

# FORUM NEWS



Photo: AMAT

During 2016, AMAT has had the honour of holding the Presidency of the European Forum. As part of this role, it organised the annual Assembly of the Forum and the International Conference under the slogan: WE MAKE THINGS WORK: 'Working together to develop a Dynamic Social Security'.

In a world that is increasingly interconnected, thanks to the Internet and new technologies, face-to-face transfer of expertise continues to be vital. At the General Assembly and

International Conference of this exceptional Forum for the exchange of experiences, once more, we succeeded in drawing together a large number of experts in Dynamic Social Security, who shared their expertise and the projects they executed within the field of insurance against Workplace Accidents and Occupational Diseases in their respective countries. Specifically, more than 130 experts from 21 different countries had the great opportunity to get to know, first-hand, the most

innovative practices in terms of prevention, healthcare, rehabilitation, benefits, and other issues surrounding Dynamic Social Security from leading experts in their fields.

For this reason, I wish to thank everyone for their participation in the activities held during the Spanish Presidency of the European Forum and, especially, the speakers at the Conference, for their participation and decisive contributions to the success of this sharing of expertise.

On behalf of AMAT, we hope that you have enjoyed each and every one of the events organised with respect to the Assembly and International Conference, which were planned for a single purpose: to make things work.

Now is the time to hand over the baton to the FÖRSÄKRINGSKASSAN and AFA INSURANCE Organisations from Sweden, wishing them the utmost success during their Presidency. ■

*Mariano de Diego Hernández  
 President of the Association of Mutual  
 Entities of Accidents at Work (AMAT)  
 European Forum 2016 Presidency  
 amat@amat.es*

## European Forum 2016

General Assembly & International Conference \_\_\_\_\_ **2**

## A New European Forum Member

CPIL from Croatia Presents Itself \_\_\_\_\_ **8**

## Denmark: the Newly Re-organised AES Presents Itself

AES – the New Industrial Injury Institution in Denmark \_\_\_\_\_ **11**

## The German SVLFG Presents Itself

Governance Model and Mission Statement of the SVLFG Adopted \_\_\_\_\_ **12**

## Working Group Legislation

Quo Vadis Europe? \_\_\_\_\_ **14**

## Working Group Occupational Diseases

European Overview of MSDs Liable to be Recognized as Occupational Diseases \_\_\_\_\_ **19**

## Europe

France-Germany: OSH Indicators 2010-2014 \_\_\_\_\_ **22**

## News from the Members

Croatian Health Insurance Fund (CHIF) \_\_\_\_\_ **23**

Italy: ISI Agriculture Call for Funding 2016 \_\_\_\_\_ **26**

Italy: an Advertising Campaign on Incentives to Micro and Small Agricultural Enterprises \_\_\_\_\_ **28**

Austria: 9<sup>th</sup> International Abilympics \_\_\_\_\_ **29**

Ad Personam \_\_\_\_\_ **32**

Upcoming Conferences \_\_\_\_\_ **33**

# General Assembly & International Conference of the European Forum 2016

European Forum – Presidency 2016 Spain – Asociación de Mutuas de Accidentes de Trabajo y Enfermedades Profesionales de la Seguridad Social [Association of Mutual Insurance Companies for Accidents at Work and Occupational Diseases linked to the Social Security Scheme] (AMAT)

**WE MAKE THINGS WORK: 'Working together to develop a Dynamic Social Security'**

Within the framework of the Presidency of the Asociación de Mutuas de Accidentes de Trabajo (AMAT) of the 2016 European Forum, the activities held during the second week of June must be highlighted, which took place in the cities of Segovia and Madrid, where meetings of the Working Groups, the General Assembly, and the International Conference of the European Forum were held.

## Working Groups

On the 7<sup>th</sup> of June the Statistics Working Group held meetings at the headquarters of the AMAT with the Legislation European Forum Communication Working Groups.

## Annual General Assembly

On the 8<sup>th</sup> of June the General Assembly of the European Forum was held, transferring all its participants – around 80 representatives from the various member institutions of the forum – from Madrid to Segovia. The facilities of the National Parador of the city accommodated this meeting of the General Assembly, at which Mr. Alfonso Reguera García, the Acting Mayor of Segovia, and Ms Amparo Sanz Albornos, Director General of Work and Prevention of Occupational Hazards, from the Department of Employment in the Autonomous Government of Castile and León, were present.

Once the meeting of the General Assembly had concluded, a visit was undertaken to one of the World Heritage sights, the most iconic in Segovia, the Roman Aqueduct. Following this, a special meal was enjoyed in one of the most well-known restaurants in

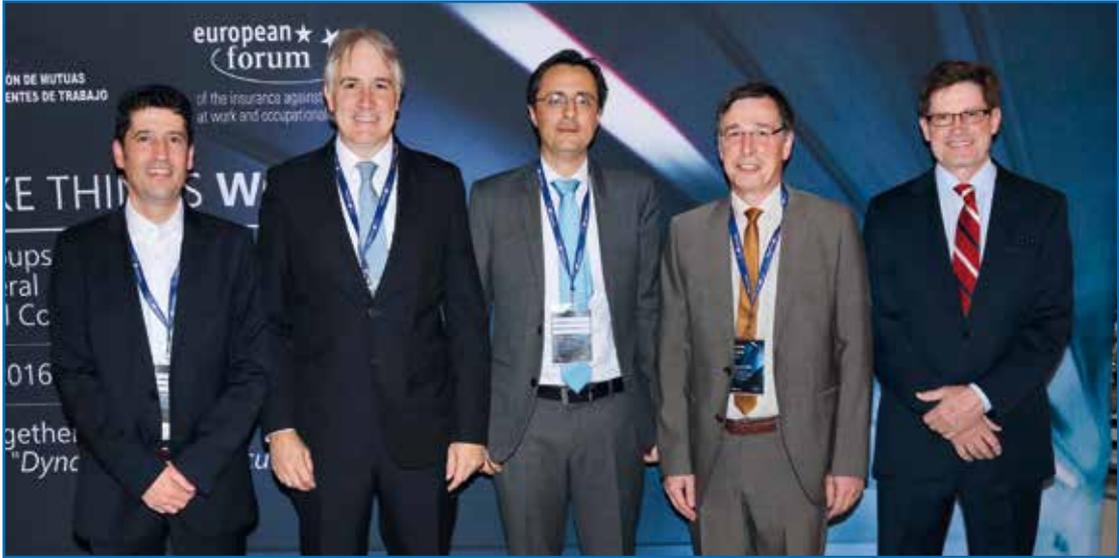
the city, the José María restaurant, where all the guests enjoyed some of the excellent cuisine of the Autonomous Community of Castile and León, renowned at an international level.

When the meal had finished, the members of the Forum continued their tour of the city of Segovia, where they had the opportunity of acquainting themselves with another of the emblematic sights of the province, such as the Cathedral and the Alcázar, before returning to Madrid.

## International Conference

The International Conference took place on the 9<sup>th</sup> and 10<sup>th</sup> of June in the Casino de Madrid under the heading WE MAKE THINGS WORKS: "Working together to develop a Dynamic Social Security". More than 130 representatives from 21 member countries of the European Forum for Insurers against Accidents at Work and Occupational Diseases attended, as well as representatives of institutions from countries in America and Asia, such as Colombia, Chile, the United States, Malaysia, and Thailand. In the course of the various events of the two days of the International Conference, people from the very highest levels of the Ministry of Employment and Social Security participated, specifically Mr Tomás Burgos Gallego, Secretary of State for Social Security, Mr Rafael Barberá de la Torre, Director General for Social Security Organisation,

Ms M<sup>a</sup> Lourdes Meléndez Morillo-Velarde, Subdirector General of the Social Security Collaborative Entities and Mr Manuel Rodríguez Martínez, Supervisor General of Social Security.





© AMAT

During the course of the first day of the International Conference, which was devoted to the Prevention of Occupational Hazards, all the speakers highlighted the importance of the concept of Dynamic Social Insurance, giving the following presentations:

- Mr Cirujano, from Spain, representative of the mutual Fremap, outlined the management of occupational diseases handled by the Mutu- als, identifying the aspects of major interest for preventing new diseases, thus offering added value for companies and workers.
- Mr Romero, representing the Spanish mutual MC Mutual, focused on the importance of furthering preventive approaches within the Social Security Systems, setting forth the various preventive activities carried out by Mutu- als in Spain following the coming into force of the reform of the Ley General de la Seguridad Social [General Social Security Law] with respect to the legal system of the Mutu- als, and their social and financial return, something which urges an increase of resources for its financing.
- In that same segment, Mr Koch, from Germany, representative of SVLFG, stated the importance of the role of the agents surrounding the worker to encourage and develop active prevention policies in the Agricultural Sector.
- On the part of the representation from Luxembourg, Mr Wagner, from the AAA, set forth an ambitious program to develop in that country between 2016 and 2020, which aims to achieve a zero rate of severe and deadly accidents.
- From France, Mr Haeffliger, representative of EUROGIP, analysed the challenges facing normalisation in the field of Occupational Health and Safety, highlighting the importance of consensus to effectively establish the corresponding regulations.
- The representative of the DGUV from Germany, Mr Breuer, analysed the advances of new technologies in the working environment and how they will affect the organisation of work and the framework of preventive policies.
- On the part of Mr Janotka, the representative of the AUVA (Austria), he explained the recent process of the expansion of the regulations concerning occupational hazard prevention for the military, explaining the challenges which the AUVA is obliged to face.
- From Colombia, on the part of the representative of the Suramericana Group, Mr Arango, presented an analysis of new methods of work organisation, highlighting the need to integrate advances in new technologies into the planning of preventive policies, thus achieving safer work.
- Finally, Mr Upegui, from the multinational IBM, reflected on the changes in health management as a consequence of technological advance, which will affect the management of occupational hazards and the health of workers.

