BALTIC SEA NETWORK ON OCCUPATIONAL HEALTH AND SAFETY

Report on the Fifth Annual Meeting

Berlin, Germany
18–19 November 1999


**EUROPEAN HEALTH21 TARGET 13**

**SETTINGS FOR HEALTH**

By the year 2015, people in the Region should have greater opportunities to live in healthy physical and social environments at home, at school, at the workplace and in the local community

*(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)*

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**ABSTRACT**

The fifth annual meeting of the Baltic Sea Network in Occupational Health and Safety was organized by the WHO European Centre for Environment and Health, Bilthoven Division, jointly with the German Ministry of Labour and the Federal Institute for Occupational Safety and Health in Berlin, in collaboration with the Finnish Institute of Occupational Health, Helsinki, Finland. The meeting aimed at monitoring the present stage of development of the Network and at drawing up a plan for the further development of the organization and substantive activities of the Network. The main themes of the Fifth Meeting were: monitoring the relevant programmes of international organizations; economic appraisal of occupational health and safety; good practice in health, environment and safety management in enterprises; and a progress review of the Baltic Sea Telematic Information Network. The Meeting was attended by representatives of member institutions from the 10 countries around the Baltic Sea. Participants concluded that the WHO European HEALTH21 objective on the protection and promotion of health in all stages of human life could not be achieved without the strengthening of occupational health and further development of workplace health management.

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**Keywords**

- OCCUPATIONAL HEALTH
- INFORMATION SYSTEMS – organization and administration
- PROGRAM EVALUATION
- INTERNATIONAL COOPERATION
- ECONOMICS
- QUALITY CONTROL
- BALTIC STATES
- EUROPE

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Opening of the Meeting

The Fifth Annual Meeting of the Baltic Sea Network on Occupational Health and Safety was held in Berlin, Germany, on 18–19 November 1999. Dr Fritz Kochan, Director of the Federal Institute of Occupational Safety and Health in Berlin, opened the Meeting. In welcoming the participants, he emphasized the need for continuous collaboration, particularly in the rapidly changing environment, and pointed out the importance of the four topics of the present Meeting in expanding the data and knowledge base of the participating countries and institutions.

In his welcome address to the participants, Mr Andreas Horst, Director, Ministry of Labour, also welcomed the collaboration among the countries around the Baltic Sea. He stressed the importance of monitoring the economic effects of occupational health and safety.

Dr Boguslaw Baranski welcomed the participants on behalf of the World Health Organization Regional Office for Europe (WHO/EURO) and expressed the gratitude of WHO to the German Ministry of Labour and the Federal Institute for Occupational Safety and Health in Berlin for organizing the Meeting. He also expressed the gratitude of WHO to the Finnish Institute of Occupational Health for support and cooperation in the practical arrangements of the Baltic Sea Network on Occupational Health and Safety. This Network was important from WHO’s point of view, as it had facilitated the implementation of WHO’s strategies, improved the information and knowledge about occupational health and safety in the participating countries, and provided a forum for discussing the harmonization of various occupational health and safety indicators.

Professor Jorma Rantanen, Finland, was elected Chairperson, Professor Fritz Kochan, Germany, Co-chairperson, and Ms Suvi Lehtinen, Finland, Rapporteur. The programme of the Meeting is attached as Annex 1 and the list of participants as Annex 2. On behalf of the Network, Professor Rantanen expressed his warmest thanks to the German Ministry of Labour and the Federal Institute for hosting the Meeting.

Scope and purpose of the Meeting

The Meeting aimed to monitor the development of the Baltic Sea Network on Occupational Health and Safety, to draw up a plan for its further development and substantive activities, and to reach agreement on its future activities. The main themes of the Meeting were as follows.

- **Monitoring of the relevant programmes of international organizations.** It is of the utmost importance to work together with all the relevant international organizations – especially the International Labour Organization (ILO) and the European Union (EU) – and their programmes in order to ensure the maximum utilization of the existing information and to avoid the duplication of work.

- **Economic appraisal of occupational health and safety.** National economic, social and legislative framework and policies in each WHO Member State have a dominant impact on the occupational and environmental health practices in most enterprises. In many Member States, there is a trend towards reorienting occupational health and safety practices to help reduce the increasing economic and social costs of work-related and non-work-related ill health and work disability.
• **Good practice in health, environment and safety management in enterprises.** The implementation of the WHO global strategy on occupational health for all, developed by the collaborating centres in occupational health and endorsed by the 49th World Health Assembly (Resolution WHA49.12), requires innovative approaches and the active participation of the enterprises and other workplaces. The concept of good practice in health, environment and safety management in enterprises (GP HESME) provides such an opportunity.

• **Progress review of the Baltic Sea Telematic Information Network.** Institutions participating in the network need to conduct periodic evaluations of its development and the methods used to plan future collaboration, including revision of the scope, methods, and the annual as well as long-term programme of collaboration.

Thus, the objectives of the Meeting, as defined by the scope and purpose document, were to:

• review the role of and methodology for economic appraisal in promoting occupational health and safety in the participating countries;

• exchange opinions on methods used to initiate and monitor GP HESM in enterprises;

• evaluate the progress of the Baltic Sea Telematic Network on Occupational Health and Safety.

