issa INTERNATIONAL SOCIAL SECURITY ASSOCIATION

Social Policy Highlight 28



Occupational diseases: Challenges and perspectives for social security

The World Day for Safety and Health at Work (28 April) promotes the prevention of occupational risks and advocates for the development of a workplace prevention culture. In 2013, the World Day focuses on the prevention of occupational diseases. Worldwide according to ILO estimates more than 2.3 million work-related fatalities occur annually – the very large majority of these deaths (over 80 per cent) are caused by occupational diseases. While work injury insurance systems have contributed successfully to the reduction of occupational accidents, the prevalence of work-related illnesses continues to increase and social security organizations should consequently increase their efforts to help reduce occupational diseases through targeted prevention measures. As this *Highlight* concludes, to complement the development of three *ISSA Guidelines* on the topics of the prevention of occupational risks, workplace health promotion, and return to work, on the occasion of the 2013 World Day the ISSA calls on its member organizations to actively support the prevention of occupational diseases and work-related health challenges.

Hans-Horst Konkolewsky, ISSA Secretary General

Global trends as regards the incidence of occupational accidents and work-related diseases present a complex picture. While the global mortality rate of workers arising from work-related accidents has fallen, fatality rates due to occupational diseases are stagnating. According to ILO estimates 2.34 million people die annually as a result of occupational accidents and work-related diseases. Closer examination reveals that the incidence of non-fatal workplace accidents is actually rising. Furthermore, and reflecting the changing nature of occupational health hazards, there is a trend towards more severe medical conditions stemming, for example, from exposure to carcinogens, asbestos and silica. Also, mental health issues, or psychosocial risks, in the workplace are on the increase due to a changing world of work.

This issue

- Outlines current trends and multiple factors in occupational disease incidence
- Discusses the impact of occupational diseases on social security systems
- Advocates a holistic approach to prevention
- Highlights social security's role in risk prevention, health promotion and return to work

ISSN online 1818-5940
First published April 2013
Photos: Chris Kirchhoff/ MediaClubSouthAfrica.com, Wolfgang Bellwinkel/DGUV, Kaj Kandler/DGUV

A related issue is higher stress levels, due to factors such as increased work intensity, higher demands, job insecurity and even harassment and violence.

As a consequence of these trends, occupational safety and health (OSH) policy is shifting from an injury and accident centred approach to one that increasingly is occupational disease-focused. Also social security organizations responsible for insuring and compensating occupational accidents and work-related diseases are adopting a more holistic approach to the health and employability of workers.

In order to improve the prevention of work-related diseases, national lists of occupational diseases have to be revised, compensation practices reviewed and monitoring, data collection and record keeping have to improve. Multilateral organizations such as the World Health Organization (WHO), International Labour Organization (ILO), European Commission (EC) and the ISSA, are actively supporting these developments. However, in countries where social security coverage levels are low and where the reach of OSH inspectors is limited, the true extent of workplace accidents and exposure to hazards will be unascertainable and knowledge about the incidence of occupational diseases will remain incomplete (Lund, 2012).

Defining and recognizing occupational diseases

The risk of occupational diseases exists in all economic sectors as a result of exposure to a multitude of hazards. Yet, the causal relationship between a chemical, biological, physical or psychosocial hazard and a diagnosed disease can be complex to demonstrate. In contrast with many noncommunicable diseases, which can be addressed at relatively low cost using evidence-based interventions, the incidence of occupational diseases is characterized by a different and wider set of risks, whether this is an injury, the manifestation of a recognized disease or, indeed, the death of a worker. For social insurance systems, and to adjudicate decision-making with regard to the award of compensation for occupational diseases, it is essential that national lists of recognized occupational diseases are established and regularly updated. In this regard, a benchmark used by many countries is the ILO's list of occupational diseases.

