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**COMMISSION STAFF WORKING PAPER**

**Mid-term review of the European strategy 2007-2012 on health and safety at work**

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#### 1. INTRODUCTION

The European Commission adopted in February 2007 the Communication "Improving quality and productivity at work: Community strategy 2007-2012 on safety and health at work"<sup>1</sup>. The strategy provides a political framework for the improvement of occupational safety and health (OSH) at both national and European level and a roadmap for stakeholders to play their role in the implementation of the objectives identified by the strategy.

This initiative was welcomed by all EU Institutions, which highlighted the importance of a EU strategic framework for the coordination of national policies in order to ensure safer and healthier conditions for all workers<sup>2</sup>. In particular, the European Parliament called on the Commission to report to the Parliament on progress at the half-way stage of its 2007-2012 strategy in its Resolution of 15 January 2008.

The Strategy has entered its second half period of life in 2010. A mid-term evaluation has become necessary in order to take stock of the achievements, re-examine the policy orientations in the face of a changing economic and social environment and eventually set out proposals for the future of the Strategy. For this purpose, the Commission has initiated early in 2010 a process of consultation involving all stakeholders.

The main steps of this consultation process can be summarised as follows:

- First, the Commission gathered evidence on the development of the Strategy in the 27 Member States by means of: a) a survey launched in January 2010, involving all the main actors in the field<sup>3</sup>; b) a survey conducted in 2009 by the Governmental Interest Group (GIG) of the Advisory Committee on Safety and Health at Work (ACSH) in the framework of the so-called "Scoreboard"-project<sup>4</sup>; c) two workshops on national strategies organised by the ACSH in 2008 and 2009 respectively;

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<sup>1</sup> COM(2007) 62 final of 21.2.2007.

<sup>2</sup> Cf. Resolution of the Council, OJ C 145 of 30.6.2007, p. 1; Resolution of the EP A6-0518/2007 of 15.1.2008; Opinion of the Economic and Social Committee SOC 258 of 29.5.2008; Opinion of the Committee of the Regions ECOS-IV-015, 72<sup>nd</sup> Plenary Session, 28-29 November 2007.

<sup>3</sup> Based on a mapping of the strategy's main areas of action and of the relevant actors, a questionnaire tailored to the specific role and tasks of each of them was sent respectively to the Member States, the social partners, the ACSH, the SLIC, the European Agency for Safety and Health at Work and the Dublin Foundation for the Improvement of Living and Working Conditions.

<sup>4</sup> In 2007, the Government Interest Group (GIG) of the ACSH decided to launch a pilot initiative to develop a scoreboard, whose aim would be to illustrate the performance of the Member States in some specific areas of OSH national policies, according to the objectives provided by the strategy. A dedicated technical working group was set up, in March 2007, within the GIG to prepare the project. The *Scoreboard 2009* collects the results of a survey that the GIG working group has conducted, with the technical assistance of an external consultant, on the basis of a questionnaire sent to the heads of the ministries responsible for employment and social affairs in the 27 EU Member States in May 2009.

- Then the Commission promoted debate among stakeholders about the achievements made and the future of the Strategy. A Conference was organised for this purpose by the Commission, in cooperation with the Spanish Presidency of the Council, on 3-4 June 2010 in Barcelona<sup>5</sup>.

The present Staff Working Paper is based on the results of this consultation process. It provides a summary of the main achievements and of the problems and improvements necessary to enhance the implementation of the Strategy. It aims at laying the basis for a discussion involving all parties in the preparation of future EU policy initiatives in the area of occupational safety and health (OSH), in particular as regards the preparation of a new strategy for the period post-2012.

## **2. MEETING THE CHALLENGES – THE EUROPEAN STRATEGY 2007-2012**

### **2.1. The social and economic background of the Strategy**

In the introduction to the Communication of 2007, the Commission argued that in spite of the progress achieved thanks to the adoption and application of a large body of Community legislation in the last decades, the EU is still facing a number of challenges in occupational safety and health.

First of all, the burden of accidents and work-related ill-health was and is still unacceptably high both in human, social and economic terms. According to the most recent data available from Eurostat<sup>6</sup>, in 2007 more than 5,500 people died in the European Union as a consequence of work-related accidents, almost 3% of workers had a serious accident at work with more than three days of absence and no less than 8,6% of the workers - which corresponds to 23 million people in the EU - reported a work-related health problem. Accidents at work resulted in minimally 83 million calendar days of sick leave in 2007. Furthermore, there is a huge number of accidents at work leading to permanent incapacity: in 2007 this concerned 100 000 workers. In turn, the number of calendar days of sickness absence among persons with a work-related health problem summed up to at least 367 million days<sup>7</sup>. In persons with work-related health problems, 50% experienced some limitations to carry out day-to-day activities, and an additional 22% experienced considerable limitations. This has a negative impact on the individual workers, on companies and on society as a whole, and each of these groups is confronted with different economic consequences. National methodologies to calculate this economic impact may differ on what is included in the costs (e.g. absenteeism, medical health care costs), how the costs of disability are calculated for different occupations and age groups and whether intangible elements are taken into account (e.g. quality of life, "pain grief and

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<sup>5</sup> The conference has convened stakeholders and representatives of local, national and European bodies and institutions to exchange information on, and take stock of, the results of the first half period of implementation of the Community strategy. The rich exchange of views between the major actors has contributed significantly to the development of this Communication. The ACSH adopted an opinion on the results of the Barcelona conference at its 14<sup>th</sup> plenary meeting on 25 June 2010.

<sup>6</sup> *Health and safety at work in Europe (1999-2007) – A statistical portrait*, European Union, 2010.

<sup>7</sup> The data on work-related health problems refers to the 12 month reporting period in the 2007 Labour Force Survey ad hoc module on accidents at work and work-related health problems.

suffering"). In any case, recent national estimates show costs ranging between 2 and 3% of GDP.<sup>8</sup>

Secondly, occupational hazards tend to affect more than proportionally certain categories of workers (young, older, migrant workers, workers with precarious jobs), certain types of companies (small and medium-sized enterprises are particularly exposed, accounting for 82% of all occupational injuries and 90% of all fatal accidents), and certain sectors (construction, agriculture, transport and health care all present higher than average risks of accidents at work).

Finally, the nature of occupational hazards bears the impact of changes occurring in society and economy leading to the emergence of new risk factors which require proactive monitoring and eventually preventive policy action. In particular, the role of demographic changes, the transformation of work patterns, and technological innovation responsible for new processes and products, have been highlighted in numerous studies. The growing incidence of certain types of occupational risks such as work-related stress, violence and harassment, third party violence and work-related musculoskeletal disorders has been a reason for concern for occupational health and safety professionals and are increasingly attracting the attention of policy makers. Also, health and safety risks have appeared increasingly associated to the growth of atypical employment relationships such as fixed term, on-call or part-time.

## **2.2. The objectives of the Strategy**

To support the EU efforts towards a more effective prevention of occupational accidents and diseases, the European Commission defined in 2007 a new European strategy on health and safety at work for the period until 2012.

