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## *OCCUPATIONAL HEALTH INDICATORS AND COUNTRY PROFILES IN THE BALTIC SEA COUNTRIES*

Report on a WHO follow-up meeting

Vilnius, Lithuania  
18–20 September 1997

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## TARGET 25

### HEALTH OF PEOPLE AT WORK

*By the year 2000, the health of workers in all Member States should be improved by making work environments more healthy, reducing work-related disease and injury, and promoting the wellbeing of people at work.*

### ABSTRACT

The meeting was organized by the Bilthoven Division of the WHO European Centre for Environment and Health in collaboration with the Centre of Occupational Medicine of the Institute of Hygiene, Lithuania, the Finnish Institute of Occupational Health, the International Labour Office, Geneva, and the European Foundation for Living and Working Environment, Dublin. Its purpose was to discuss further developments in occupational health in the Baltic Sea subregion and to follow up the implementation of decisions made at the first meeting in November 1995 and the second meeting in October 1996. The present meeting dealt with three main issues: practices in the notification and registration of occupational diseases and accidents in the Baltic Sea countries, workplace risk assessment, and the Telematic Information Network in Occupational Health and Safety among institutions in the countries surrounding the Baltic Sea.

### Keywords

OCCUPATIONAL HEALTH  
HEALTH STATUS INDICATORS  
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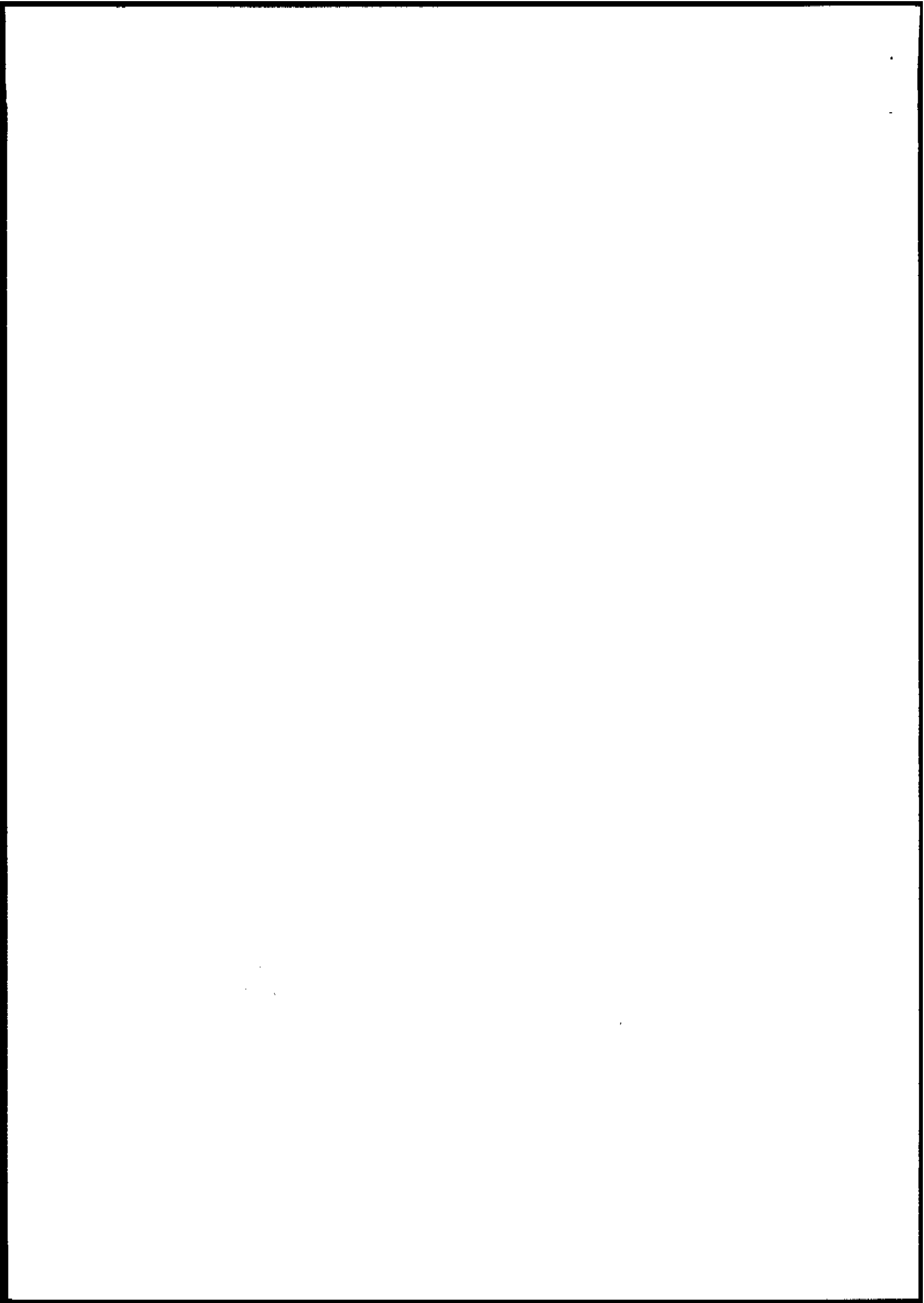
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## Opening of the meeting

1. *Dr Remigijus Jankauskas*, Director, Centre of Occupational Medicine of the Institute of Hygiene, Lithuania, as the host and co-organizer of the Meeting, wished all participants welcome to Vilnius and to the Meeting.

*Dr Danguole Jankauskiene*, Secretary of the Ministry of Health, Lithuania, opened the Meeting and wished all participants welcome to the meeting.

