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REVISED EUROPEAN SOCIAL CHARTER

Comments from the Central Organisation
of Finnish Trade Unions (SAK)
on the
4th National Report on the implementation of
the European Social Charter (revised)

submitted by

THE GOVERNMENT OF FINLAND

(Articles 3, 11, 12, 13, 14, 23 and 30
for the period 01/01/2005 – 31/12/2007)

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CYCLE 2009

Central Organisation of Finnish Trade Unions SAK

Statement

30 January 2009

Ministry for Foreign Affairs
BP 176
00023 Government

Your request for a statement of 17 December 2008

Revised European Social Charter; Finland's 4th Periodic Report

As a statement requested, the Central Organisation of Finnish Trade Unions SAK states the following

Article 3: THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

Article 3, para.1: Safety and health regulations

The legislation on occupational safety and occupational health care has been reformed in recent years, and, as such, it is up-to-date. A strategy for occupational health and safety has set as its goal the reduction of occupational accidents and diseases and the reduction of the number of sick days due to ailments other than occupational diseases, and the promotion of occupational and functional capacity. However, all through 2005-2006-2007, occupational accidents have been on a constant increase. This speaks for a gap between strategies and real life.

In Finland, there are 240 000 jobs, and occupational safety authorities conduct about 20 000 workplace inspections every year. This infers that occupational safety authorities visit most workplaces less often than once in ten years. Consequently, the Central Organisation of Finnish Trade Unions considers that workplaces have only limited possibilities to gain support by occupational safety authorities in their efforts to improve occupational safety.

The majority of Finnish companies are small, with fewer than 10 employees. These workplaces are not obligated by law to select an occupational safety delegate. Out of the work places which do have a delegate, the majority of them have not received appropriate occupational safety training. Further, the Central Organisation wishes to attract attention to the fact that employers' representatives in charge of occupational safety are not required to have any kind of occupational safety training in Finland. This is a clear shortcoming.

Based on the above, strong suspicion arises as to how well laws and decrees in force have been adopted and applied in workplaces in a situation where supervision by authorities is not adequate and the level of knowledge in workplaces remains lacking, too.

Arcticle 3, para. 4: Occupational health services

The Occupational Health Care Act obligates all employers in Finland to organise occupational health care services for their employees. In addition, entrepreneurs (e.g. farmers) have access to occupational health care services. By international standards, the Finnish occupational health care system is rather large coverage and mostly well functioning. However, it is worth noting that 10- 16 % of empolyees do not have access to occupational health care services. Those who remain outside their scope tend to be employees hired on short-term employment contrats, workers in transport-related jobs or hired workers. In addition, small companies fail to organise occupational health care services more often than big employers. According to studies, hired employees tend to be victims of accidents more often than permanent workers performing corresponding work. In the view of the Central Organisation of Finnish Trade Unions, achieving a wider-coverage service system should be set as a goal. Unfortunately, due to the scarce inspection visits by occupational safety authorities, the supervision of the responsibility of organising access to such services is deficient. In addition, the Organisation wishes to attract attention to the fact that even if goals regarding the contents of such services have been written down in the Occupation Health Care Act, there are considerable differences in the quality of services between units providing occupational health care. The occupational safety authorities do not supervise the contents of occupational health care services, either.

ARTICLE 11: THE RIGHT TO PROTECTION OF HEALTH

Article 11, para. 1: Removal of causes of ill-health

Legislative amendments which provided for access to treatment within a given time limit for non-emergency care have considerably improved the position of patients and shortened waiting times for examinations and treatment. The improvement must be embraced even if access to treatment within a set time limit is still not realised in all cases.

Instructions regarding access to non-emergency care were prepared in parallel with the legislative reforms. These instructions on access to treatment have made care practices more uniform in the public sector health care. However, the care access criteria for certain diseases are looser in the private than in the public sector which may result in inappropriate use of health services.

As stated in Finland's Periodic Report, the number of the health care personnel has grown rapidly. In case need for personnel keeps growing at an equivalent rate in the coming years, we will be facing a shortage of trained personnel. Efforts have been made to gap up the shortage by hiring temporary rental workforce. In such a situation, a care relationship cannot become a lasting one, and the quality of care suffers. The Central Organisation considers it somewhat problematic that rather many doctors working in the public sector also work in the private sector. This may have an effect on patient follow-up and care as well as managing flows of patients.

Article 11, para.2: School health care

The Central Organisation of Finnish Trade Unions thinks it is good that quality recommendations have been set for school health care to supervise the contents of school health care at the national level. Work aimed at narrowing down differencies in the state of health between population groups should be started as early as in school health care.

Article 11, para. 3: Prevention of diseases

The Policy Programme on Health Promotion included in the Government Programme of Prime Minister Matti Vanhanen's second Cabinet has a comprehensive approach to the important field of the prevention of diseases and the promotion of health. The ambitious goal of the Programme is to incorporate health into all decision making. However, currently, the

recommendation for incorporating health is only seldom seen to be implemented in municipal decision making. Therefore, national-level instruction, support and supervision are still called for.

Considerable improvement has taken place in many aspects in the state of health of the population during past decades. On the other hand, new challenges have emerged. Obesity is gaining ground among the population, and the share of disability pensions due to depression has been on a rapid increase. At the level of the population, depression does not seem to have increased even if disability to work resulting from it has gone up. A project entitled Masto to prevent depression-related disability to work has been launched. The Organisation considers the project important and underscores the impact of growing requirements posed in the working life on the increase of disability to work.

The consumption of alcohol has gone up, and deaths caused by alcohol have become the number one cause of death for the population in working age. At least 500 000 Finns have been estimated to be heavy consumers of alcohol. The means available to health care are not sufficient for fighting ill-health and mortality due to alcohol; instead, what is called for is an increase in the prices of alcoholic beverages by means of taxation.

ARTICLE 30. THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

Even if not many people are estimated to suffer from absolute poverty in Finland by global estimations, there are, however over 700 00 people who suffer from relative poverty in Finland, and their share has not ceased to grow. During the past ten years, differencies in the levels of income have kept growing in Finland, and this may explain part of the increase in relative poverty. In particular, the unemployed are exposed to poverty. They become excluded from organised occupational health care. It is important to keep looking after their health systematically to maintain their working and functional capacity. According to pilot studies, the results have been encouraging.

Poverty is a complex phenomenon and it is important to assess it with several types of measures. For example, differencies in the state of health of the population are linked with poverty and social position. For example, if poverty is measured by the life expectancy for 35 year-old males, life expectancy for higher clerical employees can be concluded to be 6,1 years higher than that for employees. During the past twenty years, the difference in the life expectancy has increased by about a year. As for the use of health care services, a linkage to social position can also be discerned. The use of health care services is not divided among the population solely according to need but also according to social position and the level of income.

The Central Organisation of Finnish Trade Unions considers that a high level of employment and people's possibilities to be employed work effectively towards preventing poverty. On the other hand, it must be seen to that people who already have fallen outside the labour market are guaranteed sufficient social security. Actors in the third sector, for example various associations and organisations can contribute to the alleviation of the problems arising from poverty for example by providing food, housing the homeless and providing debt counselling. The State and the municipalities carry, however, the ultimate responsibility for the protection against poverty and prevention of exclusion.

ARTICLE 12 Page 20, para.3:

Since January 2007, the pension insurance of private sector employees (seamen are not included, they have their own pension pact) falls under one single Employees Pensions Act...

Central Organisation of Finnish Trade Unions