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REPORT

on the EU Strategic Framework on Health and Safety at Work 2014-2020 (2015/2107(INI))

Committee on Employment and Social Affairs

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on the EU Strategic Framework on Health and Safety at Work 2014-2020 (2015/2107(INI))

The European Parliament,

– having regard to the Treaty on European Union, in particular the preamble and Articles 3 and 6 thereof,

– having regard to the Treaty on the Functioning of the European Union, in particular Articles 3, 6, 9, 20, 151, 152, 153, 154, 156, 159 and 168 thereof,

– having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 3, 27, 31, 32 and 33 thereof,

– having regard to the European Social Charter of 3 May 1996, in particular Part I and Part II, Article 3 thereof,

– having regard to the Declaration of Philadelphia of 10 May 1944 on the goals and objectives of the International Labour Organisation (ILO),

– having regard to the ILO conventions and recommendations in the field of health and safety at the workplace,

– having regard to the Council conclusions of 27 February 2015 on the EU strategic framework on health and safety at work 2014 - 2020 (6535/15) and to the Council conclusions of 5 October 2015 on a new agenda on health and safety at work to foster better working conditions,

– having regard to 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[1],

– having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (framework directive) and to its individual directives[2],

– having regard to Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time[3],

– having regard to Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation,

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[1] OJ L 354, 31.12.2008, p. 70.
[2] OJ L 183, 29.6.1989, p. 1.
[3] OJ L 299, 18.11.2003, p. 9.

– having regard to 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[1],

– having regard to the Commission Communication on an EU Strategic Framework on Health and Safety at Work 2014-2020 (COM(2014)0332),

– having regard to the Commission communication on 'Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work' (COM(2007)0062),

– having regard to the Commission communication on a 'Renewed social agenda: Opportunities, access and solidarity in 21st century Europe' (COM(2008)0412),

– having regard to the Commission report on the implementation of the European social partners' Framework Agreement on Work-related Stress (SEC(2011)0241),

– having regard to the 'EUROPE 2020 – A strategy for smart, sustainable and inclusive growth' (COM(2010)2020), and to its main objective which is to increase employment levels to 75% by the end of the decade in the European Union, including through the greater involvement of women, older workers and better integration of migrants in the workforce,

– having regard to the Commission White Paper entitled 'An Agenda for Adequate, Safe and Sustainable Pensions' (COM(2012)0055),

– having regard to the Commission Communication entitled 'Taking stock of the Europe 2020 strategy for smart, sustainable and inclusive growth' (COM(2014)0130),

– having regard to the 2015 Annual Growth Survey (COM(2014)0902) and Joint Employment Report (COM(2014)0906),

– having regard to its resolution of 20 September 2001 on harassment at the workplace[2],

– having regard to the Commission Communication to the Council and Parliament transmitting the European framework agreement on harassment and violence at work (COM(2007)0686),

– having regard to its resolution of 24 February 2005 on promoting health and safety at the workplace[3],

– having regard to its resolution of 6 July 2006 with recommendations to the Commission on protecting European healthcare workers from blood-borne infections due to needle-

[1] OJ L 165, 27.6.2007, p. 21.
[2] OJ C 77 E, 28.3.2002, p. 138.
[3] OJ C 304 E, 1.12.2005, p. 400.

stick injuries[1],

– having regard to its resolution of 23 May 2007 on promoting decent work for all[2],

– having regard to its resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work[3],

– having regard to its resolution of 26 March 2009 on corporate social responsibility in international trade agreements[4],

– having regard to its resolution of 15 December 2011 on the mid-term review of the European strategy 2007-2012 on health and safety at work[5],

– having regard to its resolution of 14 March 2013 on asbestos related occupational health threats and prospects for abolishing all existing asbestos[6],

– having regard to its resolution of 14 January 2014 on effective labour inspections as a strategy to improve working conditions in Europe[7],

– having regard to the opinion of the European Economic and Social Committee of 11 December 2014 and the opinion of the Committee of the Regions of 12 February 2015 on the Commission Communication on an EU strategic framework on health and safety at work (2014-2020),

– having regard to Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation,

– having regard to the Joint Action on Mental Health and Well-being launched in 2013,

– having regard to the 'Think Small First' principle and the Small Business Act for Europe,

– having regard to the EU-OSHA 's current campaign entitled 'Healthy Workplaces Manage Stress',

– having regard to Rule 52 of its Rules of Procedure,

– having regard to the report of the Committee on Employment and Social Affairs and the opinion of the Committee on Women's Rights and Gender Equality (A8-0312/2015),

A. whereas good working conditions which protect physical and mental health are a

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1 OJ C 303 E, 13.12.2006, p. 754.
2 OJ C 102 E, 24.4.2008, p. 321.
3 OJ C 41 E, 19.2.2009, p. 14.
4 OJ C 99 E, 3.4.2012, p. 101.
5 Texts adopted, P7_TA(2011)0589.
6 Texts adopted, P7_TA(2013)0093.
7 Texts adopted, P7_TA(2014)0012.

fundamental[1] individual workers' right that has positive value in itself;

B. whereas the economic crisis has led to increased job insecurity and atypical employment as well as reduced company earnings, especially for SMEs; whereas this should not mean losing sight of the importance of health and safety at work as well as the high social and individual costs of workplace accidents resulting from non-compliance;

C. whereas occupational health and safety is a basic interest for society as well as an investment that has a positive effect on companies' productivity and competitiveness and also improves the sustainability of the social security systems and allows people to work in good health until the statutory retirement age; whereas workplace accidents and occupational diseases are a major societal burden and improvements in occupational health and safety across Europe can contribute to the economic recovery and to reaching the Europe 2020 objectives, where little progress has been made so far towards the target of 75% employment for 20-64 year olds;

D. whereas preventing occupational risks, promoting health and safety and protecting workers in the workplace is key to improving working conditions and thus protecting workers health, which in turn confers substantial social and economic benefits on the worker concerned and society as a whole; whereas 9 out of 10 establishments in the EU-28 that carry out regular risk assessments regard them as a useful way of managing occupational health and safety[2];

E. whereas Article 153 TFEU states that the Union will support and complement the activities of the Member States in the improvement in particular of the working environment to protect workers' health and safety;