*Mr Antanas Matulas*, Head of the Health Commission, Lithuanian Parliament, emphasized in his opening address the importance of legislation in the field of occupational health and safety, but also stressed the need for sharing knowledge and experience. For that purpose, this meeting is a good example of creating possibilities for exchange of ideas, expertise and development potential, he said.

*Mr Rimautas Kairelis*, Vice-Minister, Ministry of Social Security and Labour, Lithuania, welcomed the participants, and emphasized the importance of safety legislation, but he also emphasized the need for dialogue between employers and employees in matters of safety. He appreciated the wide participation and the large number of countries represented in the Meeting, and concluded it to reflect interest in solving occupational health and safety problems in Europe and in the whole world. He was convinced that occupational health and safety matters are and should be of interest also to politicians, and looked forward to seeing development in the information systems of occupational health and safety in the European Region.

*Dr Boguslaw Baranski*, Regional Adviser, Occupational Health, World Health Organization (WHO), European Centre for Environment and Health, Bilthoven Division, welcomed the participants on behalf of the Regional Director Dr Jo E. Asvall to the Follow-up Meeting on Strengthening of Occupational Health in the Baltic Sea Countries. He expressed the gratitude of WHO, Regional Office for Europe, to the Lithuanian Centre of Occupational Medicine for making all arrangements at the national level necessary to organize the Meeting in Vilnius. He also thanked the Finnish Institute of Occupational Health, the International Labour Office, and the European Foundation for the Improvement of Living and Working Conditions, Dublin for collaboration in the preparation of the Meeting. He briefly reported on the priorities of the WHO/EURO, and wished that one of the outcomes of the Meeting would deal with further developments for collaboration among the Baltic Sea countries.

*Dr Jürgen Serbitzer*, ILO, Head of the Engineering Section of the Occupational Safety and Health Branch of the ILO highlighted the importance of close cooperation between ILO and WHO institutions in the organization and realization of the Meeting. Their joint efforts were important for the harmonized implementation of the objectives and mandate of the ILO and the WHO Global Strategy on Occupational Health for All, which was expected to result in a harmonized development of national activities in occupational safety and health, and the improvement of working conditions in the countries represented in the Meeting. He wished the Meeting and all participants every success and a fruitful meeting.

### **Election of officers**

2. *Professor Jorma Rantanen*, Finland, was elected Chair, *Dr Remigijus Jankauskas*, Lithuania, and *Mr Knud Overgaard-Hansen*, Denmark, Vice-Chairs, and *Ms Suvi Lehtinen*, Finland, Rapporteur of the follow-up Meeting. The programme of the Meeting is attached as Annex 1 and the list of participants as Annex 2 to this report.

3. The Chairman welcomed Mr Antanas Matulas, Health Commission, Parliament of Lithuania and Mr Rolandas Sysas, Social Commission, Parliament of Lithuania, and nine members of the tripartite Lithuanian Safety at Work Commission as participants of the Meeting. Their participation was assessed as a signal of the importance and high appreciation for occupational health and safety in Lithuania.

### **Scope and purpose of the meeting**

4. The meeting was a continuation to four previous WHO consultations: one organized by the WHO Headquarters in Moscow, Russian Federation, dealing with the development of occupational health services in the countries in transition (8–9 February 1994); the second organized by the WHO Regional Office for Europe, charting the situation of occupational health services in countries in socioeconomic transition, held in Lodz, Poland (15–17 December 1994); the third dealing with strengthening of occupational health services in the Baltic Countries, organized by the WHO Regional Office for Europe, held on 6–7 November 1995 in Copenhagen, Denmark; and the fourth dealing with the strengthening of occupational health in the Baltic Sea countries, held in Riga, Latvia, on 17–18 October 1996.

Most countries recognize the need to modify, strengthen, and develop their present occupational health and safety information systems. Information systems should be designed to serve several levels and bodies, such as decision-makers, government authorities, social partners, training, education and information bodies, research institutions, and the general public. Country profiles on occupational health and safety would provide valuable information for multiple users, such as governmental agencies and international organizations, employers, employees, and some new users, such as investors. Thus, there is a need for international collaborative efforts to exchange experience and define qualitative and quantitative indicators to be used for the preparation of a country profile on occupational health and safety. These tools are necessary to monitor progress towards implementation of the WHO Global Strategy on Occupational Health for All.

Stressing that occupational health and healthy work environments are essential for individuals, communities and countries, as well as for the economy of each enterprise, the Forty-ninth World Health Assembly (WHA) in its plenary meeting on 25 May 1996 in Geneva endorsed the *WHO Global Strategy on Occupational Health for All*. To implement this strategy, and to further develop, as far as possible, unified definitions of occupational health indicators and country profiles, the World Health Organization, European Centre for Environment and Health, Bilthoven Division, in agreement with the Ministry of Health, Lithuania, and in collaboration with the Centre of Occupational Medicine of the Institute of Hygiene, Vilnius, organized this follow-up meeting, as recommended by the Consultation on Strengthening of Occupational Health Services in the Baltic Countries, held in Riga, Latvia, on 17–18 October 1996.

The objectives of this follow-up Meeting were:

- a. to discuss current practices and ways of increasing comparability between countries in the recording and notification of occupational accidents and diseases in countries around the Baltic Sea;
- b. to review the current practices in use in the different countries for workplace risk assessment, including proposing indicators for use at national and enterprise level;
- c. to review the progress of the telematic information network on occupational health and safety among institutions from countries around the Baltic Sea.

### **Practices in the notification and registration of occupational diseases and accidents in the Baltic Sea countries**

5. The notification and registration of occupational accidents and diseases was chosen as a main theme of the present Meeting by the preparatory meeting organized jointly by WHO/EURO and the Federal Institute of Occupational Safety and Health in Berlin on 3 March 1997 on request of the Baltic Sea Network members expressed in Riga meeting in October 1996. The discussion was based on the introductory reports by the ILO and description of national systems by 10 countries.