In the second segment of the first session of the conference, devoted to Health Care, the following presentations were made:

- On the part of Mr Serrera, from the Spanish mutual Fraternidad Muprespa, gave a presentation of the project to build a new hospital on behalf of that Body, one in which efficiency, innovation, sustainability, and accessibility were all fostered to the highest degree.
- Mr Arregui and Mr Álvaro, from the Spanish Mutual MAZ, shared an uplifting story of achievement following medical attention provided as a consequence of a severe accident after exposure to an extreme situation.
- On the part of Mr García de Lucas, representing the Spanish Mutual Fremap, there was a brilliant presentation of the work of specialist medical professionals in orthopaedic surgery and traumatology, and the results obtained to improve the daily life of workers, based both a profound knowledge of good practice as well as on innovation and the most cutting-edge technology.
- From Croatia, Mr Barac, representing the CHIF, gave a presentation about the organisation of health care for workers in that country.
- For his part, Mr Aumann, the US representative of the Maryland Workers' Compensation Commission, gave



© AMAT

a presentation about an insurance system for occupational hazards in three states in the country.

- Finally, as part of this final segment on health care, Mr Saavedra, representing Mutual de Seguridad, gave a presentation regarding a management model of occupational hazards in Chile, as well as the different measures for job placement developed there.
- The presentation of Mr Navarro, representing the Spanish Mutual UMIVALE, described three innovative techniques of great interest for going about the rehabilitation of workers who have suffered an accident.
- Ms Carlota García-Rodrigo, from Spain, representing the Spanish Mutual IBERMUTUAMUR, set forth the best practices employed by her Mutual in support of their covered workers, as the latest measure of the concept of comprehensive management of accidents at work that the Mutuamurs perform.

To end the first day of the International Conference, a gala dinner took place for all the attendees, where they were able to enjoy a pleasant evening with a menu prepared by one of the most well-known Spanish chefs and the live performance of a Spanish music group which enlivened this special meal.

To conclude the International Conference, during the course of the second and final session, held on the 10th of June, devoted to the topic of Rehabilitation and Provision of Social Welfare, the various speakers dealt with topics of general interest:

- Mr Vilanova, representative of the Spanish Mutual Asepeyo, presented the proceedings of social welfare carried out by his Organisation, moving from an individual to a collective approach.
- Ms Montserrat Fernández, representing the Mutua Universal (Spain), rightfully praised the work carried out by Social Workers in the area of social welfare, which is provided for the benefit of workers.



- Mr Kemper, from Germany, representing the DGUV, more than justified the fact that social welfare operations can be profitable and that investment in these operations is a moral and economic imperative, something coherent with the social insurance dynamic, exactly as stated by the second slogan of this Conference.
- The representative from Finland, Ms Kaari, from the TVK, passed comment on the progression of affected workers, years after they had suffered an accident at work.
- The representative from Italy, from the INAIL, Mr Putti, made reference to the process between the coming-about of an accident at work and the undertakings of rehabilitation and social and labour reintegration.
- Subsequently, Mr Azman, representing the Social Security Organisation of Malaysia, gave a very clear idea of the situation in his description of the rehabilitation system and features introduced in his country.
- Ms Marine Jeantet (CNAMTS), from France, wondered about the expediency of recognising Burnout as an occupational disease. A dilemma between necessity and obligation, between the fields of work and personal life.
- Finally, Ms Lucia del Prado (from the Spanish Foundation FILIA) made reference to the emotional management programs for the benefit of workers, carried out by the Mutuals by means of AMAT.

On behalf of the AMAT Presidency of the 2016 European Forum, all of the participants were congratulated and thanked for the various meetings and activities held, with the hope expressed that they were of interest. ■

*Mariano de Diego Hernández  
President of the Association of Mutual  
Entities of Accidents at Work (AMAT)  
European Forum 2016 Presidency  
amat@amat.es*

# A New European Forum Member – CPII from Croatia Presents Itself

The Croatian Pension Insurance Institute (CPII) started operating in 1922, as a legal successor of Central Office for Pension Insurance of Workers which at that point already had a pension department engaged in deciding on the pension eligibility based on accidents at work or occupational diseases. From that point on, CPII evolved into a modern public institution offering public service to its citizens and gradually enhancing service standards by application of contemporary technology and computerisation. CPII has a joint expert service in the CPII's Headquarters in Zagreb, its regional services, 19 regional offices and 91 affiliates in towns and municipalities of the Republic of Croatia.

## Overview of Croatian Pension System

As a part of the social security scheme covering the risks of old age, disability and death of a family supporter (wage earner), the pension insurance system is a contributory system established on the principle of solidarity, in particular with regard to the disability entitlements.

In addition to the principle of contributions, the system is partially financed from the state budget, especially the benefits granted to special categories of persons (army, police, judiciary, war veterans etc.).

The Croatian pension system is a tripartite system covering all categories of economically active persons.

### The system consists of:

- 1) Mandatory pension insurance based on generational solidarity-“PAYG” (1<sup>st</sup> pillar)
- 2) Mandatory pension insurance based on individual capitalized savings (2<sup>nd</sup> pillar)
- 3) Voluntary pension insurance based on individual capitalized savings (3<sup>rd</sup> pillar).

Until 1999, the pension insurance was strictly established as a scheme of defined benefits paid from the pension insurance based on generational solidarity. Its key features were redistributive nature, principle of solidarity and a weak contribution-benefit link.

In January 1999, Croatia launched a comprehensive structural reform of its public system of mandatory pension insurance based on generational solidarity having thereby strengthened the bond between the contributions and pensions, with intention to ensure a higher level of pensions in general. It was the first step towards a

multi-pillar system. The aim was an equitable, growth-oriented, fiscally and socially sustainable pension system on a long term basis. The 2nd pillar or mandatory pension insurance system based on individual capitalized savings and a fully-funded 3rd pillar were introduced in 2002, thereby further strengthening the contributory principle.

## Mandatory Pension Insurance Based on Generational Solidarity (1st pillar)

Mandatory pension insurance based on generational solidarity is a part of pension insurance system where insurees acquire their rights in case of old age, reduced work capacity, partial or total incapacity to work or physical impairment, and where their family members acquire rights in the case of such insuree's/beneficiary's death.

The first pillar of the Croatian pension system is statutory prescribed pension insurance; it is mandatory for all economically active persons. It covers the risks of old age, death and disability, including accidents at work and occupational diseases and is administrated by the Croatian Pension Insurance Institute. This pillar represents the fundamental of the pension system; it is financed by payment of contributions by mandatory insured persons and from the state budget.

The Croatian Pension Insurance Institute (CPII) is a competent institution for entitlements ensuing from the mandatory pension insurance based on generational solidarity (1<sup>st</sup> pillar) and children allowance.

## Disability Entitlements Granted by CPII

Disability entitlements are, among other requirements, achieved on the basis of the expert opinions and findings provided by medical experts. Until 2015, medical experts were employees of CPII, however, from 2015 on, they work within a specialized medical assessment institution - Centre for Disability Assessment, Occupational Rehabilitation and Employment of Persons with Disabilities. CPII decides on entitlements based on reduced work capacity with residual work capacity, partial or total incapacity to work, imminent danger from the occurrence of reduced work capacity, physical impairment and in the case of total incapacity to work of an insuree's family member.

The medical opinion and finding as a prerequisite for acquisition of right under the Pension Insurance Act are subject to revision by the ministry competent for pension system, thus ensuring the control of the pension entitlements granted on behalf of disability or physical impairment. As an additional supervising system, there are additional medical cheques allowing the review of the facts that directly affect one's eligibility for disability benefits.

Disability benefits are integral part of the Croatian pension system that – in addition to the disability pension based on illness or injury occurred outside of the workplace – also covers disability pensions based on accident at work and occupational disease.

The entitlement to disability pension paid from the Croatian pension insurance in the case of partial or total incapacity to work caused by disease or injury that occurred outside of the workplace will be acquired once the prescribed contribution periods are completed, that is, provided that the completed insurance periods cover at least one third of an insuree's working life. Exceptionally, an insuree with partial or total incapacity to work that incurred before he/she was 30, i.e. 35 years old are subject to more favourable conditions with respect to the completed insurance periods (one year is taken as two years of the insurance period).

If partial or total incapacity to work occurred because of accident at work or occupational disease, which occurred directly and strictly as a consequence of such insuree's performance of work, his/her entitlement to the disability pension will be acquired regardless of the length of his/her qualifying period and the pension rate will be determined on the principle of a minimum qualifying period of 40 years.

