

How to Improve the Reporting of Occupational Diseases in Indonesia?

- Nila Ichsan¹

EXECUTIVE SUMMARY

Reliable data on occupational diseases is important in determining Occupational Health Policy and providing adequate working conditions. Without these data, the department of occupational safety and health (OSH) will not be able to provide preventive programs and improve the health status of workers by preventing work accidents and occupational diseases. A productive company will be able to develop and expand its business so that it will have an impact on improving worker welfare.

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KEYWORDS

Occupational diseases, Occupational safety and health (OSH), Indonesia

Introduction

Indonesia's industrial development has been phenomenal and led to impressive growth rates over the past decades. Many companies and workplaces have taken advantages of various advances in science and technology. With these developments, new OSH issues have emerged due to the use of various materials, machines and work equipment in the production process. Occupational diseases cause suffering to victims and their families. It is challenging to gather data on occupational diseases, because there is no sufficient data on them. This makes it difficult not only to identify the impact of occupational diseases but also hinders the development of effective prevention programmes.

Every year 2.78 million people around the world die from work-related problems and 374 million workers experience non-fatal work-related injuries². There were 114.148 work accident cases reported in Indonesia in 2018 and slightly less in 2019³. However, the total number of occupational diseases reported from 2018 to October 2020 was only 53 cases. For 2020, COVID-19 has been included in the occupational diseases category for workers who work in health service facilities and other jobs related to the handling of COVID-19 patients in Indonesia. Occupational diseases caused by COVID-19 from January to December 2020 were about 232 cases.

While the low numbers seem to be reassuring, in reality the cases are much higher. Poor reporting can have an adverse effect on workers' health and a decrease in work productivity and morale, which itself has an impact on the company. For this reason, it is necessary to know the cause of occupational diseases' underreporting so that improvement can be made.

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² ILO 2019. <https://www.ilo.org/global/topics/safety-and-health-at-work/home/lang--en/index.htm>.

³ Social Security Agency data of 2018 and 2019.

Background

Unlike work accidents where there is a clear evidence of the fact in general, occupational diseases are more complicated to diagnose and justify. Workers diagnosed with occupational diseases will experience longstanding health problems, even after a long period of time. This is the latency period and unfortunately some workers even ignore it. This is especially the case for mine workers or other people working in hazardous industries.

In accordance with Indonesian regulations, an occupational disease must be reported by the employer to the regional labor office and social security agency no later than 48 hours after having been diagnosed. Diagnosis of occupational diseases is carried out through a series of clinical examinations and examinations of workers' conditions and their environment to prove a cause-effect relationship between illness and their work. After a diagnosis of occupational disease has been confirmed, the doctor provides a medical report.

For example, and as a good practice, the regulation on OSH in Singapore states that doctors have a legal responsibility to report occupational diseases. Based on this regulation, there are 35 types of occupational diseases that must be reported. All registered medical practitioners are required to report occupational diseases through the Ministry of Labor website or the professional portal on Singapore Ministry of Health, within 10 days of diagnosing the disease.

Singapore case as a best practice - iReport

With iReport, it makes it easier for stakeholders to report occupational accidents and occupational diseases. It is a national electronic reporting system built in 2006. Since iReport was launched, the amount of reporting via electronic means has increased from about 50% in 2006 to more than 90% in 2009 (an increase of 30% within a year). The system now allows victims to report incidents on their own or appoint representatives to submit incident notifications. Doctors can also report injuries at work. Employees or members of the public can file notifications about workplace incidents or unsafe acts. The notification is then forwarded to the relevant department for further processing and investigation.

Policy process

Occupational doctors play an important role in diagnosing occupational diseases. However, there are several obstacles to doctors in carrying out their duties. Occupational doctors and Occupational Health Service in the Netherlands are required to report occupational diseases to the National Center for Occupational Disease. But because there is no compensation system for workers affected by occupational diseases, there is no financial compensation for those who report, so they do not report it. Occupational doctors mentioned several reasons why they were reluctant to report occupational diseases, namely not enough time to report, uncertainty that work was a causal factor for certain diseases, lack of awareness to report, disagreement with the criteria used to determine the linkage of illness to work, and low motivation to do reporting.

Problems with occupational diseases data and reporting also occur in the United States and Canada. The underreporting of occupational disease occurs because doctors usually do not consider work or work environment as causes of disease in different diagnoses. Most doctors have little knowledge and skills in occupational medicine. They often do not pay attention to the production process and have no knowledge of the work environment in which patients spend a third of their time working.