6. *Mr Jürgen Serbitzer*, ILO, introduced the ILO Code of *Practice on Recording and Notification of Occupational Accidents and Diseases*, approved by the ILO in 1994. He briefly described the contents of the Code of Practice. It was actively discussed and highly appreciated by the participants. Special adaptation, however, was deemed necessary for the national users.

7. Ten country reports on the practices in the notification of occupational diseases and occupational accidents in the Baltic Sea countries were given (Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland, Russian Federation, Sweden). Substantial variation between the countries as regards the legislation, infrastructures, and practices was reported.

8. *Dr Mikheev*, WHO/HQ, commented the adoption of the Global Strategy on Occupational Health for All by the World Health Assembly in May 1996. It provides a good basis for further collaboration of the countries, even though it will not be possible to realize the target at once. He reported on the differences in statistics on occupational diseases in different countries. WHO has estimated that in the world there are 125 million occupational injuries, 220 000 fatalities, 160 million occupational diseases, of which 10% lead to long-term or permanent disability each year.

9. In spite of the wide variation in the normative basis and formal arrangements between the countries, it could be concluded that there are also many substantive similarities in the notification and registration in various countries. The classification system is about the same, the duty to notify lies on the employer in all countries. In many countries there is a list of occupational diseases, and the trend in the statistics on occupational diseases and accidents is about the same, thus providing some basis for comparisons.

The structure and organization of data and registration systems are nationally based, and there does not seem to be much possibility for unifying these systems. A word of warning was said concerning the mechanistic comparisons of the numerical figures without having full

understanding of the notification system and its coverage; however, the trends of occupational accidents and occupational diseases in the different countries can be compared.

### **Reports of the working groups on notification and registration of occupational accidents and diseases**

10. The three groups all had the same four questions as a basis for their discussions. The questions are presented below.

#### *Questions to the working groups: notification and registration of occupational accidents and occupational diseases*

1. What are the minimum requirements to start the implementation of the ILO Code of Practice?
2. What are the proposals for actions to collect internationally comparable data on occupational accidents and occupational diseases?
3. What are the actions needed to provide and present the data through the Baltic Sea Internet Network?
4. Any other proposal by the group.

11. *Group 1 members:* Kirsten Jørgensen, Denmark, (Chair), Elisabeth Broberg, Sweden, (Rapporteur), V. Grigorjevs, Latvia, R. Jankauskas, Lithuania, M. Järvis, Estonia, M. Lamberg, Finland, Z. Pawlowska, Poland, C. Schlombach, Germany, G. Suvorov, Russian Federation, M. Mikheev, WHO.

Group 1 reported as follows:

1. The minimum requirements for the notification and registration of occupational accidents and diseases are described in the ILO Code of Practice. The first step is a uniform model to describe each country's notification and data systems. Coverage of the data is of utmost importance. There is a need to use effectively the data gathered, and the different purposes for which data are compiled should also be taken into account. Numerous forums for presenting the country information exist: EU, European Region of the WHO, ILO, to mention just a few.
2. The comparability of data needs to be improved. There is need for discussion between occupational health professionals and others involved with definitions, concepts, and notification and registration. Exchange of information and experience on national practices is also needed.
3. In spite of variations in legislations and infrastructures between countries, a common form for presenting the data is possible and necessary for including the data in the www-files.
4. The fragmentation of working life (downsizing, subcontracting, splitting companies into smaller ones, self-employment, short-term employment, unemployment, etc.) was also discussed, as well as its relation and impact on the information systems. Such developments may make the aims of the full coverage and standardized data

compilation even more cumbersome than today. These changes would require some coverage of new areas, such as work at home, informal work, etc. for which new strategies of information collation may be needed.

12. *Group 2 members:* B. Hoffman, Germany, (Chair), P. Paoli, European Foundation, (Rapporteur), M. Eglite, Latvia, H. Kahn, Estonia, J. Michalak, Poland, S. Paananen, Finland, E. Pertilä, Finland, Z. Starzynski, Poland, B. Baranski, WHO.

Group 2 reported on the notification and registration of occupational accidents and diseases as follows:

1. ILO minimum requirements were discussed and it was concluded that the dissemination of information and translation of the Code into national languages is urgently needed. The Group also concluded that the Code should be assessed by all relevant bodies in order to achieve national consensus on its implementation.
2. As the comparability of data is a difficult issue, it was suggested that in addition to numerical values also background information be compiled. Increased transparency of data is needed. The collecting bodies should be identified. A common framework for presentation, at the same time defining the premises, would facilitate the understanding and correct interpretation of data from different countries.
3. To present the data in the Internet, the Group proposed a homepage with a common structure, where hypertext links between homepages could be established. As a practical action, the basic information could be kept relatively simple, and links for more information and special data banks could be given for those who need more information. A common format for the basic information would facilitate the use of the www-pages. The language of the service was also touched upon.
4. The Group proposed that regular meetings of the telematic network be organized, especially when focusing in the establishment of a specific topic for the Network www-pages.

13. *Group 3 members:* E. Jankauskas, Lithuania, (Chair), P. Westerholm, Sweden, (Rapporteur), S. Fernandez-Duran, Spain, H. Laitinen, Finland, K. Overgaard-Hansen, Denmark, S. Paananen, Finland, A. Wannag, Norway, R. Viinanen, IOHA, J. Serbitzer, ILO

Group 3 reported as follows:

1. National policy objectives for notification and registration of occupational accidents and diseases need to be defined and supported by legislation. In all countries a responsible body needs to be nominated for policy design and for its implementation. In addition, data collection, data flow and data processing should be organized. Basic classifications such as criteria for occupational accidents and diseases, the extent of coverage, and various definitions should be agreed upon.

