In 2012 the European Forum celebrated 20 years of existence. Therefore, the entire Conference held in Bucharest in June, was under the topic “20 years together” and we are very proud to have celebrated that in Romania. The Forum Conference was the place were we remembered what we have done, how difficult it was to build a platform for all work accident insurers in Europe and how the present is looking and what we were expecting from the future.

The feeling is that we are very rich in experience and very confident in our future.

A very interesting point of the Conference was the achievement of various insurance systems in the field of rehabilitation. We noticed that with a lot of work, will and dedication from professionals of the systems, we can give hope to people with disabilities.

This year, a new member joined the Forum – Sodra from Lithuania. The State Social Insurance Fund Board (Sodra) under the Ministry of Social Security and Labor is a key institution engaged in administration of the public social insurance fund. Presently, the Forum is represented by 22 institutions from 19 European countries.
Another important activity was to redesign the website and create a new logo for The European Forum.

The Conference was honored by the presence of Mariana Câmpeanu, Minister of Labour, Family and Social Protection. On June 28, 2007, the National House of Public Pensions, represented by Mariana Câmpeanu as president, has become a full member of the European Forum of Insurance against Accidents at Work and Occupational Diseases.

We would like to take this opportunity to thank all our European Forum colleagues who responded to our invitation to participate and to make a presentation at the Conference.

At the same time we wish success to Jussi Kauma as the future President of the European Forum in 2013.

Ileana CIUTAN
President of the European Forum in 2012

Carmen Pluteanu
General Director
20 years ago:

What led to the foundation of the European Forum of Insurances against Accidents at Work and Occupational Diseases?

The FORUM was established as a result of political and professional uncertainty about the European future of insurances against occupational accidents and diseases and because of the growing interest to know more about each other and share experiences.

On January 1, 1993, the EU single market was completed. Its fundamental freedoms, especially the freedom of movement for workers, the freedom of establishment and freedom to provide services, also had a great impact on the national systems of the work accident insurance with its different legal forms and service structures in the field of prevention, rehabilitation and compensation. European project was a social union, aimed at accompanying the completed economic union with social measures and guaranteeing an equivalent level of working and living conditions throughout the EU.

The accident insurance institutions were asking themselves which reference model would be used by the EU as a European accident insurance. In view of its prevention duty, the EU had chosen the instrument of harmonization: uniform directives on health and safety at work that were binding for all member states had replaced the autonomous regulations of the institutions since 1985. The EU had not previously consulted the insurance carriers. For reasons of cost, it was necessary to refrain from the harmonization purposes in the area of rehabilitation and compensation. Based on the third European directive on damage insurance, the insurance companies could possibly carry out transborder insurance business. As a result, the national solidarity systems would loose the better risks. Due to competition rules in the single market, it seemed possible to exert pressure on an unwanted privatization of the legal carriers guided by public welfare obligations. The creation of the 1992 European convergence recommendation was a special cause for concern. The first drafts of the recommendation included explicitly the risks of occupational accidents and diseases in the convergence process. Later, however, immediately prior its resolution, accidents at work and occupational diseases were no longer part of the recommendation, as
they were covered by the cross-cutting risks such as disease, invalidity and incapacity to work. This had been recommended to the European Commission by scientists at Leuven University.

Argumentation: the Netherlands had given up on their accident insurance, originally established on the so-called Bismarck model, and replaced it with a “supermarket for all social services” (Dutch Minister of Labour Veldkamp). They should not be obliged to reintroduce it. The European Parliament tried to disagree with the cancellation of the risks of occupational accidents and diseases, but remained unsuccessful. In view of the obvious missionary zeal of the Dutch politics for the principle governing compensation of finality versus causality and therefore for their uniform insurance model, which also applied to the socialist countries of Eastern Europe, it threatened to become the reference model. The existence of other systems in France, Denmark, Italy, Spain, Austria and Germany etc., that were successful on a national level, was challenged. The amendment of the convergence recommendation could have been mistakenly seen as an attempt by the EU to abolish autonomous accident insurance systems. One big problem was that at that time the European Administration in Brussels did not have its own reliable experts in the area of European accident insurance. The EU was more focused on problems and developments in the health, pension and unemployment insurance.

External scientific counselling of the Commission was more necessary than ever as the institutions of the European accident insurance did not have a joint competent and authorised centre in the Commission and therefore could not act as counsellors.

By then, the national accident insurance systems had also not given closer consideration to the neighbouring systems. Sufficient basic knowledge about structures and efficiencies of the sister systems in Europe was lacking. With good reasons, each system could declare itself as successful, as proven and as unchangeable. It was geared specifically to legal, economic, cultural and social overall structures of the respective country. As one of a kind, it seemed that information from outside was only rarely required.

Against this background, it was essential for the European accident insurance to place and pool expertise and precious experiences on a joint platform and to offer it to Europe if required. At a conference entitled the “let’s construct Europe” in Florence in November 1991, Germany suggested to create a Forum. INAIL took the initiative and organized a memorable and glamorous inaugural ceremony in the historic rooms on the Capitol in Rome on 18 June 1992. In remarkable mutual respect, with new optimism and promising friendships, the founding act gained considerable importance that should last long after. The great spirit of Rome had in fact infected all participants.

All national systems responsible for occupational accidents and diseases should have the right to join the FORUM. It was important to share all professional experiences with regards to accidents at work and diseases in Europe in the context of congresses and joint research. In the spirit of Europe, win-win-situations were necessary, regardless of the autonomy of the institutions. It was no coincidence that the countries of Middle and Eastern Europe could join right at the start. Romania, holding the presidency of the Forum during FORUM the anniversary year and having hosted a specialized and enriching anniversary event, is the confirmation of the ideas of its founding fathers.

As the diversity of the systems promised relevant experience benefit, the FORUM presidency should rotate annually and the respective president should have great responsibility for the continued work of the FORUM. Since the professional exchange of information was a great matter, personal participation of the top representatives of the national systems was included in the statutes.

Congratulations to all who are responsible for the work of the FORUM and use its results for the benefit of the insured persons!

