

MARCH 2013  
DG EMPLOYMENT, SOCIAL AFFAIRS AND INCLUSION

# EVALUATION OF THE EUROPEAN STRATEGY ON SAFETY AND HEALTH AT WORK 2007-2012

FINAL REPORT



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## List of abbreviations

A+A fair	Safety, security and health at work trade fair
ACSH	Advisory Committee on Safety and Health at Work
BenOSH study	Study by the European Commission on <i>Socio-economic costs of accidents at work and work-related ill health</i> .
CAP	Common Agricultural Policy
CEEP	European Centre of Employers and Enterprises providing Public services
CFP	Common Fisheries Policy
CIBELES	Convergence of Inspectorates Building a European Level Enforcement System
CIRCA	Communication and Information Resource Centre Administrator - a collaborative workspace with partners of the European institutions
CLP	Classification, labelling and packaging
CP	Cohesion Policy
DG	Directorate General
DG EMPL	DG Employment, Social Affairs and Inclusion
DG ENTR	DG Enterprise and Industry
DG ENV	DG Environment
DG MARE	DG Maritime Affairs and Fisheries
DG MARKT	DG Internal Market and Services
DG RESEARCH	DG Research and Innovation
DG SANCO	DG Health and Consumers
EAFRD	European Agricultural Fund for Rural Development
EAP	Environmental Action Plan
ECHA	European Chemicals Agency

ESENER	European survey of enterprises on new and emerging risks
EU-12	The Member States joining the EU in 2004 and later
EU-15	The Member States, which joined the EU prior to 2004
EU-27	All EU Member States
EU-OSHA	European Agency for Safety and Health at Work
EEA	European Environment Agency
EFTA	European Free Trade Association
EMF	Electro-magnetic fields
ENWHP	European Network on Workplace Health Promotion
EODS	European Occupational Diseases Statistics
EPSU	European Federation of Public Service Unions
ERO	European Risk Observatory
ESAW	European Statistics on Accidents at Work
ETUC	European Trade Union Confederation
EU	European Union
Eurofound	European Foundation for the Improvement of Living and Working Conditions
EWCS	European Working Conditions Survey
GDP	Gross National Product
HLG	High level group
HORECA	Hotels, restaurants and catering sector
HOSPEEM	European Hospital and Healthcare Employers' Association
HSE	Health and Safety Executive
ILO	International Labour Organisation
LFS	Labour Force Survey
MS	Member State
MSD	Musculoskeletal disorder
NACE	Nomenclature Generale des Activites Economiques dans l' Union Europeenne
NEW OSH ERA	Initiative on New and Emerging Risks in Occupational Safety and Health – Anticipating and Dealing with Change in the Workplace through Coordination of OSH Risk Research
OECD	Organisation for Economic Co-operation and Development
OiRA	Online interactive risk assessment
OSH	Occupational safety and health

PEROSH	Partnership for European Research in Occupational Safety and Health
R&D	Research and development
REACH	Registration, Evaluation, Authorisation and Restriction of Chemical substances (European Community Regulation on chemicals and their safe use (EC 1907/2006))
SCOEL	Scientific Committee on Occupational Exposure Limits
SLIC	Senior Labour Inspectors Committee
SME	Small and medium sized enterprise
SRPP	Socially responsible public procurement
STCW-F	International Convention on Standards of Training, Certification and Watch keeping for Fishing Vessels Personnel
UEAPME	European Association of Craft, Small and Medium Sized Enterprises
WG CHEMEX	Working group under SLIC to analyse impact of the REACH regulation
WHO	World Health Organisation
WHP	Workplace health promotion
WRMSD	Work related musculoskeletal disorder
WP	Working party



## Short summary

### English summary

The Evaluation of the European strategy on Safety and Health at Work 2007-2012 was commissioned by the European Commission's Directorate General for Employment, Social Affairs & Inclusion and carried out by COWI (from Denmark), Milieu (from Belgium) and the Institute of Occupational Medicine (IOM - from Great Britain).

#### Purpose and scope of the evaluation

The overall objective of the evaluation was to provide a sound and evidence-based evaluation of the 2007-2012 EU strategy on safety and health at work and to provide reasoned recommendations for the development of future EU policy instruments in this area (e.g. a new post-2012 strategy).

#### The current strategy has been relevant and has generated European added value

The main conclusion in respect to the relevance of the current strategy is that it has been relevant and its merits have especially been in providing a clear policy basis and framework for coordination, and a common sense of direction for many of the actors involved in the OSH policy area. The strategy served as an important policy signal and driver for national action on OSH and also facilitated useful coordination in respect to public health initiatives. However, there remains room for improvement in the integration and coordination between OSH and other policy areas and between the various actors involved at the EU level. In particular, coordination with environmental policy and the important area of the REACH regulation on chemicals and their safe use has been inadequate. Also, the articulation between the strategy implementation and the European social dialogue has been limited and European social partners have felt a limited degree of ownership towards the strategy and have mainly implemented those parts of the strategy which they would have implemented in any case.

#### A new strategy is relevant

The evaluation concluded that there is a need to continue to focus on the persisting issues related to occupational health and safety, which exist throughout the EU. This should be seen in conjunction with the EU strategies for economic growth, most notably the EU2020 agenda. There is also a need for a stronger integration of

a new strategy with broader EU health and environmental strategies (in particular), through enhanced coordination with other DGs. The evaluation also recommended that a new strategy should focus clearly on musculoskeletal disorders, stress and occupational cancer deaths and should target in particular the challenges related to the implementation of the legal framework with an explicit focus on SMEs and micro-enterprises.

## Résumé en français

L'évaluation de la Stratégie européenne de santé et de sécurité au travail pour la période 2007-2012 a été commanditée par la Direction générale de l'emploi, des affaires sociales et de l'inclusion de la Commission européenne, et a été réalisée par COWI (Danemark), Milieu (Belgique) et l'Institute of Occupational Medicine (IOM - Grande-Bretagne).

### Objectif et périmètre de l'évaluation

L'objectif général de l'évaluation était de fournir une évaluation rigoureuse et factuelle de la Stratégie européenne de santé et de sécurité au travail 2007-2012, ainsi que de présenter des recommandations motivées pour le développement de futurs moyens d'action européens dans ce domaine (par exemple, une nouvelle stratégie post-2012).

### La stratégie actuelle s'est révélée pertinente et a généré une valeur ajoutée européenne

La principale conclusion est que la stratégie 2007-2012 a été pertinente et que son point fort est notamment d'avoir fourni un cadre et une base politiques clairs en matière de coordination, ainsi qu'une orientation commune pour un grand nombre d'acteurs impliqués dans le domaine d'action de la santé et sécurité au travail (SST). La stratégie a envoyé un signal politique important et a servi de moteur pour l'action nationale en matière de SST, tout en facilitant la coordination des initiatives de santé publique. Toutefois, il reste encore une marge d'amélioration dans l'intégration et la coordination entre la SST et d'autres domaines d'action, ainsi qu'entre les différents acteurs intervenant à l'échelon européen. La coordination avec la politique environnementale et le domaine de la réglementation REACH sur les produits chimiques et la sécurité de leur utilisation, s'est notamment avérée inadéquate. L'articulation entre la mise en œuvre de la stratégie et le dialogue social européen a également été limitée : les partenaires sociaux européens ne se sont pas sentis concernés outre mesure. Ils ont surtout mis en œuvre les éléments de la stratégie qu'ils auraient mis en œuvre dans tous les cas.

### Il est pertinent d'envisager une nouvelle stratégie

L'évaluation a conclu sur la nécessité de maintenir les efforts, car les problèmes liés à la santé et à la sécurité au travail persistent dans toute l'Europe. Ceci doit être envisagé parallèlement aux stratégies de croissance économique de l'UE, en particulier la stratégie Europe 2020. Il est également nécessaire d'envisager une intégration plus forte d'une nouvelle stratégie aux stratégies européennes plus générales, notamment celles de santé et d'environnement, par un renforcement de la coordination avec les autres Directions Générales. L'évaluation a également recommandé qu'une nouvelle stratégie mette clairement l'accent sur les troubles musculo-squelettiques, le stress et les décès liés aux cancers professionnels, et cible tout particulièrement les difficultés liées à la mise en œuvre du cadre juridique avec un effort marqué sur les PME et les micro-entreprises.

## Deutsche Zusammenfassung

Die Evaluierung der EU-Gemeinschaftsstrategie für Gesundheit und Sicherheit am Arbeitsplatz 2007-2012 wurde von der Generaldirektion für Beschäftigung, Soziales und Integration der Europäischen Kommission in Auftrag gegeben und von COWI (aus Dänemark), Milieu (aus Belgien) und dem Institut für Arbeitsmedizin (IOM – aus Großbritannien) durchgeführt.

Zweck und Wirkungsbereich der Evaluierung

Ziel der Evaluierung war eine aussagekräftige und evidenzbasierte Bewertung der EU-Strategie für Gesundheit und Sicherheit am Arbeitsplatz 2007-2012 sowie die Ausarbeitung begründeter Empfehlungen zur Entwicklung zukünftiger Instrumente für die EU-Politikgestaltung auf diesem Gebiet (z. B. eine neue Strategie für die Jahre nach 2012).

Die aktuelle Strategie ist sachdienlich und hat einen europäischen Mehrwert geschaffen

Bezüglich der Relevanz der aktuellen Strategie ergab sich im Wesentlichen, dass sie in der Tat sachdienlich ist und sich besonders im Bereitstellen einer klaren politischen Grundlage und eines Koordinierungsrahmens sowie einer gemeinsamen Ausrichtung der zahlreichen Akteure im Politikbereich Sicherheit und Gesundheitsschutz am Arbeitsplatz bewährt hat. Die Strategie hat nicht nur ein wichtiges politisches Signal ausgesendet und nationale Maßnahmen zu Sicherheit und Gesundheitsschutz am Arbeitsplatz angestoßen, sondern auch wichtige Koordinierungsarbeit bezüglich der verschiedenen Initiativen im Bereich der öffentlichen Gesundheit geleistet. Nichtsdestotrotz besteht noch Verbesserungsbedarf bei der Integrierung und Koordinierung von Sicherheit und Gesundheitsschutz am Arbeitsplatz mit anderen Politikbereichen sowie zwischen den verschiedenen beteiligten Akteuren auf EU-Ebene. Es mangelt insbesondere an einer angemessenen Abstimmung mit der Umweltpolitik und der maßgeblichen EU-Chemikalienverordnung REACH. Zudem fand die Umsetzung der Strategie bisher nur begrenzt Eingang in den europäischen sozialen Dialog. Die europäischen Sozialpartner fühlen sich der Strategie daher nur eingeschränkt verpflichtet und haben bis dato lediglich diejenigen Bereiche der Strategie umgesetzt, in denen sie ohnedies Handlungsbedarf sahen.

Eine neue Strategie ist wichtig

Im Rahmen der Evaluierung wurde die Notwendigkeit aufgezeigt, sich weiterhin intensiv mit den EU-weiten anhaltenden Fragen bezüglich der Sicherheit und des Gesundheitsschutzes am Arbeitsplatz zu befassen. Dies sollte in Verbindung mit den EU-Strategien für Wirtschaftswachstum und insbesondere der Agenda EUROPA 2020 geschehen. Darüber hinaus muss die neue Strategie durch eine verbesserte Abstimmung mit den anderen Generaldirektionen besser in andere, weiter gefasste EU-Strategien integriert werden, insbesondere in jene für Gesundheit und Umwelt.. Aus der Evaluierung ging zudem die Empfehlung hervor, den Schwerpunkt der neuen Strategie eindeutig auf Erkrankungen des Bewegungsapparats, Stressbelastung und Todesfälle durch berufsbedingte Krebserkrankungen zu legen. Sie solle außerdem den Herausforderungen der rechtlichen Umsetzung Rechnung tragen, besonders mit Blick auf KMU und Kleinstunternehmen.

## Executive summary

The Evaluation of the European strategy on Safety and Health at Work 2007-2012 was commissioned by the European Commission's Directorate General for Employment, Social Affairs & Inclusion and carried out by COWI (from Denmark), Milieu (from Belgium) and the Institute of Occupational Medicine (IOM - from Great Britain).

### Purpose and scope of the evaluation

The overall objective of the evaluation was to provide a sound and evidence-based evaluation of the 2007-2012 EU strategy on safety and health at work and to provide reasoned recommendations for the development of future EU policy instruments in this area (e.g. a new post-2012 strategy).

The evaluation focused on assessing the strategy's overall goal of an on-going, sustainable and uniform reduction in accidents at work and occupational illnesses as well as the six underlying objectives of the strategy: 1) A modern and effective legislative framework, 2) Development and implementation of national strategies, 3) promoting changes in behaviour, 4) Confronting new and increasing risks, 5) Assessment of progress made, and 6) International cooperation.

### Evaluation criteria and questions

The evaluation assessed these according to seven main evaluation criteria:

- Relevance; focusing on the extent to which the objectives of the strategy were chosen adequately, and the extent to which they are still relevant for future policy instruments - and how they should be revised;
- Effectiveness; i.e. assessment of outputs achieved and extent to which the objectives have been addressed and the main lessons learned;
- Coherence; considering the extent to which the actions promoted by the strategy are coherent and correspond to a non-contradictory intervention logic;
- Ownership; focusing on the degree of acceptance of and involvement in the strategy by the stakeholders, in particular the social partners;
- Impact; examining the effects which were generated from the actions taken by Member States and at the EU level as a result of the strategy;
- Consistency; focusing on the extent to which the different elements of the strategy have been included or actively promoted into employment/ public health/ education / environmental policies at the EU and national levels;

- Community added value; i.e. assessment of the extent to which the strategy contributed to achieve broad policy goals, comparing EU action to action conducted at national level.

#### Data sources

For the purpose of the evaluation, 130 interviews at Member State and EU level have been conducted. One internet-based survey has been carried out concerning national trends on accidents and occupational illnesses.

The desk review comprised a review of safety and health documentation at both EU and Member State level. This included the national strategies; EU regulations and related documents and studies; EU strategies and policies and reviews thereof; the Scoreboard 2009 outcomes; together with documents from the ACSH, the EU-OSHA, the SLIC and Eurofound.

#### The current strategy has been relevant and has generated European added value

The main conclusion in respect to the relevance of the current strategy is that it has been relevant and its merit has lied especially in providing a clear policy basis and framework for coordination, and a common sense of direction for many of the actors involved in the OSH policy area. The strategy served as an important policy signal and driver for national action on OSH and also facilitated useful coordination in respect to public health initiatives. However, there remains room for improvement in the integration and coordination between OSH and other policy areas and between the various actors involved at the EU level. In particular, coordination with environmental policy and the important area of the REACH regulation on chemicals and their safe use has been inadequate. Also, the articulation between the strategy implementation and the European social dialogue has been limited and European social partners have felt a limited degree of ownership towards the strategy and have mainly implemented those parts of the strategy which they would have implemented in any case.

#### Most actions have been implemented but there are important gaps

The strategy focused on six objectives (or priority areas): Improvement and better implementation of OSH legislation, national OSH strategies, promotion of a preventive culture, confronting new and increasing risks, monitoring/assessment of progress made, and international cooperation.

Objective 1: Legislation: Almost all planned actions have been implemented and the Commission, the ACSH and SLIC have been active with drafting supporting guidance; the exchange of best practices; and preparing the development or revision of legislation. However, the guidance produced has not been sufficiently disseminated and is not sufficiently targeted at SMEs. In addition, in terms of the updating and simplification of the regulatory framework, little substantive progress has been made, and two outstanding gaps remain in relation to the issues of subcontracting and preventive services.

Objective 2: National strategies: Almost all Member States now have a national strategy or a similar instrument and this area has reached a stage of maturity. Member States are generally actively working in the area and implementing their strategies. However, implementation is progressing at a slow pace in some countries and this indicates that future activities at the EU level in this area should not focus on establishment of strategies, but rather their implementation. The priorities emphasised in the European strategy are generally reflected in the

national strategies, with the exception of those related to the health surveillance of workers. It has been found that national strategies have been developed with inspiration from the European strategy and its priorities, but adapted to the national context and key priority areas. This is in line with the intentions of the European strategy, which specifically states that the national strategies should be defined on the basis of a detailed evaluation of the national situation.

Objective 3: Prevention: Several campaigns at European level have been successfully implemented through EU-OSHA. A risk-assessment tool for SMEs (OiRA) has been developed and information on this has been disseminated. It is now being used in several countries. However, knowledge of the actual take-up of EU-OSHA information and tools for risk assessment and management at national and company level is insufficient and this gives rise to concerns that these are not being used to their full potential. The ACSH and the Commission have not taken action in relation to mainstreaming of the OSH into training programmes as foreseen by the strategy.

Member States are working to integrate OSH into their education and training programmes, but this has not been a primary concern for them and there has been limited use of the financing opportunities offered through the EU's Social Fund.

Objective 4: New and increasing risks: Reports on a number of new and emerging risks have been produced and disseminated by more than one EU-level partner. Collectively, these provide a valuable insight into possible future problems and areas of concern although their very nature as horizon-scanning means that many partners understandably do not see them as of immediate relevance. However, as also indicated under objective 1, the knowledge produced has yet to result in actual new or revised regulatory actions on how to address these risks.

In terms of addressing existing (ongoing) risks, the OiRA tool, developed at the EU-level, provides a potentially valuable tool. However, to be of real value to SMEs it needs to either be made more directly accessible to individual employers or there needs to be a considerable growth in the number of sector-specific versions developed and distributed within the EU-27. In addition to this EU-level initiative, risk assessment tools have been developed and implemented at national level in many MS, usually recognising national priorities and needs.

Objective 5: Monitoring: The collection and collation of European-wide statistical data on occupational accidents was enabled through the establishment of common statistical methods by way of the Regulation on statistics on accidents at work (1338/2008) and its implementing Regulation (349/2011). However, there has been little progress with respect to arriving at common statistical methods for occupational diseases although a report on the current situation in the EU Member States and EFTA/EEA countries was produced and provides a good basis for additional activities in this methodologically challenging area.

Objective 6: International cooperation: The Commission has been quite active in the area of the international promotion of OSH. Cooperation with ILO has been stepped up through various projects related to ILO's Decent Work Agenda. Bilateral cooperation with candidate countries, neighbouring countries and major

economic partners has also yielded positive results. However, no substantive progress has been made on the key issue of obtaining a global ban on the use of asbestos, or on improving the comparability of data on accidents.

Impact has been achieved but data are uncertain

The strategy aimed for an on-going, sustainable and uniform reduction in accidents at work and occupational illnesses, and in relation to accidents, to reduce by 25 per cent the total incidence rate of accidents at work in the EU 27.

In respect to accidents at work, the latest Eurostat standardised incidence data on EU-27 is from 2009. The data shows a declining trend in the incidence of accidents at work in the first two years of the strategy. This is supported by data from a survey conducted in 2009 (the Scoreboard exercise), where Member States have indicated that the incidence rates are declining. A similar survey conducted in 2012 in connection with this evaluation indicates that this trend is continuing. Based on the available data, it thus seems likely that a reduction will have been achieved, and that this could have an order of magnitude similar to what was aimed for in the European strategy. However, there are uncertainties in the data, including those related to underreporting.

In respect to the incidence of occupational illnesses, the data is very limited. Data from the Scoreboard exercise in 2009 and the survey conducted for this evaluation indicates that the incidence of occupational illnesses has not been reduced. Taken together with self-reported data from workers in the European Working Conditions Survey (EWCS) conducted by Eurofound, these data indicate that the incidence will remain broadly at the same level as in 2007. However, these are merely indications as there are considerable data uncertainties.

As the development in the incidence of occupational accidents and diseases is affected by many factors not influenced by the strategy, including notably the economic crisis, it is not possible to firmly establish the extent to which the strategy has actually influenced these indicators.

The analysis of the implementation of the six objectives of the Strategy shows that some intermediate impacts have been achieved. I.e. the implementation of the strategy did to some extent support the better implementation of legislation, improve awareness raising and lead to a better understanding of risks. However, lack of implementation of some areas of the strategy also meant a rather limited impact in some respects, in particular in relation to reducing administrative burdens and reaching out to SMEs and micro-enterprises.

A new strategy is relevant

The evaluation concludes that it is relevant for the Commission to prepare a new strategy for the forthcoming period 2013 and onwards. First and foremost because, even though progress has been made in some respects under the current strategy, occupational health and safety is still a concern for all Member States and Member States face similar challenges in relation to the implementation of the legislative framework.

The experience from the current strategy shows that the policy area of OSH is complex with many issues and actors involved – both at the European and the Member State levels. Hence, even though some actions would have been

implemented in the absence of a European strategy, the relevance of the strategy is that of providing a firm policy basis for action and in facilitating the coordination of the actions taken by the many stakeholders involved.

The current EU policy agenda is dominated by the EU2020 strategy and the need to provide the appropriate policy responses to the economic crisis. There is evidence to support the argument that OSH policy can create benefits (both at the societal and individual company level) which exceed the costs. This underlines the significance of seeing OSH policy initiatives as a positive and obvious ingredient in policies aimed at ensuring competitiveness, productiveness and growth. This is also reflected in one of the seven flagship initiatives under the EU 2020 strategy, the agenda for new skills and jobs. A new strategy should be seen within this framework and could be a useful instrument for the wider implementation of the flagship initiative.

Finally, all the stakeholders consulted for this evaluation have strongly confirmed the relevance of the European strategy - even when they did not agree fully with all of the content of the current strategy.

#### Nine main recommendations

A set of key recommendations has been formulated on the basis of the analysis:

- 1) The Commission should develop a new strategy for the forthcoming period to further exploit the potential for creating European added value.**
- 2) The Commission should - until the new strategy has been developed - continue to implement the initiatives of the present strategy.**
- 3) The Commission should extend the rationale of a new strategy to focus more on the contribution to EU2020.**

As part of this it is recommended that the overall aim of the strategy should be to support the EU 2020 aim of smarter, more sustainable and more inclusive growth by reducing the cost to society of occupational illness and accidents.

- 4) The new strategy should be based on a clear and coherent framework of overall aims, objectives and actions and should provide a framework for coordinated action.**

In particular, the strategy should:

- › Take a point of departure in a limited number of strategic priorities
- › Include an annual action planning framework
- › Provide for stronger integration with other policy areas

- 5) Key objectives should place more emphasis on the health aspects of OSH compared to the current strategy.**

It is recommended that, in order to achieve this, new objectives should be framed around the twin goals of improving the health of the working



population and keeping people at work. Underlying objectives under improving the health of the working population could then be focusing on reducing absence due to ill-health or accidents and on specific causes of ill-health such as stress or MSDs.