Different uses for the data and statistics, such as prevention, compensation, and information should be considered in the design of data systems.

2. For the comparability of data, a description of how the data was generated is needed to facilitate the correct interpretation of the data.

It was deemed appropriate to present data branch-wise, provide basic population information, consider presentation of selected information and items, consider special needs of the target groups and clients, and to assess the utility value and rewards of the system.

3. The Group found the issue of the comparability of data difficult. A standard format is needed for the provision of data, as also for the description of the system itself. In addition, the Group concluded that avoiding duplication of work is of utmost importance, especially when resources are limited, and there are several other networking activities going on. Therefore, it would be advisable to be well informed of other parallel efforts, and to join forces and find synergism in different on-going activities.

14. On the basis of the session discussions and the working group discussions it was concluded that there is a need for future development of at least the following issues:

- transparency of data and the right to know;
- confidentiality of personal data;
- the problem of underreporting of occupational accidents and occupational diseases;
- the fragmentation of working life and its impact on information systems and indicators in occupational health and safety (working populations);
- to ensure continuity, statistics should be kept by government institutions rather than private companies;
- near-accidents and hazardous occurrences need to be considered in the future;
- evaluation of the occupational health impact (occupational diseases, work-related diseases, preventable diseases at work) could be considered;
- common format for the presentation by the Network members of the national systems and statistical data on registration and notification of occupational accidents and diseases to facilitate the use of the www-pages and to link between different networks.

### **Workplace risk assessment**

15. The second main theme of the Meeting was the methodology and practice of workplace risk assessment. This theme has become actual since the launching of the Framework Directive 89/391/EEC and other legislative changes at the national level.

16. Three presentations were given in the Session on Workplace Risk Assessment on the current situation in workplace risk assessment (Sweden, Finland) and risk surveillance (EU, Dublin Foundation).

### **Reports of the working groups on workplace risk assessment**

17. The Meeting continued more detailed discussions in the three Working Groups whose reports are presented below. The questions to the Working Groups are presented below.

*Questions to the working groups: workplace risk assessment*

1. Is risk assessment at the workplace needed, and if so, on what grounds? Technical versus policy?
2. To what extent is workplace risk assessment required/guided/practised in different countries? Who are the actors?
3. What are the basic requirements to expand risk assessment practices at the workplace and to extend it to all workplaces?
4. Proposals for further actions for workplace risk assessment (strategies, practices)
  - (a) immediate
  - (b) long-term actions
  - (c) uses of risk assessment results.

18. *Group 1 members:* Kirsten Jörgensen, Denmark, (Chair), Elisabeth Broberg, Sweden, (Rapporteur), V. Grigorjevs, Latvia, R. Jankauskas, Lithuania, M. Järvis, Estonia, M. Lamberg, Finland, Z. Pawlowska, Poland, C. Schlombach, Germany, G. Suvorov, Russian Federation, M. Mikheev, WHO.

Group 1 reported as follows:

1. Workplace risk assessment (WRA) is needed, and stipulated by the legislation in most countries.
2. WRA is practised at some level in all countries, in some countries based on legislation, in some others there is no legislation. The principal actors in WRA are occupational health experts, management, and safety officers. Guidelines specially prepared for each of these groups are thus needed for the practical implementation of workplace risk assessment.
3. Different assessors of risk have different capabilities and interest in workplace risk assessment. The tools for WRA should be simple and feasible for routine use. The willingness to use risk assessment at the workplace should be strengthened by developing incentives for usage.
4. Market supervision is becoming important in some areas due to European regulations policies. Chemical safety sheets are an important tool for workplace risk assessment. There is also a need to develop specific tools for workplaces so that they can do their own risk assessments.

19. *Group 2 members:* B. Hoffman, Germany, (Chair), P. Paoli, European Foundation, (Rapporteur), M. Eglite, Latvia, H. Kahn, Estonia, J. Michalak, Poland (Co-rapporteur), S. Paananen, Finland, E. Pertilä, Finland, Z. Starzynski, Poland, B. Baranski, WHO.

Group 2 reported as follows:

1. There are legal obligations for workplace risk assessment. Good workplace risk assessment practices and conducive participation of the social partners may be an

important contribution to the company image and economic performance. Integration with the overall policy of the company is a new trend in workplace risk assessment.

2. The practice of workplace risk assessment varies between the different countries. Company size also has an impact, small enterprises having difficulties to carry out WRA without expert support.
3. The utility of workplace risk assessment is dependent on methods and use in practice. Workplace risk assessment methods are a useful tool, but they should bring benefits to all the partners. The practice also needs to give good returns and thus work as an incentive for continuous improvement.
4. The following actions for further development were proposed: immediate action: simple tools are needed to start workplace risk assessment activities. Better dissemination of existing information at the country level was encouraged.

Long-term approach: workplace risk assessment should be extended to all branches and all enterprises. Elaboration of cost-benefit analysis in relation to workplace risk assessment is needed. Stricter legislation and/or execution of legislation may be needed to prevent companies from withholding payment of the costs of the consequences of poor occupational health and safety.

20. *Group 3 members:* E. Jankauskas, Lithuania, (Chair), P. Westerholm, Sweden, (Rapporteur), S. Fernandez-Duran, Spain, H. Laitinen, Finland, K. Overgaard-Hansen, Denmark, S. Paananen, Finland, A. Wannag, Norway, R. Viinanen, IOHA, J. Serbitzer, ILO.