The strategy sets an ambitious goal for all Member States to achieve: an overall 25 % reduction in the total incidence rate of accidents at work by 2012. To this end, a number of specific objectives were identified, in particular:

- the improvement, simplification and better implementation of the EU regulatory framework on OSH and its adaption to changes in the workplace;
- the development of coherent national strategies adjusted to the specific context of each Member State;
- the encouragement of changes in behaviour and the promotion of a preventive culture addressing all parts of society;
- the better identification and assessment of potential new risks through more research, exchange of knowledge and practical application of results;
- the development of monitoring tools to track the progress;
- the further development of international cooperation on OSH.

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<sup>8</sup> Recent national estimates of the cost of accidents at work and work-related health problems are available from the Netherlands – 3% of GDP (Koningsveld 2004), Finland – 2% of GDP (Bjuström, 2009) and Spain – 2,3% of GDP (Spanish Association of "mutuas", 2008).

### **2.3. The actors and the instruments**

For the success of the strategy it is critical to ensure the active involvement of a wide range of actors: EU institutions, bodies and agencies; Member States, the EU and national social partners and companies. This involvement can take the form of direct participation via any of the channels that is open within the Strategy either at EU or national level. This is a strong point of the Strategy and it should be further pursued in order to ensure that EU policies in this area are widely shared and supported, establishing a large ownership. However, the involvement of actors can also take the form of initiatives launched for instance by EU social partners, outside the formal Strategy framework, that can play a very positive role in improving health and safety conditions. The Commission is supporting also such initiatives and tries to ensure their coherence with the actions launched under the Strategy.

Meeting the challenges requires finding the appropriate combination of the different instruments available at European level, while fully respecting the principle of subsidiarity. These instruments involve legislation, social dialogue at all levels and tripartite consultation, information and awareness raising activities, as well as research and integration of health and safety into other substantive areas of national and European policy.

A consequence of this approach is that reaching policy objectives needs to rely on the effective implementation of a wide range of initiatives and measures, as illustrated in details in chapter 3.

### **2.4. A new political and economic situation**

Three years later, with Europe still weathering the storm of the most serious economic crisis since decades, the mid-term review provides an opportunity to review priorities and to consider whether any of the objectives or instruments of the strategy need to be adapted.

The EU economies are struggling to exit the crisis and start a sustainable recovery at variable pace, but they are still confronted with uncertainties about the strength of global recovery and the volatility of financial markets. Amidst unemployment at historically high levels, fiscal austerity in several Member states may narrow the margin of manoeuvre for innovative social policy and the stimulus of domestic demand that are necessary to bring down the number of jobless people.

Against this difficult background the European Union has embraced a new strategic agenda for the next decade – the EU 2020 Strategy<sup>9</sup>. It aims at enhancing structural reform in Europe for achieving faster growth. The goal is to shape the future of our economies in order to have in ten years time more innovation, less energy consumption, less environmental damage, a more skilled and educated labour force and more social cohesion.

In order to reach these common goals the EU is reinforcing its methods of governance. Ambitious common EU targets, like increasing the employment rate for men and women to 75% of working age population or reducing the number of persons living in poverty by 20 million, are needed. But it is also necessary to ensure that all Member States are implementing the necessary reforms effectively and in time in order to reach these targets. Budgetary and

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<sup>9</sup> See the Communication from the Commission *Europe 2020. A strategy for smart, sustainable and inclusive growth*, COM(2010) 2020 of 3.3.2010.

structural policies need to be better coordinated, in order to create favourable conditions for sustainable growth, and avoid a new risk of monetary and financial disturbances.

Health and safety policies have their full place in this new strategic agenda. Bringing down the rate of accidents and the incidence of work-related diseases is a goal in itself as it reduces human suffering. But it also makes sense in order to reach higher productivity and less absenteeism. It is also essential if we want to ensure improved conditions for people to stay longer in the labour market. Guideline 7 of the EU2020 Strategy<sup>10</sup> recognizes this relationship by endorsing the need to promote occupational health and safety as a condition to increase labour market participation of women and men, reducing structural unemployment and promoting job quality. In any case, fiscal constraints and a difficult labour market situation should not lead to a deterioration of OSH conditions. In this respect, the current European strategy on health and safety at work remains broadly fit for purpose.

### **3. PROGRESS TO DATE**

In this section we shall assess progress for each of the objectives identified under 2.2., on the basis of an analysis of the whole range of actions foreseen along with their outcomes. Furthermore, initiatives and measures are permanently considered in connection with the actors involved.

#### **3.1. Assessment criteria**

The prime objective of the strategy is the "ongoing, sustainable and uniform reduction in accidents at work and occupational illnesses". Taking into account the overall incidence reduction trend in the period of the previous European strategy<sup>11</sup>, an ambitious target of a 25 % reduction of the total incidence rate of accidents at work in the EU-27 has been set for the period 2007-2012.

While a final assessment of the effectiveness of the strategy in promoting such a reduction will only be possible when official data for the reference year 2012 are available<sup>12</sup>, provisional estimations will be available by then.

For the time being, we can refer to the three-year trend (2007-2009) in accident rates, as reported by the above mentioned *Scoreboard 2009*<sup>13</sup>. According to these data, in fifteen of the Member States the three-year trend is downwards, in a further four it is unchanged, while in five Member States the variation is not significant. Only in three cases the trend is reported to

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<sup>10</sup> Council Decision on guidelines for the employment policies of Member States, 12 October 2010.

<sup>11</sup> Between 2000 and 2006 a reduction trend of 25% in the incidence of accidents at work was observed according to the harmonised data on accidents at work that are collected in the framework of the European Statistics on Accidents at Work (ESAW). It is also noteworthy that over the period of ten years from 1995 to 2005, the incidence rate of accidents at work in the EU-15 dropped by 27.4%, against 42.4% for fatal accidents (see *Causes and circumstances of accidents at work in the EU*, European Commission, DG EMPL, 2009).

<sup>12</sup> In principle not until 2014, according to the current procedure for collecting and processing Member States' data by Eurostat (the time limit for reporting of accidents at work by Member States to Eurostat is of 18 months).

<sup>13</sup> See note 7. Most of the Members States (23) have reported that occupational accidents represent a focus of their national strategies. The highest priorities – in terms of sectors of activity which are the most affected and therefore the most focussed on – are the sectors of construction, mining and manufacturing.

be upwards. This trend confirms the longer 10-year trend of reduction in occupational accidents, as also reported by the *Scoreboard 2009*.

However, it is important to note that the European strategy not only sets an overall quantified goal at the European level, but also defines a complete set of measures and related objectives – anticipated under 2.2. and analysed in the following paragraphs – that represent qualitatively defined goals. According to the current methodological discussion on the assessment criteria to be used in the process of evaluation of OSH strategies<sup>14</sup>, this category of goals (*system-, structure and procedure-related goals*) essentially refers to the improvement of the OSH infrastructure and its effectiveness, in contrast to traditional *hazard- or health-related goals*, which focus on reductions in the frequency of accidents, specific illnesses or exposures. In the second case, indicators are quantitative and based on official statistics or survey data; in the first case indicators are qualitative (e.g. improvement in legislation, information, enforcement structures) and are generally used for describing and monitoring the state of the OSH-system.

It is clear that the use of *system-, structure and procedure-related goals* should be regarded as a critical point for the development of assessment criteria in relation to OSH strategies. Strategies are political tools which "aim to rearrange (at least partially) structures, procedures and resources existing in this field"<sup>15</sup>. Their effects should therefore be assessed primarily against this "structural" goal and not directly referred to improvements in terms of reduction in accidents at work and occupational illnesses.