Prof. Dr. Guenther Sokoll
# History of the European Forum in Brief

## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td><strong>18 June 1992</strong></td>
<td>Foundation of the European Forum in Rome by institutions of 10 countries: Austria (AUVA), Belgium (Ministry for Social Affairs), Denmark (Arbejdsskadestyrelsen), Finland (FAII), France (CNAMTS), Germany (HVBG), Italy (INAIL), Luxembourg (AAA), Portugal (CNPRP), Switzerland (SUVA). The constitution and the official documents are kept in Italy.</td>
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<tr>
<td><strong>November 1992 to January 1993</strong></td>
<td>Several working sessions in Rome, Brussels, Florence to launch the activities of the Forum.</td>
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<td><strong>March 1993</strong></td>
<td>Symposium &quot;Impairment of Hearing due to Noise&quot; in Dresden.</td>
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<td><strong>January 1994</strong></td>
<td>Conference in Copenhagen on the reforms in the field of insurances against accidents at work and occupational diseases in Eastern Europe.</td>
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<td><strong>January 1994</strong></td>
<td>Membership of the Bundesverband der landwirtschaftlichen Berufsgenossenschaften (BLV) and the Bundesverband der Unfallversicherungsträger der öffentlichen Hand (BAGUV) from Germany.</td>
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<td><strong>May 1994</strong></td>
<td>Conference on “Recognition of back problems as an industrial injury” in Copenhagen.</td>
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<td><strong>May 1994</strong></td>
<td>Foundation of “Forum News,” an information bulletin published by the INAIL in two bilingual versions covering the four languages of the Forum.</td>
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<td><strong>March 1995</strong></td>
<td>Meeting with representatives of the European Council in Paris regarding “Model provisions in the field of social security.” A counter-project of the Forum is presented and accepted by the European Council.</td>
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<td><strong>June 1995</strong></td>
<td>Round-table with the social partners in Paris on social partners and insurance against accidents at work and occupational diseases.</td>
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<td><strong>June 1995</strong></td>
<td>Signature of the co-operation agreement between the European Forum and the ISSA in Geneva.</td>
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<td><strong>October 1995</strong></td>
<td>Symposium on facilitated proof with regards to occupational diseases and especially asbestosis in Heidelberg.</td>
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<td><strong>October 1995</strong></td>
<td>Membership of AMAT, Spain.</td>
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<td><strong>March 1996</strong></td>
<td>Participation at the European social policy Forum of the European Commission in Brussels.</td>
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<tr>
<td><strong>October 1996</strong></td>
<td>Conference on “Recognition of occupational diseases out of the list or chart” in the 12 European countries.</td>
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<td><strong>January 1997</strong></td>
<td>Reflections on an Internet-project in Mallorca.</td>
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<td><strong>March 1997</strong></td>
<td>Participation in the 3rd International Congress on “Medical-Legal Aspects of Work Injuries” in Munich.</td>
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<td>June 1997</td>
<td>Membership of Riksförsäkringsverket, Sweden and of two Belgian organisations in the field of occupational risks, i.e. the “Fonds des accidents du travail” (FAT) and the “Fonds des maladies professionnelles (FMP)”</td>
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<td>June 1997</td>
<td>5th anniversary of the European Forum and Conference on the specificity of insurance against accidents at work and occupational diseases in Brussels.</td>
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<tr>
<td>October 1997</td>
<td>Conference “Rehabilitation comes before compensation”, Klosterneuburg, Austria.</td>
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<td>June 1998</td>
<td>Membership of IKA, Greece</td>
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<td>September 1998</td>
<td>Conference “Cost management in social accident insurance”, Luzern, Switzerland.</td>
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<td>June 1999</td>
<td>Conference “Customer orientation in social accident insurance”, Montreux, Switzerland.</td>
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<td>1999</td>
<td>Creation of the website of the Forum <a href="http://www.europeanforum.org">www.europeanforum.org</a></td>
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<td>October 1999</td>
<td>Conference “Accident statistics” Helsinki, Finland.</td>
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<td>October 1999</td>
<td>Membership of the Social Insurance Fund of the Russian Federation (SVF) and the Agricultural Social Insurance Fund (KRUS), Poland.</td>
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<td>June 2000</td>
<td>Conference “Accident statistics” Turku, Finland.</td>
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<td>June 2001</td>
<td>Membership of the Norwegian national insurance institution Rikstrygdeverket.</td>
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<td>December 2002</td>
<td>Special commemorative function to celebrate the 10th anniversary of the European Forum, Luxemburg.</td>
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<td>December 2003</td>
<td>Membership of IPSEMA, Italy</td>
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<td>September 2005</td>
<td>Conference “The insurance against accidents at work and occupational diseases in the EU 25”, Vienna, Austria.</td>
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<td>October 2006</td>
<td>Conference “Beyond compensation: prevention and rehabilitation as efficient instruments for accident insurance”, Florence, Italy.</td>
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<td>June 2007</td>
<td>Conference “The European way(s) back to work”, Lucerne, Switzerland</td>
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<td>June 2008</td>
<td>Conference “Work related mental disorders”, Copenhagen, Denmark.</td>
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<td>June 2009</td>
<td>Conference “Compensation for permanent damage(s) resulting from accidents at work or occupational injuries”, Paris, France.</td>
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<td>November 2010</td>
<td>Conference “Exchange and communication of data between the different actors regarding the occupational accidents and occupational diseases”, Brussels, Belgium.</td>
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<tr>
<td>June 2012</td>
<td>Conference of the European Forum of Insurance against Accidents at Work and Occupational Diseases, Bucharest, Romania.</td>
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How did the idea arise to set up the European Forum of the Insurance against accidents at work and occupational diseases? What were the motives of the founding members?

The idea arose in response to a draft European Recommendation which our German colleagues at HVBG [since become DGUV] had learned of. This text, concerning the harmonisation of social protection policies, had “forgotten” to mention insurance against accidents at work and occupational diseases. HVBG, with the support of INAIL, therefore decided to rally the organisations in charge of managing this insurance in European countries in order to stress the social utility of a specific insurance system for occupational risks. It should be remembered that Germany was the first country in the world to introduce this type of insurance! An initial meeting was therefore held in November 1991, at which the Cnamts was represented by its occupational risk manager Jean-Luc Marié, the future Eurogip chairman Jean-Pierre Peyrical, and myself. The wealth and frankness of the discussions convinced us of the soundness of the plan to set up the European Forum. This Forum was officially founded in Rome, in June 1992.
Our motive was to be able to hold discussions on our respective systems and enhance recognition of all the aspects of insurance against accidents at work and occupational diseases: risk prevention, rehabilitation, occupational and social rehabilitation and compensation of victims.

The European context in the early 1990s was also conducive to such an initiative. The enactment of the Single European Act had just given a real boost to the social aspect of European construction. And without exaggerating, I can say that our organisations were really enthusiastic about the idea of working together.

In your opinion, what are the highlights and main actions which have marked these 20 years of the Forum’s existence?

In the spirit of its creators, the European Forum was to have a twofold mission: be a lobbying tool for specific insurance against occupational injuries and act as a venue for the exchange of good practices among organisations. With 20 years’ hindsight, it is mainly the second aspect of the mission that prevailed. Several founding organisations still want to emphasise the lobbying aspect, but this desire is not shared by all the members. This is notably the case for those whose organisations depend on government authorities and who are not necessarily completely free to adopt positions that might run counter to those supported in “more official” bodies by the Ministry which supervises them. The Forum is therefore above all a vehicle for exchange of good practices. However, with regard to lobbying, apart from the three resolutions that were passed, one successful initiative of the Forum may be mentioned: in 1994, following a meeting with all the stakeholders, the Council of Europe heard the arguments of the Forum and decided to reintroduce occupational risk insurance in the foreword to the European Social Security Code. I believe it is also important to mention the Forum’s work on occupational diseases, which is now authoritative in Europe and even on the international level.

One highlight, to my mind, was the conference held by AUVA in June 2005 with the organisations representing the Central and Eastern European countries. This showed the Forum’s readiness to open up to the new EU Member States. Three of them, moreover, have since become members of the Forum.

What have been the benefits for the Occupational Risks Department of being a member of the Forum for the past 20 years?

Discussions in the Forum are always enriching, because they can shed light on issues debated in France. Regarding the return of occupational injury and disease victims to the workplace, which has been one of our concerns for several years now, we plan to put to good use the experience acquired by countries such as Germany, Austria, Finland and Switzerland to make changes in our system. The subject of compensation for permanent disability, which was the focus of the conference held by the Cnamts under the French presidency in 2009, is another example. Lastly, work on occupational diseases is always awaited with interest, because it provides our French institutional partners with a viewpoint different from conventional viewpoints on the subject in France.

Interview by Isabelle Leleu, Eurogip

CNAMTS: Caisse nationale de l’assurance maladie des travailleurs salariés (French national health insurance fund for employees)
Three questions to...
Joachim Breuer, Director General of the DGUV, Germany

To this development and support them in creating a healthy working environment for their personnel.

**Let's take a look into the future. What will be on the agenda in 10 or 20 years?**

The consequences of demographic change will be clearly evident in every sector of society in the future. According to the population forecasts conducted by the Federal Statistics Office of Germany for the period from 2008 to 2050, the number of people over the age of 60 will increase by some seven to eight million, while the number of people aged 20 to under 60 will fall by twelve to 15 million and the number of people under 20 will fall by one to five million.

The significance of this for the legally required accident insurance industry is that the group of insured persons will be much older on average. Overall, people will have to work longer. The accident insurance industry will have to react with changed, strengthened services in prevention, rehabilitation, work reintegration and vocational health care management.

We repeatedly hear about the necessity for people’s working lives to be longer. But this demand is empty if we do not additionally create the conditions for people to return to work following an illness or an accident. Part of this means that businesses have to make active health management a priority.

**What is the importance of the European Forum for your work?**

Twenty years of the European Forum have demonstrated how important cooperation is at the European level. In order for the accident insurance system to be developed further and prepared for the future, we need an exchange of concepts and experiences. We can learn from one another, and the European association supports us in national and international discussions. EU law is increasingly having a greater influence on the social systems in the member nations, so it is important that we also use the European Forum to communicate the views of the accident insurance industry to the European authorities. The European Forum can help us all to be heard amongst the clamour of all the voices in Europe. This aspect of our collaboration is certain to grow in importance in the future.

What are the greatest challenges facing the legally required accident insurance industry at this time?

“Burn-out is the new work-related accident” was a headline from last year. Against the backdrop of almost one million work-related accidents requiring notification this is somewhat exaggerated, but we nevertheless see a tendency here. Work densification and stress are increasingly contributing to mental illnesses. This is a challenge that the legally required accident insurance industry is going to have to confront, because the lawmakers have given us an obligation for the prevention of work-related health risks. And this is how it should be, because psychosocial stress factors increase one’s susceptibility for additional symptoms of illness, such as back pain.

