



**ASSOCIATION POUR
LA SANTÉ AU TRAVAIL
DES SECTEURS
TERTIAIRE ET FINANCIER**

**ANNUAL REPORT
2019**

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Dr Patrizia Thiry-Curziotti
GENERAL DIRECTOR V

A VIRULENT AMOSPHERE!

What remains to be said about the coronavirus episode?

This microscopic organism has shown us the extent to which the global economy hangs by a thread; that the European Union is not so united after all and that the borders were barricaded again to halt a 125-nanometre organism. What is more, this is not even a particularly harmful virus. Compared for instance to Ebola things could have been far worse!

The media panic, speeches (sometimes hilarious!) by politicians, the social media storm, seemingly everyone was conspiring to unsettle the world of work. To their credit, we must concede that businesses very soon came to their senses, far quicker than journalists (chasing sales!) or some politicians (chasing votes!).

After a short period of panic which brought an endless stream of phone calls to the ASTF, things soon became organised, precautions were taken, and people calmed down.

Business as usual !

This epidemic has taught us a salutary lesson! It makes us realise just how much we depend on one another and also that the healthcare sector is not the best target for budget cuts while “optimizing” managers have no place here. It teaches us that human beings – despite their great intelligence – can very quickly be overtaken by events; that things can change utterly in an instant; that economic and social life, indeed life itself, hangs by a thread!

And yet some people completely fail to grasp the truth!

We at the ASTF have seen them all pass by: from employees who are killing themselves 16 hours a day even at weekends to advance the cause of their business despite the lockdown and young children at home, to the furloughed employee who claims his luncheon vouchers while staying quietly indoors! From the employer who protects his employees as best he can, no matter what the cost in time or money, to another who demands the impossible and hides behind a laconic “That’s not my problem.” Crises reveal people’s character! In hazardous situations, their true nature comes to the fore and different personalities show their real face.

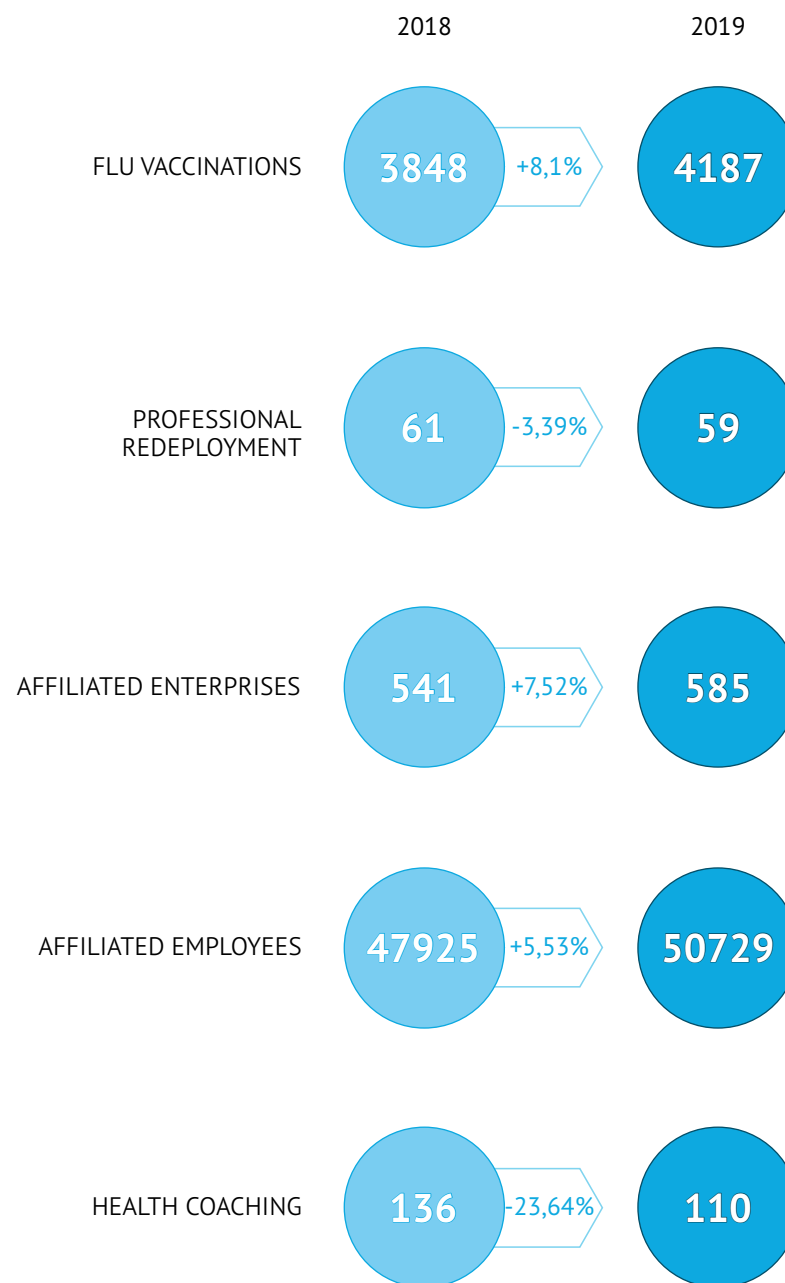
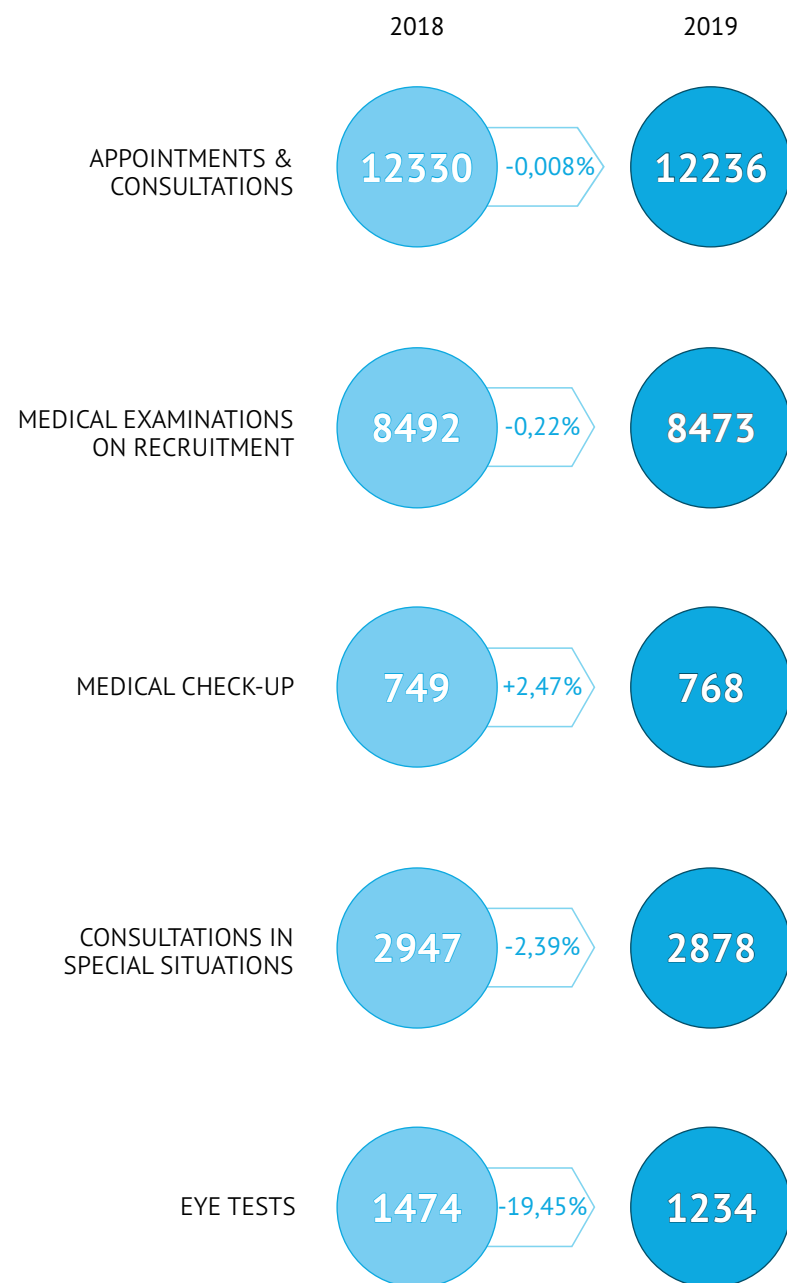
And it’s not over yet! The post-health crisis period will bring resentment of every kind! Between those who emerge from the crisis as heroes and those who are regarded, rightly or wrongly, as usurpers. There will be indictments, demands, settlements of scores, disappointments...

Am I being too pessimistic? I think not, because I believe there will also be many positive aspects: the joy at meeting up again, astonishment at finding help where you expected none, faith in our resilience, the assurance of knowing how to manage totally new situations, innovative working methods, the consolidation of home working.

All pandemics in history have taught us the same lesson: they always bring about a profound change in society! It is up to us to decide which conclusions we wish to draw from the situation and whether we intend to put a positive or a negative slant on the change that lies ahead.

