and materials will work best?
- What is the hoped-for outcome of the initiative?

A relatively new tool being used in OSH awareness raising is that of the set-piece marketing campaign on a particular issue. Campaigns, by focusing attention during a concerted period of time, can achieve far more than sporadic promotional or advertising work.

Campaigns of this kind require careful planning and research, with attention paid to the execution details. Choosing the lead theme is key to success, since this will determine the tone of the material produced and the advertising slogans adopted.

The experience of the European Agency for Safety and Health at Work has been that two years is often an appropriate period for running a campaign. The European Agency's campaign around risk assessment ran from 2008 to 2009, for example. In Germany, the DGUV (German Social Accident Insurance) has also chosen a similar approach for its campaigns: it raised awareness about the importance of looking after skin ("The most important 2 square metres of your life") in 2007-2008, and ran a successful campaign on safe approaches to transportation in 2010-2011. The Swiss accident insurance scheme, SUVA, also has had success running television campaigns.

Comprehensive evaluation of the success (or otherwise) of informational resources and campaigns is highly recommended.

3.5.8. Training

EI schemes can play a significant role in the provision of high-quality training on OSH related issues.

The old approach – of imposing regulations and then simply monitoring compliance – is increasingly seen to be inadequate. Studies show that it is worth putting resources into training, in order to increase understanding of why OSH measures have been put in place.

Continuous professional development on OSH issues is one of the main focuses of EI schemes which have decided to incorporate prevention work in their activities. It is important to ensure that the people responsible for safety and health within enterprises are well trained, so that accidents and diseases can better be prevented.

In Germany the law requires the EI scheme to provide OSH training to stakeholders. Indeed certain recipients of training activities are identified as a result of analysing trends in accident and disease data.

As with informational resources, there is a need to tailor training to the particular group being targeted. Prior to commencing, it is appropriate to research carefully the particular needs of the participants, so that the course content can be designed to be as relevant as possible. Proper evaluation to assess how well objectives have been met is also advisable.

4. Conclusions

EI schemes can make an enormous difference to the standards and practices adopted in relation to occupational safety and health.

The key message is a simple one: **prevention pays!** The work of some of the more advanced EI schemes demonstrates the remarkable positive influence they have been able to achieve on the safety and health climate in workplaces in their countries.

Preventive work brings benefits to the insurance scheme itself, as the numbers of claims are reduced. It is also beneficial to employers, by enabling them to cut the number of hours lost through sick leave and by helping to create safe workplaces which are attractive to employees. Safe places of work enable goods and services to be delivered on time and to a good quality, offering competitive advantages.

For the employee, too, there are strong benefits in knowing not only that they are backed by a stable EI scheme in case of need but also that the scheme is actively seeking to ensure safer working conditions.

EI schemes which have not yet engaged to a major extent in preventive work may wish to introduce this element of their work on an incremental basis. Research on the 'return on prevention' (see chapter 2) suggests that the benefits will include financial gains. This is not just an approach for schemes in developed economies: the 'return on prevention' is likely to be higher in those countries which currently have relatively low health and safety standards.

EI schemes can take advantage of the considerable amount of experience and good practice which has now built up internationally, and which this report has been concerned to summarise. There are real opportunities for transforming those schemes which are currently purely reactive, simply responding when accidents or diseases occur, into strongly pro-active agencies which play their part in ensuring safer working conditions.

In this work, close engagement with the social partners is an obvious element for success. From the beginnings of the idea of so-called 'workmen's compensation' in Germany more than a century and a quarter ago, it has been clear that a well-administered EI scheme brings benefits to both employers and workers. It is probably not coincidental that in Germany – considered by many to be one of the leading EI schemes today – the nine Berufsgenossenschaften which administer the schemes for the different industrial sectors are bodies which are controlled by the social partners and on which they are equally represented. The wider work which the BGs undertake in terms of OSH-related research and preventive initiatives can be seen as testimony to the success of this approach.

Different countries will of course find their own way forward for their EI schemes. It is valuable to remember, however, that issues raised by occupational safety and health are very often the same worldwide. A faulty piece of technical equipment will pose risks, regardless of the country where it is being operated. A work-related disease caused by a particular chemical substance will affect workers who come into contact with it, wherever those workers may be in the world. For this reason, it is particularly important that EI schemes look beyond the horizons

of their own countries, learn from others, and in turn offer their own insights for others to learn from.

In this work, the ILO's Programme on Safety and Health at Work and the Environment (Safe-Work) is able to provide the international coordination that is necessary. The ILO has called for all work to be Decent Work, and a key element of this is that work must be safe. The high numbers of workers killed and injured each year is an ever-present reminder of the efforts that still need to be undertaken to ensure that this is achieved.

Appendix 1.

Details and results of 24-country survey.

On behalf of the ILO, Dr. Sven Timm of the Deutsche Gesetzliche Unfallversicherung (DGUV) coordinated a survey of employment injury schemes in 24 countries. The survey was undertaken in 2011. A copy of the questionnaire can be seen in Appendix 2.