The survivor's pension after death of an insuree as a consequence of accident at work or occupational disease will be calculated as a hypothetical amount of disability pension acquired for 40 years of qualifying period, depending on the number of family members receiving such pension (from the minimum of 70% for one survived member to 100% for four or more family members).

Accident at work is defined by the Pension Insurance Act as every injury of an insuree caused by a direct and short-term mechanical, physical or chemical impact, sudden change of body position or sudden loading of a body or other changes in physiological state of the body, if there is a causal relation with the work performed by the insuree, i.e., with the activities on the basis of which the person is insured or a disease the insuree sustained directly as a consequence of an accident or force during work, i.e. during performance of or in relation to the activity based on which the diseased persons is insured. The injuries occurred in thus defined manner also cover the injuries sustained on the insuree's regular way from home to work and vice versa as well as during travelling on business and travelling for the purposes of taking up the job based on which such persons is insured (commuting accidents).

Occupational disease is defined by the Pension Insurance Act as a disease caused by a longer direct impact of work processes and conditions at workplaces of insured person. The list of occupational diseases and workplaces where such diseases may occur is defined by a separate law which also prescribes conditions required in order for a disease to be considered as an occupational disease.

An entitlement to cash allowance for body impairment is granted to an insuree with a loss, significant impairment or significant

disablement of certain organs or body parts, which impedes normal body activity and requires more effort in meeting the needs of everyday life, regardless of whether it caused insuree's reduced capacity or incapacity of work. All categories of body impairments and percentages of such impairments as the basis for determining eligibility to cash allowance for body impairment are determined by a separate regulation.

At age required for old-age pension, the disability pension rights acquired under the Pension Insurance Act on behalf of total incapacity to work, i.e. total loss of work capacity, will be converted ex officio into the right to the old age pension in the same amount as formerly awarded disability pension.

## Integration of Persons with Disabilities into the Labour Market

The pension scheme additionally covers occupational rehabilitation of disabled workers aimed at achieving the labour market and social integration of the persons with disabilities. The entitlement is composed from the occupational rehabilitation process and salary compensation.

Occupational rehabilitation shall be a group of activities (practical learning and application of knowledge, skills and habits) whose purpose is to train disabled workers for work, while maintaining their remaining working capacity. Occupational rehabilitation awards based on the pension legislation is performed by an occupational rehabilitation centre.

The right to occupational rehabilitation may be acquired when the insured person suffered a reduction of working capacity with the remaining working capacity before the age of 53, regardless if it incurred as a consequence of work or non-work related risks. Different from non-work related contingency, if the reduction of working capacity with the remaining working capacity is the

result of an accident at work or occupational disease, the insuree has the right to occupational rehabilitation regardless of the length of the qualifying periods completed. A disabled worker shall undergo training for work in another job requiring an equivalent educational level or an immediately lower educational level (exceptionally – immediately higher).

A disabled worker who acquired the right to occupational rehabilitation due to an accident at work or an occupational disease shall be entitled to salary compensation during the occupational rehabilitation corresponding to disability pension based on a complete loss of working capacity for 40 years qualifying period, but for no longer than 24 months from the date occupational rehabilitation was completed, on the condition that he or she registered with the competent employment service as unemployed. The structural reform sets the ground for an improved employability of persons with disabilities by cutting down the difference incurred because of such persons unfavourable position within the system of employment that, accordingly, also reflect themselves in the pension entitlements.

## Conclusion

Disability benefits for accidents at work and occupational diseases awarded from the Croatian pension insurance system are a good example of solidarity and redistribution principle in the pension system. This principle is additionally supported by more favourable eligibility conditions for disability pension when disability incurred inside than outside of the workplace, including the more favourable pension rates established on the minimum qualifying period of 40 years.

The measures taken to systematically implement the Croatian pension reform ensure an improved material status and financial protection of our beneficiaries, with the aim to further reduce the number of lowest income beneficiaries. ■

# AES – the New Industrial Injury Institution in Denmark

In June 2016 the Danish government adopted a new structure for the administration of the industrial injury scheme in Denmark. This structure merged the previous National Board of Industrial Injuries (Arbejdsskadestyrelsen) and Labour Market Occupational Diseases Fund (Arbejdsmarkedets Erhvervssygdomssikring) into a new and self-governing institution with regional centers.

On the 1<sup>st</sup> of July 2016 tasks previously performed by the National Board of Industrial Injuries, an agency under the Danish Ministry of Employment, were transferred to a new, self-governing institution: Labour Market Insurance (Arbejdsmarkedets Erhvervssikring/AES). AES' main task is to administer the Danish industrial injuries insurance scheme, and thereby to make decisions on entitlement to benefits in accordance with the Danish Workers' Compensation Act.

The creation of AES was part of the Danish Government's decision to move public jobs from the Capital Region in Denmark to other Danish regions. The purpose of this decision is to create a better occupational and social balance in Denmark.

Therefore a number of Danish agencies and Government institutions have been or will be moved from Copenhagen to the other regions in Denmark. The creation of AES was part of a future relocation of parts of the organisation that process workers' compensation claims. In the future, substantial parts of the claims processing in the AES will be relocated to decentralized centers in the towns of Vordingborg and Haderslev.

The new institution AES is a part of the Labour Market Supplementary Pension Fund (ATP), which inter alia administrates a number of other schemes on the Danish labour market. ATP has many years of experience with large-scale administration and this experience will be utilized for AES' new tasks. AES is managed by a board consisting of the parties to the labour market – the social partners.

AES is characterised as a self-governing, public-law unit, to the effect that administrative-law provisions apply directly. The Danish Ministry of Employment continues to have the legislative initiative and the supervisory authority in the field. Coordination, policy matters and development tasks in the field of

workers' compensation are today vested in a new workers' compensation office in the Working Environment Authority (WEA/Arbejdstilsynet), an agency under the auspices of the Danish Ministry of Employment.

Furthermore, AES is subject to the general public administration provisions and principles in their work within the fields of, for instance, equal treatment and decision transparency.

AES has specifically taken over all of the previous tasks of the National Board of Industrial Injuries in relation to claim processing. That includes all tasks related to processing workers' compensation claims, private compensation claims, and other types of claims as well as workers' compensation claims under the Workers' Compensation Act in Greenland.

AES has in addition also taken over tasks previously performed by the Labour Market Occupational Diseases Fund. More specifically the tasks of payment of compensation for occupational diseases and collecting contributions from employers to the national occupational disease insurance.

The transfer of the administration of the Danish industrial injuries insurance scheme to AES does not result in any changes in the rights and obligations under the Workers' Compensation Act of people who have been injured or become sick at work or of insurance companies.

**Read more about AES at**  
<http://aes.dk/da/English/About-us.aspx>

**Read more about WEA at**  
<http://engelsk.arbejdstilsynet.dk/en/information> ■

*Labour Market Insurance  
Arbejdsmarkedets Erhvervssikring/AES  
[www.aes.dk](http://www.aes.dk)*

# Germany: Governance Model and Mission Statement of the SVLFG Adopted

The Social Insurance for Agriculture, Forestry and Horticulture (SVLFG) is one of the few self-administered social security institutions in Europe which brings together statutory accident insurance, health and nursing care insurance, as well as provision for retirement "under one roof". For the insured – self-employed individuals from the field of agriculture, forestry and horticulture, their family members and employees (for the field of workplace accidents and occupational diseases) – the benefits are granted "from a single source" throughout Germany.

The corporate entity, which was formed in 2013 from nine independent accrediting organisations and a central association, has now given itself a governance model after a development process lasting several years. For the targeted control of its activities and the needs-based allocation of the limited resources in the line and the project environment, as well as to reinforce the identification of the employees with the SVLFG, the Board of Directors and the Management decided in March 2014 to implement a holistic governance model.

As part of the introduction of a governance model, the principle of "management by objectives" is becoming a key management and leadership tool. On the basis of an overarching SVLFG objective hierarchy, at the top of which is the "SVLFG 2020 Statement of Intent", specific objectives are being derived from the strategic objectives for each organisational unit and the corresponding level. The long-term strategic objectives are set "top-down" by the Management. Linking the objectives at the various levels ensures that the activities performed in order to achieve these objectives and the resources allocated for them are consistent with the long-term orientation of the SVLFG. The objectives for the individual organisational units and – with an eye to the future – the individual employees are contracted and

documented within the framework of discussions during which the objectives are set. The degree to which the objectives are achieved is measured by defined control parameters. Through the development of a structured reporting system, the objectives and the degrees to which they are achieved are systematically recorded and can be prepared accordingly for the different groups of recipients. This creates the possibility of identifying negative developments at an early stage and responding to them. The holistic approach means that in addition to the principle of "management by objectives" – the formation of a hierarchy of objectives with corresponding measured variables in order to determine the degree of objective achievement – further topics are implemented for effective organisational management.

The values, technical standards and self-image of SVLFG are set out in a mission statement. The bodies responsible for self-administration (Board of Directors and Representatives Committee) confirmed the contents of the mission statement as part of the governance model in November 2016:

- We combine accident, health, nursing care insurance and retirement provision under one roof. This is something special – safety and health from a single source!