Another aspect of today’s working world that we are watching closely is comprised of the new forms of communication. What are the influences that being able to be contacted all the time and an overflow of information exercise on people? In addition, we are interested in general in the relationship between people and machines: How can we make this relationship safe?

Another important topic is how society is aging and how this affects the working population. On this, our job is to sensitise businesses

**www.europeanforum.org**
Three questions to...
Giuseppe Lucibello, Director General of INAIL, Italy

What are the current challenges to INAIL today?

The current Italian situation of finances and the trend of world economy have made costs cuts necessary for social security institutions, as INAIL. Reducing costs, without cutting benefits and services to customers, is certainly the main current challenge for our organization.

Nevertheless, if further rationalization measures will be needed, INAIL will apply them with stronger efficiency taking into account its customers needs, in order to fully carry out its function as the Italian Pole of Health and Safety at Work.

What are the challenges to INAIL in 5 to 10 years?

In the last years there has been a decrease of some typologies of accident at work, while new kinds of risks, some even not predictable, are reported. Besides, in the next years we will probably have to face an increase of asbestos-related pathologies (because of their long latency period), the arise of new diseases or the return of so called “lost” diseases.

In the next years INAIL shall respond to this challenge by integrating and exploiting the new functions and resources lately acquired.

A further challenge – or rather an undertaking – is a closer co-operation with the other European institutions of insurance against accidents at work and occupational diseases. Acting together in the fight against occupational risks means to share goals and results achieved by each European institute and to use shared know-how in order to improve national safety levels.

What does the Forum mean for your organisation?

Our twenty-year experience with the European Forum has shown the importance for all European bodies managing industrial accidents insurance schemes to actively co-operate in developing a common path, to learn from respective experiences and to share models and technologically innovative solutions.

The strong, structured networking activity pursued by the European Forum is even more capital in times of economic turmoil insofar as it can contribute to promote and reinforce the role of European systems of industrial accident insurance. In fact, our systems not only meet the principles of subsidiarity and social justice, which are the fundament of welfare state in Europe, but can also act as an effective bulwark against the economic uncertainty. In this regard, a major aspect that many members of the European Forum are investing in is the prevention of accident phenomenon. The sharing of information and solutions carried out by each member organisation to improve health and safety at work is crucial to enhance the awareness that accidents have a major economic impact on society and that work protection is not only a right for citizens, but also an asset for companies’ competitiveness and a source of savings for European countries spending.

To this extent INAIL will keep on supporting health and safety culture and prevention actions, in particular through financial incentives to enterprises, above all SMEs, which invest in safety and health at work.
Questions to...
Ulrich Fricker, Suva, Switzerland

What have been the most significant changes in Suva business over the past 100 years?
One hundred years ago, the decision was taken to form Suva as an accident insurance organization. Just like it is today, financial protection for accident victims and their dependents was an important achievement. Nevertheless, we have continued to develop. Today, we are more than just an insurance organization. Suva operates an integral system of accident management that is an ideal combination of prevention, insurance and rehabilitation.

And what are currently the greatest challenges facing Suva?
In recent years, we have succeeded in reducing premiums for our customers six times in succession. With regard to the years ahead, we are also endeavouring to make an important contribution to favourable incidental wage costs with consistent premiums in Switzerland. This goal will be a serious challenge for us. In past years, we were able to count on our investment income. Developments in the financial market are unlikely to allow this to continue. On the cost side and in claims settlements, we have optimized our processes in recent years in order to generate economies. However, any further potential has largely been exhausted due to demographic developments and advances in medicine.

What challenges in the field of prevention can you see for the years ahead?
One of our most serious challenges will be to focus on well-known and very important topics such as Vision 250 Leben and still stay on the ball in the face of new risks like nanoparticles. Although there have so far not been any claims in the field of nanotechnology, we must continue to keep an eye on these tiny particles. The subject of asbestos also remains a major challenge. We know of more than 3,500 asbestos applications today. In the case of remodelling and renovation work in buildings constructed prior to the ban on asbestos in 1990, asbestos is therefore frequently encountered and is more than ever a topic.

How have market shares developed and how important are new fields of business for Suva? Where, specifically, do you see any new fields of business?
Our economy is undergoing structural change. The secondary sector, which is where Suva customers are located, is losing out to the service sector. This is why Suva is tending to lose market shares. New fields of business would be welcome. Opportunities might be found in companies from fields in the service sector or the health sector, in supplementary accident insurance services or services for third parties. These new fields of business require amendments to the Accident Insurance Act, which is currently undergoing revision in Switzerland.

Suva is a founder member of the European Forum of Insurances against Accidents at Work and Occupational Diseases. What benefits do you see in this institution?
In the past twenty years, the Forum has continuously expanded its area of activities without losing sight of its founding principle. In Europe, it has developed into a unique platform that I would not like to be without. I am convinced that international acceptance and recognition strengthen insurance systems designed to combat occupational accidents and diseases. I also appreciate the opportunity to exchange ideas and experience with other experts and institutions.
Questions to CEOs

What are the current challenges of your organisation?

At present the Accidents at Work and Occupational Illness Mutual Fund Social Security Sector is undergoing a process of change in view of the fact that it is imminently envisaged that the parliamentary proceedings of a new Mutual Funds law are based on the legal mandate of Additional Provision 14 of Law 27 enacted on August 1st 2011 regarding the updating, adaptation and modernisation of the Social Security system and which will entail the reform of the normative framework for these Entities in accordance with the following criteria and purposes:

To ensure the purpose of the Mutual Funds as collaborating entities in Social Security management, essentially as regards the protection of workers’ rights in the context of work accident and professional illness contingencies and in the management of the economic temporary disability payment for common contingencies or that corresponding to the cessation of autonomous worker activity.

To ensure the private nature of the Mutual Funds as business associations aided by the Constitution, protecting the freedom of the businessman with the participation of their workers as regards the election of the respective Mutual Fund and respecting their management and governance autonomy, all without prejudice to the control and supervision to be undertaken by the Administration, bearing in mind their status as entities which cooperate with the Social Security authorities.
To coordinate their economic regime, fostering the balance between income and the costs of the installments, ensuring their efficient, transparent management as well as their contribution to the soundness and improvement of the Social Security System.

To establish that the management bodies of the Mutual Funds will be made up of the companies with the greatest number of mutualized workers, of others designated by parity by the business organisations and a representation of the most representative trade union organisations.

To promote the proper development of the participation of the most representative trade union and business organisations, the professional associations which are most representative of self-employed workers, the most representative trade unions and the Autonomous Communities in their supervision and control bodies.

And over the next 20 years?
The Accidents at Work Mutual Funds wish to keep helping to contribute to the achievement of an ever fairer social situation, participating in the development, maintenance and improvement of the well-being of Spanish society through its collaboration in Social Security payment management.

The Mutual Funds, in view of their nature as a private association, are endowed with the flexibility and ability required to meet the demands of society within the sphere of its duties, providing society for over 100 years with its professionalism and smooth management, particularly in the field of occupational contingencies. To this end, in the years to come the Mutual Funds will keep working on the constant improvement of their equipment and premises, promoting the full management of professional contingencies (prevention, curing and rehabilitation) as well as the development of the mutualist system.

What does the Forum entail for your organisation?
The Forum is a prime scenario for communication and collaboration for all its members in which the Mutual Funds, represented by AMAT, can obtain and contribute information and knowledge, being up-to-date with the latest European trends in innovation, research and development, technical and management aspects as well as legislative innovations, in the main areas such as the prevention and protection of accidents at work both from a social, economic and health perspective in international terms.
Questions to...
Jussi Kauma, President of the European Forum 2013

Key challenges to your organization today and in the next 5 to 10 years?

Undisputedly, the most important challenge over the next few years is the revision of the legislation concerning accidents at work, occupational diseases and rehabilitation as well as the enforcement of this legislation. The intention is to rewrite and consolidate these Acts, as the oldest provisions date back to 1948. In spite of this rather extensive revision, we are not expecting major changes. Rather than that, the legislation will probably be modernised to take into account developments such as the new constitution. To take just one example, there is no question that the definition of work is now completely different than back in 1948. The basic principles of the scheme, such as the model based on private insurance institutions or the principle of risk-based pricing, are not going to change.