The countries selected were as follows:

- Africa: Kenya, Togo, Tunisia
- Asia: Australia, Indonesia, Japan, Republic of Korea, Singapore, Saudi Arabia
- North America: Canada (Ontario), Mexico, Panama
- South America: Brazil, Colombia, Costa Rica
- Europe: Austria, Belarus, France, Germany, Former Yugoslav Republic of Macedonia, Poland, Russian Federation, Spain, Switzerland

The survey, to which ministries and social security institutions contributed, sought the following information:

- The type of employment injury scheme operating in each country
- The legal basis of the scheme
- The membership arrangements for employers/enterprises
- The coverage
- The supervisory and administrative arrangements
- The services and benefits, including prevention services.

Table 1 offers a summary of each scheme.

Table 2 gives data, where available, on the proportion of expenditure spent by schemes on particular functions.

Table 3 provides information in detail of the OSH prevention work services provided by schemes.

Table 4 looks at the services and benefits in relation to rehabilitation.

Table 5 provides data on contributions.

Table 1. EI schemes by type, legal basis, membership, coverage and governance arrangements

Country	Type of EI scheme	Legal basis	Membership to the scheme	Coverage – Who is insured?	Governance/Supervision/Strategy
Australia	employers' liability	law	Compulsory for employers to have workers' compensation insurance	worker according to definition given by the 11 different EI schemes of Territories (approx. 89 per cent of the workforce is covered)	Workers' compensation systems in 11 Territories; self-insurance possible if licensed by workers' compensation authority
Austria	social insurance, separate no-fault scheme	law	Compulsory	contracted worker/employee, people doing volunteer and community service, helpers in need, first-aiders (e.g. at accident locations), self-employed, part-time workers, apprentices, trainees, people on work training (not in every case!), pupils, students, children at day care centres, migrant workers, informal workers, domestic workers	Social security agency; self-administration board of social partners Supervision by Government Strategy is set up by the law on social accident insurance
Belarus	social insurance, separate no-fault scheme	law	Compulsory	contracted worker/employee, self-employed, part-time workers, apprentices, trainees, people on work training, spouses and collaborating family members, migrant workers, domestic workers	Governmental agency Management by Governmental board National OSH strategy
Brazil	social insurance, combined with other areas of social security	law	Compulsory	contracted worker/employee, people doing volunteer and community service helpers in need, first-aiders (e.g. at accident locations) self-employed, part-time workers, apprentices, trainees, people on work training (not in every case) pupils, students, children at day care centres	Ministry of Labour, Social Security or of Health, Government agency or public authority, Social security agency Management by a governmental board Linked to national OSH strategy
Canada (Ontario)	social insurance, separate no-fault scheme	Provincial law, Ontario	Compulsory	contracted worker/employee, part-time workers, apprentices, trainees, helpers in need, first-aiders, migrant workers (if legal), domestic workers	Government agency (public administration) Tripartite board, employers responsible for insurance premiums

Country	Type of EI scheme	Legal basis	Membership to the scheme	Coverage – Who is insured?	Governance/Supervision/Strategy
Colombia	public/private mix system, insurance companies participate on the EI scheme on behalf of the Government; combined system with other areas of social security; no-fault insurance system	law	Compulsory	contracted worker/employee, self-employed, part-time workers, trainees, people on work training, self-employed on a voluntary basis, spouses and collaborating family members, migrant workers, domestic workers	EI-scheme Council with multipartite participation (Government, employers, unions, universities, insurance carriers) has some administrative authority Government administers the system, insurance carriers operate it National OSH strategy
Costa Rica	employers' liability	law	Compulsory for employers to have workers' compensation insurance	contracted worker/employee, self-employed, part-time workers, apprentices, migrant workers, domestic workers	Semi-autonomous public insurance company Public management, self-insurance National OSH strategy
France	social insurance, separate no-fault scheme	law	Compulsory	contracted worker/employee, part-time workers, apprentices, trainees, pupils, students, children at day care centres, spouses and collaborating family members*, migrant workers*, domestic workers*, informal (illegal) workers*, * all work has to be declared	Public authority (CNAMTS) Governmental supervision, management board by self-administration board of the social partners Joint national OSH strategy of Government and EI scheme
Germany	social insurance, separate no-fault scheme	federal law	Compulsory	contracted worker/employee, part-time workers, apprentices, trainees, pupils, students, children at day care centres, people doing volunteer/community service, helpers in need, first-aiders, employers/self-employed on application, spouses and collaborating family members, migrant workers, domestic workers, informal (illegal) workers	Self-administration board of social partners Supervision by Government EI scheme strategy established by self-administration board