This also appears to be appropriate in view of the lack of sufficiently precise data on workplace exposure and related health effects (in particular long-term ones), which makes dependable statements about health changes as a result of the implementation of a strategy very difficult.

Last but not least, the possible impact of the current economic crisis on the number of reported accidents should not be neglected when considering any future overall incidence reduction trend. It could be argued, for example, that in a global economic downturn the number of reported accidents tends to go down just because of the reduction of investments, particularly in such sectors traditionally at risk as the construction sector, and because of higher rates of unemployment.

### **3.2. Promoting a modern and effective legal framework**

The widely recognized success of the European policy on safety and health at work in the last two decades is largely due to the adoption, transposition and application in the Member States of a robust body of Community legislation. This has not only resulted in a considerable reduction of the incidence of work-related accidents and diseases, but has also facilitated the workings of the internal market, by ensuring a level-playing field for businesses.

Legislation has been the back stone and the driving force of these improvements and has decisively contributed to promote a common European culture of prevention in the area of occupational safety and health. For this reason the promotion of a modern and effective legal framework is the first priority put forward by the European strategy 2007-2012. Also the most

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<sup>14</sup> See – also for the following considerations – the recently published *Comparative analysis of national strategies for safety and health at work*, a study commissioned by the German Federal Institute for Occupational Safety and Health, Dortmund/Berlin/Dresden, 2010.

<sup>15</sup> Ibid, p. 6.

recent EU 2020 Strategy commits the Commission to adapting the legislative framework, in line with "smart" regulation principles, to evolving work patterns and new risks for health and safety at work<sup>16</sup>.

The current strategy identifies three main initiatives in the legislative area, with different actors involved: a) strengthening implementation, b) monitoring the application of legislation, and c) simplifying the legislative framework and adapting to change.

### 3.2.1. *Strengthening implementation of EU legislation*

The correct application of European legislation is a pre-requisite for the European Union to function well and to guarantee the citizens, workers, consumers and businesses fair and equal treatment. Simply transposing Community rules into national law is not enough. The law should also be correctly applied in practice.

In this regard, it is clear that legislation needs to be complemented by other policy tools and interventions designed to reinforce the impact of regulatory provisions and to provide the suitable context for practical application and enforcement.

During the first half of the implementation of the strategy on health and safety at work, a large number of actions have been launched in this area.

**At European level**, the Commission has continued playing its role as the guardian of the Treaties, ensuring that the EU Directives are transposed and implemented effectively. At the end of 2009, the transposition rate was 100% as all infringements procedures for non-communication were closed; only a number of infringements procedures for non-conformity were still on-going.

The Commission, in cooperation with the ACSH, has continued its activity in the area of production of outreach and compliance assistance tools. A number of guidelines in different areas of prevention such as optical radiation, REACH, mobile construction, hospital sector, fisheries, agriculture and forestry, have been tendered and finalised during the period or are currently under preparation. An opinion on the means to improve the methodology for the establishment of European user guides in the area of OSH was adopted by the ACSH in June 2010.

The European Agency for Safety and Health at work (EU-OSHA) conducted in 2008-2009 a European campaign on risk assessment. The campaign was focused specifically on addressing the information needs of SMEs. The campaign provided practitioners, employers, and workers with a diverse range of tools to support the risk assessment process, ranging from factsheets to a database of online risk assessment tools. As a result of the campaign, a new online interactive Risk Assessment tool (OiRA) has been developed to meet the needs of micro and small enterprises. A campaign on "Safe Maintenance" is currently run by EU-OSHA for the period 2010-2011.

**At national level**, many initiatives have been carried out by Member States in response to the priorities indicated by the European strategy. The Member States were asked to give priority to a "package of instruments which guarantee a high level of compliance with health and safety legislation, in particular in SMEs and high-risk sectors". As indicated by the Member

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<sup>16</sup> COM(2010) 2020, p. 17.

States in their replies to the survey launched by the Commission in January 2010, awareness-raising campaigns, the development of (also IT-based) toolkits to facilitate risk assessment, the dissemination of good practice, information and guidelines, are among the instruments most frequently used to foster the better implementation of the national regulatory framework.

### 3.2.2. *Monitoring the application of legislation*

The European strategy underlines the need of a uniform application of the Community *acquis* on health and safety at work, in order to guarantee comparable levels of protection in all the Member States.

**At European level**, the Commission has continued its activity to improve the effectiveness of control and monitoring of the application of the legislation and to facilitate the cooperation between national labour inspectorates.

The *evaluation of the practical implementation of Directives 92/57/EEC<sup>17</sup>, 92/58/EEC<sup>18</sup>, 92/91/EEC<sup>19</sup>, 92/104/EEC<sup>20</sup>, 92/29/EEC<sup>21</sup> and 93/103/EC<sup>22</sup>* has been completed with the adoption of a series of Communications in 2008 and 2009<sup>23</sup>.

Since 2006, the Commission also supports the process of monitoring the implementation of the autonomous agreement on *Workers' health protection through the good handling and use of crystalline silica and products containing it*, adopted by the EU social partners and industrial organisations.

The Commission is presently working on the *establishment of a common methodology for evaluating the OSH directives*, in collaboration with a WP of the ACSH.

Further to the adoption of Directive 2007/30/EC<sup>24</sup> which has unified the *procedure for delivering of national reports on the practical implementation* of OSH directives, the Commission has been developing the structure and questionnaire to be followed by Member States and took into account an opinion delivered by the ACSH. The Commission has formally adopted this structure at the end of 2010 and has transmitted it to Member States in 2011 for application in the reporting process for the period 2007-2012.

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<sup>17</sup> Council Directive 92/57/EEC of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile construction sites, OJ L 245, 26.8.1992, p. 6.

<sup>18</sup> Council Directive 92/58/EEC of 24 June 1992 on the minimum requirements for the provision of safety and/or health signs at work, OJ L 245, 26.8.1992, p. 23.

<sup>19</sup> Council Directive 92/91/EEC of 3 November 1992 concerning the minimum requirements for improving the safety and health protection of workers in the mineral-extracting industries through drilling, OJ L 348, 28.11.1992, p. 9.

<sup>20</sup> Council Directive 92/104/EEC of 3 December 1992 on the minimum requirements for improving the safety and health protection of workers in surface and underground mineral-extracting industries, OJ L 404, 31.12.1992, p. 10.

<sup>21</sup> Council Directive 92/29/EEC of 31 March 1992 on the minimum safety and health requirements for improved medical treatment on board vessels, OJ L 113, 30.4.1992, p. 19.

<sup>22</sup> Council Directive 93/103/EC of 23 November 1993 concerning the minimum safety and health requirements for work on board fishing vessels, OJ L 307, 13.12.1993, p. 1.

<sup>23</sup> See COM(2008) 698, COM(2009) 449 and COM(2009) 599.

<sup>24</sup> Directive 2007/30/EC of the European Parliament and of the Council of 20 June 2007 amending Council Directive 89/391/EEC, its individual Directives and Council Directives 83/477/EEC, 91/383/EEC, 92/29/EEC and 94/33/EC with a view to simplifying and rationalising the reports on practical implementation, OJ L 165, 27.6.2007, p. 21.

