

**Netherlands Center for  
Occupational Diseases**



## **OHS in The Netherlands**

*EUMS, section OM, Eindhoven 24-4-2010*

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## History of OHS in the Netherlands

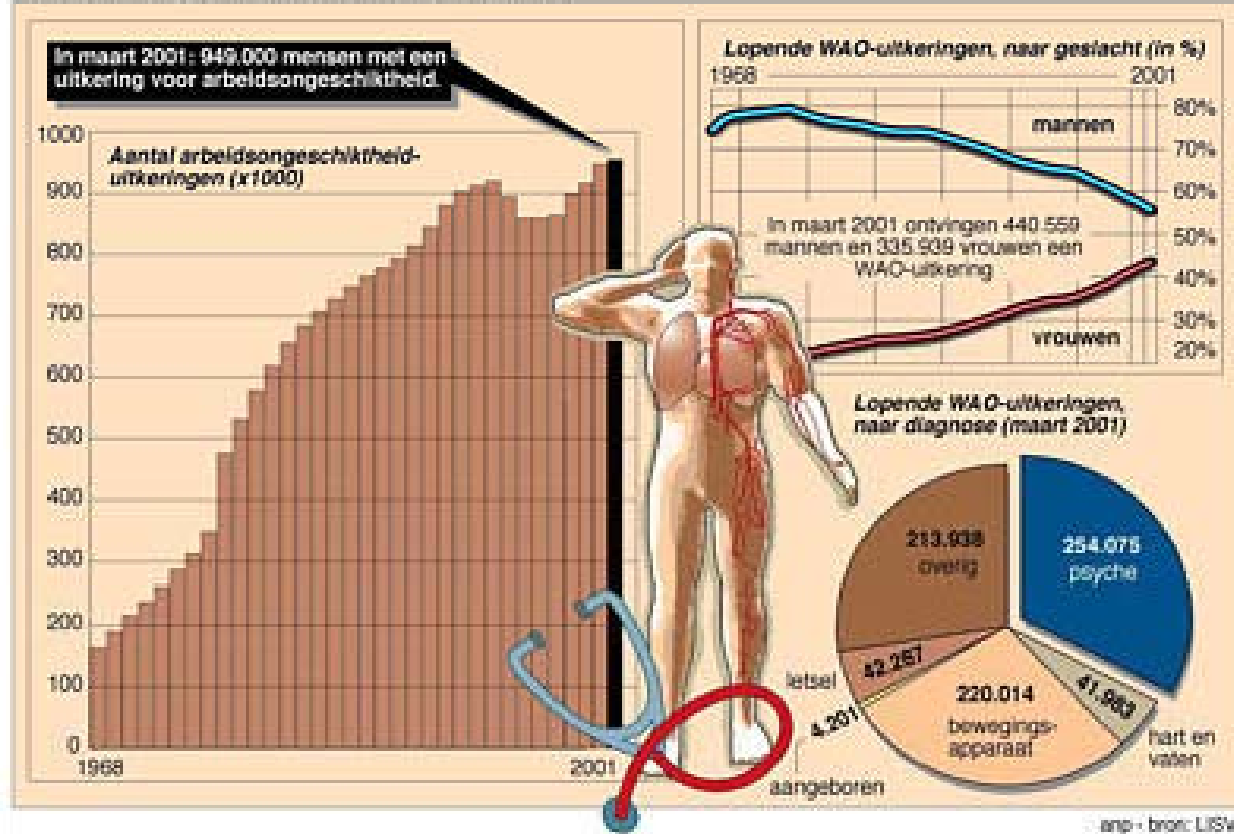
- Combatting excesses (till 1900)
- Scientific founding and standardization (1900-1945)
- Human wellbeing as core concept (1945-1994)
- Commercial OHS (after 1994)



## OHS after 1945

- 1945-1959: recognition and institutionalization
- 1959-1971: consolidation, looking for a new role
- 1971-1981: preparing complete OH-care
- 1981-1994: quality of labour
- 1994-2006(?): commercial OHS, sickness absence as core concept, OHS for all
- > 2006: sickness absence less dominant, looking for new services, advances to curative care

## Arbeidsongeschiktheid in Nederland



## Paradigm shift in OHS

From preventive services to sickness  
absence control



## Consequences for OHS

- Shift from prevention to sickness absence guidance & control
- Commercial OHS, guided market (legal obligation to purchase services)
- Nearly complete coverage
- Increase of number of OP's
- A few big national OHS, many small OHS (competitive market, mainly price competition)