The new Act is expected to come into force on 1 January 2016. For us at TVL, the enforcement of the new Act is a major challenge; this is because of such things as the revision of guidelines and extensive training that need to be carried out.

A positive challenge, on the other hand, is that TVL will be the Chair of the Forum in 2013. We will do our best to organise a great conference, and we are truly looking forward to meeting the representatives of the Forum both in the June conference and in other meetings. You are warmly welcome!

A permanent challenge is the optimal use of information systems. In Finland, insurance institutions generally develop their information systems and services independently, but there are also things that should be done together. Examples include the EESSI project and links to different Government systems. People’s longer lives and professional careers mean a challenge to pricing and the prevention of accidents at work. And who knows what kind of surprises electromagnetic radiation or nanoparticles will eventually cause.

My vision of events ten years from now is limited, and all I can say about the challenges then is that the Euro crisis is perhaps over, having turned into a serious climate crisis. But accident insurance is needed all the same.

What does the Forum mean for your organisation?

The Forum is about people. We need links and connections with our European colleagues, because every now and then we need to study the practices in other countries. We are also constantly looking for new ways to improve our system. And yes, it is almost a part of general education to know how the accident insurance systems work in other European countries. These things cannot be learned by browsing the internet; you need connections with the right people. First and foremost, the Forum is about the nice people who make up the Forum.
Questions to...
Peter Vavken, Director General of AUVA, Austria, and Deputy President of the European Forum in 2013

What are the challenges of today and the years to come?
Falling birth rates, longer life expectancy and changing world of work will be the social and economic key phenomena of the first half of the 21st century. The labour market of the industrialised countries cannot work without the readiness to risks and entrepreneurship of younger persons, nor without the experience and serenity of older employees.

Even those who at the time of their 50th or 60th birthday subjectively describe themselves as healthy and productive are inevitably subjected to the physiological ageing process, which of course is not linear and standardized, but has to be imagined within a certain bandwidth. This range of ageing symptoms is interactively affected by genetics, lifestyle, occupation, diseases, accidents and the environment.

A responsible prevention policy should seek to achieve the best possible level of vitality and joy of life of the individual within the framework set by nature.

These thoughts have led the Pension Insurance Institute and the Austrian Workers’ Compensation Board to jointly launch the project “Fit for the future”. Medium- and longer-term physical, mental and social well-being of ageing persons will come together at the crossroads of humanistic values and economic interest.

What does the Forum mean for your organisation?
The AUVA was a founding member of the European Forum. Over the 20 years of its existence, the European Forum has proven to be an outstanding platform for information and best practice exchange in all fields of the insurance against occupational risks, from prevention to rehabilitation and compensation. Learning from one another is essential in a globalised world and the Forum certainly has led to an extremely fruitful exchange.
Developments and challenges at the European level

Europe is facing a number of challenges that are likely to greatly affect the social security systems. There is not only the economic and financial crisis that puts a heavy burden on our budgets. Increased life expectancy and an increasingly ageing population drive up social and healthcare demand and therefore lead to an additional strain on economy, society and the sustainability of public finances. Indeed by 2030, age-related public expenditure will represent 2.7% of GDP. At the same time, the social insurance systems are asked to take measures to control costs and to increase their performance. All sectors are impacted and therefore have to take action to adapt to the challenge with the common objective of continuing to ensure universal and equal access to high quality, solidarity-based social protection. Hence, the need of transnational co-operation will remain high.

I wish the European Forum all the best for the future and I firmly believe that together we will manage to further strengthen our solidarity-based social insurance systems in Europe. Ad multos annos!

Dr. Franz Terwey
President, European Social Insurance Platform Brussels
European Commissioner of the European Forum
20 years of the European Forum – challenges ahead

In 2012 the European Forum celebrates its 20th anniversary. Also 20 years ago – in 1992 - 12 European countries established the European Union, laid down in the Treaty of Maastricht. This European fundament has been changed several times, and in 2007 the Treaty of Lisbon has been introduced. At the same time Europe was growing. Whereas 12 European states created the European Union in 1992, it consists of 27 Member States today.

1. Value added tax – also for services of social security institutions?

In 1992 the founders of the European Forum intended to protect the diversity of accident insurance systems in Europe. This goal is relevant also today and has been underlined towards the European institutions through FORUM declarations, briefing papers and a hearing. In the past years the European Forum primarily dealt with European social policy initiatives. Today the current financial situation of the EU influences all political areas and also the national social security and accident insurance systems.

2. White paper on pensions – impact on accident insurance schemes?

In view of the rapid ageing of societies and increasing pressure of expenditure for pensions on national budgets in Europe, the European Commission has published the white paper “An Agenda for Adequate, Safe and Sustainable Pensions” (COM (2012) 55) in February 2012. A central concern is to extend the age of retirement. In several Member States as e.g. Belgium and Denmark costs for pensions out of work accidents may rise if they are paid until the pension out of retirement starts or in case they are reduced up from the start of the retirement pension. Furthermore the Commission intends to foster longer working lives through promotion of a healthy and productive workforce; this may affect those accident insurance systems providing prevention services. Should the conceptions of the European Commission become reality, the national accident insurance systems have to be aware of cost rising effects for their systems.

3. Rights of Persons with Disabilities

650 million people in the world living with disabilities lack the opportunities of the mainstream population. When workers are severely injured after a work accident they also might be affected. The UN Convention on Rights of Persons with Disabilities has been adopted by the European Union in March 2007 and supports inclusion in societies. In this context the European Disability Strategy 2010-2020 intends to empower people with disabilities to enjoy their full rights and to create a barrier-free Europe for all. In the field of social security, several institutions already started own initiatives. In Germany e.g. an action plan of the statutory accident insurance aims at improving the already existing services and efforts towards the inclusion of people with disabilities arising out of a work accident. The European Social Insurance Platform
Key challenges

(ESIP) recently established a new committee dealing with the inclusion of people with disabilities and their reintegration to the workplace. First meetings show that in particular questions related to vocational reintegration in cross border context are important for a number of national social security systems.

4. Generation Trainee – European quality framework for traineeships

In times of high unemployment rates in Europe in particular young people nowadays hardly find a job. Traineeships are popular amongst young people. They hope to gain work experience, but what intends to be a positive attempt to find a job has a downside: traineeships are badly or not paid and social security is often not provided. The latest initiative of the European Commission aims at improving the conditions of trainees (Working Paper “Quality Framework for Traineeships” (COM (2012) 173)). It concentrates primarily on traineeships that are part of higher education programs. A serious problem is that trainees often do not have adequate social protection in the country of their traineeship in particular general health and accident insurance cover. Accident insurance cover for trainees is provided in Germany; in Austria, Denmark and Finland trainees are insured if the traineeship can be considered as employment. Standardized criteria for young people in traineeships are currently under development in Belgium. With regards to transnational aspects of traineeships an overview on how trainees are covered through the national accident insurance systems could be a useful information tool for the accident institutions concerned.

5. Free movement for patients in 2013 – impact for accident insurance systems?

The Directive 2011/24/EU on patients’ rights in cross-border healthcare enables patients to demand healthcare in a Member State of their choice and to get their costs reimbursed afterwards. This also applies for patients seeking for medical care after a work accident as long as the national provisions for medical treatment of the competent Member State are respected. The Member States have to implement the directive into their national law until October 2013. Currently open questions e.g. the scope of application and the relation to regulation EC No. 883/04 are discussed in a special committee that has been established by the European Commission in order to assist in the implementation process. Today only few patients decide to seek for medical treatment abroad on the basis of cost reimbursement; this might change in the future in particular in border regions due to better information rights of the patients.

6. Europe “cross border” – a future trend?

Within the European Union, social security rights also with regards to work accidents or occupational diseases are coordinated under the framework of the regulations EC No. 883/04 and EC No. 987/09. This framework does not intend to harmonize or to create new social rights; the Members of the European Forum are in a steady exchange about their understanding of the relevant prescriptions. The regulations are now applicable in Switzerland, Norway, Island and Liechtenstein and also for third country nationals residing in a Member State (regulation EU No 1231/10). Outside European borders the national Member States negotiate bilateral agreements with countries worldwide on their own. This current national – approach creates according to the EU Commission an incomplete network of agreements and is neither for third country nationals nor for EU nationals transparent. According to the EU Commission a globalized labour market requires a unique approach among the Member States. A new initiative (Communication “The External Dimension of EU Social Security Coordination” (COM (2012) 153)) therefore intends to establish a collaboration of the Member States in the field of social security agreements and ideally to create a model EU social security agreement for the future.