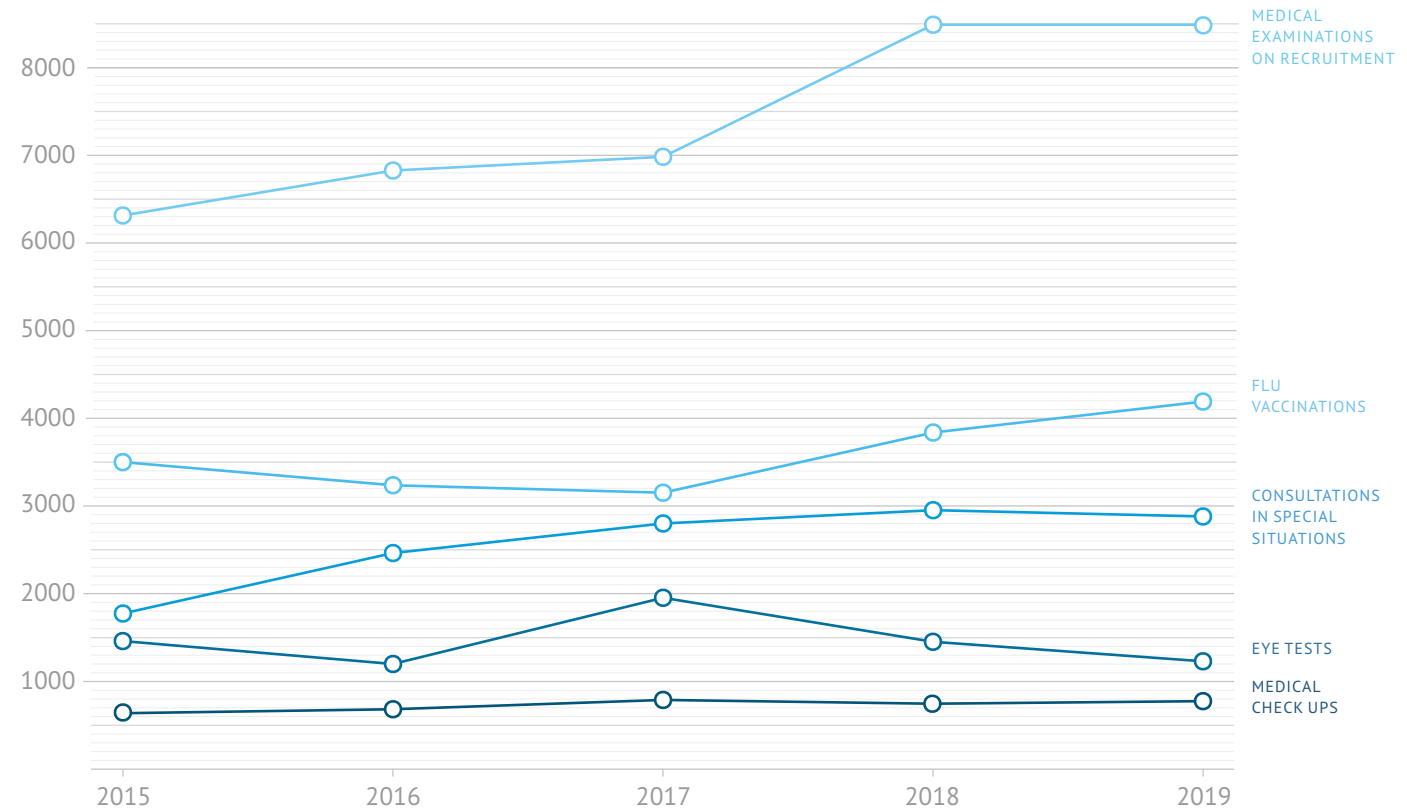
Time will tell!

KEY FIGURES



EVOLUTIONS

During 2019, not fewer than **12236 employees** (i.e. more than a quarter of the affiliated employees) met the ASTF team, whether in the context of visits provided for by law, such as recruitment visits or professional reclassification, through other activities (check-ups, consultations for special situations) or campaigns (vaccination, eye tests). This figure is stable (**+0,008%**) compared to 2018. The number of companies affiliated to the ASTF increased (**+7,52%**) to reach a total of **585 member companies** in 2019.



While the number of new hire visits is almost identical to that of 2018 (**8473** vs 8492), check-ups have increased (**+2,47%** or **768** examinations in total) and the flu vaccination campaign has been a real success (**4187** vaccines equivalent to **+8,10%**). Conversely, some activities fell sharply compared to 2018. Eye tests have decreased (**-19,45%**), and health coaching is down (**-23,64%**). Finally, professional redeployment, after a significant decrease in 2018 (**-38,4%**), stabilizes in 2019 (**59** redeployments, i.e. a decrease of **-3,39%** compared to 2018).

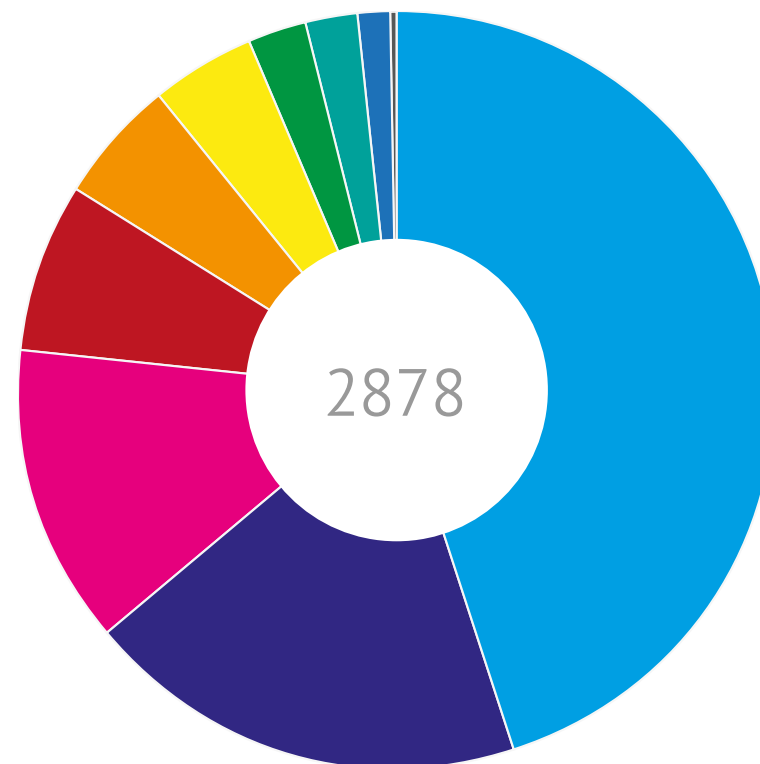
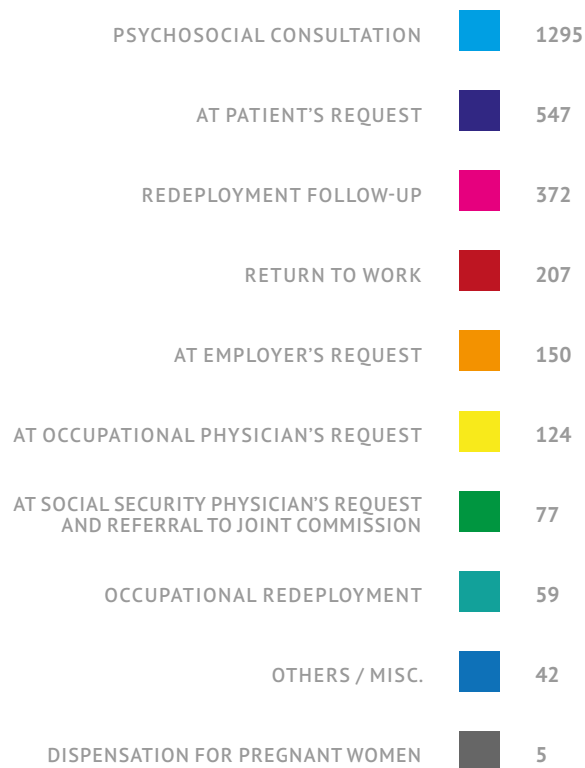
During our meetings with employees through our various activities, we raise awareness of the risks of poor lifestyle and its repercussions, particularly on stress management.

DETAILS OF CONSULTATIONS TO MONITOR SPECIFIC SITUATIONS

Most of the consultations for the follow-up on particular situations (requests from employers and/or employees) are for psychological concerns, in particular burn-out, depression or stress, mainly of professional origin... Moreover, the number of consultations carried out by the ASTF psychologists and psycho-social coach keeps on increasing, reaching 1295 consultations in 2019 (compared with 1262 in 2018).

As a conclusion, the value of working for the prevention and management of psycho-social risks has not diminished over the years and is fundamental.

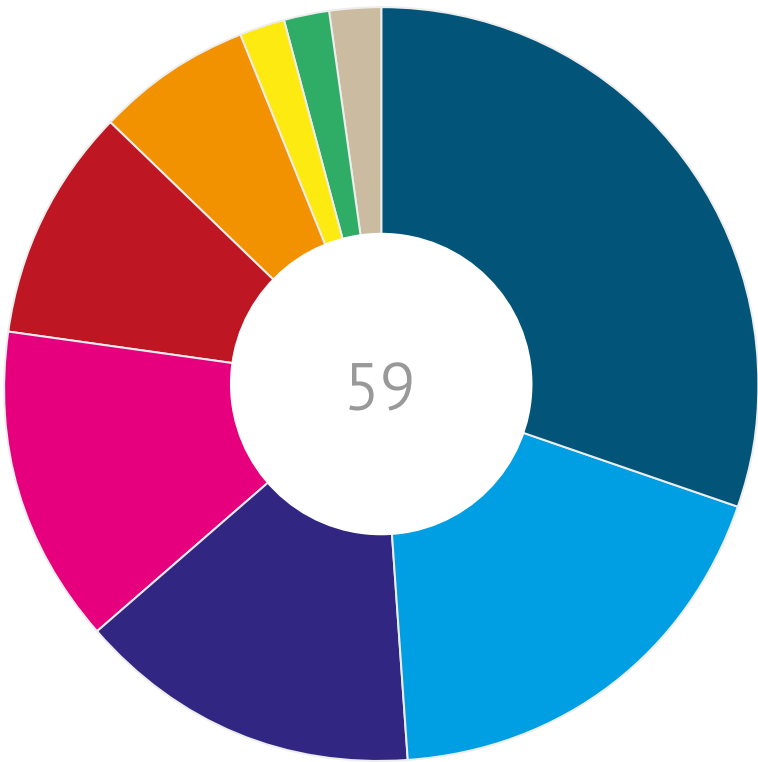
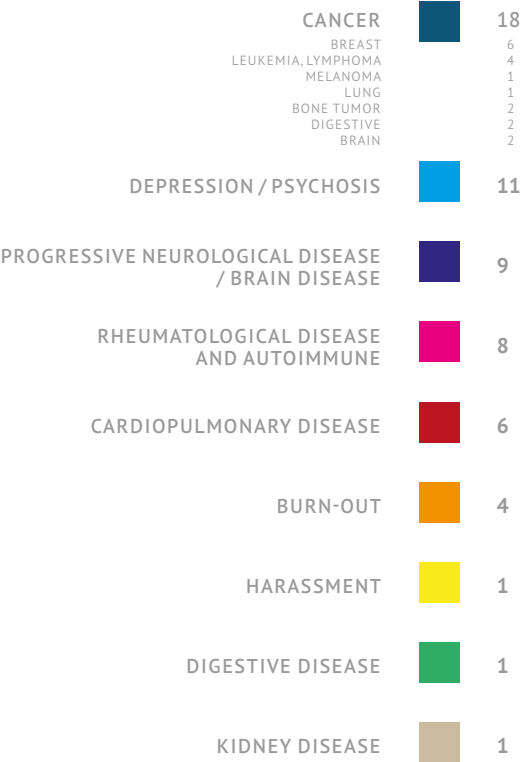
The 2nd purpose for consultations is the follow-up of reclassification (372 consultations). Since 2016, this reassessment of people undergoing reclassification is imposed by law