Based on research on the occupational disease Reporting System in Thailand by analyzing the causes of not reporting occupational diseases from the implementer of the reporting system, concerning company doctors, occupational diseases were not reported because they were not diagnosed due to the lack of knowledge of company doctors about occupational health. Undiagnosed disease also occurs due to the absence of data on the work environment and absence of further consultation with an occupational doctor and absence of laboratory facilities.

In Indonesia, many cases of occupational diseases are not diagnosed because doctors do not have an understanding of occupational diseases. Workers who experience diseases that may be worked-related are generally not diagnosed as having one. Job analysis is not performed as a basis for diagnosing diseases. This is a challenge for how to improve the quality and competence of doctors in diagnosing occupational diseases. However, research on occupational physicians conducted in the Netherlands concluded that the percentage of reporting occupational diseases by occupational physicians after the educational program was significantly higher compared to physicians who did not. This means that to improve reporting of occupational diseases, occupational doctors must be trained.

Factors that hinder reporting of occupational diseases can also originate from workers who are reluctant to report to their supervisor because of a potential sanction: appearing to not wanting to work overtime, loss of overtime opportunities and stigmatization problems. The worst thing is that workers can lose their job if it is found that they have an occupational disease. Companies prefer not to report to authorities that occupational diseases occurred because they would not receive an award if there are occupational diseases or work accidents which takes away workers' work time more than 48 hours. It will affect the calculation of hours of work accident-free. So, company managers would cover up the cases in general.

In Indonesian regulation, an occupational disease must be reported by the employer to the regional labor office and social security agency no later than 48 hours after being diagnosed, but many employers do not carry out their obligations. Companies are also required to check the work environment. This is to determine the conditions of the work environment so that if for instance there is a value above the threshold, control measures can be taken. But not all companies do this mandatory process. On the other side, the government has to increase the distribution and function of OSH facility services: occupational health laboratories, occupational health services and work environment laboratories. Work environment data will be supporting the diagnosis of occupational diseases. Administrative barriers, the absence of consequences for not reporting and not measuring the work environment, and the absence of law enforcement efforts for employers who did not report also played a role in this problem.

The low reporting of occupational diseases has an impact on OSH policy in Indonesia. Lack of data on occupational diseases causes the government to pay less attention to occupational health problems, especially occupational diseases. Based on the research conducted, it is stated that the implementation of the Ministry of Manpower's (MOM) OSH program has not been comprehensive, because it is still dominated by occupational injury aspects and pays little attention to occupational disease ones. MOM must exert greater efforts urgently in increasing workers' protection from occupational disease, in order to increase quality of life as a strategic human capital and to prevent or at least minimize the losses for employers, as well as for the whole country.

Recommendations proposed

Based on the above shortcomings and challenges, this brief provides some policy recommendations for the Indonesian government and policy makers at various departments:

1. Provide adequate training⁴ to employers, company doctors, general physicians and workers so that they have the required knowledge about occupational diseases, regulations related to occupational diseases and why they must play an active role in reporting occupational diseases.
2. The government must build an integrated occupational disease reporting system⁵ between different actors⁶ where this reporting system can be used by all parties to report occupational diseases by utilizing information technology, so that it can improve occupational diseases reporting. As in the Singapore case presented above, this should also help to directly link employers and workers to the labour office through online reporting.
3. Improve the quality of occupational doctors by an adequate training and make them able to diagnose occupational diseases. Moreover, it should be developed consultation and referral systems from general physicians and company doctors to occupational disease specialists or specialized hospitals for discussing suspected occupational disease cases.
4. The government should improve the OSH policy and must include safety and health aspects comprehensively. In addition to these, access to the rights and in particular the right to compensation of occupational diseases should be improved. This access to the right must be integrated in particular in the programs of formalization of the informal economy, as well as in the sectoral collective negotiations.
5. The government must strengthen the labor inspection system and law enforcement in reporting occupational diseases.
6. Increase social dialogue with workers and employers on the need for transparent reporting of occupational diseases.

⁴ Covering subjects such as “How to identify an occupational disease?” and “What to do when confronted with such a case?” etc. On a different note, it would be useful to focus these trainings initially on the most frequent diseases given the composition of the economic sectors and the nature of the potential exposures in Indonesia (pneumoconiosis - musculoskeletal disorders - occupational deafness - infectious diseases in the health sector - OD resulting from exposure to specific toxics: lead - mercury). These diseases are easy to diagnose and the causal link with occupational exposure is often not complicated.

⁵ To be analyzed and published annually, accompanied with the development of gender-disaggregated data.

⁶ To be more precise, within the Ministry of Labour, the data between direct occupational accident and disease reporting system and the employment injury insurance system should be coordinated and integrated, as well as the data from the Health Ministry.

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