Group 3 reported as follows:

1. A distinction was made between scientific and practically oriented workplace risk assessment. Workplace risk assessment can be seen as a tool for the improvement of working conditions. Total workplace participation and commitment is needed. There is a need to clarify the roles and responsibilities of the actors (state, employers-employees, OH&S experts, etc.). Workplace risk assessment should be seen as an integral part of the total quality management of the company.
2. Workplace risk assessment is a legal requirement (e.g. EU, the Nordic countries, Latvia, Lithuania, Poland). Enforcement of such legislation could be improved. The question of costs and support should be looked into especially in the case of small-scale enterprises. Actors are government authorities, employers-employees, OH&S experts, researchers, etc. who all should be allowed to participate in workplace risk assessment.
3. Information and consulting services are needed to strengthen the workplace risk assessment activities, and enforcement of regulations. In addition, the utility value of risk assessment should be ensured. Better tools for workplace risk assessment are needed. Training of the people involved is also important. Rewards and good examples should be used for positive strengthening.

The Group concluded that the legislative instruments for workplace risk assessment are already available – the question is merely of using them.

4. The topics for the next meeting could be: workplace risk assessment, existing tools for workplace risk assessment, integration of the quality system.
21. In summary, a legal basis is needed, feasible tools for workplace risk assessment are called upon, broad participation of all partners involved was assessed important, and the continuation of this discussion in the next meeting was encouraged.

### **Telematic Information Network in Occupational Health and Safety**

22. The establishment of the Network among the countries around the Baltic Sea was agreed upon by the partners participating in the WHO/EURO Copenhagen Consultation, and the Finnish Institute of Occupational Health was delegated the task to act as the facilitator in the Network. One of the objectives of the third session of the present Meeting was to give a status report on the situation in the framework set-up of the Network and on the development of the national data profiles.

23. The participants of the Meeting reported on the development of the Network at the national level as follows. Several ideas for the further development of the Network were put forward:

Denmark reported on the parallel developments of the Bilbao Agency. The idea of the Baltic Sea Network was supported, but the Danish side emphasized that the effective use of resources to contribute simultaneously to both networks should be ensured.

Estonia reported on the preparation made at the national level, and the donation of the computer by Procter & Gamble was gratefully acknowledged.

The comments of Finland were presented by Dr Pertilä, representing the Association of Industrial Physicians in Finland. He welcomed the further development of the Baltic Sea Network. The Association is linked to the Finnish country pages.

Germany, represented by the Institute of Occupational Health in Berlin, reported on having recently started its own www-pages ([www.baua.de](http://www.baua.de)). They will join the Network as soon as possible. Dr Hoffman, representing the Berufsgenossenschaften, also informed that they have their own www-pages which could easily be linked to the Network. He also drew attention to the need to avoid duplication of work in relation to the Bilbao Agency Network.

Latvia is well on its way to technical readiness for linking its pages. Some problems have come up in the technical implementation of the www-pages, but a concrete time schedule and plan for the content of Latvia's homepage were made.

Lithuania reported that their homepages are connected to Internet ([www.dmc.lt](http://www.dmc.lt)), and they can fairly soon be linked to the Baltic Sea Network. A minor problem seems to be the small amount of English-language material. A new computer was expected to be taken into use in a few days.

Norway reported that there has been some delay because of lacking personnel resources, but the idea of the Network was supported, and Norway will join the Network as soon as possible.

Poland reported that both institutions represented in the Meeting (Nofer Institute of Occupational Medicine, Lodz, and the Central Labour Protection Institute, Warsaw) have their own homepages, legislation is available in English, they are planning a short description of the country homepage, and a link to the original sources. The Central Labour Protection Institute was in favour of the Network and expected to be able to provide statistical data on occupational accidents in Poland to the Network.

The Russian Federation reported that their homepage is under preparation. The Institute in St Petersburg, Academy of Postgraduate Training, wished to join the Network, which was welcomed.

Sweden was represented by two institutions, the National Institute for Working Life and the National Board of Occupational Safety and Health, which both have their own homepages. They will join the Network in due course.

WHO/EURO and ILO homepages are already linked with the Baltic Sea Network homepage. WHO/HQ wished to be added to the Baltic Sea Network homepage as soon as possible. Also linkage to the WHO Network of the Collaborating Centres in Occupational Health was encouraged.

The Finnish Institute of Occupational Health as the Baltic Sea Network facilitator was also encouraged to discuss with the Bilbao Agency the linking of the Baltic Sea Network with the EU networks. It should increase the information coverage of both networks, and facilitate transfer and use of available information.

Indication of the number of visitors to the homepages and to the specific parts of the Network should be built-in into the Network. This would also facilitate the further development of the Network.

24. It was agreed in the plenary discussion that the presentations given at the present Meeting be published by the WHO, European Centre for Environment and Health, Bilthoven Division. The manuscripts should reach Dr Baranski by 30 September 1997. The publication will be available on the www-pages of the Network later on.

25. It was also agreed that the participating institutions look into the possibilities to allocate some funds within their annual budget for the practical implementation of the activities discussed in the Meeting and planned to be implemented within the Baltic Sea Network.

## **Conclusions and recommendations**

### **Introduction**

The Meeting on Occupational Health Indicators and Country Profiles in the Baltic Sea Countries was organized by the World Health Organization, Regional Office for Europe, European Centre for Environment and Health, Bilthoven Division, in collaboration with the Centre of Occupational Medicine of the Institute of Hygiene, Lithuania, and with the Finnish Institute of Occupational Health, the International Labour Office, Geneva, and the European Foundation for Living and Working Environment, Dublin. The purpose of the Meeting was to discuss the further developments in occupational health in the Baltic Sea Region and to follow up

the implementation of decisions made in the first meeting on 6–7 November 1995 in Copenhagen, and the second meeting on 17–18 October 1996 in Riga. The present meeting dealt with three main issues: a) practices in the notification and registration of occupational diseases and accidents in the Baltic Sea Countries, b) workplace risk assessment, and c) the Telematic Information Network in Occupational Health and Safety among the institutions in the countries around the Baltic Sea. The Consultation agreed upon the following conclusions and recommendations on the basis of the introductory presentations, plenary discussions, and working group discussions during the meeting.