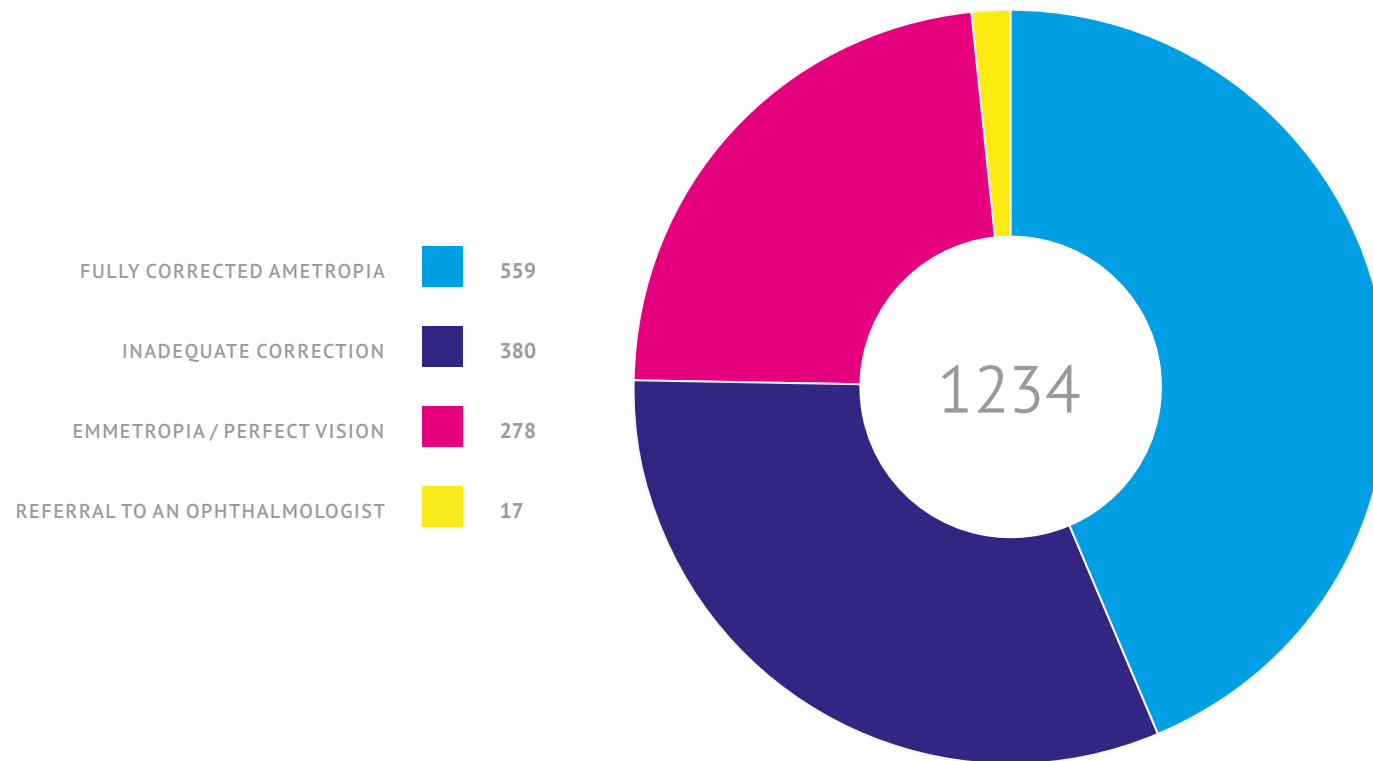
EXAMINATIONS UPON PROFESSIONAL REASSIGNMENT

The number of redeployment cases is decreasing for the second consecutive year: 59 cases (-3.27% compared to 2018). The order of the reasons for reclassification remains unchanged from the previous year as the majority of reclassification cases are related to cancers.

(18 cases including 6 cases of breast cancer) followed by psycho-social pathologies (16 including 5 burn-outs which for the most part had not previously been followed by the ASTF team) and finally in 3rd position we find progressive neurological diseases, followed by autoimmune and rheumatic pathologies and then cardio-pulmonary pathologies.



RESULTS OF EYESIGHT CHECKS



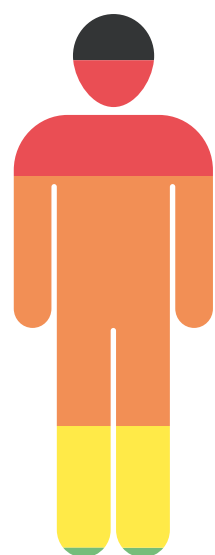
An interval of three years is recommended between every eyesight check-up.



BURN-OUT FOLLOW-UP

Patients coming to the ASTF for a check-up or a consultation for a particular situation fill in a subjective stress questionnaire to assess their level of exhaustion.

SELF TEST RESULTS
SPECIAL EXAMINATION



649 PEOPLE

55
(8,5%) RISK OF BURN-OUT SEVERE 2
(0,2%)

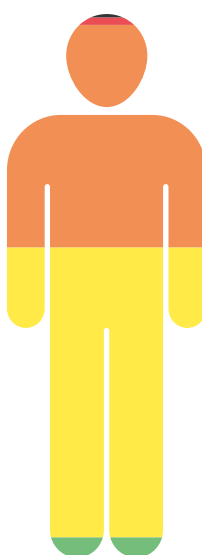
138
(21,3%) DEFINITELY AT RISK OF BURN-OUT 14
(1,8%)

299
(46%) PROBABLY AT RISK OF BURN-OUT 315
(41%)

147
(22,7%) MINOR SYMPTOMS OF BURN-OUT 411
(53,5%)

10
(1,5%) NO RISK 26
(3,5%)

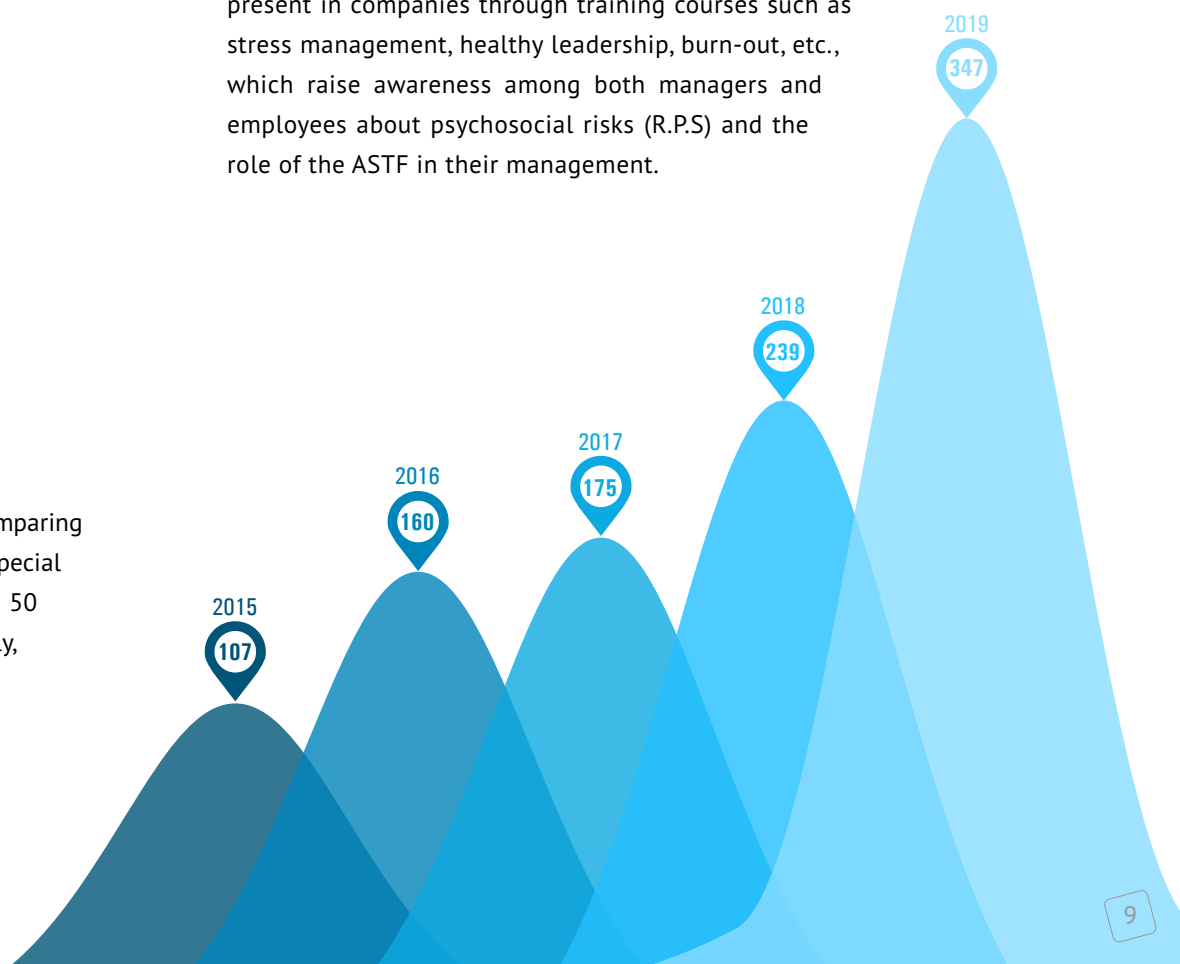
SELF TEST RESULTS
MEDICAL CHECK UP



768 PEOPLE

Patients coming for a check-up constitute the control group. As in previous years, when comparing the two groups, we note a higher level of exhaustion for people coming for a for a special situation visit. Indeed, almost a third (29.8%) of these people have a high score above 50 (scale between 15 and 75) against only 2% of people coming for a check-up. Conversely, more than half (57%) of the people coming for a check-up have a low score (below 32) compared to only about a quarter (24.2%) of the other group.