- We look after people and businesses. We know the needs of our policyholders in the fields of agriculture, forestry and horticulture. We ensure the greatest possible level of security for the vicissitudes of life and provide support for a health-promoting lifestyle.
- We provide effective preventative work across all branches of social security.
- Through our professional self-administration, the direct participation of our policyholders is ensured.
- We pay attention to cost-efficiency and quality. The responsible use of the funds with which we are entrusted is a permanent commitment on our part.
- We consider qualified, motivated and achievement-oriented employees to be the key to success. We are constantly working on creating the framework required for this, such as a trusting, loyal and constructive partnership. Our executives have a particular degree of responsibility in this. They take on a role model function, motivating and supporting our employees in the performance of their duties.
- Our aim is to convince our members of our expertise in all aspects of professional social security. The yardstick of our actions is the satisfaction of our policyholders.
- We feel responsible for the further development of the agricultural social security system, for the improvement of our services, for the optimisation of processes and working conditions. This is why we attach great importance to targeted further training, a culture of open discussion and exchange among colleagues."

Of particular importance is the expansion of the prevention remit of the SVLFG to the retirement fund currently being carried out by the legislature. The prevention remit is therefore based on all branches of the SVLFG and also enables across-the-board action for the preventative measures. ■

*Social Insurance Institution for Agriculture,  
Forestry and Horticulture Workers (SVLFG), Germany  
www.svlfg.de*

## Quo Vadis Europe?

The working group legislation of the European Forum regularly exchanges current developments at European level and discusses the implications for social accident insurance systems and institutions in Europe. The following topics shall give an insight into the topics, reflect current discussions and provide an update on ongoing developments.

### Free Trade and Social Security

The European Union (EU) currently negotiates Free Trade Agreements (FTA) with countries worldwide. The texts and drafts available also refer to social security and are since the negotiations of the Transatlantic Trade and Investment Partnership (TTIP) also in the focus of interest of the European Forum.

FTA are treaties negotiated between two or more countries, therefore they differ according to the contents the partners would like to agree upon. The EU follows the approach of negotiating FTA including a sustainable chapter referring to labour, safety and health and environmental standards. In October 2015, as response to the ongoing TTIP debates, the EU published the new trade and investment strategy entitled "Trade for All: Towards a more responsible trade and investment policy". EU Trade Commissioner Cecilia Malmström announced "no compromises on core principles such as human rights, sustainable development around the world or high quality regulation and public services at home. Trade policy has to become more effective and more in tune with our values."

These developments can generally be welcomed but what has become reality and what about those FTA that have been negotiated so far?

### CETA

The Comprehensive Economic and Trade Agreement (CETA) between Canada and the European Union has been signed at the end of October, but debates are ongoing. Nearly all details concerning the implementation procedure and the legal impact are controversial. Nevertheless the next steps will be as follows: To get into force the agreement needs the consent of the European Parliament that is likely to decide in December. By then CETA is provisionally applicable. This concerns those parts that are unanimously in EU competence only. For final ratification the text has further to be approved by all Member States and 14 regional parliaments. Experts expect this process to take several years. Some Member States as Belgium and Germany already had national debates and rulings.

For passages in the treaty that refer to occupational safety and health, social security and public health it can be assumed that they are not in EU only competence. Areas that will be provisionally applicable will be enlisted in a council decision and be published.

Nevertheless CETA contains with regards to social and health services indeterminate legal concepts that are ambiguous. As an example CETA foresees an exemption for health services that are public funded. But what does that mean? Are statutory accident insurance funds that are funded by contributions public funded? Are CETA rules therefore applicable or not? Furthermore it remains unclear what is meant by exemptions for "social security". Who defines what is meant by social security? Can services that are according to the understanding of some member states are "social welfare" be part of social security as defined in CETA?

CETA uses a negative list approach, which means that all areas that are not explicitly exempted from CETA are part of CETA. That creates problems for areas that are in the domain of the Member States as social security and public health as in all member states the understanding differs according to the national systems. In bilateral agreements for social security, a state has usually no right to negotiate on areas that fall under the responsibility of the provinces or federal states. The same should apply with regards to FTA. Therefore a clear exemption for social security, public health and social welfare would have been appreciated.

## TTIP

Since 2014 the EU negotiates the Transatlantic Trade and Investment Partnership (TTIP) with the USA. The new elected president Trump already declared to step out of the Trans-Pacific Partnership (TPP), therefore it is not likely if and how the TTIP process will be continued.

Nevertheless the provisional texts of TTIP also contain uncertain legal definitions with regards to social security and health services. Concerns from various social security institutions from different European countries have already been addressed.

## TiSA

While most of public attention concentrates on CETA and TTIP the Trade in Services Agreement (TiSA) is negotiated in the shade. TiSA shall facilitate trade in services between 23 parties, that are all members of the WTO and known as "the really good friends", among them the EU, Canada and the United States. The negotiations are in round 20; concrete results were expected to be published for the end of 2016. Due to political uncertainty since the United States presidential election, the negotiation process is now officially suspended, but interim meetings are likely.

With regards to the TiSA impact on social security the European Parliament has launched a resolution in which it makes clear that social security systems as well as health and social services in general should be completely exempted from the scope of application of TiSA regardless how they are delivered and financed.

## General Conclusions

For FTA under discussion as well as for future FTA the following points should be addressed:

All clauses referring to safety and health, social security and public health should be considered carefully. This applies in particular for exemption clauses for social security systems in the financial services chapter of trade agreements as well as exemptions for health and social services have to be considered very carefully in order to avoid an impact on social security systems in Europe. Also, investment protection rules as well as the establishment of a court system for disputes between investors and a negotiation partner should be examined in order to assure that the right to regulate of Member States cannot be undermined.

Furthermore it has to be clarified if private insurance companies that are part of a national accident insurance system, as in Denmark or in Belgium fall under the exemption clauses for social security in FTA like TiSA, CETA or TTIP. In particular in Belgium there have been implications for the accident insurance system when the EC court of justice judged that insurance companies fall under the insurance directive. A clear and general exemption clause as defined by the European Parliament for TiSA would be useful.

Social security systems in Europe are differently structured, future regulation in FTA should therefore assure, that the social insurance systems (and their diversity) in Europe remain and that will not lead to changes in the systems or to interferences with the national sovereignty of the Member States in the field of social security. The best would be a general and clear exemption for social security and health services in a broad sense as already proposed by the European Parliament.

## Standardization and Social Security

### Why European standards?

According to the European Standardization institute CEN standards are documents that set out specifications and other technical information with regard to various kinds of products, services and processes. They can be used to enhance safety and to protect consumers, workers and the environment. European Standardization is a key instrument for consolidating the Single Market and facilitating cross-border trade. The use of standards is voluntary, and so there is no legal obligation to apply them.

Standards in the field of product safety are unanimously welcomed. But when it comes to standards for services a differentiated view is necessary. This applies in particular in the field of social and accident insurance with regards to health, care and rehabilitation services that are provided through social insurance institutions.

The European Regulation (EU) No 1025/2012 on Standardisation mentions the possibility of establishing European standards for services since 2012. The EU Commission mentions health services in its annual work programs on standardization of services since 2013 and provoked resistance from the Member States which pointed to their responsibilities in the field of health policies. Whereas the EU Commission does for the moment not intend to mandate CEN to develop standards in the field of health services, several initiatives from national standard organisations have been brought up at CEN level. Currently all proposals have been adopted by CEN (at minimum a consent of 5 CEN members is necessary) and new fields of work are established. These concern the quality of care, service, nursing, and rehabilitation for elderly people with extensive needs in ordinary and residential care facilities as well as the minimum requirements of patient involvement in person-centered care. Furthermore a focus group on health services that will meet at the end of November shall sort out in which areas standards may lead to an added value.

Health ministries of Member States as e.g. Poland and Germany as well as various stakeholders from the field of health and social services have a different point of view. Those who are in favor of standardization of health and social services argue with a lack of rules within their national legislation. But the question is, shall European standards replace national rules based on democratic procedures? And what about those countries that already have a structured and detailed system in place? According to the European treaties the member states have the right to decide on how to organize their social security and health system (Art. 153, Art. 165 TFEU). Standards that are developed by external parties within a private institution and based on procedures that lack democratic participation and transparency may create parallel structures that are in conflict with national legislation, rules and systems. In a whole there is the concern that new projects in the field of health and care interfere with the national competences of the member states to organize their social security and health systems. Furthermore the legal mandates and competencies of those social insurance systems that are self-administrated can be touched. CEN has committed in its guide No. 15 that there shall be no standards in fields that are in the responsibility of the Member States. There is no added value for standards in fields that are highly regulated as social security and public health.

Among the members of the working group legislation there are also concerns that European wide standards in the field of social and health services may not improve but instead lower the current level of services within social security in the member states.