- 6) **The new strategy should encompass a clear strategic focus on musculoskeletal disorders, stress and occupational cancer deaths.**
- 7) **The new strategy should focus explicitly on addressing the challenges related to the implementation of the OSH legislation with a particular view to SMEs and micro-enterprises**
- 8) **The Commission should consider including objectives relating to new and emerging risks in the new strategy, adopting an active role in promoting and coordinating research rather than a passive monitoring function.**
- 9) **A new strategy should maintain the focus on the development and the implementation of instruments and systems to monitor progress.**

# 1 Introduction

This report is the draft final report for the evaluation of the European strategy on safety and health at work (henceforth referred to as the European Strategy).

## Purpose of the evaluation

The objective of the evaluation is to provide a sound and evidence-based evaluation of the European Strategy and to provide reasoned recommendations for the development of future EU policy instruments in this area (e.g. a new post-2012 strategy).

The evaluation addresses two overall purposes: A retrospective view on the degree to which the strategy's goals have been met and whether or not resources have been well spent (accountability), along with an analysis on the degree of success in the implementation of the strategy with a view to building lessons learned and including these in the development of future policy instruments (learning). In this way the evaluation combines an ex-post evaluation of existing strategy and an ex-ante evaluation of a possible new strategy.

## Implementation

The evaluation was commissioned by DG Employment and implemented by a consortium consisting of COWI (Denmark), Milieu (Belgium) and the Institute of Occupational Medicine (IOM - from Great Britain). The evaluation was overseen by a Steering Group consisting of DG Employment and other Directorate Generals and by the Working Party on Strategy under the Advisory Committee for Safety and Health at Work (ACSH).

## Evaluation process

The evaluation was implemented in three main phases:

### 1) Inception phase

The evaluation was contracted on 22 December 2011 and the inception period lasted until 22 February 2012, which was the date of the inception meeting held with the ACSH Working Party on Strategy. The final inception report was sent to DG Employment on 5 March 2012 and approved without comments on 14 March 2012.

## 2) Data collection phase

Data collection at Member State and EU level was initiated immediately after the approval of the inception report and took place in parallel to the drafting of the (informal and formal) interim report.

An informal interim report was submitted 13 April and Steering Group and ACSH WP meetings were held on 18 and 19 April, respectively. Following this, a formal interim report was prepared and submitted on 25 May. This report was discussed at an ACSH WP meeting on 31 May and the Steering Group was invited to submit written comments.

## 3) Final analysis and reporting phase

A conference under the Danish Presidency took place on 28 and 29 June to discuss the European strategy and the priorities for the future. The evaluation team participated in this conference and included relevant perspectives in the draft final report, which was submitted 24 August and presented to the ACSH WP on 4 September and the ISSG on 5 September. The current final report takes the comments received into account.

### Structure of the report

This report is structured as follows:

- Chapter 2 describes the methodology used.
- Chapter 3 contains a short description of the European strategy as a background for the evaluation.
- Chapter 4 contains overviews and analysis of data collected on the implementation of the European strategy, i.e. the retrospective part of the evaluation.
- Chapter 5 provides an analysis of the evaluation questions related to the retrospective part of the evaluation drawing on the data and information presented in Chapter 4.
- Chapter 6 contains the forward-looking part of the evaluation, i.e. the horizontal analysis of the policy, economic and social context of the strategy.
- Chapter 7 contains the conclusions and recommendations.

### Progress

This evaluation is commissioned by the European Community Programme for Employment and Social Solidarity - PROGRESS (2007-2013).

This programme is implemented by the European Commission. It was established to financially support the implementation of the objectives of the European Union in the employment, social affairs and equal opportunities area, and thereby contribute to the achievement of the Europe 2020 Strategy goals in these fields.

The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and

policies, across the EU-27, EFTA-EEA and EU candidate and precandidate countries.

For more information see: <http://ec.europa.eu/progress>

## 2 The European strategy on safety and health at work

This chapter provides an overview of the European strategy, its background and the main stakeholders involved. It is intended as a short introductory chapter for the reader who is not already acquainted with the strategy.

Improving the working conditions of European workers has been a central concern for the EU institutions ever since the creation of the European Coal and Steel Community in 1952. The EU has built a body of legislation and has developed policy tools and programmes dedicated to improving the level of protection of workers' safety and health.

### Legislation

Based on legislation which addressed specific workplace risks, such as asbestos, the EU, in 1989, adopted Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (also called the "Framework Directive"), which established minimum occupational safety and health requirements throughout the EU. A series of subsequent individual directives govern specific issues related to safety and health at work. Some of these address questions related to the workplace itself, the types of work equipment or the prevention of work-related health problems.

### Policy tools / strategies

In addition to this legal framework, the European Union has developed policy tools which complement legislation and provide an integrated framework within which Member States can deliver their national policies and stakeholders can promote common initiatives. The first political framework was provided by the Community programme concerning safety, hygiene and health at work (1996-2000). This was followed by the first Community Strategy 2002-2006 on health and safety at work entitled "Adapting to change in work and society". The current Community Strategy, running from 2007 to 2012, is entitled "Improving quality and productivity at work".

### The current strategy - key objectives

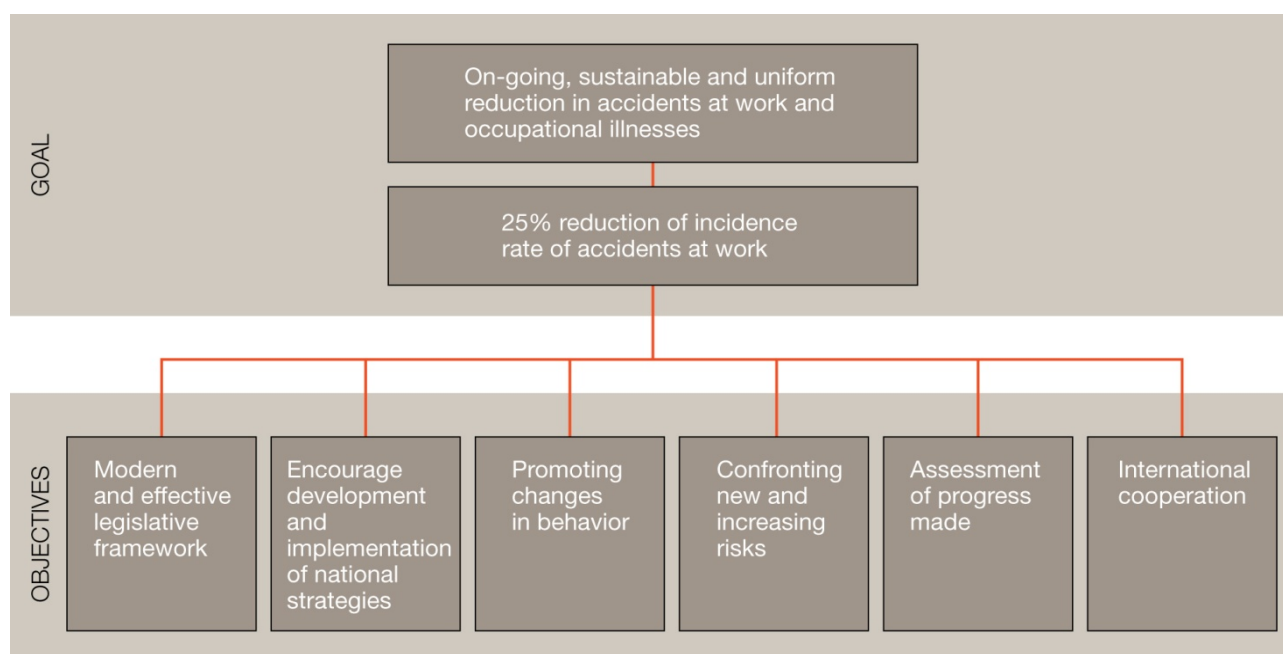
In its introductory chapter, the strategy recalls that quality jobs and the wellbeing of workers are major contributors to economic growth and improvement of public health. The strategy calls for further improvements in worker health and safety, in particular a 25% reduction in the total incidence rate of accidents at work by 2012

in EU-27 countries, in comparison to 2007 levels. The objective statement of the strategy reads:

*An ongoing, sustainable and uniform reduction in accidents at work and occupational illnesses continues to be the prime objective of the Community strategy for the period 2007- 2012. In the Commission's view, the overall objective during this period should be to reduce by 25% the total incidence rate of accidents at work per 100 000 workers in the EU 27.<sup>1</sup>*

In order to achieve this goal, the strategy defines six objectives representing the priorities of occupational health and safety prevention at the EU level for the period 2007-2012: These form the core topics for the evaluation of the strategy.

Table 2-1 Goal and objectives of the strategy



Two major sources of data on progress in respect to implementation of the strategy exist: The Scoreboard 2009 and the Mid-term review.

#### Scoreboard 2009

The Scoreboard 2009 report collected the results of a survey undertaken by the ACSH on the basis of questionnaires sent to Member States in May 2009. The goal of the survey was to gather comparative data on specific areas of Member State OSH policies related to the objectives of the European Strategy. In addition to information on trends in the rates of accidents and work-related health problems, Member States were asked to provide information allowing for the evaluation of the status of implementation of national strategies and comparison to the objectives of the Community strategies.

<sup>1</sup> COM(2007) 62

### Mid-term review

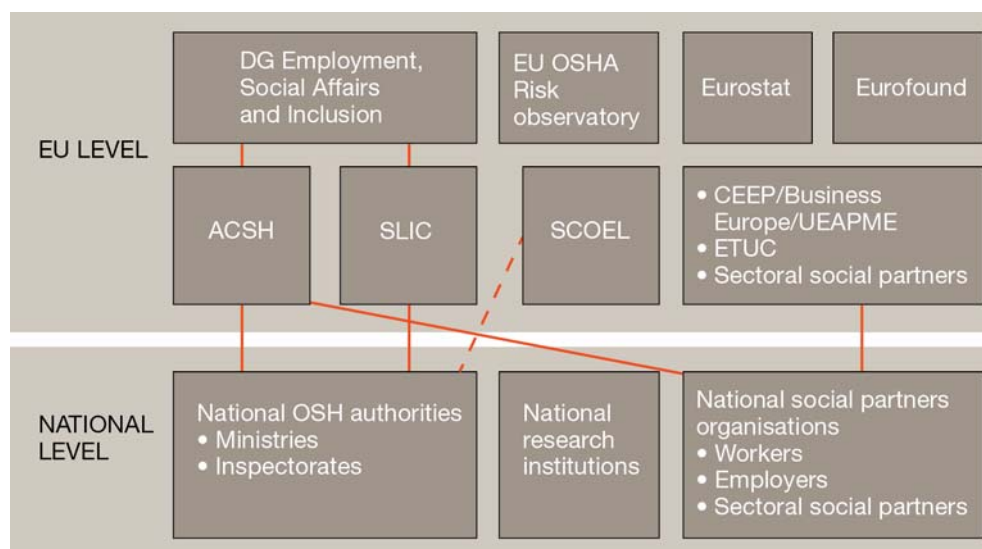
On 27 April 2011, the European Commission published its Mid-term review of the European Strategy, which evaluates the outcomes of the strategy, objective by objective. The main conclusion from the mid-term evaluation of the strategy is that, despite the difficult socio-economic context of the past three years, the broad goals of the strategy remain valid and the Commission is committed to their achievement. At the national level, the mid-term review recommends the identification of best practices and an evaluation of whether certain elements could be generalised and applied in different contexts. The Mid-term review built on a survey conducted by the Commission, which collected data on initiatives and actions taken by the Member States in respect to the European Strategy.

In addition to these important sources of information at the EU level, several Member States have also carried out evaluations of their national strategies, which contain valuable data for determining the progress made in respect to strategy implementation.

### Key stakeholders in strategy implementation

The implementation of the strategy depends on several actors and stakeholders at EU and national levels as illustrated in the figure below.

Table 2-2 *Main stakeholders implementing the strategy*



At the EU level this includes first and foremost DG Employment, Social Affairs and Inclusion of the European Commission and the three committees which bring together national experts from the 27 Member States: the Advisory Committee on Safety and Health at Work (ACSH), the Senior Labour Inspectors Committee (SLIC), and the Scientific Committee on Occupational Exposure Limits (SCOEL)<sup>2</sup>. The ACSH and the SLIC in particular are called upon in the strategy to carry out certain tasks related to the evaluation of EU legislation and policies in the field of health and safety at work.

<sup>2</sup> All SCOEL members act as independent scientific experts, not as representatives of their national governments.

The role of the European Agency for Health and Safety at Work (EU-OSHA) is also highlighted in the strategy, which recalls at several points EU-OSHA's research and expertise capacities as well as its central role in the promotion of occupational health and safety. EU-OSHA's campaigns are aimed at triggering action at the EU level and also prompting further promotional activities at the national level. The EU-OSHA has a focal point in each Member State (typically the competent national authority for safety and health at work).

In addition, Eurostat and the European Foundation for the Improvement of Living and Working Conditions (Eurofound) are also called upon in the strategy in relation to several specific areas relating to statistics and research.

At the national level, Member States health and safety authorities play a key role in implementing the strategy, as do the national labour inspectorates when it comes to enforcement and monitoring of compliance.

Among the many other actors who play a role in the creation and implementation of OSH legislation and policies, European and national social partners are in a key position as they provide the channel for the views of employers and workers and are direct actors in negotiating working conditions. At the EU level, the leading cross-industry organisations are European Centre of Employers and Enterprises providing Public services (CEEP), BUSINESSEUROPE and UEAPME<sup>3</sup>, which represent employers in the public and private sectors, and the European Trade Union Confederation (ETUC), representing workers. In addition, more than 80 sectoral social organisations represent workers and employers at the EU level. They have also jointly developed a number of health and safety actions and documents. All these organisations, cross-industry and sectoral, representing at the EU level both employers and workers, form the European social dialogue (see box below).

At the national level, social partners are instrumental in the making of OSH policy and in the implementation of OSH measures at the company level. As is the case at the EU level, national social partners include representatives of employers, workers and, in certain countries, the self-employed and they can be cross-industry or sectoral.

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<sup>3</sup> European Association of Craft, Small and Medium Sized Enterprises



*Box 2-1 The European Social Dialogue<sup>4</sup>*

The European Social Dialogue takes place at cross-industry and sectoral level, where more than 80 organisations, the "EU social partners", coming from different economic sectors, represent employers and employees' interests. The EU sectoral social dialogue is organised within the framework of European sectoral social dialogue committees.

The Commission has created 41 European social dialogue committees, which now cover 145 million workers in Europe, i.e. more than three-quarters of the European workforce. These are fora for consultations on European policies and tools for autonomous social dialogue among the European social partners who may develop joint actions and conduct negotiations, thereby contributing directly to shaping EU labour legislation and policies.

European social partners may adopt agreements. In the latter case, the agreements are binding only for the signatories and their affiliates. The framework agreements adopted by the EU cross-industry social partners apply to all sectors (e.g. Framework Agreement on stress at work), while sectoral agreement can take into account the specificity of market conditions and working conditions in sectors.

The European Social Dialogue has existed for almost 30 years. Since then, almost 30 OSH-related agreements/joint declaration/frameworks of action have been adopted (including two cross-industry agreements on work-related stress and on harassment and violence at work) and 18 tools have been developed, such as review of good practices.

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<sup>4</sup> DG Employment web page on 'Social dialogue':  
<http://ec.europa.eu/social/main.jsp?catId=329&langId=en> and information from DG Employment, Unit B1 – Social Dialogue

### 3 Evaluation methodology

This chapter provides an overview of the methodology used for the evaluation, i.e. the evaluation criteria and questions to be addressed and the methods applied for collecting and analysing data. The methodology was developed in connection with the proposal submitted for the evaluation and further refined during the inception phase. The detailed methodology was presented and approved in connection with the inception report.

#### 3.1 Evaluation criteria and questions

This evaluation addresses seven evaluation criteria. These are listed in the table below along with the evaluation questions posed under each criterion.

*Table 3-1 Evaluation criteria and questions*

Criterion	Question to be addressed
Relevance	Q1: To which extent were the objectives of the strategy chosen adequately? Q2: To which extent are the objectives still relevant for future policy instruments - and how should they be revised?
Effectiveness	Q3: What are the outputs of the strategy at Member State level in relation to the objectives put forward by the strategy? Q4: What are the outputs/achievements of the strategy at EU level in relation to the objectives put forward by the strategy? Q5: To what extent have the objectives been addressed during the period 2007-2012? Q6: What are the main lessons learned and which priorities should be taken into account in the development of future policy instruments?
Coherence	Q7: To what extent are the actions promoted by the strategy coherent and correspondent to a non-contradictory intervention logic? If they are not, why?
Ownership	Q8: To what extent did the stakeholders, in particular EU and national social partners, accept the strategy and felt involved in its implementation? If they did not, why?

Criterion	Question to be addressed
Impact	Q9: What were the effects generated from the actions taken by Member States and at the EU level as a result of the European strategy?
Consistency	Q10: To what extent have the different elements of the strategy been included or actively promoted into national employment/ public health/ education / environmental policies?  Q11: To what extent have the different elements of the strategy been included or actively promoted into other EU policy areas?
Community added value	Q12: To what extent has the strategy contributed to achieve broad policy goals, comparing EU action to action conducted at national level? Which were the limits there, if any?  Q13: Were the actions/actors identified appropriate?

During the inception phase, the evaluation methodology was developed and illustrated in tables covering the judgement criteria, indicators, methods and sources of data to be applied to each evaluation question. These tables are included in Appendix A.

## 3.2 Data collection and analysis

Data collection and analysis was conducted in three tasks:

Task A: Data collection from Member States

Task B: Data collection at EU level

Task C: Horizon scanning

### 3.2.1 Task A - collecting data from Member States

The data collection in the Member States was based on desk studies and interviews. The desk studies comprised the following main sources:

- > National strategy(ies);
- > Evaluations of national strategy(ies);
- > Other documents available relating to national strategy or implementation thereof;
- > Scoreboard 2009;
- > EU-OSHA reports on national initiatives;
- > Data from the survey carried out for the Mid-term evaluation of the European Strategy.

Interviews were conducted in person or by telephone as semi-structured interviews in accordance with a set interview guide (Appendix C). The stakeholders interviewed included the tripartite members of the ACSH, the representative of the Labour inspectorate (SLIC representative WG Enforcement), and (in most countries) the EU-OSHA national focal point (in some countries the same person as the Government representative of the ACSH). DG Employment made lists of these persons available to the team. Appendix E contains lists of persons

A combination of desk studies and interviews

interviewed. All in all, the evaluation team has carried out a total of 104 interviews at Member State level.

Data collection framework to ensure uniformity

In order to ensure uniformity of approach and in the data collected across the Member States, a data collection framework was utilised for each Member State. This framework built on the questions to be addressed by the evaluation as listed above (see Appendix B).

### 3.2.2 Task B - Data collection at EU level

Similar to data collection at national level, the data collection at EU level has been organised as a combination of desk studies and interviews. The main documents that have been studied comprise:

- The strategy, the mid-term review and other relevant policy documents pertaining to the strategy (e.g. impact assessment, evaluation of previous strategy, etc.);
- EU-OSHA documents including strategy, annual work programmes and reports and mid-term strategy evaluation and documents from the Risk Observatory;
- EU2020 Strategy and relevant policies and plans within the fields of employment, education, research, environment and public health;
- ACSH annual work action plans and reports as well as relevant opinions;
- SLIC reports and opinions;
- Eurofound reports.

Interviews have been implemented with representatives of the following institutions/organisations (see Appendix E for list of persons interviewed). All in all the evaluation team has carried out a total of 26 interviews EU level.

- DG EMPL, coordinators of ACSH, SLIC and SCOEL;
- EU-OSHA and the Risk Observatory;
- Social partners (ETUC, BUSINESSEUROPE, CEEP, and UEAPME);
- Eurostat;
- Eurofound;
- Commission DGs, including DG Research, DG SANCO, DG Enterprise and Industry, DG MARE and DG Environment.

The standard interview guide is included in Appendix D. This guide has been adapted for use *vis-à-vis* specific stakeholders.

### 3.2.3 Task C - horizon scanning

Under Task C, the data collected in Tasks A and B was analysed and synthesised and recommendations for future policy instruments developed.

Analysing OSH situation in Europe

The analysis assessed the European Strategy in the external setting in terms of the OSH situation in Europe and the socio-economic context, in particular in light of the EU 2020 strategy. This task thus identified and analysed emerging trends in the

face of the changing economic and social environment. The dimensions of these included economic, industrial and social/human factors.

#### Desk study

The above study was performed primarily on the basis of desk studies. Apart from desk studies of available documents, we contacted Eurostat to enquire about the latest development in statistical data in order to draw on the most up to date information on trends regarding occurrence of work related accidents and illnesses. A survey among Member States was carried out to acquire additional up-to-date information on three key questions in the Scoreboard 2009. These questions were related to trends in the incidence of occupational accidents and diseases and complemented existing Eurostat data.

## 4 Findings on implementation of the European strategy

This chapter provides a retrospective overview of the implementation of the European strategy and looks into the activities conducted and the results and outcomes achieved. It is structured according to the set-up of the European strategy goal and six objectives, i.e. with the following sections:

- Key indicators related to strategy goals
- Achievements in relation to regulatory framework
- Achievements in relation to national strategies
- Achievements in relation to preventive culture
- Achievements in relation to confronting new and increasing risks
- Achievements in relation to monitoring tools
- Achievements in relation to international cooperation

The analysis takes a point of departure in the actions described in the strategy (as summarised in the logical chain attached as Appendix F) and investigates whether these actions have been implemented as envisaged and what outcomes have been achieved. This 'descriptive analysis' informs in particular the evaluation of effectiveness, but also other evaluation criteria. It forms the backbone of the analysis in chapter 5 of the evaluation criteria and questions related to the retrospective part of the evaluation.

### 4.1 Key indicators in respect to assessing the achievement of strategy goals

This chapter reflects on the prime and overall objectives of the European strategy and provides an overview of the data available to inform the indicators related to the objectives and targets.

#### 4.1.1 Objectives

Objectives and targets of the European strategy

The prime objective of the Community strategy for the period 2007-2012 is "an ongoing, sustainable and uniform reduction in accidents at work and occupational illnesses."

Taking into account the significant fall in the rate of accidents at work during the period of the previous European strategy<sup>5</sup>, an ambitious target of a 25 percent reduction of the total incidence rate of accidents at work per 100,000 workers in the EU-27 was set for the period 2007-2012.

No similar quantitative target was set for occupational illnesses in the European strategy.

#### 4.1.2 Accidents at work

##### Starting point

The European Strategy does not state the starting point for the target of a 25 percent reduction of the total incidence rate of accidents at work per 100,000 workers, i.e. the incidence rate of accidents at work per 100,000 workers in 2007. This data did not exist at the time of preparing the European Strategy. Neither does the European Strategy specify how the incidence rate of accidents at work per 100,000 workers in the EU 27 should be monitored and reported.