F. whereas the ageing of the EU population is one of the main challenges of the Member States; whereas there are inequalities in life expectancy between different socioprofessional categories and hardship at work; whereas in addition to musculoskeletal disorders (MSDs), workers over the age of 55 are particularly prone to cancers, heart disease, respiratory problems and sleep disorders[3]; whereas the indicator on healthy life years has regressed by 1.1 years for women and by 0.4 years for men between 2010 and 2013, which underlines the need to raise healthy life expectancy, which would also allow more people to stay in the labour market until they actually reach the statutory retirement age;

G. whereas cancers are the primary cause of work-related deaths[4], followed by cardiovascular and respiratory disease, while accidents at work account for only a very small minority of deaths; whereas chronic health problems, such as musculoskeletal disorders (MSD), are widespread in the EU and can limit people's ability to engage or stay in paid employment[5], and whereas identifying at-risk workers early is vital;

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[1] Charter of Fundamental Rights of the European Union, Article 31(1): Every worker has the right to working conditions which respect his or her health, safety and dignity.
[2] Second European Survey of Enterprises on New and Emerging Risks (ESENER-2), EU-OSHA (2015)
[3] Eurofound: 'Working conditions of an ageing workforce' Eurofound (2008).
[4] Statement by EU-OSHA Director, 18.11.2014.
[5] Report on Employment opportunities for people with chronic diseases, Eurofound (2014).

H. whereas administrative burdens and direct costs incurred by companies as a result of occupational health and safety (OSH) policies that promote well-being, a quality working environment and productivity are significantly lower than those associated with occupational diseases and accidents that the EU regulatory framework aims to prevent[1]; whereas some studies suggest that for companies the 'return on prevention' can be significant[2];

I. whereas the fatal injury at work rate and the proportion of workers, who report their physical and mental health and safety to be at risk because of their work, varies significantly across the Member States[3] and sectors of economic activity, which underlines the need for a stronger focus on implementation and enforcement of OSH legislation as an important element of safeguarding workers' health and productivity;

J. whereas work-related stress in particular, and psychosocial risks in general, are a growing problem for employees and employers across the EU and almost half of all workers consider it to be present at their workplace; whereas work-related stress contributes to absenteeism, negatively impacts productivity and accounts for almost half the number of working days lost each year; whereas actions taken to manage psychosocial risks vary across the Member States[4];

K. whereas strong, well-implemented and enforced OSH legislation is an important precondition for compliance with OSH requirements, which safeguards workers' health and productivity throughout the working life; whereas labour inspections play an important role in the implementation of occupational health and safety policies at regional and local level, and whereas fulfilling legal obligations is the main reason for many companies to manage OSH and put in place preventive measures[5];

L. whereas comprehensive worker involvement, participation, and representation at company level and commitment from management is highly important for successful risk prevention in the workplace[6] and whereas trade union organised workplaces have lower accident and illness rates;

M. whereas combating accidents at work as a whole can succeed only by promoting a people-centred approach, in every respect, to the production process;

N. whereas sufficient resources are needed to appropriately deal with both new and emerging as well as traditional OSH risks, including asbestos, nanomaterial and psycho-social risks; whereas many workers, including construction workers, are potentially exposed to asbestos;

O. whereas precarious employment has adverse effects on occupational health and safety

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[1] Evaluation of the European strategy on Safety and Health at Work 2007-2012, EC (2013) and Socio-economic costs of accidents at work and work-related ill health, EC (2012) .
[2] Berechnung des internationalen „Return on Prevention" für Unternehmen: Kosten und. Nutzen von Investitionen in den betrieblichen Arbeits- und Gesundheitsschutz, DGUV (2013).
[3] 5th Working Conditions Survey, Overview Report, Eurofound (2012).
[4] Second European Survey of Enterprises on New and Emerging Risks (ESENER-2), EU-OSHA (2015)
[5] Second European Survey of Enterprises on New and Emerging Risks (ESENER-2), EU-OSHA (2015)
[6] Worker representation and consultation on health and safety, EU-OSHA (2012)

and is undermining existing occupational health and safety structures; whereas precarious employment may exclude workers from training and access to OSH services and is associated with mental stress due to job insecurity[1]; whereas the Framework Directive 89/391/EEC places the responsibility on employers to establish a systematic prevention policy covering all risks; whereas outsourcing of work through subcontracting and temporary agency work may make it more difficult to identify who is responsible for OSH provisions; whereas undeclared work and bogus self-employment constitute a serious challenge to the implementation of OSH measures and workers' health and safety;

P. whereas social partners play an important role in the process of designing and implementing OSH policies both at national, international and EU level; whereas TFEU Articles 153 to 155 establish the scope and authority of social partners to negotiate and enforce agreements relating to occupational health and safety;

Q. whereas the EU regulatory framework is aimed at preventing occupational accidents and ill health for all workers; whereas the smaller the company the less well workers may be informed about health and safety risks at work; whereas no link has been shown to exist between the number of accidents and company size; whereas accident rates do depend on the type of production and the sector of operation[2];

R. whereas the availability and comparability of data on occupational diseases at EU-level is deficient[3];

S. whereas sexual harassment at work and the sense of insecurity it engenders should be combated;

T. whereas employment segregation, the pay gap, working time, workplaces, precarious working conditions, sexism and sex discrimination, as well as the differences associated with the specific physical aspects of maternity, are factors likely to affect working conditions for women;

U. whereas there is a stereotype of women as having lower-risk jobs, whereas the overall view in Europe is that the division of labour between men and women is never neutral, and whereas, in general, that division obscures women's health problems, as a result of which less preventive action is taken in connection with women's jobs;

V. whereas in the EU, women's employment is considerably higher in the service sector than in industry, with women being mostly employed in the health and social sector, and in retail, manufacturing, education and business activities with an increasing concentration of women working part-time and in casual jobs, which has significant OSH implications;

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[1] Flexible forms of work: 'very atypical' contractual arrangements, Eurofound (2010) and Health and well-being at work: A report based on the fifth European Working Conditions Survey, Eurofound (2012).
[2] 5th Working Conditions Survey, Overview Report, Eurofound (2012) and Third European Company Survey, Eurofound (2015).
[3] Report on the current situation in relation to occupational diseases systems in EU Member States and EFTA/EEA countries, EC (2013).

