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**Riksförsäkringsverket (RFV), the Swedish National Social Insurance Board, has taken over the presidency of the European Forum from L'Association d'Assurance contre les Accidents in Luxembourg, at a time of accelerated change.**

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## Editorial

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Occupational injury insurances are facing a series of challenges at a time when patterns of disease are changing in line with the changes taking place in society and working life.

Several countries have already reformed their occupational injury insurances, while others are discussing changes of various kinds.

In Finland, for example, there is a discussion about whether the list of work-related diseases can be extended to include psychological and psychosomatic illnesses. This may be a sign of the changed pattern of disease and an adaptation of occupational injury insurances to this situation.

At the same time the European Commission is initiating a discussion about whether "services of general interest" and thus social security benefits should be defined at national or European level. This is a fundamental discussion with the potential of enormous repercussions for the Forum and its members.

Regardless of our attitude to this, we should bear in mind our common interest in satisfying in the best way we can the interests of those who are insured.

During the ten years that the Forum has been active, a lot of knowledge has been shared between its member countries with a view to bringing us closer to each other and learning from each other's legislation in the field of occupational in-

jury. Enormously important work is taking place in the various working groups, especially, but not exclusively, those working in the areas of prevention, occupational diseases, communications and issues concerning Council Regulation No. 1408/71. The working group that provides us with the Forum News is also making an important contribution to publicising important and interesting articles in the area of accidents at work and occupational diseases.

In addition to continuing the work on several topics already carried out during previous presidencies, the RFV will make it a major priority of its Forum year to continue working towards securing improved strategies for achieving health and safety at work.

The strength of the Forum has always been an approach to common issues from different angles, as defined by its different national backgrounds. Given the stronger "winds of change" affecting many social security and accident insurance schemes, common efforts to find adequate solutions are becoming even more important.

It is in this sense that I look forward to fruitful discussions with all members during the Forum Conference in Gothenburg on 4 – 5 December 2003.

**WELCOME TO SWEDEN!**  
**Siwert Gårdestig**  
**President of the European Forum**

# European Commission reaches out to define “services of general interest”, including social security benefits

**W**ith the publication of the Green Paper on “Services of General Interest” of 21 May 2003, the European Commission is putting forward a concept for discussion whose innovative character is intended to define Europe not only as an economic union, but also a common social area and give it concrete form. This approach emphasises the social responsibility of Europe in contrast to a purely economic alliance. As a component of an all-embracing concept of services of general interest, the Communication expressly mentions the healthcare system and social security benefits. Social security is therefore directly affected by the debate, in its capacity as a provisional institution for large parts of the population. Accident insurance schemes in Germany, Austria, France, Italy, Spain and other Forum countries may soon come under EC pressure.

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## The “hidden revolution” of the Green Paper

The Commission’s approach takes up two elements, which are mutually complementary.

- On the one hand, production and delivery of services of gen-

eral interest should, as far as possible, be carried out by commercial companies subject to competition; the role of the public authorities is limited to the regulation and management responsibility for the functioning of the services. To this extent, the Commission is reiterating its known positions.

- What is actually new is the level at which the public responsibility will be exercised. Although it is presented in question form, in effect, a shift in this responsibility to European level is being demanded. At the heart of this consideration is the concept of services of general European interest as a core component of a “European social model”, which guarantees these services irrespective of nationality and place of residence to all citizens in their capacity as citizens of the Union. The responsibility for the definition, quality rating and evaluation of the proper functioning of these services would, according to this concept, also be transferred to the European level.

Therefore, it remains to be established: if in effect, services of general interest at European level would be substantially controlled at European level, while the operational business would be carried out by commercial companies, guided by European market law. The member states would lose their management responsibility and would find themselves in the role of executing bodies.