In 2019, the number of burn-out cases monitored by the ASTF kept on increasing reaching 347 cases compared with 239 in 2018 (+45%). The constant rise in the number of people monitored does not mean that there is an exponential growth in the number of cases, but can also be explained in part by the fact that the ASTF is better known by employees and more present in companies through training courses such as stress management, healthy leadership, burn-out, etc., which raise awareness among both managers and employees about psychosocial risks (R.P.S) and the role of the ASTF in their management.



2015

107

2016

160

2017

175

2018

239

2019

347

KARASEK & PSYCHOSOCIAL RISKS

How to assess your employees' job strain via the Karasek questionnaire?

The ASTF, your guide to help identify psychosocial risk factors.

Psychological health problems in the workplace are increasing significantly with the intensification of work. The impacts are felt in all economic sectors. Fortunately, a growing number of companies are trying to intervene before consequences become significant. However, there is still a lack of information and practical tools for a preventive approach to dealing with psychological health problems in the workplace.

The ASTF has chosen to implement a highly effective preventive approach and offers you a tool that has been widely validated in international studies, a single questionnaire, based on the Karasek model, which makes it possible to establish a link between the experience of work and the health risks that this work entails.

It enables the assessment of the following criteria for each employee:

- the intensity of the psychological demand he or she is facing = **Demand**
- his/her decision-making latitude = **Control**
- and the social support they receive in the workplace = **Support**

Psychological demand is assessed by the amount of work, its intensity and its more or less fragmented nature as experienced by employees.

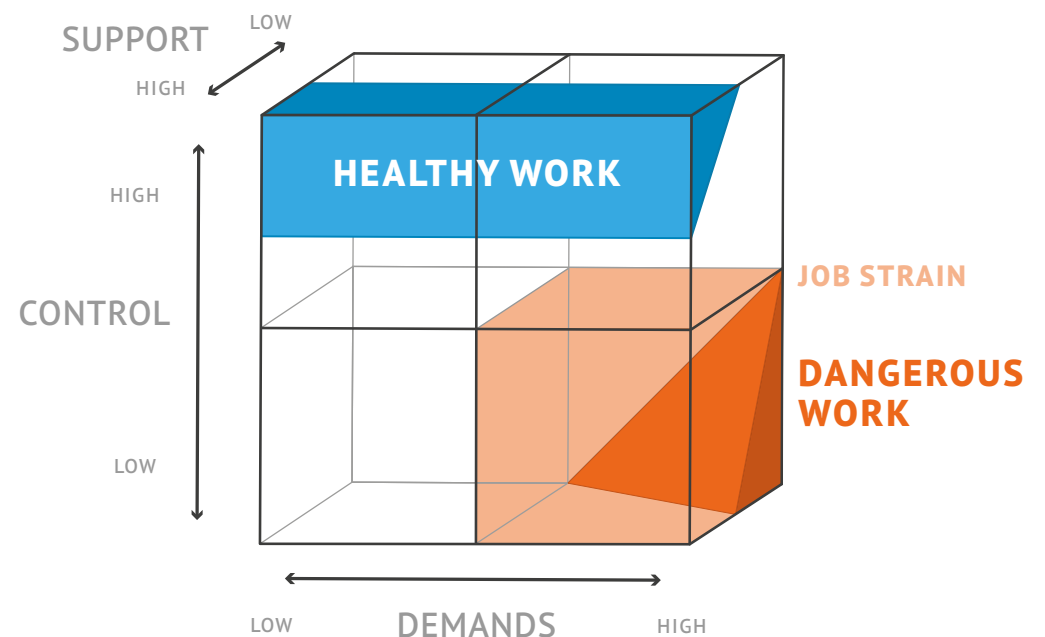
Decision-making latitude refers to the room for manoeuvre that the employee feels he or she has to influence decisions in his or her work as well as the opportunities of using and developing his or her skills.

Social support describes the help that the employee can receive from his or her superiors or colleagues.

There are 4 different frames:

- low demand, low control, we talk about passive work
- low demand, high control, we talk about relaxed working conditions
- high demand and high control, we talk about active work
- high demand and low control, this is called « job strain »

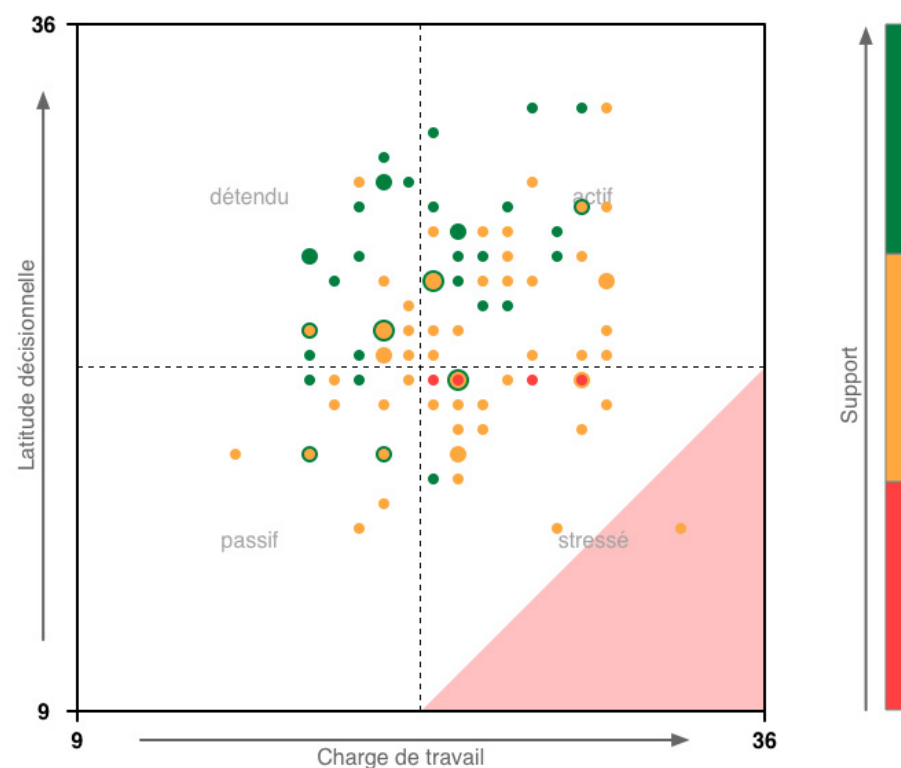
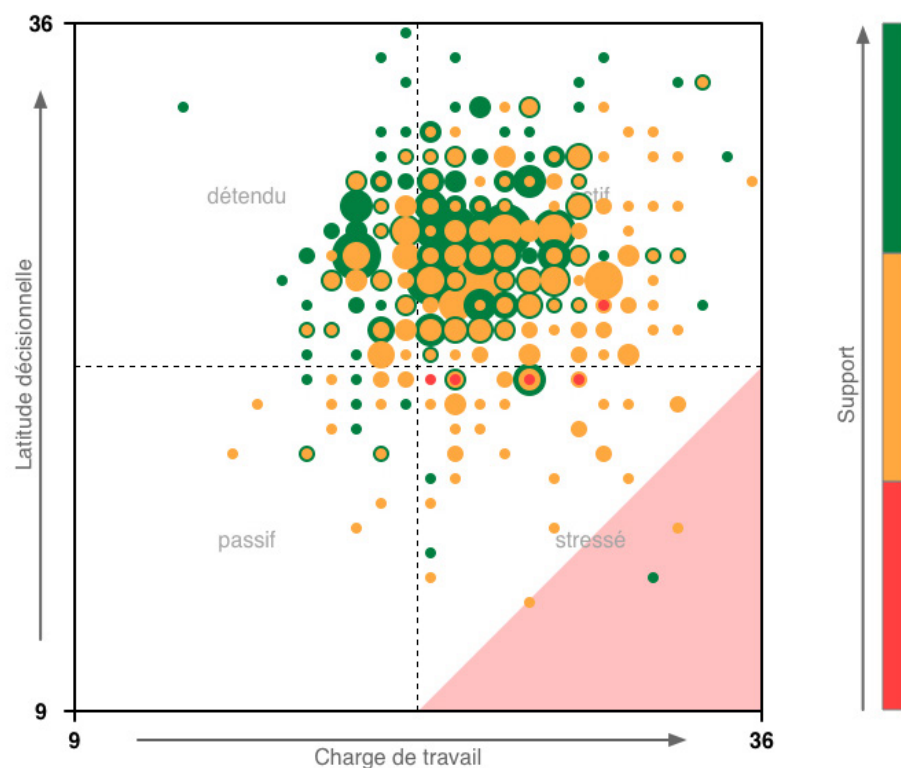
If this is combined with poor support, the work will be described as clearly dangerous to mental health.



In many studies carried out with this tool, it appears that employees and workers, especially women, are more exposed than managers to «job strain», a health-risk situation where individual room for manoeuvre does not allow employees to cope with the demands they feel in their work.

While blue-collar and white-collar workers have the least room for manoeuvre, it is managers who are subject to the greatest demands.

Here are some examples of Karasek's questionnaire results from the ASTF, refined by the company.



