

## European Parliament Interest Group on Rheumatic and Musculoskeletal Diseases

### 2<sup>nd</sup> Meeting

“Towards better prevention of rheumatic and musculoskeletal diseases in the  
workplace:

The role of new developments in EU legislation and policies on health and  
safety at work”

European Parliament Brussels, 14 June 2016

### Minutes

The 2<sup>nd</sup> meeting of the European Parliament Interest Group on Rheumatic and Musculoskeletal Diseases (RMDs) aimed to discuss ongoing developments in EU occupational safety and health policies and their possible impact on the prevention of RMDs in the workplace. In addition to Members of the Interest Group, representatives of the European Commission, the Netherlands EU Presidency, and a number of key stakeholder organisations participated in the meeting.

In her capacity as Chair of the Interest Group, **MEP Roberta Metsola** opened the meeting. She pointed out that health and safety at work (HSW) policies are of utmost importance for people with RMDs, as these conditions represent the most prevalent and burdensome occupational disease field in Europe, accounting for the largest share in lost working time. Both MEP Metsola and the Vice-Chair of the Interest Group, **MEP Takis Hadjigeorgiou**, stressed the importance of revising and updating existing EU legislation on HSW. They have also recognised that targeted EU-level legislation in improving occupational health is already in place, but often lacks forceful implementation, for which the European Parliament must take the lead. They thus set the scene for the meeting, which brought together high-level policy makers and stakeholders who shed light on the various aspects of EU-level HSW policies and what they mean for reducing the burden of RMDs in the workplace.

**Ms Alison Kent** (EULAR) provided scientific evidence of the burden of RMDs in the workplace and proposed the development and implementation of new policy initiatives to better prevent musculoskeletal conditions. RMDs account for 38% of all occupational diseases and are thus the main cause of work limitation, work loss, absenteeism and early retirement, a burden that is significantly increasing with the ageing of the population. Ms Kent pointed out that inadequate working conditions not only cause a number of work-related RMDs, but also affect people with other, non-

work-related RMDs (such as rheumatoid arthritis, osteoarthritis, etc.). Altogether, RMDs not only impact on the productivity of our economies but also place a significant financial strain on European health care and social security systems. In order to curb the burden of RMDs, Ms Kent stressed that new policies and legislation should focus on: strengthening primary, secondary and tertiary prevention; improving early detection and treatment of RMDs; facilitating retention and return to work of people with RMDs; and improving monitoring and evaluation of RMDs in the workplace, among other things. Given the enormous burden of RMDs and the possibly significant impact that more adequate working conditions could have on reducing such a burden, Ms Kent called on EU and national policy makers to develop a comprehensive and coordinated approach against RMDs in the workplace.

Current HSW initiatives of the European Commission were presented by **Mr Stefan Olsson** (Director for Employment, DG Employment, Social Affairs and Inclusion). He underlined the importance of the “European Pillar of Social Rights”, a policy mapping exercise by the Commission that seeks to identify the key overarching principles of EU social policy to guide future policy-making. Serving as the strategic umbrella for social policy, it will also include HSW issues. At the same time, the Commission is currently conducting an assessment of the current HSW legislative framework in place, which will result in a revision of existing legislation. Mr Olsson affirmed that the present state of HSW legislation is extensive, but admitted that individual elements need updating. In particular, he confirmed that legislation should better reflect the gravity of RMDs. He lauded the Interest Group’s important role which unites all stakeholders, bridges translation of policies into practice.

The meeting placed particular focus on the “Healthy Workplaces for All Ages” campaign by the EU Agency for Safety and Health at Work (EU OSHA). **Ms Brenda O’Brien**, Head of the EU OSHA Brussels office, presented how this campaign contributes to improving the working conditions of people with RMDs. Launched in April 2016, it aims to raise awareness among workers, employers and social institutions of the interplay between working conditions and occupational health, educating them that investing in HSW for young employees directly translates into late-life occupational health and thus the prevention of work-related incapacities such as RMDs. To this end, EU OSHA provides an array of educational materials, toolkits and the dissemination of best practices on aspects such as work organisation, work-life balance, manager leadership on how to create age-sensitive workplaces. Ms O’Brien explicitly invited all stakeholder to become partners in the campaign and make use of the educational resources provided by EU OSHA. The holistic and preventive approach of EU OSHA’s campaign was met with great acclaim by all participants.