Even in cases where the worker is covered by a workers' compensation scheme, the process of assessing a claim for compensation for an occupational disease can be complex, in particular when the relation between a negative health impact and the risk exposure at work is difficult to ascertain and demonstrate. For many occupational diseases there may be a multiplicity of symptoms, for which it may be difficult to identify a common linking factor.

Physiological differences between individuals, and age and gender, will also influence the nature of the symptoms shown and the progression of a disease once it has become manifest. In terms of health outcomes, occupational risk factors may induce a variety of consequences, and weigh differently on individual morbidity and mortality rates vis-à-vis those for the average population. The onset of disease may come years or decades after the worker was exposed to the hazard. Another challenge, therefore, is the difficulty that many workers face in recognizing that their symptoms are indeed work-related. Similarly, health professionals without specialist training in occupational risk factors and hazards may have difficulty in recognizing a medical condition as work-related.

The risks of exposure to asbestos

Asbestos diseases have become a huge burden for social accident insurance systems worldwide. In spite of international efforts to ban asbestos, including by the ISSA, about 125 million people around the world are exposed to asbestos in their work environments – a figure that fails to take into account those exposed to asbestos in the past. An estimated 100,000–140,000 workers die of asbestos-related cancer each year. In the more developed economies, around 20,000 new cases of lung cancer and 10,000 cases of mesothelioma resulting from exposure to asbestos are diagnosed annually. In future decades the impact in developing economies, where protection for workers and communities is often lacking, is likely to be even greater. Conservative estimates suggest that asbestos exposure may lead to 10 million deaths before a worldwide ban is enforced and exposure ceases (Collegium Ramazzini, 2010).

Occupational diseases – mental health challenges

The global rise in mental health, or psychosocial, problems presents an exacting set of challenges for workers' compensation schemes and health care professionals. Mental health problems relate to a multitude of conditions (e.g. stress, depression, burn out) and claims for worker's compensation made on the basis of mental health issues are particularly difficult to determine. Indeed, most workers' compensation schemes do not recognize mental health problems as occupational diseases. For schemes that do recognize mental health issues, a precise challenge is to separate out the possible influence of the family, community and other social influences from the work environment. First, the mental health condition must be determined and assessed. Second, a cause-effect relationship must be established to justify that the diagnosed mental health condition is indeed work-related and, to calculate the compensation that may be due, has resulted in a measurable reduced capacity for work.

Mental health issues linked to stress are known in some instances to translate into physical disability, with a clearly demonstrated translation of stress into musculoskeletal disorders. As a result, occupational health strategies must adopt a more holistic approach that recognizes that there may be a degree of interconnectivity between accidents at work, psychosocial working environment and musculoskeletal disorders. Putting this into practice can be difficult. Practical challenges in many developing economies are low levels of mental health literacy generally and a shortage of expertise in clinical mental health services and occupational psychiatry and health psychology specifically (Atilola, 2012).

Impact on health care and social security systems

Globally, around 160 million new occupational disease cases are estimated to occur annually. To the extent that an occupational disease leads to reduced ability to work, it increasingly becomes a challenge for social security systems. The growth in incidence of occupational diseases raises not only expenditure for workers' compensation benefits, but similarly impacts health care, unemployment, social assistance and pension programmes.

Generally, social security initiatives can support and complement occupational risk management policies in a broad array

of ways. Five important roles played by social security organizations are:

– Mitigate the cost of occupational diseases for workers, employers, social security programmes, health care systems, and society more generally through the proactive development of inspection services and prevention and health preservation and promotion programmes and through advocating greater health awareness.
– Incentivize the wider adoption of prevention measures by employers by linking the value of their contributions to the workers' compensation scheme to the enterprise's reported accident rate.
– Ensure that workers do not face economic insecurity as a consequence of possible delays in ascertaining the validity of their claim to worker compensation benefits and, thereafter, pay benefits on a timely basis to workers diagnosed with an assessed occupational disease.
– In some countries, social security organizations have broadened their role to run, or work in close cooperation with, medical clinics (including mobile examination units) to provide appropriate care and rehabilitation measures to workers with a recognized occupational disease. Also provided is patient education to help support the return to work and prevent the reoccurrence of the medical condition.
– Contribute to building effective and efficient information systems to collect and analyse occupational health-related data. As part of this, empirical research on occupational diseases may be undertaken or supported.