Product standards in particular for the safety of products and the health of workers are unanimously welcomed. The legal character of European standards should in any way not be underestimated even though they are in most cases voluntary. In a preliminary ruling from October 27, 2016 (C-613/14) the EU Court of Justice ruled that he is competent to decide about a European harmonized standard in the form of a preliminary ruling. He also ruled that the national court is not obliged to apply the presumption of harmonized European standards if national laws describe the characteristics of a prod-

uct. Should there be harmonized standards in the field of health or social services, this could mean that the EC Court of Justice could in a preliminary ruling decide which criteria the national judge has to take into account for his judgment at national level.

## A Triple Social A for Europe – the Social Pillar

As announced in his State of the Union speech in the year 2015 president Juncker wants the EU to be “triple A” on social issues. To reach this goal the European Commission wants to introduce a social pillar that shall strengthen social aspects and combine them with economic growth in the monetary union. According to the EU Commission the pillar shall neither define legally binding specifications nor interfere with the principle of subsidiarity and the competences of the member states in the field of social security. The Commission has started a broad discussion with all stakeholders and presents the topics in all Member States. The consultation that runs until the end of the year asks for the most pressing challenges in the field of employment and social affairs, if the social *acquis* is up to date and includes questions on the future of work including the future of social security systems. Stakeholders can also comment on a first proposal for a social pillar that shall be applicable for the monetary union. The proposal covers health and safety at work, healthcare, pensions, disability and integration topics. All in all the aim is to reach an upwards convergence.

The potential of this initiative remains unclear in particular how it shall be effective if it is only applicable for members of the monetary union. Positive is the will to strengthen the social dimension in the European market. The impact of social security and welfare for economic growth can also be underlined as it goes along with experiences from e.g. the international study of the ISSA on a return on prevention. But as the competence for social affairs is with the member states they remain the actors who are able to change their systems. A social pillar could therefore maybe remind them to invest in

their social security systems or offer best practices. As far as indicators, comparisons and minimum levels should be proposed, the reverse effect may also become reality: a top down of quality in the field of social issues instead of improvement. Upwards convergence is a good target but can it be reached through a top down approach in area that is in the competence of the member states?

## The Impact of Undeclared Work

Undeclared work and fraud are issues at national level as well as in cross border context. To enable cross border collaboration the EU Commission has launched a platform of undeclared work in May 2016. Representatives from all member states shall meet on a regular basis to steer the activities of the platform. The core question is, what is undeclared work? There is no unique definition at Member States level. The EU defines undeclared work as “any paid activities that are lawful as regards their nature but not declared to public authorities, taking account differences in the regulatory systems of the Member States” (recital 5 DECISION (EU) 2016/344). According to this definition only legal activities are covered, illegal activities are excluded. For social security the activities the cross border impact of the platform will be of interest, here in particular the exchange of relevant information in certain sectors such as construction, meat and food industries.

When it comes to cross border employment the question arises how to protect workers that work in a member state but are not part of the national social security system. If a person that lives in France starts to work in Belgium and has a work accident, there is no investigation with regards to OSH measures in case the person has been posted from another Member State or works undeclared in another Member State. A survey on this topic among the members of the Forum working group legislation shows that with regards to posting of workers to another Member State, there are no official statistics available in the Member States to

which workers are posted. From the perspective of prevention it might be useful to get statistics about workers from abroad and their accidents. As there are statistics at the accident insurance funds available about workers that are posted to another country (and about accidents abroad) the first step could be an internal exchange among the members of the forum. The topic could furthermore be addressed at Eurostat level.

## Outlook: the Youth – the Future

The future lies in the youth. This applies in particular with view of the demographic developments and a lack of qualified personnel. However Europe faces since a couple of years the challenge of high youth unemployment rates. A main topic of the annual work programs of the European Commission is therefore how to combat youth unemployment. Initiatives comprise the Youth guarantee as well as a European quality framework for apprenticeships. The latest idea of the Commission: president Juncker announced in his State of the Union Speech in September to establish a European Solidarity Corps. The idea is, to establish a volunteer service for young people under 30 in Europe that would like to support organisations, authorities or companies addressing support in challenging and crisis situations in Europe. The spirit of solidarity shall be

strengthened, at the same time young people shall improve their skills, their language and gain first job experience.

Members of the Corps can be deployed in their home country or in another EU Member State. They can be regular employees, trainees, apprentices or volunteers. European finances are provided. The initiative that also covers projects in the social, health and disability sector is a good attempt to strengthen the spirit of solidarity amongst young people in Europe. However from the perspective of statutory insurance against work accidents and occupational diseases it should be guaranteed that in all situations in particular young people are protected against work accidents and occupational diseases. Some countries might provide good practice in so far as volunteers and apprenticeship are covered by their national law for accident insurance also in case of posting. The working group legislation has already developed an information tool for accident insurance in case of cross border apprenticeships that can also be used for apprenticeships in the frame of the Solidarity Corps.

The Corps shall be established as soon as possible, 100 000 young members shall participate until 2020. ■

*Eva-Marie Höffer  
German Social Accident Insurance (DGUV)  
[www.dguv.de](http://www.dguv.de)*

# European Overview of MSDs Liable to be Recognized as Occupational Diseases

The Occupational Diseases Working group of the European Forum worked on the recognition of Musculoskeletal disorders (MSDs) as occupational diseases. The study covers Germany, Austria, Belgium, Denmark, Spain, Finland, France, Italy, Sweden and Switzerland.



© Marc Josse for INRS

MSDs are conditions due to excessive strain on the tissues located in the vicinity of joints (muscles, tendons, nerves and vessels). They take the form of various types of syndromes such as tendinitis, circulatory disorders of the hands, or even osteoarthritis. They are located in various places on the body (the hand, shoulder, elbow, knee, back, etc.) and result from various types of exposure: pressure or striking on part of the body, repetition of a movement, vibrations, carrying of loads, etc. MSDs can be handicapping and cause problems of retention in employment, or even unemployability.

Some MSDs can be recognized as occupational injuries. But most of the cases ex-

amined by the national occupational injury and disease insurers are examined as occupational diseases. In most of the countries studied, this examination is based on a list of the diseases that can be recognized and the related exposures. In parallel, a so-called “complementary” system makes it possible to recognize off-list diseases; in this case, the victim must prove the link between the disease by which they are afflicted and the exercise of their occupation. Complementary systems play a minor role in the recognition of MSDs as occupational diseases.

This study aims to compare the MSDs registered on the national lists, distinguishing between osteoarticular disorders (tendinopa-

thy, meniscopathy, bursitis and hygroma), neurological disorders of the limbs and the spinal column, and lastly vascular disorders and angioneurotic disorders (hand-arm system).

In light of this comparison, theoretically, most MSDs are covered by all the list systems, and there are no major differences between countries regarding the exposure criteria when they are set out formally. One notes, however, that recognition of disorders of the spinal column as ODs is impossible in **Austria, Finland** and **Switzerland**. Also, the carpal tunnel syndrome is not recognized in **Austria**. There is no consensus regarding several other, less common MSDs: hypothenar hammer syndrome, several lower limb tendinitis conditions, osteoarthritis of the knee, and damage to the cervical rachis.

As regards the methods of examination of claims for recognition of the occupational nature of MSDs, practices in Europe differ. Accordingly, the countries studied can be classified in three groups:

- **Germany, Austria, Switzerland, Finland, Sweden:** for each case all the risk factors (work-related and personal) that could be the cause of the disease are studied.
- **Belgium, Denmark:** when the investigation of the claim for recognition reveals that the conditions related to the disease and the precise exposure criteria (described where applicable in documents appended to the list) are met, the case is usually recognized.
- **Spain, France, Italy:** the list of occupational diseases is generally precise regarding the syndromes covered and the movements or positions which cause them; these criteria are less demanding than in the other countries.

To illustrate the regulations and practices regarding recognition of MSDs, but also to assess the benefits awarded by the occupational injury and disease insurer in cases of permanent disability, four case studies are then proposed. These cases are representa-

tive of musculoskeletal disorders frequently affecting workers: the carpal tunnel syndrome (case 1), rotator cuff tendinopathy (case 2), lumbago (case 3) and epicondylitis (case 4).

These four case studies supply the following information:

- **Sweden** is distinguished from the other countries by the fact that the diagnostic of a loss of earning capacity is a requirement for the acceptability of claims for recognition by the social security organization.
- Those countries in which the national list of occupational diseases confers a strong presumption of occupational origin on the diseases which appear there (**Belgium, Spain, France, Italy**) are those which have most generously recognized the proposed cases.
- Cases of carpal tunnel syndrome and epicondylitis are "probably" or "definitely" recognized as occupational diseases in most countries. On the other hand, the countries are divided with regard to cases of rotator cuff tendinopathy and lumbago.
- The existence of extra-occupational factors apparently had no impact on the recognition decisions in the cases in question.
- The benefits awarded, of different kinds and levels depending on the country, clearly illustrate the priorities of the competent OI/OD insurer in the countries studied.
- In three countries (**Germany, Austria and Finland**), the OI/OD insurer currently offers the possibility of financing the adaptation of the work station or a training course for occupational redeployment if the case is recognized as an occupational disease.

The third part of the study is devoted to statistics on claims for recognition and recognized cases of MSDs, first for a given year (2014), and then over the period 2007-2014.