One responsibility that would remain with the member states is that for financing the services. The Commission approach leaves no doubt that the concept of services of general interest derives its *raison d’être* from situations where the market alone cannot provide the necessary goods to all potential users in a comprehensive manner, at consistent quality and at a reasonable price. In one way or another, the services will have to be subsidised in the future, either partly or totally. To achieve this – if one continues to adopt the Commission’s approach – general budget resources will have to be used, since that process has the implicit advantage that, if correctly implemented, it involves the least interference with the operation of the market.

## Economic and non-economic services

One of the key questions in the Green Paper is question 7: “Is it necessary to further specify the criteria used to determine whether a service is of an economic or a non-economic nature? Should the situation of not-for-profit organisations and of organisations performing largely social functions be further clarified?” In fact, not only a clarification, but also a re-orientation of the criteria according to which services are classified as economic and non-economic is required. The definition of “economic activity” borrowed from the functional business term needs to be put in a more sophisticated context.

The social insurance organisations are also increasingly facing questions in relation to the European internal market and competition law. The monopoly of the Italian National Institute for Work Accidents was tested before the European Court of Justice which finally stated that INAIL is not an "enterprise" in the sense of European competition law, and that the Italian public accident insurance scheme is therefore in line with European law. In the Poucet and Pistre cases, the Court recognized in principle that compulsory social security systems do not exercise any "economic activity" due to their social character. However, the European Court of Justice, in its "Höfner" judgement, considered social security services as economic activities, when they were marketed in any number of member states.

Later, the European Court of Justice deemed voluntary social insurance of all kinds to be a service or economic activity, even if it was provided by an organisation that provides compulsory social insurance (most recently in the "Danner" case). And finally, a development in the law is emerging where even compulsory social insurance, where it includes the right to choose between various providers, is considered as an economic activity, even when the providers concerned are providing compulsory social insurance.

Hand in hand with this, there is growing pressure to consider demand-based activities by social insurance providers, who provide benefits in kind (typically treatment of illness, as well as professional training and integration), as economic activities.

Developments in the law, which have already occurred or where the trends can already be perceived, limit unnecessarily the social policy alternatives in deciding the form of social security. They compel the member states

to decide between the free market and state-organised obligation – politically motivated offers to join a compulsory system (partly or fully) voluntarily, fall under the same competition policy constraints as does the introduction of choice between institutions which are purely obligated to social goals. Equally, certain poten-

All of this is happening under the dominance in European law of the so-called "functional" concept of enterprise and economic activity. In this concept, it is not important whether the institutions concerned are acting commercially, i.e. with a profit motive, or whether they are bound by social goals. What is decisive is whether



photo: Kari Rissa

tial cost-savings and quality assurance measures that would benefit the insured community cannot be exploited even in these times of scarce public resources, as long as the bundling of demand of several social insurance providers or, in general, from public institutions of any kind comes under general suspicion of infringing European competition law.

they take part in market competition. This is largely confirmed if the activities concerned "could be" marketed. The global environment, focused on market integration and facilitation of trade means that more and more sectors are, in principle, capable of organisation by market forces. Along these lines, the Commission has emphasised on repeated occasions – most recently in the Green Pa-

per – that “the distinction between economic and non-economic activities has been dynamic and evolving, and in recent decades more and more activities have become of economic relevance”. This gives rise to growing pressure also to outsource the fulfilment of such public tasks that are partly or exclusively financed from public funds, at least when multinational commercial service providers have discovered this sector as a market. This shift not only has institutional consequences, but also has an impact on the definition, quality and price of the services – and by no means always to the advantage of the citizen. The decision on in-house provision of services, or outsourcing, therefore has to be taken on a case-by-case basis by those who are politically responsible on the national level but must not be laid down by European law.