WHO/EURO has taken a number of important steps to develop countries’ abilities to collect and distribute relevant information on occupational health and safety. In November 1995, a WHO Consultation proposed the establishment of a Telematic Information Network on Occupational Health and Safety for the Institutions in the Countries around the Baltic Sea. The Network has now been established, and all the 10 countries have expressed their interest in joining and have opened their pages in the Network. Three follow-up meetings of the Network have been held: in Riga in October 1996, in Vilnius in September 1997, and in Sagadi, Estonia in October 1998. These meetings had discussed the substantive contents of the information which could be used through the Network. The Riga meeting discussed occupational health and safety assessment and future developments of the Network, the Vilnius meeting discussed the notification and registration of occupational diseases and accidents and workplace risk assessment, and the Estonian meeting focused entirely on the development of the telematic network, both technically and substantively.

**Monitoring of international organizations’ programmes**

**European Agency for Safety and Health at Work**

Mr Finn Sheye of the European Agency for Safety and Health at Work outlined the main priorities of the Agency’s activities. He described how the Agency was building an information network and establishing links between the EU member states and (later) the candidate countries as well as other relevant existing networks. In addition to building the network, the Agency organizes information services to the member countries and communicates the information in electronic form to all those who need it.

The Agency was also running various information projects. Collaboration on information in the EU included occupational safety and health monitoring, good safety and health practices, and the surveillance of research projects on work and health. Four topic centres compile the information available and dispatch it through the electronic networks. The Agency also describes and uses various systems and programmes in occupational safety and health.
WHO/EURO occupational health programme


A series of meetings had been held in Belgium, France, the Netherlands, Poland, Ukraine and the United Kingdom between January 1998 and May 1999 to formulate a holistic concept of good practice in health, environment and safety management in enterprises (GP HESME). This concept had been prepared jointly with governmental and nongovernmental experts as well as experts from enterprises and academia. The Declaration of Ministers of Health and Ministers of the Environment adopted at the Third Ministerial Conference on Environment and Health held in June 1999 in London emphasized:

We will promote good practice in health, environment and safety management in enterprises, in collaboration with stakeholders in our countries such as local authorities, enforcement agencies, business (including small and medium-sized enterprises), trade unions, NGOs, social and private insurance institutions, educational and research institutions, auditing bodies, and providers of prevention services. The current regulatory frameworks and economic appraisal related to health and safety should be, if necessary, strengthened for this purpose and self-regulatory mechanisms (voluntary initiatives and agreements) should be used as complementary measures. We invite WHO and the International Labour Organization to work together to assist countries in developing processes, involving all stakeholders, for the implementation of environmental practice which also promotes public health, and to develop close cooperation with the European Commission to assist the candidate countries for membership of the European Union to meet their obligations.

The follow-up programme on the implementation of GP HESME had been prepared and would be supervised by the European Environment and Health Committee.

The first national meeting with international input had been held from 15 to 17 September 1999 in Ankara to strengthen activities encouraging GP HESME in Turkey. The concept of GP HESME had been presented at several national and international meetings of occupational health professionals.

Several activities aimed at the inclusion of workplace health promotion in the comprehensive occupational health programmes. Countries of central and eastern Europe (CCEE) had been invited to send representatives to the Healthy Employees in Healthy Organizations – Workplace Health Promotion in Europe Conference held in Bonn from 31 May to 1 June 1999. The Conference had been co-organized by BKK Essen within the European Commission programme on public health, with a special WHO/EURO session on the future of occupational health in Europe. At the invitation of the EU TACIS Russia Preventive Health Care Project 1998–2001 and the Federal Ministry of Health and Medical Industry in the Russian Federation, technical support had been provided to establish model workplace health promotion programmes in the Russian city of Elektrostal.

The Baltic Sea Telematic Network on Occupational Health and Safety had been further strengthened to provide mechanisms for information sharing, capacity-building and harmonization of HES management in enterprises.
Guidelines on quality assurance in the management of multidisciplinary occupational health services had been prepared and edited for publication by WHO/EURO. The documents *Occupational medicine in Europe: scope and competencies* and *Role of the occupational health nurse in workplace health management* had been prepared through broad consultations with relevant professionals and were now in the final stage of editing. A manual was being prepared for the education of employers and employees on the concept and implementation of GP HESME.

A network of social and health insurance institutions involved in the strengthening of comprehensive occupational health had been initiated at a meeting in Bilthoven, Netherlands, from 21 to 22 October 1999, in collaboration with the Research and Development Centre, Social Insurance Institution, Turku, Finland.

Technical support had been provided to the development of the new WHO headquarters occupational health programme and the WHO Global Network of Collaborating Centres in Occupational Health.

**ILO SafeWork Programme**

Mr Pavan Baichoo presented the new ILO SafeWork Programme. He emphasized the need for urgent measures in global working life, because every year over 1.2 million people die from work-related accidents and diseases and over 160 million workers fall ill due to workplace hazards. It is the poorest and least protected – often women, children and migrants – who are among the most affected. Over 90% of enterprises are micro- and small enterprises, often with very poor conditions and where the workers are often excluded from all labour protection.

The ILO sees occupational safety and health as a basic human right. Action needs to be taken to ensure that it is respected in all countries and in all workplaces. ILO’s conventions and recommendations provide the basic minimum standards for working conditions and occupational safety and health in the global world of work. The goals of the ILO SafeWork Programme focus on:

- the protection of workers in hazardous occupations;
- expanding protection, especially to vulnerable groups of workers;
- the promotion of workers’ health and wellbeing, and
- demonstrating the social and economic impact of improving workers’ wellbeing, showing that protection pays.