A major role in the monitoring process has been played by the Senior Labour Inspectors Committee (SLIC).

The strategy has entrusted the SLIC with a number of specific tasks to accomplish:

- ***Examine the reasons for the different incidence rates of occupational accidents in the Member States and discuss their experience of innovative solutions which have proved effective***

Important information stems from a survey conducted by SLIC in the EU and EFTA Member States to gather information on accident rates, health indices and indicators of performance for the three years 2006 to 2008, together with examples of the measures that Member States had taken to reduce incidence rates. The results of this survey were presented in a conference organised in the framework of a thematic day of the SLIC under the Czech Presidency of the Council in May 2009.

The conference proceedings, which are now available in hardcopy, give a clear insight into the current differences in accident registration and notification procedures. In particular, they point out the need for increasing comparability of data, for a more correct and complete registration of accidents at enterprise level and notification to the competent authority, and for reliable effect indicators to be developed at sector level.

- ***Do more, when assessing the impact of the REACH Regulation, to examine the role of labour inspectorates and develop synergies in cooperation with other inspection bodies responsible for market surveillance and environmental policy***

Anticipating the impact of the REACH Regulation on the regulatory provisions for chemicals in the workplace, the SLIC had already established a working group on this subject (CHEMEX) in September 2006. CHEMEX has conducted a survey of Member States to gauge their level of preparedness to enforce the REACH Regulation. The survey has identified three key issues for the labour inspection service, i.e. the need for a common framework to enforce in a consistent manner the requirements of REACH, the need to identify points of overlap, synergy and tensions between the REACH Regulation and OSH Directives and the need to set up effective information exchange networks to identify problems and solutions to compliance.

In the meanwhile, the Commission has launched the first (2009) and second stage consultation (2011) of the social partners at EU level on the need to adapt EU Directives to Regulation (EC) No 1772/2008 on *classification, labelling and packaging of substances and mixtures* (CLP) (see also 3.2.3).

It also needs to be mentioned that, in order to coordinate Member States activities related to enforcement of REACH and CLP Regulations, the Forum for exchange of information on enforcement, a formal body at the European Chemicals Agency, has been established.

As Member States shall maintain a system of official controls and other activities appropriate to circumstances, one of the issues encompassed in the Forum and discussed between the REACH and CLP Competent Authorities is also an effective cooperation between all parts of the REACH and CLP enforcement authorities at national level. For example the Forum is developing strategy for better cooperation with customs authorities and has discussed the

implications of the Market Surveillance Regulation on national inspections for REACH and CLP.

- ***Do more to develop methods of exchanging information on the problems of applying the legislation which allow the problems to be addressed jointly***

In this area, the SLIC has launched, or further developed, a number of projects through which information on enforcement problems can be exchanged, and where joint actions have been initiated. The main tools are a) the thematic days (one day conferences at which a topic of current and mutual interest is examined), b) the peer group evaluations of national inspection systems to an agreed benchmark, c) the exchanges of officials between national inspection services, d) the recently established new electronic exchange networks SLIC-KSS (Knowledge Sharing Site), which is based on the European intranet communication platform CIRCA and which enables the rapid exchange of questions and information to members of the European Economic Area on all aspects of the OHS acquis, e) the pan-European information and enforcement campaigns (e.g. the 2007-2008 Manual handling of loads campaign; currently the 2009-2010 campaign on risks from dangerous substances in SMEs).

In addition, SLIC initiated in 2009 a pilot study amongst nine Member States to examine the shortcomings related to cross-border enforcement of penalties. This initiative, which will report in 2011, aims at creating an exchange network between the labour inspection authorities in order to improve the effectiveness of penalties across borders, especially in the framework of the posting of workers.

***At national level***, the replies to the Commission's survey have provided a very detailed picture of the initiatives taken by the Member States in the period of reference to meet the objectives set out by the European strategy. Such initiatives have regarded, in particular, the improvement of resourcing and effectiveness of the inspections, the efforts to streamline the labour inspectorates' work (e.g. control methodology, operative organisation, training and qualification system, introduction of information technology), and the enhancement of the cooperation with social partners.

The *Scoreboard 2009* devotes a specific section of the chapter on "Preventive potential" to "OSH inspection". The information collected provides an overview of the state of the arts in the Member States as regards the number of inspectors, the annual review of relevant inspection work plans, the combination of on-site and system inspection methods, the running of annual OSH campaigns by national inspection authorities, the training of inspectors, and the capacity of labour inspections to appraise occupational risks factors.

Relevant elements to be highlighted are the successful combination of on-site and system inspection methods in the majority of the Member States<sup>25</sup>, as well as the existence in almost all the Member States of regular evaluations of OSH inspection annual work plans and of systematic training programmes for OSH inspectors. Instead, still negative are the data regarding the number of OSH inspectors, which remains largely insufficient (only nine Member States have more than ten inspectors per 100,000 workers).

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<sup>25</sup> On-site inspections focus on specific OSH deficiencies, whereas system inspections evaluate the overall OSH policy in an organisation.

### 3.2.3. Simplifying the legislative framework and adapting to change

The European strategy 2007-2012 has called on the Commission "to ensure that the legislative framework is adapted to take into account the state of the art and changes in the workplace, while abiding by the principle that legislation should be coherent, simple and effective and honouring the Community's objective of reducing the administrative burden on companies".

In line with these assignments, during the period of reference the Commission has launched several initiatives in the area of legislation, which have led to two new Directives.

Some of these initiatives have been **finalised**, in particular:

- A Commission Directive establishing a *third list of indicative occupational exposure limit values* in implementation of Council Directive 98/24/EC was adopted in 2009<sup>26</sup>.
- A Council Directive<sup>27</sup> was adopted in May 2010 to implement the Framework Agreement on Prevention from *Sharp Injuries* in the Hospital and Healthcare Sector signed in July 2009 by the European sector's social partner organisations HOSPEEM (employers) and EPSU (workers).

Other initiatives are still **in progress**, in particular:

- The work for the *revision of the EMF Directive*<sup>28</sup> following the adoption of Directive 2008/46/EC<sup>29</sup>.
- The work for the proposal for a new legislative initiative in the area of *ergonomics and work-related musculoskeletal disorders*.
- As for *carcinogens*, the *Commission* has pursued its analysis of health, socio-economic and environmental aspects in connection with a range of different policy options, and in particular as regards possible amendments to Directive 2004/37/EC<sup>30</sup>.
- As to the protection of workers from risks to their health arising from exposure to *environmental tobacco smoke* (ETS), in December 2008 the Commission launched the first stage consultation of the social partners at EU level on a

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<sup>26</sup> Commission Directive 2009/161/EU of 17 December 2009 establishing a third list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC and amending Commission Directive 2000/39/EC, OJ L 338, 19.12.2009, p. 87.

<sup>27</sup> Council Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU, OJ L 134, 1.6.2010, p. 66.

<sup>28</sup> Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) OJ L 159, 30.4.2004, p. 1.

<sup>29</sup> Directive 2008/46/EC of the European Parliament and of the Council of 23 April 2008 amending Directive 2004/40/EC on minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields), OJ L 114, 26.4.2008, p. 88.

<sup>30</sup> Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work - Codification of Directive 90/394/EEC, OJ L 229, 29.6.2004, p. 23.

possible policy initiative in this area<sup>31</sup>. Work is proceeding in view of preparing the second-stage consultation.