Top five occupational diseases addressed by ISSA member organizations, 2011

A survey conducted among 123 ISSA member organizations provided a "top five" listing:

Types of occupational diseases	Percentage of total
Respiratory diseases	28.16%
Muscoskeletal disorders	18.45%
Diseases caused by physical agents	18.45%
Skin diseases	11.65%
Biological agents and infections or parasitic diseases	6.80%

The broadening roles of social security organizations as regards tackling the challenges associated with occupational risks underlines the necessity of developing and implementing a holistic approach to prevention. Such an approach, by definition, requires strategic policy planning at the highest level, not least to facilitate cross-sectoral and inter-agency coordination.

The ISSA three-dimensional prevention strategy

There is growing international awareness of the economic and social benefits of investing in the prevention of workplace diseases and injuries. Greater action is still required, however, to address the status of what are often non-recognized work-related diseases, including mental stress. In Europe, for example, work-related stress is one of the biggest health and safety challenges: close to one in four workers is affected, and studies suggest that between 50 and 60 per cent of all lost working days are related to it.

A broader role: Providing preventive health care

Occupational skin diseases are among the most common occupational diseases worldwide. Hairdressing is one profession particularly at risk, with hairdressers exposed to developing irritant and allergic contact dermatitis of the hands, some causes of which are repeated workplace exposure to detergents and hairdressing chemicals and prolonged glove wearing. The German Social Accident Insurance (*Deutsche Gesetzliche Unfallversicherung* – DGUV) has developed a broader approach to prevention that provides hairdressers, as well as other workers, with access to work accident clinics to support the treatment of work-related medical conditions, rehabilitation and the return to work. This approach also integrates prevention awareness to help workers avoid future unnecessary exposure to hazards in the workplace. The aim is for work accident clinics to reduce longer-term benefit and rehabilitation costs and thus improve the financial health of the social security system and also support employers by reducing absences from work. For the worker, these coordinated interventions improve individual well-being, prevent a worsening of the diagnosed medical condition, and support the return to work (ISSA, 2010).

The ISSA actively promotes a three-dimensional prevention strategy to be advocated by social security organizations. The three core elements of this holistic prevention strategy are the prevention of occupational risks, supporting return to work, and workplace health promotion. As part of a coordinated approach, these three elements have a combined potential to make an important contribution to reducing the incidence and mitigating the negative impacts of occupational diseases.

Prevention of occupational risks

For many occupational diseases, regardless of whether they are life-threatening, there are no effective medical treatments. Social security organizations have come to recognize that in the absence of effective treatments or where influencing changes in individual work practices is difficult, such as those causing repetitive strain injuries, the emphasis must shift to preventive measures. Such a shift entails adaptation in the conventional roles of social security organizations.

Return to work

A recognized challenge for many social security programmes is to support, where possible, the return to work of persons in receipt of disability benefits. All too often, workers who enter a disability programme do not return to work. A major reason for this has been a lack of early intervention support offered to workers on sick leave, from the place of employment and from social security organizations and health services. However, there is greater understanding that disability management systems can be highly cost-efficient tools to ensure that injured workers can make it back to work (ISSA, 2012).

Workplace health promotion

Workplace health promotion addresses the major risk factors for preventable and noncommunicable diseases (including those derived from obesity, smoking and alcohol abuse) and facilitates early intervention. The workplace is also a setting for initiating information activities and raising awareness on

communicable conditions such as HIV/AIDS, as is the case in sub-Saharan Africa (Fultz and Francis, 2011). Reducing exposure to health risks will lead, in the medium to long term, to a reduced need for social security benefits and will also improve the population's health and well-being. Workplaces must institute a culture of health, in the broadest sense of the word, in a way that values the strengths and capabilities of the entire workforce.