### Practices in the notification and registration of occupational accidents and diseases in the Baltic Sea countries

1. The availability of up-to-date data on occupational accidents and occupational diseases covering all types of occupational activities and on all workers is an important asset for the improvement of working conditions, for the protection of workers' health and safety, for inspection purposes and for workmen's compensation, as well as for research and development purposes.

*The development and maintenance of reliable and well-covering data on occupational accidents, occupational diseases and work-related diseases should be considered as an important tool and prerequisite for effective occupational health and safety policy and for the development of the social dimension in working life. Such an information system should be available for all countries.*

2. The international guidance from the ILO, WHO and EU for the notification and registration of occupational accidents and diseases was found to provide an excellent basis for the development of national and company level practices. Wide variation was found between the countries in the implementation of such guidelines. The need for active adaptation of such guides to appropriate national structures and to the national conditions was recognized.

*The Member States, with support from the institutions participating in the Baltic Sea Network, were encouraged to analyse their status in the implementation of the ILO Code of Practice on Recording and Notification of Occupational Accidents and Diseases and to design a policy to develop their notification and registration systems to meet the objectives set by the international guideline. This is in line with target 11 and 25 of the European Health for All Strategy, as well as with objective No. 8 of the WHO Global Strategy on Occupational Health for All.*

3. Great variation between the countries was found in the concepts of occupational accidents and occupational diseases, population and time coverage of notification and registration. This makes comparison of the data difficult, if not impossible. The European statistics on accidents at work collected by the EUROSTAT aims at the collection of comparable data in the European Union countries.

*Efforts to collate and report data by participating institutions in comparable format is recommended even when the national legislations and notification and registration practices differ between countries. In the first stage, the country reports presented in this Meeting will be put in the www of the Network, providing information on the definitions, criteria, coverage, etc. so that correct interpretation of the data can be made. The ultimate objective should be the*

*provision of comparable data on occupational accidents and diseases, as well as work-related diseases of all working people.*

4. The problem of underreporting and lack of coverage due to several reasons was found to be a substantial one and to lead to underestimation of the problems of occupational accidents and occupational diseases. The degree of underreporting and lack of coverage was found to vary widely between the countries, sectors of economy, size of the enterprise, pattern of employment (self-employed and short-term employees often not covered).

*All efforts should be made by the responsible authorities and bodies involved in the notification and registration to analyse the extent of underreporting and to improve the coverage of the notification and registration of occupational accidents (including commuting accidents), and occupational and work-related diseases. Where legal or structural hindrances do not permit filling the gaps, special surveys should be initiated to complete the information available from the registered data.*

5. In view of the basic rights of the workers, particularly in the rapidly changing and fragmenting working life, the role of the government authorities is becoming more important in ensuring the coverage of registration, reliability of data and its analysis, and communication according to the principles of right-to-know and transparency. New strategies, however, are needed to fulfil this role in the rapidly changing working life.

*Public authorities should consider their responsibility and have the leadership role in the maintenance and development of notification and registration systems and in ensuring the availability of data in a reliable form for all those concerned and interested. This principle should not prejudice the participation and collaboration of any private or public body in the collection, communication and utilization of data. The social partners should be recognized as important contributors and users of data. In all such registration and use of data, the best principles and regulations on the protection of confidential personal data need to be respected.*

6. The Network of institutions from the countries around the Baltic Sea is a feasible form for starting the collection of data on occupational accidents and diseases into the common data base, in an appropriate and coordinated way. Development of a format and a guideline is needed for this.

*A project should be started in collaboration with the WHO, ILO and the Baltic Sea Network to generate the format and guideline for the presentation of data, as well as the format for organizing the cumulation of data on occupational accidents and diseases from the Network Member Countries for the data base of the Occupational Health Programme of the WHO/EURO. In such a project, efforts should be directed to collection, analysis and interpretation of data originating from national sources with substantial differences.*

#### Workplace risk assessment

7. Risk assessment at the workplace was found important and recognized as a practical and action-oriented activity by enterprises, while specific hazard-oriented scientific risk assessment was recognized as a tool for standard setting at the national level. Most countries carry out workplace risk assessment as a requirement of the occupational safety and health legislation. Workplace risk assessment was deemed as an important tool for problem identification, compliance of legal requirements including the EC Framework Directive 391/89. Workplace risk

assessment is also needed for focusing on preventive and control actions, including occupational safety and health inspection, and for the demonstration of trends. It is gradually being considered as a part of the total quality management of the enterprise.

*Work-practice-oriented workplace level risk assessment methods which meet the requirements of feasibility, acceptability and reliability should be developed and validated as a collaborative effort of the institutions participating in the Baltic Sea Network.*

8. Appropriate guidelines and training in risk assessment methods for all parties of working life, inspectors, workers and employers, is needed, and some incentives and motivation for use need to be developed. Evaluation of the validity of such methods is also needed.

*The WHO/EURO Occupational Health Programme should, in collaboration with the ILO and other relevant bodies, initiate the preparation of the workplace risk assessment guidelines, keeping in mind particularly the needs of small-scale enterprises and the self-employed. The adaptation of these guidelines to national needs and practices and particularly to the users at the workplace should be encouraged and facilitated by the participating institutions.*

9. Evaluation of the overall impact of occupational health activities on the quality of the work environment and on the health and safety of the workers was found to be a relevant and a new area for most countries. Such activity was found to be important for keeping abreast with the developments in other neighbouring sectors, such as environmental health and provision of evidence regarding the utility value of occupational health and safety activities, including the analysis of cost-effectiveness and cost-utility of occupational health and safety activities.