- In December 2009, the first stage consultation of the social partners at EU level was launched on the need to adapt EU Directives to Regulation (EC) No 1772/2008 on *classification, labelling and packaging of substances and mixtures* (CLP)<sup>32</sup>. The second stage consultation was launched in January 2011.
- As regards the evaluation of the measures taken at national level in response to the recommendations concerning a) *self-employed workers*<sup>33</sup> and b) the *European schedule of occupational diseases*<sup>34</sup>, a working party (WP) of the ACSH was set up in June 2010 to assist the Commission in the evaluation of the need for future action in the area of self-employed, while a call for tender for a study on the situation of occupational diseases in the EU was published by the Commission in May 2010<sup>35</sup>.

With regard to the Commission initiatives relating to the simplification of the administrative and institutional regulatory framework, it also needs to be mentioned the codification of the "work equipment" Directive<sup>36</sup> and the "asbestos" Directive<sup>37</sup>, and the amendment of the Commission Decision which set up the SLIC<sup>38</sup>.

In the framework of the *Action Programme for Reducing Administrative Burdens in the European Union* adopted by the Commission in 2007<sup>39</sup>, a "High Level Group of Independent Stakeholders on Administrative Burdens" (HLG) has been set up to advise on the implementation of the action programme. The HLG adopted an opinion in May 2009, which includes recommendations to reduce unnecessary administrative burdens in the priority area

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<sup>31</sup> See also Council Recommendation 2009/C 296/02 of 30 November 2009 on smoke-free environments, OJ C 296, 5.12.2009, p.4

<sup>32</sup> Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006, OJ L 353, 31.12.2008, p. 1. Five OSH Directives are concerned: Directive 98/24/EC (chemical agents), Directive 2004/37/EC (carcinogens and mutagens), Directive 92/58/EEC (safety signs), Directive 92/85/EEC (pregnant workers) and Directive 94/33/EEC (young people at work).

<sup>33</sup> Council recommendation of 18 February 2003 concerning the improvement of the protection of the health and safety at work of self-employed workers, OJ L 53, 28.02.2003, p. 45.

<sup>34</sup> Commission Recommendation of 19 September 2003 concerning the European schedule of occupational diseases, OJ L 238, 25.9.2003, p. 28.

<sup>35</sup> See also *Information notices on occupational diseases: a guide to diagnosis*, European Commission, 2009.

<sup>36</sup> Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work, OJ L 260, 3.10.2009, p. 5.

<sup>37</sup> Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work, OJ L 330, 16.12.2009, p. 28.

<sup>38</sup> Commission Decision 2008/823/EC of 22 October 2008 amending Decision 95/319/EC setting up a Committee of Senior Labour Inspectors, OJ L 288, 30.10.2008, p. 5.

<sup>39</sup> COM(2007) 23.

"working environment"<sup>40</sup>, which refers to the "Framework" Directive 89/391/EEC and Directive 92/57/EEC on "Construction sites".

Some of these recommendations highlight the need to provide companies with better guidance for compliance. This would contribute to improve the implementation of legislation and would also help to reduce the burdens on companies. The HLG also points out the importance of good practice exchange among Member States and the potential of electronic or web-based solutions including electronic form-filling. These recommendations are fully in line with the objectives and results of the Strategy 2007-2012 as regards the better implementation of the EU legislation in the area of OSH (see 3.2.1).

One recommendation of the HLG also refers to the possible exemption of micro-firms undertaking low risk activities from the obligation of keeping a written record of risk assessment. This recommendation is currently under careful scrutiny by the Commission, in particular as regards the costs and benefits of both the current and potential scenarios. As a preparatory step towards a possible cost/benefit study, the Commission is currently gathering detailed information from Member States on the actual implementation of the obligation of keeping a written record of risk assessment.

In the meanwhile both the ACSH and the SLIC have been consulted on the HLG recommendations. In their opinions, the two committees highlighted the need to carry out a comprehensive study before considering any concrete measure to be taken. They also underlined the important role of written record for the correct functioning of OSH management.

*At national level*, the European strategy recommended that simplification efforts by Member States to improve the national regulatory framework should take place "without reducing the levels of protection already in place". In the period of reference, many initiatives have been carried out in this area. In many Member States, occupational health and safety legislation has been reviewed with the aim of simplifying procedures and making the application of legislative measures less burdensome for businesses. In some others, discussion involving national authorities and social partners is under way. In some Member States these initiatives correspond to a government's overall objective of reduction of administrative burdens.

In *Austria*, for example, OSH legislation has been reviewed and a list of cost-reducing measures has been prepared as part of the project "Reducing the administrative burden on companies" carried out by the Ministry of Finance. These measures, which will not cause any deterioration of health and safety at work, will be implemented in the next few years. In *Finland*, the Government's action plan for better regulation is being implemented by the Ministry of Social Affairs and Health and a special Better Regulation team has been set up in the Department for Occupational Safety and Health. The Government has committed to reducing the administrative burden by 25% by the year 2012, in accordance with the EU targets. In *Cyprus* a social debate about the modification of OSH legislation is in progress, with a view to improving and simplifying the national legislative framework.

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<sup>40</sup> Working environment / Employment relations is one of the 13 priority areas in the scope of the Action Programme for Reducing Administrative Burdens in the European Union, which covers more than 40 pieces of legislation.

### 3.3. Encourage the development and implementation of national strategies

Encourage the development and implementation of national strategies on health and safety at work is one of the key priorities set out by the European Strategy. With the words of the Communication of 2007:

*The degree to which the Community strategy is successful will depend on the Member States being committed to adopting coherent national strategies which establish quantitative objectives for reducing the incidence of occupational accidents and illnesses, target sectors and companies which have the worst track record and focus on the most common risks and the most vulnerable workers. These strategies should be defined on the basis of a detailed evaluation of the national situation, with the active participation and consultation of all interested parties, including the social partners.*

Much has been done in the last three years in this area. The generalisation of the strategic approach advocated by the European strategy is today a consolidated reality in most of the Member States. As reported by the *Scoreboard 2009*, 25 out of 27 Member States have currently a strategy (20) or comparable programmes or plans (5); 23 Member States have set measurable targets, mainly on occupational accidents; 21 Member States declare that they have a formal procedure for the evaluation of national strategies.

A dedicated WP has been set up within the ACSH to promote discussion in this area. On its initiative, two workshops on national strategies have been organised, in October 2008 and October 2009 respectively, and two opinions have been adopted by the ACSH. These opinions reflect the progress made not only in exchanging experience and good practice, but also in terms of knowledge shared about methods and theoretical implications of the strategic approach. So, while it is clear that national strategies must first of all be responsive to national systems, cultures and needs, the interest in developing a common understanding and in comparing different experiences has also been underlined as a very important priority. Common elements have been clearly identified as regards, for example, the fact that a strategy is not a simple work programme spread over several years, but it needs to be based on a systematic evaluation of the national situation, which also takes account of the socio-economic context. A strategy also needs performance indicators to monitor progress and time series to evaluate changes. Strategic action is characterised by foresightedness and a clear procedural plan. In this context, the development of measurements and indicators should be seen as part of the whole process of framing, monitoring and reviewing the effectiveness of a strategy.

