Developing means and indicators for monitoring progress and evaluating the impact of interventions on injuries and illnesses in agriculture

Eda Merisalu, MD, PhD

Prof. Ergonomics

Institute of Technology, Estonian University of Life Sciences, Estonia

SACURIMA workshop „Improving reporting of occupational diseases and promoting safety of agricultural production“ Milano, Clinica del Lavoro Devoto, 20.09.2019
Purpose and tasks of WG4

Aim
To develop means and indicators for monitoring and evaluating the impact of interventions on injuries and illnesses in agriculture

Tasks
- To find limitations and weaknesses of reporting and registration of WAs, WRDs and ODs in Eurostat and national levels.
- To complete the report and publish article based on the results of the survey.
- To work out the recommendations for policymakers to improve European and national statistics of WA, WRD and OD in agriculture.
Method and results

1. Analysis of WA statistics in agriculture based on Eurostat and national databases (2013) and to find weaknesses in the registries.


• E-questionnaire was sent to the participating countries (n=37) in June 2019.
  • Questions (15)
    - reference population, total numbers and incidence of NFA and FA; WRD and ODs in the agriculture (CAP), in the years 2013, 2015, 2017;
    - reporting, registration and compensation systems;
    - problems and obstacles of achieving correct national information systems.
Reference population in agriculture

- Italy: 1,512,000
- Portugal: 793,169
- Lithuania: 256,800
- Bosnia-Herzegovina: 144,000
- Netherlands: 116,000
- Finland: 59,187
- Estonia: 48,700
Incidence rate of non-fatal work accidents

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence of NFA, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
<td>6837</td>
</tr>
<tr>
<td>Italy</td>
<td>1810.3</td>
</tr>
<tr>
<td>Portugal</td>
<td>1800</td>
</tr>
<tr>
<td>Estonia</td>
<td>901</td>
</tr>
<tr>
<td>Romania</td>
<td>77.3</td>
</tr>
<tr>
<td>Lithuania</td>
<td>32.9</td>
</tr>
<tr>
<td>Netherlands</td>
<td>0.65</td>
</tr>
</tbody>
</table>
Incidence of fatal work accidents, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td>16.5</td>
</tr>
<tr>
<td>Romania</td>
<td>4.49</td>
</tr>
<tr>
<td>Estonia</td>
<td>4.1</td>
</tr>
<tr>
<td>Italy</td>
<td>3.76</td>
</tr>
<tr>
<td>Portugal</td>
<td>2.1</td>
</tr>
<tr>
<td>Netherlands</td>
<td>0.06</td>
</tr>
<tr>
<td>Finland</td>
<td>0</td>
</tr>
</tbody>
</table>
Incidence of occupational diseases, 2017

- Italy: 305.8
- Lithuania: 301.9
- Finland: 150
- Netherlands: 0.09
Summary

- Eight countries answered to the questionnaire: Finland, Netherland, Portugal, Lithuania, Romania, Bosnia-Herzegovina, Estonia, Italy.

Some differences in the results
- Finland concentrated to the statistics of self-employed workforce in CAP;
- Lithuania can report only serious NFA,
- WRDs are not registered Italy and Lithuania;
- Estonia – only general statistics of WA, WRD and OD publicly available; to get formal data the special subscription from LI or Health Board is needed.
- Lack of insurance system and good compensation system in Estonia.
- Lack of WRD and OD statistics in Portugal.
- Lack of whole statistics in Bosnia-Herzegovina.
Insurance system depending on employment contract
Reporting institutions and data collection systems

Bosnia-Herzegovina
- **Public Health Institute and Health Insurance Institute** collect the data.

Finland
- **Mela registers** and compensates these injuries and diseases.
- Some data are freely available in Internet and much more can be released for research purposes.

Italy
- **The National Insurance - INAIL** (Istituto Nazionale per l’Assicurazione contro gli Infortuni sul Lavoro).
- Reporters are physicians (mainly occupational physicians). Any doctor who diagnoses a WRD, has to report it to INAIL.
- Also, the reporters include general practitioners, hospital consultants, emergency doctors and physicians working for institutions of Patronage.
- There is only one INAIL official register WA and compensate OD.
- Other registers like the MALPROF collect surveillance data (ie. diseases of suspected occupational origin notified to local units, at county or city level, of the Italian National Health Service).
- Another example is the Italian register of mesotheliomas (RENM).
Reporting and data collection system

Lithuania

- **Hygiene institute, Department of Statistics of the Republic of Lithuania, State Labour Inspectorate.**
- The procedure for reporting ODs is described by the State Social Insurance Fund Board under the Ministry of Social Security and Labour (SODRA).
- The physicians report OD case to the State Labor Inspectorate.

Estonia

- **Labor Inspectorate (LI).**
- Employers report WA, and OH physicians reports WRD and OD to the Labor Inspectorate, and LI forward the data to the Health Board next year 01.03.
- **Estonian Statistics Centre collect WA statistics,** and submit the data to Eurostat (estimated numbers of LI and Working Condition Survey data).
Compensation mechanisms of WA and OD

- Finland (good practice)
  - Self-employed farming population must take a statutory pension insurance, a group life-insurance, and an accident insurance against occupational injuries and diseases.
  - This workers' compensation scheme is administered by the Farmers' Social Insurance Institution (Finnish acronym: Mela) and it covers both full-time and part-time farmers.
  - Work-related fatalities have become relatively rare in Finnish agriculture: about 5-10 cases per year including all persons involved in agriculture.
  - The exact annual number of fatalities neither has been nor is available. This information is divided between different insurance holders. Since these cases are few and easily identifiable, it is hard to get information regarding them.
  - Another issue is that data regarding the number of people in different person groups in Finnish agriculture and corresponding occupational injuries and diseases is divided between many different insurance holders and official record keepers.
  - Data regarding the self-employed farmers and their injuries and diseases is updated annually. The number of farm relief workers and hired regular and temporary labor force is not updated or available that well.
The main obstacles of reporting in the countries

- In the Netherland: Self-employed and family workers and flex workers don't have automatically access to an occupational health service. There is not a unique central point in the country to collect all data of WA.
- Romania: Eurostat has very limited data in the agricultural sector and Eurostat includes no data regarding OD in CAP.
- Estonia: Due to lack of the Insurance Act covering WA and OD distinct underreporting of WA, WRD and OD.
- Bosnia and Herzegovina: There is no institutionally developed occupational medicine, farmers are not covered by health protection and the principle of safety culture in the workplace, as are no other workers or employees in.
- Lithuania: There differences in statistics in the national registries: WA and OD are accounted in whole economic activity sector “Agriculture”, while occupational diseases “Agriculture, forestry and fisheries”.
- The data presentation is different in annual reports: one year the incidence rate for fatal accidents is given, while the next year – incidence rate of total accidents.
Preliminary recommendations for improvement of reporting and compensation systems

Eurostat

- Harmonizing the rules of reporting by EU countries
- Statistics of WA, WRD and OD could be reported by subsectors’ not in whole agriculture.

National level

- Correct reporting, registration and compensation system in agriculture need to be implented in EU countries and especially in the candidate countries;
- To make available the national statistics by the subsectors in agriculture;
- The compensation systems (governmental or private) for each country could be more stronger controlled by European Commission.
Thank you!