##### Eurostat data

Eurostat publishes the European Statistics on Accidents at Work (ESAW).<sup>6</sup> The most recent ESAW data on numbers of accidents at work is from 2010 and data on 2011 is thus not available. The 2010 data is not yet available as standardised incidence rates. Eurostat plans to publish 2010 standardised incidence rates in the end of November 2012.<sup>7</sup> ESAW 2012 data have to be delivered by countries to Eurostat by the end of June 2014.<sup>8</sup>

Table 4-1 below shows the currently available data on standardised incidence rate of accidents in EU15 and EU27.

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<sup>5</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>6</sup> [http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health\\_safety\\_work/data](http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health_safety_work/data)

<sup>7</sup> Eurostat, November 6, 2012.

<sup>8</sup> 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 18 months) Regulation (EU) 349/2011.

*Table 4-1 Standardised incidence rate of non-fatal accidents at work in EU15 and EU27.*

<b>Standardised incidence rate<sup>1</sup></b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
EU15 <sup>2</sup>	2,736	2,741.35	2,140.44
EU27 <sup>3</sup>	-	2,322.92	1,857.83

Notes:

<sup>1</sup>Incidence rate is the number of persons involved in non-fatal accidents at work with more than 3 days' absence per 100,000 persons in employment.

<sup>2</sup>The rate for 2007 is the standardised incidence rate for NACE\_R1 branches A\_D-K from the Eurostat table hsw\_aw\_inasx. The rates for 2008 and 2009 are the incidence rate for NACE\_R2 branches A\_C-N from the Eurostat table hsw\_n2\_01. These rates are according to Eurostat comparable because they are based on the distribution of workers in the branches of economic activity in the EU15.

<sup>3</sup>The rates for 2008 and 2009 are the standardised incidence rate for NACE\_R2 A\_C-N branches from the Eurostat table hsw\_mi01.

Table 1 indicates a 22 per cent reduction of the incidence rate of non-fatal accidents at work in EU15 from 2007 to 2009.

Similarly, the table indicates a 20 per cent reduction of the incidence rate of non-fatal accidents at work in EU27 from 2008 to 2009.

Eurostat has informed that the review of 2010 data and the discussions with Member States representatives in the WG on ESAW data indicate a continued downward trend in the incidence of work related accidents. This indicates that it is likely that the European strategy target will be fulfilled or close to fulfilled.

However, it is assessed by Eurostat and Member States that the development is influenced by the downturn in economic activity during the period.<sup>9</sup> It should also be noted even though improvements have been made to the reporting system (see section 4.6), there are still differences in Member States, and issues in relation to underreporting, which lead to uncertainties in the Eurostat data on accidents at work<sup>10</sup>. The extent of underreporting and whether it has increased or decreased in recent years is not known.

Eurostat also publishes the Labour Force Survey (LFS) ad-hoc module regarding work-related accidents and health problems.<sup>11</sup> The latest data from a LFS ad-hoc module regarding work-related accidents and health problems is from 2007 and the

<sup>9</sup> The assessment is that even when considering the incidence rate, the slow-down in economic activity has still had an influence as jobs have been retained despite the economic crisis.

<sup>10</sup> See e.g. Final report from SIC Working Group "improving accidents incidence rates, 01-11-2011.

<sup>11</sup> [http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health\\_safety\\_work/data](http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health_safety_work/data)



next survey is planned for 2013. Thus the existing data again cannot shed light on the achievement of the objectives of the European strategy.

Scoreboard 2009  
data

For the time being, we can refer to the three-year trend (2007-2009) in accident rates and work-related health problems and illnesses, as reported by the *Scoreboard 2009*, cf. Table 4-2.<sup>12, 13</sup>

*Table 4-2 Trend in rate of occupational accidents and work-related health problems and illnesses. The 3-year trend = 2007-2009, the 10-year trend = 2000-2009.*

Member State	Rate of occupational accidents		Rate of work-related MSD		Rate of work-related stress		The 10-year trend in the number of cases of work related illnesses or occupational diseases caused by exposure to chemical agents			
	The 3-year trend	The 10-year trend	The 3-year trend	The 10-year trend	The 3-year trend	The 10-year trend	Skin diseases	Allergies (except skin diseases)	Mesothelioma	Silicosis
Austria	...	↓	↔	↔	↑	↑	↓	↔	↑	↔
Belgium	↔	↓	↑	↑	↔	?	...	...	↑	↓
Bulgaria	↓	↓	...	...	↑	?	...	...	...	...
Cyprus	↓	↓	?	?	?	?	-	-	-	-
Czech Republic	↓	↓	↑	↑	n/a	n/a	↑	↑	↔	↓
Denmark	↔	↓	...	...	↑	↑	...	↔	↔	↔
Estonia	...	↑	↑	?	↑	?	↔	↑	...	...
Finland	↑	...	↓	↑	↑	↑	↑	↔	↔	↑
France	↑	↓	↑	↑	?	?	...	...	↔	...
Germany	↓	↓	↔	↓	↑	↑	↓	↓	↑	↓
Greece	↓	↓	-	-	-	-	-	-	-	-
Hungary	...	↓	...	...	n/a	n/a	...	...	...	...
Ireland	↔	↔	↑	?	↑	?	↔	↔	...	↔
Italy	↓	↓	↑	↑	n/a	n/a	↑	↑	↑	↓
Latvia	...	...	↑	↑	↑	↑	↔	↑	↔	↓
Lithuania	↓	...	...	↑	n/a	n/a	...	...	...	...
Luxembourg	↓	↓	↑	↑	?	?	↔	↔	↑	↔
Malta	↓	↓	?	?	n/a	n/a	...	...	...	...
Netherlands	↔	↓	↔	↔	↔	↔	↓	...	↑	↔
Poland	↑	...	↑	...	...	?	↓	↓	...	...
Portugal	↓	↓	?	?	n/a	n/a	-	-	-	-

<sup>12</sup> *Scoreboard 2009. Community strategy on health and safety at work*, European Commission.

<sup>13</sup> 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.

	Rate of occupational accidents		Rate of work-related MSD		Rate of work-related stress		The 10-year trend in the number of cases of work related illnesses or occupational diseases caused by exposure to chemical agents			
Member State	The 3-year trend	The 10-year trend	The 3-year trend	The 10-year trend	The 3-year trend	The 10-year trend	Skin diseases	Allergies (except skin diseases)	Mesothelioma	Silicosis
Romania	↓	↓	↑	↑	n/a	n/a	↓	↓	↔	↓
Slovak Republic	↓	↓	↑	↑	↑	↑	↓	↓	↓	↓
Slovenia	...	↓	?	?	?	?	-	-	↑	-
Spain	↓	↓	↓	↑	?	?	...	...	↑	...
Sweden	↓	↓	↓	↓	↓	↓	↓	↓	↓	↔
United Kingdom	↓	↓	...	↓	...	↔	↓	↓	↑	...
<b>Summary</b>										
↑ Increasing	3	1	11	11	9	6	3	4	9	1
↓ Decreasing	15	21	3	3	1	1	8	6	2	7
↔ Stable	4	1	3	2	2	2	4	5	6	6
... No sign. trend	5	4	5	4	2	0	8	8	7	9
? No info. avail	0	0	4	6	5	10	0	0	0	0
- No answer	0	0	1	1	1	1	4	4	3	4
n/a	0	0	0	0	7	7	0	0	0	0

Symbols: ↑ Increasing, ↓ Decreasing, ↔ Stable, ... No significant trend, ? No information available, - No answer given, n/a Not applicable. Source: Scoreboard 2009.

According to the data presented in Table 4-2, in fifteen of the Member States the three-year trend, in the rate of occupational accidents, is a downward trend, in a another four Member States it is unchanged, while in five Member States the variation is not significant. In only three cases is the trend reported to be upward. This trend confirms the longer 10-year trend of reduction in occupational accidents, as also reported by the *Scoreboard 2009*.

#### Survey 2012 data

For the purpose of this evaluation we have approached the Member States with a view to updating the Scoreboard 2009 data on trends. We launched a survey among the ACSH Government representatives repeating three key questions from the Scoreboard 2009 using the same methodology and addressing the three-year trend 2009-2011. The table below presents the answers.

*Table 4-3 The 3-year trend (2009-2011) in rate of occupational accidents and work-related health problems and illnesses.*

Member State	Rate of occupational accidents	Rate of work-related MSD	Rate of work-related stress
Austria	↓	↑	↑
Belgium	↓	?	↔
Bulgaria	↓	↓	n/a
Cyprus	↓	?	?
Czech Republic	↑	↑	↑
Denmark	↓	...	↑
Estonia	↑	?	?
Finland	↑	↓	↔
France	↔	↑	?
Germany	↓	...	↑
Greece	-	-	-
Hungary	-	-	-
Ireland	↑	?	?
Italy	↓	?	?
Latvia	...	↓	...
Lithuania	-	-	-
Luxembourg	↓	↑	↑
Malta	↓	↔	↔
Netherlands	↓	↔	↓
Poland	-	-	-
Portugal	-	-	-
Romania	...	↓	?
Slovak Republic	-	-	-
Slovenia	↓	?	?
Spain	↓	↓	?
Sweden	-	-	-
United Kingdom	...	↔	↔
<b>Summary</b>			
↑ Increasing	4	4	5
↓ Decreasing	12	5	1
↔ Stable	1	3	4
... No sign. trend	3	2	1
? No info. avail	0	6	8
- No answer	7	7	7
n/a	0	0	1

Symbols: ↑ Increasing, ↓ Decreasing, ↔ Stable, ... No significant trend, ? No information available, - No answer given, n/a Not applicable. Source: Scoreboard 2009.

According to the new data presented in the table above, in 12 of the Member States the three-year trend, in the rate of occupational accidents, is downward, in one it is unchanged, while in three Member States the variation is not significant. In only four cases is the trend reported to be upward. Even though data is missing from

seven Member States, it is assessed that this new data confirms the former 3-year trend of reduction in occupational accidents, as reported by the *Scoreboard 2009*.

Thus the Eurostat data, the Scoreboard 2009 data and the survey 2012 data all support the indication that it is likely that the European strategy target will be fulfilled or close to fulfilled.

#### 4.1.3 Occupational illnesses

##### Starting point

The strategy does not set specific targets for the other part of the prime objective, i.e. for the ongoing, sustainable and uniform reduction in occupational illnesses. Neither does the strategy indicate the starting point for the strategy, i.e. the incidence rates of different occupational illnesses in 2007.

At different points in the strategy, references are made to occupational illnesses and occupational disease, the two terms apparently used interchangeably. Some experts in occupational medicine have advocated differential uses of the terms illness and disease<sup>14 15</sup>. They argue that there is not always clear agreement as to what constitutes a definable disease, much less as to whether or not specific diseases can be attributed to occupation. Additionally some patients are evidently 'ill' (or 'unwell') although their signs and symptoms would not necessarily be recognised as attributable to a specific disease.

There is therefore a clear rationale for using the two terms with different meanings. Thus occupational diseases are clinically defined and have an agreed occupational causation. Work-related illness is however a more wide-reaching term, including less specific ill-health as well as defined occupational diseases. With work-related illness, the relationship between work and ill health is not necessarily causal and, as used above, the term illness does not necessarily relate to a definable disease (with or without an occupational aetiology).

For the purpose of this report, the term disease will be applied, except where reference is being made to signify this wider definition, or in quoting other sources.

##### Eurostat data

As mentioned above Eurostat publishes the Labour Force Survey (LFS) ad-hoc module regarding work-related accidents and health problems.<sup>16</sup> According to the latest data from a LFS ad-hoc module regarding work-related accidents and health problems from 2007, 12.8 percent of the employed persons in EU 27 reported on one or more work-related health problems in the past 12 months.<sup>17</sup> The table below indicates that MSDs and stress, depression, anxiety were the two most common

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<sup>14</sup> Coggon D (2005) Occupational medicine at a turning point. *Occup Environ Med*, 62:281–283.

<sup>15</sup> Santana VS (2005) Beyond the duality of disease and illness in occupational medicine. *Occup Environ Med*, 62:284–285.

<sup>16</sup> [http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health\\_safety\\_work/data](http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health_safety_work/data)

<sup>17</sup> Eurostat, hsw\_pb1, [http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health\\_safety\\_work/data/database](http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health_safety_work/data/database)

problems reported. It should be borne in mind that the designation of the health problem as work-related is that given to it by the respondent and is to some extent a reflection of their perception of causation rather than any consistent medical attribution.

*Table 4-4 Persons in EU 27 reporting in 2007 their most serious work-related health problem in the past 12 months, by type of problem.*

<b>Problem</b>	<b>Proportion of employed persons (%)</b>
Musculo-skeletal disorders	54.3
Stress, depression, anxiety	19.8
Headache, eyestrain	5.9
Cardiovascular disorders	5.3
Pulmonary disorders	3.6
Hearing disorders	2.1
Infectious diseases	1.8
Skin problems	1.8
Other not elsewhere mentioned	5.3

Source: Eurostat, hsw\_pb5

As previously mentioned, the next LFS is planned for 2013. Thus, we have to wait some years until we have data that can shed light on the achievement of the objectives of the European strategy.

#### Scoreboard 2009 data

For the time being, we can again refer to the three-year trend (2007-2009) in work-related health problems and illnesses, as reported by the *Scoreboard 2009*, cf. Table 4-2 above.

According to this data, the three-year trend in the rate of work-related MSD decreased in three of the Member States, was stable in three of the Member States, while in five Member States the trend is not significantly changed. However, in 11 of the Member States the trend was increasing. There is no data for the remaining Member States.

According to the same data, the three-year trend in the rate of work-related stress has decreased in one Member State, was stable in two of the Member States, while in two Member States the trend did not change significantly. In nine of the Member States the rate is increasing. Data is unavailable for the remaining Member States.

Finally, according to the Scoreboard 2009 data the 10-year trend in the number of cases of work-related illnesses or occupational diseases caused by exposure to chemical agents is downward, this trend also applies to skin diseases, allergies and silicosis, however there is an upward trend with regard to mesothelioma.

**Survey 2012 data**

The results of our survey among the ACSH Government representatives, repeating the three key questions from the Scoreboard 2009, using the same methodology and addressing the three-year trend for 2009-2011 can be found in Table 4-3.

According to this data, the 2009-2011-trend in the rate of work-related MSDs is decreasing in five of the Member States. The trend is stable in three Member States and in two Member States the trend is not significant. In four Member States the trend is increasing. Although data is missing from seven Member States, the overall impression is that the 2007-2011-trend is stable or even decreasing.

According to our 2012 survey, the 2009-2011-trend in the rate of work-related stress is decreasing in one Member State and stable in four Member States. In one Member State there is no significant trend. In five Member States the trend is increasing. Although data is missing from seven Member States, the overall impression is that the 2007-2011-trend is increasing.

**Data from the Fifth European Working Conditions Survey**

As a supplement to the Scoreboard 2009 data and the 2012 survey data we can also refer to the findings from the fifth European Working Conditions Survey (EWCS).<sup>18, 19, 20</sup>

According to the EWCS the proportion of workers reporting performing repetitive tasks of less than 10 minutes' duration decreased from 51 percent in 1990 to 40 percent in 2010. However, the proportion of workers reporting carrying out repetitive tasks of less than one minutes duration has remained unchanged from 2000-2010 at 27 percent.<sup>21</sup> Repetitive work is a known risk factor for the development of MSDs.<sup>22</sup>

Another finding of the EWCS is that European workers report remaining as exposed to physical hazards as they did 10 years ago. 63.5 percent of workers are reportedly exposed to repetitive hand or arm movements for at least a quarter of their working time, 46.4 percent of workers work in tiring or painful positions and 33.5 percent of workers carry heavy loads, cf. Figure 4-1<sup>23</sup>. These figures have

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<sup>18</sup> *Changes over time – First findings from the fifth European Working Conditions Survey*, European Foundation for the Improvement of Living and Working Conditions, 2010.

<sup>19</sup> Eurofound (2012): *Fifth European Working Conditions Survey – Overview Report*, Publications Office of the European Union, Luxembourg.

<sup>20</sup> Survey Mapping Tool, EWCS 2010 Survey Results, <http://www.eurofound.europa.eu/surveys/smt/ewcs/results.htm>

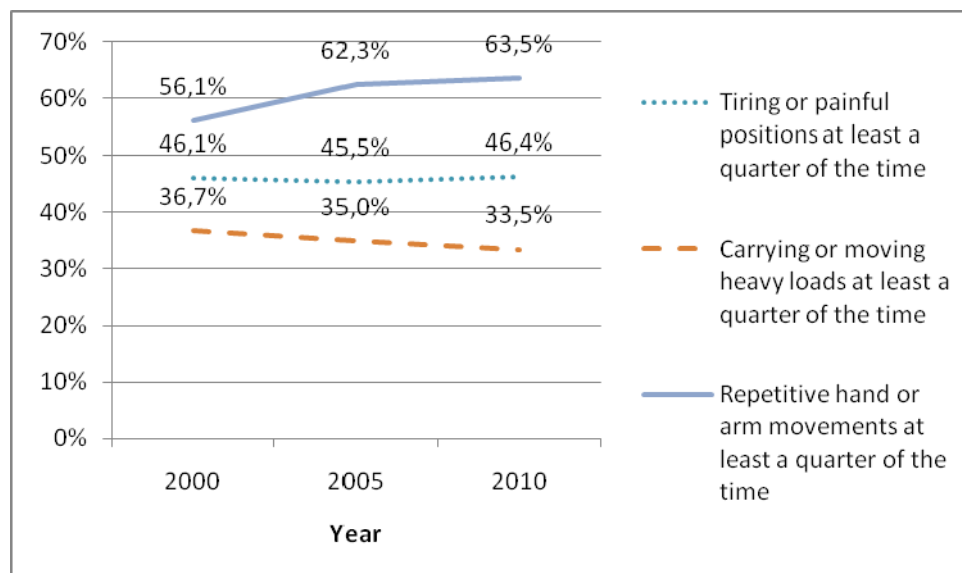
<sup>21</sup> *Changes over time – First findings from the fifth European Working Conditions Survey*, European Foundation for the Improvement of Living and Working Conditions, 2010.

<sup>22</sup> *OHS in figures: Work-related musculoskeletal disorders in the EU – Facts and figures*, European Risk Observatory Report, European Agency for Safety and Health at Work, 2010.

<sup>23</sup> Survey Mapping Tool, EWCS 2010 Survey Results, <http://www.eurofound.europa.eu/surveys/smt/ewcs/results.htm>

remained practically unchanged from 2005 to 2010. These physical hazards are risk factors for the development of MSDs.<sup>24</sup>

*Figure 4-1 The 10-year trend in EU27 in the proportion of workers exposed to three physical risks.*

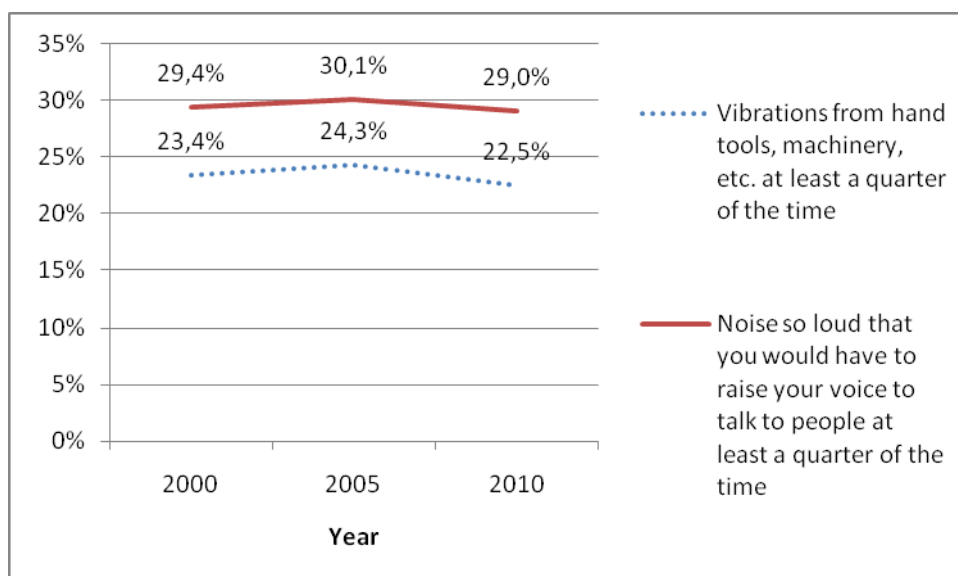


According to the EWCS the proportion of workers reporting that they are exposed to vibrations in 2010 is 22.5 percent, and 29.0 percent of workers are reportedly exposed to loud noise, cf. Figure 4-2.<sup>25</sup> Again, these figures are practically unchanged from 2005 to 2010.

*Figure 4-2 The 10-year trend in EU27 in the proportion of workers exposed to two physical risks.*

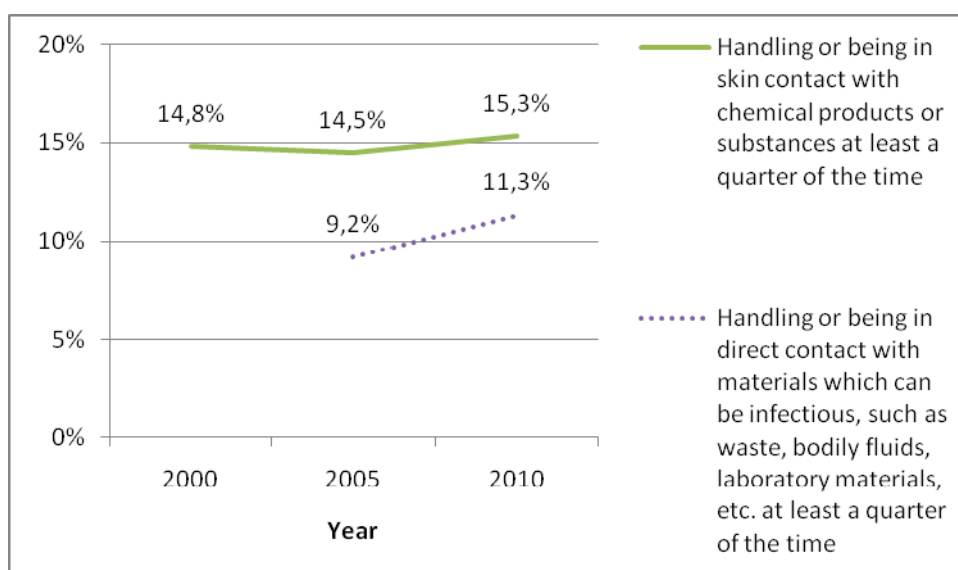
<sup>24</sup> OHS in figures: Work-related musculoskeletal disorders in the EU – Facts and figures, European Risk Observatory Report, European Agency for Safety and Health at Work, 2010.