Country	Type of EI scheme	Legal basis	Membership to the scheme	Coverage – Who is insured?	Governance/Supervision/Strategy
Indonesia	social insurance, combined with other areas of social security,	law	Compulsory	contracted worker/employee	Social security agency
Japan	social insurance, separate no-fault scheme	law	Compulsory	contracted worker/employee, self-employed, part-time workers, trainees, people on work training, migrant workers	Private management board Ministry of Labour, Health and Welfare Management by Governmental board National OSH strategy
Kenya	employers' liability	law	Compulsory for employers to have workers' compensation insurance	contracted worker/employee, part time workers, apprentices, trainees, migrant worker (if contracted) domestic workers, informal (illegal) workers	Ministry of Labour Tripartite administrative board (social partners and Government) Private insurance company
Korea, Rep. of	social insurance, separate no-fault scheme	law	Compulsory	contracted worker/employee, part-time workers, apprentices, trainees, migrant workers	Ministry of Labour Governmental board Prevention agency: KOSHA
Former Yugoslav Republic of Macedonia	social insurance, combined with other areas of social security	law	Compulsory	contracted worker/employee, people doing volunteer/community service, self-employed, part-time workers, apprentices, trainees, pupils, students, children at day care centres, spouses and collaborating family members, domestic workers	National OSH strategy Ministry of Social Security and Health, Governmental agency/public authority Management by Governmental board National OSH strategy
Mexico	social insurance, combined with other areas of social security	law	Compulsory	contracted worker/employee, people doing volunteer and community service, helpers in need, first-aiders (e.g. at accident locations), self-employed, part-time workers, apprentices, trainees, people on work training, pupils, students, children at day care centres, spouses and collaborating family members, migrant workers, domestic workers	Management by social security agency Supervision by a tripartite board National OSH strategy

Country	Type of EI scheme	Legal basis	Membership to the scheme	Coverage – Who is insured?	Governance/Supervision/Strategy
Panama	social insurance, combined with other areas of social security	law	Compulsory	contracted worker/employee, spouses and collaborating family members, migrant workers	Ministry of Labour, tripartite administrative board, private insurance company, Social security fund Governmental supervision
Poland	social insurance, combined with other areas of social security	law	Compulsory	contracted worker/employee, people doing volunteer and community service, helpers in need, first-aiders (e.g. at accident locations), self-employed, part-time workers, apprentices, trainees, people on work training, pupils, students, children at day care centres, spouses and collaborating family members, migrant workers	National OSH strategy Ministry of Labour Management by Governmental board National OSH strategy
Russian Federation	social insurance, separate scheme	law	Compulsory	contracted worker/employee, part-time workers, apprentices, trainees, people doing volunteer/community service, helpers in need, first-aiders, employers/self-employed on application, migrant workers, domestic workers, precondition for all is a signed contract	Governmental board
Saudi Arabia	employers' liability, separate scheme	law	Compulsory for employers to have workers' compensation insurance	contracted worker/employee, part-time workers, migrant workers, domestic workers	Government agency Tripartite administrative board
Singapore	employer's liability	law	Compulsory for employers to have workers' compensation insurance for workers in manual work; free choice given to employers to insure employees with low risk jobs	contracted worker/employee, part-time workers, apprentices, trainees, migrant workers, informal workers	Ministry of Manpower regulates compensation under Work Injury Compensation Act, no-fault approach Coverage via several private insurers with market-driven premiums

Country	Type of EI scheme	Legal basis	Membership to the scheme	Coverage – Who is insured?	Governance/Supervision/Strategy
Spain	social insurance, combined with other areas of social security	law	Compulsory	contracted worker/employee, self-employed, part-time workers, apprentices, trainees, migrant workers, domestic workers	Ministry of Labour Management by a Governmental board Governmental supervision
Switzerland	social insurance, separate no-fault scheme	federal law	Compulsory	contracted worker/employee, part time workers, apprentices, trainees, people doing volunteer/community service, migrant worker (if contracted)	National OSH strategy Tripartite administrative board (social partners and Government) Supervision by Government
Togo	not specified	law	Compulsory	contracted worker/employee, self-employed, part-time workers, apprentices, trainees, people on work training spouses and collaborating family members, migrant workers, domestic workers	Social security agency Tripartite administrative board National OSH strategy
Tunisia	social insurance, separate scheme	law	Compulsory	contracted worker/employee, people doing volunteer and community service, self-employed, part-time workers, apprentices, trainees, people on work training, pupils, students, children at day care centres, migrant workers, domestic workers	Ministry of Social Affairs Government agency

Table 2. Percentage apportion of service costs (per cent of total expenditure, most recent data)

