Do occupational health services really exist?

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Survey of the Quality and Effectiveness of Occupational Health Services in the European Union, Norway and Switzerland

Eds: Lehtinen, Räsenen, Husman & Rantanen

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International Conference on Occupational Health Services
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Austria
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Finland
France
Germany
Greece
Ireland
Italy
Luxembourg
The Netherlands
Norway
Portugal
Spain
Sweden
Switzerland
United Kingdom
What is occupational health services (OHS)?
ILO Convention No. 161 (1985)
ILO Recommendations No. 171

...are essential documents for OHS development and the implementation of an occupational safety and health policy and functions at the enterprise level.

...provide a comprehensive approach to the prevention of occupational diseases and also equity, accessibility and affordability.

...include a description of OHS models and activities to be organised at the workplaces, as well as a multidisciplinary approach and cooperation between different occupations.
Austria
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Germany
Sweden

Benin
Burkina Faso
Zimbabwe

Bosnia & Herzegovinia
Croatia
Czech Republic
Hungary
Former Yugoslav Rep of Macedonia
Poland
San Marino
Serbia & Montenegro
Slovakia
Slovenia

Antigua & Barbados
Brazil
Chile
Colombia
Guatemala
México
Uruguay
Objectives

Methods

- structured interviews & questionnaires, responses followed-up

- respondents: ministries, research institutes, professional organisations, insurance companies, trade unions, employers’ organisations

- answers generously documented
Overall impact and opinions of OHS

1. Overall impact and limits of OHS
2. Coverage, access and equity
3. Orientation toward customer and client needs
4. Focus on preventive action at workplaces
5. Effects on the health and work ability of workers and productivity of enterprises
6. Professional ethical standards
7. Cost effectiveness and cost efficiency
8. Professional competence
9. Professional satisfaction
Overall impact and opinions of OHS

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To try to answer the question (Do OHS really exist?) three criteria for “existance of OHS” are used:

1. OHS coverage of the nation’s working force; how many % of the employees have access to OHS?

2. Focus on preventive actions at workplaces

3. Professional competence within OHS
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>95-100%</td>
<td>France &amp; Netherland</td>
</tr>
<tr>
<td>78-100%</td>
<td>Finland</td>
</tr>
<tr>
<td>very good</td>
<td>Belgium &amp; Luxembourg</td>
</tr>
<tr>
<td>60%</td>
<td>Norway &amp; Sweden</td>
</tr>
<tr>
<td>50-55%</td>
<td>Austria</td>
</tr>
<tr>
<td>35%</td>
<td>Denmark &amp; Portugal</td>
</tr>
<tr>
<td>poor or unknown</td>
<td>Greece, Italy, Ireland, Spain</td>
</tr>
<tr>
<td></td>
<td>Switzerland &amp; United Kingdom</td>
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<tr>
<td>response un-</td>
<td>Germany</td>
</tr>
<tr>
<td>understandable</td>
<td></td>
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</tbody>
</table>
Less than 1 out of 3 employees are covered by OHS

To be considered:

”In some countries, the coverage of OHS is 100% if the legislation requires employers to provide OHS…”

In summary, maybe 1 out of 4 employees have access to OHS
Former Yugoslav Rep of Macedonia
Armenia
The Russian Federation

China
India
Nepal

Colombia
Ecuador

South Africa
Ghana
Kenya
Focus on preventive action at workplaces?

a few countries:  
all or most OHS activities are preventive...

most countries:    
there should be more prevention...

a few countries:    
there is no prevention...
A great obstacle for the understanding "preventive actions at workplaces":

What do we mean, and what should we mean, with prevention and preventive actions?
In general, OHS focus on prevention, mainly with respect to safety, personal protection and work environment issues at workplaces.

Prevention largely means also prevention of diseases, injuries and the promotion of health.

The methods and concepts of preventive activities vary according to the country, time of training of professionals, tradition and the requirements of legislation and practices.

Employers expect to get immediate benefits from prevention, whereas professionals see their work as long-term activity to improve the quality of life and work.
Prevention of risks

Control of risks

Protection of worker

Curing injuries & diseases
Professional competence within OHS?

Competence requirements are very different in different countries.

Competence is considered high in:
- Belgium, Denmark, France, Norway, UK

Needs for increased competence expressed by:
- Austria, Finland, Germany, Italy, The Netherlands, Spain, Sweden

Statements difficult to understand, from:
- Ireland, Luxembourg, Portugal, Switzerland
Only a few countries have mentioned competence related to OHS manpower

Lack of personnel:
   Germany, Greece, France, Ireland

Understandable details:
   Greece, The Netherlands, Norway
Greece  
2,000 physicians needed in the country  
200 physicians employed  
50 physicians have undergone required training

The Netherlands  
Totally 7,000 specialists work within OHS,  
of which 1,900 physicians  
"Official courses and diplomas" are needed before official certification to work in OHS

Norway  
Totally 2,500 specialists work within OHS  
Of these, about 20% fulfil the specialist criteria defined by the professional associations in Norway
Do OHS really exist?

- Yes, they exist to a small degree

- The contents of “preventive actions at workplaces” are difficult to describe and define.

These contents seem to differ greatly from country to country.

- Competence requirements for OHS specialists differ greatly from country to country.

There is a general lack of specialists employed in OHS, meeting these requirements.
....some reflections:

1. A new, fresh start is needed

2. Coverage is not access

3. Prevention to be re-defined and re-established

4. Specialist training the main tool
Thanks!