<sup>25</sup> Survey Mapping Tool, EWCS 2010 Survey Results, <http://www.eurofound.europa.eu/surveys/smt/ewcs/results.htm>



Still according to EWCS the proportion of workers reporting that they are exposed to chemical products or substances in 2010 is 15.3 percent (a figure practically unchanged since 2005), and 11.3 percent of workers are exposed to infectious materials (an increase from 9.2 percent in 2005), cf. Figure 4-3.<sup>26</sup>

Figure 4-3 The 10-year trend in EU27 in the proportion of workers exposed to two physical risks.



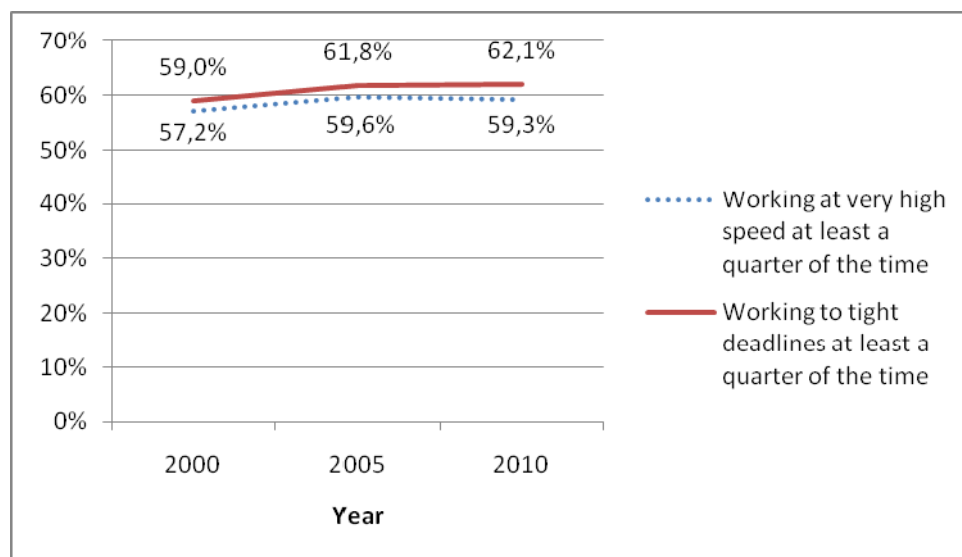
Also according to the EWCS the proportion of workers who work to tight deadlines has stabilised at a high level around 60 percent in the period from 2005 to 2010. The same applies to the proportion of workers who work at speed, cf.

<sup>26</sup> Survey Mapping Tool, EWCS 2010 Survey Results, <http://www.eurofound.europa.eu/surveys/smt/ewcs/results.htm>



Figure 4-4.<sup>27</sup> Thus work intensity is high and this can have a negative impact on workers' well-being – especially where workers have little autonomy or little support from colleagues and managers.<sup>28</sup> Work intensity is a known source of stress.<sup>29</sup>

Figure 4-4 The 10-year trend in EU27 in the proportion of workers exposed to two psychosocial risks regarding work intensity.



According to EWCS 34.0 percent of workers are not able to choose the order of their tasks, 32.7 percent of workers are not able to choose their method of work, and 30.2 percent of workers are not able to choose their speed of work, cf. Figure 4-5.<sup>30</sup> Thus at least one third of workers in EU27 lack procedural autonomy. The proportion of workers not able to choose the order of their tasks has declined from 36.6 percent in 2005, but the two other figures are practically unchanged from 2005 to 2010.

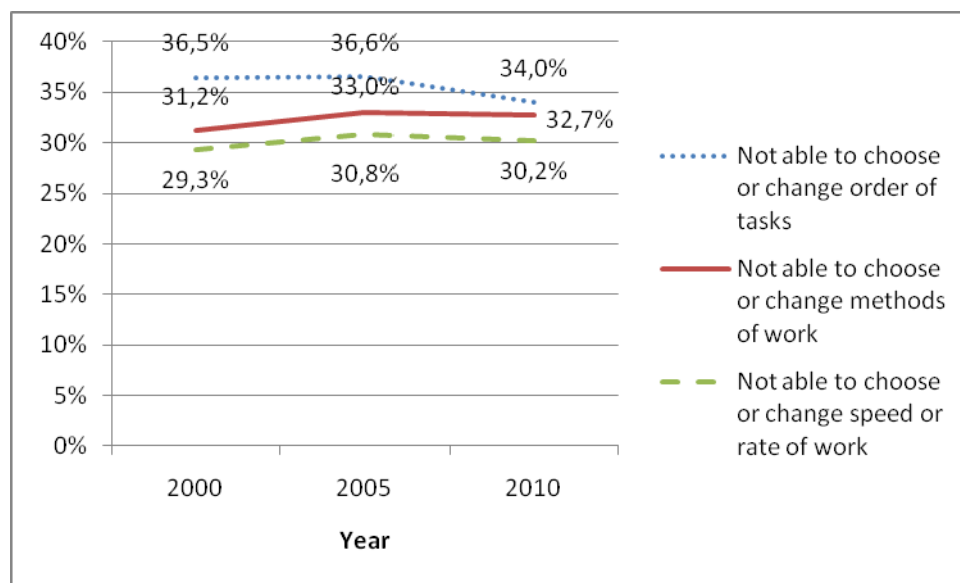
<sup>27</sup> Survey Mapping Tool, EWCS 2010 Survey Results,  
<http://www.eurofound.europa.eu/surveys/smt/ewcs/results.htm>

<sup>28</sup> *Changes over time – First findings from the fifth European Working Conditions Survey*, European Foundation for the Improvement of Living and Working Conditions, 2010.

<sup>29</sup> *OHS in figures: stress at work – facts and figures*, European Risk Observatory Report, European Agency for Safety and Health at Work, 2009.

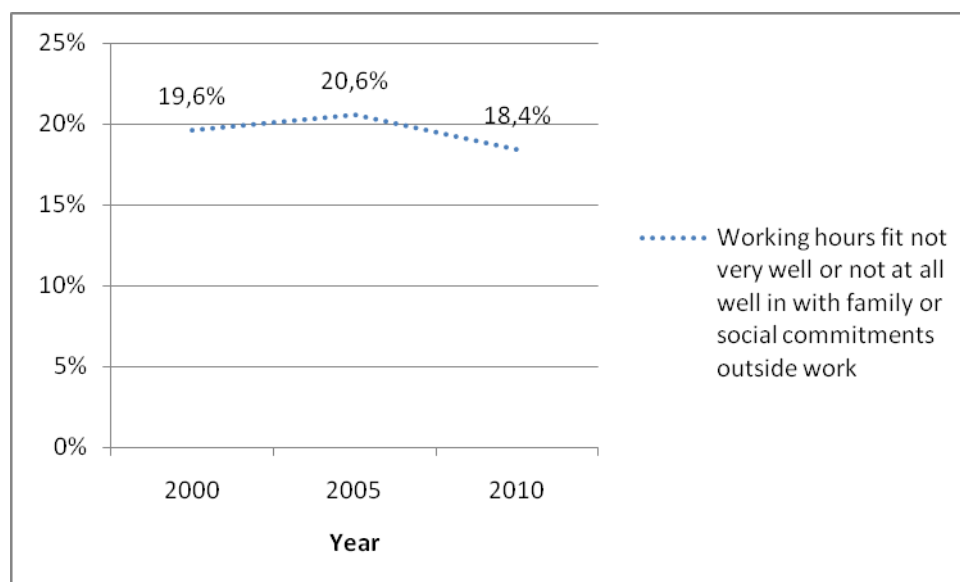
<sup>30</sup> Survey Mapping Tool, EWCS 2010 Survey Results,  
<http://www.eurofound.europa.eu/surveys/smt/ewcs/results.htm>

Figure 4-5 The 10-year trend in EU27 in the proportion of workers exposed to three psychosocial risks regarding work organisation.



The proportion of workers not satisfied with their work-life balance has marginally decreased since 2005 from 20.6 percent to 18.4 percent in 2010 according to the EWCS, cf. Figure 4-6.<sup>31</sup>

Figure 4-6 The 10-year trend in EU27 in the proportion of workers experiencing a work-life unbalance.

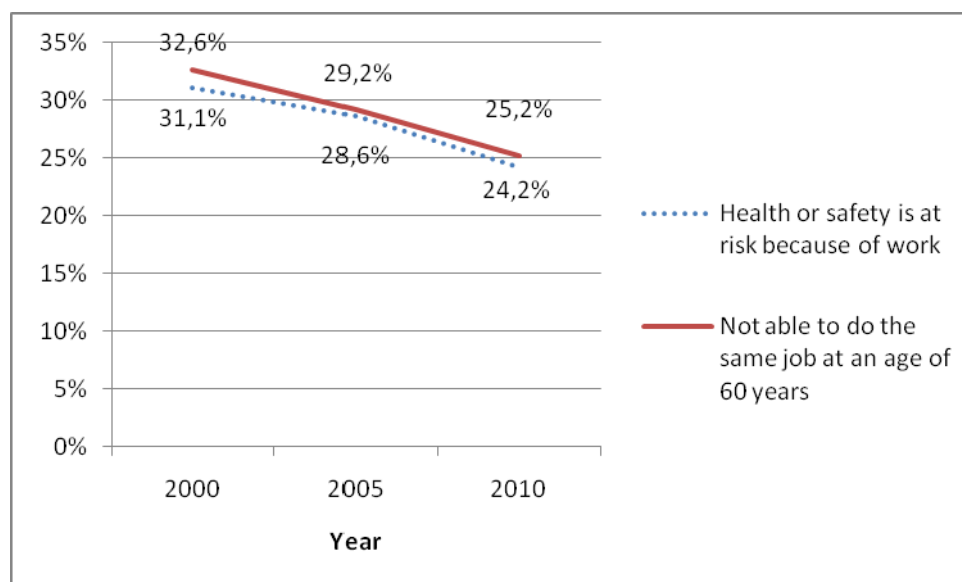


Finally, and in contrast to some of the above mentioned findings, it is found in the EWCS that the proportion of workers who feel that their health and safety is at risk because of their work has been declining from 28.6 percent in 2000 to 24.2 percent

<sup>31</sup> Survey Mapping Tool, EWCS 2010 Survey Results,  
<http://www.eurofound.europa.eu/surveys/smt/ewcs/results.htm>

in 2010. At the same time the proportion of workers who expect that they will not be able to do their current job when they are 60 years old has declined from 29.2 percent in 2005 to 25.2 percent in 2010, cf. Figure 4-7.<sup>32</sup> Although this development is positive, a quarter of all workers in EU-27 remains a high proportion.

*Figure 4-7 The 10-year trend in EU27 in the proportion of workers reporting on two negative health and well-being outcomes.*



Data from the  
ESENER survey

In addition to the data from EWCS, reference can also be made to the ESENER survey. This survey was conducted in 2009 and has not been repeated again as yet. Therefore, it cannot in itself show anything about the development of occupational diseases during the strategy period. However, it does show that accidents, MSDs and work-related stress were the main concerns of European managers and thus underlines that there is a continued need for addressing these OSH issues along with others, such as dangerous substances and noise and vibration.

<sup>32</sup> Survey Mapping Tool, EWCS 2010 Survey Results,  
<http://www.eurofound.europa.eu/surveys/smt/ewcs/results.htm>

Table 4-5 Health and safety concerns reported to be of some or major concern (% of establishments, EU-27)

Issue	EU-27 average (%)
Accidents	80%
Work-related stress	79%
MSDs	78%
Noise and vibration	61%
Dangerous substances	58%
Violence or threat of violence	37%
Bullying or harassment	37%

Base: All establishments. Source: ESENER, summary, p. 7, table 2

#### 4.1.4 Conclusions

Assessment of likely development during strategy period

In respect to occupational accidents, the strategy's objective for the period 2007-2012 was a 25 percent reduction of the total incidence rate of accidents at work per 100,000 workers in the EU 27. Due to lack of statistical data it is not possible at the present time to establish with certainty to what extent this target has been achieved. Based on the available data, it is assessed that a considerable reduction will have been achieved by 2012. Provided the present trends continue, the target of the European strategy is very likely to be fulfilled or close to fulfilled. It should be noted that the available survey data from the Scoreboard exercise and this evaluation has not been subject to the same criteria and scrutiny as Eurostat data and therefore, reliability is not equally high. Generally, data availability and reliability in this area suffers from different definitions and systems applied in the Member States and a level of underreporting according to stakeholders. The conclusion is therefore tentative.

In respect to occupational illness, the strategy's objective for the period 2007-2012 was an "ongoing, sustainable and uniform" reduction in occupational illnesses. Although there is no Eurostat data, we do have statistical data from Eurofound. This data is based on self-reporting from a representative sample of workers and is thus not absolute statistical data on incidence of occupational illnesses. However, it does provide indications, which allows a reflection on the likely development in trends of occupational illnesses. Taken together with data from Scoreboard 2009 and the small Scoreboard-like survey launched 2012 as a part of this evaluation, these data indicate that the incidence rate of work-related health problems and illnesses, including work-related MSDs and work-related stress, at the end of 2012 will remain broadly at the same level as in 2007, although the level of work-related stress might have increased. In other words, it seems unlikely that a sustainable and uniform reduction in occupational illnesses will have been achieved. A high proportion of the workers in EU-27 are still at risk at work.

Remaining question

Having reached this conclusion, the question still remains regarding the extent to which the changes described above can be ascribed to the European Strategy as

many factors, including the economic crisis, have influenced the development in work related accidents and illnesses. This is further discussed under assessment of impact in chapter 5.

Totals or average values disguise differences

It should also be borne in mind that the figures presented here often disguise differences at a more detailed level, e.g. differences between different age groups or different types of occupation. So, even though the total value of an indicator has apparently had a positive development over the years, the value for subgroups may have had a negative development. This, for instance, is the case with the proportion of workers reporting that they are able to do the same job at an age of 60 years where the proportion of white collar workers reporting that they are able to do the same job has increased, whilst the proportion of blue collar workers has decreased. This may reflect both occupational and non-occupational factors (such as poor diet or other lifestyle exposures as well as chronic diseases).

Setting targets and monitoring of progress

Finally, with a view to the evaluation of future European strategies on occupational safety and health it is recommended that the good practice from, for example, OSH management systems are taken into account. That is, among other things, that a quantitative target for a measure is based on a valid value for the starting point, and that a system is in place to monitor and report the progress towards achievement of that quantitative target with only a short time lag. As regards the European Strategy, although individual Member States do hold such data, an EU-wide starting point for the 25 percent reduction of the incidence rate of accidents at work was unknown five years ago, and one have to wait at least until 2014 before data for 2012 is published. At the time of writing the latest data is from 2008, which reflects more the starting point than the end of the period.

## 4.2 Achievements in relation to the improvement, simplification and better implementation of the EU regulatory framework

The EU regulatory framework on workers' health and safety is both comprehensive and complex. It should allow a consistent minimum level of protection to all European workers but, to that end, needs to be implemented to the same extent in all 27 Member States and enforced to the same level in all European businesses. These are major challenges for a European Union currently facing the concerns of many Member States and stakeholders regarding the high level of regulatory pressure on businesses.

The first objective of the European Strategy is built around three axes and this section is structured accordingly:

- > Strengthening implementation;
- > Monitoring enforcement;
- > Simplifying the legal framework.

The following sections aim at assessing the relevance of the tasks listed in the Strategy to achieve this first objective and the extent to which the various

stakeholders involved in the implementation of the European Strategy have effectively addressed these issues.

#### 4.2.1 Strengthening implementation of legislation

Improving and strengthening the implementation of EU legislation on health and safety at work is a key objective of the Strategy. To achieve this goal, the European Strategy highlights five areas of action for the different actors involved in its implementation.

- Ensuring correct transposition to EU legislation;
- Providing guidance for the implementation of EU OSH Directives;
- Examine sub-contracting and prevention services and come up with recommendations
- Raising of awareness and dissemination of best practises
- Encouraging Member States to implement instruments to guarantee a high-level of compliance.

##### **Transposition of EU legislation**

At EU level, the Commission has a dual role: supporting Member States with their transposition and implementation of EU Directives but at the same time launch infringement procedures against those Member States that have not complied in time. The Commission's mission to ensure full transposition and conformity with the 1989 Framework Directive and its individual Directives has been on-going for years and has continued over the past five years. To date, as highlighted in the mid-term review, the transposition rate of EU OSH Directives is 100% and only a small number of infringement procedures for non-communication of national transposing measures are still on-going. The Court of Justice of the European Union has also handed down several judgments in cases concerning non-conformity with the Framework Directive and its individual directives.

A majority of national stakeholders interviewed do not think that the national strategies, and by extension the EU Strategy, have helped increase compliance with EU legislation (or only moderately). This can be explained by the specific meaning conferred to the terms "compliance with EU legislation", which is understood as relating to the transposition of EU legislation into the national legal system and therefore is an independent process that would be done regardless of whether there was a national or EU OSH strategy. The relevance of including an objective of ensuring full transposition of EU legislation in a strategic policy document should probably be questioned.

##### **Non-binding guidance**

The Commission has drafted a number of non-binding guidance documents intended primarily for employers. The following section takes stock of the guides produced and looks at the relevance of the topics chosen and the major issues of the lack of dissemination and lack of adaptation of SME needs.

## Taking stock

To date, eight guides have been drafted<sup>33</sup>, and are available from the DG EMPL online library, on the following topics:

- Protection of workers in the agricultural and forestry sectors<sup>34</sup>;
- Information/training of workers involved with asbestos removal/maintenance work<sup>35</sup>;
- OSH risks in the healthcare sector<sup>36</sup>;
- Good practice for implementing the directive on artificial optical radiation<sup>37</sup>;
- Good practice for implementing the directive on construction sites<sup>38</sup>;
- Interface between chemicals agents directive and REACH<sup>39</sup> at the workplace<sup>40</sup>;
- Good practice for the application of the directive on noise at work<sup>41</sup>;
- Good practice for implementing the directive on work at a height<sup>42</sup>;
- Good practice for implementing the directive on vibrations at work<sup>43</sup>.

In addition, three guides are currently in the process of being drafted, on the following topics:

- A non-binding guide for the protection of workers in the fishery sector on board vessels less than 15 metres long should be published in 2012;
- A non-binding guide for the implementation of the directive on electromagnetic fields (2004/40/EC) has been compiled but in view of the initiative underway to prepare a proposal for amendments to the directive, the publication of the guide is on hold. Considering that a new Directive should be adopted by October 2013, a tender process will be launched in 2013 for an updated guide on the new Directive;
- The development of a non-binding guide to good practice in relation to work-related vehicle risks has been planned to commence June 2012.

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<sup>33</sup> In addition to the guides produced by the Commission, the EU sectoral social partners have issued a number of non-binding guides (see section 4.4)

<sup>34</sup> A non-binding guide for the protection of workers in the agricultural and forestry sectors has just been finalized and is available in English (other languages will follow).

<sup>35</sup> Practical Guidelines for the Information and Training of Workers Involved with Asbestos Removal or Maintenance Work (March 2012)

<sup>36</sup> Occupational health and safety risks in the healthcare sector - Guide to prevention and good practice (14/10/2011)

<sup>37</sup> Non-binding guide to good practice for implementing Directive 2006/25/EC (29/04/2011)

<sup>38</sup> Non-binding guide to good practice for understanding and implementing Directive 92/57/EEC (17/03/2011)

<sup>39</sup> Registration, Evaluation, Authorisation and Restriction of Chemical substances (European Community Regulation on chemicals and their safe use (EC 1907/2006))

<sup>40</sup> Guidance for employers on controlling risks from chemicals – Interface between Chemicals Agents Directive and REACH at the workplace (October 2010)

<sup>41</sup> Non-binding guide to good practice for the application of Directive 2003/10/EC (10/12/2008)

<sup>42</sup> Non-binding guide to good practice for implementing Directive 2001/45/EC (15/10/2008)

<sup>43</sup> Non-binding guide to good practice for implementing Directive 2002/44/EC (13/03/2008)



**Relevance of the topics**

The non-binding guides can either focus on the implementation of a specific Directive (Noise, Vibrations, Artificial optical radiation, etc.) ; address a specific sector, known to be of particularly high-risk (healthcare, fisheries, forestry); or a specific risk (exposure to chemicals). The justifications for the production of guides on these specific topics are diverse and range from the identification in the evaluation reports of particular difficulties on the implementing of certain Directives (e.g. construction sites or small fishing vessels) to the anticipation of potential difficulties with the implementation of a specific Directive (e.g. artificial optical radiation). The development of non-binding guidance documents can be seen as a relative success in terms of relevance of the topics identified and usefulness of the information contained in them. Member States and national representatives of workers and employers have found the guides “useful for a better understanding and implementation of OSH directives”.<sup>44</sup> It is certain that the production of such guides is necessary considering the complexity of certain pieces of EU legislation and doing so at EU level (rather than at national level) should ensure a uniform interpretation of the various requirements and provision of common solutions to common problems across the 27 Member States.

**Dissemination and adaption to SMEs**

The Strategy has recognized the role of the ACSH in developing an approach to make guides easier to understand for SMEs. In relation to this, the ACSH has mandated a Working Party (WP) to assess the quality and penetration (awareness of existence) of the existing guides in the different sectors of activity and the needs along with priorities for future guides.<sup>45</sup>

The assessment of the penetration of the guides has been done through a questionnaire sent by the WP to representatives of government, employers and workers both within and outside the ACSH. However, as the number of answers has been very low (only 36 for the whole of the EU), the results cannot be considered representative and this low level of response is certainly the first indication of the lack of awareness of and interest in the guides from those outside the ACSH. The main conclusion from this exercise was that there is a real interest from the respondents of having non binding documents to assist interested parties in implementing the OSH Directives but that the dissemination should be enhanced, in particular by more involvement in the process of EU-OSHA, EU-OSHA focal points and other relevant organisations, such as Enterprise Europe Network (EEN), together with the various interest groups.