W. whereas women can face specific risks, including musculoskeletal disorders or certain types of cancer, such as breast cancer or endometrial cancer, as a result of certain types of jobs where they are over-represented[1];

X. whereas women report a higher level of work-related health problems than men irrespective of the type of work[2] and are particularly vulnerable to age-related diseases; whereas, therefore, health and safety at work measures require a gender-based and life-cycle approach;

Y. whereas reproductive capacity can be endangered by the health problems which can arise when parents-to-be or their unborn children are exposed to the effects of environmental pollution and risk factors present in the working environment;

Z. whereas empirical research suggests that women are under-represented in health and safety decision-making;

AA. whereas women in rural areas have more difficulties in exercising their labour and health rights and are more deprived of access to basic public health services, special medical treatments, and early cancer detection examinations;

The EU-OSH strategic framework

1. Stresses that all employees, including in the public sector, have a right to the highest level of protection regarding health and safety in the workplace, which must be ensured regardless of the size of the employer, the type of job, underlying contract or the Member State of employment; calls on the Commission to work out labour specific strategies covering all forms of employment under the EU-OSH regulatory framework; stresses the need for clear and efficient rules in the field of OSH;

2. Welcomes the fact that many important fields of action are identified in the EU-OSH strategic framework; regrets, nevertheless, that the Commission has not set out specific targets in the framework; stresses, in this context, that, where supported by scientific evidence and the results from the ex post evaluation of EU-OSH legislation, more concrete legislative and/or non-legislative measures as well as implementation and enforcement tools should be included in the framework, following the 2016 review;

3. Calls on the Commission and the Member States to draw up indicative reduction targets for occupational diseases and accidents at work following the 2016 review of the EU-OSH strategic framework and to rely on the latest peer-reviewed research findings when reviewing the framework; urges the Commission to assign special priority to those sectors where workers are exposed to the greatest risks and to develop guidance and to encourage the exchange of good practices for implementing OSH policies;

4. Finds regrettable the delay in drawing up the current EU-OSH strategic framework; believes that the many challenges facing European workers, businesses and labour

[1] EU-OSHA, 2013, New risks and trends in the safety and health of women at work .
[2] Occupational health and safety risks for the most vulnerable workers, EP Policy Department A, Economic and Scientific Policy, 2011, p. 40.

markets, including those identified by the Commission, call for measures to be applied in a timely and effective manner;

5. Stresses that it is vital to provide a physically and mentally safe and healthy working environment throughout people's working life in order to achieve the goal of active and healthy ageing for all workers; considers that preventing occupational diseases and accidents and paying more attention to the cumulative effects of occupational risks creates added value for workers and society as a whole;

6. Stresses the need for specific measures to counter the effects of the crisis by assisting companies seeking to improve safety and health at work;

National strategies

7. Stresses that national OSH strategies are essential and contribute to improvements in OSH in the Member States; underlines that regular reporting on progress made should be encouraged; considers it essential to continue to initiate and coordinate policies at EU level while applying a stronger focus on implementation and enforcement of the existing OSH legislation with a view to ensuring a high level of occupational health and safety for all workers; takes the view that OSH policies, at European and national level, should be made consistent with other public policies and that compliance requirements should be clear, making it easier for companies, in particular SMEs, to comply; believes that gender mainstreaming should be implemented in order to better reflect the specific risks faced by male and female workers;

8. Calls on the Member States and the Commission to ensure that national OSH strategies reflect the EU-OSH strategic framework and are fully transparent and open to input from social partners and civil society, including health stakeholders in accordance with the customs and practices of the Member States; considers the sharing of good practices as well as social dialogue as an important means of improving occupational health and safety;

9. Encourages the Member States to incorporate context-appropriate targets that are measurable and comparable into their national strategies; believes that regular and transparent reporting mechanisms on progress achieved should be encouraged; stresses the importance of reliable data;

Implementation and compliance

10. Acknowledges the importance of taking into account the situation, specific needs and difficulties with compliance by micro and small enterprises as well as certain public service sectors in the context of the implementation of OSH measures at company level; stresses that awareness raising, exchange of good practices, consultation, user-friendly guides and online platforms are of utmost importance to help SMEs and micro enterprises comply more effectively with OSH regulatory requirements; calls on the Commission, EU-OSHA and the Member States to continue developing practical tools and guidelines, which support, facilitate and improve the compliance of SMEs and micro enterprises with OSH requirements;

11. Calls on the Commission to continue taking into account the specific nature and situation of SMEs and micro-enterprises when revising the strategic framework in order to help these companies meet the objectives set as regards health and safety in the workplace; highlights that the SME concept covers approximately 99 % of all companies in its current form; calls on the Commission and the Member States to increase the efforts to collect reliable data on actual OSH implementation in micro and small enterprises;

12. Welcomes the introduction of the EU-OSHA's online interactive risk assessment (OiRA) as well as other e-tools in the Member States that facilitate risk assessment and aim to promote compliance and a culture of prevention, in particular in micro and small enterprises; urges the Member States to use the European funding for OSH actions in general and the development of e-tools in particular with the aim of supporting SMEs; emphasises the importance of awareness-raising campaigns, such as the Healthy Workplaces Campaigns, in the field of OSH and stresses the importance of raising awareness among employers and employees on basic OSH rights and obligations;

13. Calls on the Member States and social partners to take initiatives to upgrade the skills of health and safety representatives and managers in accordance with national law and practices; calls on the Member States to support the active involvement of employees in implementing preventive OSH measures and ensuring that health and safety representatives are able to receive training beyond the basic modules;

14. Underlines the importance of promoting a culture of mutual trust, confidence and learning, where employees are encouraged to contribute to the development of a healthy and safe working environment, which also promotes the social inclusion of workers and the competitiveness of companies; stresses, in this context, that workers should not suffer any detriment for raising health and safety concerns;

15. Points out that key elements of good OSH management and performance are well implemented and enforceable legislation as well as fully documented risk assessment with participation of workers and workers' representatives, which allows for appropriate preventive measures to be put in place at the workplace;