## Considerations

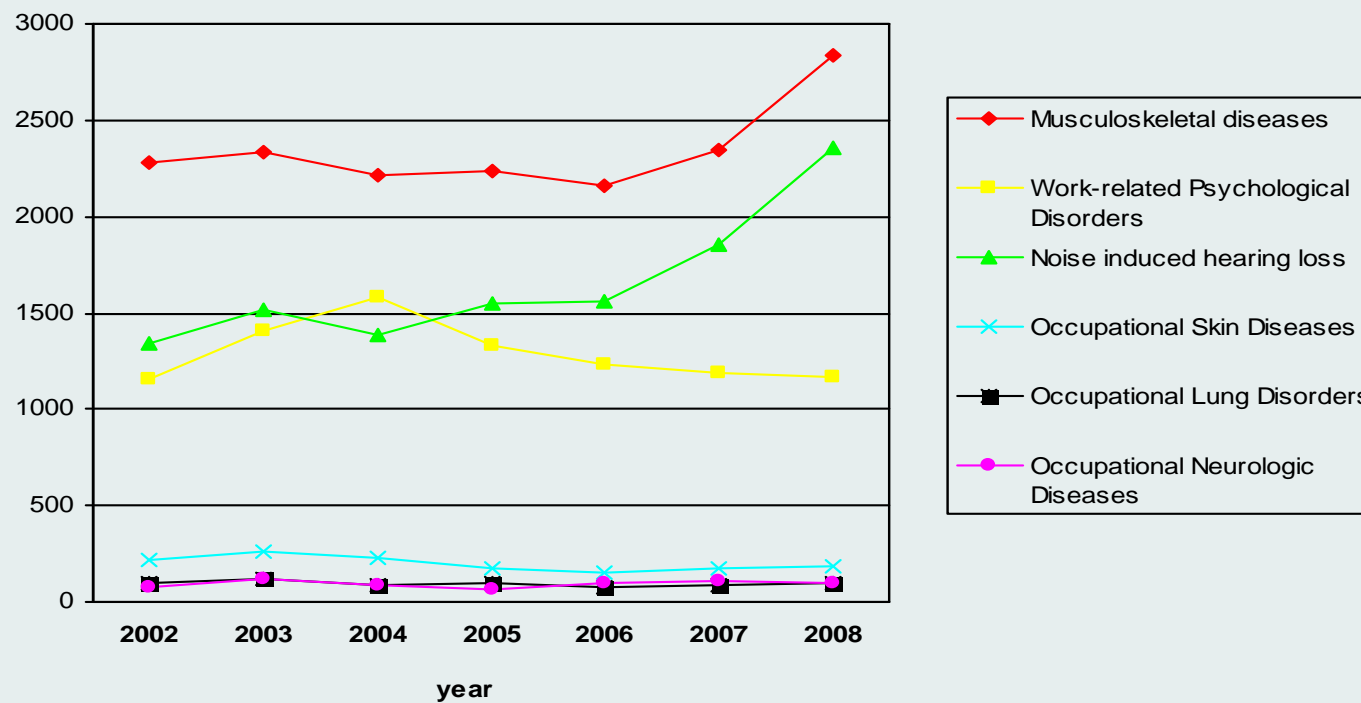
### Advantages

- Decrease of sickness absence and disability pensions
- Professional development: e.g. Quality Office for professional guidelines
- Collaboration with curative care on the agenda
- Nearly complete coverage of OHS