Lack of dissemination of the guides clearly appears as the main barrier to their effectiveness. This is regrettable considering the relatively high level of resources devoted to the development of these guides, which have been translated into the 22 official EU languages. During interviews conducted in the course of the present study, the representatives of the main European cross-industry social partners (BUSINESSEUROPE, ETUC, UEAPME) have acknowledged a certain degree of

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<sup>44</sup> Results of the questionnaire sent by the Working Party established to develop a methodology for the improvement of the guides

<sup>45</sup> Report from the Working Party "Assessment and Development of User Guides" to the Advisory Committee for Safety and Health at Work, Final Version, p3, 10 May 2010.



responsibility in the lack of dissemination of the guides towards their national members, mostly because of a low level of ownership. One solution from the Commission to address this issue has been to draft a letter to accompany the guides officially asking MS officials to disseminate them. However it is doubtful that this solution will increase dissemination drastically as long as the degree of ownership of the guides by the EU and national social partners (both cross-industry and sectoral) remains low.

The WP has also developed recommendations to ensure that SME-specific issues are better accounted for in future guides. In its final report, the WP has developed a model structure for the future guides and has enumerated a number of principles and recommendations to be followed, in particular to facilitate their reading by non-OSH experts, including SME-owners. In particular, the recommendations include:

- Keep guides as simple and as didactic as possible to facilitate the reading by the owners of SMEs, but without giving the impression that the risk is not important;
- Involve networks such as SME networks to understand the acceptance of the Guides by SMEs;
- Develop complementary products to help disseminate the guides to companies, mostly SMEs;

Looking at the guides published since the publication of the report (2010), it is clear that progress has been made in terms of readability, and that emphasis has been put on best practices and risk assessment procedures. In particular the latest guide, produced on protecting the health and safety of workers in agriculture, provides many didactic tools to help farm-owners make their own assessment of risks and take the right preventive measures. However, we note two shortcomings:

- EU-level stakeholders have complained that, despite the recommendations made by the WP, the guides remain too detailed and complex for non-OSH experts, in particular SME managers, and that the “think small first” principle still has not been sufficiently taken into account.
- The guides that have already been developed, some of which deal with crucial pieces of legislation (e.g. the Chemical Agents Directive), have not been revised in view of these recommendations.

#### Future perspectives

It can be expected that the uptake of the WP recommendations will continue to improve with the number of guides produced but work should continue to improve the quality, readability and publicising of existing and future guides. A future Strategy should formalize the recommendations of the WP and take them further:

- A new assessment should be carried out of the level of penetration of the new guides produced to determine whether the recommendations of the WP have been sufficiently effective and ambitious;
- Solutions for innovative and effective development and dissemination of the guides should be carefully thought through (e.g. different sets of guides for different target groups);

- The role of guides in relation to other information material produced, including national guidance, should be brought into these considerations
- The relevant institutions and organisations, not members of the ACSH, should also be involved in this process.

### **Subcontracting and preventive services**

Two specific issues were identified the European Strategy as being of particular importance with regard to the implementation of the EU OSH legislation:

- The presence at workplaces of different levels of *sub-contracting* can cause a lot of difficulties when it comes to applying OSH requirements as each employer tends to limit preventive measures to its own workers.
- Access to prevention services should be facilitated, in particular for SMEs, especially when the requisite expertise is not available within the company.

The Strategy mandated the Commission to examine these two specific topics and to issue recommendations.

On the one hand, the ACSH has set up a working party to deal with subcontracting issues.<sup>46</sup> However, despite the fact that this particular problem was reiterated in the evaluation report on the implementation of the Construction Sites Directive in 2008, very little has been done under this working party and the Commission has acknowledged the combined lack of action of the Commission and the ACSH on this topic, which represents a major gap in the implementation of the Strategy.

On the other hand, subcontracting was one of the topics of discussion of the 2010 SLIC Thematic Day.<sup>47</sup> In particular, the OSH challenges of dealing with subcontracting chains were discussed, including the coordination difficulties, which increase the level of risks, the problems with long chains of subcontracting of cooperation between employers (e.g. because of conflicting interests or communication problems, in particular with regard to migrant workers), the dilution of the responsibilities, the lack of training of precarious workers in safety procedures, etc.

The labour inspectors discussed the possible solutions to remedy these problems, in particular joint liability of all the subcontracting chain employers (i.e. joint liability of the administration, managers and directors for the payment of a fine whenever the offender is a corporate body; joint liability of the contractor with the subcontractors that perform all or part of the contract in his premises or under his responsibility, for all very serious offences committed by the subcontractors; jointly liability of the user of interim workers for all very serious offences of the interim agency). They also discussed the methods/approaches they could take to deal with subcontracting issues in their daily professional lives, including:

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<sup>46</sup> Mandate Sub-contracting, adopted on 25/06/2010 by the Advisory Committee on Safety and Health at Work, Doc 845/2010.

<sup>47</sup> Subcontracting: Challenges for Health and Safety and Labour Inspection, SLIC Thematic Day, Brussels, 22 November 2010

- Use of legal possibilities provided by joint liability (e.g. fines are addressed to direct responsables and to all actors with joint liability)
- Final users are encouraged to assume a monitoring role (e.g. cooperation with labour inspectors)
- Integrated inspections: focus on all work components (premises, equipments, work procedures, working times, information and training, wages, social protection)

Subcontracting has been acknowledged by many stakeholders interviewed as an issue of crucial importance in certain high-risk sectors, such as construction, which would require a higher level of attention from the Commission.

On preventive services, two issues in particular require more investigation and potential action at EU level: the quality of external preventive services as well as the additional costs that are involved in the process of hiring external expertise for SMEs. These are common problems faced by many companies, small and large, across the EU.

On this topic, the lack of action from the Commission and the ACSH is another clear gap in the implementation of the Strategy. It is all the more regrettable than the ground had been prepared before 2007 for action on this issue. The 2004 report on the practical implementation of the Framework Directive and several other individual directives<sup>48</sup> mentioned some of the common issues in the EU-15 related to the use of external preventive and protective services. In particular, the report noted that:

- There is not yet a systematic access of all enterprises to protective and preventive services in Europe at the moment. The problems are especially significant in relation to SMEs throughout the whole of Europe.
- There are significant difficulties due to the fact that the number of preventive service providers is far too limited to meet the demand in some countries.
- Practically all MS have problems with the quality of external services. One of the most important reasons for this is the tendency on the part of the enterprises to try to purchase these services as cheaply as possible.
- It appears that the existing protective and preventive services have a reduced capacity to deal in a holistic approach with the occupational risks.

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<sup>48</sup> Commission Communication on the *Practical implementation of the provisions of the Health and Safety at Work Directives 89/391 (Framework), 89/654 (Workplaces), 89/655 (Work Equipment), 89/656 (Personal Protective Equipment), 90/269 (Manual handling of Loads) and 90/2720 (Display Screen Equipment)*, COM(2004) 62 final, Brussels, 5 February 2004.

- It seems to be necessary to strengthen the measures to ensure the quality of external preventive service providers: the labour inspectorate could have an important role to play here.

In addition, the SLIC had prepared, in 2006, a study which looked at the use in the EU-27 of External Services or Persons, which may carry out protective and preventive activities for employers.<sup>49</sup> The study described the structures in place in the Member States to control the use of external services and persons who carry out preventive or protective activities and showed some common trends among Member States in the regulation of preventive services (e.g. in relation to the provision of training, the professional qualifications of persons carrying out protective or preventive activities, the administrative control of the External Services or Persons, etc.)

Because of the lack of action on this issue, data on the current situation in the MS on external preventive services is extremely limited. The added-value of EU action in this area could lie in providing an updated overview of the regulatory frameworks and best practices in the Member States (such as the guidance prepared by the Health and Safety Executive in the United Kingdom including the Occupational Safety and Health Consultants Register<sup>50</sup>) and setting up a platform to exchange information (e.g. in the context of the ACSH). The upcoming large evaluation on the implementation of the 24 OSH Directives in the 27 MS (see chapter 4.2.3) will certainly constitute the first step in this process.

### **Awareness raising and dissemination of good practises**

The Strategy states that EU-OSHA should promote awareness and disseminate best practices, targeting in particular high-risk sectors and SMEs.

EU-OSHA has developed extensive material on good practices (e.g. e-facts, factsheets, case studies, reports, etc.) that support implementation of the EU OSH legislation. In addition, the core aim of EU-OSHA's campaigns, such as the "Healthy Workplace Campaigns", is to raise awareness among SMEs of the relevant legislation. High-risk sectors are also automatically targeted by these campaigns. The development of the online interactive risk assessment tool (OiRA) should also be mentioned here as one of the main successes of the effort by EU-OSHA to improve implementation of the legislation by SMEs.

In terms of disseminating guidance, good practices and other types of support to companies to help them better understand and apply the legislation, EU-OSHA has been a key actor. This also points to a possible future key role for EU-OSHA in relation to production and dissemination of guidance documents on the implementation of EU OSH legislation. The effectiveness of EU-OSHA's activities to support the implementation of the Strategy is discussed at length in section 4.4.

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<sup>49</sup> SLIC Enforcement Working Group, Study About external protective and preventive services / persons, Senior Labour Inspection Committee (SLIC), March 2006

<sup>50</sup> Getting specialist help with health and safety. HSE, 2011; [www.oshcr.org](http://www.oshcr.org)

### Member States' implementation of instruments

The Strategy highlights that better implementation of the EU OSH legislation does not rely only on actions at EU-level but depends strongly on actions taken at Member State level. In this regard, it mentions that Member States should give priority to implementing a package of instruments to guarantee a high-level of compliance with OSH legislation (in particular in SMEs and high-risk sectors).

The table below shows the instruments listed in the European Strategy (top row) and:

- The number of Member States that have reported to the Commission that they have implemented these instruments (row 1);
- Out of these Member States, how many had included these actions in their national strategy (row 2) and how many had, in the national strategy, targeted these actions specifically at SMEs (row 3).

Table 4-6 *Member States' implementation of instruments of the European strategy*

Instrument	Dissemination of good practices at local level	Training of white- and blue-collar	Reader-friendly information and guidelines	Tools to facilitate risk assessment	Dissemination of info/ access to counselling services	Access to external prevention services	Labour inspectors as intermediaries	Economic incentives
1. Number of MS to have implemented instrument	22	20	24	20	16	17	17	15
2. Number of MS to have included instrument in strategy	18	18	20	18	16	14	16	12
3. Number of strategies to target instrument at SMEs	10	9	15	13	13	6	10	5

Sources: 1) 2010 Survey conducted by the Commission in view of the Mid-term review of the Strategy, 2 and 3) Data derived from desk studies of 26 current national strategies. Luxembourg is not included as this country does not have a national strategy.

#### Instruments implemented by Member States

Our analysis of the answers to the survey conducted in the frame of the mid-term review shows that most Member States have effectively set up a series of policy and financial instruments to help companies implement EU OSH requirements as transposed into their national legislation.

#### Instruments included in national strategies

The review of the national strategies shows that, in most cases, the motivation to develop and/or implement these instruments is present in their national OSH strategy, illustrating that Member States agree with the relevance of most of the types of instruments listed in the European Strategy. However, it also shows that, for most of these instruments, a recommendation to Member States to include these tools might not be necessary as they are typical tools used by countries to support companies implement legislation. This is particularly true for the first four types of instruments: dissemination of best practices, trainings, reader-friendly information and tools to facilitate risk assessments.

Areas with scope for further EU action to support Member State development of instruments

In a few instances, however, promoting some of these instruments in an EU Strategy could be beneficial because action at Member State level is not systematic. This is particularly true for the use of economic incentives, the involvement of labour inspectorates and preventive services. Here action at EU level (e.g. exchange of information and best practices) could provide the opportunity for Member States to design innovative ideas and solutions.

From 2008 onwards, EU-OSHA has undertaken a project on economic incentives and has produced a comprehensive report entitled “Economic incentives to improve occupational safety and health: A review from the European perspective”.<sup>51</sup> This project constitutes a good basis for further work.

Targeting of SMEs

A smaller proportion of the instruments implemented by Member States target specifically SMEs, and even fewer target high-risk sectors, as per the Strategy. Certain issues have been clearly identified by Member States, in their national strategy, as being problematic for SMEs and requiring adapted solutions, such as risk assessments, while other types of instruments have been widely used to support SMEs with implementation of legislation (e.g. reader-friendly information and guidelines). In many other cases, the need to take into account the specificities of SMEs, or of high-risk sectors, is stated as a general principle in the national strategy and is not attached to specific instruments. Rather than simply encouraging Member States to include these aspects in their national strategies, the main added-value of action at EU-level is to design tools that provide solutions to the problems faced by many SMEs across the EU. The example of the development of OiRA by EU-OSHA is particularly relevant in this case and its further development and promotion should be part of a future strategy.

### **Summary findings on Sub-objective 1.1: Strengthening implementation**

Table 4-7 provides the list of the various actions contained in the Strategy under the sub-objective of strengthening implementation of the legislation, the responsible actors for their completion and whether or not these actions have been carried out.

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<sup>51</sup> EU OSHA, *Economic incentives to improve occupational safety and health: a review from the European perspective*, Luxembourg, 2010

*Table 4-7 Overview of implementation under Objective 1.1*

<b>Action</b>	<b>Stakeholder</b>	<b>Assessment</b>
Draw up practical guides on directives 92/57/ECC, 2004/40/EC, 2006/25/EC	COM + ACSH	Fulfilled but limited effect because of weak dissemination
Identify areas for which guides are necessary	ACSH	Fulfilled
Make guides easier for SMEs	ACSH	Recommendations made / ambivalent outcome
Focus efforts to raise awareness and disseminate best practices on SMEs and high-risk sectors	EU-OSHA	Fulfilled
Implement instruments to facilitate implementation of OSH legislation	MS	Partly fulfilled
Examination and recommendations over the issue of subcontracting	COM + ACHS	Not fulfilled (but action from SLIC on the topic)
Analysis of need for recommendation on access to preventive services	COM	Not fulfilled

The outcome of the actions taken over the past 5 years, at both EU and Member State levels, to strengthen the implementation of EU OSH legislation is ambivalent. The majority of the actions prescribed in the European Strategy may have been implemented but their impact has been quite limited either because their full potential has not been exploited (e.g. lacking dissemination of non-binding guides) or because the Commission has failed to take actions on the topics for which EU action would have been most beneficial (e.g. subcontracting and economic incentives).

Strengthening implementation of the EU legislation is a crucial aspect of the Commission's action in any EU regulated area, including health and safety at work. As such, it is doubtful that it is relevant to put forward as a sub-objective as it is currently defined. The sub-objective is closely related to other objectives of the European strategy, especially objective 2 on national strategies and objective 4 on preventive culture, which also support the implementation of legislation.

The implementation of the European Strategy has focused on areas where Commission action is, in any case, taken for granted and has failed to focus on actions at EU level that would make a difference for the Member States, which face similar difficulties with the implementation of EU OSH legislation. The strategy itself has addressed the right issues in certain instances (non-binding guidance, subcontracting, preventive services) but failed to define stricter responsibilities, more ambitious goals and clear expected outcomes of planned actions.



## 4.2.2 Monitoring the application of legislation

Supporting the implementation of the EU OSH corpus of legislation is not just about providing the right tools to companies to implement the requirements, but also about verifying the correct application of these requirements to reach the desired level of protection.

The European strategy defined a number of actions to be undertaken by the Senior Labour Inspectors Committee (SLIC) - based on the recommendations made by the SLIC itself – in order to improve coordination among Member States on monitoring the application of EU OSH legislation. These include:

- develop methods of exchanging information,
- look at the issue of different incidence rates of occupational accidents across Member States,
- exploit synergies with REACH enforcement further
- and strengthen cooperation with the ACSH.

The European strategy also encouraged Member States to take actions to strengthen the work of the national labour inspectorates.

### Exchange of information

Several instruments have been regularly used by the SLIC since its creation to promote exchange of experiences. This includes the thematic days, the peer-review evaluations of national inspection systems, the exchanges of Member State officials, the use of CIRCA<sup>52</sup> and the pan-European enforcement campaigns. The effectiveness of these tools to exchange best practices and experience was recently evaluated by a working group set up especially for this task within SLIC.

#### Pan-European campaigns

The result of the evaluation shows that pan-European campaigns are the most effective tool of the SLIC, along with the peer-review of national labour inspection systems. The campaigns are implemented on a voluntary basis which means that all participants are very motivated. They are also quite popular as 26 Member States out of 27 participated to the last campaign on dangerous substances.

#### Thematic days

The thematic days, which take place the day before the SLIC's plenary meetings, complement these different initiatives by putting one issue on the spotlight for a full day. The SLIC has also participated in the set up of an exchange platform for national labour inspectorates through the Project CIBELES (Convergence of Inspectorates Building a European Level Enforcement System). The project elaborated 14 proposals on what should be done to enable and improve a SLIC exchange platform, mostly related to the coordination of procedures across Member States. Follow-up activities have been proposed after the publication of the CIBELES report, in particular the possibility to scale up the experience and

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<sup>52</sup> Communication and Information Resource Centre Administrator - a collaborative workspace with partners of the European institutions



open the project to the 27 Member States as it was successful in the 9 pilot countries.

Monitoring the enforcement of the legislation is one of the main problems related to the EU OSH legal corpus. While legislation on OSH in is almost identical, the levels of enforcement are extremely varied. The tools used by the SLIC to exchange experience and best practices have been particularly effective and useful, according to the different evaluation reports and the interviews of EU and Member State stakeholders. In addition to the SLIC's action, it should be mentioned that EU-OSHA's enterprise survey (European survey of enterprises on new and emerging risks, ESENER) can contribute to the objective of monitoring enforcement by providing a comparative picture of compliance across the 27 Member States. The second edition of the survey in 2014 will allow an assessment how the situation has evolved over time.

### **Reducing incidence rates of occupational accidents**

The SLIC was also asked in the Strategy to examine the reasons for different incidence rates of occupational accidents in the Member States and discuss experience of innovative solutions to reducing accident incidence rates. At its plenary meeting in Bilbao on 7 May 2010, it was decided that a working group would be set up to take this work forward and discuss Member State experiences of innovative solutions. In the final report, the working group provided an inventory of good practises from the Member States, but it did not result in a fixed set of recommendations and it is not clear how and to which extent the results of the work was used by the Member States.

### **REACH synergies**

#### **WG CHEMEX**

The European Strategy states that the SLIC should examine the role of labour inspectorates when assessing the impact of REACH and should develop synergies in cooperation with other inspection bodies. A working group, WG CHEMEX, was set up in 2006 to work on the topic of the impact of the REACH regulation (adopted in 2005) on the regulatory provisions for chemicals in the workplace. The Working Group carried out a survey to assess the level of preparedness of Member States to enforce REACH. The survey identified three key issues to be addressed by labour inspection services and to be followed up by the SLIC:

- Setting up a common framework to enforce the requirements of REACH in a consistent manner;
- Setting up an effective exchange of practices;
- Identifying the points of overlap, synergy and tensions between the REACH Regulation and OSH Directives.

Work is on-going in WG CHEMEX in cooperation with EU-OSHA and the European Chemical Agency (ECHA) to address these issues, in particular in relation to ensuring that duplication of effort by the different inspection systems is avoided, and that synergies are fully exploited. In particular, the 2011-2013 work programme of the REACH Forum for Exchange of Information on Enforcement mentions that the SLIC, is invited to the Forum plenary meetings on a regular basis

and an expert of WG CHEMEX will participate in the elaboration of the Training for Enforcement Trainers to be delivered by the Forum in 2012.

#### Other projects

In addition, other projects are on-going outside the SLIC to strengthen the synergies between REACH and OSH policies:

- A guide on the interface between OSH and REACH requirements was developed in 2010 by the WP on Chemicals of the ACSH. This provides employers with more information about how they should meet the requirements in the REACH Regulation and the Chemical Agents Directive avoiding duplication of work.<sup>53</sup> However, this guide is a good example of a reader-unfriendly document, in particular for non-OSH experts, with a lack of good practices and concrete steps to be taken.
- A Commission project is on-going, which is looking at the possible introduction of inspection requirements in the REACH Regulations and for that purpose is carrying out a comparative analysis with the SLIC's 2004 'Common Principles for Labour Inspection'.<sup>54</sup>
- In 2009, EU-OSHA issued a Working Paper on 'Labour inspectorates' strategic planning on safety and health at work', which looks inter alia at the setting of inspections priorities by the national inspectorates of the EU Member States and EEA/EFTA countries.<sup>55</sup>
- A report was recently published by the Commission on the assessment of the overlaps between the REACH Regulations and other relevant EU legislation, including workers' health and safety.<sup>56</sup>

Although these various actions are certainly encouraging, the integration of REACH-related issues into an EU strategy on health and safety at work should not be limited to the SLIC, which while certainly competent, only represents one part of the stakeholders.

#### Cooperation between SLIC and ACSH

The Strategy recommends that cooperation between the SLIC and the ACSH is strengthened, in particular through the preparation of legislative initiatives and the evaluation of the implementation of directives. In several Member States, the SLIC and ACSH representatives are the same person, which ensures a certain degree of continuity and consistency between the two forums. Other initiatives have developed in cooperation, such as the joint ACSH/SLIC working group on

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<sup>53</sup> Guidance for employers on controlling risks from chemicals – Interface between Chemicals Agents Directive and REACH at the workplace, October 2010. Available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=22>

<sup>54</sup> Milieu Ltd, RPA and PACE, *Inspection requirements for REACH and CLP*, Final Report, Study Contract N° 070307/2010/580405/SER/D3 (report approved but not yet published).

<sup>55</sup> 'Labour inspectorates' strategic planning on safety and health at work, European Risk Observatory Working Paper, European Agency for Safety and Health at Work, 2009, available at [http://osha.europa.eu/en/publications/reports/TE-80-09-641-EN-N\\_labour\\_inspectorates](http://osha.europa.eu/en/publications/reports/TE-80-09-641-EN-N_labour_inspectorates).

<sup>56</sup> Milieu Ltd, *Technical assistance related to the scope of REACH and other relevant EU legislation to assess overlaps*, Final report submitted 12 March 2012, Service Contract 070307/2009/550863/SER/D3.

machinery, most of the outcomes of which are taken on board by the Commission to become Decisions with real legal effects. Communication between the two bodies is now well institutionalised and it can be considered that cooperation is strong. Any future strategic document should clearly build on this strong relationship.

### **Member State monitoring of implementation of legislation**

The Strategy also recognizes the important role played by Member States in the monitoring of the legislation on workers' health and safety, in particular in relation to the effectiveness of the work carried out by national labour inspectorates. The Strategy states that Member States should take steps to "enable labour inspectorates to ensure that those concerned meet their obligations and are able to exercise their rights".