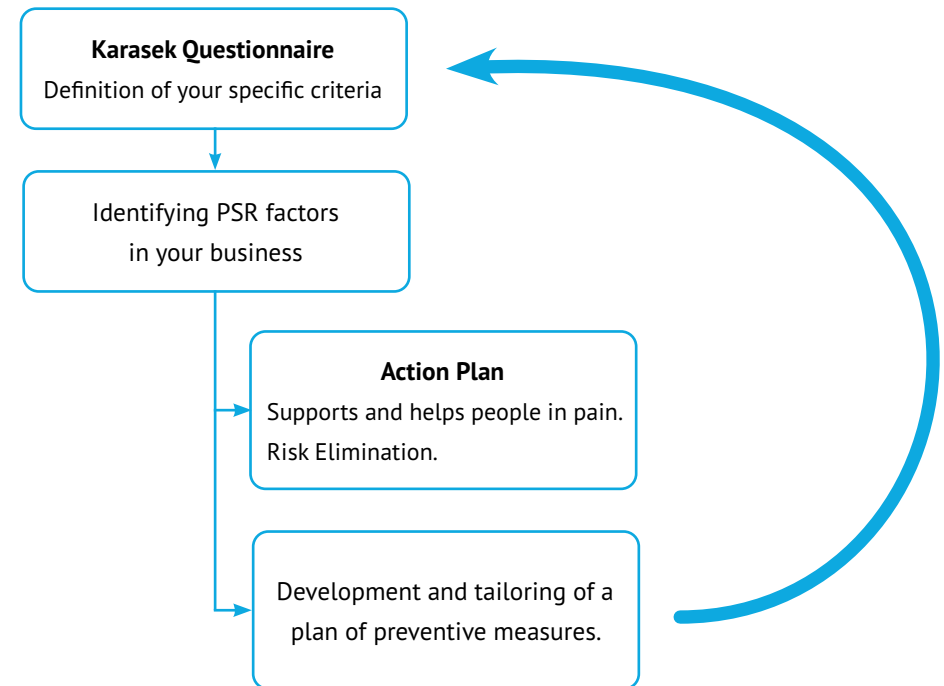
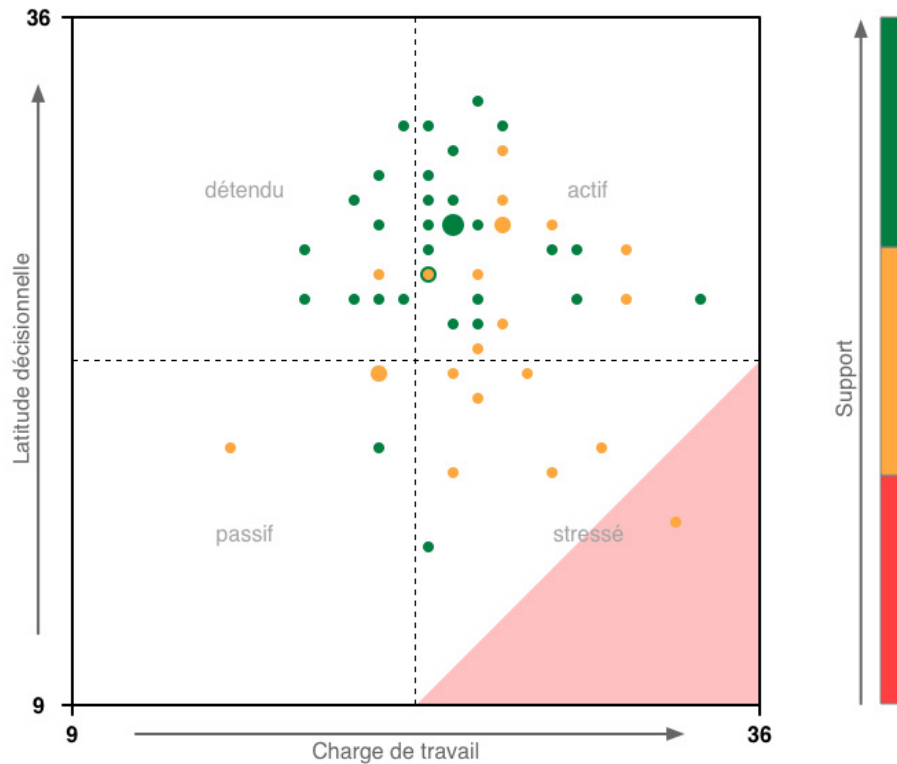
Among 435 tested people, the ASTF calculated 280 (64.3%) active subjects, 91 (20.9%) relaxed subjects, 21 (4.8%) passive subjects, 42 (9.6%) stressed subjects and 1 stressed subject who was performing work of a very harmful nature that had an influence on his health (= high job strain).

If we now adapt the criteria, we have for example the possibility to select only women working in the back office:

Of the 96 women analysed, the ASTF calculated 39 (40.6%) active subjects, 23 (23.9%) relaxed subjects, 13 (13.5%) passive subjects and 21 (21.8%) stressed subjects.

By selecting only employees between 21 and 30 years of age with less than 4 years of seniority (54 employees analyzed), we obtain the following results:

- 32 (59.2%) active subjects,
- 10 (18.5%) relaxed subjects,
- 4 (7.4 %) passive subjects,
- 8 (14.8 %) stressed subjects.



Karasek's «Demand-Control-Support» model thus focuses on pathogenic occupational situations while leaving it up to the employer to define the criteria according to its own needs. Once the results of the Karasek questionnaire are available, the employer has the possibility to plan preventive measures adapted to specific needs.

MEDICAL CHECK-UPS

Medical check-ups are part of the ASTF's primary prevention arsenal.
They are being offered to affiliated companies since 2003.

On the menu for these check-ups you will find :

A blood test taken on the day of the appointment, on an empty stomach, including a lipid check-up (cholesterol, triglycerides), kidney function, liver function, glycaemia, thyroid function, blood count (red cells, white cells, ferritin, haemoglobin, etc.). For men, a PSA (prostate antigen) assay from the age of 45 onwards.

- A **urinary examination**.
- A **BMI calculation** (body mass index) and a **body fat measurement**.
- A **screening for colon cancer** (search for occult blood in the stool)..
- An **audiometry** (hearing capacities measurement).
- A **spirometry**: measurement of lungs' capacity functioning (screening for chronic bronchitis, emphysema, asthma, fibrosis).
- A **visual test**: measurement of visual acuity, colour vision test and visual field.
- A **measurement of eye pressure** (screening for glaucoma).
- A **electrocardiogram** at rest.
- A **bone densitometry** (screening for osteoporosis) for women from the age of 45.
- A **stress level** assessing **questionnaire**.
- An **anamnesis** and a **complete clinical examination**.
- A **diagnosis of the results by a doctor** and **health advice** with **documentation** on the specific problems identified.

The employee will be provided with a **medical file** containing the various results of his or her check-up, including blood tests, electrocardiogram, spirometry, osteodensitometry, an individual body mass analysis sheet and a visual of the assessment of cardiovascular risk factors in the form of a Radarchart (radar diagram).

This file is to be shared with the attending physician

- If necessary, **the patient will be introduced to a specialized medical practitioner** (at the expense of the health insurance fund).
- If necessary and depending on the outcome of the stress questionnaire, the ASTF will provide **psychological coaching** (prevention of psychosocial risks) in the days following the check-up.

In practice:

An appointment is proposed by the ASTF to the employee.
Arrival of the patient on an empty stomach at the ASTF.
A blood sample is taken.
Breakfast is offered.
The various tests are carried out.
Meeting with a doctor.

Total duration: around 2 hours.

The various tests listed above constitute the **basic check-up**.
It is also possible to organize the following additional check-ups with medical specialists upon request:
Effort test.
Echo-doppler of the carotid arteries.
Colonoscopy.
Abdominal ultrasound.

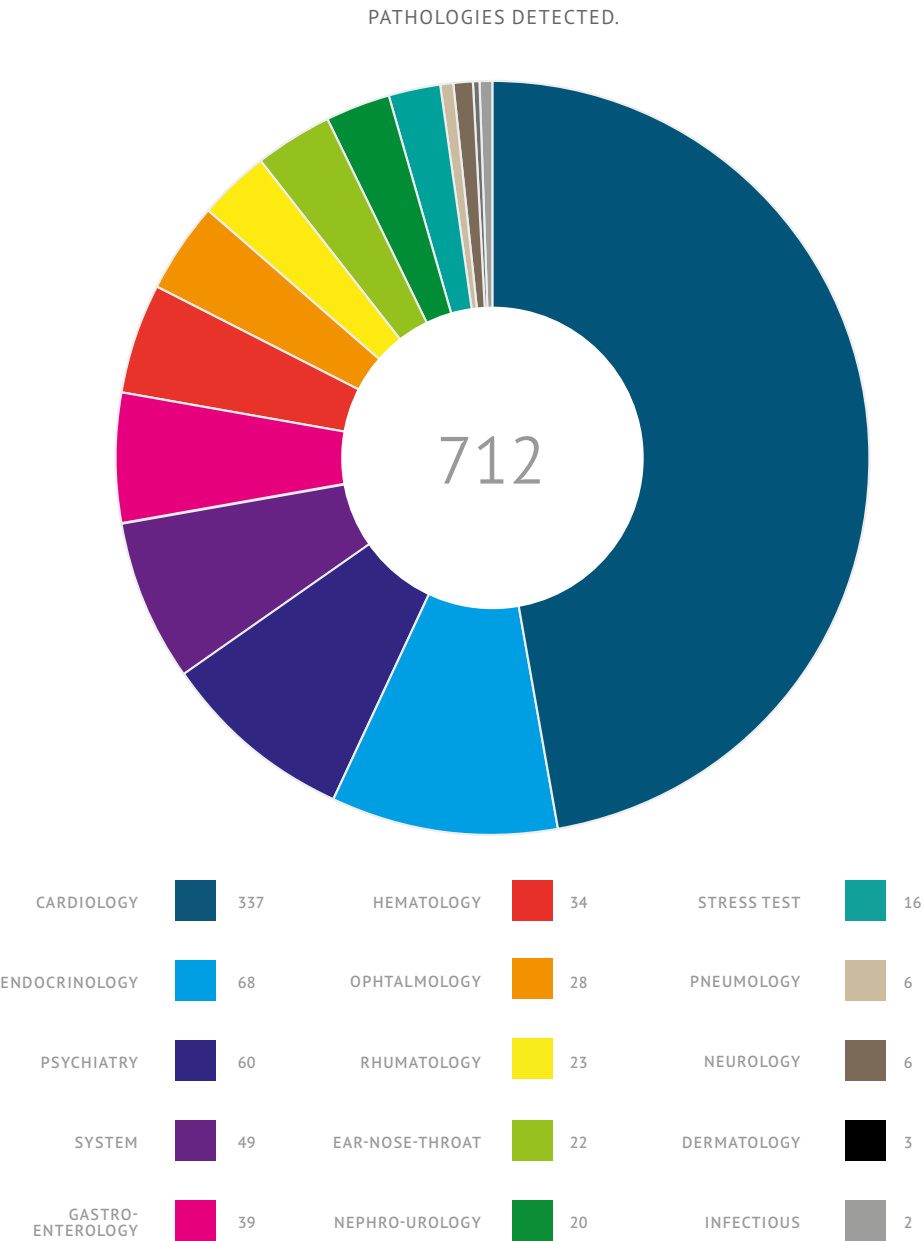
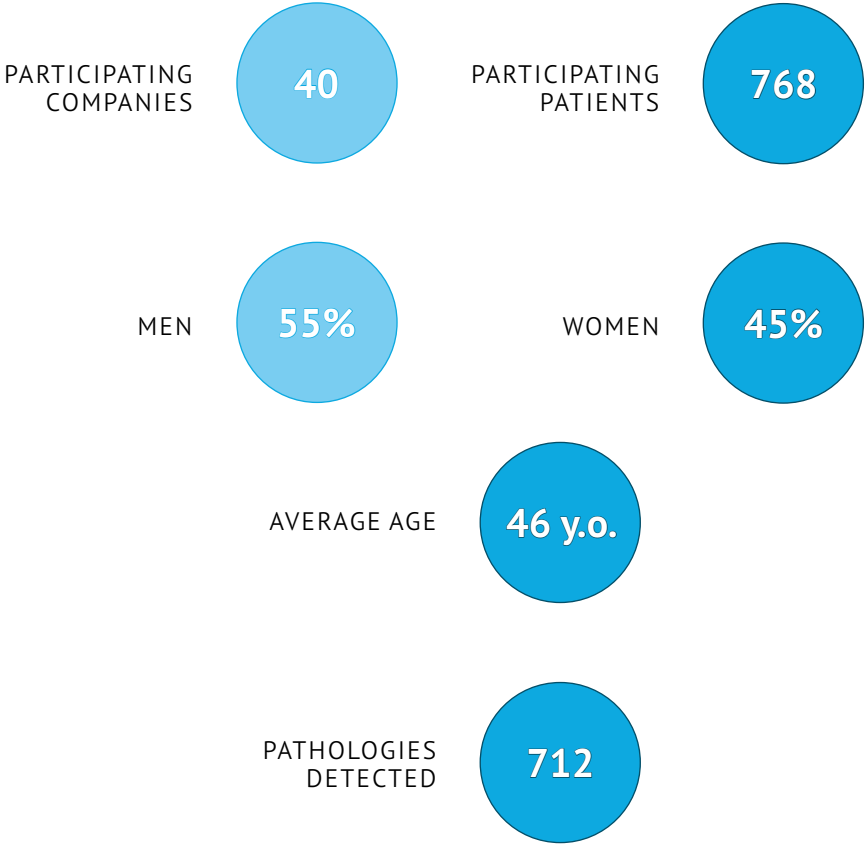
The medical check-up is usually offered from the age of 40, on a voluntary basis with the agreement of the employer and we recommend a periodicity of 3 years. The employer's agreement is mandatory as the check-up is entirely at the employer's charge and will take place during working hours.