16. Calls on the Commission to take all necessary steps to monitor the implementation and enforcement of OSH legislation in the Member States; believes that the ex post evaluation of the practical implementation of EU-OSH directives in the Member States provides a good opportunity for this exercise to be carried out and expects that findings relating to the implementation of existing legislation will be taken into account as part of the review of the strategic framework;

Enforcement

17. Believes that ensuring a level playing-field across the EU and eliminating unfair competition and social dumping is crucial; stresses that labour inspectorates play a key role in enforcing workers' rights to a physically and mentally safe and healthy working environment and in providing consultation and guidance to employers, in particular SMEs and microenterprises; encourages the Member States to follow the ILO standards and guidelines on labour inspection, to ensure that adequate staffing and resources are

available to labour inspectorates and to improve training for labour inspectors, as recommended by the European Economic and Social Committee[1]; welcomes the cooperation of national labour inspectorates in the Senior Labour Inspectors Committee (SLIC);

18. Stresses the problem of implementing occupational health and safety with respect to workers who are engaged in undeclared activities; recalls that the labour inspectorates play an important role in deterring undeclared work; calls on the Member States to carry out stringent inspections and impose appropriate penalties on employers using undeclared workers; urges the Commission and the Member States to take all necessary measures to combat undeclared work; highlights that a majority of fatal accidents at work occurs in labour intensive sectors, in which undeclared work is more prevalent than in other sectors;

19. Considers that effective application of OSH legislation also depends, to a large extent, on labour inspections; believes that resources should be targeted to those sectors which have been identified as posing the highest risks to workers; urges the relevant authorities, while still performing randomised inspections, to employ risk-based supervision and to target repeat offenders in order to hold employers who do not comply with OSH requirements accountable; calls on the Member States to ensure exchange of information and to improve coordination between labour inspectorates in order to improve cross-border cooperation;

Regulatory framework

20. Welcomes efforts to improve the quality of the regulatory framework and expects further progress in this field; reminds the Commission, however, that the submission of OSH directives to REFIT and modifications of the legislation should be democratic and transparent, involve social partners and should under no circumstances result in reductions in occupational health and safety; underlines, in this context, that changes in the workplace resulting from technological development should be taken into account; points out that Member States are free to adopt higher standards than the minimum OSH requirements; believes, nevertheless, that the existing rules should be improved, inter alia, by avoiding overlapping and promoting better integration of OSH with other policy areas, while preserving and aiming at further raising of the level of health and safety protection of employees;

21. Stresses that the participation of workers and social partners at all levels, in accordance with national law and practices, is a prerequisite for the effective implementation of OSH legislation and that involvement of social partners at EU level can ensure that the OSH strategic framework is relevant to European employers and employees; calls on the social partners and the Commission to engage in a constructive dialogue on how to improve the existing regulatory framework and believes that it is necessary to strengthen the role of the social partners;

Prevention of work-related diseases and new and emerging risks

[1] OJ C 230, 14.7.2015, p. 82.

22. Highlights the importance of protecting workers against exposure to carcinogens, mutagens and substances that are toxic to reproduction; stresses, in this context, that women are often exposed to a cocktail of substances, which can increase health risks, including to the viability of their offspring; firmly reiterates its call on the Commission to present a proposal for a revision of Directive 2004/37/EC on the basis of scientific evidence adding more binding occupational exposure limit values where necessary and to develop an assessment system in cooperation with the Advisory Committee on Safety and Health at Work that is based on clear and explicit criteria; believes that possible regulatory overlaps resulting in unintended non-compliance should be addressed in this context;

23. Stresses the need to introduce more stringent protection of workers, taking into account not only exposure periods but also the mix of chemical and/or toxic substances to which they are exposed; points out that many healthcare workers are exposed to hazardous chemicals in their workplace; calls on the Commission to take action on chemical risk factors in the healthcare sector and to include specific provisions on healthcare workers' exposure to hazardous drugs in the OSH strategic framework; urges the Commission to ensure that all workers directly or indirectly involved in the use or disposal of medical sharps equipment are adequately protected; points out that this could, if necessary, entail a revision of Directive 2010/32/EU on prevention of sharps injuries in the hospital and healthcare sector;

24. Points out that many workers are still being exposed to asbestos in their workplaces; calls on the Commission to work closely with social partners and the Member States to promote and coordinate Member States' efforts to develop national action plans, provide adequate funding and take appropriate action for the management and safe removal of asbestos;

25. Reiterates its call[1] on the Commission to design and implement a model for asbestos screening and registration in accordance with Article 11 of Directive 2009/148/EC; calls for a European campaign on asbestos, and urges the Member States to compensate workers exposed to asbestos;

26. Calls on the Commission to take action on one of the most prevalent work-related health problems in Europe and submit without delay a proposal for a comprehensive legal instrument on musculoskeletal disorders (MSDs) to improve effective prevention and address the causes of MSDs, taking into account the problem of multicausality and the specific risks faced by women; points out that consolidating EU legislation laying down minimum requirements for protecting workers from exposure to ergonomic risk factors can benefit both workers and employers by making the regulatory framework easier to implement and comply with; stresses also the importance of exchange of good practices and the need to ensure that workers are more aware of and better informed about ergonomic risk factors;

27. Calls on the Member States to implement as quickly as possible the Directive 2002/44/EC of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents;

[1] Texts adopted, P7_TA(2013)0093.

28. Draws the Commission's attention to the importance of improving the prevention of occupational exposure to endocrine disruptors, which have numerous harmful effects on the health of male and female workers and their offspring[1]; calls on the Commission to draw up without delay a comprehensive strategy on endocrine disruptors which could, where necessary, include the implementation of EU legislation on the marketing of pesticides and biocides and tighten up the rules on preventing occupational risks; stresses that EU support for research in safer alternatives is vital with regard to the application of the precautionary and the substitution principle;

29. Welcomes the Commission's engagement in the EU Strategic Framework on Health and Safety at Work 2014-2020 to improve the prevention of work-related diseases especially in the fields of nanotechnology and biotechnology; highlights the uncertainty about the distribution and use of nanotechnology and believes that further research on the potential OSH risks associated with new technologies is needed; believes in this regard that the precautionary principle should be applied in order to reduce potential risks to the health and safety of workers handling nanotechnology;