The European strategy identifies a number of areas of particular interest that need to be covered by national strategies and for each of these areas a number of actors that are expected to play a significant role in the implementation of specific initiatives:

- As regards the *surveillance of worker's health* and the *rehabilitation and reintegration of workers*, these areas clearly fall under the competence of Member States. The survey conducted by the Commission in January 2010 has shown that a large number of programmes, actions and initiatives are being developed at national level, tailored to the specific situation of the different Member States.

- *Social and demographic change* has been the subject of reports and publications by EU-OSHA<sup>41</sup>. A report on "Employment and working conditions of migrant workers"<sup>42</sup> has been published in 2007 by the European Foundation for the Improvement of Living and Working Conditions (Eurofound).
- As regards the *coordination of OSH policy with other relevant policy areas*, several interesting initiatives have been developed by Member States. In *Bulgaria*, for example, the national strategy aims at the integration of OSH into business management and all *educational* levels including work training programmes, especially as regards young entrepreneurs. OSH is also addressed in the updated 2008-2015 Employment Strategy. In *Germany*, OSH is a key element of INQA (new quality of work initiative) to prepare workplaces to meet the challenges of demographic change. For the purpose of promoting health at the workplace, the Federal Ministry of Employment and Social Affairs and the Federal Ministry of Health, the national health and safety authorities and the employers' occupational accident insurance associations (*Berufsgenossenschaften*), along with health insurance funds, are together developing joint strategies and instruments to prevent diseases with a key public health impact.

### 3.4. Promoting changes in behaviour

Changing people's attitudes to health and safety issues at work involves several aspects. The EU strategy identifies in particular two main areas of initiative: a) integrating health and safety into education and training, and b) improving health and promoting awareness within companies.

#### 3.4.1. Integrating health and safety into education and training

In this regard, the ACSH already adopted a first opinion in 2006. The Committee urged the Commission "to issue a general and high level statement, instrument or action (e.g. a Recommendation) on safety and health aspects to be considered and integrated in the whole life-cycle, and in education systems in particular". In turn, EU-OSHA has been working on this topic since 2003. The latest report on this theme was published in 2009<sup>43</sup>.

Based on the information collected by EU-OSHA, and taking into account the opinion delivered by the ACSH, the Commission will be considering possible follow-up action as part of the second phase of implementation of the European strategy..

#### 3.4.2. Improving health and promoting awareness within companies

**At European level**, a long-term project on workplace health promotion has been running since 2008, managed by EU-OSHA. In this framework; an expert group has been established

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<sup>41</sup> On gender issues ([http://osha.europa.eu/en/priority\\_groups/gender](http://osha.europa.eu/en/priority_groups/gender)), migrant and young workers ([http://osha.europa.eu/en/priority\\_groups/migrant\\_workers](http://osha.europa.eu/en/priority_groups/migrant_workers); <http://osha.europa.eu/en/publications/reports/7606507/view>), people with disabilities ([http://osha.europa.eu/en/priority\\_groups/disability](http://osha.europa.eu/en/priority_groups/disability)), and ageing and older workers ([http://osha.europa.eu/en/priority\\_groups/ageingworkers](http://osha.europa.eu/en/priority_groups/ageingworkers)).

<sup>42</sup> <http://www.eurofound.europa.eu/docs/ewco/tn0701038s/tn0701038s.pdf>

<sup>43</sup> European Agency for Safety and Health at Work, *OSH in the school curriculum*, 2009 - ISBN 978-92-9191-215-5 - <http://osha.europa.eu/en/publications/reports/TE3008521ENC>

including representatives from the Commission (DG EMPL and DG SANCO), the International Labour Organisation (ILO) and the World Health Organisation (WHO).

Interesting information can also be found in some reports relevant to this area published by Eurofound, in particular on "Health and safety at work in SMEs: Strategies for employee information and consultation" (2010)<sup>44</sup> and "Working conditions and social dialogue" (2008)<sup>45</sup>.

**At national level**, several initiatives have been reported by Member States in the framework of the Commission's survey. However, in most of the cases, it is not clear whether these initiatives are continuing actions initiated in the past or are the direct consequence of the implementation of the new European strategy. These initiatives should be continued in the future, and performance indicators be developed appropriately to monitor progress.

### 3.5. Confronting new and increasing risks

The role of information and research is essential to improve the quality of the interventions in the area of occupational safety and health. The activities carried out at national level in the 27 Member States need to be networked so as to ensure a dissemination of good practice, research findings and general OSH related information in the broader European context. In this regard, the strategy identifies two main areas of initiative: a) identification of new risks, and b) promoting mental health.

#### 3.5.1. Identification of new risks

EU-OSHA continues to foster research coordination in occupational safety and health, mainly through its active participation in the 2006-2010 NEW OSH ERA consortium. This network, funded by the 6<sup>th</sup> Research Framework Programme, aims to reduce the fragmentation in the OSH European research area. During the period of reference, the European Risk Observatory has focused on the identification of new and emerging risks. Work started with the publication of four expert forecast reports which covered the broad spectrum of occupational safety and health<sup>46</sup>, follow up with detailed literature reviews and reports. The top emerging risks identified in the four reports have been followed up with detailed literature reviews and reports<sup>47</sup>.

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<sup>44</sup> <http://www.eurofound.europa.eu/docs/ewco/tn0911028s/tn0911028s.pdf>

<sup>45</sup> <http://www.eurofound.europa.eu/pubdocs/2008/21/en/1/ef0821en.pdf>

<sup>46</sup> On *emerging physical risks*, 2005, <http://osha.europa.eu/en/publications/reports/6805478/view>, *emerging biological risks*, 2007, <http://osha.europa.eu/en/publications/reports/7606488/view>, *emerging psychosocial risks*, 2007 <http://osha.europa.eu/en/publications/reports/7807118/view>, and *emerging chemical risks*, ISBN: 978-92-9191-171-4, 2009.

<sup>47</sup> See [http://osha.europa.eu/en/publications/literature\\_reviews/workplace\\_exposure\\_to\\_nanoparticles](http://osha.europa.eu/en/publications/literature_reviews/workplace_exposure_to_nanoparticles) (nanoparticles), [http://osha.europa.eu/en/publications/literature\\_reviews/HMI\\_emerging\\_risk](http://osha.europa.eu/en/publications/literature_reviews/HMI_emerging_risk) (human machine interface), [http://osha.europa.eu/en/publications/literature\\_reviews/combined-exposure-to-noise-and-ototoxic-substances](http://osha.europa.eu/en/publications/literature_reviews/combined-exposure-to-noise-and-ototoxic-substances) (noise and ototoxic substances), [http://osha.europa.eu/en/publications/reports/8108322\\_vibration\\_exposure/view](http://osha.europa.eu/en/publications/reports/8108322_vibration_exposure/view) (vibration), <http://osha.europa.eu/en/publications/reports/548OELs/view> and [http://osha.europa.eu/en/publications/reports/OELs\\_table/view](http://osha.europa.eu/en/publications/reports/OELs_table/view) (carcinogens, mutagens and reprotoxic substances), [http://osha.europa.eu/en/publications/reports/TE7007049ENC\\_skin\\_diseases/view](http://osha.europa.eu/en/publications/reports/TE7007049ENC_skin_diseases/view) (skin diseases and dermal exposure), [http://osha.europa.eu/en/publications/reports/TE-81-08-478-EN-C\\_OSH\\_in\\_figures\\_stress\\_at\\_work/view](http://osha.europa.eu/en/publications/reports/TE-81-08-478-EN-C_OSH_in_figures_stress_at_work/view) (stress at work).