### Disadvantages

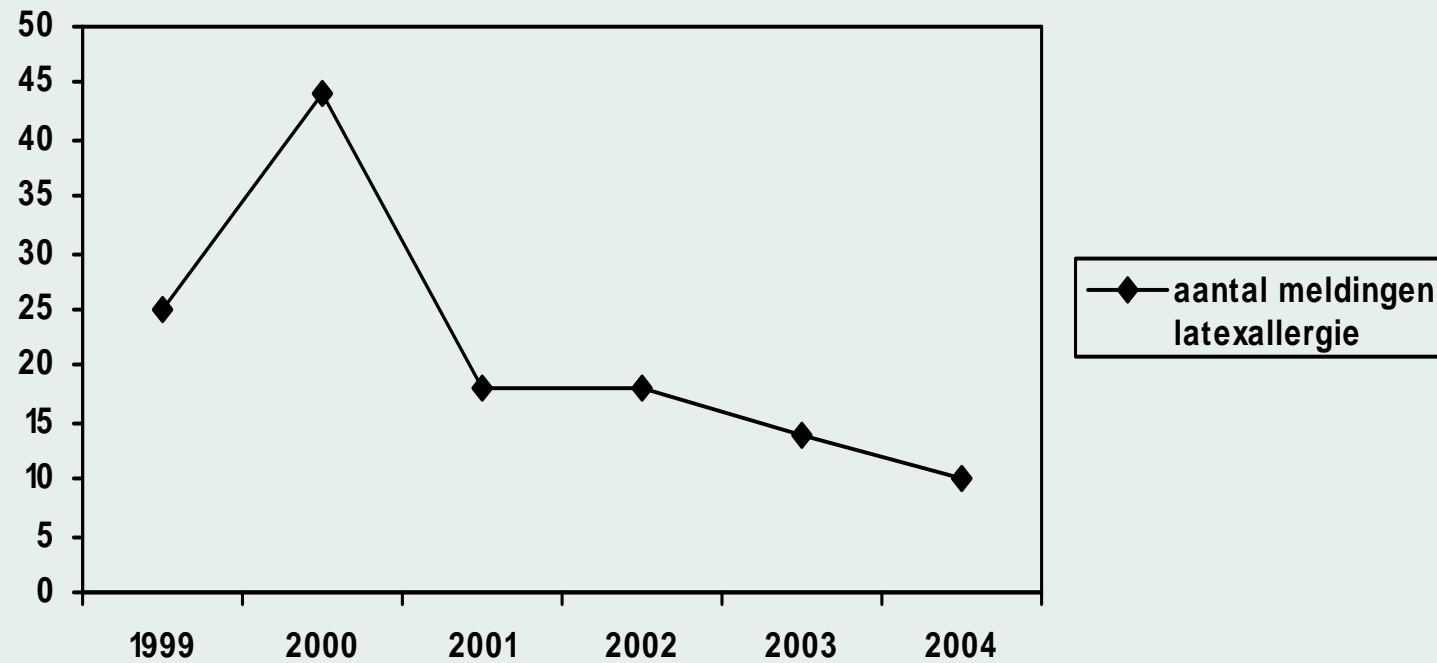
- Less preventive services
- In general lower quality of OHS
- Less trust in occupational physicians, negative image