30. Draws the attention of the Commission to the increased number of workers affected by chronic illness in the workforce; takes the view that accessible and safe jobs should be available for people affected by terminal illnesses, chronic and long-term conditions and disability; urges the Member States to focus on retention and integration of people affected by chronic diseases as well as to support reasonable adaptation of workplaces, which will ensure a timely return to work; calls on the Commission to promote integration and rehabilitation measures for people with disabilities and to support Member States' efforts by raising awareness and identifying and sharing good practices on accommodations and adjustments in the workplace; urges Eurofound to further examine and analyse the employment opportunities and the degree of employability of people with chronic diseases;

31. Notes that technological innovation may be beneficial to society at large; is concerned, however, about new risks brought about as a result of these changes; welcomes, in this context, the Commission's intention to establish a network of OSH professionals and scientists in order to better address future challenges; highlights the increasing use of smart collaborative robots, for example in industrial production, hospitals and retirement homes; calls on the Commission and the Member States to identify potential OSH risks stemming from technological innovation and take appropriate measures to counter them;

32. Calls on the Commission and the Member States to develop and implement a programme for systematic monitoring, managing and support for workers affected by psychosocial risks, including stress, depression and burnout in order to, inter alia, draw up effective recommendations and guidelines to fight these risks; emphasises that stress at work is recognised as a major obstacle to productivity and to the quality of life; notes in this regard that mental health and psychosocial risks can be influenced by many factors, not all of them being work-related; points out, however, that psychosocial risks and work-related stress are a structural problem linked to work organisation and that

[1] The Cost of Inaction, Nordon (2014) and Rapport sur les perturbateurs endocriniens, le temps de la précaution, Gilbert Barbier (2011).

preventing and managing psychosocial risks and work-related stress is possible; stresses the need to carry out studies, improve prevention and consider new measures based on the sharing of best practices and tools for reintegration in the labour market, when revising the OSH strategic framework in 2016;

33. Welcomes the Healthy Workplaces Manage Stress campaign; emphasises that initiatives for tackling work-related stress must include the gender dimension taking into account specific working conditions for women;

34. Draws attention to the issue of mobbing and its possible consequences on psychosocial health; points to the importance of combatting harassment and violence at work, and calls therefore on the Commission, in close cooperation with social partners, to consider submitting a proposal for a legal act based on the framework agreement on harassment and violence at work; urges the Member States, furthermore, to develop effective national strategies to combat violence at work;

35. Calls on the Commission and the Member States to adopt a targeted approach to eliminate precarious work and to take into account the negative effects that precarious work has on occupational health and safety; underlines that workers with atypical contracts may have greater difficulties accessing training and OSH services; stresses that it is vital to improve the health and safety of all workers in all forms of employment, including those who may be vulnerable such as young people and people previously affected by long-term unemployment; calls on the Member States to comply with the requirements laid down in Directive 96/71/EC to combat social dumping and in this context take all necessary measures to enforce and protect the rights of posted workers to equal treatment as regards occupational health and safety;

36. Emphasises that work in the domestic sector should be taken into account when consideration is given to ways of improving health and safety in the workplace; urges employers and policy makers to ensure and facilitate a sound work-life balance, taking into account the growing number of employees that need to combine work and care; stresses the importance of tackling excessive working hours to ensure a balance between work and family life; calls on the Member States to fully implement Directive 2003/88/EC and highlights, in this context, the importance of monitoring compliance with the provision on the maximum number of working hours;

37. Calls on the Commission and the Member States to design appropriate policies to address the aging of the workforce; believes that the OSH regulatory framework should promote sustainable working lives and healthy ageing; calls on the Member States to promote rehabilitation and reintegration measures for older workers by implementing the results of the EU pilot project on the health and safety of older workers;

38. Stresses the importance of occupational health and safety measures to target the specific challenges and risks of women in the workplace, including sexual harassment; calls on the Commission and the social partners to ensure that men and women are more equally represented in all social dialogue processes; urges the Commission to take the gender-equality dimension into account as part of the 2016 review of the OSH strategic framework; calls on the Commission to develop a European strategy to combat violence against women in the workplace and as part of this process to evaluate if Directive

2006/54/EC should be revised to broaden the scope of the Directive to cover new forms of violence and harassment; calls on the Member States to implement Commission Recommendation 92/131/EEC to promote awareness of sexual harassment and other forms of sexual misconduct;

39. Draws the attention of the Commission to the role that the sectoral social dialogue committees can play in tackling sector-specific OSH risks and creating potential added-value through agreements between the social partners using their comprehensive knowledge of sector-specific situations;

40. Stresses that the Commission should collect data, provide research and develop gender- and age-specific statistical methods of evaluating prevention with a view to targeting the specific challenges faced by vulnerable groups, including women, in the workplace;

41. Stresses the importance of investing more in risk-prevention policies as well as promoting, developing and supporting a culture of prevention as regards health and safety at work; calls on the Member States to promote awareness raising and give greater prominence to prevention and occupational health and safety in school curricula at all levels, including during apprenticeships; considers it important to focus on prevention as early as possible in the production process and promote implementation of systematic prevention programmes based on risk assessments which encourage employers and employees to contribute to a safe and healthy work environment; points out that in many Member States the quality of preventive services is key to supporting companies, in particular SMEs, to carry out risk assessment and take adequate preventive measures; calls on the Commission to examine the tasks and training requirements of preventive services laid down in national legislation by the Member States;

42. Emphasises that women must be included in the decision-making processes in relation to the development of better health and safety practices in their work environments;

43. Calls on the Commission not to overlook the issue of the development of work-related cancers, such as nasal-cavity tumours, the incidence of which is higher in cases where workers' respiratory systems are not properly protected against relatively common types of dust that are produced during the processing of wood, leather, flour, textiles, nickel and other materials;

44. Encourages the Member States to ensure equal opportunities for exercising labour rights and equal access to public health care services for all its citizens, especially for women in rural areas and other vulnerable groups of citizens;

Statistical data

45. Calls on the Commission and the Member States to improve the collection of reliable and comparable data on occupational diseases, exposures and hazards across all sectors, including the public sector, with a view to identifying best practices, promoting benchlearning and creating a common database on occupational exposures, without bringing about disproportionate costs; stresses the importance of involving national experts and keeping the database up to date; urges the Member States and the