7. What will the European Forum stand for in 20 years?

Despite the question how the EU will develop within the next 20 years there are some challenges that a number of countries in Europe face. The demographic change and a lack of skilled workforce are trends that affect accident insurance systems today as well as in the long term. The more migration from non European countries will increase; the EU might strengthen its efforts to act as unique player in the field of social security coordination outside Europe. Furthermore the financial stability within Europe has a direct impact on the stability of social security systems in the long term – a number of European initiatives like the current VAT initiative underline this trend.

Working Group Legislation Chairperson
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Challenges in the administration.
While we are waiting for EESSI

We are all, in our daily work, faced with higher efficiency demands (cuts) and, at the same time, higher quality demands. We try to meet these demands by working faster and smarter, by introducing best practices, by using electronic claims management and self-service, and by creating better cooperation, internally and externally, between all agents involved.

Claims regarding migrant workers, therefore, offer new and different challenges compared with claims regarding domestic workers.

If we are to deal with migrant workers’ social protection at fairly the same level as the level that applies to domestic workers, then we have to make a special effort.

In particular we need better cooperation and quicker exchange of information between the authorities and agents that deal with concrete migrant workers’ cases.

One prerequisite for this is a communication tool that is efficient and fast and offers protection of personal data, and another prerequisite is formalised cooperation procedures between relevant authorities in member states.

For a number of years we have waited patiently for the EESSI, but this communication system seems to be drifting more and more into an uncertain future.

Therefore the National Board of Industrial Injuries in Denmark has decided to examine if the Internal Market Information system (IMI) might be an alternative that we could use until EESSI becomes up and running. IMI is a system that already exists and is used daily on a large scale, among others by the Working Environment Authority in Denmark. The system was originally developed to support the Professional Qualifications Directive (2005/36/EC) and the administrative cooperation provisions of the Services Directive (2006/123/EC).
Key challenges

It is interesting in this context that the Commission is working on suggestions that the IMI should be expanded to include other policy areas, including the co-ordination of the social security systems, with legal basis in Regulation 883/2004 and Regulation 987/2009.

We will first and foremost use IMI to search for information regarding, in particular, companies that post their employees abroad, as well as registration of workers as self-employed earners, for the purposes of making decisions on choice of legislation.

Today such information is obtained by post, with reply times of several months or even years, and with resulting delays in the decision-making processes.

A communications system cannot stand alone, however, no matter how efficient. The information has to be utilized for concrete cases regarding social security rights. We need better cooperation on concrete cases and a better understanding of how our social security systems work.

The European Forum might act as a spearhead for developing better cooperation, starting with the concrete workers’ compensation claims, and show the European Union the way.

An important element of this might be a network of contact persons who could assist each other in promoting a wholeness-oriented approach to claims processing in connection with industrial injuries. Later on, the communications system might be expanded to fit with this cooperation.

Maybe some day we will reach a point where the communications system and the cooperation network become one harmonious whole.

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Changes in the world of work

BELGIUM: Trends in the Belgian occupational accidents branch

1985 – 2007:
700,000 more jobs, 80,000 fewer occupational accidents in Belgium

Number of accidents from 1985 to 2007

The number of occupational accidents dropped by 80,000 between 1985 and 2007, while 700,000 jobs were created during the same period.

The health and social work sector and business services sectors were the only ones to report a higher number of accidents during these two years: up 10,000 for health/social work and 20,000 for business services.
The structure of employment in the private sector has undergone extensive changes over the last two decades. These transformations have had an impact on the number and breakdown of occupational accidents according to the fields of activities. The bulk of the changes is the result of the "more employment, fewer accidents" paradox.

**Change to the structure of employment**

The rate of employment in the primary sector (agriculture, fisheries, logging, mining) and secondary sector (activities related to the conversion of raw materials) has edged slightly down, whereas it has increased substantially in the case of the tertiary (services) and quaternary (healthcare, social welfare, social and cultural) sectors. Employment growth in these two sectors is inextricably linked to the rise in the rate of female employment.

At the same time, there has been a shift in the status of manual employees, a status normally based on the type of work performed. In the early 1990s the number of non-manual employees caught up with the number of manual ones. This number has continued to rise ever since, whereas the figure for manual employment has remained unchanged.

The higher level of accidents in the health and social work sector is inherently related to the higher level of employment, although this does not mean the sector is a particularly dangerous one, given that the frequency and severity rates are lower than the average rates for the private sector. However, the size of this growing sector is a key to the trend in accidents at work.

**Sources:** INS (1985) – FAT (2007)
Key challenges

Two fields of activity report a decline in the number of jobs between 1985 and 2007: the manufacturing industries and extractive industries. A particular dangerous occupation, the mining and quarrying industry virtually disappeared with the closure of the last remaining mines in Limbourg back in 1988. 16,000 accidents were reported in this industry in 1985. Most of the 186,000 jobs shed by the manufacturing industries since 1985 were accounted for by textiles and clothing, metalworking, the manufacture of radio, television and communication equipment and furniture manufacturing. The termination of mining and the decline in manufacturing activities obviously helped improve the occupational accident statistics. There were 60,000 fewer industrial accidents in 2007 than in 1985.

Better working conditions?

In other fields of activity the number of employees has risen, while the number of accidents has declined: in the high-risk construction sector 50,000 new jobs have been created since 1985 but there were 7,000 fewer accidents in 2007 than in 1985. In the case of the wholesale or retail trade, the repair of vehicles and domestic items, there were 12,000 fewer accidents even though 130,000 jobs were created. The hotel/restaurant and transport sectors together accounted for over 122,000 new jobs but the number of accidents remained unchanged in the case of the former and was slightly down in the case of the latter. Better working conditions must have played a key part in this change for the better, according to the figures reported for these sectors.

Business services and temporary employment

In addition to the health/social work sector, the business services sector has made its mark on the economy. The sector’s threefold increase within the space of 20 years was mainly driven by the temporary employment situation. In common with the health/social work sector, where temporary jobs also abound, the business services industry has witnessed an increase in the number of occupational accidents since 1985. The frequency and severity rates for the services sector as a
Key challenges

whole are close to the average rates for the private sector but when the sector is broken down into its separate components, a very mixed picture emerges. For example, the frequency rate for temporary employment is three times higher than the average rate for the private sector.

Matching developments for employment and accidents on the way to and from work

Number of occupational accidents and employment from 1996 to 2007 (1996=100)

The number of workplace accidents per 1,000 employees declined from 90 to 64 between 1996 and 2007, thereby reflecting the aforementioned overall improvement but no change for the better is reported in the case of accidents on the way to and from work, where the figure generally kept pace with the rate of employment. The overall trend for commuting accidents is mainly accounted for by the business services and health/social work sectors, given their importance in the overall employment situation. What is striking is the comparatively high accident rate for these two sectors, which account for 38% of accidents on the way to and from work and 25% of private sector employment.

1985-2007: What to make of the situation?

The frequency and severity rates are a reflection of how dangerous a sector is. The sectors topping the ranking list for these rates are...
construction, transport and supporting transport services and metalworking. The present situation can be seen to have improved when compared with the rates for 1985, when they took the top positions behind the extractive industries. The transport and storage sector reported 204 accidents per 1,000 jobs in 1985, compared with 103 accidents for the same number of workplaces at present.

A 50% reduction for the private sector as a whole.

As for the severity of the accidents, a serious accident is defined as a fatal accident or one leading to permanent after-effect. During the 1985-2001 period, there was little change in the percentage of accidents resulting in a permanent disability pursuant to a judgement or a decision by the Occupational Accident Fund. Irrespective of the number of accidents, occurring every year during the period under consideration, some 3% of them were regulated on the basis of a permanent disability. The average disability rate recognised during this period remained unchanged at 7 to 8%.

Indirect consequence of the crisis: onset of a decline in occupational accidents starting in 2008-2010

Initial signs in late 2008

The Belgian economy went into recession in the second half of 2008, while employment showed early signs of fragility, with a delayed impact: employment in textile manufacturing fell by 10.6% between the 3rd and 4th quarter 2008. Others that fare no better include construction and motor vehicle assembly (-9.9%) and metalworking (-8.5%). The manufacturing industries overall report a decline of over 3.3% in the level of employment. The less secure jobs were the first to go: the number of temporary employment contracts dropped 20% on 31 December 2008, compared with the previous quarter. Not all sectors were affected: the rate of employment in the human health/social work sector continued to rise, mainly because of the service voucher system.