Country	Prevention	per cent of cost	Rehabilitation	per cent of cost	Compensation	per cent of cost	Total system expenditures
Australia	-	-	X	22.4	X	55.7	6,614 million A\$
Austria	X	5.0	X	36.2	X	43.5	1,221 million €
Belarus	X	5.0	X	not specified	X	89.0 (Rehab. + Comp.)	not specified
Brazil	X	not specified	X	not specified	X	not specified	not specified
Canada (Ontario)	X	5.8	X	23.2	X	71.0	3,313 million Can\$
Colombia	X	not specified	X	not specified	X	not specified	not specified
Costa Rica	X	confidential	X	confidential	X	confidential	confidential
France	X	not specified	X	not specified	X	not specified	11,500 million €
Germany	X	6.9	X	27.9	X	42.7	13,166 million €
Indonesia*	X	not specified	X	not specified	X	30.0	140 million US\$*
Japan	X	2.1	X	1.7	X	84.2	10,788 million US\$
Kenya	X	not specified	X	not specified	X	not specified	not specified
Korea, Rep. of	X	max. 8	X	not specified	X	not specified	3,900 million US\$
FYRO Macedonia	X	not specified	X	not specified	X	not specified	not specified
Mexico	X	not specified	X	not specified	X	not specified	201 million US\$
Panama	X	not specified	X	not specified	X	not specified	not specified
Poland	(X)	0.07	-	-	X	97.6	1,600 million US\$
Russian Federation*	-	-	(X)	not specified	X	not specified	ca. 12.5 million €*
Saudi Arabia	X	not specified	X	not specified	X	not specified	not specified
Singapore	-	-	X	not specified, see comp.	X	100.0	54 million US\$
Spain	X	max. 0.5	X	not specified	X	36.3	6,565 million €
Switzerland	X	6.5	X	25.0	X	60.0	ca. 1,500 million €
Togo	X	not specified	X	not specified	X	not specified	not specified
Tunisia	X	not specified	(X)	not specified	X	not specified	56 million €

* Indonesia, Russian Federation: Budget is used for several components of social security, including social insurance

(X) negligible amount/proportion

US\$ to € average exchange rate: 1 € = 1.3 US\$

Table 3. Prevention services offered by surveyed EI schemes

Country	1	2	3	4	5	6	7	8	9	10	11
	Consulting and supervision (Inspection)	OSH rules and regulations	Health care and/or medical examinations	Assessment of occupational risks	Workplace health promotion	Operational services (e.g. measurements)	Education, qualification and/or training	Testing and certification	Research	Economic incentives / other incentives	Information and communication
Australia	-	-	-	-	-	-	-	-	-	-	-
Austria	consulting	no	yes	yes	yes	yes	yes	yes	yes	no/no	yes
Belarus	yes	yes	no	no	no	no	yes	no	yes	no/no	yes
Brazil	yes	not spec.	yes	yes	no	no	no	yes	yes	no/no	yes
Canada (Ontario)	yes	yes	no	yes	no	yes	yes	no	yes	no/yes	yes
Colombia	not appl.	yes	yes	yes	yes	yes	yes	no	yes	no/no	yes
Costa Rica	yes	yes	yes	yes	yes.	yes	yes	yes	yes	yes/yes	yes
France	yes	no	no	yes	yes	yes	yes	not spec.	yes	yes/no	yes
Germany	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes/yes	yes
Indonesia	yes	no	yes	no	no	yes	yes	not spec.	no	no	yes
Japan	yes	no	yes	yes	no	yes	yes	yes	yes	yes/no	yes
Kenya	yes	yes	yes	yes	no	yes	yes	not spec.	yes	no/no	yes
Korea, Rep. of	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes/yes	yes
FYRO Macedonia	yes	yes	yes	yes	yes	yes	yes	not spec.	yes	no/no	yes
Mexico	yes	yes	yes	yes	yes	yes	yes	not spec.	yes	no/yes	yes
Panama	yes	yes	yes	yes	yes	yes	yes	not spec.	yes	no/no	not spec.
Poland	no	no	no	no	no	no	no	no	yes	no/no	yes
Russian Federation	not spec.	no	no	no	no	no	no	no	no	no/no	no
Saudi Arabia	yes	yes	no	no	no	no	no	not spec.	yes	no/no	yes
Singapore	-	-	-	-	-	-	-	-	-	-	yes
Spain	yes	yes	no	yes	yes	no	yes	no	yes	no/yes	yes

Country	1	2	3	4	5	6	7	8	9	10	11
	Consulting and supervision (Inspection)	OSH rules and regulations	Health care and/or medical examinations	Assessment of occupational risks	Workplace health promotion	Operational services (e.g. measurements)	Education, qualification and/or training	Testing and certification	Research	Economic incentives / other incentives	Information and communication
Switzerland	yes	yes	yes	yes	no	yes	yes	yes	no	no/yes	yes
Togo	yes	no	yes	yes	yes	yes	no	not spec.	no	no/no	yes
Tunisia	yes	yes	not appl.	yes	yes	yes	not appl.	not spec.	not appl.	no/no	not appl.