Member States have implemented numerous instruments

The mid-term review identified relevant good practices implemented in the Member States, based on the information collected for the Scoreboard 2009 (combination of on-site and system inspection methods, regular evaluations of OSH inspection annual work plans). These results were further refined by our analysis:

- A few Member States have set up platforms to enable cross-border exchanges of experience and information. In particular, cooperation agreements have been adopted between the Lithuanian state labour inspectorate and the Polish, Latvian and Estonian labour inspectorates;
- Several Member States have set up specific training for labour inspectors on OSH requirements (e.g. Bulgaria, Denmark, Finland, France, Italy, Latvia, Netherlands, Romania, United Kingdom);
- Several Member States have enhanced the administrative capacities of their labour inspectorates (e.g. Bulgaria, Slovakia, Latvia), while others have increased the resources of their labour inspector body (e.g. Slovenia, Finland);
- Some Member States have adopted new legislation or improved existing legislation (e.g. Bulgaria, Italy, Latvia, Malta);
- Several Member States have carried out enforcement campaigns in specific sectors with a high number of accidents (e.g. Spain, Greece, Sweden, Belgium);

National inspectorates under budgetary pressure

One important factor has been mentioned during interviews with Member State stakeholders, in particular SLIC representatives, in relation to national labour inspectorates in the EU. In these times of economic uncertainties and reduction of public spending, labour inspection resources have decreased in many countries, hindering the progress made through experience and good practice exchanges. But the issue of the lack of resources of labour inspectorates is not purely linked to the economic crisis since the 2004 report on the implementation of the Framework Directive and several individual directives already noted that "the national reports

indicate a chronic lack of resources of labour inspectorates to cover all aspects of the new legislation, with particular attention to SMEs”.<sup>57</sup>

In relation to this, it is interesting to note also that the SLIC has voiced its concerns<sup>58</sup> regarding Recommendation 26 of the High Level Group of Independent Stakeholders on Administrative Burdens (see section 4.2.3 for more details), which states that: *“Member States can further reduce the administrative burden by introducing a more integrated approach to labour inspections in order to avoid employers being visited by many inspectors over a relatively short period of time, all of whom inspect the same thing and ask for the same documents. This can reduce the administrative burden by up to 7%; € 15 m.”*

The issue of budgetary restrictions will become increasingly important as economic austerity settles in. Pulling resources, knowledge and experiences at EU level will then become even more of a necessity in order to overcome pressures on national labour inspectorate systems. In view of these challenges, the SLIC 2012 Thematic Day<sup>59</sup> focused on the exchange of views and experiences from all Member States on their approach to ensure that the activities of the labour inspectorates have the largest possible impact within the constraints of limited resources.

### Summary of findings on Sub-objective 1.2: Monitoring the application of the legislation

The implementation of the different activities listed in the Strategy to be carried out by the SLIC has been particularly successful. While at Member State level, efforts have been made to strengthen the capacities of labour inspectorates, these have been impeded in some Member States by important reduction of resources.

Table 4-8 Overview of implementation of Objective 1.2

Action	Stakeholder	Assessment
Examine reasons for different incidence rates of occupational accidents and discuss	SLIC	Fulfilled
Examine further role of labour inspectorates and develop synergies in context of REACH implementation	SLIC	Fulfilled
Develop further methods of exchanging information on application of legislation	SLIC	Fulfilled
Strengthen cooperation with ACSH	SLIC	Fulfilled
Amend the Commission Decision which set up the SLIC	COM	Fulfilled <sup>60</sup>

<sup>57</sup> Commission Communication on the practical implementation of the provisions of the Health and Safety at Work Directives, as above, p24.

<sup>58</sup> Plenary meeting of the Advisory Committee on Safety and Health at Work of 26 May 2011. Item 4.1: Information from the Commission, p4.

<sup>59</sup> SLIC Thematic Day, *How do we ensure the biggest impact of our activities on H&S at work – using the resources that are available?*, Copenhagen, 21 may 2012.

<sup>60</sup> through Commission Decision of 22 October 2008, amending Decision 95/319/EC setting up a Committee of Senior Labour Inspectors

Action	Stakeholder	Assessment
Enable labour inspectorates to ensure that those concerned meet their obligations and are able to exercise their rights	MS	Partly fulfilled. MS have taken many actions but are also under pressure due to budgetary constraints

The objective of reinforcing cooperation to monitor the implementation of the EU OSH legislation is very relevant in the context of a strategy at the European level, because the harmonisation at EU-level of the legislation on workers' health and safety means that monitoring enforcement of this legislation should be equally uniform across the EU. European added-value is particularly strong in this area of work, which is confirmed by the effectiveness of the SLIC action.

#### 4.2.3 Simplifying the legislative framework and adapting it to change

The third component of the first objective of the European Strategy relates to the adaptation of the legal and policy EU OSH framework to change and its simplification, following the principles set out in the Commission communication "Better regulation for Growth and Jobs in the European Union".<sup>61</sup> This particular aspect of the Strategy is certainly one of the key topics of discussion for the evaluation and has prompted many reactions from the stakeholders interviewed.

The European Strategy included a range of measures and actions on this component. Below, the actions taken under each are described:

- Adapting the legal framework to change
- Consultation of EU social partners to improve risk prevention
- Evaluation of implementation of the OSH Directives
- Codification
- Action in response to the 2007 Action Programme for Reducing Administrative Burdens
- Action at Member State level

#### Adapting the legislative framework to change

Adapting the current EU legal and policy framework on health and safety at work to change such as changes in the workplace or socio-economic changes or new research objectives and outcomes, involves looking back at the various pieces of EU legislation, policy and other actions taken over the past 25 years and updating them to ensure that they are still relevant and useful.

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<sup>61</sup> Communication from the Commission to the Council and the European Parliament, *Better Regulation for Growth and Jobs in the European Union*, COM(2005) 97 final, 16 March 2005, Brussels.

To this end, the three following tasks, listed in the Strategy, were undertaken, some more successfully than others:

- The SCOEL successfully established a third list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC through the adoption of a Commission Directive in 2009.<sup>62</sup>
- A working party of the ACSH was set up in June 2010 to assist the Commission in the evaluation of the need for future action in response to the 2003 recommendations concerning the health and safety of self-employed workers.<sup>63</sup> In addition, in 2010, EU-OSHA published a report “A review of methods used across Europe to estimate work-related accidents and illnesses among the self-employed”. The ACSH’s work programme for 2012 mentions that the issue of facilitating inclusivity of OSH protection of self-employed workers should be discussed, but the timing of such discussion has yet to be determined.
- A WP on “Occupational Diseases” was mandated in the ACSH to evaluate the measures taken in following up the 2003 recommendation concerning the development of a European schedule of occupational diseases (see section 4.6 on monitoring for details).<sup>64</sup>

### **Consultation of EU social partners to improve risk prevention**

The other important task defined in the Strategy is to continue working with the social partners to come up with innovative solutions to solve traditional and emerging problems. The EU social partners are key actors of this on-going process to adapt European legislation to actual changes on the ground.

Through the consultation with the EU social partners, the Commission was entrusted in the Strategy to find ways of improving risk prevention in particular in the fields of musculoskeletal disorders (MSDs), carcinogens and needle stick infections.

#### **MSDs**

The Commission is still preparing a legislative proposal in the area of ergonomics and work-related musculoskeletal disorders (WRMSDs), on the justification that the current regulatory framework does not cover all types of work situations or address all risk factors leading to WRMSDs. After two stages, the consultation process of EU social partners is now finished and a second study on the assessment of socio-economic impacts was carried out in 2011. Strong reactions have come from most EU social partners interviewed about this legislative proposal. On the one hand, a clear divide appears between workers’ and employers’ representatives

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<sup>62</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

<sup>63</sup> **Council recommendation of 18 February 2003 concerning the improvement of the protection of the health and safety at work of self-employed workers**

<sup>64</sup> Commission Recommendation 2003/670/EC of 19 September 2003 concerning the European schedule of occupational diseases

with regard to the possibility of having such a legal instrument at the EU level. On the other hand, both sides seem unhappy about the proposal to merge the two directives on Display Screen Equipment and Manual Handling, leading to too much simplification and lower protection for one party and to burdensome additional requirements for the other party. It is difficult to assess first the success of the Commission's action in this area and secondly its impact as the process is still on-going. However, the fact that this process has been on-going for more than five years without producing concrete results illustrates that the Commission has not yet found the right solution to this complex problem.

#### Carcinogens

With regard to the issue of carcinogens, the Commission has concluded a project to analyse the health, socioeconomic and environmental aspects in connection with a range of different policy options and, in particular as regards possible amendments to Directive 2004/37/EC. The ACSH WP on Chemicals is expected to prepare an Opinion on the final report of the project for adoption by the ACSH at the end of 2012.

#### Sharp Injuries in the hospital and healthcare sector

A Council Directive was adopted in May 2010 to implement the Framework Agreement on Prevention from Sharp Injuries in the Hospital and Healthcare Sector which was signed in July 2009 by the European sector's social partner organisations (HOSPEEM and EPSU). Its main purpose is to prevent workers' injuries caused by all medical sharps (including needles) through systematic risk assessments, implementation of preventive measures and training of workers. The framework agreement originates from a Commission consultation on a legislative proposal concerning the prevention against needle-stick injuries. Following the consultation, the relevant EU social partners have concluded a framework agreement, which takes into account all sharp injuries (and not only those from needles). In this instance, the taking-over by the EU sectoral social partners allowed the extension of the scope of the proposal, making it more relevant.

#### Electromagnetic fields

The Commission is also currently consulting with EU social partners in the area of electromagnetic fields (EMF). The second-stage consultation for the revision of Directive on Electromagnetic Fields (EMF Directive)<sup>65</sup> is on-going. EU social partners have stressed the need for the new directive to be clear and coherent in terms of definitions, use of terms and wording, and the specifications of limit values. The partners agree that the directive should cover all workers. The current revision of the EMF Directive was mentioned by some stakeholders in interviews as an example of good practice from the Commission as it was acknowledged that the previous version of the Directive could not be realistically implemented by employers, in particular SMEs, and needed to be revised.

Even if agreements have not yet been reached on all issues and the procedures are sometimes lengthy, the systematic consultation and involvement of both cross-industry and sectoral EU social partners has ensured that the Commission's actions in the areas mentioned in the Strategy are checked against the realities and constraints faced by both workers and employers in the workplace.

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<sup>65</sup> 2004/40/EC



## Evaluation of implementation of the OSH Directives

The main component of the Commission's action for simplification has been the evaluation of the state of implementation of various OSH Directives and the elaboration of a revised, simplified, methodology for these evaluations.

### Implementation Reports Directive

In 2007, a directive on the simplification of the reports on the implementation of OSH Directives was adopted (the Implementation Reports Directive<sup>66</sup>). This was part of the EU2020 flagship "An Agenda for new skills and jobs", which recommends a comprehensive evaluation of the present legislative 'acquis', including that on health and safety at work.<sup>67</sup> In addition to establishing a new five-year exercise for the evaluation of the implementation of the OSH Directives, the Implementation Reports Directive has unified the procedure for delivering national reports on the practical implementation of OSH Directives.

The Implementation Reports Directive states that by the end of 2014 the Commission will have to prepare a report based on the comprehensive review of the EU health and safety Directives. This report will evaluate the implementation of the 24 EU OSH Directives in terms of their relevance, and of research and new scientific knowledge in the various fields covered by the Directives. The outcome will be a Commission report based, on the one hand, on the reports on the practical implementation of the Directives from all Member States, and on the other hand on the report from an independent external contractor.

In anticipation of preparing this comprehensive review, the Commission has worked in cooperation with the ACSH (and in particular its WP "Evaluation of OSH Directives") to develop a common methodology. Such a methodology has been already developed and tested on the Workplace Directive and the WP should submit an Opinion on the outcomes of this first test phase and future steps at the end of 2012. The large evaluation foreseen for 2014 will allow stock to be taken of the level of implementation of the Directives in the Member States and the difficulties encountered by employers. This is a crucial first step towards simplification of the legal framework because it will allow the assessment of exactly which areas might need simplification and it should therefore be included in a future strategy.

### Evaluation of national reports on implementation

In parallel to this process, the Commission has continued its work with the evaluation of the national reports on the practical implementation of OSH Directives. This activity has a lot of impact as it lays the ground for potential revisions or adaptation of Directives. The Commission has published reports on the evaluation of the practical implementation in the EU-15 of all the Directives listed in the Strategy.

- The report on the implementation of Directives 92/57/EEC (mobile construction sites) and 92/58/EEC (OSH signs) has concluded, with regard to

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<sup>66</sup> 2007/30/EC

<sup>67</sup> Commission Communication, *An Agenda for new skills and jobs: A European contribution towards full employment*, COM(2010) 682 final, Strasbourg, November 2010



the mobile construction sites directive, that the compliance problems identified and the extremely high rate of accidents at work suggest that employers have difficulties in understanding the directive<sup>68</sup> and proposed that non-binding guidance should be produced at the EU level to help all players understand their obligations and rights. This was done by the ACSH in March 2011 and gave rise to a relatively easy to read guidance document, the impact of which at local level is not yet known. The report also highlighted the difficulties in enforcing health and safety provisions in relation to subcontracting, providing further evidence that action on issues related to subcontracting is necessary.

- The report on the application of Directives 92/91/EEC (extracting industry through drilling) and 92/104/EEC (mineral-extracting industry)<sup>69</sup> has shown that with regard to large and medium-sized enterprises, application of the two directives seems satisfactory. However, smaller companies tend to lack the financial resources and the knowledge needed for an effective health and safety policy and in general Member States have not adopted specific rules covering the specificities of SMEs.
- The report on the implementation of Directives 92/29/EEC (medical treatment on board vessels) and 93/103/EC (fishing vessels)<sup>70</sup> highlighted that while there have been improvements in safety requirements and the safety training of crews on board fishing vessels, the impact of the fishing vessels directive has been limited. Firstly, because it applies only to larger vessels and also because little attention has been paid to working conditions that might increase the risk of occupational diseases and unhealthy lifestyles. It also highlighted that a non-binding EU guide could help to address the extremely high rate of accidents in the fishing sector and the fact that many vessels fall outside the scope of the fishing vessel directive. This guide is currently in its final stage of preparation. In general, the report highlighted the lack of enforcement of OSH requirements on board vessels, mainly because of the limited number of labour inspectors who actually go on board vessels.
- The evaluation of the implementation of the Chemical Agents Directive 98/24/EC is currently underway.

### **Codification**

The Commission has continued its work for the codification of OSH Directives. Overall, three OSH Directives have been codified, on carcinogens and mutagens (Codified Directive 2004/37/EC), on work equipment (Codified Directive 2009/104/EC) and on asbestos (Codified Directive 2009/148/EC). Although it allows a clearer and unified view of the different revisions that have been undertaken of a single directive, the process of codification has in fact little effect from an implementation point of view.

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<sup>68</sup> Commission Communication adopted on 6 November 2008 – (COM(2008) 698 final), p4

<sup>69</sup> Commission Communication adopted on 3 September 2009 – COM(2009) 449 final

<sup>70</sup> Commission Communications adopted on 29 October 2009 – COM(2009) 599 final

### Action in response to the 2007 Action Programme for Reducing Administrative Burdens

The mid-term review of the Strategy highlighted the role played by the 2007 Action programme for Reducing Administrative Burdens in the European Union and the establishment of a High-Level Group (HLG) of Independent Stakeholders on Administrative Burdens. The HLG made certain recommendations on the reduction of administrative burdens in the area “working environment”, which were followed to some extent by the Commission’ and the ACSH during the implementation of the Strategy:<sup>71</sup>

Better guidance for compliance

The methodology developed by the ACSH to enhance the effectiveness and impact of non-binding guidance on the application of the OSH Directives is an important component of the response to the first recommendation, even though there are still serious shortcomings with regard to dissemination (in particular at company level) and adaptation to SMEs (see Section 4.2.1).

Good practice exchange and potentials for electronic solutions

Member States have highlighted that exchange of information is happening on a regular basis in the ACSH, the SLIC and EU-OSHA meetings however no evidence has been found during our analysis that exchange of good practices on the specific topic of reduction of administrative burdens has taken place. As per the use of electronic or web-based solutions, the development of the OiRA tool has been an important step forward in the simplification of the risk assessment procedures for companies and, in particular, SMEs.

Exemption of micro-firms

The HLG suggested the possible exemption of micro-firms undertaking low risk activities from the obligation of keeping a written record of risk assessments. The Commission sent a questionnaire to the 27 Member States to gather detailed information on the actual implementation of the obligation of keeping a written record of risk assessment. It also launched a study on the consequences of risk assessment documentation by very small enterprises, compared to possible exemption of that obligation. Both the ACSH and the SLIC have been consulted on this issue and have highlighted the need for a comprehensive study before any action is undertaken. They have also reiterated the importance of written record for the correct functioning of OSH management and for the implementation of prevention measures against specific risks.

In relation to this issue, it is interesting to note that one of the findings of the ESENER survey shows that legal obligation is the most important motivation to carry out a workplace assessment among establishments and also that legal complexity is not reported to be a main obstacle for the adoption of OSH policies.<sup>72</sup> To date, the Commission has not entered into any commitment with regard to the possibility of exempting micro-enterprises from a written risk assessment procedure, and the option is still being assessed.

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<sup>71</sup> Opinion of the High Level Group of Independent Stakeholders on Administrative Burdens, *Subject: Administrative burden reduction; priority area Working environment / Employment relations*, 28 May 2009, Brussels.

<sup>72</sup> European Survey of Enterprises on New and Emerging Risks, Summary, 2010, p2

All in all, it is found that the HLG recommendations have been addressed to some extent but more work is needed in this area, in particular with regard to the exchange of good practices among Member States on reductions in administrative burdens. This aspect could be included in the future work programme of the ACSH (e.g. through the setting up of a working party dedicated to administrative burdens or a workshop on the topic to reach a larger audience) and should therefore be reflected in a future strategy.

### **Measures for simplification at Member State level**

According to the EU2020 “Agenda for new skills and jobs”, the objective of simplifying the legislative framework applies not only to the EU-level but also to national level. An analysis of the results of the survey conducted by the Commission in view of the mid-term review shows that 23 Member States out of 27 have taken measures to simplify their OSH legal framework. In addition, based on the analysis of the desk-studies carried out in the framework of the present evaluation, 20 Member States have integrated the objective of simplification of legislation into their national strategy.

Examples of such simplification measures include:

- The application of the Standard Cost Model to assess the costs of administrative burdens from OSH legislation and to revise legislation accordingly (e.g. Denmark, Finland, Belgium);
- The provision of example risk assessments and online templates for SMEs (e.g. United Kingdom);
- The creation of a call-centre for the labour inspectorate or Q&A services by the national authorities (e.g. Greece, Sweden).

The measures taken by the Member States do not necessarily relate to the simplification of the legislative texts. Simplification here is understood in a broader sense which includes the reduction of administrative costs, provision of support to SMEs to carry out risk assessments or innovative solutions to provide support to employers for the implementation of legislation.

### **Summary of findings on Sub-objective 1.3: Simplifying the legislative framework and adapting it to change**

All the tasks listed in the Strategy have been implemented over the past five years, more or less successfully. However, some of these tasks, such as the codification of OSH Directives or the amendment to the decision establishing the SLIC, have very limited effect on the ground. Others, such as the evaluation report on the implementation of OSH Directives and the establishment of a unified methodology for such exercise or the consultation of EU social partners, have a much greater impact in terms of adaptation and simplification of the legal framework.

*Table 4-9 Summary of implementation of sub-objective 1.3*

Action	Stakeholder	Assessment
Continue work through consultation with EU social partners on MSDs, carcinogens and needlestick infection	COM	Fulfilled
Adoption of third list of indicative values for chemical agents	SCOEL	Fulfilled
Report on evaluation of implementation of directives 92/57/EEC, 92/58/EEC, 92/104/EEC, 92/29/EEC and 93/103/EC	COM	Fulfilled
Codification of OSH Directives in view of simplification	COM	Fulfilled
Examine the possibilities to simplify legislation	COM	Partly fulfilled through review of Directives and EU social partners' consultation
Amendment to decision establishing SLIC	COM	Fulfilled
Establishment of common methodology for evaluation of implementation of OSH Directives	ACSH	Fulfilled

The extent of what the Commission has done to adapt and simplify the legal framework over the past five years has overall been quite limited. Some efforts have been made to review certain directives that were particularly problematic, such as the directive on electromagnetic fields, but in other instances, such as with the ergonomics directive, the Commission has not yet been able to resolve the conflicts between the necessity to simplify complex pieces of legislation to ensure their proper implementation and the concerns over the risk of deregulation.

In addition, the recommendations made by the HLG in 2009 for a reduction of administrative burdens in the area of the “working environment” have not all been taken up. Certain recommendations, such as the possible exemption of micro-enterprises from a written risk assessment procedure, could have negative outcomes on workers’ health and safety and therefore require thorough examination, justifying why no action has yet been taken. However, the recommendation to exchange good practices on the reduction of administrative burdens should have been taken up sooner as implementation, for instance within the ACSH, could be neither complicated nor costly and could provide opportunities for Member States to reflect on innovative solutions to reduce administrative burdens of European businesses while guaranteeing a high level of protection of workers’ health and safety.

The regulatory framework on health and safety at work is the EU’s first, and main, instrument to guarantee the health and safety of European workers and, as such, it should be continually improved on and adapted to meet new socio-economic, scientific and regulatory changes. However, for a future strategy in this area it is relevant to consider whether or not it should constitute a separate strategic

objective for the EU. Improving the legal framework should rather be seen as a means to achieve certain strategic priorities.

### 4.3 Achievements in relation to development and implementation of national strategies

#### Priorities in the European strategy

Under this priority area, the European strategy called for the Member States to adopt coherent national strategies, which establish quantitative objectives for reducing the incidence of occupational accidents and illnesses, target sectors and companies with the worst track record and focus on the most common risks and the most vulnerable workers. In addition, at the European level, the European strategy called for the ACSH to function as a forum for exchange of information and experience concerning strategy development.

This section of the European strategy also included related priorities, which in this report are dealt with in other chapters: Dealing with social and demographic change (see chapter 4.5) and strengthening policy coherence (see chapter 5.4).

#### 4.3.1 National strategy development

The mid-term review stated that much action had been taken within OSH from 2006-2009 and emphasised that “the generalisation of the strategic approach advocated by the European strategy is today a consolidated reality in most of the Member States”<sup>73</sup>. According to the *Scoreboard 2009*, 20 out of the 27 Member States had a strategy, whereas five had comparable measures<sup>74</sup>. Table 4-10 below shows the current situation in respect to national strategies.