The trend in legal developments outlined above is part of the inherent logic of the functional definition of “enterprise”, and cannot really be corrected without a fundamental re-orientation. Furthermore, it is not an isolated development, only restricted to the field of social insurance, but an interpretation of the treaty that affects all sectors of society. The best, and in itself most consistent solution would be to move away from the functional definition of “enterprise” – which is in any case not enshrined in the EC Treaty, but has only been interpreted into it by legal interpretation – and to move towards an institutional definition of “enterprise”. Then only

those players who are on the market with a private profit motive will be seen as businesses. This would exclude not only state bodies but also all institutions which bear the organisational responsibility on behalf of the state, or which – in the case of cooperative institutions set up under civil law – do not act with a profit motive or where any profits are reinvested in the provision of services of general interest and the social purposes for which they were set up.

The solution advocated here would once again reconcile the responsibility for goals, financing and the form of services in the interests of efficient and democratically-controlled fulfilment of public tasks; this includes the decision of whether and to what extent market mechanisms are used. Every member state can therefore take more far-reaching liberalisation measures, within their own area of responsibility, which are either all-embracing or built on a functional definition of a business in individual sectors.

## **A broad discussion needed: Services of general interest to be defined on the national or European level?**

“Hidden” in a Green Paper which at first sight does not seem to have any relation to social security, the European Commission

prepares a silent reversal of fundamental principles governing the competence of the member states and the EC in matters of social insurance so far. At present, the discussion of a shift of responsibility for the definition, design and evaluation of the services of general interest to the European level is difficult to understand. It is not apparent to what extent the European institutions would be better able than the institutions at member state level to guarantee the functioning of services of general interest. Therefore, no European added value can be discerned which could justify overriding/suspending the principle of subsidiarity. Even if one does not share this viewpoint, a broad discussion is needed, including the future sources of the financing of “services of general interest”, a topic not even addressed in the Commission’s Communication. ■

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# A new European list of occupational diseases

**The European Commission is calling on Member States to adopt a new list of occupational diseases and take the necessary measures to prevent them.**

The Commission has recently adopted a new recommendation concerning the European list of occupational diseases, updating the 1990 list. This list takes into account scientific and technical progress, which has led to a greater understanding of how certain diseases emerge and what causes them. The new recommendation also responds to the emphasis put on the prevention of occupational diseases in the "Community Strategy on Health and Safety at Work 2002-2006". Lastly, it emphasises aspects of the "collection and comparability of the data".

As a result, sixteen occupational diseases find their way into the new European list for the first time, amongst them carpal tunnel syndrome. Respiratory ailments caused by the inhalation of dust from cobalt, tin, barium and graphite dust, or lung cancer following the inhalation of asbestos



photo: Kari Rissa

dust, also appear in the new list. Indeed, pulmonary disorders have been identified as Europe's third most common (1) work-related health problem. Some diseases have been included in Appendix II of the recommendation, which defines a "complementary list of diseases suspected to be occupational in origin".

According to the European Commission, the Union's Member States had satisfactorily adopted

the 1990 list even though it was not mandatory. This new list might well therefore result in changes to the national lists.

(1) Statistics in brief: "Work-related health problems in the EU 1998-1999" (Eurostat) Recommendation of the European Commission published at the JOUE L 238/28 dated 25.9.2003

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## Opinion of the TUTB on the new recommendation

The European Trade Union Technical Bureau for Health and Safety is pleased that some of its proposals were accepted by the Commission's new recommendation on occupational diseases. These are: the indication of the gender of victims in national statistics; a request for the major involvement of public health authorities and medical personnel in announcements related to occupational disease; the inclusion of pathologies related to musculoskeletal disorders: carpal tunnel syndrome and three types of bursitis. On the other hand, the Bureau is "shocked" that cancers of the larynx that result from exposure to asbestos feature in Appendix II only and not in the list of occupational diseases. Another setback with regard to the proposals of the 2001 European Commission: pathologies of the spine caused by carrying heavy loads appear neither in the list, nor in Appendix II. In the TUTB's view, therefore, the overall outcome of the new recommendation is diluted.