© Philippe Castano for INRS

Regarding MSDs reported as occupational diseases, major differences can be seen: **France, Belgium and Denmark** boast high ratios per 100,000 insured (463, 263 and 257 respectively); Italy has a median ratio (150); **Germany, Finland, Sweden and Switzerland** have the lowest ratios (between 23 and 13 reports).

There are even greater differences regarding MSDs recognized as ODs. **France** is at the top of the ranking (ratio of 322 per 100,000 insured), followed by **Spain** (94), **Belgium** (82) and **Italy** (64). The lowest ratios are found in those countries which exclude certain MSDs from recognition, and/or which examine each claim on a case-by-case basis and are very demanding with regard to the causal link between occupational exposure and the disease: **Austria** (1), **Germany** (3), **Switzerland** (6) and **Sweden** (7).

The rate of recognition of MSDs, which is based on a comparison of the reporting and recognition levels, varies from 69% in **France** to 8% in **Denmark**, including a range of 30% to 50% in **Belgium, Finland, Italy, Sweden and Switzerland**.

In four of the ten countries in the study, MSDs represent a very large proportion of the total number of occupational diseases recognized: **France** (88%), **Spain** (75%), **Belgium** and **Italy** (69%). In contrast, this proportion is less than 20% in **Germany, Austria, Denmark, Finland and Switzerland**.

The study of the typology of MSDs recognized as occupational diseases shows that osteoarticular disorders (with a majority of tendinopathies) top the list in many countries: **Belgium** (1,671 out of a total of 2,498 cases), **Denmark** (381/588), **Spain** (8,620/12,860), **France** (31,329/60,018, practically equal with neurological disorders), **Italy** (5,573/13,669) and **Switzerland** (206/221).

Finally, note that the growth trends between 2007 and 2014 are very contrasting:

- **Switzerland, Sweden** (with a stabilization from 2012 on), **Finland** (with a stabilization in 2013) boast a continuous and regular decline in the number of MSDs reported and recognized;
- Other countries show relatively stable curves since 2007, with a slight downward trend in **Denmark** (since 2013) and **Spain**;
- MSDs have apparently stabilized since 2012, after growing continuously in **Italy**;
- **Belgium** has experienced a continuous increase in MSDs since 2011;
- Following a continuous increase, **France** has seen a reversal of the trend since 2012.

Very often, these trends can be explained by changes in the regulations.

Study online in English at  
[http://www.eurogip.fr/images/pdf/Eurogip120E\\_ReportMSDs.pdf](http://www.eurogip.fr/images/pdf/Eurogip120E_ReportMSDs.pdf)

and in French at  
[http://www.eurogip.fr/images/pdf/EUROGIP-120F-RecoTMS\\_Europe.pdf](http://www.eurogip.fr/images/pdf/EUROGIP-120F-RecoTMS_Europe.pdf) ■

Isabelle Leleu  
 EUROGIP  
[www.eurogip.fr](http://www.eurogip.fr)

## France-Germany: OSH Indicators 2010-2014

With the support of the DGUV (Deutsche Gesetzliche Unfallversicherung), EUROGIP has published a report in which it compares the statistics relating to accidents at work in France and Germany.

It shows that France is more exposed, with 563,167 cases recognized among private-sector employees, i.e. a national frequency index of 3,027 accidents per 100,000 employees, versus 2,326 in Germany. While in Germany the number of injuries at work has declined (-12.1%) since 2010, the results for France are more lacklustre (-4.6%), even including rebounds in 2011 and 2014.

Sector differences are significant and have increased more in Germany: construction companies post a number of accidents almost two-and-a-half times greater than the national average (versus 1.8 in France). However, this sector has seen the most significant fall in the incidence rate over the period in both countries (-10.1% in France and -18.2% in Germany). Note that France has an extremely high frequency index in transport (5,436 occupational injuries per 100,000 employees, i.e. an index of 1.8 times the national average and 35.7% higher than in the German transport sector).

In terms of fatal accidents, France posts an index of 1.2 and Germany an index of 1.3. However, it was necessary to exclude a large proportion of the deaths in France in order to obtain a more precise comparison. Most European countries (including Germany) exclude from their statistics fatal injuries the cause of which is not work-related (such as suicides, malaises, heart attacks or natural deaths). In France, the presumption of imputability includes de facto a high proportion of such deaths. Once these have been excluded, the study obtained a total of 225 fatal occupational injuries for which the link to work had been clearly demonstrated.

Commuting accidents follow an extremely similar trend in both countries, mainly because these accidents are strongly correlated to traffic conditions, which themselves depend on weather conditions. For example, although they declined over the period 2010-2014, these accidents peaked locally in the winters of 2010 and 2013, which were

extremely harsh in both countries. With 73,850 commuting accidents identified in 2014 (i.e. a frequency index of 397), France seems less exposed than Germany with its index of 453. In fact, exposure to these accidents is harder to compare, since the labour market structure is different (especially with regard to part-time work). Workers' travel habits vary significantly between workers on permanent work contracts, those cumulating several jobs during the week, and those working part-time.

In addition to the statistics, the report discusses pensions paid. France and Germany pay benefits of €6,688 and €6,611 on average to victims of accidents at work, commuting accidents or occupational diseases. But whereas Germany pays more compensation to the victims (€5,625 versus €4,965), France pays more compensation to the legal beneficiaries of the victim after the victim's death (€14,405 versus €12,511).

Finally, these statistical comparisons should not lead us to overlook the specific nature of the two insurance systems. Although their origins are very similar, they also have specific features: France pays compensation for "permanent disability" to all victims, irrespective of the fixed rate, whereas its neighbour, which stresses rehabilitation of the victim, speaks of the "reduction in earning capacity" and pays life annuities above a disability rate of 20%.

EUROGIP wants to produce other reports to show the changes over time between France and Germany. It is also very interested in examining the issue in detail via bilateral studies of other European countries.

Report available on the Eurogip website in English at: <http://bit.ly/2dRF8co> and in French at <http://bit.ly/2eC4dXe>. ■

*Florian Jacquetin*  
EUROGIP  
[www.eurogip.fr](http://www.eurogip.fr)

# Croatia: Analysis of Work-Related Injuries of Older And Younger Working Population Conducted by Croatian Health Insurance Fund (CHIF)

The study presents result of the data analysis of Croatian Health Insurance Fund (CHIF) with the special reference to the older and younger working population and injuries at work, with the aim of further development of the system and strengthening protection of workers' health, providing healthy workplaces for all ages.

The study comprised data on the reported occupational injuries collected in the Information System of Croatian Health Insurance Fund in the period from 2006 to 2015.

Comparing the working population of people above the age of 55 and working population of people under the age of 30 in the observed period, it is obviously that the number of reported work-related injuries of younger workers is much higher. We've also found that more often are injured men than women.

The number of reported work-related injuries of men aged less than 30 years was significantly higher than the number of reported work-related injuries of women under the age of 30 years. That number, however, shows a trend of decrease. On the other hand, the number of reported work-related injuries of women older than 55 is increasing. (Graph 1)



Source: Information System CHIF, April 2016

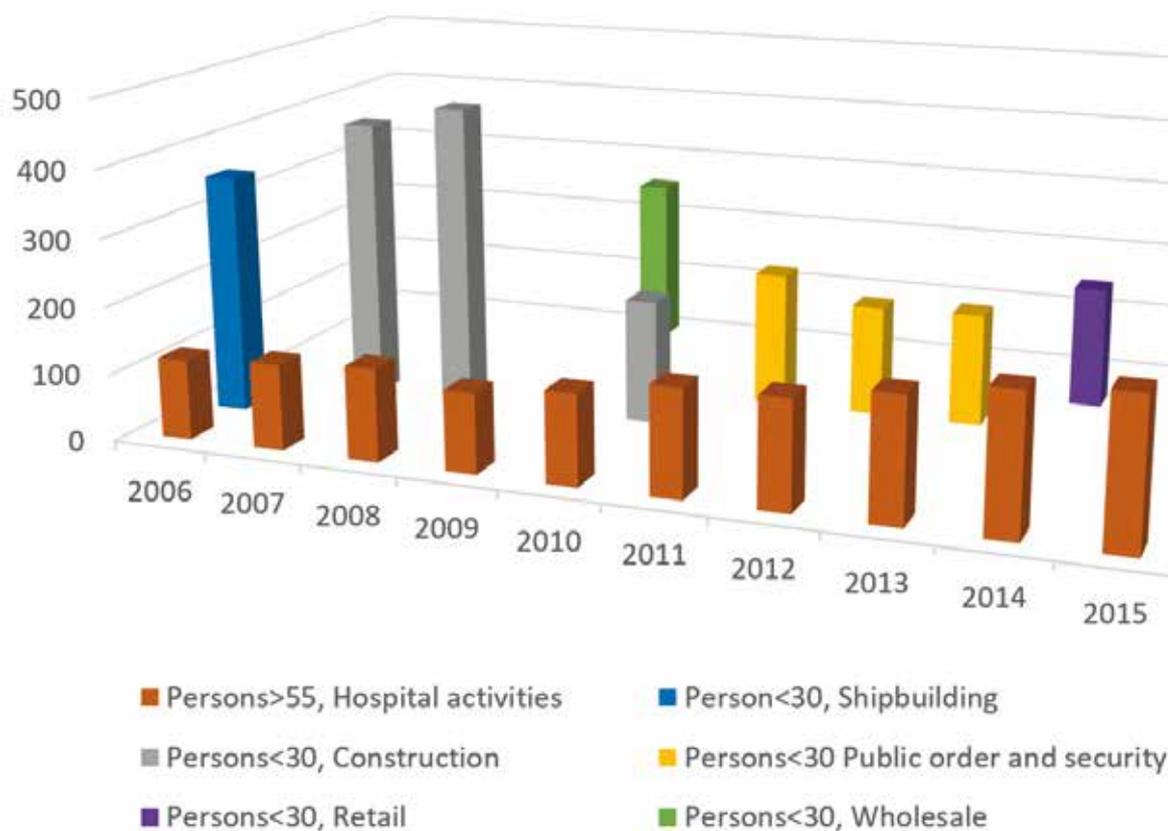
Based on data collected in the Information System of the Croatian Health Insurance Fund, most common diagnosis of reported work injuries of workers younger than 30, in the entire observed ten-year period, are diagnosis related to hand and wrist injuries.