In order to better understand how occupational safety and health in general and psychosocial emerging risks in particular are managed, in 2008 EU-OSHA launched its European Survey of Enterprises on New and Emerging Risks (ESENER)<sup>48</sup>. The survey, which involved over 36,000 interviews in 31 countries among managers and workers' health and safety representatives, aims to assist workplaces across Europe to deal more effectively with health and safety and to promote the health and well-being of employees.

### 3.5.2. Promoting mental health

The EU strategy stresses the importance of social partners' negotiations on violence and harassment at the workplace and encourages drawing conclusions from the assessment of the report on the implementation of framework agreement on work-related stress adopted in 2004. In this connection, it needs to be mentioned the adoption of the Framework agreement on harassment and violence at work (2007) and the presentation of the social partners' report on the implementation of the stress agreement (2008). The Commission's report on the implementation of the agreement on work-related stress<sup>49</sup> concludes that it was a significant step forward and that it had real value added in the large majority of Member States. There remains however room for improvement with regard to extending protection coverage and further developing adequate responses to work-related stress, and it is for all stakeholders to consider further initiatives.

## 3.6. Assessment of progress made

Reliable, comparable, up-to-date statistical information is vital for setting policy objectives and adopting suitable policy measures. An accurate statistical picture of health and safety at work in the EU is also critical for monitoring policy and identifying preventive needs. It is therefore important to continue with efforts to improve the quality of European statistical data on health and safety at work.

A number of initiatives carried out during the period of reference in this area deserve a particular mention. As regards statistics, the main achievement was the adoption of Regulation (EC) N. 1338/2008<sup>50</sup>, which establishes the technical and political framework for EU statistics data collection in the areas of public health and health and safety at work. In particular, various efforts have been undertaken with a view to improving the European Statistics on Accidents at Work (ESAW): the agreement of the Working Group for ESAW on the draft Implementing Regulation, the support with grants to the national authorities responsible for improvement and comparability of national systems and the quality review exercise of 2008 and 2009. The Implementing Regulation on ESAW is expected to be on the medium-long term a major solution for addressing the quality problems of measuring and comparing incidence rates of accidents at work.

The initiatives concerning a comprehensive assessment of progress in achievement of the EU strategy objectives included: the pilot project for a *Scoreboard 2009*, which provides an overview of developments in the Member States' occupational health and safety situations and performance in relation to the European strategy, and the exchange of information in the framework of the two ACSH workshops on national strategies held in 2008 and 2009.

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<sup>48</sup> <http://esener.eu>

<sup>49</sup> SEC(2011) 241 final of 24.2.2011.

<sup>50</sup> Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work, OJ L 354, 31.12.2008, p. 70.

### 3.7. Promotion of health and safety at international level

In an increasingly globalised world, progress requires action at the global level. The European Agenda for new skills and jobs<sup>51</sup> puts a strong emphasis on the EU's contribution to strengthening the social dimension of globalisation. As underlined by the European strategy on health and safety at work, the promotion of European OSH standards at international level can play a very important role in this context, also in view of the EU's strong commitment to the Decent Work Agenda<sup>52</sup>.

The benchmarking role of the EU policy in this area is largely recognised by international partners and observers. This is reflected by the rapid expansion of bilateral cooperation in the last years, not only with traditional partners from developed economies such as the United States<sup>53</sup>, but also and in particular with new partners from emerging economies such as China and India<sup>54</sup>.

Also the cooperation between the European Commission and the ILO has been recently stepped up significantly on a wide range of health and safety at work issues. Beside the promotion of ILO standards on OSH and the efforts to ensure their ratification by Member States, this cooperation has been substantiated by specific actions such as the approval of Council Directive 2009/13/EC<sup>55</sup>.

In the framework of the EU neighbourhood policy, successful negotiations have been carried out in the period of reference between the EU and Ukraine on an Enhanced agreement in which the Ukrainian part committed to gradually implementing the EU acquis in the area of health and safety into its national legal order.

Last but not least, it needs to be mentioned the enlargement work which is under development with regard to three Candidate Countries (Croatia, Turkey and the Former Yugoslav Republic of Macedonia), and five potential Candidate Countries (Albania, Bosnia and Herzegovina, Montenegro, Serbia and Kosovo).

## 4. INCORPORATE THE RESULTS OF EU SOCIAL DIALOGUE

The role played by the EU social partners in the area of health and safety at work is crucial. Social partners are best placed for identifying, and reacting to, the risks related to changing ways of work organisation. Together with European social legislation, European social dialogue is a major instrument for improving health and safety standards in the European Union.

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<sup>51</sup> COM(2010) 682 final of 23.11.2010.

<sup>52</sup> See the 2006 Commission Communication *Promoting decent work for all*, COM(2006) 249 final.

<sup>53</sup> The Sixth EU/US Joint Conference on Occupational Safety and Health took place in Boston on 22-24 September 2010.

<sup>54</sup> A Memorandum of Understanding between the European Commission and the Chinese authority on health and safety at work (SAWS) was signed in January 2009. A first joint event with focus on coal mine safety was organised in Beijing in September 2010. Discussion is going on with Indian authorities with a view to organising a first EU/India joint event in 2011.

<sup>55</sup> Council Directive 2009/13/EC of 16 February 2009 implementing the Agreement concluded by the European Community Ship-owners' Associations (ECSA) and the European Transport Workers' Federation (ETF) on the Maritime Labour Convention, 2006, and amending Directive 1999/63/EC, OJ L 124, 20.5.2009, p. 30.

Since 2007 the EU social partners have adopted a number of common texts which are very relevant for promoting common OSH objectives and should therefore be taken into account in assessing the overall results.

At cross-industry level, two texts were agreed since the start of the Strategy:

- Framework agreement on harassment and violence at work (2007)
- Guidelines to tackle third party violence and harassment related to work (2010)

EU social partners at sectoral level agreed the following texts:

- A manual on ergonomics in cleaning operations (2007)
- A guide of good practices against musculoskeletal in Telecoms (2007)
- A handbook for the prevention of accidents at sea and the safety of fishermen (2007)
- Joint declarations on stress in the electricity (2007), private security (2008) central administrations (2009)
- Joint declaration on health services (2007)
- Statement on health and safety aboard fishing vessels (2008)
- A responsible care global charter in chemistry (2008)
- Joint statement on workplace health promotion for air crew (2008)
- Joint declaration on accident prevention in the postal Sector (2009)
- A framework agreement on prevention from sharp injuries in the hospital and healthcare sector (2010)
- Joint declaration on workers' exposure to formaldehyde in the European woodworking industries (2010)
- Resolution on protecting workers' health against plant products in agriculture (2010)

EU social partners should be encouraged by the Commission in order to improve monitoring processes, and to develop relevant indicators for better implementation of their common agreements. These agreements - be they specific to a given sector or affecting all services and industries – when not implemented by EU Directives, have to be applied at national level through the procedures and practices specific to national social partners, fully respecting the diversity of national systems. A system of common indicators could therefore be extremely helpful to evaluate progress in the (national) implementation of EU level agreements.