Proposals made by trade union organisations on the recommendation project (December 2002):  
[www.etuc.org](http://www.etuc.org)

# Successful introduction or reform of an accident insurance system: INITIAL RESULTS FROM A GLOBAL SURVEY

**A**t the end of 2002, the Permanent Commission on Accident Insurance Technical Board of the International Social Security Association (ISSA) instituted a global survey designed to identify those factors critical to the introduction or reform of accident insurance systems.

Authorities were specifically contacted in those European, Asian, African and American countries which were known to have introduced new social security systems or to have reformed existing ones. Initial preliminary results have now been collated. They are based on responses experienced in the following countries: Bulgaria, Estonia, Latvia, Romania, Russia, China, Cambodia, Laos; Africa-Senegal, Zimbabwe, Gambia; North and South America – Argentina, Brazil, Mexico and Canada.

Although the survey sampling does not claim to be statistically representative, the amazing number of responses does tend to in-

dicade that there are indeed a series of factors, independent of national considerations, that are particularly important for success when introducing or reforming accident insurance systems. Based on a preliminary analysis of responses, the following factors are particularly significant:

1. Including and activating the social partner
2. Creating suitable administrative and social prerequisites
3. Creating structural potentials for instigating good-practice comparisons and the transfer of international know-how
4. Specialisation of the insurance system
5. Establishing differential premiums and flexible payments and – last but not least –
6. Integrating the preventative discipline and practices within the responsibilities of accident insurances.

Detailed results of this survey were presented for the first time at the technical conference of the ISSA in Limassol, Cyprus (26<sup>th</sup> –28<sup>th</sup> November 2003). Further presentations are planned in 2004. ■

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# New Workers' Compensation Act in Denmark



photo: Kari Rissa

**A**fter several years of discussion, the Danish Parliament has now passed an updated Workers' Compensation Act. The outcome of this Act is that more industrial injuries will be recognised and case processing will be quicker.

## More industrial injuries are recognised

Of course the Workers' Compensation Act must reflect the general view of what an industrial injury is, namely an injury caused by work. And a Workers' Compensation Act must also include injuries and diseases caused by years of physical wear and tear at work. These very basic requirements have for a long time been neglected by the legislation, and therefore the Act needed a thorough updating.

The new accident concept leads to the recognition of more industrial injuries. The accidents at work that are turned down today, on the grounds of the absence of any unusual or unexpected incident, will qualify in future. This would include, for instance, a health care worker who hurt her back as she lifted a patient. Or a nurse who sustained a back injury as she tried to catch a patient who was about to fall. Or a driver who sustained a knee injury as he jumped down from the footboard of his lorry. These are all industrial injuries, and with the

introduction of the new accident concept they will be recognised as such.

It will also be easier to obtain recognition for occupational diseases. In particular in the occupations dominated by women, such as cleaning and health care, there are problems of physical wear and tear. Therefore, diseases caused by physical wear and tear at work will also qualify as industrial injuries. To ensure this, the documentation requirements will be modified so that the strict medical and scientific documentation is no longer required. The requirement merely is that there must be medical documentation of a correlation between the work and the disease.

## Quicker case processing and wider scope of Act

Not only will the new Act make it possible to recognise more industrial injuries. It will also be quicker. The new Workers' Compensation Act states that the case processing time must be reduced, so that a

case will usually be decided within a year. Today it can take up to two years. The case processing time will i.a. be reduced by allocating extra resources to the National Board of Industrial Injuries.

The new Workers' Compensation Act will also cover a wider scope of persons than did the old Act. Self-employed people and their assisting spouses can elect in future to be covered by the Workers' Compensation Act. Thus self-employed people and their spouses get the same entitlements as their employees if they choose to do so.

## The cost is split

Someone has to foot the bill, of course, when more accidents at work and industrial injuries are recognised in future, and when the process has to be quicker. The reform is going to cost DKK 580 million a year.