A global call for prevention: The role of social security organizations

That the complexity and interconnectivity of the multiple factors that underlie occupational diseases is better understood by social security organizations and health care providers is an important positive development. Heightened knowledge about occupational diseases, supported by data-collection improvements in the monitoring of workplace risks, is playing a key role in this. The dynamic nature of the workplace and of the nature and understanding of hazards demands that investment in efforts to prevent workplace risk continue. The risks associated with emerging and new technologies, such as nanotechnologies, and a wider acceptance of the challenges posed by ergonomic and psychosocial risks, further increase the complexity of prevention.

Of importance, there is growing consensus (Zimmer, 2007) that social security organizations can take a number of concrete steps to meet the challenges posed by occupational diseases:

- Facilitate and motivate sound reporting by all stakeholders.
- Strengthen diagnostic quality by keeping medical practitioners informed on occupational diseases.
- Organize follow up on exposed workers using post-exposure medical examinations paid for by the work accident insurance.
- Periodically review/update lists of occupational diseases.
- Foster prevention of occupational diseases, including those not covered by accident insurance.
- Offer incentives, through setting rebates and premiums for accident insurances, to motivate employers to take prevention seriously.

On the occasion of the 2013 World Day for Safety and Health at Work, the ISSA joins with the ILO and other signatories of the *Seoul Declaration on Safety and Health at Work* to offer its continuing support for actions taken to create and enhance a national preventive safety and health culture. Guided by the competences of the ISSA's Special Commission on Prevention and the work of the ISSA's Technical Commission on Insurance against Employment Accidents and Occupational Diseases, ISSA member organizations, according to their respective mandates and capacities, are called upon to actively support the prevention of occupational diseases and work-related health challenges.

Sources

Atilola, O. 2012. "The challenges of assessing and providing compensation for mental stress under Nigeria's 2010 Employee's Compensation Act", in *International Social Security Review,* Vol. 65, No. 4.

Collegium Ramazzini. 2010. "Asbestos is still with us: Repeat call for a universal ban", in *Occupational Medicine,* Vol. 60, No. 8.

Fultz, E.; Francis, J. M. 2011. "Employer-sponsored programmes for the prevention and treatment of HIV/AIDS: Recent experience from sub-Saharan Africa", in *International Social Security Review,* Vol. 64, No. 3.

ILO. 2010. *ILO list of occupational diseases* (revised 2010). Geneva, International Labour Office.

ISSA. 2010. *Prevention of occupational skin diseases in hairdressers: A case of the German Social Accident Insurance and of the Institution for Statutory Accident Insurance and Prevention in Health and Welfare Services* (Good practices in social security). Geneva, International Social Security Association.

ISSA. 2012. *Return to work programme (disability management): A case of the Social Security Organization* (Good practices in social security). Geneva, International Social Security Association.

Lund, F. 2012. "Work-related social protection for informal workers", in *International Social Security Review,* Vol. 65, No. 4.

Zimmer, S. 2007. *Global cycle on challenges posed by occupational diseases: Results 2005-2007* (Technical report, No. 3). Geneva, International Social Security Association.

Useful websites

European Agency for Safety and Health at Work (EU-OSHA). <https://osha.europa.eu/en>.

International Labour Office: Programme on Safety and Health at Work and the Environment. <http://www.ilo.org/safework>.

Seoul Declaration on Safety and Health at Work. <http://www.seouldeclaration.org>.

World Health Organization: Occupational Health. <http://www.who.int/occupational_health/en>.

The **International Social Security Association (ISSA)** is the world's leading international organization bringing together national social security administrations and agencies. The ISSA provides information, research, expert advice and platforms for members to build and promote dynamic social security systems and policy worldwide.

4 route des Morillons
Case postale 1
CH-1211 Geneva 22

T: +41 22 799 66 17
F: +41 22 799 85 09
E: issacomm@ilo.org | **www.issa.int**