1 Consulting and supervision (inspection)

2 OSH rules and regulations (accident prevention regulations of EI scheme institutions)

3 Health care and/or medical examinations

4 Support enterprises/employers in the assessment of occupational risks

5 Workplace health promotion

6 Operational services, such as measurements of hazardous substances or ergonomic analysis and advice at the workplace

7 Education, qualification and/or training

8 Testing and certification services

9 Research

10 Economic incentives / other kinds of incentive such as awards, premiums etc.

11 Information and communication

not spec. = not specified

not appl. = not applicable

Table 4. Services and benefits concerning rehabilitation

Country	Medical rehabilitation	Medical services	Medical research with universities	Promotion of occupational rehabilitation	Retraining	Social Rehabilitation (accommodation, cars, workplaces)
Australia	Yes	Yes	Yes, co-operation with universities	Yes	No (duty of employer)	Yes
Austria	Yes	Yes	Yes	Yes	Yes	Yes
Belarus	Yes	No	No	Yes	Yes	Yes
Brazil	Yes	Yes	Yes	Yes	Yes	Yes
Canada (Ontario)	Yes	Yes	Yes	Yes	Yes	Yes
Colombia	Yes	Yes	Yes	Yes	Yes	No
Costa Rica	Yes	Yes	No	Yes	Yes	Yes
France	Yes	Yes	No	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes	Yes	Yes
Indonesia	Yes	Yes	No	Yes	No	No
Japan	Yes	Yes	Yes	No	No	No
Kenya	Yes	Yes	No	Yes	Yes	No
Korea, Rep. of	Yes	Yes	Yes	Yes	Yes	Yes, for workplaces
FYRO Macedonia	Yes	No	No	No	Yes	Yes, for workplaces
Mexico	Yes	No	No	No	Yes	Yes, for workplaces
Panama	Yes	Yes	Yes	Yes	Yes	Yes, for accommodation and workplaces
Poland	No	No	No	No	Yes	No
Russian Federation	Yes	Yes	No	No	No	No
Saudi Arabia	Yes	Yes	Yes	Yes	No	Yes, for workplaces
Singapore	Yes	No	No	No	No	No
Spain	Yes	Yes	Yes	Yes	Yes	Yes
Switzerland	Yes	Yes	No	Yes	Yes	No
Togo	Yes	Yes	No	Yes	Yes	Yes, for workplaces
Tunisia	No	No	No	Yes	Yes	No

Table 5. Data on contributions made to surveyed EI schemes

Country	Funding type of EI scheme: contribution-based or other?	Who pays? employer	Who pays? employee	Bonus-malus, rebates/surcharges, regress Remarks
Australia	three different types of scheme funding: centrally funded, hybrid and private	Yes	No	No
Austria	Yes, fixed rates	Yes	No	regress
Belarus	Yes	Yes	No	rebates/surcharges, regress
Brazil	Contribution-based but also tax subsidies; pay-as-you-go system	Yes	Yes	bonus/malus, rebates/surcharges, regress
Canada (Ontario)	Yes	Yes	No	rebates/surcharges
Colombia	Yes	Yes	No	regress
Costa Rica	Yes	Yes	No	rebates/surcharges, regress
France	Yes, pay-as-you-go	Yes	No	bonus/malus, rebates/surcharges, regress
Germany	Yes, pay-as-you-go	Yes	No	bonus/malus, rebates/surcharges, regress
Indonesia	Yes, pay-as-you-go	Yes	No	regress
Japan	Other; pay-as-you-go	Yes	No	bonus/malus, rebates/surcharges, regress
Kenya	Other	Yes	No	No
Korea, Rep. of	Capital-funded	Yes	No	No
FYRO Macedonia	Capital-funded	Yes	No	No
Mexico	Mix of contribution-based and capital-funded; pay-as-you-go	Yes	No	regress
Panama	Yes, pay-as-you-go	Not specified	Not specified	bonus/malus, rebates/surcharges, regress
Poland	Not specified; pay-as-you-go	Yes	No	bonus/malus, rebates/surcharges
Russian Federation	Yes	Yes	No	rebates/surcharges
Saudi Arabia	Yes	Yes	No	regress
Singapore	Other	Yes	No	No
Spain	Mix of contribution-based and capital-funded	Employers and additional taxes	No	bonus/malus
Switzerland	Yes	Yes	No	bonus/malus, regress
Togo	Yes, pay-as-you-go	Yes	Yes	rebates/surcharges, regress
Tunisia	Yes	Yes	No	bonus/malus

Appendix 2.

The questionnaire survey form

Survey on national EI schemes

Background and objectives of the project

Employment injury (EI) schemes (also known as “*accident insurance scheme*” or “*workers compensation scheme*” or “*(social) accident insurance scheme*”) are the oldest form of social security coverage and the most widespread in the world, both indicators of its great importance. EI schemes were first established in the late 19th century in Europe; the first national scheme was legally established in Germany under Chancellor Bismarck in 1884 and which started working in 1885. EI schemes may provide – dependant on their basic principles – medical care, vocational and social rehabilitation, attendant care and cash benefits to workers who are injured on the job or while commuting or develop occupational diseases, as well as survivors’ benefits for families of victims of occupational fatalities. EI schemes in some countries have incorporated a broad preventive approach by encouraging workplace improvements in occupational safety and health to reduce accidents and diseases and work-related illnesses through employers’ risk-based contributions and/or actively supporting and financing awareness-raising and prevention activities.