Commission to collect more data on the risks associated with digitalisation, work-related road safety and the effects that the crisis may have had on occupational health and safety;

46. Calls on the Commission and the Member States to collect high-quality gender- and age-specific statistical data on work-related diseases in order to constantly improve and adapt, where needed, the legislative framework, in accordance to the new and emerging risks;

47. Calls on the Member States to conduct studies, broken down by gender, age and area of economic activity, into the incidence of musculoskeletal disorders among the working population at national level, with a view to preventing and combating the emergence of these disorders;

48. Stresses the importance of updating and providing common health indicators and definitions of work-related diseases, including stress at work, and EU-wide statistical data with a view to setting targets to reduce the incidence of occupational diseases;

49. Highlights the problems in collecting data in many Member States; calls for the work of EU-OSHA and Eurofound to be enhanced; urges the Member States to take all necessary steps to ensure that accidents at work are reported by employers;

International efforts

50. Calls on the Council and the Commission to ensure that all trade agreements with third countries improve the working environment to protect workers' health and safety;

51. Emphasises that the EU has an interest in and obligation to raise labour standards, including levels of occupational health and safety worldwide;

52. Urges the Commission to strengthen cooperation on OSH with international organisations, including ILO, OECD, G20 and WHO;

53. Deplores the fact that not all Member States have ratified ILO Convention No 187 on the Promotional Framework for Occupational Safety and Health; calls on all Member States to ratify the convention;

54. Instructs its President to forward this resolution to the Council and the Commission.

EXPLANATORY STATEMENT

Every year more than 4 000 workers die due to accidents at work and the number of fatal work-related diseases amounts to more than 150 000 every single year. Good health is a fundamental right in Europe and even though considerable progress has been made in the area of occupational health and safety throughout the years, major risks to workers health and safety continue to exist.

The workforce in many Member States is ageing and the demographic changes in Europe point to the need to promote a safe and healthy working environment for all workers throughout the working life cycle. The economic benefits of ambitious policies in the area of occupational health and safety are well-documented and include productivity and labour force participation as well as increased sustainability of social security systems. The economic costs of work-related injuries and illnesses are significant and the highly challenging nature of many new and emerging risks calls for immediate measures to be taken at EU level.

In the EU Strategic Framework on Health and Safety at Work 2014-2020, the Commission identifies many important challenges facing European employers and employees in the area of occupational health and safety. Addressing these challenges is of great importance and requires the application of legislative and non-legislative initiatives. Therefore, additional concrete measures should be included in the framework if the objective of ensuring a safe and healthy working environment for all European workers is to be achieved.

Implementation, compliance and enforcement

All workers, regardless of the size of their employer, the Member State of employment or the type of employment contract under which they are hired, have a right to the highest level of protection regarding health and safety in the workplace.

Fulfilling legal obligations is the main reason for many companies to manage OSH and put in place preventive measures and the proportion of workers, who report their health and safety to be at risk because of their work, varies significantly across Europe. It is necessary to improve the implementation record of the Member States to improve the health and safety situation of workers and ensure a level playing field for businesses. The ex post evaluation of the practical implementation of EU OSH directives in EU should be used to take into account the possible inadequate implementation of OSH legislation in the Member States when carrying out the review of the OSH strategic framework in 2016.

As pointed out in the EU OSH strategic framework, the effectiveness of OSH management continues to remain a challenge for micro and small enterprises. For this reason, action to promote compliance and effective OSH management by these enterprises is essential.

At national level, labour inspectorates play a key role in the effective enforcement of OSH legislation. Companies can benefit from the assistance and information provided by labour inspectors as regards preventive measures and legal requirements and increased staffing and resources is essential for labour inspectorates to carry out their duties.

Social dialogue, worker representation and management commitment is important to successful risk prevention at the workplace and more should be done to, both at Member State and EU-level, to provide training for and promote the use of health and safety representatives.

New and emerging risks and work-related diseases

The labour market in Europe is changing. Precarious employment is on the rise and new forms of employment as well as new technologies have brought about new OSH challenges that remain to be addressed. The negative impact that precarious employment has on workers' mental health in Europe points to the need for a targeted approach to improve the health and safety situation of these workers and there is an urgent need to improve the collection of comparable data on occupational diseases and exposures and to identify good preventive practices.

Many workers are still exposed to asbestos in their workplace and better protection of workers against exposure to carcinogens and mutagens as well as ergonomic risks factors is important and requires new initiatives at EU-level and better integration of OSH with other policy areas.

Lastly, psychosocial risk factors, which are a growing problem for employers and employees across Europe and are perceived to be highly challenging must be addressed. Management of psychosocial risks vary significantly between Member States and initiatives, including better monitoring, are required to improve the psychosocial working environment for workers and reducing absenteeism.

15.7.2015

OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND GENDER EQUALITY

for the Committee on Employment and Social Affairs

on the EU Strategic Framework on Health and Safety at Work 2014-2020
(2015/2107(INI))

Rapporteur: Biljana Borzan

SUGGESTIONS

The Committee on Women's Rights and Gender Equality calls on the Committee on Employment and Social Affairs, as the committee responsible, to incorporate the following suggestions into its motion for a resolution:

A. whereas working conditions are deteriorating and inequalities between Member States in terms of working conditions are increasing; whereas the economic crisis has been contributing to the aggravation of working conditions;

B. whereas, in the EU, women's employment is considerably higher in the service sector than in industry; whereas women are mostly employed in the health and social sector, retail, manufacturing, education and business activities and, increasingly, in part-time and casual jobs, which has significant occupational safety and health (OSH) implications;

C. whereas the EU Strategic Framework on Health and Safety at Work 2014-2020 should include a specific reference to gender differences, and whereas employers should pay particular attention to this issue in training and risk prevention and management activities;

D. whereas preventing occupational risks and promoting health and safety at the workplace are fundamental ways of creating and maintaining healthier and safer working environments, improving working conditions and effectively combating workplace accidents and occupational diseases;

E. whereas men have more workplace accidents than women, but women, because of their exposure to particular risks, suffer from occupational diseases to a greater extent;