On the other side, most common reported injuries of workers older than 55 in the observed period are head injuries, forearm fractures, lower leg injuries, as well as ankle and foot luxation.

The most reported work-related injuries of persons under 30 are in the shipbuilding industry, construction, public order and security as well as in wholesale and retail.

The largest number of reported work-related injuries of persons older than 55 years are injuries in the hospital activities, throughout the whole observed period. (Graph 2)

Graph 2: Activities with the highest number of reported work-related injuries



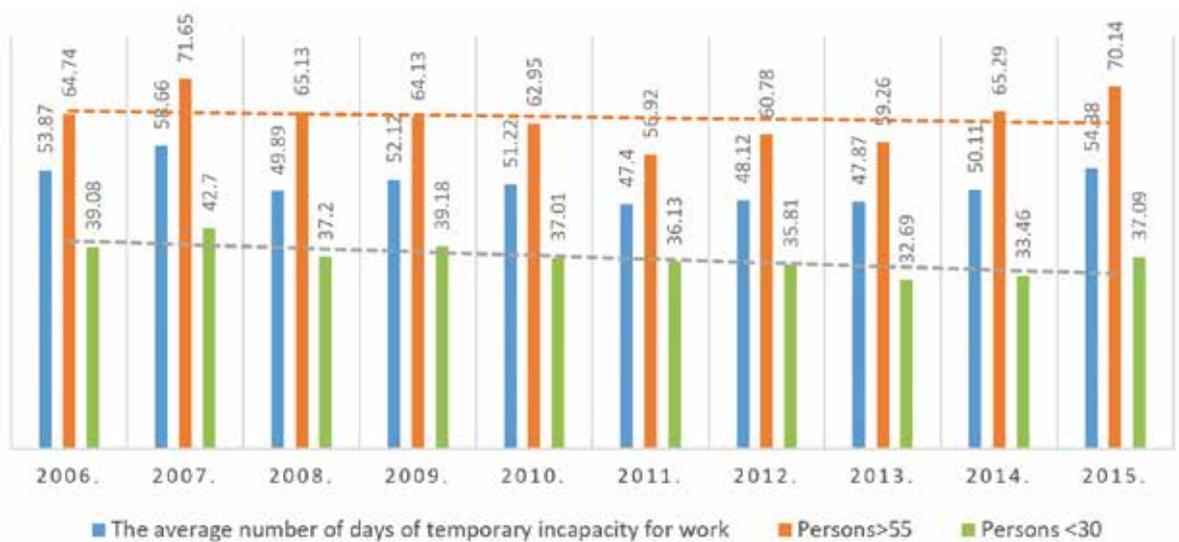
Source: Information System CHIF, April 2016

The most reported work-related injuries of persons under 30 are in the shipbuilding industry, construction, public order and security and retail.

In the observed ten-year period, the average number of days of temporary inability to work due to an injury at work fluctuates and varies between a minimum of 47 days (2011) and a maximum of 59 days (2007).

The average number of days of temporary inability to work of persons older than 55 years in the observed period was markedly higher than the average number of days of temporary inability to work, specifically in relation to the average number of days of temporary inability to work of persons younger than 30. (Graph 3)

Graph 3: The average number of days of temporary inability to work due to an injury at work



Source: Information System CHIF, April 2016

Croatian Health Insurance Fund supports European Agency for Safety and Health at Work Campaign 2016-17 and based on the results of this analysis highlights the importance of development of professional guidelines to ensure the healthy workplaces for all ages, which will include awareness of the differences between the generations, using the appropriate approach to the older and the younger working population and taking into account professional activities of employers and last but not least the fact that younger workers are more often injured, and that recovery of older workers lasts much longer. ■

*M.Sc. Vinka Longin Peš, LL.M.  
Croatian Health Insurance Fund (CHIF)  
www.hzzo.hr*

## Italy: ISI Agriculture Call for Funding 2016: 45 million Euros Allocated for the Improvement of Health and Safety at Work in Micro and Small Enterprises.

The funding called ISI (Incentives for health and safety at work) by Inail and Ministry of Labour is set aside for investments planned to purchase or rent machinery and tractors characterized by innovative solutions for the reduction of pollution and noise risk and improving the performance and global sustainability of companies.

The project is financed by Ministry of Labour and Social Policies for 20 million of euros and by Inail for 25 million of euros. The amount, allocated in regional and provincial budgets, is divided into two sectors of intervention: the first one, for a total of 5 million euros, is restricted to young farmers, both as individual and as companies. The other one, for a total of 40 million euros, is reserved to farms as a whole. The project has been carried out with the co-operation of the Ministry for Agricultural, Food and Forestry Policies.

### Each Company Can Submit Only One Application

Law 208 of 2015 has established a funding – run by Inail – of 45 million euros for 2016 and 35 million per year starting from 2017. According to this law, the farms who can apply for funding are the individual ones, the companies and the cooperatives, operating in the field of agricultural primary production of agricultural products and meeting the requirements specified in the notice. Each company can submit only one application and only for one of the two sectors.

Purchase or rental with purchase agreement of agricultural or forestry machinery can be funded. More specifically, Inail will fund investments planned for the purchase or rental of machinery and tractors characterized by innovative solutions for the reduction of pollution and noise risk and improving the performance and global sustainability of companies, in observance of EC Regulation 702/2014.

Projects funded by ISI – Agriculture 2016 call, can refer to the purchase or rental, with purchase agreement, of maximum two goods, to be associated according to the following scheme:

- one agricultural or forest tractor plus an agricultural or forest machinery equipped, or not, with motive power;
- one agricultural or forest machinery equipped with motive power plus an agricultural or forest machinery not equipped with motive power;
- two agricultural or forest machineries not equipped with motive power.

Applications must be completed between November 10, 2016 and January 20, 2017. The incentives awarding procedure, after evaluation, is based on the chronological order of applications submission. Between November 10, 2016 and January 20, 2017 agricultural companies should enter, on Inail website, their data and the information related to the project, according to a set of criteria which will fix the attainment, or not, of a minimum threshold of eligibility of 100 points. Once the procedure is completed, companies who have reached or topped this score, could submit, by website, the application. Dates and times of opening and closing of the submission procedure will be published on Inail website from March 30, 2017.

The final chronological list will show companies admitted to funding: they must send to the local Inail branch the documentation certifying the possession of the requisites required by the call for funding.

Grant can be up to 60,000 euros. Once Inail has positively checked the submission regularity, time limits for the realization of funded projects are: 180 days if agricultural or forest machinery are purchased and 365 days in case of rental with purchase agreement. The contribution in capital account will cover 50% of admissible costs paid and documented by young farmers, while, for enterprises, the coverage refers to 40% of costs met by all other companies. Projects to be funded must involve a contribution from a minimum of 1,000 euros to a maximum of 60,000 euros. Inail will pay out the contribution after the project is concluded, but when the contribution is over 30,000 euros, recipients can ask for an advance equal to half the contribution, upon the establishment of a bank guarantee in Inail's favor. Advance is not admitted for projects regarding rental with purchase agreement. ■

*Bernardo Sabetta*  
INAIL, Italy  
[www.inail.it](http://www.inail.it)

# Italy: an Advertising Campaign on Incentives to Micro and Small Agricultural Enterprises: ISI Agriculture

Inail has done an advertising campaign on incentives to micro and small agricultural enterprises – ISI Agriculture – to support projects, funded by Inail and the Ministry of Labour and Social Policies, in order to improve health and safety at work in the agricultural sector.

Fai muovere la tua impresa, investi sulla sicurezza.

