

EULAR Position Paper on Health and Safety at Work

1. Introduction

Rheumatic and musculoskeletal diseases (RMDs) are the main health problem in the workplace in Europe. Every year, inadequate working conditions (in particular ergonomic related risks) affect the musculoskeletal health and wellbeing of millions of EU citizens while having an equally detrimental effect on economies and societies.

Improving working conditions and workplaces is crucial for preventing work-related risk factors, as well as to facilitate the active participation in the labour market of people with these and other conditions.

EULAR is actively engaged in trying to find solutions for the increasing consequences of inadequate working conditions on the lives of millions of EU citizens, but also on our societies as a whole.

This position paper proposes a number of policy recommendations. These are partly based on the recommendations elaborated during the Conference “Reducing the burden of chronic diseases in the workplace. New policies for better working conditions and the retention of ill people at work”, that EULAR organised in October 2016.¹

2. The work-related burden of RMDs

Continuous evidence shows that RMDs are one of the most prevalent chronic diseases and the greatest cause of disability in Europe and worldwide. They affect 1 out of 4 persons (more than 120 million people in the EU) and account for almost 30% of all disabilities.

Due to their prevalence and disabling consequences, RMDs are by a large extent the main occupational disease, representing about 60% of all work-related problems. This has an enormous impact on not only the lives of millions of citizens, but also on the productivity of our economies and the sustainability of our health and social security systems, as shown in the following figures²:

- RMDs are the main cause of work loss, absenteeism and early retirement in the EU. They account for 60% of all sickness absences and for about 60% of all cases of permanent incapacity to work.
- Of all occupational conditions, RMDs cause the highest productivity loss.

¹ https://www.eular.org/public_affairs_conference_2016.cfm.

² Sources: European Commission, European Agency for Safety and Health at Work (EU-OSHA), eumusc.net project.

- The total cost of work-related RMDs is estimated at over € 163bn, including productivity loss & turnover costs for employers (33%), workers' income and health-related quality of life losses (65%) and impact on GDP for public authorities (2%).
- Estimated total cost of work-related musculoskeletal disorders can be as high as 2% of the Gross national product of countries in Europe.

Work-related RMDs have increased in the last decades. As age is one of the risk factors of many RMDs, it is expected that work-related RMDs will further grow in the future due to the overall trend of ageing populations and longer working lives.

3. The policy framework

Competences on health and safety at work are shared between the EU and Member States.

At the EU level, several Directives establish minimum standards of protection against RMD risk factors in the workplace, such as: vibration, manual handling of loads, work with display screen equipment, use of machinery, work equipment and alike. Despite some initially encouraging attempts in recent years, the European Commission has never proposed a comprehensive legal instrument against RMDs nor a comprehensive legal instrument against ergonomic risk factors.

In addition, the EU has implemented a number of non-regulatory initiatives, such as EU-OSHA campaigns aiming to raise awareness and promote good practices in improving working conditions.

The level and enforcement of the transposition of EU Directives on health and safety at work into national legislation differs from country to country. While some Member States have gone beyond the minimum EU protection standards and developed stricter legislation to prevent work related risk factors, others have rather stuck to the minimum standards and even at times lack the ambition to implement even these

Despite the existence of a whole host of EU and national laws and policies, the prevalence of work-related RMDs have increased in 21 Member States and only decreased in 5. Clearly this shows, that more needs to be done in order to firstly ensure adequate implementation of existing rules and simultaneously a frank analysis of the overall legal framework.

In a study run by EULAR in 2016, national patient organisations in the field of RMDs responded to a number of questions on national legislation and policies against RMDs in the workplace, including those implemented as a result of EU Directives.³ One of the main conclusions is that existing legislation and policies are not effective or are not effective enough to prevent RMDs in the work place nor to facilitate people with this conditions to stay at work. The below figures provide a snapshot of the outcomes of the survey:

³ The questionnaire was responded by EULAR PARE member organisations from 19 European countries.