Several new approaches are being developed in addition to the more traditional ones to be used in the implementation of the Programme worldwide.

**Economic appraisal in occupational health and safety**

Four presentations were given on the topic of economic appraisal and incentives in occupational health and safety, by Mr Jos Mossink (Netherlands), Mr Jan Rzepecki (Poland), Dr Axel Wannag (Norway) and Dr Karsten Stegemann (Germany). Brief statements were also heard from Ms Tatjana Zabarowska (Latvia), Dr Mikhail Mikheev (Russian Federation), Dr Remigius Jankauskas (Lithuania) and Dr Matti Lamberg (Finland).
**Economic appraisal**

Economic appraisal was an important new approach in the evaluation of occupational health and safety and in providing arguments for the development of occupational health and safety systems. It can also be used as a tool for benchmarking the performance of various programmes. It was essential to improve the data and information systems needed for economic appraisal. The data needed are diverse (see Working Group reports, Annex 3) and originate from numerous sources. The correct compilation, analysis and interpretation of such data necessitates collaboration with the owners of the data sources.

There are numerous pitfalls and problems in the use of data in economic appraisal. The choice of parameters and the analytical model chosen may have a substantial impact on the ultimate result of the analysis. The quality of the data used also has a major impact (e.g. the degree of coverage of the registration system). The data should, therefore, always be interpreted by experts who govern the methodology and who are aware of the pitfalls, problems and deficiencies of both the data and the methodology but who also understand the occupational health and safety aspects. There are also substantial ethical aspects associated with economic appraisal, particularly in setting a monetary value on human health, wellbeing and life.

Without prejudicing the value of economic appraisal as one tool for the evaluation of occupational health and safety activities, it should be emphasized that the ultimate justification of occupational health and safety is drawn from the need to protect the health and safety of people at work. Thus, occupational health and safety activities need to be prioritized and implemented even when the outcome of the economic appraisal is not favourable. If occupational health and safety activities, in addition to their health impact, also show a positive economic impact – as in many cases they have – it should not be considered as a precondition but as a further stimulus for the development of occupational health and safety.

**Incentives**

A number of economic incentive systems were described and analysed and both positive and negative incentives discussed. The incentives can be roughly divided into normative (legislative), economic, or informative.

*Normative incentives* work mainly on the steering and obligation side, enabling the right to carry out the activity if the standards are complied with and imposing punitive action in case of non-compliance. Modern global competition brings new aspects to incentives, for example, the possibility of getting unjustified competition benefit through non-compliance and damage to the image of the enterprise through poor or illegal performance. Nobody should receive economic benefit from non-compliance with standards and from compromising the health and safety of workers. It is the duty of government authorities to ensure stringent enforcement of legislation.

*Economic incentives* can work through several mechanisms – accident insurance premiums, subsidies for specific activities, reimbursement of the costs of activity if standards are complied with, special services systems or subsidized training. Such incentives are particularly needed for the development of occupational health and safety in small-scale enterprises, among the self-employed, and for specially vulnerable groups.

When economic appraisal shows a positive economic impact on occupational health and safety, it functions as a highly relevant economic incentive to the company concerned. The optimal
economic incentive system contains several elements, e.g. it demonstrates the external incentive effect, it is based on the participation of workers, it is associated with the improvement of working conditions, it is economic and feasible, and it brings short-term benefits.

Information incentives comprise positive public (psychological) feedback by rewarding exceptionally good performance in occupational health and safety. The most typical forms of such an incentive are public awards, recognition or labels which support the building of a positive image for the operator and bring to light good examples in occupational health and safety.

In summing up the session on economic appraisal and incentives in occupational health and safety, Professor Jorma Rantanen mentioned the need to emphasize the role of the government in finding an acceptable balance between the economic gains of risk-taking and risk-creating behaviour in society, and the losses in victims of risks and accidents. He referred to research results showing that productivity can be increased more through investment in training personnel than through increased capital investment or work time in the enterprise. This demonstrates the growing importance of human resources in modern economics and emphasizes the importance of occupational health and safety.

Three working groups discussed three questions concerning economic appraisal in occupational health and safety (reports in Annex 3). They agreed that there is a need to include additional information in the country profiles on the Baltic Sea Network web pages covering aspects of economic appraisal of occupational health and safety activities in the countries. The coordinators of the Baltic Sea Telematic Network would take this issue further at their next meetings.

**Good practice in health, environment and safety management in enterprises**

Presentations were made in the session on good practice in health, environment and safety management in enterprises by Dr Baranski, Dr Brigitte Froneberg, Dr Arve Lie, Ms Riitta Viinanen, Dr Gregor Breuckner (presented by Dr Baranski), Dr Jacek Michalak and Dr Mikhail Mikheev. The reports of the three Working Groups on GP HESME are attached as Annex 4.