## Trends in Occupational Diseases. Notification figures The Netherlands 2002- 2008

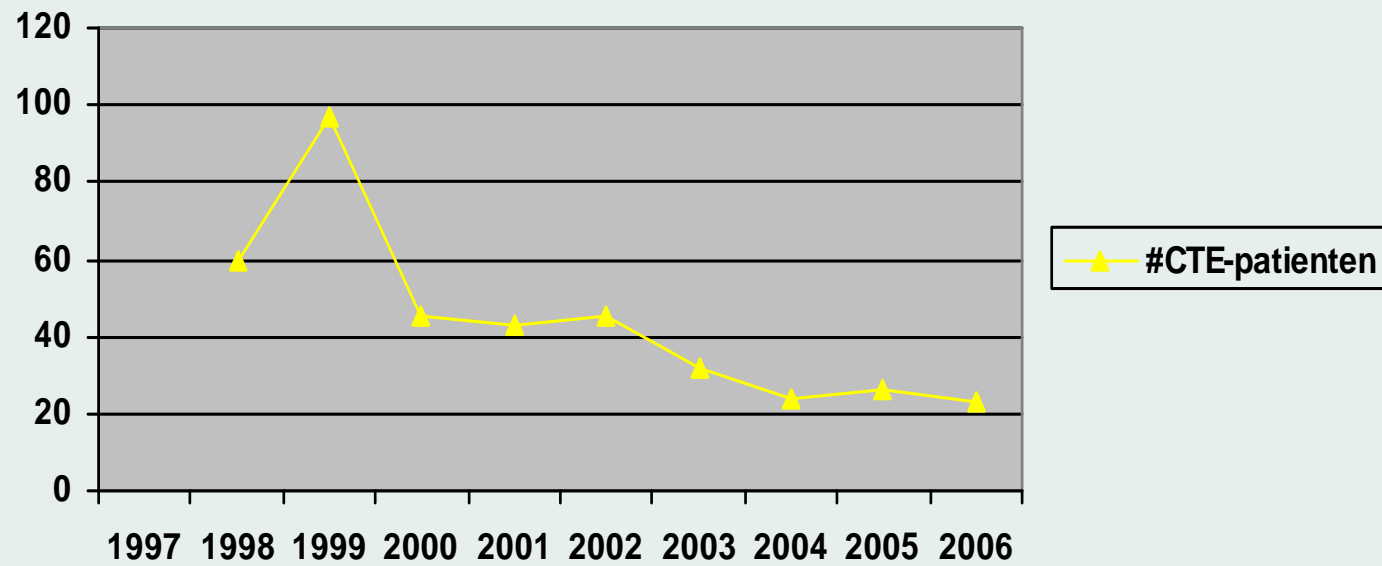




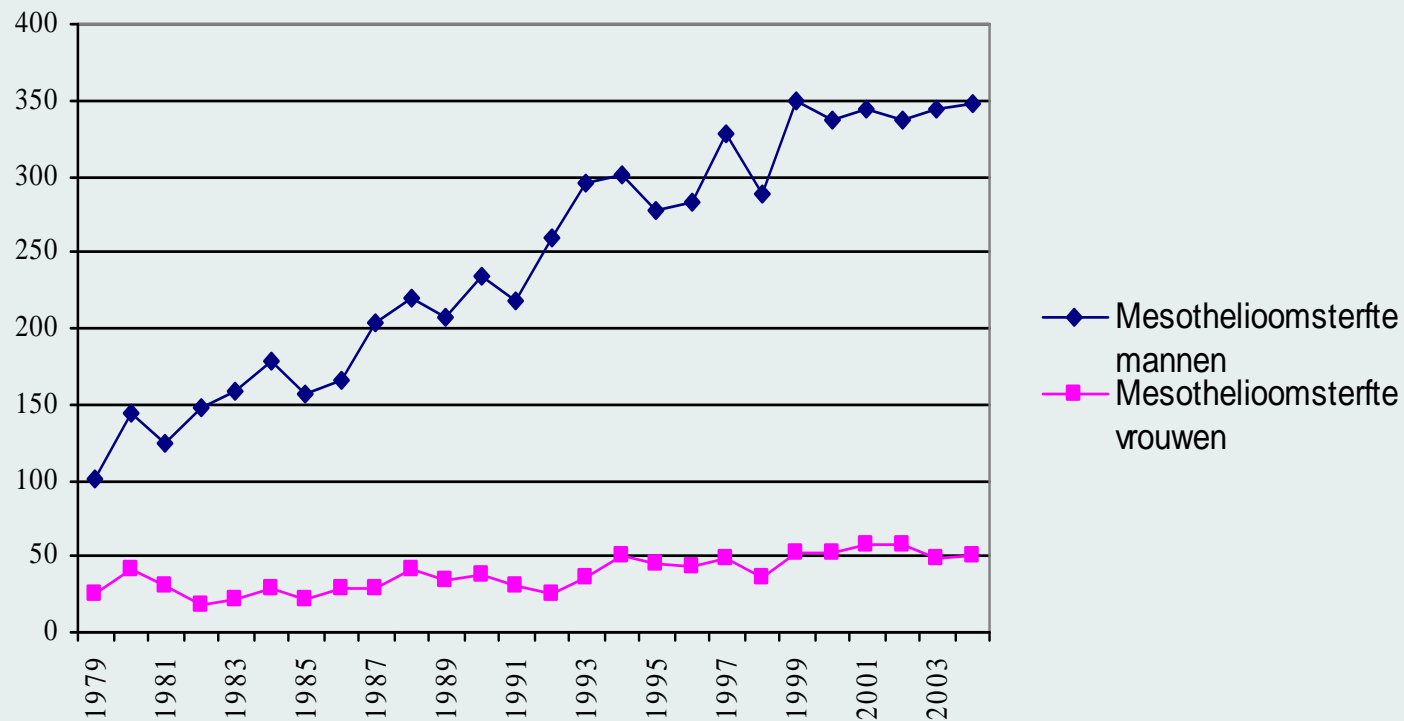
## Decrease of latexallergy in The Netherlands



## Decrease of CTE in The Netherlands



# Mortality of Mesothelioma in The Netherlands



## **Trends in occupational diseases in the Netherlands**

- In general: no significant decrease in the burden of occupational diseases in the last 20 years
- Preventive achievements in a few specific areas: organic solvents, latex gloves
- Contingent workers and workers at the lower side of the labour market: dangerous and unhealthy work
- No evidence for effectiveness of preventive interventions
- Reappearance of “old occupational diseases” (e.g. methylbromide intoxication by gassed containers in European harbours)
- New occupational risks: emerging infectious diseases, reproductive health, nanotechnology,...