- 37% of patient organisations think that OSH is not important or not so important in their governments' policy agendas
- 68,4% of patient organisations point out that existing legislation and policies in their countries are not (so) effective to prevent RMDs at work
- 79% of patient organisations stress that existing policies in their countries are not (so) effective to retain people with RMDs at work, while 73,7% think so of policies aiming to facilitate the return of people with RMDs to work after medical treatment
- 63,1% of patient organisations sustain that existing legislation and policies aiming to facilitate access to occupational health professionals and therapists are not (so) effective
- 68,4% of respondents state that policy makers in their countries are not aware of the need to reduce the burden of RMDs
- 68,4% point out that health and social affairs departments are not well enough coordinated to address health-related issues in the workplace
- 73,7% of patient organisations think that employers in their countries do not support employees in adapting the workplace to the needs and requirements of people with RMDs in your country

In January 2017, the European Commission published the Communication on “Safer and Healthier work for All – Modernisation of the EU Occupational Safety and Health Legislation and Policy.”⁴ The Communication presents the actions to be implemented in the next few years in order to support EU Member States in improving the protection of workers against work related risk-factors.

The Commission's position is that *“the overall structure of the EU occupational safety and health acquis (...) is generally effective and fit-for-purpose”*, although it recognises that some specific Directives need to be updated while new risks need to be addressed. In addition, the Commission concludes that compliance with the occupational safety and health Directives is more challenging for SMEs [Small and Medium Enterprises] than larger establishments, which would explain why legal provisions are often not implemented in a number of SMEs.

Based on this approach, the Commission has established 3 action lines, 2 of which may have an impact on work-related RMDs:

- Helping business, in particular micro-enterprises and SMEs, comply with occupational safety and health rules;
- Cooperating with Member States and social partners to remove or update outdated rules and to refocus efforts on ensuring better and broader protection, compliance and enforcement on the ground.

⁴ European Commission (2017): Communication “Safer and Healthier Work for All – Modernisation of the EU Occupational Safety and health Legislation and Policy [COM(2017)12 Final].

Overall, EULAR agrees with the Commission's proposed actions and is committed to provide support for their implementation.

However, it also considers that the impact of the Commission's plan will be very limited to reduce the prevalence and the burden of work-related RMDs to the extent that in some areas it might not have an impact at all. Although EULAR recognises the decisive role of EU Member States in protecting workers against health risk factors, it also considers that the EU should play a more important role in protecting EU citizens and in harmonising legal provisions against the most prevalent and burdensome work-related condition.

From the outcomes of the EULAR survey, it is clear that a strong approach is needed by the EU institutions to effectively tackle a growing concern for citizens and clear issue for employees across Europe. Effective prevention and retention policies are not just in the interest of people with these diseases, but likewise for health and social security systems, as well as businesses and economies as a whole. There is still a substantial burden of RMDs and other work-related diseases that impacts Europe and investment through strong legislation and support for employees and employers by European and national policy makers should be seen as an investment.

It is however clear that the role of governments is to some extent limited and all actors have to take responsibility of their role in tackling work-related diseases. Employers could and should take ownership of the issue and fulfil their key role in prevention and retention of people with RMDs in order to improve their employee's health and well-being. This will at the same time create an environment where businesses can thrive and develop a highly-skilled workforce that is able to fulfil its potential without the burden of RMDs.

4. EULAR's policy recommendations

In order to decrease the substantial burden of RMDs that the above-mentioned evidence clearly demonstrates, a comprehensive response is required. It is one that should include, but also go beyond the traditional focus on prevention and risk factors and also address the full scope and progression of work-related diseases.

Doing so will require the development of strategies that include legal and non-legal mechanism and tools that prevent RMDs, but also ensure that people with RMDs do not have to leave employment, both temporarily or permanently. For EULAR, there are three main challenges that need to be taken up by policy-makers at EU and national level in order to comprehensively alleviate the burden of RMDs in the workplace.

1. Prevention of RMDs in the workplace
2. Retention of people with RMDs at work
3. Access to occupational health professionals and therapists

Although certainly interlinked, each area deserves an individual focus in order to address the issues that clearly exist.

a) Prevention of RMDs in the workplace

As has been laid out in the introduction, the prevalence of work-related RMDs is substantial, still increasing and will likely further increase given an ageing population. Even though there are EU Directives in place to ensure adequate prevention of RMDs and other chronic diseases in the workplace, in practice they seem not to be effective enough.