Dr Baranski presented the concept of GP HESME prepared for the Third Ministerial Conference on Environment and Health (London, June 1999). GP HESME has been defined as a process aiming at continuous improvement of enterprise performance in health, environment and safety management involving all stakeholders inside and outside enterprises. It is mainly an initiative for small and medium-sized enterprises, since large companies have already implemented this idea. He emphasized that HESME can only be implemented if existing occupational health services will support the implementation of this holistic approach and if enterprises will adopt a comprehensive workplace health policy covering occupational, environmental, social and lifestyle determinants of health. HESME aims at the maintenance of the health and work ability of employees through their active participation in the prevention of occupational, work-related, and non-occupational but workplace-preventable diseases. Thus, through the involvement of employers and employees supported by an occupational health infrastructure, HESME has great potential to achieve most of the targets set in the WHO HEALTH21 strategy. It aspires to turn enterprises into a major setting for achieving the main aims of HEALTH21, i.e.:

1 HEALTH21: the health for all policy framework for the WHO European Region. Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series, No. 6).
• to promote and protect people’s health throughout their lives;
• to reduce the incidence of the main diseases and injuries and alleviate the suffering caused by these diseases and injuries through activities undertaken by working communities and their partners.

The HESME programme, calling for the holistic enterprise health policy, will contribute to achieving the EU objectives indicated in the following articles of the Amsterdam Treaty:

• Article 137: Improvement of the work environment to protect workers’ health and safety;
• Article 152: Improvement of public health, preventing human illness and diseases, and obviating sources of danger to human health;
• Article 174: Preserving, protecting and improving the quality of the environment, and
• Article 153: Protecting the health, safety and economic interests of consumers.

By promoting the maintenance of employees’ working ability, HESME will have an impact on the improvement of their professional skills and their ability to cope with the ever-changing demands of working life and life in general, and will increase their employability if they have to change their jobs.

Dr Baranski presented the main steps in developing a national HESME programme.

1. Nominate a national task force to be responsible for preparing a national policy encouraging good practice in HESME and for identifying country funds for the programme, composed of representatives of the government agencies concerned (ministries of health, labour and the environment) and of employers’ and employees’ organizations and other stakeholders.

2. Organize national workshops to review and assess the effectiveness of national and local intersectoral policies, make economic appraisals, estimate the burden of occupational and workplace preventable ill health, and initiate national action encouraging enterprises to implement good practice in HESME.

3. Develop criteria and indicators of good performance in HESME at the national, local and enterprise levels, and carry out surveys and performance reviews.

4. Develop economic incentives for GP HESME which motivate for future action rather than being based solely on past experience and a past safety rating system.

5. Prepare educational and training materials for employers and employees and for health, environment and safety professionals, to facilitate their involvement in GP HESME.

6. Initiate pilot projects and collect and disseminate examples of GP HESME.

7. Involve businesses in the development of environment and health policy in their communities, including encouraging networks between enterprises committed to improving their performance in HES.

WHO intends to launch jointly with ILO, the United Nations Environment Programme (UNEP), Industry and Environment and the European Commission, an international programme with the following objectives:

- to support national action undertaken in countries to improve HESME;
- to initiate and support voluntary movements by enterprises and local communities towards improving their employees’ health and working ability and to increase their self-regulating contributions towards sustainable development;
- to support national action undertaken in countries to improve the economic incentives for good practice.

To be comprehensive, HESME should be composed of four complementary approaches: occupational health and safety, workplace health promotion, environmental management, and social capital and community development. HESME will be driven by current regulatory frameworks, economic appraisal, and voluntary initiatives and agreements related to health and safety.

The Meeting concluded that as the resources for occupational safety and health are scarce, efficient and economic procedures in all actions will be sought. Examples are networking and benchmarking, which are valuable practical tools in GP HESME because they are relatively easy to implement at enterprise level, have little inbuilt bureaucracy, are economically feasible, and can afford positive (and possibly negative) examples from which to learn.

**Baltic Sea Network on Occupational Health and Safety**

Ms Lehtinen gave a brief overview of the present situation of the Network and country representatives described the situations and perspectives for the development of the Network pages in their countries. The Meeting concluded that there had been positive progress in developing the Network and that countries perceived the Network’s activities to be worthwhile. The biannual coordinators meetings were useful for exchanging actual and topical information and for planning the contents of the pages in more detail.

**Conclusions and recommendations**

**International organizations**

1. WHO’s **HEALTH21** objective on the protection and promotion of health in all stages of human life cannot be achieved without the development of occupational health. Joint efforts should be made to support a higher priority for occupational health, and a more concise content, on the agenda of **HEALTH21**. This can best be achieved through the comprehensive occupational health service approach.

2. ILO programmes had recorded definite progress following the launch of the ILO Global SafeWork Programme, which focuses efforts to increase awareness globally, places emphasis on high-risk and vulnerable groups, adopts an integrated approach and uses economic appraisal to show that protection pays. Countries should use the SafeWork Programme’s projects and results.
3. Article 137 of the EU Treaty of Amsterdam emphasizes the protection of the health of working people through improvement of the work environment. In addition, the new President of the European Commission has declared before the European Parliament that the policy of the new Commission will be strict in the implementation of basic European legislation on health and safety, particularly in the case of severe hazards at work. This implies a high priority for health and safety in EU policy.

**Information and registries**

4. Better information on the current status and trends of occupational health and safety in all Member States is needed. Although all international organizations put a lot of effort into compiling statistical and other data from countries, the quality and comparability of these data need further development. Efforts should be directed towards providing country information with reference and background data so that the user of the information will be sufficiently informed in order to make comparisons on a relevant basis.

5. The Baltic Sea Network in its present form, and with the planned developments, provides an excellent instrument for transmitting data on occupational health and safety in a flexible manner. In addition to firmly codified information, it provides a forum for the transmission of the most recent research findings, case reports and news in the advancement of occupational health and safety for expert communities and practitioners.