ILO SafeWork is preparing an international study to assess the relation between a preventive approach to occupational accidents and diseases and the role of EI Schemes, including the collection of examples of good practices in a number of selected countries. The guide will be aimed primarily at a mixed audience of national authorities dealing with occupational safety and health (notably Ministries of Labour and of Health), and national authorities and institutions dealing with social security, as well as policy-makers amongst the ILO’s tripartite constituents. The guide will encourage active collaboration among all stakeholders involved in OSH and EI schemes, from reporting right through to benefits and support to prevention activities. In preparation of this guide elements of the broad variety of different national EI schemes will be assessed in order to develop recommendations for the establishment of new or the improvement of existing EI schemes.

Questionnaire

The following questionnaire will be used for the assessment of some aspects of your national situation with regard to Employment Injury insurance with a focus on preventive aspects. (The term “Employment Injury Scheme” is used to cover all types of schemes, including workers’ compensation, occupational accident insurance, etc.) The questionnaire will take **approximately 30 minutes** for you to complete, and we would be very grateful if you could be so kind as to answer the following multiple choice questions. There are only a few questions where full text answers are required, please try to answer these as concisely as possible in order to describe the national system of your country with a high level of accuracy. In case we

have remaining questions after the analysis of your answers it would be appreciated if we could contact you again. In this case, please ensure we have your contact details – telephone number and email address – on the following page.

Thank you for your valued cooperation and support.

Please fill the following items of the identification form:

Country:

Person processing the form:

Institution and address:

.....

.....

.....

Department:

Position of interview partner:

Phone:

Email:

Remarks:

Date:

QUESTIONNAIRE

Please attach any additional information you may have, such as statistics, tables, graphs, internet hyperlinks to public data etc.

How to **activate** the checkboxes: Make a double click on a checkbox and select “activate” in the context menu in order to fill the checkbox with a cross .

How to **deactivate** the checkboxes: For corrections please make another double click on an activated (crossed) checkbox, select “deactivate” in order to delete the cross in the checkbox.

1. Employment injury scheme – general:

1.1 Is there an employment injury (EI) scheme in your country? yes no
(This includes schemes known under other names such as workers' compensation, occupational accident insurance, employers' liability...)

1.1.1 If yes, is it mandatory (based on a law)? yes no
(If possible, please attach a copy of the law)

1.1.2 Is the scheme *(please check one box)*:

social insurance, public system

employers' liability

private

public/private mix system

other *(please specify)*:

1.1.3 In the case of a public EI system, is it part of the national social insurance or social security scheme? yes no

1.1.4 If yes, please specify if it is:

a separate scheme

a combined one with other areas of social security such as health insurance.

1.1.5 Is membership in the EI scheme compulsory for employers/enterprises? yes no

1.1.6 Is the EI scheme a no-fault insurance system? yes no
(that is, insured people are exempted from claims for damages by their insurance scheme, although they might have contributed to an accident by misbehaviour, by human error etc.)

If yes, what happens in cases of intent or culpable negligence when violating occupational safety and health (OSH) regulations?

In wilful misconduct of the employer:

.....

.....

In wilful misconduct of the insured (employee/worker):

.....

.....

1.1.7 Is there a national or EI scheme strategy on OSH? yes no
(If possible, please attach a copy of the strategy)

2. Occupational accidents & occupational diseases

2.1 Are there separate schemes for occupational accidents and occupational diseases? yes no

2.1.1 If not, does the EI scheme distinguish between occupational accidents and occupational diseases? yes no

2.2 What is the definition of an occupational accident in your EI scheme?

.....

.....

2.2.1 How is the definition of an occupational accident fixed? *(Please check one box)*

- not applicable
- by law
- by the EI scheme administration
- by a government commission
- by an independent commission
- other (please specify):
-

2.3 What is the definition of an occupational disease in your EI scheme?

(How are they classified as occupational?)

.....

.....

.....

2.3.1 How is the definition of an occupational disease fixed? *(Please check one box)*

- not applicable
- by law
- by the EI scheme administration
- by a government commission
- by an independent commission
- other (please specify):
-

2.3.2 Is there a prescribed/national list of occupational diseases for which benefits or compensation are payable? yes no

(If possible, please attach the prescribed list)

2.3.3 If yes, is the list based on any internationally recognised list:

- ILO Recommendation No. 194 concerning a List of Occupational Diseases, 2002
- EU Commission Recommendation 2003/670/EC (19/09/2003) concerning the European schedule of occupational diseases
- other (please specify):
-

2.3.4 Are there other insured incidents, such as commuting accidents, under the EI scheme? (If yes, please specify):

.....

.....