EU and national legislation on RMDs should be reinforced. Although it is necessary to better implement existing legislation, it is also true that it is crucial to have a more comprehensive, systematic approach to RMDs in the workplace as well as to ensure that strict, though realistic protection standards are implemented and respected.

It is clear however that as for all aspects of RMDs in the workplace, a dual approach is required: it needs to include comprehensive legal instruments that tackle the risk factors for RMDs in addition to non-legal policies aiming at development and dissemination of best practices such as that done through EU-OSHA.

For these types of prevention initiatives to be effective, organisational and cultural changes need to be implemented. It is necessary, for instance, to develop a “culture of support”, where not only people affected by RMDs, but also co-workers, employers and payers are responsible for ensuring that adequate working practices and adequate working environments are developed and implemented. It also implies fighting against stigmatisation and discrimination in the workplace, which often occurs to people with disabilities or impairments. It is also important to promote a culture of empowerment, which means focusing on capacities rather than on incapacities.

Training, education and participation is crucial to create a culture of prevention as well as to ensure that people with RMDs are not isolated and find adequate support from colleagues and employers.

Furthermore, these types of initiatives should go beyond the traditional focus on primary prevention, and also take into account secondary and tertiary prevention. Especially for RMDs, which by their nature often have disabling consequences this needs to be realised in practice in order to stop the progression of the disease at the appropriate stage

Recommendations

EU level:

- ✓ Adapt current EU legislation to new needs arising from changes in work patterns and workplace organisation (including a focus on precarious working situations)
- ✓ Adopt a specific and comprehensive legislation against RMDs in the work place, as called for by the European Parliament⁵

⁵ European Parliament report on the EU Strategy Framework on Health and Safety at Work 2014-2020 (2015/2017(INI)). The report includes the following call: “[The European Parliament] Calls on the Commission to take action on one of the most prevalent work-related health problems in Europe and submit without delay a proposal for a comprehensive legal

- ✓ Propose guidelines for the implementation of EU legislation with a particular focus on enforcement and SMEs
- ✓ Improve definitions of disability

Member States/regions:

- ✓ Overcome the silo approach of health and social systems based on successful models by some countries that have unified the respective ministries and departments
- ✓ Incentivise the development of health-friendly working environments (e.g. through tax incentives)
- ✓ Promote business case of prevention through awareness campaigns and best-practice implementation (EU-OSHA could lead the way)
- ✓ Strictly and efficiently implement EU Directives on prevention of work-related diseases and where based on evidence go beyond the minimum standards
- ✓ Efficiently enforce legal framework and encourage implementation amongst businesses

Employers:

- ✓ Propose incentives for prevention and healthy lifestyles in cooperation with payers
- ✓ Develop flexibility towards adaptable workplaces and organisation, in particular those concerning risk factors for RMDs
- ✓ Comply with existing rules
- ✓ Pro-actively respond to patients' early symptoms and provide support for employees
- ✓ Organisation of, and participation, in education and training of employees, employers, policy with a focus on promotion of health literacy

b) Retention of people with RMDs in the workplace

While prevention of work-related diseases such as RMDs is recognised as a priority, the importance of retention of people with these diseases needs to be equally acknowledged. Not only for individuals who are eager to stay in employment or return to work following treatment, but likewise for employers and economies as a whole. Without adequate retention policies, Europe risks losing out on a highly-skilled workforce that is required given an ageing population. For RMDs and other chronic

instrument on musculoskeletal disorders (MSDs) to improve effective prevention and address the causes of MSDs, taking into account the problem of multicausality and the specific risks faced by women; points out that consolidating EU legislation laying down minimum requirements for protecting workers from exposure to ergonomic risk factors can benefit both workers and employers by making the regulatory framework easier to implement and comply with; stresses also the importance of exchange of good practices and the need to ensure that workers are more aware of and better informed about ergonomic risk factors" (<http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A8-2015-0312+0+DOC+XML+V0//EN>)

diseases, there is however still a mismatch between the eagerness of those wanting to return to work or stay in work and the mechanisms allowing them to do so.

For people with RMDs, coping with the symptoms of pain and fatigue often consumes a lot of energy that individuals need to manage alongside their workload. This is an issue as employees are not able to manage their workload and the reintegration into the workplace cannot take place, which is detrimental for both employee and employer. A key aspect that is particular to RMDs, is the invisible nature of the diseases meaning that other people may not understand the repercussions for daily working life. In some cases, employers and colleagues therefore lack the understanding that would be required to make the necessary changes to the workplace.