6. The added value of the Network can be further increased by development of user networks in countries and by linking with other relevant networks and data systems in the WHO European Region and worldwide. The key actors in the Baltic Sea Network are the occupational health and safety experts in research institutions, practical services and government and other bodies throughout the Region. The key providers of information are institutions and professionals active in research, training and information on occupational health and safety. Thus there was no overlapping, but rather high synergy with the administrative information provided by the European Agency for Safety and Health at Work.

**Economic appraisal**

7. The importance of economic appraisal in occupational health and safety was agreed, although great caution should be exercised in the choice of parameters and indicators for analysis. Owing to the inadequacy of present economic theories in the quantification of the value of social and health aspects of work, the development of new economic theories with more versatile parameters and a higher sensitivity to the social dimension was called for.

8. Since well functioning and comprehensive national data systems are key to economic appraisal, there should be a greater effort to develop such systems. All countries need to establish data systems on safety and health at work, on the health of working people, on the social and economic consequences of occupational accidents, diseases and work incapacity, and for the economic appraisal of occupational health and safety activities. A prerequisite for this is a proper information collection system. The harmonization of such systems should be strengthened in order to ensure the comparability of data.
Good practice in health, environment and safety management in enterprises

9. Guidelines for good occupational health practices have been produced and implemented in some Member States, and instruments for evaluating and auditing performance under such guidance have been developed. Further development of auditing and evaluation systems and the expansion of audit matrices to cover the most relevant aspects and prerequisites for the implementation of good occupational health practice is encouraged. Simpler and feasible guidelines should also be produced for use in the assessment of occupational health services for small-scale enterprises and for self-employed people.

10. Occupational health and safety management systems have been developed by the ILO and some countries. The Declaration of the WHO European Ministerial Conference on Health and Environment (London, June 1999) incorporated a statement on good practice in health, environment and safety management in enterprises. Practical ways to implement such systems at national and company levels are being developed with the parallel generation of appropriate indicator and validation systems. Practices feasible in different conditions and environments, such as companies of different sizes and various economic sectors (industry, services, public sector), are sought.

GP HESM (good practice in health, environment and safety management) in industrial and other enterprises is a multidisciplinary approach to promoting health and safety at work and minimizing the harmful effects of the workplace on the environment. GP HESM also deals with the impact of the workplace on the health of the neighbourhood, on the health effects and environmental impact of its products, and on preservation of the general environment. The integration of HESM functions into the overall management system of an enterprise should result in the effective and efficient promotion of GP HESM. It is the outcome of national and individual enterprise policies in the areas of health protection, promotion and surveillance at work, the promotion of a good working culture, the organization of work to be conducive to safety and health, and the provision of healthy and safe work and ambient environments.

11. As regards health promotion in relation to occupational health and safety, the first priority should be the basic needs and obligations in occupational health and safety. Health promotion activities can be carried out in parallel. The latter should never be a substitute for the former. The Meeting welcomed and encouraged the trend towards comprehensive content and growing collaboration between occupational health services and health promotion, which aimed ultimately at comprehensive development-oriented occupational health services covering all relevant aspects of prevention, promotion and development of a healthy company and a healthy workplace. Intersectoral collaboration between the responsible ministries is also needed.

12. As regards the prevention of hazards in high-risk groups and branches of industry, it should be borne in mind that some high-risk occupations and activities are not easily visible because of the latency of adverse health outcomes, such as occupational cancer and other chronic outcomes. Methods should be developed to weigh the priority targets in a balanced and effective way from the point of view of the total health of the working populations. Methods should also be developed to recognize the work-related but invisible or hidden health outcomes, such as stress-related somatic disorders and mental health problems related to work.
Human resources development

13. The changing working life needs different competencies and expertise in occupational health and safety so that new risks can be identified and recognized and new problems, such as stress-related disorders and work ability problems of aging workers, can be tackled. This is a challenge for training institutions and programmes targeted at occupational health and safety experts. Collaboration between various types of training institution and discipline is required to train a multidisciplinary team in up-to-date skills. Participants encouraged efforts towards the harmonization of training curricula and the assurance of the competence of experts.

14. Both employers and employees should be involved in increasing the awareness of new developments and new risks in the changing work environments. The participatory approach should be used to help employers and employees set health and safety targets in their enterprises and discuss them in collaboration with the occupational health service personnel. These target groups, together with experts who prefer to study by themselves, will have growing opportunities to use the self-learning services of telematic information networks such as the Baltic Sea Network.

In addition to training at the workplace, special elements should be added to vocational training in order to ensure and improve the working ability of future workers.

15. The Baltic Sea Network can provide substantial support in strengthening collaboration between training institutions and in providing substantive information to support the content of the training programmes. The Network can also be used to pass on information about training events.

Baltic Sea Network on Occupational Health and Safety

16. The Baltic Sea Network on Occupational Health and Safety was established over four years ago and was one of the first of its kind in Europe. The Network has developed positively covering the ten countries around the Baltic Sea and continuously accumulating relevant and up-to-date information from member institutions. Such information – being both general and highly specific in character – is actively transmitted and used by the expert communities around the Baltic Sea, and is providing growing support for daily action at national level. Being principally professional and scientific, the Network does not overlap with other networks, such as that of the European Agency for Safety and Health at Work, but rather complements and supports them.