Assessment of the impact of occupational health does not cover merely the health effects due to occupational accidents and diseases, but also those due to work-related diseases, or diseases which may not be directly related to work, but the prevention of which can be undertaken at the workplace.

*WHO/EURO should, in collaboration with the Baltic Sea Network, the ILO, ICOH and other relevant bodies initiate development of the concepts, strategies and methodologies for the evaluation of the impact of occupational health activities on the overall health, safety and wellbeing of working people.*

#### Information network among the countries around the Baltic Sea

10. The arrangements for further developing the **Telematic Information Network on Occupational Health and Safety among the institutions in countries around the Baltic Sea** were assessed against the developments in other regional networks. The utilization of various channels for smooth exchange of information and the full utilization of modern information technologies were deemed valuable for the further development of the Baltic Sea Network.

While the Meeting considered the previous decision on the working language of the Network and data bases to be English, it was appreciated that some of the members could provide data additionally also in other languages. Each country was encouraged to make the most use of the information in the Network by translating it, where appropriate, into national languages.

*The implementation of the telematic networking among the institutions in countries around the Baltic Sea should be continued. Measures for linkage to other relevant networks, such as the Global Network of the WHO Collaborating Centres in Occupational Health, the relevant EU networks and the networks of the WHO, ILO and other networks with importance to occupational health and safety should be considered.*

*Each participating institution should continue to collect information into their own data bases. The country profiles concerning occupational health and safety indicators should be included in the Network data bases. Each country/institution is responsible for the maintenance of its own pages and the updating of its own data files.*

#### Follow-up

11. The Group concluded that the annual meetings of the Network are both needed and feasible. The participating institutions committed themselves to continuing their efforts to develop the information systems in the area, and to strengthening collaboration within the Network by including this activity in their annual programme. The focal point of the Network (the Finnish Institute of Occupational Health) will continue to inform the members about the procedures of the activity. It was concluded that the evaluation and follow-up of the decisions and recommendations made in this Meeting are important for further collaboration.

*A follow-up meeting should be organized by the WHO Regional Office for Europe on 15-17 October 1998 in Estonia and in 1999 in Berlin, Germany, in collaboration with the collaborating institutes in the country in concern. The possible themes for the 1998 meeting would be continuation of the workplace risk assessment discussion, economic appraisal of occupational health, and monitoring of the activities of the Network, including telematic connections and development of the data base for occupational accidents and occupational and work-related diseases.*

*Annex I*

## PROGRAMME

**Thursday, 18 September 1997**

- Registration
- 13.30 Opening address  
**Dr A. Baranauskiene**  
Vice-Minister of Health, Ministry of Health
- 13.50 Welcome addresses  
**Mr A. Matulas**  
Head of the Health Commission, Lithuanian Parliament  
**Mr R. Kairelis**  
Vice-Minister, Ministry of Social Security and Labour  
**Professor Boguslaw Baranski,**  
Regional Adviser, Occupational Health, World Health Organization, European Centre  
for Environment and Health, Bilthoven Division  
**Dr J. Serbitzer**  
Occupational Health and Safety Branch, International Labour Office, Geneva
- 14.10 Election of officers
- 14.20 **Session I**  
**Practices in the notification of occupational accidents and diseases in the Baltic Sea countries**  
(Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland, Russian Federation, Sweden)
- 14.20 Introduction to the ILO Code of Practice on recording and notification of occupational accidents and diseases  
**Dr J. Serbitzer**  
Occupational Safety and Health Branch, International Labour Office, Geneva
- 14.40 Practice in notification of occupational accidents and diseases *in Denmark*  
**Mrs Kirsten Jørgensen and Mr K. Overgaard-Hansen**  
Danish Working Environment Service, Copenhagen
- 15.00 Practice in notification of occupational accidents and diseases *in Estonia*  
**Mr Mati Järvis and Professor Hubert Kahn**  
National Working Environment Board, Tallinn
- 15.20 Practice in notification of occupational accidents and diseases *in Finland*  
**Professor Jorma Rantanen and Mr Seppo Paananen**  
Finnish Institute of Occupational Health, Helsinki and Statistics Finland, Helsinki
- 15.40 *Coffee break*

- 16.00 Practice in notification of occupational accidents and diseases *in Germany*  
**Dr Burkhard Hoffmann**  
Head Office of Occupational Accident Insurances, Sankt Augustin
- 16.20 Practice in notification of occupational accidents and diseases *in Latvia*  
**Dr Vladimirs Grigorjevs and Professor Maija Eglite**  
State Labour Inspection and Institute of Occupational and Environmental Health, Riga
- 16.40 Practice in notification of occupational accidents and diseases *in Lithuania*  
**Mr Edigius Jankauskas and Dr Remigius Jankauskas**  
Ministry of Social Affairs and Labour, Vilnius and Occupational Medicine Centre,  
Institute of Hygiene, Ministry of Health, Vilnius
- 17.00 Practice in notification of occupational accidents and diseases *in Norway*  
**Dr Axel Wannag**  
Directorate of Labour Inspection, Oslo
- 17.20 Plenary discussion
- 18.00 Closure of the session
- 19.00 Meeting dinner