The public and private employers will only have to pay half the cost. It has been a fundamental principle that employers should not carry the cost alone. The other half of the cost will be financed by the

so-called commutation amount. The commutation amount was introduced back in the seventies and grants compensation for loss of income until the 69th birthday. Today most people retire from the labour market already at the age of 61, and therefore the legislation was out of touch with reality. Thus the commutation amount will be cut off the last four years so that people now get compensation until the age of 65, which is also the age for receiving an old age pension.

The new Act will apply to accidents at work occurring after 1<sup>st</sup> January 2004 and occupational diseases reported after 1<sup>st</sup> January 2005. ■

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# Mental disorders as occupational diseases – no changes in Finland

**A mental disorder can be compensated through the Finnish statutory accident insurance either as a consequence of an occupational accident or as an occupational disease resulting from a chemical factor at work.**

## Occupational accident Occupational disease

Mental disorders, such as stress reactions, can be compensated as a result of an occupational accident. The accident refers to a sudden, unexpected event caused by an external factor taking place irrespective of the insured person's will and causing him a physical or mental injury or disease.

By an occupational disease is meant a disease which is probably primarily due to physical, chemical or biological factors associated with work done during a period of employment. A disease caused by psychic or social factors at work is not compensated as occupational disease according to the occupational disease legislation.

## The criteria of occupational disease diagnostics

The occupational disease diagnostic is based on a two-step causal relationship: the first aspect that has to be clarified is the general

causal relationship between the exposure and the disease, i.e. whether or not such (physical, chemical, biological) exposure mentioned in the legislation can cause the disease in the first place. Secondly, the connection between the said exposure and the disease will be determined, through individual diagnostic methods, in the work of the employee. As regards the exposure/disease pairs mentioned in the Occupational Disease Statute (the so-called list of occupational diseases), the first-level causal relationship has been established when the exposure/disease pair has been recognised and included in the Statute.

## A working group pondered psychic factors

The Ministry of Social Affairs and Health set up a working group comprising members of social partners, the Ministry, the insurance branch and independent medical experts. The task of the working group was to clarify whether or not a psychic factor related to work or the work environment could constitute the basis for occupational disease compensation. The work was concluded in summer 2003.

## Conclusions of the group

The group was unanimous in finding that, at present, there is insufficient evidence to include psychic or psychological factors in occupational disease legislation and to recognise mental disorders caused by psychic or psychological factor at work as occupational diseases.

The working group points out that the impact of psychological strain and mental disorders on work has been increasing. However, there is no unambiguous scientific evidence of the causal relationship between a specific, clearly definable work-related strain factor and individually diagnosable mental disorder. However, according to research results, at group level there might be a recognisable connection between work-related strain factors and mental symptoms.

When the compensability of occupational diseases is considered, the two-step causal relationship criteria of occupational disease diagnostics must be satisfied both at the general and the individual level. In fact, the report states that the group level knowledge of the connection between exposure and disease is often sufficient for prevention purposes but not for insurance compensation purposes.

If mental disorders were compensated in accordance with the Occupational Disease Act problems would arise due to the currently inadequate medical knowledge of causal relationships and to the



photo: ??????

undeveloped methods of measuring psychological strain objectively at individual level. The descriptive nature of psychiatric diagnoses might also add to these problems.

### What to anticipate in the future?

The group pointed out that, since current knowledge is still insufficient, it is necessary to develop

methods to measure mental strain at work and to engage in further research on the connection between work-related mental strain factors and mental disorders. Research should also focus on the impacts of prolonged psychological strain situations. ■

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# Spain: A better protection of the self-employed workers against the occupational hazards

**I**n December 2002, an important legislative innovation was made into Spain's Social Security statutes: the possibility for the self-employed workers of extending their protection against the occupational hazards within the framework of their Special Regime Social Security.

In a voluntary way, the self-employed workers can thus insure themselves against the work accidents and the occupational diseases near the organization – and only this one – which already covers them against the disability in the event of disease, the publicly-funded Management Body or the Mutual Association of Insurance Against Accident at Work and Occupational Diseases. The self-employed workers are able thus to obtain the same compensation as those under the General System.