17. It was a good idea to use the Network’s annual meetings (organized by WHO and the Member States) to follow up recent developments and to make long-term strategic plans for the Network’s activities, while technical aspects are dealt with by the biannual coordinators’ meetings arranged by the Finnish Institute of Occupational Health.

18. The recommendations of the 1998 annual meeting for the years 1999–2000 are being implemented. This Meeting endorsed the proposals for further development of the Network’s activities arising out of the coordinators’ meetings in March and September 1999.
19. Special attention was paid to the following issues:

- projects carried out at country level for the development of occupational health and safety data systems and development of registers on health and safety outcomes (to identify what is going on and who is doing what);
- a survey of the needs and feasibility of occupational health and safety information systems;
- further development of web-page contents to meet users’ growing needs for substantive information;
- support through information and telematic services for training and education programmes and information on forthcoming and available training opportunities;
- expansion of the Network in countries for users in research institutions, government bodies, expert communities, academia, occupational health and safety practices and nongovernmental organizations.

20. The Meeting noted with great satisfaction that the Baltic Sea Network had been linked operationally with a number of relevant networks, such as the European Network on Safety and Health at Work, ILO and WHO. The Meeting encouraged the continued linking of the Network, where appropriate, with other relevant networks in the fields of public health, environmental health, occupational health and safety, etc.

21. Members of the Network were encouraged to apply for funds from the EU TACIS, PHARE or other programmes for establishing national networks, since the Network is strongly facilitating the pre-accession and transition processes in central and eastern European countries.

Other matters

Participants thanked the National Institute for Working Life, Sweden, for its invitation to hold the sixth annual meeting in 2000 in Sweden. The agenda for the Stockholm meeting should include training in occupational health and safety. The representatives of Norway were asked to consider the possibility of arranging the 2001 annual meeting in their country.

The presentations of the Fifth Meeting would be published by the Federal Institute for Occupational Safety and Health, Berlin, and also on the Internet. The papers should be submitted to the Berlin Institute by 15 December 1999.
Thursday, 18 November 1999

08:30 Registration
09:00 Opening session
Welcome and opening addresses:
Professor Fritz Kochan, Director, Federal Institute for Occupational Safety and Health, Berlin
Dr Boguslaw Baranski, Regional Adviser, Occupational Health, WHO Regional Office for
Europe, European Centre for Environment and Health, Bilthoven Division
Representative of Ministry of Health, Germany
Representative of Ministry of Labour, Germany
Ms Suvi Lehtinen, Baltic Sea Network Coordinator, Institute of Occupational Health, Helsinki
Mr Pavan Baichoo, InFocus Programme on SafeWork, Labour Protection Department,
International Labour Office, Geneva

09:45 Election of officers
10:00 Coffee break

Mr Finn Sheye, European Agency for Safety and Health at Work

10:30 Information on the work of the WHO Regional Office for Europe – programme of work for
1999/2001
Dr Baranski, WHO Regional Office for Europe, European Centre for Environment and Health,
Bilthoven Division

10:45 The new InFocus Programme on SafeWork and the new elements of ILO work for 2000/2001
Mr Pavan Baichoo, International Labour Office, Geneva

11:00 Session I: Economic appraisal and incentives in occupational health and safety
(Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland, Russian Federation,
Sweden)

11:00 Introduction to economic appraisal and economic incentives in occupational health and safety
Mr Jos Mossink, TNO Work and Employment, Hoofddorp, The Netherlands

11:20 Economic incentives to improve work conditions in Poland as compared to solutions adopted in
some European countries
Mr Jan Rzepecki, Central Institute for Labour Protection, Warsaw, Poland

11:40 Economic appraisal and incentives in occupational health and safety in Norway
Dr Axel Wannag, Directorate of Labour Inspection, Oslo, Norway

12:00 Economic appraisal and incentives in occupational health and safety in Germany
Dr Karsten Stegemann, Federal Institute for Occupational Safety and Health, Dortmund, Germany
12:20 General discussion and short statements from participating institutions on economic appraisal and incentives in occupational health and safety

13:00 Lunch

14:00 Overview of progress by Chairperson

14:10 Working Groups: Economic appraisal in OHS (possibly two or three working groups)
Election of group chairmen and rapporteurs
1) Identification of objectives and forms of involvement of institutions participating in the Network in economic appraisal and incentives in occupational health and safety
2) What national information should be collected and presented on home pages of participating institutions
3) Potential joint activities of participating institutions: training and education, research, collection of case studies, others

16:10 Plenary session
Presentation of working groups on Baltic Sea Network, conclusions and recommendations on economic appraisal and incentives in OHS

16:40 Session II: Good practice in health, environment and safety management in enterprises

16:40 Introduction to good practice in health, environment and safety management in enterprises
Dr Baranski, WHO Regional Office for Europe, European Centre for Environment and Health, Bilthoven Division

17:00 Strategies for good practice in health and safety management in small scale industry in Germany – possible link with environmental management
Dr Brigitte Froneberg, Federal Institute for Occupational Safety and Health, Berlin

17:20 Good occupational health service in Norway
Dr Arve Lie, National Institute of Occupational Health, Oslo, Norway

17:40 Need for health and safety management standards in enterprises, possible link with environmental standards
Ms Riitta Viinnannen, Past President, International Occupational Hygiene Association, Fortum Oil and Gas OY, Porvoo, Finland