**Mr Matthijs Groeneveld**, Social Affairs and Employment Attaché of the Netherlands Representation to the EU, presented the stance of the Netherlands Council Presidency towards the issue of HSW. He affirmed HSW as being a top priority of the Netherlands Presidency, referring to the two sets of Council Conclusions on HSW adopted under the Latvian und Luxembourgish Presidencies. These are

seen as a clear political mandate for follow-up action that binds the work of the Netherlands Presidency. The Council Conclusions explicitly mention RMD prevention as the prime need in HSW policies. Mr Groeneveld sees a clear role for the EU to play in HSW, with the Council eagerly expecting the OSH evaluation outcome and demanding that the Commission facilitates data collection and supports the practical implementation of prevention measures.

The workers' perspective on European HSW policies was given by **Mr Dimitris Theodorakis**, Policy Officer at the trade union UNI Europa. He criticised the unclear legal framework of what is considered occupationally-induced diseases (and, thus, what legally justifies absenteeism from work, reimbursements from payers and entitlement to indemnities), as this lies fully within the remit of Member States. RMDs are not universally recognised as such diseases, which creates legal uncertainty for workers and acts against HSW efforts by EU policies. He called HSW the backbone of any social policy and that employers must be obliged to adhere to HSW goals. Due to the diverging workplaces and associated risks, such goals should be sector-specific, taking into workers' different needs. In the view of the trade unions, the EU Strategic Framework falls short of expectations: It is too vague, does not commit the Commission to concrete actions despite the European Parliaments' and social partners' calls, and does not sufficiently recognise RMDs. In order to compensate for the Strategy's lack of effective implementation, he would like the Interest Group to reach out to the social partners in the Social Dialogue Committees. There should also be a distinct legal act in the form of an RMD Directive setting out prioritised actions with clear benchmarking targets.

**Dr Franz Terwey**, President of the European Social Insurance Platform, offered the view of the social insurance providers on the Strategic Framework, which he commended as being very much aligned with the needs identified by social insurers. He welcomed the preventive, forward-looking spirit of the Strategy, though RMDs and psychosocial diseases in the workplace should receive even greater attention. He also lauded the EU OSHA campaign plans for a holistic prevention culture. On the downside, Dr Terwey deplored the Strategy's indistinct role of social insurers; as well as key questions about the future of employment, e.g. as a consequence of digitisation, remaining unanswered. HSW in the EU should generally be more disease-specific, taking into account the needs of individual patient segments. In this respect, targeting SMEs is crucial, since the blue-collar manufacturing sector is particularly affected by occupational diseases and the strain these put on their resources.

The subsequent **open discussion** reiterated the key issues that the speakers had already touched upon. First and foremost, the preventive culture as embodied in the EU OSHA campaign received acclaim by participants as being an effective way to tackle occupational disorders. Investing in educating young workers on HSW will pay itself off in prevented occupational diseases once they become elderly. In this vein, several participants seconded speakers' criticism that the present Strategic Framework lacks effective implementation, as many employers are simply not aware of

their existing obligations. The notion that the Interest Group should reach out to the Social Dialogue Committees was reiterated; participants acknowledged its potential in strengthening enforcement and stakeholders' compliance – something almost all speakers had identified as the present framework's weakness. This view was also expressed by Mr Antonio Cammarota, Team Leader for HSW in DG EMPL/European Commission. These views were welcomed on behalf of the EULAR Executive Committee by Neil Betteridge, who informed attendees that on 12 October this year, World Arthritis Day, EULAR would be holding a conference in Brussels specifically looking at reducing the burden of chronic diseases in the workplace.

Dr Bertolini (Chief Scientist, WHO Europe Regional Office), on the contrary, called the European political framework sufficient in principle, though much still needs to be done in terms of making policy makers aware of the severity of RMDs. Being for years the “Cinderella of chronic diseases” and thus being overlooked in policy making, he pointed out that RMDs are increasingly being recognised as a public health concern by the Council and the Commission, but also by international organisations such as WHO. The WHO is currently developing a Non-Communicable Diseases Action Plan (2015-2025), to be adopted in September 2016, which will feature measures on RMD prevention, including through workplace adaptation and workers' and employers' education. This Action Plan can contribute to shaping future deliberations.

In her closing remarks, **MEP Metsola** once again highlighted the uniqueness of the Interest Group in bringing all stakeholders together, which makes it well-poised to translate the Commission's and Council's policies into actions by stakeholders. For her the main conclusion of the discussion was the need for better legislation and implementation. In this vein, in addition to the October EULAR conference, Ms Metsola will organise a 'roundtable tour' across Member States to start a dialogue with national associations on RMDs.

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