**Friday, 19 September 1997**

**Session I (continued)**

**Practices in the notification of occupational accidents and diseases in the Baltic Sea countries**

- 08.30 Practice in notification of occupational accidents and diseases *in Poland*  
**Dr T. Pawlowska and Dr Zygmunt Starzynski**  
Central Institute for Labour Protection, Warsaw and Nofer Institute of Occupational  
Medicine, Lodz
- 08.50 Practice in notification of occupational accidents and diseases *in the Russian Federation*  
**Professor G. Suvorov and Dr Yuriy G. Sorokin**  
Institute of Occupational Medicine, Moscow and  
Ministry of Labour and Social Development, Moscow
- 09.10 Practice in notification of occupational accidents and diseases *in Sweden*  
**Dr Elisabeth Broberg**  
National Board of Occupational Safety and Health, Solna
- 09.30 Plenary Discussion
- 09.50 *Coffee break*
- 10.10 Overview of progress by Chairperson
- Break up into **Working Groups**  
Election of Group Chairmen and Rapporteurs

- 10.20 Working Groups  
Preparation of first draft of recommendations on mechanisms for exchange of experience between countries on current policies, registration and notification procedures and data on occupational accidents and diseases
- 12.20 Plenary session  
Presentation of working groups
- 13.00 *Lunch*
- 14.15 **Session II**  
**Workplace Risk Assessment**
- 14.15 Identification and establishment of a series of working condition indicators based on surveys undertaken in the European Union  
**Dr Pascal Paoli**  
European Foundation for the Improvement of Living and Working Conditions, Dublin
- 14.35 Practice in workplace risk assessment in Sweden  
**Professor Peter Westerholm**  
National Institute for Working Life, Solna
- 14.55 Practice in workplace risk assessment in Finland  
**Dr Heikki Laitinen**  
Finnish Institute of Occupational Health, Helsinki
- 15.15 Plenary discussion
- 15.50 *Coffee break*
- 16.10 Overview of progress by Chairperson  
  
Break up into **Working Groups**  
Election of Group Chairmen and Rapporteurs
- 16.20 Working Groups  
Preparation of first draft of recommendations on mechanisms for exchange of experience between countries on workplace risk assessment methodology and application
- 18.00 Plenary session  
Presentations of working groups
- 18.30 Closure of the session

**Saturday, 20 September 1997**

**Session III**

**Telematic Information Network on Occupational Health and Safety among the countries around the Baltic Sea**

- 08.30 Status Report and Perspectives for the Baltic Telematic Network  
**Ms. Suvi Lehtinen**  
Finnish Institute of Occupational Health, Helsinki
- 08.50 Present status of the network in participating countries and possibilities for future development – country reports and views  
**5-7-minute presentations by representatives of:**  
Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland, the Russian Federation and Sweden.
- 10.00 Overview of ILO information on the World Wide Web  
**Dr J. Serbitzer**  
Occupational Safety and Health Branch, International Labour Office, Geneva
- 10.10 Overview of WHO/EURO in the World Wide Web  
**Dr Boguslaw Baranski,**  
Regional Adviser, Occupational Health, World Health Organization, European Centre for Environment and Health, Bilthoven Division
- 10.20 *Coffee break*
- 10.40 Plenary session  
General discussion on further network development  
Proposals for further network activities in incoming years from participants
- 11.30 Conclusions and recommendations of the meeting
- 13.00 Closure of meeting

*Annex 2*

## **PARTICIPANTS**

### **Temporary Advisers**

- Mrs Elisabet Broberg  
Head of Division, Occupational Injury Statistics Division, National Board of Occupational Safety and Health, Arbetskyddsstyrelsen, Solna, Sweden
- Professor Maija Eglite  
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- Dr Sonja FernandezDuran  
Instituto Europeo de Salud y Bienestar Social, Madrid, Spain
- Dr Vladimirs Grigorjevs  
Senior Adviser, State Labour Inspection, Riga, Latvia
- Dr Burkhard Hoffman  
Head of Section, Documentation and Statistics, Hauptverband der gewerblichen Berufsgenossenschaften (HVBG), Sankt Augustin, Germany
- Mr Edigius Jankauskas  
Working Conditions Division, Ministry of Social Security and Labour, Vilnius, Lithuania
- Dr Remigius Jankauskas  
Director, Occupational Medicine Centre, Institute of Hygiene, Vilnius, Lithuania
- Mr Mati Järvis  
Director-General, Labour Inspection Board of Estonia, Tallinn, Estonia
- Ms Kirsten Jørgensen  
Arbejdstilsynet Direktoratet, Danish Working Environment Service, Copenhagen, Denmark
- Dr Hubert Kahn  
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- Dr Matti E. Lamberg  
Medical Counsellor, Ministry of Social Affairs and Health, Helsinki, Finland
- Ms Suvi Lehtinen  
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- Dr Jacek Michalak  
The Nofer Institute of Occupational Medicine, Lodz, Poland
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Professor German Suvorov  
Deputy Director, RAMS Institute of Occupational Health, Moscow, Russian Federation

Dr Axel Wannag  
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Dr Peter Westerholm  
Professor of Occupational Epidemiology, National Institute of Working Life, Arbetslivsinstitutet,  
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### **Representatives of other Organizations**

#### *European Foundation for Improvement of Living and Working Conditions*

Dr Pascal Paoli  
Research Manager, European Foundation for the Improvement of Living and Working Conditions,  
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#### *International Labour Office (ILO)*

Dr J. Serbitzer  
Occupational Safety and Health Branch, International Labour Office, Geneva, Switzerland

#### *International Occupational Hygiene Association (IOHA)*

Ms Riitta Viinanen  
President, IOHA, c/o Neste Oy, Environment and Industrial Hygiene, Porvoo, Finland

### **World Health Organization**

#### *Regional Office for Europe*

Dr Boguslaw Baranski,  
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Ms Pratima Purnaiya  
Secretary, Occupational Health, European Centre for Environment and Health, Bilthoven

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Dr Mihail I. Mikheev  
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