18:00 Closure of the session

Friday, 19 November 1999

09:00 Session II (cont’d): Good practice in health, environment and safety management in enterprises

09:00 European Forum of Enterprises for Health, Environment and Safety – a new initiative
Dr Gregor Breucker, National Federation of Company Health Insurance Funds, Essen, Germany

09:20 Approach to health, environment and safety performance in enterprises in Poland
Dr Jacek Michalak, Institute of Occupational Medicine, Lodz, Poland

09:40 Approach to health, environment and safety performance in enterprises in the Russian Federation
Dr Mikhail Mikheev, Medical Academy of Postgraduate Studies, St Petersburg, Russian Federation
10:00 Economic incentives for good practice in health and safety and the environment management in industry and other workplaces  
Ms Kirsten Jørgensen, Danish Working Environment Service, Copenhagen, Denmark

10:20 Overview of progress by Chairperson

10:25 Working Groups: Health, environment and safety in enterprises (possibly two working groups)  
Election of group chairmen and rapporteurs  
Topics to discuss:  
Need for national workshops with stakeholders to review and assess the effectiveness of national and local intersectoral policies and to initiate action encouraging enterprises to implement good practice in HESME  
Need for criteria and indicators to assess performance of HESME  
Need for national performance reviews on HESME  
Need for evaluation of quality and effectiveness of prevention services supporting different aspects of HESME  
Need for collection and dissemination examples of good practice in HESME  
Need for training employers and employees in implementation of HESME  
Need for networking and benchmarking of HESME performance between enterprises, including suppliers and contractors

12:30 Lunch

14:00 Plenary session: presentation of working groups on Baltic Sea Network conclusions and recommendations on HESME/HESPE

14:30 Session III: Telematic Information Network on Occupational Health and Safety among the countries around the Baltic Sea

14:35 Status report and perspectives for the Baltic Telematic Network  
Ms Suvi Lehtinen, Finnish Institute of Occupational Health, Helsinki

14:50 Present status of the Network in participating countries and possibilities for future development – country reports and views  
Presentations by representatives of: Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland, Russian Federation and Sweden.

16:00 Plenary discussion

17:00 Closure of the meeting
Annex 2

PARTICIPANTS

Temporary Advisers

Mr Alfred Brzozowski
   Head, Centre for Scientific Information and Promotion, Central Institute for Labour Protection, Warsaw, Poland

Mr Bo Dahlner
   Project Manager, National Institute for Working Life, Stockholm, Sweden

Dr Brigitte Fronenberg
   Head of Department, Federal Institute for Occupational Safety and Health, Berlin, Germany

Professor Maija Eglite
   Director, Institute of Occupational and Environmental Health, Medical Academy of Latvia, Riga, Latvia

Mrs Milvi Jānes
   Head, Working Environment Department, Ministry of Social Affairs, Tallinn, Estonia

Dr Remigijus Jankauskas
   Director, Occupational Medicine Centre, Institute of Hygiene, Vilnius, Lithuania

Mrs Kirsten Jørgensen (also representing EFILWC)
   Head of Department, Danish Working Environment Service, Copenhagen, Denmark

Mrs Gunborg Jungeteg
   Administrator, International Secretariat, National Institute for Working Life, Stockholm, Sweden

Professor Fritz Kochan (*Vice-Chairperson*)
   Director, Federal Institute for Occupational Safety and Health, Berlin, Germany

Dr Matti E. Lamberg
   Medical Counsellor, Ministry of Social Affairs and Health, Helsinki, Finland

Ms Suvi Lehtinen (*Rapporteur*)
   Head, Information and International Affairs Office, Finnish Institute of Occupational Health, Helsinki, Finland

Mr Arve Lie
   Senior Physician/Senior Adviser, National Institute of Occupational Health, Secretariat of Occupational Health Services, Oslo, Norway

Mr Viacheslav Loukachenkov
   Network Administrator, St Petersburg Medical Academy of Postgraduate Studies, St Petersburg, Russian Federation

Dr Jacek Michalak
   Nofer Institute of Occupational Medicine, Lodz, Poland
Dr M.I. Mikheev  
   Head, Toxicology and Chemical Safety Department, Medical Academy of Postgraduate Studies, St Petersburg, Russian Federation

Jos C.M. Mossink  
   Senior Adviser, TNO Work and Employment, Hoofddorp, The Netherlands

Eero Pertilä  
   Chairman, International Committee, Finnish Association of Industrial Medicine, Lahti, Finland

Professor Jorma Rantanen (Chairperson)  
   Director-General, Finnish Institute of Occupational Health, Helsinki, Finland

Mrs Ester Rünkla  
   Ministry of Social Affairs, Tallinn, Estonia

Mr Jan Rzepecki  
   Researcher, Department of Safety and Health Management, Central Institute for Labour Protection, Warsaw, Poland

Dr Catherine Schlombach  
   Federal Institute for Occupational Safety and Health, Berlin, Germany

Dr Karsten Stegemann, MPH  
   Federal Institute for Occupational Safety and Health, Dortmund, Germany

Dr Rainer Thiehoff  
   Federal Institute for Occupational Safety and Health, Dortmund, Germany

Dr Axel Wannag  
   H.M.S. Division, Directorate of Labour Inspection, Oslo, Norway