F. whereas there is a stereotype of women as having lower-risk jobs, whereas the overall view in Europe is that the division of labour between men and women is never neutral, and whereas, in general, that division obscures women's health problems, as a result of which less preventive action is taken in connection with women's jobs;

G. whereas work-related stress is the second most frequent health problem in Europe – after musculoskeletal disorders – and almost half of all workers consider it to be common at their workplace; whereas it accounts for almost half the number of working days lost each year and represents an annual cost to society put at EUR 240 billion;

H. whereas identifying at-risk workers and detecting symptoms early are vital strategies for preventing musculoskeletal disorders, as is the introduction of a follow-up and monitoring system based on clinical assessments, in order to produce a more up-to-date reference model;

I. whereas combating accidents at work as a whole can succeed only by promoting a people-centred approach, in every respect, to the production process;

J. whereas employment segregation, the pay gap, working time, workplaces, precarious working conditions, sexism and sex discrimination, as well as the differences associated with the specific physical aspects of maternity, are factors likely to affect the working conditions of women;

K. whereas, according to the European Agency for Safety and Health at Work, 15 % of EU workers have to handle dangerous substances as part of their job; whereas these substances pose risks to both female and male workers; whereas, however, pregnant women who are exposed to certain toxins are at risk of a complication during pregnancy and/or a birth defect;

L. whereas research has shown that mental health problems account for large-scale productivity loss, absenteeism and days off work; whereas it is therefore vital for all stakeholders to address both the causes and the symptoms of poor mental health in order to have a resilient and productive workforce that can manage a work-life balance; whereas a gender perspective on mental health at work is required, in part due to prevailing gender inequalities, and organisational practices that promote them, and to the life roles that working women may need to balance;

M. whereas the current socio-economic crisis has led to the adoption of an increasing number of laws allowing extended working hours until late in the evening, night work, and work on public holidays and Sundays, and to the infringement of rules governing break and rest periods; whereas some sectors, such as retail services, where most of those employed are women, have been more severely affected and whereas this has had direct negative consequences on working conditions, employees' health, and on efforts to secure a work-life balance and social cohesion;

N. whereas women can face specific risks, including musculoskeletal disorders or certain types of cancer, such as breast cancer or endometrial cancer, as a result of the nature of some jobs where they are over-represented[1];

O. whereas empirical research suggests that women are underrepresented in health and safety

[1] EU-OSHA, 2013, New risks and trends in the safety and health of women at work (https://osha.europa.eu/en/publications/reports/new-risks-and-trends-in-the-safety-and-health-of-women-at-work/view).

decision-making;

P. whereas OHS provisions recognise a number of ‘vulnerable’ groups who face an increased risk when working with dangerous substances; whereas such groups include all workers (male and female) who are inexperienced, have had little or no training, have communication difficulties or have pre-existing medical conditions, young people, migrant workers and pregnant and breastfeeding women;

Q. whereas health and safety is a dynamic field that must constantly adapt and respond to changing work environments; whereas it should be recognised that there will always be a need for training and that this should address a wide range of issues, including mental health;

R. whereas women in rural areas have more difficulties in exercising their labour and health rights and are more deprived of access to basic public health services, special medical treatment and early cancer detection examinations;

S. whereas sexual harassment at work, and the sense of insecurity it engenders, must be combated;

1. Strongly deplores the fact that the proposal to revise the Maternity Leave Directive risks being withdrawn and, should that happen, insists that the Commission promptly proposes a legislative initiative in order to adapt and update the health and safety provisions of the directive dating from 1992; more generally, deplores the action taken by the Commission under the REFIT programme in the area of health and safety at work;

2. Calls on public and private companies to promote the participation of women in the making of policy decisions, since such participation is of key importance in promoting equal rights and equal treatment for women at the workplace;

3. Calls on the Member States to concentrate, through a European coordination programme, on the needs of small and medium-sized enterprises in order to enable them to improve the implementation of better working conditions for the health and safety of their employees, taking into account the specific needs of women in that regard;

4. Calls on the Member States to step up public investment in appropriate and essential human, technical and financial resources in order to verify compliance with labour standards and penalise any violations thereof, in promoting specialised professional training in health and safety at work, and in campaigns to raise awareness and provide information and advice with regard to industrial relations;

5. Calls on the Commission to establish binding European exposure limits for an extended number of toxic substances, including substances that are carcinogenic, mutagenic or toxic to reproduction, as women in particular are often exposed to a cocktail of substances both in the workplace and in the home, which can increase health risks, including to the viability of their offspring;

6. Stresses the dramatic increase in mental illnesses such as burnout or depression at work, and calls for a kind of pan-European ‘right to be uncontactable’ for all employees and a

right to work part-time or at home;

7. Draws the Commission's attention to the importance of developing prevention of occupational exposure to endocrine disruptors, which have numerous harmful effects on the health of male and female workers and their offspring; calls on the Commission to draw up without delay a comprehensive strategy on endocrine disruptors which includes the implementation of EU legislation on the marketing of pesticides and biocides and enhances the rules on preventing occupational risks;

8. Calls on the Commission to secure through the Working Time Directive and other relevant legislation working hours respecting workers' health, safety and human dignity and to regulate more efficiently the balance between work and private life for workers and a weekly common day of rest;

9. Calls on the Commission to address the increasing number of musculoskeletal diseases and of certain types of cancer among women resulting from working conditions and from their combination with household chores; reiterates its call on the Commission to propose a directive on work-related musculoskeletal disorders, with particular attention paid to female workers;

10. Calls on the Commission not to overlook the issue of the development of work-related cancers, such as nasal-cavity tumours, the incidence of which is higher in cases where workers' respiratory systems are not properly protected against types of dust that are relatively common, as they are given off during the processing of wood, leather, flour, textiles, nickel and other materials;

11. Calls for the development and better implementation of OSH structures for women working at client premises, and proposes that a study be carried out on the relevance of legislative regulation of home care;

12. Urges the Commission to conduct a study, broken down by gender and age, on workplace well-being and exposure to stress at work;

13. Calls on the Member States to implement Commission Recommendation 92/131/EEC to promote awareness against sexual harassment, or other conduct based on sex and affecting dignity; calls on the Member States also to take action in the public sector in order to implement the Commission's code of conduct, as an example to the private sector;