Table 4-10 Overview of national strategies and reference to the EU strategy

Member State	Had a strategy on OSH prior to 2007?	Had a strategy on OSH in 2009 (scoreboard)	Have a strategy on OSH 2012	Duration of the strategy	Reference to the European strategy in the national strategy
Austria	No	Yes	Yes	2007-2012	Yes
Belgium	Yes	Yes	Yes	2008-2012	Yes
Bulgaria	No	Yes	Yes	2008-2012	Yes
Cyprus	No	Yes	Yes	2007-2012	Yes
Czech Republic	Yes	Yes	Yes	2008-	Yes
Denmark	Yes	Yes	Yes	2011-2020	No
Estonia	No	Yes	Yes	2009-2013	Yes
Finland	Yes	Yes	Yes	2011-2020	Yes

<sup>73</sup> Mid term review (SEC(2011) 547 final), p. 15

<sup>74</sup> Scoreboard 2009 page 15

Member State	Had a strategy on OSH prior to 2007?	Had a strategy on OSH in 2009 (scoreboard)	Have a strategy on OSH 2012	Duration of the strategy	Reference to the European strategy in the national strategy
France	Yes	Yes	Yes	2010-2014	Yes
Germany	No	Yes	Yes	2007-2012	Yes
Greece	No	No/C	Yes	2010-2013	Yes
Hungary	Yes	Yes	No/C	2011-2013	Yes
Ireland	Yes	Yes	Yes	2008-2012	Yes
Italy	No	No	No/C <sup>75</sup>	none	Yes
Latvia	Yes	Yes	Yes	2008-2013	Yes
Lithuania	No	No	Yes	2009-2012	Yes
Luxembourg	No	Yes	No	-	-
Malta	No	Yes	Yes	2007-2012	Yes
Netherlands <sup>76</sup>	No/C	No/C	No/C		No
Poland	n.a.	No/C	No/C <sup>77</sup>	2010-2011	Yes
Portugal	No	Yes	Yes	2008-2012	Yes
Romania	Yes	No/C	No/C <sup>78</sup>	2008-2013	Yes
Slovak Republic	Yes	Yes	Yes	2008-2012	Yes
Slovenia	Yes	Yes	Yes	2003-	Yes
Spain	No	Yes	Yes	2007-2012	Yes
Sweden	No	No/C	Yes	2010-2015	Yes
United Kingdom	Yes	Yes	Yes	2009-2013	No
<b>Total strategies</b>	<b>12</b>	<b>24</b>	<b>26</b>		

Source: Scoreboard 2009 and data from desk studies and interviews conducted for the evaluation. Notes: No/C refers to Scoreboard 2009, where some countries are categorised as having no strategy but a comparable plan.

The table illustrates the development which took place during the implementation period of the European strategy. Before 2007, twelve countries had a strategy and now 25 countries have a strategy or comparable plan. Thus, the 13 countries which

<sup>75</sup> Italy does not have a policy document containing the OSH strategy, but it is enshrined in a legislative act (Legislative Decree n° 81 of 9 April 2008 "Implementation of Article 1 of Law n. 123 of 3 August 2007 concerning occupational health and safety").

<sup>76</sup> Political strategies have existed in all three periods but not in form of a specific action programme or strategy. A number of instruments have been applied, the funding of which have been based on political strategies, which have usually been combined with legislative initiatives.

<sup>77</sup> The on-going Programme is an appendix to the Ministers' Council Resolution of 21.09.2010 on the continuation of a long-term 'Programme for the Improvement of Work Safety and Work Conditions; 2011-2013'. The Programme was formally established by means of a previous Resolution of the Council (of 03.07.2007), which framed the implementation of the first part of the Programme (2008-2010). It should be noted however, that the activities listed in the Programme focus primarily on issues of occupational safety and hygiene.

<sup>78</sup> A strategy has been elaborated, but is not approved by Parliament

did not have a strategy before 2007 when the EU strategy was adopted now have a strategy or comparable measures. Three countries have adopted a strategy since the Scoreboard was elaborated in 2009.

Although the overall picture is rather similar, some changes, since the Scoreboard 2009, are worth noting. A short description of the main changes in the period 2009-2012 is given below.

- Greece did not have a strategy in 2009, but measures, comparable to a strategy, were noted in the Scoreboard 2009. Following this Greece has adopted a strategy from 2010 to 2012.
- Hungary reported having a strategy in the Scoreboard 2009, however, the follow-up national labour safety policy 2009-2013 (and its update 2011-2013) was never officially adopted by the Parliament. However, in practice, upcoming legislative proposals and national initiatives on workers' health and safety seem to be framed by the objectives of the draft national labour safety policy 2009-2013 and its update 2011-2013. It is therefore regarded as a comparable measure.
- Luxembourg has adopted the Benelux Charta for Health and Safety at Work (2008-2012). However this cannot be considered as the equivalent to a national OSH strategy, even though it has a clear reference to the EU OSH Strategy. Even though it was considered to be a strategy in the Scoreboard 2009, the evaluation team considers that Luxembourg does not have a national OSH strategy. In April 2010 the tripartite committee in Luxemburg established that it had failed in its mission of developing a national strategy and the committee was temporarily suspended. The government is discussing unilaterally with the employers and workers organisations and there is still a wish to develop a common strategy. At the moment each side has their own strategy and there is no coordination.
- The Netherlands, which has a long tradition for active promotion of OSH, has not developed a strategy, but a number of instruments are in place and, in addition, a new vision statement of 2012 could be said to constitute the core elements of a strategy. For this report, it is regarded as a 'comparable plan' i.e. the situation is the same as listed in Scoreboard 2009, however, the strategy is new.
- Romania has a draft National Strategy on H&S for the period 2008-2013. The strategy has, however, not been adopted for political reasons and it is not known if and when the plan will be adopted. The interviewed stakeholders regard the strategy as being in force and in the following part of this analysis, the strategy is regarded as a comparable measure.
- Sweden did not have a strategy when the Scoreboard 2009 was elaborated but has since then adopted a strategy for the period 2010-2015.



### Role of the European strategy in relation to development of national strategies

While it is evident that a clear majority of the Member States (26) have strategies or similar policy instruments, the question is what role the European strategy played in the national strategy development. There are various indications in the data, which suggest that the European strategy played an important role in several countries.

The first indication is that the majority of national strategies contain a reference to the EU strategy (ref. Table 4-10). As seen in the table, all strategies but two contain a reference to the European strategy indicating that the European strategy has been taken into account when developing the national strategies.

The second indication of the influence of the EU strategy on the development of the national strategies is that, when asked whether a national strategy would have been implemented without the European strategy, the majority of the stakeholders indicate that the national strategy a) would not have been implemented or b) would have been implemented but would have looked different (ref. Table 4-11).

*Table 4-11 Interview responses: National strategies if no EU strategy*

<b>Would a national strategy have been implemented without the European strategy?</b>	<b>Yes</b>	<b>Yes, but would look different</b>	<b>No</b>	<b>Do not know</b>
Number of replies	33	43	15	13

Source: Based on responses to interviews with Member State stakeholders, n=104.

As indicated in the table, 33 stakeholders out of 104 interviewed indicate that a strategy would have been developed independently of the European strategy and in the same form. In most countries however, the national strategy would look different, if developed at all, if not for the European strategy. For example Spanish stakeholders interviewed stated that the European strategy constitutes a political landmark, putting pressure on national authorities to act. In this sense it has been pivotal to their development of a national strategy.

The third indication is that, when asked to which extent the national strategy was developed or revised due to inspiration by the European strategy, the Member State stakeholders generally consider the European strategy to have had some degree of influence on the national strategy.



Table 4-12 *Inspiration of European strategy at national strategy level*

To which extent was the strategy developed or revised inspired by the European strategy?	1 (no inspiration)	2	3	4	5 (100% inspired)	Not answered	Do not know
Number of replies	5	11	27	35	17	6	3

Source: Scores given by stakeholders during interviews for this evaluation. Scores given on a scale from 1-5, where 1=no inspiration, 3=partly inspired and 5=100% inspired. n=104

Table 4-12 shows that 79 of 104 respondents among Member State interviewees consider the national strategy to be partly to 100% inspired by the European strategy.

The degree to which the European strategy has influenced the national strategies differs. However, the most common perception is that the country would have had a strategy, but it would have looked somewhat different without the European strategy. The countries which have a strategy or comparable measures can roughly be classified in the following four groups in relation to how the European strategy has influenced the national strategies:

- Countries where the European strategy has had no or very limited influence;
- Countries which would have developed a national strategy regardless of the European strategy, but where the European strategy has given concrete inspiration to the national strategy;
- Countries where the European strategy has been the driver for the development of the national strategy but with limited influence on the content;
- Countries where the European strategy has been the driver and given concrete inspiration to the national strategy.

The first group consist of a few North European Member States, including Denmark, Finland and the Netherlands. These countries may be regarded as frontrunners that have had a strategy or similar measures for many years already, and have influenced the development of the European strategy.

The second group of countries would probably have developed a national strategy anyhow. In these countries, OSH actions have taken place, but often in a more fragmented manner. The EU strategy seems to have contributed to a more coherent process by being a driver for a common framework for OSH actions. The impression gained from interviews is that the priorities have been influenced by the national strategy. These countries include Germany, Estonia and France. French stakeholders mentioned that the European Strategy definitely constituted a source of inspiration, in particular regarding methodology (e.g. importance of tripartite dialogue), even though a French strategy would have been developed in any case.

In the third group of countries are those where the European strategy has had an effect on encouraging the national strategy's development, but had a limited effect

on its content. An example of this is Sweden. Here the representative of the employees argued that they used the European strategy to push for the development of a Swedish national strategy. However, the European strategy has had little influence on the specific content of the Swedish strategy.

The fourth group concerns countries where the EU strategy has been a clear driver for development of a national strategy and where it is unlikely that a national strategy would have been developed without the European strategy. Interviewees in these countries have emphasised the importance of the EU strategy for putting OSH both at the Community and national agenda, and that politicians have had to act on this due to the EU strategy. These countries include e.g. Austria and Spain. Also, several of the new Member States had a strategy following the first EU strategy on OSH, but they still emphasise the importance of the EU strategy to keep this issue on the national agenda, e.g. Slovakia, Slovenia and the Czech Republic.

Overall, across the three latter groups, stakeholders at Member State level have emphasised that the European strategy is an important political landmark which has put pressure on national policy makers to take up action in the field and thus has been an important driver for the development of national strategies and national action. It has contributed towards creating an overall framework for action. Stakeholders emphasised that the EU strategy has helped to make the national strategies more specific and operational. In some member states, e.g. Bulgaria, the EU strategy has helped to take the national strategy to a more strategic level. In other countries as e.g. Portugal and Estonia almost all elements of the European strategy are included in the national strategy.

The European strategy has also had an influence on the process of developing the national strategy. The European strategy underlined the importance of the tripartite dialogue and this encouraged the use of already existing tripartite structures and forums for discussion and agreement of national strategies. According to stakeholders in, for example, Slovakia and Spain, the tripartite involvement at both EU and national level has increased the ownership by and commitment of the stakeholders.

#### 4.3.2 Objectives and priorities in national strategies and degree of coherence with the European strategy

During the desk study of the national strategies, each strategy was reviewed with regard to the types of targets and priority areas included within them.

Targets of national strategies

The Scoreboard 2009 showed that 20 out of the 25 Member States with a strategy or other comparable measure had measurable targets related to the national OSH strategy/plans<sup>79</sup>.

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<sup>79</sup> Scoreboard 2009, p. 19.

Table 4-13 shows the results of the desk studies of national strategies and the types of targets included. Of the 26<sup>80</sup> Member States with a strategy or comparable measures, half of the Member States have included specific targets on reduction of workplace accidents in their national strategy. Only seven of these countries have adopted the objective of a 25% reduction in accordance with the overall goal of the Community Strategy – this includes Belgium, Cyprus and the Czech Republic. Latvia has modified it somehow with a 30% reduction target for lethal accidents at work per 100'000 in 2013 as compared to 2007 data. Some Member States, such as the Netherlands and Sweden, have not been favourable to the target and have not included it in their strategies. The relevance of this target is clearly regarded as higher in Member States with a relatively higher incidence of accidents.

Member States have different *modus operandi*. Regarding Spain for instance, there are no targets in the strategy as such. However, according to interviewees specific targets are stated in the bi-annual action plans.

*Table 4-13 Specific targets in the national strategies*

Type of specific target	Yes according to Scoreboard 2009	This evaluation	
		Yes	No
Reduction of workplace accidents	18	13	13
Reduction of work-related diseases <sup>81</sup>	9	5	21
Occupational risk factors	7	8	18

Source: Based on Scoreboard 2009, Q02.6 and Q02.7 and data derived from desk studies of 26 current national strategies. Luxembourg is not included as this country does not have a national strategy.

The table shows that, compared to the Scoreboard 2009, less countries have currently included specific targets on reduction of workplace accidents and reduction of work related diseases. Regarding the reduction of workplace accidents, only 13 out of 26 countries with a strategy or comparable measures have specific targets compared to 18 according to the Scoreboard 2009.

The strategies of Austria, France, Greece, Hungary, the Netherlands and the United Kingdom do not have specific targets on reduction of workplace accidents, whereas the Scoreboard 2009 stated that these countries' strategies had such targets. This difference is partly due to countries elaborating new strategies since 2009 where this is not included. For instance, the new French strategy adopted in 2010 does not contain specific targets while the preceding strategy (2005-2009) did contain targets regarding the reduction of occupational accidents, MSDs and exposure to physical and chemical agents. However, during the preparatory phase of the current Strategy it was decided that quantitative objectives were not appropriate as it was

<sup>80</sup> Luxembourg not included as no strategy.

<sup>81</sup> In Scoreboard 2009 there is a distinction between occupational diseases and work-related health problems and diseases. This distinction is not made here.

considered very difficult to build sound quantitative indicators and more relevant to aim for a general objective of well-being at work and the preservation of physical integrity.

Similarly, the previous strategy in the United Kingdom did contain specific quantitative targets. However, these proved very difficult to manage and to monitor. As a result, the United Kingdom has moved away from such targets to a policy of monitoring a suite of measures which help to indicate progress towards the general goals of their strategy.

In the Netherlands responsibilities for addressing main sectoral risks have been transferred to social partners, guided by legally binding maximum exposure norms. Both social partners and the inspectorate are informed by continuous monitoring data, leading to extra attention by either of these parties where necessary.

On the other hand, other Member States such as the Czech Republic, Lithuania and Malta did not have specific targets in 2009 but do have such targets in 2012.<sup>82</sup>

Regarding the reduction of work related diseases<sup>83</sup> and occupational risk factors; even fewer countries have included specific targets in their national strategies.

Focus areas of  
national strategies

Table 4-14 shows the results of the desk studies in regard to whether the national strategies contain the focus areas mentioned in the European strategy.

Table 4-14 Focus areas of the national strategies

Strategy focus area	Number of national strategies including focus area	
	Yes	No
Sectors and industries which have the worst track record	18	8
The most common risks and the most vulnerable workers	22	4
The particular circumstances and needs of SMEs	22	4
Strengthening coherence with other policies	22	4

Source: Desk studies of national strategies/comparable instruments in 26 countries.

As depicted in the table, almost 80 % of the Member States have included the focus areas emphasised by the European strategy in their national strategy. This indicates that the focus areas of the national strategies are to a large extent coherent with the focus areas highlighted in the European strategy.

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<sup>82</sup> The reason for this discrepancy may be questioned as the national strategies for both Czech Republic and Malta were elaborated before 2009

<sup>83</sup> In Scoreboard 2009 there is a distinction between occupational diseases and work-related health problems and diseases. This distinction is not made here.

Measures or instruments of the national strategies

Table 4-15 provides an overview of the types of measures included compared to the measures encouraged by the European strategy.

*Table 4-15 Instruments and measures of the national strategies*

Type of measure or instrument	Number of national strategies including focus area	
	Yes	No
Strengthening implementation of EU legislation through implementation of a series of instruments	23	3
Simplifying the legislative framework and adapting it to change	21	5
Encouraging changes in behaviour/promoting preventive culture?	25	1
Identifying and evaluating new and emerging risks?	20	6
Systematic procedures to gather and analyse the data drawn from the health surveillance of workers	12	14
Campaigns to raise doctors' awareness of their patients' medical history and working conditions	9	17
Improving the rehabilitation and reintegration of workers excluded from the workplace	11	15

Source: Desk studies of national strategies, including 26 strategies/comparable measures.

As the table indicates, the coherence between the European strategy and national strategies is less evident when it comes to the instruments and measures included in national strategies.

Almost all countries, 20 or more, have included measures in their national strategy to:

- strengthen implementation of EU legislation;
- simplify the legislative framework and adapting it to change;
- encourage changes in behaviour and promoting a preventive culture;
- identify and evaluate new and emerging risks.

All 25 countries which included 'Encouraging changes in behaviour/promoting preventive culture' in their national strategy also state that they have included specific measures targeting SMEs.

During the interviews, many stakeholders also emphasised that measures to increase awareness, through either training or the dissemination of information and good practices, are among the most effective measures and the most successful measures in the implementation of the national strategy.

Thirteen Member States have included economic incentives such as favourable insurance conditions when certain OSH criteria are met, as a measure to improve OSH. This measure may require agreements with private insurance companies and

is therefore proving demanding in some countries. In Slovakia for instance, this is one of the measures which have not been completed within the planned deadline, but negotiations are ongoing. Economic incentives are part of providing positive incentives to companies making an effort with regards to OSH. Interviewees emphasised that to promote OSH positive incentives is an important motivational factor – motivation should be positive rather than driven by the threat of sanctions for non-compliance.

The uptake of the remaining focus areas into the national strategies is more scattered and more than half of the countries have not included the following in their national strategy:

- Systematic procedures to gather and analyse the data drawn from the health surveillance of workers;
- Campaigns to raise doctors' awareness of their patients' medical history and working conditions;
- Improving the rehabilitation and reintegration of workers excluded from the workplace.

All in all, the desk studies of national strategies point to a high degree of coherence between the national strategies and the European strategy - this also includes Member States where the national strategy was only to a limited degree developed on account of the European strategy. However, as also emphasised by many stakeholders during interviews, there are variations, which indicates, that the national strategies have been developed with inspiration from the European strategy and its priorities, but adapted to the national context and key priority areas. This is in line with the intentions of the European strategy, which specifically states that the national strategies "should be defined on the basis of a detailed evaluation of the national situation" (p. 9).

#### 4.3.3 Implementation of national strategies

In order to obtain a picture of the achievements in relation to the implementation of national strategies, we have asked the stakeholders at Member State level about the views on the status of implementation and the degree to which objectives/targets are being achieved. It must be mentioned that the national strategies are in various stages of implementation as some have existed for quite some time whereas others are fairly recent. Stakeholders generally found it difficult to assess implementation in relation to the more recent strategies.

The average scores across all Member States are reflected in Table 4-16.

*Table 4-16 Average scores on effectiveness in implementation and goal achievement of national strategies*

<b>Score</b>	<b>1 (not effective)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (highly effective)</b>	<b>Do not know</b>
No of responses (Question on the effectiveness in implementation of the national strategy)	3	7	31	34	5	24
No. of responses (Question on the effectiveness of achieving goals of national strategy)	3	9	32	27	8	25

Source: Based on 104 interviews where Member State stakeholders were asked to rate on a scale from 1-5 where 1=not effective, 3=somewhat effective and 5=highly effective). n=104.

The table shows that, among the countries where action has been assessed by stakeholders, a clear majority of countries state that substantial actions have been taken. The table reflects a general picture that Member States have come quite far in the implementation of their national strategies. However, this covers considerable differences between countries. In some countries, such as Spain and Slovakia, respondents almost universally state that about 90% of the national action strategy has been implemented, whereas other countries have been almost at a standstill according to interviewees.

Based on received data, three countries are perceived to have had little or very little effectiveness in implementing and achieving their national goals. One of these countries is Denmark, which has a new strategy which explains why implementation is still very limited. Similarly Greece has a relatively new strategy – from 2012 – and this is the first OSH strategy of the country, which may explain the low scores given. Political instability and the effects of the economic crisis may also be contributory factors. Estonia is also among the countries with lower scores. This is not because there is a low level of activity in the OSH area, but the actions seem to be driven by other factors, notably the Labour Inspectorate which has a separate work plan.

It should be noticed that stakeholders within a country often have a different perception of the success of the implementation of their national strategy and this may blur the picture. Several stakeholders mention the economic crisis as a reason for achieving less than anticipated, but in most cases some progress has been made in spite of this.

In regard to the immediate impacts achieved as a result of the implementation of national strategies, we have asked the Member State stakeholders five key questions. The scores given by the stakeholders are summarised in the table below.

Table 4-17 Immediate impacts of the national strategies

Question on immediate impact	1 (not at all)	2	3	4	5 (to a high extent)	Do not know/no reply
To which extent have measure/initiatives under the national strategy led to better practises and increased compliance	13	9	30	26	5	21
To which extent have measure/initiatives under the national strategy led to increased awareness	3	15	34	22	12	18
To which extent have measures/initiatives under the national strategy led to more and better knowledge on emerging risks	5	10	34	31	3	21
To which extent have measures/initiatives under the national strategy led to better practises at local level	5	9	42	24	6	18
To which extent have measures/initiatives under the national strategy led to promotion of a preventive culture in your country	5	9	35	30	9	16

Source: Based on responses from Member State stakeholders who were asked to rate on a scale from 1-5 where 1=not at all, 3=to some extent and 5=to a high extent, n=104

The data shows some progress in relation to the five types of impacts targeted by the questions. Particular progress is found in the field of increasing awareness and the promotion of a preventive culture where the analysis shows a high degree of impact. Also increased knowledge on emerging risks is seen as an area of success.

It is difficult to assess exactly how much of this impact is due to the European strategy. What is clear, though, is that there is a causal effect chain of factors from the European strategy to the activities and impacts at national level. The difficulties lie in assessing the strength of the causal links between the different parts of this chain as illustrated in a simple view in Figure 4-8.

Figure 4-8 Illustrative chain of causal effects



As demonstrated in the previous data presented on national strategy development, the European strategy influenced the development of national strategies to quite a large extent. This, in turn, has led to activities being conducted at the national level with relatively high effectiveness. Therefore, it is considered that the positive intermediate impacts achieved can also, to a certain extent, be attributed to the European strategy. However, on the other hand, other factors have also influenced the development of national strategies, and other factors than the national strategies have influenced the activities undertaken at national level. It is thus not possible to determine to which extent impact can be ascribed to the European Strategy.



Many stakeholders at national level have stressed the importance of the European Strategy in 1) putting OSH on the agenda, 2) contributing to better OSH knowledge sharing among Member States and 3) contributing towards a harmonised level of prevention in all Member States which is important for competitive reasons. Other major lessons learned as reported by national stakeholders and observed from studies of strategies and evaluations of strategies, include:

#### Lessons learned

**Political pressure:** a large number of stakeholders emphasised that the EU strategy constitutes an important political landmark which is important in getting OSH onto the national agenda.