The law envisaged a specific charge introduced by a Royal Decree, which classifies the self-employed workers by economic activities. The 7 categories in which this load is integrated go from 1,20 % to 8,95 % of the base of calculation used.

The application of this new law, which contributes to establish a greater approximation between the General System and the different Specific Regimes, still depends on the adoption of decrees which will develop this measure. ■

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## Safe leisure activities – a strategy which pays dividends

**S**wiss companies which not only deal with accident prevention at the workplace, but also attach great importance to the issue of safety during leisure activities report fewer accidents away from work. This is revealed by a Suva survey.

The number of leisure accidents in Switzerland outstripped the number of occupational accidents several years ago. In 2002, 245,000 leisure accidents and 185,000 occupational accidents were reported. Contrary to the view taken by many businesses, active promotion of accident prevention in leisure time can achieve sustained success without affecting individual freedom.

Since 1998, Suva has therefore been advising major companies on leisure safety whenever it is asked to do so. Alongside individual advice, special tools and modules on a range of topics are available. Personnel can for instance use these modules to test their fitness or measure the forces which are exerted on the joints during a jump.

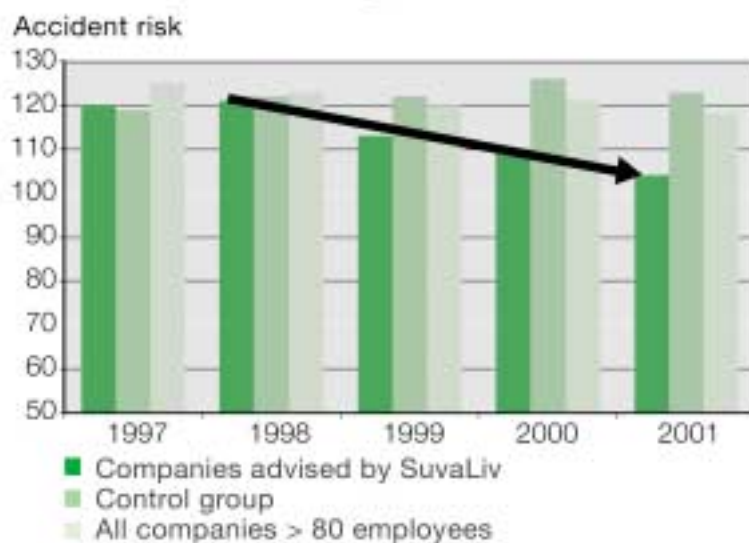
### Significant reduction

Evaluation of statistical data for accidents has now proved that the 40 or so companies with a total of 25,000 employees which have received advice so far are able to report a significant decline

in the number of leisure activity accidents by comparison with a control group of companies of the same size and in the same branch. Within the four-year period, leisure accidents reported by the first group of companies fell from 120 per 1000 employees to 104 (a reduction of more than 13%), while the control group showed a rise of 3% (see chart). The reduction of leisure accidents proves that leisure safety projects have paid dividends for the companies concerned. In 2001, they saved an estimated 3.4 million euros in direct and indirect costs by comparison with 1998.

But Suva is not just available to assist large companies in the area of leisure safety. A range of services are also available for small and medium-sized businesses. These include a self-test on the suva homepage ([www.suva.ch](http://www.suva.ch)). ■

**Frequency of NOA per 1000 employees in companies advised/not advised by SuvaLiv (from 1998)**



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## Cooperation with the Swiss Football League

Football is one of the most accident-prone sports in Switzerland. Suva records around 25,000 accidents every year which cost roughly 55 million euros. Because of these figures, the Swiss Football League (SFV) and Suva have recently begun to work together. Their shared aim is to promote fair football matches by awarding a Fair Play Trophy; this will ultimately cut the number of accidents and costs. All the associations with teams in the regional Active, Senior Citizens and Veterans Championships, as well as the Women's Football Leagues, will be taking part in the Fair Play Trophy. This Trophy will be awarded to associations which make special efforts to promote fair play and so help to cut the frequency of accidents. Valuable cash prizes will go to the five top-ranking teams at the end of the season.