Ms Tatjana Zabarovska  
   Coordinator of Foreign Relations, State Labour Inspection, Riga, Latvia

Representatives of Other Organizations

*European Agency for Health and Safety at Work*

Mr Finn Sheye  
   Bilbao, Spain

*Foundation for the Improvement of Living and Working Conditions*

Represented by: Mrs Kirsten Jørgensen, Denmark

*International Labour Office*

Mr Pavan Baichoo  
   InFocus Programme on *SafeWork*, Labour Protection Department, Geneva
International Occupational Hygiene Association

Ms Riitta Viinanen
Past President, International Occupational Hygiene Association, IOHA, c/o Fortum Oil and Gas Oy,
Environment and Occupational Hygiene, Porvoo, Finland

WHO Regional Office for Europe

European Centre for Environment and Health, Bilthoven Division

Dr Boguslaw Baranski
Regional Adviser, Occupational Health

Secretariat
Ms Pratima Purnaiya
Secretary, Occupational Health
Annex 3

SUMMARY OF THE REPORTS OF THE WORKING GROUPS ON ECONOMIC APPRAISAL IN OCCUPATIONAL SAFETY AND HEALTH

All groups agreed that there is a need to develop methods for the evaluation of the economic impact of comprehensive occupational health and to use for it such measures as:

- productivity
- sick leave
- loss of working hours
- number of accidents and occupational diseases
- “suffering”
- insurance costs
- work ability.

The incentives mentioned were:

- reputation (e.g. child labour)
- insurance premiums
- reimbursement of services
- experts paid by the state in specific areas such as (in Finland) agriculture and construction
- fines and punishment
- quality certificates (ISO, EFQM)
- awards (best company, occupational health physician of the year, etc.).

The following national information should be included on the web pages of Network member institutions:

- national statistics concerning GNP
- structure of industry
- demographic structure of the work force
- unemployment rate
- value of material damage arising from accidents
- public health statistics
- data on occupational health services (coverage, who pays for the services)
- absence figures
- working days lost
- legislation relevant to design of economic appraisal models
- costs of national occupational health and safety structures
- training of employees and employers
- health and safety research activities
- prevention, rehabilitation, and insurance
- numbers of occupational accidents and occupational diseases
- list of projects carried out in the field of economic appraisal, and
- good examples of economic appraisal.

The potential areas for collaboration between Baltic Sea Network members include:

- education and information activities on economic appraisal through the web site;
- cooperation in international research programmes (e.g. V Framework Programme);
- exchange of information about case studies;
- links to home pages of other institutions;
• organization of virtual conferences;
• distance consultations;
• joint research projects on economic appraisal, quality, small and medium-sized enterprises, and surveys of good examples and transmission of knowledge about them;
• sharing research results, and
• insertion on the Internet of what is new in the field.
Annex 4

SUMMARY OF THE REPORTS OF THE WORKING GROUPS ON HEALTH, ENVIRONMENT AND SAFETY MANAGEMENT IN ENTERPRISES (HESME)

The success of the implementation of HESME depends on awareness of the HESME approach, ownership of the new approach, the commitment of all partners to implement it, and its integration into the total management system of the company. Networking and benchmarking are badly needed. To make these a reality, criteria and indicators, evaluation methodology and good examples of well functioning practices should be defined.

The working groups agreed that national or local workshops on HESME would be important mechanisms to involve all the stakeholders and partners such as employers, insurance companies, government representatives from different ministries, outside interests and research institutions in activities aimed at improving HESME. Such workshops would raise awareness of the holistic nature of health, environment and safety management at work, and provide a forum for employers, trade unions, insurance organizations and others to commit themselves to further involvement in HESME development and assessment. They would also demonstrate the major role and need for further broadening of the scope of occupational health services and professionals to achieve good practice in HESME. It remained to be decided who should take the initiative in a country, what would be the timetable, and what money should be used to organize such workshops. The coordination of activities is important. Legislation creates the basis for cooperation, so that there might, for example, be a permanent council on occupational safety and health, as in Sweden.

The working groups also agreed on the need to develop criteria and indicators of good practice covering occupational as well as lifestyle, environmental and social determinants of employees’ health. Such criteria should be based on international criteria and indicators to create comparability. Examples of criteria include:

- coverage, quality and effectiveness of the preventive services
- use of quality management systems and auditing
- strategic plans and procedures
- mortality and lifestyle indicators
- occupational exposure limits
- level of compliance with health and safety regulations
- collection of data showing HESME in practice
- proportion of enterprises demonstrating good practice in HESME (coverage).

Proper documentation of the various criteria and indicators was also important. National reviews of the status of health, environment and safety management in enterprises would be needed and an international auditing system could be established to evaluate the performance results, thus enabling comparisons to be made between various countries. This would also lead to the increasing exchange of information, which would also improve the further development of the performance of the enterprises and the countries.

There should be a balance between top-down and bottom-up activities to allocate full support to HESME activities. Networking should take place at both regional and local levels. The role of employers is central to practical implementation, because the London Declaration is an umbrella document. Enterprises should be grouped in bigger categories so as to target the necessary measures properly, and special attention should be paid to small and medium-sized enterprises. A list of good examples should be compiled to offer solutions that have worked in some enterprises. Existing networks should be used rather than new ones. Lessons learnt should be disseminated as widely as possible. The HESME approach does not require more work, just more knowledge. Training and education of all key actors are needed.