3. Reporting of occupational accidents and diseases

3.1 Is there a central/national reporting system for:

- Occupational accidents yes no
- Occupational diseases yes no

3.2 Who gives notice of (reports to the authorities) an occupational accident? (Please check all which apply)

- employer
- worker/employee
- company physician
- any medical doctor
- union representative
- health insurance
- other (please specify):

3.3 Who gives notice of (reports to the authorities) an occupational disease? (Please check all which apply)

- employer
- worker/employee
- company physician
- any medical doctor
- union representative
- health insurance
- other (please specify):

- 3.4** How is an occupational accident or disease notified?
(Please check all which apply)
- in writing
- using an official form
- electronically
- other (please specify):
- 3.5** To whom is the notice of an occupational accident or disease submitted?
- carrier of the EI scheme
- state authority
- other (please specify):
- 3.6** Are there time restrictions for notice of an occupational disease? yes no
(If yes, please specify):
- 3.7** Does your country publish national statistics:
- On occupational accidents yes no
- On occupational diseases yes no
- 3.7.1** Are the statistics available in a time series?
- for occupational accidents yes no not applicable
- for occupational diseases yes no not applicable
- 3.7.2** Are these statistics used for prevention purposes?
(for example, defining priorities for preventive actions)
- for occupational accidents yes no not applicable
- for occupational diseases yes no not applicable
- If there are annual reports covering statistics, please attach copies if possible.

4. Coverage

- 4.1** Who is insured and can receive benefits and/or rehabilitation?
(Please check all that apply)
- contracted worker/employee
- people doing volunteer and community service
- helpers in need, first-aiders (e.g. at accident locations)
- self-employed
- part-time workers
- apprentices
- trainees, people on work training
- pupils, students, children at day care centres

4.2 Are the following groups of employees/workers insured?

- | | | |
|--|------------------------------|-----------------------------|
| – spouses and collaborating family members | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – migrant workers | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – informal workers | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – domestic workers | <input type="checkbox"/> yes | <input type="checkbox"/> no |

5. Funding of the EI scheme**5.1** How is the scheme funded? Is it a...

(Please check all that apply, e.g. if your EI scheme is financed by contributions and include also a dynamic allocation of emerging costs, please check "contribution-based" and "pay-as-you-go-system"):

- | | | |
|---|------------------------------|-----------------------------|
| – contribution-based? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – pay-as-you-go-system?
<i>(sharing of costs/ expenses, dynamic allocation of emerging costs can be combined with regular contributions)</i> | | |
| – capital-covered system?
<i>(e.g. financed through a national fund of a public law foundation, fed by contributions, taxes or others)</i> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – tax-based system?
<i>(for example, like the UK National Health Service NHS, which is funded/state-subsidised by taxes)</i> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – mix of contributions & taxes/subsidies of the state? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – other <i>(please specify):</i> | | |

5.2 Who pays the contributions?

- | | | |
|--|------------------------------|-----------------------------|
| – Solely the employers or enterprises | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – Shared contributions of employers and employees | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – All tax payers
<i>(in case of a state-subsidised system)</i> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – Special tax for employers and/or employees/workers
<i>(like social insurance contributions)</i> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – other <i>(please specify):</i> | | |

5.3 Does the EI scheme allow for a bonus-malus system?

- | | | |
|--|------------------------------|-----------------------------|
| <i>(for example, dependent on the OSH performance of members of the EI scheme)</i> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|--|------------------------------|-----------------------------|

- 5.4** Does the EI scheme allow for rebates and surcharges?
(for example, dependent on the OSH performance of members of the EI scheme) yes no
- 5.5** Does the EI scheme consider retentions and regress?
(The EI scheme can ask for entitlement to damages for emerging costs of an occupational accident or diseases in cases of intent or culpable negligence of the employer/enterprise) yes no
- 5.6** Does the EI scheme provide any kind of economic incentives for prevention?
(for example, financial premiums or support, awards) yes no

6. Administration of the EI scheme

- 6.1** Who administers the scheme?
- Ministry of Labour, Social Security or of Health
 - Government agency or public authority
 - Social security agency
 - Private insurance company
 - A mix of organizations *(e.g. for accidents and diseases, please specify):*
 -
 -
- 6.2** Is the administration of the EI scheme independent of the funder?
(in most countries the employers/enterprises) yes no
- 6.3** If it is a non-governmental administration, is there a governmental influence and/or control of the administration? yes no not applicable
- 6.4** Is the EI scheme management board:
- a governmental board
(state/Government)
 - a tripartite board
(state/Government, employers and employees'/workers' representatives)
 - a self administration board of the social partners
(employers' and workers' representatives)
 - a private management board
(insurance company)
 - other *(please specify):*