## Spain: prevention activities by mutuas

**In August 2003 the Social Security General Plan for Prevention Activities was approved in Spain. It establishes the guidelines to be followed by the Mutual Associations for Work-Related Accidents (Mutuas) in connection with the prevention activity they conduct within the scope of Social Security coverage for the period 2003-2005. The new plan incorporates the agreements adopted in December 2002 by the Social partners and is basically aimed at small companies (up to 50 workers) and self-employed workers.**

This reference to the General Plan allows us to remember the double activity of prevention carried out by Mutuas. On the one hand, these are the prevention activities that have traditionally been developed within the scope of Social Security coverage (in accordance with the entire

treatment of professional risks). This comprises the execution of general preventive actions covered by contributions paid by members to the Social Security for Mutuas (destined for Mutuas). With these prevention activities Mutuas are making a decisive contribution to the promotion of the culture of prevention in Spanish companies.

On the other hand, since 1995, Mutuas also carry out prevention activities acting as an External Prevention Service for their member companies. The Spanish Prevention Act established for companies the possibility of contracting prevention actions to an institution outside the company, referred to as an "External Prevention Service". It also gave Mutuas the capacity to obtain accreditation as such a service in order to carry out the functions corresponding to these external services for their associated companies.

This second prevention-related activity performed outside the scope of Social Security coverage comprises certain specific actions rendered by means of the corresponding economic benefit. The quality of the services provided and the specialization of professional staff have contributed to a considerable increase in the number of contracts signed between companies and Mutuas, from 8,232 contracts in 1998 to 136,919 in 2002. ■

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# Publications

**Eurogip, Caisse Nationale de l'Assurance Maladie (publisher). Day of reflection on occupational diseases 7<sup>th</sup> December 2001 in Paris – Acts. Paris: Eurogip 2003, 19 A4 pages.**

Occupational diseases as viewed from a European angle constitute one of the areas Eurogip Paris is currently working on. After four pertinent publications in 2002 the institute has now presented (see Forum News No 20 – 08/2003, pages 11–14) the proceedings it organised in December 2001 noted above, in collaboration with French forum member CNAM (in French only). After drawing up an overview of commonalities and differences in compensation systems for occupational diseases in Europe, the members of the occupational disease forum working group tackled the following issues: Acknowledgement and compensation: what non-occupational factors should be taken into account? Compensation and prevention: what methods, and how efficient are they? Once again the answers emanating from the two round table discussions illustrate the variation in the arrangements of national systems and just how far “Europe” still is from a common solution with regard to this; they nevertheless also represent another step towards practical (and very exciting) convergence. ■

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**GVG (ed.). Social Protection in the Candidate Countries. Country Studies. Schriftenreihe der GVG, vol. 40-43. Berlin: Akademische Verlagsgesellschaft 2003. Orders to GVG, Hansaring 43, 50670 Köln, Germany, fax +49-2.21-91.28.67-9.**

On behalf of the European Commission, the Gesellschaft für Versicherungswissenschaft und -gestaltung (GVG), Cologne, conducted a study analysing the social protection systems in the 13 candidate countries. The country studies, published in four volumes in English, analyse the pension systems, the health care systems, and the area of poverty and social exclusion, and discuss the challenges of joining the EU. Accident insurance schemes are mentioned or summarized only very concisely in the chapter “Overview on the Social Protection System”. Notwithstanding this the volumes are of interest also for experts in accident insurance as they i.a. present up-to-date information on “Economic, Financial, Social and Demographic Indicators”. Furthermore the described schemes set the framework necessary to understand the role played by an accident insurance scheme within its national overall social security system. ■