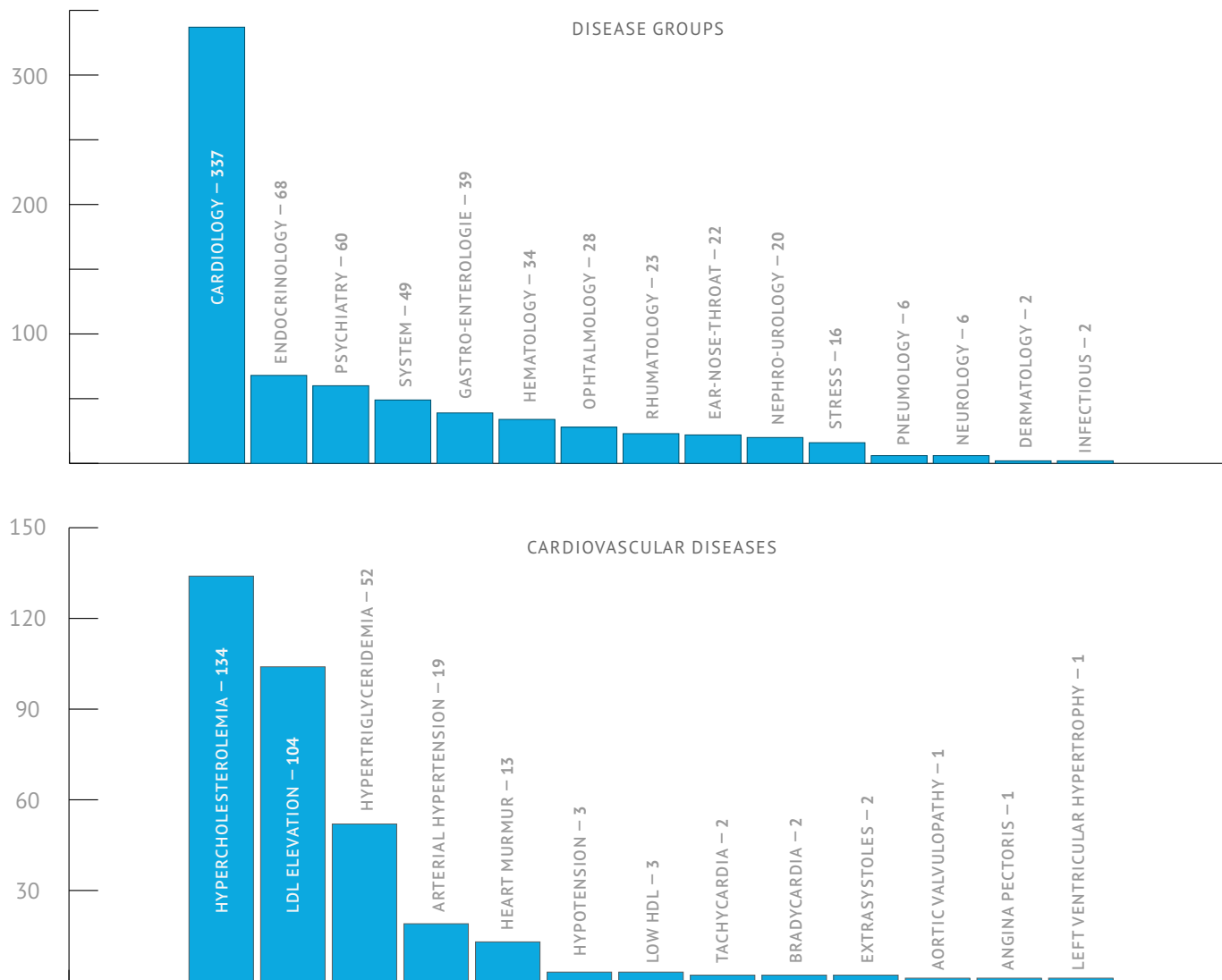
MEDICAL CHECK-UPS

A medical check-up is the best way to take stock on your health status. It allows risk factors's detection, an awareness of these risk factors by the employees and above all, their management. It also makes it possible to detect pathologies that are sometimes asymptomatic (hypertension, dysthyroidism, diabetes).

In 2019, 40 companies carried out 768 check-ups.

Of these 768 check-ups, 712 pathologies were diagnosed.





A distribution of pathologies according to the different medical categories highlights the preponderance of diseases in the cardiology group. It represents **47.3%** of the diseases detected, which is equivalent to **337** diagnosed patients.

The purpose of the check-up program is to detect and limit the risk of disease but also to raise awareness among employees. Awareness and vigilance with regards to risk factors is essential as the health of companies inevitably depends on their employees' good health.

TRAININGS

The world of work is constantly changing, always on the move. It is characterised by innovation, dynamism (dynamic and complexity), agility, VUCA (volatility, uncertainty, complexity, and ambiguity), digitalisation, work x.0, etc.

In this environment, it is not always easy to take care of safeguarding and enhancing one's own resources for health and well-being. We become experts in what we do in business every day and all too often we lose ourselves in the process! And yet these interrelationships are so important: Only when we are doing well, can we be successful and perform well for oneself and others!

PERFORMANCE AT WORK = HUMAN CAPITAL x HEALTH CAPITAL

It is evidence based that, in this context, investing in training, whether as a presentation of a new idea or as a wake-up call to correlations that one has heard and experienced before, but which have been displaced by daily routine, produces a return on investment (ROI): This is seen, for example, in increased motivation levels, greater commitment, an increased efficiency of employees, less amount of wastage, reduced turn-over, improved group efforts, less absenteeism.

We believe that if you wish to safeguard your employees' health capital, prevention is of the essence. You should think of offering health coaching, trainings and workshops in your respective businesses.

For almost 25 years now, the ASTF has been developing knowledge and expertise in the field of health and well-being in the financial and tertiary sectors. We have developed trainings and workshops on leadership, communication, personal development, psychosocial risk factors, stress, burnout, and many other work- and people-related topics.

In 2019, 123 training courses were held for a total of more than 310 hours.

MEDICAL (0,81%)

NUMBER OF
SESSIONS CUMULATIVE
DURATIONS

Cardiovascular prevention	4	12h
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HUMAN CAPITAL (53,66%)

Burnout prevention	14	29h
Stress management	21	48h
A perfect day	3	6 h
Psychosocial risk prevention	9	27h
Harassment	5	6 h
PSR vigilance network training	2	28h
Healthy Leadership	4	21h
Communication	1	2 h
Process Communication	7	14h

LIFE HYGIENE (20,33%)

Ergonomics	17	31h
Nutrition	5	7 h
Sleep	3	5 h

DESIGNATED WORKER (16%).

Communication, PSR, ergonomics	16	74h
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TEAM VIGILANCE

Mental stress first aid

Loads have always been an existing and necessary part of work, and mental stress is no exception. The appropriate design of the load is the crucial point!

The stress that we complain about is, most often, a dis-balance between the internal and external demands placed on us and our internal and external personal resources: it can be defined as the degree to which we feel overwhelmed or unable to cope as a result of pressures that are unmanageable.

The idea for a team vigilance developed from the need of employees from different companies to have internal contact persons of trust on site for psychosocial emergencies and complaints. Just like the first-responders/aiders for physical injuries.

The defined goal is not the therapy of the affected person, but to be an in-house contact point for those who are looking for reflection and help, as a first anchor, so to speak. The team can then refer to internal or external sources of help. The team itself, for example, is made up of volunteers from different sectors of the company.