- 6.5** Is the EI scheme management board independent in relation to the following?
- | | | | |
|--|------------------------------|-----------------------------|---|
| – determination of services in general | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – prevention services | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – rehabilitation services | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – benefits/compensation | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – definition of its statutes | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – its budget | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – hiring of staff | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – fixing contribution levels | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – definition of risk classes | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |
| – fining enterprises/employers for not complying with the statutes and regulations | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not applicable |

7. Services and benefits

- 7.1** Is there provision within your EI scheme to promote medical rehabilitation? yes no
- 7.1.1 Are there medical services within the EI scheme? yes no not applicable
- 7.1.2 Does the EI scheme undertake research on medical rehabilitation? yes no not applicable
- 7.2** Is there provision within your EI scheme to promote occupational rehabilitation? yes no
- 7.2.1 Does your EI scheme provide retraining for injured or sick workers? yes no not applicable
- 7.3** Is there provision within your EI scheme to promote social rehabilitation for support
- | | | |
|--|------------------------------|-----------------------------|
| – for adaptation of accommodation | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – support for adaptation of cars | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| – support for adaptation of workplaces | <input type="checkbox"/> yes | <input type="checkbox"/> no |

8. Prevention services

- 8.1** Is your EI scheme actively involved in **promoting preventive measures** to decrease the numbers of occupational accidents and diseases? yes no

- 8.2** Are there **separate funds for prevention activities**? yes no
(for example, allocating a certain percentage of employers' contributions or state budget to such a fund which can be used for preventive purposes)
- 8.2.1 If yes, please explain how this works *(percentage allocation or indicative sum, relationship/cooperation with OSH agencies in this respect)*:
- 8.3** If your EI scheme has a preventive approach, what **kinds of measures** are included *(the following measures and services are examples of those provided by some EI schemes, please check all that apply)*:
- 8.3.1 **Consulting and supervisory services** by OSH inspectors provided by the EI scheme? yes no not applicable
- 8.3.1.1 Are such inspectors allowed **to fine for violations** of OSH rules? yes no not applicable
- 8.3.2 Does the EI scheme **establish a set of binding OSH rules and regulations**? yes no not applicable
- 8.3.3 Does the EI scheme provide occupational **health care and/or medical examinations** for workers? yes no not applicable
- 8.3.4 Do the EI scheme's OSH experts support enterprises/employers in the **assessment of occupational risks**? yes no not applicable
- 8.3.5 Does the EI scheme provide **workplace health promotion** measures? yes no not applicable
- 8.3.5.1 If so, please specify if the workplace health promotion is executed in cooperation with other organizations, and which *(for example, health insurance scheme)*:
- 8.3.6 Does the EI scheme provide **operational services**, such as measurements of hazardous substances or ergonomic analysis and advice at the workplace? yes no not applicable

8.3.7 Does the EI scheme provide **education, qualifications and/or trainings**? yes no not applicable
(for example, to safety representatives, safety professionals, supervisors, management staff, etc)

8.3.8 Does the EI scheme provide **testing and certification services** in order to promote the occupational safety of products? yes no not applicable
(for example testing and certification of particular machinery, electrical operating equipment, personal safety equipment, and quality-management systems, etc)

8.3.9 Does the EI scheme undertake **research in the field of prevention**? yes no not applicable

8.3.9.1 If so, does The EI scheme **run research institutions** of its own? yes no not applicable

8.3.10 Does the EI scheme **offer economic incentives** to enterprises with regard to operational prevention? yes no not applicable
(e.g. financial support for enterprises introducing an OSH management system)

8.3.11 Does the EI scheme provide **other incentives**, such as awards, “name-and-shame” lists, etc? yes no not applicable
(If so, please specify):

8.3.12 Does the EI scheme produce and distribute **information and communication on prevention matters**? yes no not applicable
(for example any information on OSH such as brochures, internet, CD-ROMs, DVDs, communication tools such as internet or telephone hotlines for queries, etc.)
(If so, please specify):

8.3.13 Any **other prevention measures and activities** *(please specify)*:

8.4 Is there cooperation between the EI and the following organizations for preventive activities:

- EI inspectors and the State labour inspectors? yes no not applicable
- EI and other government OSH agencies? yes no not applicable
- National or international institutions in other countries (*international cooperation*)? yes no not applicable

(If yes, please specify):

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9. Scientific advisory body

- 9.1** Does the EI scheme have a scientific advisory body? yes no
- If so, is the body independent of the funder? yes no not applicable

10. Expenditures

Please use the latest year for which data are available, and please specify the year. If possible, please provide the data for this section for the past five years.

- 10.1** What is the total expenditure US\$ or €
of the whole national EI scheme?
(if compensation, rehabilitation and prevention
are organized in different institutions please sum up)

- 10.2** What proportion of the overall budget of the EI insurance scheme is spent on:

- 10.2.1 Administration and procedures? %
(e.g. social court action, adjustment
with health insurance institutions, regress actions etc.)

- 10.2.2 Prevention (if applicable)? %

- 10.2.3 Rehabilitation (if applicable)? %

- 10.2.4 Payments to claimants? %

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