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For more information see also the website: [http://www.gvg-koeln.de/index\\_english.html](http://www.gvg-koeln.de/index_english.html)

**“CÓDIGO DE MUTUAS” (Legal Code for Mutual Associations) – AMAT-INSTITUTO FORMUTUA. Madrid (Spain), September 2003.**

This is a structured compilation of statutes and regulations applicable to Mutual Associations for work-related accidents as institutions collaborating with the Social Security in Spain in the management of insurance against occupational injuries. This is of great interest for experts and those studying European Social Security systems as it contains the main norms regulating the legal regime for collaboration with these institutions, the benefits they handle and the rules regulating their prevention activities. The inter-relation between the texts, by means of a concordance, as well as the other marginal notes provided make it easier for readers to analyze the provisions included and allow practical answers to be obtained for problems associated with their application.

Available in English only

To purchase or update copies, please refer to [www.amat.es](http://www.amat.es) ■

# Meetings

## European Conference of the TUTB "Joint OSH Strategy for the Enlarged Europe"

30 – 31 JANUARY 2004  
BRUSSELS  
BELGIUM

Contact:  
N. Benchaya  
ETUC  
Bd du Roi Albert II, 5  
1210 Brussels, Belgium  
tel: +32 2 224 05 84  
fax: +32 2 224 05 61  
e-mail: nbenchay@etuc.org

## Meeting of the European Forum

3 – 4 JUNE 2004  
STOCKHOLM  
SWEDEN

Contact:  
Therese Lidman  
National Social Insurance Board  
103 51 Stockholm, SWEDEN  
tel: +46 8 786 9836  
fax: +46 8 786 9685  
e-mail: therese.lidman@rfv.sfa.se

## 7<sup>th</sup> World Congress on Injury Prevention and Safety Promotion

6 – 9 JUNE 2004  
VIENNA  
AUSTRIA

Contact:  
Institut Sicher Leben  
tel: +43 1 715 66 44 232  
e-mail: safety2004@sicherleben.at  
www.safety2004.info

## 8<sup>th</sup> Congress of the European Federation for Research in Rehabilitation "Rehabilitation Sciences in the New Millenium"

13 – 17 JUNE 2004  
LJUBLJANA  
SLOVENIA

Contact:  
Cankarjev Dom  
tel: 386 1 24 17 134  
e-mail: gorazd.cad@cd-cc.si

## Rehabilitation International 2004 World Congress "Rethinking Rehabilitation"

21 – 24 JUNE 2004  
OSLO  
NORWAY

Contact:  
P.O. Box 9222 Gronland  
0134 Oslo, Norway  
e-mail: post@ri-norway.no

## General Assembly of the International Social Security Association

12 – 18 SEPTEMBER 2004  
BEIJING

Contact:  
International Social Security  
Association  
4, route des Morillons  
case postale 1  
CH-1211 Genève 22  
fax: +41 22 799 8509  
e-mail: issa-ag04@ilo.org

## Second International Forum on Disability Management "Disability Management works"

13 – 15 SEPTEMBER 2004  
AMSTERDAM  
NETHERLANDS

Contact:  
TNO Arbeid  
(TNO Work & Employment)  
P.O. Box 718  
2130 AS Hoofddorp;  
The Netherlands  
tel: +31 (0)23 5549944  
www.ifdm.nl

## 6<sup>th</sup> International Congress on Work Injuries Prevention, Rehabilitation and Workers Compensation (WORKCONGRESS6)

30 NOVEMBER –  
3 DECEMBER 2004  
ROME  
ITALY

Contact:  
WorkCongress6 Secretariat  
INAIL  
Piazzale Giulio Pastore 6  
I-00144 Rome  
tel:  
+39 (06) 5487 2115/5607/ 5608  
e-mail:  
secretariat@workcongress6.org  
Internet:  
http://www.workcongress6.org/