14. Calls on the Member States to conduct studies, broken down by gender, age and area of economic activity, into the incidence of musculoskeletal disorders among the working population at national level, with a view to determining how best to monitor those disorders;

15. Stresses the need for employers' organisations and trade unions to further promote awareness of sexual harassment and encourage women to report incidents, taking into account work already carried out through the European Social Dialogue and the Multi-Sectoral Guidelines to Tackle Third-Party Violence and Harassment Related to Work;

16. Welcomes the Healthy Workplaces Manage Stress campaign conducted by the European

Commission; emphasises that initiatives for tackling work-related stress must include the gender dimension, in view of the specific working conditions of women;

17. Calls on the Member States to take account of the gender dimension in procedures for assessing health and safety at work risks; calls, in this connection, for support for gender mainstreaming training, for knowledge and activities for safety representatives, labour inspectors and workplace doctors, especially with regard to gender-related violence in order to identify and provide help for victims of domestic violence, bullying or sexual harassment, and for the exchange of best practices, in order to foster better working conditions; stresses the importance of involving female and male workers in decision-making, monitoring and review processes;

18. Encourages the Member States to secure equal opportunities in the exercise of labour rights and equal access to public health care services for all its citizens, giving particular consideration to women in rural areas and other vulnerable groups of citizens;

19. Calls on the Commission and the Member States to promote and encourage mental wellbeing at work, with a strong gender perspective, and to highlight the need to develop and share best practice; calls for an upgraded role for the social partners, in particular trade unions, given their important role in preventing and combating working practices which are an affront to human dignity and the concept of decent work;

20. Calls on Commission and the Member States to develop and support high-quality training in the field of health and safety, working with all stakeholders to develop and share best practice, such as work-based learning, union learning, mental health, first aid, smoking cessation, and gender-specific initiatives such as well woman clinics, and women's health checks;

21. Highlights the fact that any strategy for health and safety at work must include a perspective for combating sexual harassment at work and create safe working environments for women;

22. Emphasises that women must be included in the decision-making processes relating to the development of better health and safety practices in their work environments.

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	14.7.2015
Result of final vote	+: 19 –: 4 0: 8
Members present for the final vote	Daniela Aiuto, Catherine Bearder, Malin Björk, Vilija Blinkevičiūtė, Viorica Dăncilă, Iratxe García Pérez, Anna Hedh, Mary Honeyball, Elisabeth Köstinger, Agnieszka Kozłowska-Rajewicz, Angelika Niebler, Maria Noichl, Marijana Petir, Liliana Rodrigues, Jordi Sebastià, Michaela Šojdrová, Ernest Urtasun, Elissavet Vozemberg, Jadwiga Wiśniewska, Jana Žitňanská, Inês Cristina Zuber
Substitutes present for the final vote	Biljana Borzan, Louise Bours, Stefan Eck, Linnéa Engström, Julie Girling, António Marinho e Pinto, Dubravka Šuica, Marc Tarabella
Substitutes under Rule 200(2) present for the final vote	Nedzhmi Ali, Therese Comodini Cachia

RESULT OF FINAL VOTE IN COMMITTEE RESPONSIBLE

Date adopted	13.10.2015
Result of final vote	+: 45 –: 2 0: 6
Members present for the final vote	Laura Agea, Guillaume Balas, Tiziana Beghin, Brando Benifei, Mara Bizzotto, Vilija Blinkevičiūtė, Enrique Calvet Chambon, David Casa, Ole Christensen, Jane Collins, Arne Gericke, Marian Harkin, Agnes Jongerius, Rina Ronja Kari, Agnieszka Kozłowska-Rajewicz, Zdzisław Krasnodębski, Kostadinka Kuneva, Jean Lambert, Jérôme Lavrilleux, Patrick Le Hyaric, Verónica Lope Fontagné, Javi López, Thomas Mann, Dominique Martin, Anthea McIntyre, Elisabeth Morin-Chartier, Emilian Pavel, Terry Reintke, Sofia Ribeiro, Maria João Rodrigues, Claude Rolin, Anne Sander, Siôn Simon, Jutta Steinruck, Romana Tomc, Yana Toom, Ulrike Trebesius, Ulla Tørnæs, Marita Ulvskog, Renate Weber, Tatjana Ždanoka, Jana Žitňanská, Inês Cristina Zuber
Substitutes present for the final vote	Maria Arena, Georges Bach, Lampros Fountoulis, Tania González Peñas, Dieter-Lebrecht Koch, Joachim Schuster, Csaba Sógor, Michaela Šojdrová, Tom Vandenkendelaere
Substitutes under Rule 200(2) present for the final vote	Gesine Meissner

FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE

45	+
ALDE	Enrique Calvet Chambon, Marian Harkin, Gesine Meissner, Yana Toom, Ulla Tørnæs, Renate Weber,
EFDD	Laura Agea, Tiziana Beghin,
ENF	Mara Bizzotto,
GUE/NGL	Tania González Peñas, Rina Ronja Kari, Kostadinka Kuneva, Patrick Le Hyaric, Inês Cristina Zuber,
PPE	Georges Bach, David Casa, Dieter-Lebrecht Koch, Agnieszka Kozłowska-Rajewicz, Jérôme Lavrilleux, Verónica Lope Fontagné, Thomas Mann, Elisabeth Morin-Chartier, Sofia Ribeiro, Claude Rolin, Anne Sander, Michaela Šojdrová, Csaba Sógor, Romana Tomc, Tom Vandenkendelaere,
S&D	Maria Arena, Guillaume Balas, Brando Benifei, Vilija Blinkevičiūtė, Ole Christensen, Agnes Jongerius, Javi López, Emilian Pavel, Maria João Rodrigues, Joachim Schuster, Siôn Simon, Jutta Steinruck, Marita Ulvskog,
VERTS/ALE	Jean Lambert, Terry Reintke, Tatjana Ždanoka,

2	-
EFDD	Jane Collins,
ENF	Dominique Martin,

6	0
ECR	Arne Gericke, Zdzisław Krasnodębski, Anthea McIntyre, Ulrike Trebesius, Jana Žitňanská
NI	Lampros Fountoulis,

Key to symbols:
+ : in favour
- : against
0 : abstention