Trend intensifies in 2009

The impact of the crisis made on the employment situation worsened in 2009, with the number of employees in the industrial sector continuing to decrease. A seasonally adjusted comparison of the first six months of 2008 and 2009 reveals a 8.6% decline in the number of full time equivalent employees in industry, the production of electricity, water and gas and waste management. Sectors, such as business services, whose activities are inextricably linked with the industrial sector, follow suit (-7%). The sector with the highest level of serious accidents, the construction industry, also suffered job losses compared with the first half of 2007 (-3.9%).

The negative employment trend almost inevitably had an impact on the occupational accidents statistics: in the first half of 2009, workplace accidents in industry were down 24.4% on the previous year, down 29.2% in business services, whereas the human health/social work sector, where the rate of employment continued to rise in 2009, reported a nigh-on 1% increase in the number of accidents at work.

Risk of Belgian workplace accidents stabilised in 2010, in spite of the economic recovery

2010 was a year in which the economic recovery and its welcome impact on the labour market was particularly beneficial for sectors worst affected by the crisis: temporary employment, industry and logistics (sectors more prone than others to the risk of accidents). The annual report by the Occupational Accident Fund (OAF) shows that in 2010 the economic recovery led to a slight increase in the percentage of occupational accidents but the overall number (178,499) was well below that of 2008 (188,300). The upswing in employment, particularly in the case of manual employees, resulted in 10,298 more accidents in 2010, up 6.1%. It should be stressed, however, that the number of occupational accidents in 2010 is lower than the figure for the last five years, apart from 2009, when there was a downturn in economic activity.
The economic recovery did not therefore result in a higher risk of workplace accidents, as this even tended to show a relatively steady decrease in the long term. The frequency and severity rates in 2010, qualifying the number of workplace accidents and the length of temporary disability in the light of the number of hours during which employees are exposed to the risk of accidents, are almost a repeat of the rates in 2009, and nowhere near the rates reported in 2008.

**Conclusion:**

**Workplace accidents 50% down on the 1960s**

The situation does not often change very much from one year to another, unless an overwhelming event bursts upon the scene, as in the case of the economic crisis in 2009. A clearer idea of the actual occupational accident risk trend is more likely to be gained from considering a sufficiently long period of time while bearing in mind that the accident recording methods changed during the period in question.

330,281 workplace accidents were reported in 1969 but this figure was more than halved by 2010 (150,944). And this is explained by the radical change to the industrial sector and the structure of employment. The number of jobs may have shot up (962,000 more employees in 2010 than in 1960) but the number of occupational accidents fell in line with the dwindling of employment in high-risk sectors, such as mining. Equipment upgrades and accident prevention policies have also helped to improve the situation.

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European Forum of Insurances against Accidents at Work/Eurogip: New report on work-related mental disorders in 10 European countries

14 years ago, the European Forum of Insurances against Accidents at Work set up a working group on occupational diseases in Europe. In the following years, this group published several reports comparing the various aspects of occupational diseases in Europe.

In 2011, the working group was asked by the European Forum of Insurances against Accidents at Work to deal with the issue of work-related mental disorders and its recognition as an occupational disease; already in the year 2004, a study dealing with this topic was published (Work-related mental disorders: What Recognition in Europe? February 2004, www.eurogip.fr).

The new report was completed in autumn 2012 and is about to be published (coming soon at www.eurogip.fr). Ten countries have participated in this project (BE, DK, DE, ES, FI, FR, IT, NL, SE, CH).

Only the fundamental results can be briefly outlined here. In addition to that, the report consists of numerous statistical and especially content-related remarks, which go far beyond the previous report of 2004.

In all countries, the focus is on the prevention of employees’ mental stress. Every country agrees that this is not only a topic among many others in the field of prevention, but, due to changes in the working life, it is one of the most important challenges in the near future.

In all participating countries, the compensation of mental disorders – not only post-traumatic stress disorders, but also various other mental disorders such as depression – as a result of occupational accidents and diseases is possible as well.

However, there are big differences between the European countries when it comes to the recognition and compensation of mental diseases. Details are as follows:

Only a few European countries have included mental diseases as such in the list of occupational diseases.

In a larger number of countries, however, there is a possibility to recognize and compensate mental diseases as a result of mental stress “as” occupational diseases within the supplementary clauses. The majority of the countries participating in the study are acquainted with such a supplementary clause in their law governing occupational diseases. Sweden does not need such a clause, because all diseases that are essentially caused by work-related factors can already be recognized as occupational diseases.

Opinions differ, however, whether there is sufficient scientific evidence for the implementation of the clause. The differing views are also correlated with the different legislation forms of the supplementary clauses and with the fact that the “principle cause” in general and concrete sense in the individual legal systems is defined differently. The results show that Belgium, Denmark, France, Italy, Spain and Sweden have been considering recognizing the mental disease as an occupational disease, whilst the other countries participating in the study have, for legal reasons, excluded its recognition from the start or the conditions for the implementation of the supplementary clauses have not yet been affirmed.
A special issue is the suicide of employees as a result of work-related mental stress. The study also makes the different legal perspectives in the participating countries apparent. While in some countries (such as France), the suicide is considered as an occupational disease when temporal and local relationship to the insured occupation is determined, the recognition in other countries (e.g. Germany) is only granted in some rare cases: in this case, the suicide is not a traditional occupational accident, but a result of “mental trauma” that, on a legal basis, must be the cause for the suicide decision.

Anyone interested in the most interesting report details is recommended to read it in its original version. It is an important topic of the future for all insurances against occupational accidents and diseases in Europe; especially in this area, further significant developments are expected. The highest priority – which should be mentioned again – must be effective prevention of mental stress in the workplace. Work as such does not make sick, but work-related stress. The missing of work is an even major threat – especially for mental health.

Dr. Andreas Kranig
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The renaissance of rehabilitation – A challenge for the European Forum in the coming years

Rehabilitation has often stood as it continues to stand in the shadow of prevention focused on work safety and health protection and a health care system focused on acute care. In many European countries, measures undertaken early on for rehabilitation and for participation in rehabilitation aimed at keeping people healthy and capable of working or restoring their health have been more like the stepchildren of social policy. This has changed in recent years, thanks primarily to three developments.

The first step was the implementation by the European nations of the human rights anchored in the 2006 UN Convention on the Rights of Persons with Disabilities. On the topic of “Habilitation and rehabilitation”, Article 26 of the Convention states that services and programmes are to be implemented at the earliest possible stage and must be based on a multi-disciplinary evaluation of the individual’s needs and strengths.

Secondly, all of the participants in Europe’s health care system are involved in the function-related approach of the World Health Organization (WHO). The International Classification of Functioning, Disability and Health (ICF) focuses not only on the medical model, but also on psychosocial factors (biopsychosocial approach). The ICF is the ideal tool for rehabilitation.

And third, many business figures in Europe are seeking support for the maintenance and reinforcement of the employability of those employees who are absent from work due to illness. The challenges of the demographic developments and the rising rate of early retirees make rehabilitation a worthwhile investment for the state and for social insurers. These three trends clearly illustrate that the topic of rehabilitation as an umbrella term is not only significant as a transition from acute care to medical rehabilitation. On the contrary, two additional interfaces which European accident insurers should focus on also come into play if they want to pursue the topic of “rehabilitation” strategically, a topic that is so important for the future.

First, the need for rehabilitation must already be identified within the operator’s own business. This is not simply limited to occupational-related illnesses, but also extends to measures for the prevention of illnesses which affect the business (work-related health risks). Measures for prevention and rehabilitation must therefore be interlocked so that the experts trained in work safety, health protection and workplace health promotion can also involve those specialists who can look after the individual reintegration of employees. But this is also necessary on the other hand so that these rehabilitation experts can apply their experience in efforts for prevention at the business level.

Secondly, medical rehabilitation measures must be combined with those aimed at vocational participation. Notwithstanding acute treatment from physicians or in clinics, all of the players involved in the health care system must be focusing not simply on getting their patients well, but also on restoring their capability to work. Models for collaboration, i.e. the service providers in the medical profession and in working life, show the way forward for the future. The accident insurers paying for rehabilitation must understand this approach as a management task. Employees should not only be able to calculate their pensions or pay their doctor bills, but also manage their rehabilitation in special cases. Four exemplary instruments will soon be or already are available.