This lack of workplace adaptation goes further still and in some cases may even be impossible – at least in the short term – and employees have to be re-trained. Especially for RMDs, which are highly prevalent in manual labour types of employment, this needs to be addressed. There are however also issues that do not exclusively relate to the workplace. Appointments with doctors' and other health professionals are often difficult to combine with working hours, which calls for joint solutions from health systems and employers.

The combination of the above leads to a situation where retention of people with RMDs is dependent on the goodwill of the individual employer rather than a safety net available for all citizens. More importantly still, employees of SMEs as the "European Commission Communication on Safer and Healthier Work for All" that rightly identifies are even more impacted and need special attention. EULAR therefore fully supports the European Commission focus on supporting SMEs to comply with occupational safety and health rules.

Recommendations

EU level:

- ✓ Ensure that the principle of adequate workplace adaptation is at the heart of the revision of the EU Directives on occupational safety and health
- ✓ Encourage persons-centred strategies
- ✓ Promote a cross-sectoral approach that improves collaboration between health-care, social care and employment services
- ✓ Encourage research and exchange of best practices facilitated by EU-OSHA

Member States/regions:

- ✓ Develop labour-related legislation that is centred around the principles of retention and flexibility (e.g. flexible working hours and teleworking)
- ✓ Incentivising retention of people with RMDs and other work-related diseases
- ✓ Developing understanding that a healthy working environments for people with RMDs leads to better long-term health for all employees ("taking ownership")

Employers:

- ✓ Comprehensibly analyse the existing situation in the business, understanding what is available for employees and adding tools and support if necessary
- ✓ Creating a supportive working environment that eradicates direct and indirect discrimination
- ✓ Initiating flexible working arrangements and teleworking
- ✓ Recording of reasons for sick leave in order to understand trends and developments, as well as acting on them where necessary

c) Access to occupational health professionals and therapists

An important part of policies that seek to improve prevention and retention of work-related diseases such as RMDs at work is access to occupational health professionals and therapists. As recognised in EULAR’s position paper on access to health care, the availability of health professionals for RMDs is dependent on many unequally distributed factors: country, region quality and timeliness⁶. Occupational health professionals and therapists have the potential to substantially improve the health of people with RMDs at work that ensures they may not have to leave employment, an approach that from the perspective of social security systems, employers and economies as a whole should be wholly encouraged and seen as an investment.

For this to be sufficiently implemented across Europe, it is important to understand existing challenges. At a first stage, it is the lack of awareness of availability and possibilities that occupational therapists and health professionals can provide, as well their existence in the first place. In order to achieve the desired timeliness and quality of care it is important to train and educate specialised health professionals to achieve the desired qualification and perfection.

While reimbursement from payers is most certainly an issue, the issue goes further still. There needs to be a clear quality control in place that leads to the “right reimbursement” for people with RMDs based on evidence. This plays in to a wider issue that needs to be addressed, namely the transparency of process and outcomes (such as guidelines, evidence base and regulatory framework) that is clear for health professionals, payer and most importantly patients.

Recommendations

EU level:

- ✓ Encourage cross-sectoral cooperation
- ✓ Promoting benchmarking and best practice dissemination through EU-OSHA
- ✓ Funding randomised control studies on vocational rehabilitation through funding streams such as Horizon 2020
- ✓ Funding for networks of excellence for occupational health professionals and therapists

Member State level

⁶https://www.eular.org/myUploadData/files/EULAR%20Position%20Paper%20on%20Access%20to%20Health%20Care_FIN_AL.pdf

- ✓ Develop cross-sectoral cooperation among ministries and departments (health and social affairs)
- ✓ Develop transparent processes, such as guidelines, evidence base and regulatory framework at national and EU level

Employers (and other stakeholders)

- ✓ Building awareness of productivity benefit of patients staying at work and build relevant metrics and data to support
- ✓ Focus on employees that leaves flexibility for visits to health professionals during working hours
- ✓ Payers: Inform employees about available support and levels of reimbursement
- ✓ Patient organisations: Providing information and support on applicable helpful legislation and possibilities