The option of being able to communicate face-to-face with a (tangible) person of trust on site in mental stress situations is essential for the people affected. This results from the basic psychological need for binding, which according to Prof. Klaus Grawe (German psychotherapist 1943-2005) exists for all people regardless of their ethnicity and in this context means safety and attachment

In the pilot enterprise a small group – consisting of representatives of HR, personnel delegation and other volunteers who wanted to take over the task of mental stress first aid as a team – was formed. The ASTF then launched a first training course in 2018, providing knowledge and skills about psychosocial risk factors, burn-out, stress management, conflict management, communication, suicide and emotional steering, in a two-day course.

In the meantime, other companies have taken up the idea and formed their teams.

In 2019, the ASTF has carried out a total of 12 training sessions to implement team vigilance in different companies.



SIRENE

«Stress Inventory & Risk Evaluation in Enterprises»

The continuous change in the world of work in our service and information society today requires new perspectives on the subject of occupational health and safety in companies. Traditional occupational health and safety is highly developed in most parts of Europe and exemplary in many respects. For some years now, however, one topic has been coming to the center of attention: mental stress at the workplace.

In many companies, this aspect of occupational health and safety is only gradually becoming an issue. It is often not possible to work with occupational exposure limits, standard solutions and checklists.

At present, the standard Inventory of hazardous jobs in the financial and tertiary sectors primarily covers physical risks.

Psychological illnesses or private burdens are not considered in this risk assessment. Therefore: Not the individual employees are put to the test for their psychological aptitude and ability to work, but rather all strain factors of the working conditions will be analysed, which are potentially harmful to their health.

This ad-on tool will help the employer to avoid mis-managed strain as far as possible and to improve working conditions. It acts like a barometer and will graphically highlight the areas of highest risk. These will then serve as a basis for developing improvement strategies for teams and organizations. At best you promote your employees in: satisfaction, motivation, performance, quality of work and health

...to be continued!

The standard Inventory of hazardous jobs is based on the Labour Code (Code du Travail), which specifies that the employer is responsible for the health and safety of its employees. In this context, an evaluation of the health risks is demanded every 3 years within the framework of the inventory.

For the typical office workplace, it primarily covers physical risks, such as screen work and musculo-skeletal conditions. Stress and psychosocial risk factors only play a secondary role, and are not further specified. (refer to <https://guichet.public.lu/en/entreprises/sante-securite/postes-risques/prevention/inventaire.html>).

The ASTF assists the employer during the procedure..

The ASTF is currently working on a complementary evaluation tool to help you as a company, to determine and evaluate the psychological workload of employees as part of a comprehensive risk assessment



MEANING OF WORK AND CAREER PLAN

Why am I working?

What does my job mean to me?

? Is it in line with my expectations?

Nowadays, these questions arise occasionally, but most of the time, it happens after you've been dragged down have reached the bottom. However, questioning your **values and needs** beforehand, allows you on the one hand to become aware of them, and on the other hand, to prioritize them in order to put a stop to those imposed from outside.

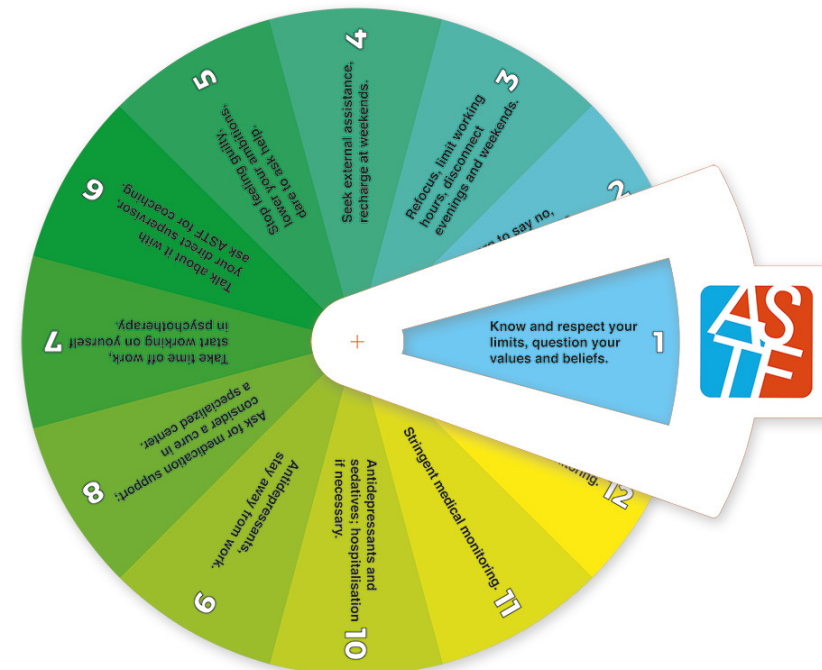
This is **the first bulwark to prevent burnout**. A first limit to the inordinate desire to prove to oneself and others that one is up to the job.

Let's face it, **the professional world is a double-edged sword**; it allows time structuring, generates social contacts, the acquisition of a status, the definition of one's social identity, and finally, an activity. Yet, it excessively promotes its own values of performance, competition, success, perfection, swiftness, and constant optimal quality.

So how could you have the best of both worlds coexist?

By realizing that the professional sphere is simply one of the places where you may reach fulfilment just like many others in the private sphere, namely: family, love and social relationships, learning, spirituality, community life, creative and sporting activities, etc.

Places of fulfilment can therefore counterbalance one another, to a certain extent, nevertheless, in case of a mismatch, it is always possible to reinvent oneself through a new professional project in line with one's fundamental values.



Questioning one's professional project, or rethinking it, is a specific process that requires to go through two essential steps.

As part of the support offered by the ASTF, the healthcare professional will, together with the patient, be able to embark on this process over two stages, firstly centered on identifying the personal profile, and secondly on the professional profile relating to the new project.

Firstly: discovering one's personal profile

It is essential to go through the existential question:

« *who am I?* »

This question implies introspection of one's personal history, values and needs; what were my dreams as a child? what are my interests? my passions? etc.

This work will bring a solid base to the project, and will allow to highlight some stepping stones, in order to guide you with the different actions you will plan in the future, and in this case towards this new professional project.

Second: discover your professional profile

Here the question of :

« *what to do?* »

is addressed.

This second step will enable the user to call upon know-how, skills or behaviours that he can find throughout his professional life.

Taking stock of what you have acquired, what you liked or disliked, will certainly help you to define the position or environment in which you would like to work or re-work.

Eventually, interviewing your family and close social network can be key in discovering your personal profile. Obtaining feedback from former colleagues and managers is also a good way to define your professional profile, especially as they will be able to discuss their own professional backgrounds with you.

However, a contact with a specialized professional, coach or psychologist, remains essential and will allow you to bring some of the necessary tools for a successful journey on the path of self-discovery.



ERGONOMICS

Shared workspaces – Promoting awareness of good practices.

Initiatives to reinvent workspaces are raging. Flex-office, co-working, telecommuting, home office, desk-sharing... the workspace is constantly evolving with the credo of creating a “better-being” at work, promoting conviviality, facilitating exchange and collaboration and thereby boosting productivity.

The equipment in these spaces is modular, highly varied and subject to various ergonomic considerations: height-adjustable desks for flex-desking, fixed-height benches, high tables for short informal exchanges, closed spaces for intense cognitive work, areas with flexible equipment that can spontaneously adapt to the needs of project teams, relaxation areas, etc.

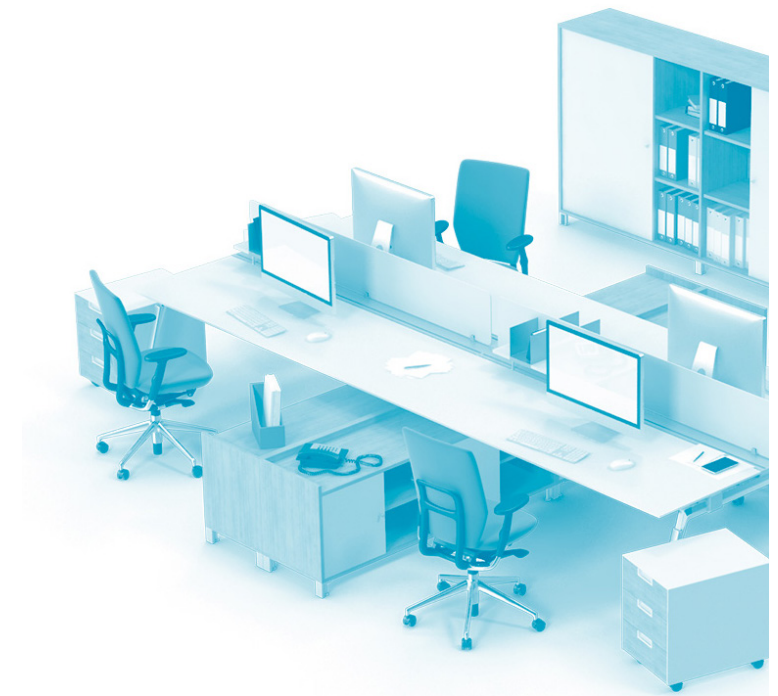
The principle of all these facilities is simple. It consists in encouraging the autonomy of employees and no longer having a dedicated office, with a view on optimising work spaces whose surfaces have rarely been fully exploited in the past. The occupancy rate was dependent on the number of absences due to travel, holidays, absences for training, for example, as well as various other motivated absences.

Despite all these efforts to break with the workers’ sedentary behaviour, the layout of these unconventional workspaces seems to be rather undergone by their occupants as opposed to deliberately chosen.