First of all, the three German-language work-related accident and occupational-related illness insurance companies, i.e. AUVA (Aus-
tria), DGUV (Germany) and Suva (Switzerland), have already agreed on the fundamentals for successful rehabilitation management. They will be published soon, also in English. Other accident insurers in the European Forum can use these principles for orientation. Regardless of the respective legal and social orders, the common issues in this regard are always that the insurers get information early on, identify the specific needs, act in an interdisciplinary manner, work together with partners, involve the insured persons, qualify the rehabilitation managers and, above all, provide for an appropriate evaluation verifying the efficiency of rehabilitation management. After all, rehabilitation management is not cheap, but if only around 5% of all insurance claims based on work-related accidents and occupational-related illnesses require such expensive management, whereby these claims account for virtually 95% of all the costs to the insurer, then rehabilitation management makes sense not just for the business, the state or the insurers, but also for the affected employees who can be reintegrated back into working life in accordance with Article 27 of the UN-CRPD.

In addition to rehabilitation management, accident insurers in Europe should also create their own action plan for the implementation of UN-CRPD. DGUV’s experience in Germany, having ratified its own action plan, leads to numerous benefits, the first of which is that the topic of rehabilitation has been able to be developed hand-in-hand with the government. Secondly, the insurance decision-makers were able to identify with the political topic. And third, an action plan on the topic of human rights requires the cooperation of a variety of specialised business domains within an insurance organisation, for instance for prevention and rehabilitation. The DGUV action plan has been published at www.dguv.de, also in English. 12 objectives are prescribed and 73 actions are planned in the areas of raising awareness, barrier-free accessibility, participation, individualisation, diversity, living space and inclusion. The action plan will run initially for three years (2012-2014) and involves all of the specialised business domains in the legally required accident insurance industry in Germany, i.e. prevention, rehabilitation and compensation along with communication, education, research and clinics.

Simply reducing rehabilitation down to the status of medical follow-up treatment after acute care in order to get injured or ill people back in shape for daily life misses out on the socio-political importance of reintegration back into working life. Numerous social insurance companies in Europe and throughout the world pursue a strategy of “Return To Work” (RTW). For this reason, the International Social Security Association (ISSA) in Geneva has decided to create a set of RTW Guidelines, set to be ratified at its General Meeting in Qatar in November of 2013. An important role in the preparation of these guideline recommendations, which are aimed at the top management of social insurance enterprises, is being played by work-related accident and occupational-related illness insurance companies because their structures enable them to act in a way that is preventive, “on-the-ground” close to the actual businesses and comprehensive. “Return To Work” can only succeed if the employees who face a long absence from work due to an injury or illness are recognised early on, ideally already at work.

Those people who need the support of Return To Work have to be identified at an early stage and managed by qualified experts who can not only help individuals, but also design RTW structures and processes in the businesses. There are global standards for this type of Disability Management upon which educational programmes and audits used by
companies are based (www.nidmar.ca). The social accident insurers also play a leading role worldwide in this context because when an insurance company has the structural benefits enabling it to do an outstanding job of interlocking its preventative services with rehabilitation measures, then it is particularly equipped to take on a leading role in the advanced training of experts from a variety of social insurance professional groups whose professions are focused fully on Return To Work. Such Disability Managers can be found in many countries throughout the world, and they are required to pass an examination for which they receive an official certificate. Worldwide there are almost 2,000 such Disability Managers. Almost half of them work in Germany, either in the companies themselves or for the companies’ service providers and for instance for the social insurance companies as rehabilitation managers (www.disability-manager.de).

In conclusion, every Forum member should know that if the work-related accident and occupational-related illness insurers want to play a key role in the renaissance of rehabilitation in the individual countries, then it makes sense to network with like-minded institutions at the supranational level. Membership in European and international organisations that offer the broadest possible support for rehabilitation provides the opportunity to contribute one’s own experience and to learn from others. Along with membership in ISSA (see above) or participation in the Disability Management programme (see above), accident insurers also benefit from membership in Rehabilitation International (RI) in New York (www.riglobal.org). This umbrella organisation promotes rehabilitation at a variety of levels and links a range of interests. RI members include rehabilitation payers, users and providers. Such strong “pro rehabilitation” interest groups can also be found in European countries, for instance in the Scandinavian nations and in Germany. More accident insurers should participate in these groups or advocate the foundation of this type of national organisation for rehabilitation in other countries. In Europe, DGUV has taken on a leading role in RI. Dr. Breuer is the Vice President of this worldwide organisation, responsible for the supervision and coordination of RI’s European members. Dr. Friedrich directs the RI European office and is one of the chairs on the RI “Work and Employment” committee. The engaged involvement of the members of the European Forum in RI would further strengthen the work-related accident and occupational-related illness insurance branch and its important role in rehabilitation. A European will head this worldwide organisation for the next four years (2012 – 2016), with Jan Arne Monsbakken from Oslo, Norway assuming the presidency in November of 2012.

Dr. Friedrich Mehrhoff
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www.europeanforum.org
Communicating in a digital world

Networking, linking, feeding or following: the Swiss people’s communication habits have changed dramatically over the past few years. Suva is responding to this trend and focusing more on new channels such as podcasts, apps and YouTube.

The way in which we communicate on a day-to-day basis has undergone radical changes over the last 20 years. Technical achievements such as the Internet, mobile phones and various multimedia systems mean that people are now almost permanently contactable and can access a multitude of information at any time of the day or night. Words such as YouTube, Facebook and Twitter are now a constant feature for “digital natives”, who have grown up with this technology. But those who have not always had this understanding of media and information have long since adapted, or been adapted. The same is true for them: media time is being reallocated in favour of digital applications.

The smartphone as an information hub

Suva is not oblivious to these digital shifts either. “Although they pose a huge challenge, they also open up new opportunities to communicate our accident prevention messages in a more targeted and personalized way”, says Urs Schaad, Head of Marketing Communication at Suva. Suva is currently considering carefully what content can be communicated to which target group using the new digital channels. “For example, the smartphone is increasingly becoming a constant communication and information hub. So questions naturally arise, such as: „should we produce and distribute the „essential rules“ as information videos only in the future?“. Whatever happens, Schaad believes it is important to respond to changes in communication habits and media usage, and to constantly examine our own communication tools and channels.

On the piste with the Slope Track app

Suva has already enjoyed some initial success with digital media. A few years ago it launched Slope Track, a smartphone app for iPhone and Android devices. Just by touching the screen, users can find out the layout of a particular ski region, the current condition of the pistes, the weather report, and how to make warming up fun. They can also call up instructions for first aid, emergency phone numbers and the precise coordinates of each location – vital information in the event of an accident. To date, this app has been downloaded 145,000 times in Switzerland, which is excellent by comparison. Two more apps, „SportBasic“ and „Footbag“, have recently been launched on the strength of this positive experience.

Suva as a player on social networks

Suva is also getting involved in digital social networks. For the past two years, the largest Swiss accident insurer has been active in the following five channels: Facebook, YouTube, Wikipedia, Xing and SlideShare. „With our presence on these networks, we are raising the visibility of Suva’s messages and showing our customers that we can adapt to the various needs of our target groups“, emphasizes Schaad. Meanwhile, Suva has around 2,800 „Likes“ on Facebook, and its videos on YouTube have been viewed almost 100,000 times.
Key challenges
to date. A focused social media presence can increase customer satisfaction with a company – and ultimately improve its image. However: „The content must also be relevant in this format; buzzwords and colourful pictures alone are not enough“. Suva is heading in the right direction when it comes to social media, but there is of course still a lot of scope for optimization. However, the first – and most important – step has been taken, according to Schaad: „Tomorrow’s marketing needs to observe the changes in its customers’ communication habits, learn to understand them, and adapt where necessary“.
SODRA: The newest member of the European Forum

Ričardas Kaminskas, Deputy Director, State Social Insurance Fund Board of Lithuania (SODRA) answers Isabelle Leleu’s questions

Lithuania is the newest Member of the European Forum. Ričardas Kaminskas, Deputy Director of the State social insurance fund board answered a few questions to explain the reasons he joins the European Forum and to present the organization SODRA in Lithuania.

Why did SODRA join the European Forum?

Ričardas Kaminskas:
“Lithuania, like every democratic country takes care of persons who, because of age, disability, illness, maternity, loss of support, accident at work or occupational disease can not take care of themselves. A just social policy is a guarantee of security and stability. It is therefore very important in the light of European Union legislation and best practice, to develop and implement effective employment and social security system. For these reasons, our organization decided to become a member of the European Forum, and along with other members of the European Forum to share and learn, and explore new possibilities for development and expansion of the areas of accident social insurance.