## 5. THE SECOND HALF PERIOD OF IMPLEMENTATION: HEADLINES AND FUTURE ACTION

During the first half period of implementation of the European strategy on health and safety at work 2007-2012, almost all actions have been launched as foreseen. During the second half, this work should receive the appropriate follow-up. The years 2011 and 2012 will be crucial to consolidate the work launched and to complete, where necessary, the set of measures foreseen by the strategy to address the outstanding challenges.

Therefore, despite the progress made, there is still work to be done under the current strategy. The following sections contain an overview of the main priorities to be dealt with during the second period of implementation of the European strategy, taking account of the results of the first phase and of the problems that have been identified.

### 5.1. New regulation / Smart regulation

The recent "European strategy for smart, sustainable and inclusive growth" (Europe 2020) commits the Commission to adapting the legislative framework, in line with "smart" regulation principles, to evolving work patterns and new risks for health and safety at work. In this respect, the European strategy of 2007 identified a number of specific challenges regarding certain vulnerable categories of workers, companies and sectors, and certain types of occupational illnesses, notably musculoskeletal disorders and illnesses associated with psychosocial factors (see 2.1).

Most of these issues have been addressed during the first phase of implementation of the European strategy, through initiatives carried out at both European and national level. However efforts need to be continued to ensure that some of these initiatives are suitably finalised and a complete coverage of the priorities identified by the 2007 strategy is pursued.

The Commission pursues the preparation of a proposal in the area of *ergonomics and work-related musculoskeletal disorders*. All main stakeholders – experts, governments and social partners - will be involved in this process in the course of the second phase of implementation of the strategy. According to the Commission working programme, the adoption of the proposal may take place in the second half of 2011.

As regards *psychosocial factors*, mental health is currently at the centre of several initiatives focussing on both OSH and health care aspects<sup>56</sup>. As illustrated under 4, social dialogue has also produced in the last years relevant initiatives such as the framework agreements on work-related stress (2004) and harassment and violence at work. As for the former, the conclusion of the 2008 social partners' report and the recent report by the Commission provide the basis for further action in this area, with a view to strengthening the implementation of the social partners' agreement.

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<sup>56</sup> A conference on "Promoting mental health and well-being at workplaces" will take place in Berlin on 3-4 March 2011, organised by the Commission in cooperation with the German Federal Ministry of Health and the Federal Ministry of Labour and Social Affairs. The conference is part of the events organised in the framework of the 2008 European Pact for Mental Health and Well-being (see [http://ec.europa.eu/health/mental\\_health/policy/index\\_en.htm](http://ec.europa.eu/health/mental_health/policy/index_en.htm)). Within the context of EU-social policy, the Belgian Presidency of the EU attached high priority to mental health at workplaces by organising, together with the Commission, the conference "Investing into wellbeing at work. Managing psychosocial risks in times of change" (Brussels, 22-24 November 2010).

Other areas in which the need for possible "soft" legislation instruments still ought to be considered and further discussed are those on *sub-contracting*, *self-employed workers*, *prevention services* and *integration of occupational health and safety into education systems*. For the latter in particular, sufficient elements are available (see 3.4.1) to envisage a specific initiative in the second phase of implementation of the strategy.

In line with the Commission Communication on "Smart Regulation in the European Union"<sup>57</sup>, the principle of a "smart" approach to regulation will be taken into account in all these initiatives, so as to ensure simpler compliance for actors on the ground, more effectiveness while implementing and enforcing relevant provisions, and fewer burdens for businesses.

## **5.2. Towards better quality national strategies**

Much good work has been achieved in the first half of the current strategy in the area of development and implementation of national strategies (see 3.3). These encouraging results need to be now consolidated and further developed. The second phase of implementation of the European strategy should lay down the basis for future better quality national strategies. This would imply, first of all, identifying the elements of successful strategies and evaluating to what extent some of these elements can be generalised and applied in different contexts.

The work conducted so far by the ACSH should be pursued and upgraded in order to address the methodological implications of this issue. The three main elements of a strategy – 1) the identification of objectives and priorities against the definition of a national profile, 2) the definition of actions to improve the state of occupational safety and health, and 3) the development of monitoring tools to evaluate the impacts of the actions carried out – should be systematically analysed from a comparative perspective in order to achieve conclusions of general application.

## **5.3. Monitoring progress: towards a common EU evaluation tool?**

The second phase of implementation of the European strategy should contribute to strengthening the experience of the *Scoreboard 2009*, with a view to developing a structured and commonly accepted monitoring tool for the evaluation of future OSH European strategies implementation in the Member States.

The debate should first be launched within the ACSH to verify the possibility to expand this initiative by involving all Member States and social partners in the development of a new common project. This discussion will accompany, and could feed into, the process of evaluation of the current strategy that the Commission will launch in the course of 2011 as part of the preparations for the new Strategy (covering the 2013-20 period) which was announced in the 2011 Commission Work Programme.

This process should in particular help develop a better alignment of the future EU- and national strategies' goals and priorities. In this context, reliable indicators should be defined to be applied for the monitoring of national achievements in relation to the implementation of the EU strategy. As suggested under 3.1, these indicators should be defined taking into consideration not only hazard- and health-related goals but also structural and systemic goals referred to the improvement of the OSH infrastructure in the Member States.

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<sup>57</sup> COM(2010) 534.

## 6. CONCLUSION AND OUTLOOK

The current strategy remains broadly fit for purpose, despite the changes that have taken place in Europe since 2007, in particular the impact of the financial and economic crisis. The mid-term review has given a unique opportunity to take stock of the past achievements and to set out priorities for future action within the Strategy. Several stakeholders are already closely involved in the development of the Strategy who will take further initiatives to reinforce its outcome.

From the viewpoint of the Commission services, it is possible to draw from the assessment of the first half of the development of the Strategy the following priorities for action:

- Simplify and update existing legislation through the finalisation of legislative initiatives, after extensive consultation of social partners and stakeholders, notably in relation to the proposal for a new Directive on ergonomics replacing the existing Manual Handling and Display Screen Equipment Directives.
- Draw conclusions from the discussion on sub-contracting, self-employed, prevention services and integration of occupational health and safety into education, and consider the use of non-binding instruments such as Recommendations.
- Consolidate and further develop the encouraging results of the first phase of implementation as regards the adoption and implementation of national strategies.
- Strengthening the experience of the Scoreboard 2009, with a view to developing a structured and commonly accepted monitoring tool for the evaluation of future OSH European strategies.
- Improve the coherence between initiatives developed under the Strategy and other initiatives as those taken by the social partners in the framework of EU social dialogue, namely in terms of monitoring indicators.

Furthermore, it is necessary to start carrying out the final evaluation of the current strategy and preparing the outline of a future EU strategy

In order to identify the priorities of the new strategy a large consultation process will be launched in the course of 2011 and continued in 2012, involving all the main actors in the field.

In the meantime, EU policy on health and safety at work shall maintain its course, underpinned by a three-tiered approach:

- a solid legal framework setting binding minimum requirements for all Member States;
- the involvement of social partners, from the EU level down to company level, through tripartite and autonomous bi-partite social dialogue;
- a strategic vision promoting a preventive culture which is at the core of the current European Strategy on Health and Safety at Work 2007-2012.