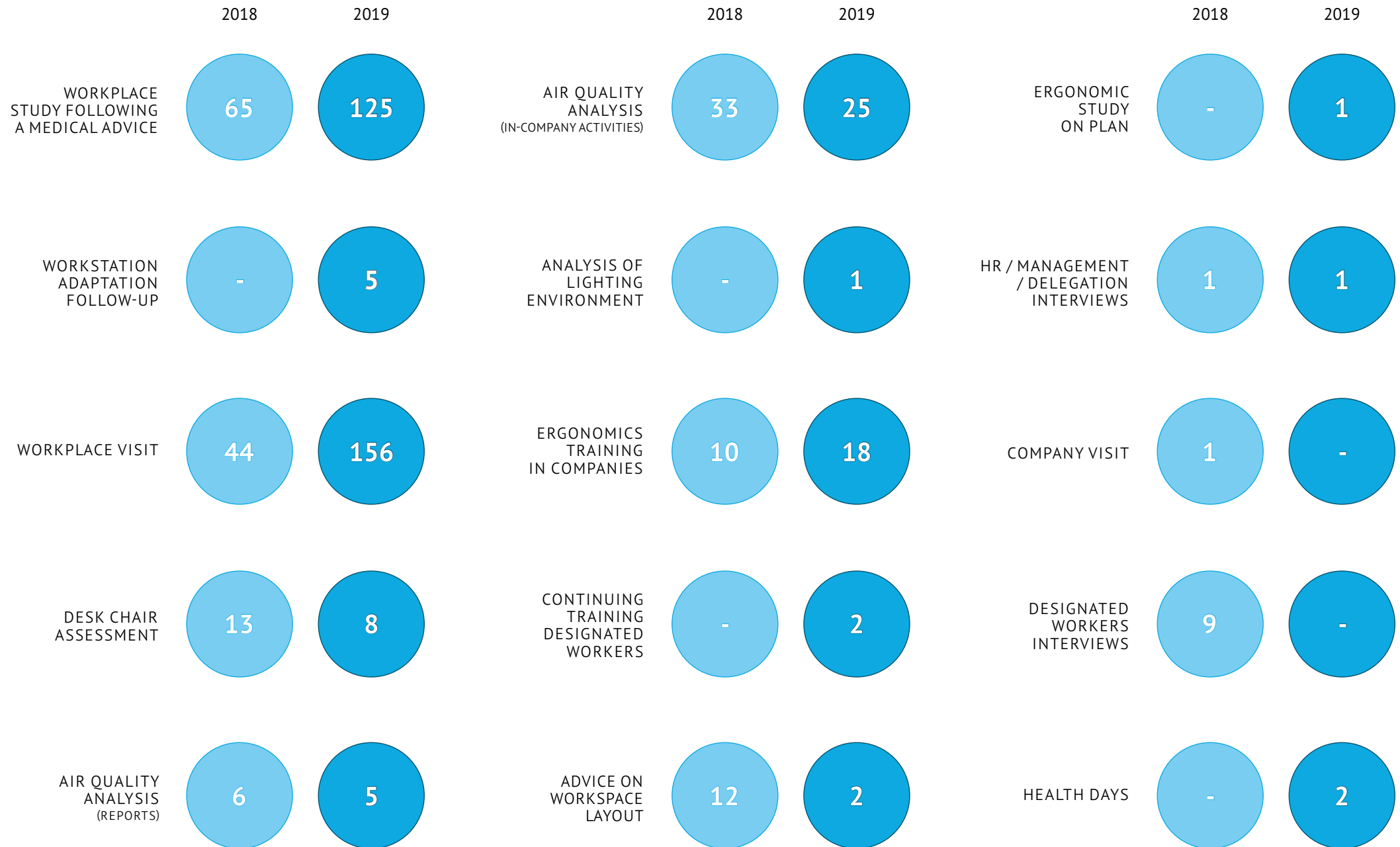
Analysis of our 2019 statistics leads us to believe that health problems related to tertiary activities are on the rise. The number of workstation studies based on medical advice has doubled, and the number of onsite workstation assessment visits has even tripled. It seems that the diversification in the working ways is having a negative impact on well-being at work. In our opinion, this development calls for better adapted preventive measures.

The challenge will be to better accompany employees in discovering their new work spaces and raise their awareness around the techniques for appropriating multifunctional work spaces. Too few employees currently take the time to check the settings of the work system they have chosen to accomplish their daily tasks before going to work. Adjusting the work seat, adapting the height of the work surface, placing work tools at easy reach, checking the best fitting placement for screen(s), etc., in short, organising their work system so that they can work in suitable health and safety conditions.

Our response to this situation: training resource people within the company, «ergonomics coaches», who will be able to support redevelopment projects, detect malfunctions and make individual ergonomic adjustments to their colleagues’ workstations. This training, which includes both notions of office ergonomics and work environment, is held at the company premises. Learning that combines theory and practice takes place on the job, in a usual and familiar environment.



ERGONOMICS



COMMUNICATION

Information and promotion of health and well-being in companies are part of the ASTF's missions. The impact of this «online» dissemination is measurable and now comparable from one year to the next.

The ASTF.lu website is well known to the human resources departments, which give priority to requests for medical examinations upon recruitment and medical check-ups. Two thirds of visitors access it via a search engine.

The total number of page views has slightly gone down (-10%) but this is due to a reorganization and content gathering. The main measured value is the number of visits to the website, which is much more significant and reliable even when different visitors are grouped together on the same company computer network.


This number of connections to the website (sessions) is related to the languages, the types of devices used as well as the visitors' origins (referring site, newsletter, social network, etc.).

In 2019, visits increased by 17% to reach 27177 sessions. The proportions of French, English and German-speaking users are broadly the same as in the previous year.

There are noticeable differences in the devices' types. Computers and mobiles account for the majority of the 3891 new visits. Computers are still clearly the most frequently used, but their proportion (as well as that of tablets) was down in favour of mobiles, which accounted for half (2036) of the new visits.

This trend should be confirmed or even accentuated in the coming years.

Although slightly increasing as well, the impact of social networks remains low compared to other sources since they are rarely used in the business world or for professional purposes. In one year these sent less than a thousand visitors to the website.

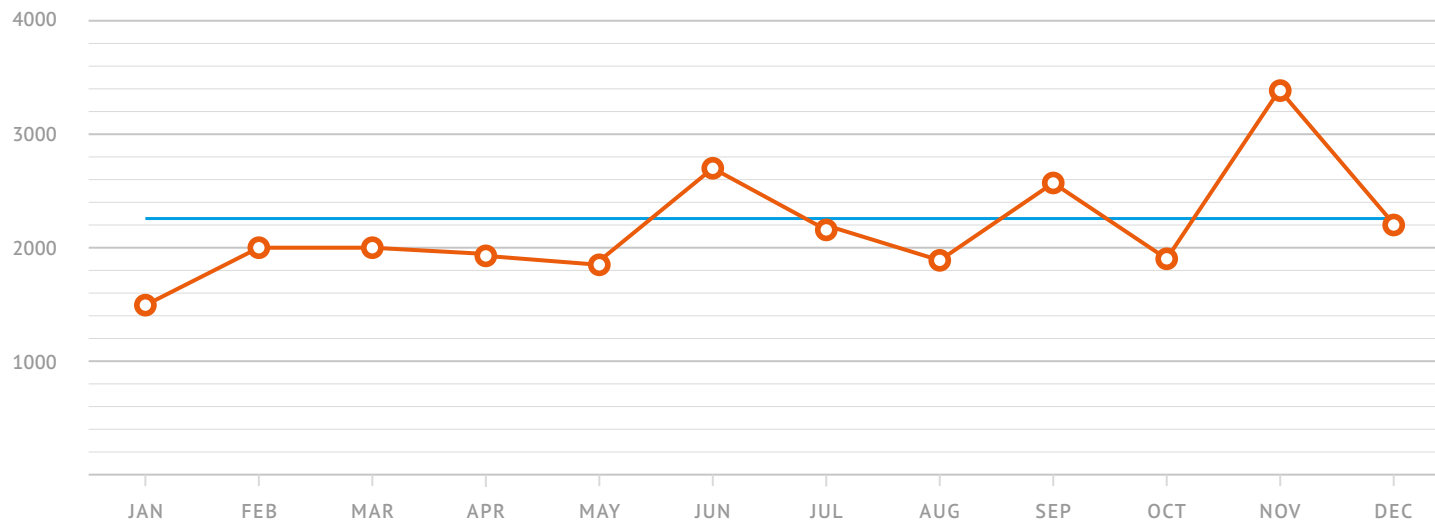


The newsletter was sent on average to 1155 recipients (+7%), 32% consulted it each month. The number of visits to the website from the newsletter also increased (+2%).

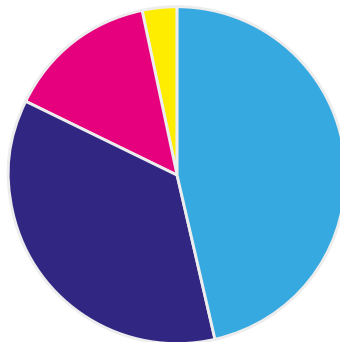
**Subscribing to the newsletter
is free and open to
all of the ASTF members.**

The vast majority of recipients are human resources contacts. They act as relays and enable information to be shared with company staff. The proportion of sharing of articles and links to the ASTF.lu website increased by 3%, representing almost 1000 new visits.

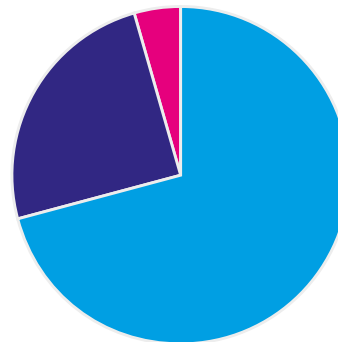
Website Connections (sessions)



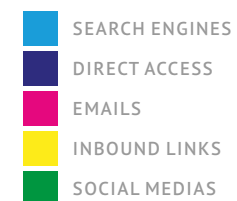
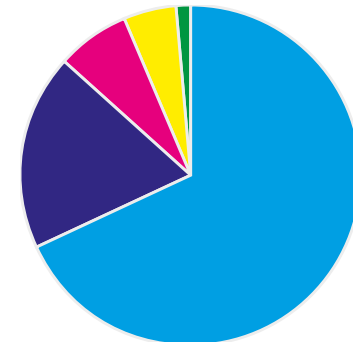
Session languages



Types of devices used



Sessions sources



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Directrice générale
- Dr Sandrine Sculfort-Tomasini
Directrice médicale

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- Dr Carole Molitor
- Dr Dominik Schmal (until dec. 31st 2019)
- Dr Stefan Weicherding-Roth

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- Wafa Bounaira
- Samy Boutiba (from nov. 15th 2019)

Psycho-social assistant

- Patrice Marchal

Executive Assistant

- Bernadette Marcher

Nurses

- Sandra Vazquez-Parras
- Alice Wasmer

Optician

- Manuela Weis

Interior architect / Ergonomist

- Christiane Reckinger

Digital Marketing Manager

- Paul Gruner

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- Claudia Barth
- Sandra Natale-Tiberi (from nov. 15th 2019)

Administrative Assistants

- Sonia Ribeiro
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