In the European Forum, we have found new areas and opportunities for activities, through which we can get to know Europe, and we also hope for beneficial international cooperation in the field of social security.

Tell us about Social Security and accident insurance in Lithuania

Ričardas Kaminskas:
The Lithuanian social insurance budget is dependent on taxpayer contributions, which are directly influenced by the overall economic situation of the country, so now the main goal of our organization is a stable budget and taxpayers. Since 2006, for three years, from the social insurance budget we have allocated part of the funds towards the prevention of accidents at work and occupational diseases. Lithuania is now, like most countries in the world facing an economic crisis, therefore this project was halted. Based on best practices of other countries, received during the European Forum, our organization plans in the future to resume and to pay appropriate attention to the prevention of accidents at work and occupational diseases.

The system of the State Social Insurance is comprised of the Ministry of Social Security and Labour, Council of the State Social Insurance Fund Board, State Social Insurance Fund Board under the Ministry of Social Security and Labour, territorial offices thereof and other institutions subordinate to the Board (“Sodra”), State Tax Inspectorate under the Ministry of Finance, Lithuanian Labour Exchange under the Ministry of Social Security and Labour, State Patient Fund under the Ministry of Health, pension accumulation companies and clients of “Sodra”- the insurers, insured and benefit recipients.

The Ministry of Social Security and Labour is the body shaping social security policy in Lithuania. Working in cooperation with its subordinate institutions, social partners and other stakeholders the Ministry implements each individual’s employment and social security activities and takes care of his/ her social welfare. Inter alia, the Ministry of Social Security and Labour is responsible for legislation in the field of social security and employment providing support and coordina-
Activities of the State Social Insurance Fund are supervised by the State Social Insurance Fund Council. The Council is formed of an even number of members enjoying equal rights, representing organizations in protection of interests of the insured, employers’ organizations and state authorities. The Council observes the enforcement of legal acts in regulation of social insurance, considers and submits its opinion on the draft social insurance fund budget, as well as oversees the implementation of the budget.

The State Social Insurance Fund Board under the Ministry of Social Security and Labour (further referred to as “Sodra”, “Fund Board” or just “the Board”) is a key institution engaged in administration of the public social insurance fund, responsible for coordination and methodical management of the territorial offices under direct subordination thereto, in order to ensure effective and high quality work of such territorial offices and other subordinate institutions, as well as perform controls over them. The main function of “Sodra” is ensuring the enforcement of legal acts in regulation of the state social insurance. The Fund Board shall:

- organize compulsory as well as voluntary state social insurance;
- prepare and perform the state social insurance fund budget;
- administrate social insurance contributions;
- ensure correct calculation, allocation and payment of state social insurance pensions, allowances and other benefits;
- organize correct handling of the insured database;
- administrate the register of members of different pension accumulation schemes and pension accumulation agreements;
- organize transfers of pension accumulation contributions to pension funds under the management of pension accumulation companies.

The Board is comprised of 16 offices organizing and planning their activities in accordance with the approved strategic action plan. 50 institutions function under the subordination of “Sodra”: 10 territorial offices and 37 local offices, the Branch of Military Structures and Other Similar Structures, Foreign Benefit Office and Training Centre.

The territorial offices of “Sodra” are engaged in collection and recovery of social insurance contributions, handling the database of the insured, controlling the legitimacy and validity of temporary incapacity for work and responsible for correct and timely allocation and payment of pensions, allowances and other benefits.

In compliance with respective legal acts, the Branch of Military Structures and Other Similar Structures is responsible for organization of the state social insurance of officers employed in the military and other similar structures within the territory of the Republic of Lithuania and ensures proper management of the database of persons covered by the state social insurance and employed in the National Defence Service, Ministry of the Interior, Customs Office and Customs Criminal Service, as well as the State Security Department.

The Foreign Benefit Office implements the legislation of the European Union and intergovernmental agreements, other administrative and inter-service agreements in the field of social security in regulation of qualification for benefits by migrating persons.

The key tasks of the Training Centre encompass organizational activities of training and qualification improvement of persons employed by the Fund Board, territorial offices thereof and other institutions under the Fund’s subordination, so that such training would be in compliance with the activity strategies of the Fund administration institutions and employee training, as well as ensuring the training quality, improvement of vocational skills and knowledge of employees in the Fund administration institutions.

Overall, 3.2 thousand persons are employed within the state social insurance system.

We look forward to a successful cooperation and exchange of best practice with the members of the European Forum in the interest of our insured persons!”
Member organizations of the European Forum

**AUSTRIA**
Allgemeine Unfallversicherungsanstalt AUVA (Austrian Workers’ Compensation Board) www.auva.at

**BELGIUM**
Fonds des maladies professionnelles – FMP (Occupational diseases Fund) www.fbz.fgov.be/

**DENMARK**
Arbejdsskadestyrelsen (National Board of Industrial Injuries) www.ask.dk

**FINLAND**
Tapaturmavakuutuslaitosten Liitto (Federation of accident insurance institutions/FAII) www.tvl.fi

**FRANCE**

**GERMANY**
Deutsche Gesetzliche Unfallversicherung – DGUV (German Statutory accident insurance) www.dguv.de
Sozialversicherung für Landwirtschaft, Forst- sen und Gartenbau (Umbrella organization of the Agricultural Social Insurance) www.svflg.de

**GREECE**
Idryma Koinonikon Asfaliseon – IKA (Social Insurance Institute) www.ika.gr

**ITALY**
Istituto nazionale per l’assicurazione contro gli infortuni sul lavoro – INAIL (Italian Workers’ Compensation Authority) www.inail.it

**LATVIA**
Valsts Sociālās Apdrošināšanas Agentūra – VSAA (State Social Insurance Agency) www.vsaa.gov.lv

**LITHUANIA**
Valstybinio Socialinio Draudimo Fondo Valdyba – SoDra (State Social Insurance Fund Board) www.sodra.lt/

**LUXEMBOURG**
Association d’Assurance Accident – AAA (Accident insurance association) www.aaa.lu

**NORWAY**
Arbeids – og velferdstidrettet – NAV (Norwegian Labour and Welfare Administration) www.nav.no

**POLAND**

**PORTUGAL**
Centro Nacional de Protecção contra os Riscos Profissionais – CNPRD (National Centre of Protection against occupational risks) www1.seg-social.pt/

**ROMANIA**
Casa Nationala de Pensii si Alte Drepturi de Asigurare Sociale (National House of Pensions and Other Social Insurance Rights) www.cnpas.org/

**RUSSIA**

**SPAIN**
Asociación de Mutuas de Accidentes de Trabajo – AMAT (Association of Mutuas for occupational injuries) www.amat.es

**SWEDEN**
Försäkringskassan (Swedish Social Insurance Agency) www.forsakringskassan.se
AFA Försäkring (AFA Insurance0) www.afaforakring.se

**SWITZERLAND**
Suva www.suva.ch
2012: A new logo for the European Forum
designed by Beate Lamisch (AUVA)

and a new website
designed by Eurogip under the coordination of Isabelle Leleu

www.europeanforum.org
International Cooperation and Exchange of Best Practice and Expertise

In 2005, the European Forum signed a Coagements Agreement with the International Social Security Association (ISSA).

Cooperation not only in Europe, but also beyond Europe

2012 saw the creation of the Asian Workers’ Compensation Forum at the initiative of Comwel, Korea’s Workers’ Compensation & Welfare Service.

An International Seminar of the Asian Workers’ Compensation Forum followed on the next day with high-level presentations of experts from the European Forum members AUVA, DGUV and SUVA, as well as from top level experts from South Korea.

A close cooperation between the European and the Asian Forum is planned.

**A success story begins!**
Founded in 1992, the European Forum of the Insurance Against Accidents at Work and Occupational Diseases celebrates its 20th birthday!

Currently 22 member organizations in 19 European countries.

Four permanent Working Groups
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**Legislation**: Eva-Marie.Hoeffer@dguv.de
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Yearly international expert conferences
Exchange of expert opinions and knowledge between occupational accident and diseases institutions

Forum News as the members’ magazine

A new website
www.europeanforum.org

Permanent office of the EUROPEAN FORUM
Maison Européenne de la Protection Sociale
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