**INAIL**

**45 milioni** di finanziamento complessivo con un contributo massimo fino a **60 mila euro**

**40 milioni** per le imprese agricole

contributo in conto capitale **40%**

**5 milioni** per i giovani imprenditori

contributo in conto capitale **50%**

**INAIL incentiva innovazione, prevenzione e sostenibilità ambientale per le imprese agricole.**

Con l'Aviso pubblico ISI AGRICOLTURA Inail finanzia le micro e piccole imprese che operano nel settore della produzione agricola primaria per l'acquisto o il noleggio con patto di acquisto di trattori e macchine agricoli e forestali. I finanziamenti sono a fondo perduto e la domanda deve essere inviata online entro il 20 gennaio 2017. Per conoscere i dettagli dell'Aviso vai su [inail.it](http://inail.it)

**Inail, la persona al centro del nostro impegno**  
Chiama il numero gratuito 803.144 da fisso o lo 06.144.144 a pagamento da mobile

© Inail

The campaign will be carried out for two weeks in December 2016 and then on January 2017.

The creativity mixes graphics and photographic elements that visually show information about the public call for funding ISI Agriculture.

The ad illustrates, in a simple way, the amount of funding to the two reference targets: young farmers and agricultural enterprises. It uses a realistic image, typical of the rural environment: a tractor – ploughing the ground – brings the key elements of the message, with a growing trend that orients the reading to an overview of the information.

The advertising slogan “Move your business, invest in safety” is a call to action, an exhortation to prevent from main occupational risks in the agricultural sector.

Taking into account objectives and targets, the media plan involves conventional and unconventional channels, at national and local level.

More specifically, in addition to press (newspapers, magazines, financial publications), the media plan includes information websites and radio and TV stations, which broadcast a 30 seconds (radio or video) spot. ■

Bernardo Sabetta  
INAIL, Italy  
[www.inail.it](http://www.inail.it)

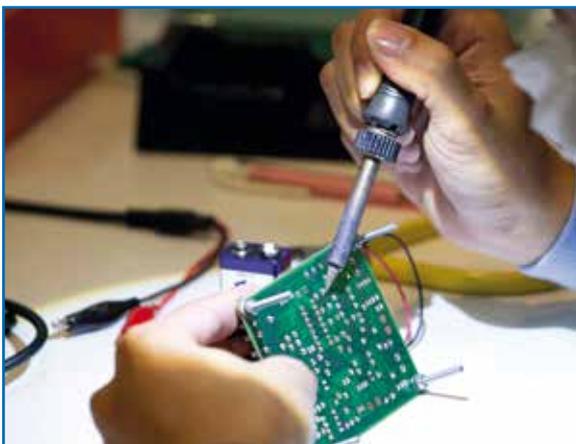
# Austria: 9<sup>th</sup> International Abilympics in Bordeaux, France

On 25-26 March 2016, 465 contestants from 31 countries, 50 000 visitors, more than 700 volunteers and 85 exhibitors met in Bordeaux, France, for the 9th International Abilympics. Abilympics, which are held every four years, are vocational skill competitions for persons with disabilities to enable them to showcase and enhance their talent.

The concept was developed in Japan back in 1972 based on the skills competition named "Worldskills" as well as on the Paralympics model. That year, the first national final of the Abilympics was held in Tokyo under the banner "Acquiring professional skills leads to a bright future". Afterwards, it took place in Columbia, Hong-Kong, Australia, Czech Republic, India, Japan and Korea.

This is the first time France has hosted the International Abilympics, which was held in conjunction with a WorldSkills France regional competition.

The international delegations competed in 49 skills in five categories: crafts, services, information and communications technology, food services. The professionals that competed included among others photographers, painters, web designers, hairdressers, jewellers, welders, embroiderers, cabinet-makers and chefs.



© Abilympics/rodolphecellier.com

The theme of this year's Competition was "Change How People See Disability" raising a call to action for society to evolve their view of disabilities from one of compassion to respect.

Simon Bartley, President of WorldSkills brought greetings at the opening session of the Abilympics General Assembly: "I commend the Abilympics on raising the global awareness to see people for their skills and not their disability," said Simon Bartley. "Skills competitions highlight the professionalism required to excel in your chosen field. The Abilympics, are an essential voice

in demonstrating the capabilities of the competitors as individuals with expertise. Industry, and society in general, can benefit from utilizing more of their talents."

The Austrian delegation also participated in the competition consisting of 19 contestants, one international judge, several officials, assistants and interpreters. The contestants from Austria took part in 16 contests and displayed a high level of professional skills in the events. ■

*Amra Causevic  
Austrian Workers' Compensation Board (AUVA)  
www.auva.at*



© Abilympics/rodolphecellier.com

© Andreas Pöschek



© Abilympics/rodolphecellier.com

## Dr. Joachim Breuer is Elected President of the International Social Security Association (ISSA)



© DGUV

The members of the Council of the International Social Security Association (ISSA) have elected Dr. Joachim Breuer as President of the Association at their meeting in Panama on 18 November 2016.

Dr. Joachim Breuer becomes the 16<sup>th</sup> President in the ISSA's 89-year history. Dr. Breuer is Director General of the German Social Accident Insurance (DGUV), Germany. Since 2002, Dr. Breuer has served as a member of the ISSA Bureau and as Chairperson of the ISSA Technical Commission on Insurance against Employment Accidents and Occupational Diseases.

Dr. Breuer succeeds Dr. Errol Frank Stoové from the Netherlands, who was elected in 2010. Mr Stoové was designated as an Honorary President of the ISSA by the members of the Council.

We wish to congratulate Dr. Breuer on his appointment and all the best in his new position! ■

## Dr. Franz Terwey, Representative of the European Commission in Brussels is Retiring



© Youssef Meftah

Dr. Franz Terwey has been Director of the European Social Security Fund in Brussels since 1993, a joint institution of the leading organizations of the statutory health, accident and pension insurance in Germany. In a second position, he is President of the European Social Insurance Platform (ESIP), which was founded in 1997. This organization brings together more than 40 social insurance organizations in 17 Member States of the European Union and the European Economic Area.

We would like to sincerely thank Dr. Terwey for his outstanding contribution and successful work over the last years within the European Forum and wish him well for his next chapter in life. ■

## Indonesia Has Been Appointed to Chair the Asian Workers' Compensation Forum

Agus Susanto, Director of the BPJS Ketenagakerjaan (Indonesian Social Security Administering Body for Employment), has been elected to lead the Asian Workers' Compensation Forum as president.

Susanto said that under Indonesia's chairmanship five priorities would be tackled, namely, improving participation of social assurance agencies, enhancing cooperation with other international agencies, boosting training for workers, enhancing workers' skills and providing social assurance for migrant workers. ■

© Ola Ericson/imagebank.sweden.se



## Welcome to Sweden and Stockholm!

**June 14-16, 2017**

Preparations for next year's European Forum conference are proceeding according to plan, and much as we informed during the General assembly in Segovia in June of this year. Co-hosted by Försäkringskassan (the National Social Insurance Association) and AFA Försäkring, the conference will be in Stockholm in June 14-16, 2017.

The topic for the conference will be "A sustainable working life", and this will be noticeable in many ways. For instance, the registration will be online only, and the documentation and presentations will be available on the web. Also, a special Twitter hashtag will be created for the event!

On Wednesday June 14<sup>th</sup>, the Working Groups will have their meetings and the General Assembly will be held in the AFA Försäkring building in central Stockholm, and in the evening there will be a buffet dinner, also in the AFA Försäkring building.

Located right across the street from the Central train station, the Scandic Continental hotel will be the venue for the Forum conference. The hotel is in the street Vasagatan, and there are several other fine hotels only a few minutes walking distance from the conference venue.

Two project groups have been working separately for a few months. One of them is responsible for creating the event itself, and the other group is responsible for the contents of the Forum conference. The event part includes a dinner Thursday night of the 15<sup>th</sup> at Vaxholms hotell. (<http://waxholmshotell.se/en/start>). We will arrive there after a boat trip through parts of the beautiful archipelago. Let's keep our fingers crossed for good weather during the trip...

The Forum conference will also be on the "Sustainable working life"-theme. We hope to present presentations on new, state-of-the-art technology for reporting incidents and accidents in order to prevent these from re-occurring in the future, along with several other interesting presentations.

Look out for your invitation, which will be distributed in January/February 2017! ■



© Per Winberg/AFA Insurance

Per Winberg  
AFA Insurance  
[www.afaforsakring.se](http://www.afaforsakring.se)

## 2017 EUROGIP Discussions

**June 7 – 10, 2016** | Paris | France

The next EUROGIP Discussions ("Les Débats d'EUROGIP") will be held on March 2, 2017 in Paris. They will focus on the link between prevention of occupational risks and economical dimension. The objective will be to raise the ROI of prevention, but also the cost of the "no prevention", the economic relationship between prevention and compensation for victims of occupational injuries, prevention as part of business performance, the impact of working conditions on the productivity of the company, etc.

The program and registration will be posted on the website [www.eurogip-debats.fr](http://www.eurogip-debats.fr).

## The Right to Work for Persons with Disabilities – International Perspectives

**March 8 – 10, 2017** | Kassel | Germany

## XXI World Congress on Safety and Health at Work 2017

**September 3 – 6, 2017** | Singapore

<https://www.safety2017singapore.com>

## Rehabilitation International World Congress 2020

**Moving Societies**

**September 8 – 10, 2020** | Aarhus | Denmark

<http://riworldcongress.com/riwc-2020>

### IMPRESSUM

**Media owner and publisher:** AUVA  
Austrian Workers' Compensation Board

**Place of publication:** Vienna