**Dialogue with the social partners:** dialogue with the social partners has been strengthened during the preparation and implementation of the strategy. Many stakeholders have emphasised that the social dialogue at the EU level and the national level have been mutually reinforcing to each other. Stakeholders in several countries emphasise that this has been a key factor in the success of the national strategy as all parties were involved; had ownership over the national strategy; and felt a commitment into seeing it implemented

**Strategic framework for implementation of legislation:** The role of the national strategies in providing a strategic framework around the implementation of OSH legislation has been valuable. The national strategies have contributed to a better implementation of the legislation.

**National OSH action plans:** national action plans to make the national strategy more concrete; with specific actions, deadlines and responsibilities, have been an important tool in several of the most successful countries, e.g. Spain and Slovakia. The fulfilment of the action plan has been reported on regularly and the results have been taken into account in the development of the forthcoming action plan.

**Awareness:** Initiatives to increase awareness have been high on the agenda in a clear majority of Member States, and it is also proving to be one of the most successful areas. A number of initiatives have been launched and many countries have taken several measures into their palette of instruments. It was emphasised among some stakeholders that one of the keys to the success was that communication was targeted at the workers and simplified into a few simple key messages, avoiding academic formulations.

Many countries have also arranged specific training sessions, provided information seminars, or activated the labour inspectorate, which has a dialogue with the companies, in the awareness raising process.

**Political stability:** findings indicate that the political stability in Member States have an influence on the progress made in completion of the strategy, and some stakeholders also emphasised this as an important factor. The analysis shows that in Member States where the political situation has been under particular distress during the period of the strategy, less progress has been made. This is for example the case of Greece and Belgium.

#### 4.3.4 Monitoring and evaluation of the national strategies

Our desk study of national strategies looked at the extent to which the strategies describe the framework and procedures for monitoring and evaluation and whether indicators are defined in the strategies. The results show that for 19 of the 26 strategies, the framework and procedures for monitoring and evaluation are laid down in the strategy or in a separate document, but that only eight of these strategies clearly identify the indicators to be monitored/evaluated.

There are thus indications that the majority of the Member States have established a framework and procedures for monitoring and evaluation in the national strategy. However, the data suggests that indicators for monitoring and evaluation are typically not put forward in the strategies. Some countries have included indicators for monitoring in their national action plans supporting the implementation of the strategy. This is the case for example in Spain.

Implementation of monitoring and feedback to the policy cycle

In those Member States where procedures for monitoring and evaluation are described in the national strategies, the data from the interviews indicates that monitoring and evaluation is implemented on a regular basis. Data from the desk studies and interviews indicate that 19 countries evaluate the implementation of the strategy – either regularly (16) or ad hoc (3).

Table 4-18 Monitoring and evaluation of national strategies

	Yes	No	N.a.
<b>Number of MS where the implementation of the strategy monitored / evaluated</b>	19	7	
<b>Number of MS where monitoring /evaluation procedures include a feed-back into the policy level / strategy revision?</b>	13	12	1

Desk studies of national strategies, including 26 strategies/comparable measures.

As seen from the table above, monitoring and evaluation procedures include a feedback into the policy level or feed into a revision of the strategy in 13 countries. Of these 13, the data for five countries show that this has already been done, whereas for eight Member States this is prescribed, but has not yet been realised. This includes France, Slovakia, the Netherlands and the United Kingdom. The main reason is that the strategies are relatively recent and therefore have not yet been subject to evaluation. Moreover, in some countries, like Spain, with bi-annual or annual action plans, evaluation is done of these action programmes and results thereof are fed into the next action plans, all under the same strategy.

In several of the countries, it was emphasised from stakeholders – particularly the social partners – that evaluation and monitoring is not sufficient.

The data collected so far includes several good examples of how results from monitoring and evaluation are used to feed into the policy cycle and revise the strategies or specific instruments under the strategy.

The Netherlands has recently completed a comprehensive evaluation of the previous OSH programme. This evaluation explored not only the programme itself,

but the entire regulatory system set up for the management of OSH. This evaluation was used very actively and at the highest political level to assess the policy choices made, and the results were fed into the development of the new vision statement and policy agenda.

The experience from the Netherlands illustrates several important aspects in relation to monitoring and evaluation:

- A comprehensive strategy evaluation must recognise and consider political-administrative framework that the strategy is built into and not only reflect on target achievement and measures
- Evaluation of the strategy builds on monitoring data collected during strategy implementation, supplemented with additional data. Agreeing on suitable indicators and the monitoring of these during the strategy period is a prerequisite.
- Monitoring data must be rich and indisputable, and this is ensured by using multiple sources (informed by employers, employees and statistical data), by using combinations of objective and subjective data and by data gathering done by independent parties.

#### 4.3.5 EU level coordination and exchange of experience on national strategies

As stated in the midterm review two working parties were set up within the ACSH to promote discussion on national strategies and two workshops on this issue were organised, in October 2008 and October 2009. Moreover, two opinions were adopted by the ACSH reflecting 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*”<sup>84</sup>. During interviews, several Member State level stakeholders have commented that the workshops were useful and valued.

The midterm review called for further follow-up to the work conducted by the ACSH and a systematic analysis from a comparative perspective of the national strategies - in particular for the following three elements: 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<sup>85</sup>. However, such an analysis is not mentioned in the ACSH Action Programme 2012.

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<sup>84</sup> Mid term review, p. 15

<sup>85</sup> Mid-term review, p. 22

#### 4.3.6 Summary of findings on objective 2: National strategies

All Member States - except one - now have a national strategy or comparable instrument. The European strategy has been a driver and source of inspiration for the national strategies - although not in all countries and with different emphasis in different countries. Most of the national strategies encompass the objectives, priority areas and instruments set out in the European strategy. Exceptions are the areas of health surveillance and the rehabilitation/reintegration of workers excluded from the workplace, which are reflected in a more limited number of national strategies incorporating these provisions (9-12 national strategies depending on the subject).

The ACSH contributed positively to the development of national strategies through dialogue and workshops to exchange experience and best practises.

The implementation of the national strategies has been quite successful overall with some countries being more effective than others. This has also led to positive impacts in terms of better practises and risk assessment, better implementation of legislation and the promotion of a preventive culture. It is not possible to quantify these impacts and it is not possible to determine to what extent these impacts may be attributed to the European strategy. However, the data strongly indicates that there is a positive causal relation between the European strategy and actions and effects at the national level.

The European strategy focused on the development and implementation of national strategies. This objective can to a large extent be considered achieved, with the reservation that implementation is more effective in some Member States than in others. Considering that almost all Member States now have a strategy, the future perspectives for relevant actions seem to be more in the area of exchanging views and experience on specific matters relating to strategy implementation and use of instruments as well as the monitoring/evaluation of the strategies, which did not receive very much attention at the EU level during the present strategy period.

### 4.4 Achievements in relation to the encouragement of changes in behaviour and the promotion of a preventive culture

The European strategy's priority on promoting changes in behaviour contains actions within two main areas:

- Integrating health and safety into education and training programmes
- Healthier and safer workplaces: Improving health and promoting awareness within companies

The below sections describe the actions taken and achievements made under each main area. Under the second area, we distinguish between health promotion activities and more general awareness raising and prevention related activities.

#### 4.4.1 Integration of OSH into education and training programmes

EU-OSHA: Review of Member State action on OSH in school curriculum

In the Strategy, EU-OSHA was requested to review the extent to which health and safety aspects have been incorporated into Member States' vocational and occupational training policies. This work had been initiated by EU-OSHA before the launching of the European strategy and in 2009 EU-OSHA published a report on the Member States' mainstreaming of OSH into school curricula<sup>86</sup>. The report and associated fact-sheet were produced in 21 languages and reviewed how the Member States were including OSH and risk education in their national curricula.

The ACSH WP on this topic discussed the EU-OSHA report, but did not reach a conclusion on further actions to be taken.

The Mid-term Review mentions that the Commission will be considering follow-up action based on this EU-OSHA report (which provided recommendations for a range of future initiatives) during the remaining period of implementation of the European strategy. However, Commission representatives have confirmed that no new policy initiative was developed or is foreseen for the remaining period of implementation of the Strategy.

However, EU-OSHA has been and continues to be very active in the area of mainstreaming OSH into school curricula. A number of activities have been carried out, including the following:

- > On-going cooperation between EU-OSHA and the European Network Education and Training in Occupational Safety and Health (ENETOSH)<sup>87</sup>.
- > Organisation of a stakeholder meeting on mainstreaming OSH into education. The seminar was jointly organised with ENETOSH. The meeting brought together, among others, OSH stakeholders, education stake holders, child/youth safety stakeholders, youth employment stakeholders and social partners from the EU level and member states<sup>88</sup>
- > Preparation of a number of reports:
  - > *Preventing risks to young workers: policy, programmes and workplace practices, report and fact sheet, 2009*<sup>89</sup>. To support information exchange on best practice, EU-OSHA has produced a report about how the occupational safety and health of young workers can be managed at

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<sup>86</sup> EU-OSHA 2009: OSH in the school curriculum: requirements and activities in the EU Member States;

<sup>87</sup> <http://www.enetosh.net/>

<sup>88</sup> 24 February 2010. <http://osha.europa.eu/en/seminars/mainstreaming-occupational-safety-and-health-osh-into-education>

<sup>89</sup> <http://osha.europa.eu/en/publications/reports/TE3008760ENC/view>, <http://osha.europa.eu/en/publications/factsheets/83/view>. 2 publications, report and factsheet (21 languages), Work carried out by contractor 2005-6, publication date 2009

policy and practice level. The report includes a variety of case studies and also identifies some success factors for prevention.

- *A safe start for young workers in practice, 2007*<sup>90</sup>. This publication contains examples of how enterprises and organisations from across the European Union have taken actions to prevent risks to young workers and to educate students about health and safety at work.
- *Challenges and opportunities for mainstreaming OSH into university education, report and fact sheet, 2010*<sup>91</sup>. This report presents a variety of cases concerning how OSH has been included in university-level education. The cases in it demonstrate that there are more challenges to integrating OSH into university-level education compared with other levels of education.
- *Training teachers to deliver risk education - Examples of mainstreaming OSH into teacher training programmes, report and fact sheet, expected publication 2012*<sup>92</sup>. This report presents cases which involve training in-service and future teachers in either OSH or in delivering risk education. Ideally, all teachers should receive training about OSH in their working lives and how to incorporate risk education into their daily work. If getting risk education properly embedded in the school curriculum is challenging, then it is even more difficult to get it into training programmes for future teachers. However, the cases present various approaches and methods that could be considered or elaborated upon.
- *A whole-school approach to OSH and education: case studies, report and fact sheet, publication pending.*<sup>93</sup>
- With the NAPO consortium<sup>94</sup> EU-OSHA developed educational resources for primary school teachers to facilitate the use of the NAPO DVDs in the classroom. These were successfully pilot tested in four countries and, after

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<sup>90</sup> , Office for Official Publications of the European Communities, Luxembourg, 2007, <http://osha.europa.eu/en/publications/reports/GPB06/view>. Publication, result of good practice awards competition carried out in 2006, report prepared/published in 2007

<sup>91</sup> [http://osha.europa.eu/en/publications/reports/mainstream\\_osh\\_university\\_education](http://osha.europa.eu/en/publications/reports/mainstream_osh_university_education), <http://osha.europa.eu/en/publications/factsheets/91/view>. 2 publications, report and factsheet (21 languages) ), Work carried out by contractor 2007-8, publication date 2010

<sup>92</sup> 2 publications, report and factsheet (all official languages), Work carried out by contractor 2008-9, EXPECTED publication date June 2012

<sup>93</sup> Work carried out by contractor 2010-11. Report and factsheet. Publication pending.

<sup>94</sup> The Film Consortium - HSE (UK); DGUV (Germany); INAIL (Italy); INRS (France); SUVA (Switzerland); and, AUVA (Austria). <http://www.napofilm.net/en/the-napo-story>

further refinements, will be rolled-out in 11 countries as part of a step-wise promotion.<sup>95</sup>

EU-OSHA has thus not only performed the task requested in the European strategy but has kept a continuous focus on this area throughout the strategy period and has worked as a vehicle for information gathering and sharing of experience among Member States and the actors involved.

#### Member State actions

The 2009 EU-OSHA report on OSH in the school curriculum (requirements and activities in the EU Member States) states that implementation activities in the Member States are continuing, although at different rates across Member States and education levels. On an overall level, the report concludes that: "*Member States are including OSH and risk education in their national curricula. The report shows that there is considerable progress and activity in this respect at both primary and secondary education levels in terms of both implemented and planned actions in the Member States*".<sup>96</sup>

In 2009 EU-OSHA also issued the report 'Preventing risks to young workers: policy, programmes and workplace practices', which provides examples of the integration of OSH aspects into vocational and occupational training policies in 25 EU Member States. The report contains a summary of the legislative practices in each of these 25 Member States (Bulgaria and Romania are not included).

The EU-OSHA report on mainstreaming of occupational safety and health in university education, the report presents cases demonstrating how OSH has been included in university-level education in 14 Member States and the US. A few cases point to OSH/risk education being truly embedded within the curriculum of individual courses. Further, it argues that there are many "*challenges to integrating OSH into university-level education ... but [that] steps are being taken to mainstream OSH into university education in a variety of disciplines and in a variety of ways*".<sup>97</sup>

The data used to produce the above mentioned reports is mainly from 2006 and therefore the reports do not reflect any progress made or the impact of the European strategy on actions taken at Member State level since that time. For this reason it is not possible on the basis of the reports to determine what actions have been taken by the Member States during the strategy period and to which effect. However, the reports clearly indicate that Member States were already working in this area before the adoption of the European strategy.

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<sup>95</sup> The resources are published at <http://www.napofilm.net/en/napo-for-teachers>. The development work was carried out 2010-11.

<sup>96</sup> EU-OSHA 2009: OSH in the school curriculum: requirements and activities in the EU Member States, p. 7

<sup>97</sup> EU-OSHA 2010: Mainstreaming occupational safety and health into university education, p. 6



In correspondence with this, our review of national strategies indicates that the vast majority of these contain measures for integrating health and safety into education and training programmes and thus, that activities are continuing into the new strategy period. However, this area has not been brought up during interviews by any national stakeholder as one of the most successful areas of the national strategy. While many stakeholders regard preventive measures and the development of a preventive culture as the most important and often also the more successful part of their national strategy, the particular focus area of integrating OSH into education and training policies is not mentioned, which indicates that it has not been among the areas of highest attention.

#### Social Fund projects

In the Strategy, the Member States are called on to make wider use of the possibility offered by the European Social Fund and other Community funds for developing training projects in the field of health and safety at work for employers and workers.

The review of national strategies indicates that about one third of the strategies contain intentions on this. The replies from the Member States to the survey carried out in connection with the Mid-term review of the European strategy indicates that eight Member States have actually made use of the European Social Fund or other European funds to develop training projects. It thus seems that this part of the strategy has not been implemented to the extent sought for.

Many projects funded through the ESF have dealt and deal with occupational health and safety, e.g. through providing training on OSH to specific groups of workers (women, migrant workers, ageing workers, workers with disabilities, etc.) or in specific high-risk sectors (e.g. construction) or through awareness-raising campaigns. In the 2007-2013 spending cycle, 13 Member States have allocated resources from the European Social Fund for actions related to health and safety at work (these actions are part of broader measures, so the amounts going specifically to OSH are not available).<sup>98</sup>

It should be noted that in order to reap the full potentials of the European Funds to support certain action areas, it is imperative that the Member States' Operational Programmes are designed to include these areas under the strategic priorities selected. This evaluation has not analysed the individual Operational Programmes in the Member States and the extent to which they include OSH education priorities is not known. Considering that the new programming cycle for the period 2013-2020 is now under development, it would seem appropriate to put a stronger emphasis on the possibilities for funding for mainstreaming OSH into training and education in the programming documents at both EU and national levels.

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<sup>98</sup> Delmartino M., De Troyer M., Afman R., *The European Social Fund and Health*, European Commission, 2010.



EU-OSHA collects and disseminates information to support the development of health promotion campaigns

#### 4.4.2 Workplace health promotion

In the European strategy, EU-OSHA is requested to collect and disseminate information intended to support the development of occupational health promotion campaigns, in combination with the strategy and Community public health programmes.

As a result, in 2008 EU-OSHA launched a project on workplace health promotion (WHP). Coordination of the project activities with stakeholders and relevant players involved in this field have been ensured through the WHP Expert Group consisting of experts from the Member States, and representatives from the social partner groups, DGs SANCO and EMPL, European Network of Workplace Health Promotion (ENWHP), International Labour Organisation (ILO) and World Health Organisation (WHO). This group helped the project with scoping, information sharing, feed-back and dissemination activities.

EU-OSHA produced and disseminated a variety of good practice information such as dedicated web section, factsheets on WHP for employers and for employees; and eFacts on health promotion in the health and transport sectors and on work-life balance. It also collected case studies on mental health promotion at the workplace and health promotion of young workers, which were also summarised in factsheets. In addition, the mental health promotion case studies were analysed in a report, identifying success factors and hindrances for promoting mental health at the workplace.

Another focus was on the motivating factors for employers and workers to be involved in workplace health promotion. Two literature reviews and case studies were prepared on this topic. A dedicated web section containing good practice information for employers, smokers and non-smokers was promoted through mini campaigns in 2011 and 2012 (including a viral campaign) on Tobacco Free Workplaces. No formal evaluation was carried out but EU-OSHA learnt from experience and strengthened the action in 2012 by adding information sheets and getting support from DG SANCO in their promotion – co-branding them with the ‘ex-smokers are unstoppable’ campaign.

In 2012, the WHP project extended its scope to cover wellbeing at work and positive work environment aspects.

In addition to the activities that already took place within the WHP project EU-OSHA pays tribute to the raising awareness of the importance to promote health at the workplace by integrating the salutogenetic approach of workplace health promotion in the current as well as in the next healthy workplaces campaign.

It is thus clear that EU-OSHA has taken a number of actions to follow up on the request of the European strategy to collect and disseminate information on WHP. The most prevalent communication form used has been a mixture of fact sheets and web-based information. The midterm evaluation of EU-OSHA's strategy found

that the usefulness of traditional methods of communication such as the fact sheets was 'less clear'<sup>99</sup>. In response to the evaluation, EU-OSHA now has more focus on approaches other than fact sheets.

The work of EU-OSHA has also included campaign activity on health promotion as shown above, especially in relation to tobacco. These actions have been discussed and reviewed in the Expert Group, which includes DG SANCO and thus also provides the link to the Community public health programmes. One example of how EU-OSHA has combined its activities with a wider Community programme is the collaboration with DG SANCO on the 'ex-smokers are unstoppable campaign'<sup>100</sup>. However, wider campaigns targeted on health promotion combined with Community public health programmes have not been developed. The European Strategy is not really clear on its intentions for the campaigns. EU-OSHA is only called upon to collect and disseminate information in support of such campaigns, and this action has clearly been carried out.

Eurofound examines the effects of health promotion campaigns

In the European strategy, the Commission requests the European Foundation for the Improvement of Living and Working Conditions (Eurofound) to examine the real effects of the health promotion campaigns referred to above. There is a general agreement among the stakeholders that Eurofound is not the appropriate actor for this type of task. In any case, as mentioned above, wider campaigns have not been implemented and, in relation to the activities undertaken by EU-OSHA, these have generally been evaluated by EU-OSHA.

It should be noted that in the period specified, Eurofound has been active in the area of health at work. In Eurofound Foundation Focus Issue 9 from 2011, the relationship between health and work was addressed. The issue highlighted some of the findings from Eurofound's fifth European Working Conditions Survey from 2010. Moreover, Eurofound, together with the Commission, arranged a two-day conference on the topic. Here the trends over the last 20 years were highlighted on the basis of the pan-European Working Conditions Survey (EWCS). These actions are, however, not directly linked with the European strategy.

Member States to make provisions in their national strategies for specific initiatives

The European strategy encourages Member States to make provisions in their national strategies for specific initiatives enabling enterprises, in particular SMEs, to be given technical assistance and advice concerning the promotion of workers' health. As noted in the Mid-term review, several initiatives regarding technical assistance to the enterprises were reported by the Member States in response to the Commission's survey, however, it was not clear whether these could be attributed to the European strategy.

The desk study of national strategies found that a clear majority of the national strategies contained specific initiatives enabling enterprises to be given technical assistance and advice on workers' health. Around half of these strategies targeted SMEs with regard to technical assistance and advice. See also section 4.3.

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<sup>99</sup> OSHA: Mid-term Evaluation of OSHA's Strategy 2009-2013, p. 46

<sup>100</sup> <http://osha.europa.eu/en/topics/whp>

#### EU-OSHA sectoral awareness raising campaigns

#### 4.4.3 Promoting awareness within companies

The strategy calls for EU-OSHA to develop sectoral awareness-raising campaigns targeted in particular at SMEs.

Communication, campaigning and promotion of OSH is one of EU-OSHA's core tasks and the main awareness-raising activity is the **Healthy Workplaces** campaigns which, since 2008, have focused on a different theme every two years.

The campaign 'Lighten the Load' from 2007 raised awareness of the risks of MSDs through initiatives such as the Good Practice award scheme which provided good practice examples from various countries and sectors. Sector-typical problems were addressed in the e-fact sheets developed for the campaign and available on EU-OSHA's website. The information material was relevant to SMEs as well as larger enterprises but did not seem to be targeted particularly at SMEs, as SMEs were not mentioned in the standard presentations of the campaign (speaking notes and power point presentations are available on all EU languages on the website).

In 2008-2009, the European campaign on "Risk Assessment" focused particularly on SMEs, providing tools to support the risk assessment processes. The OiRA was developed and many stakeholders interviewed for the purpose of this evaluation have emphasised this as a particular successful achievement and useful tool, which has been taken up in many Member States. Also the evaluation of the campaign<sup>101</sup> was positive and highlighted that the campaign added value to the national levels and was viewed positively by the focal points. The campaign developed posters targeting the agriculture, education and construction sectors. In the period of the campaign, EU-OSHA also issued factsheets on risk assessment for teleworkers and hairdressers. OiRA sector-specific tools are under development for public office work, road transport, private security, hairdressing, butchers, leather and tanning and garage holders.

In 2010-2011, the campaign 'Safe Maintenance' included hundreds of events around the theme of maintenance and its importance<sup>102</sup>. The campaign developed very detailed e-facts covering the most salient sectors such as construction, fisheries and manufacturing. In the more general communication materials, such as the campaign guide and leaflets, the campaign addressed the issue of maintenance more generally.

Currently ongoing is the 2012-2013 campaign 'working together for risk prevention' (launched in April 2012). This campaign also includes sector-specific tools (for the construction, health care and HORECA (hotels, restaurants and catering) sectors).

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<sup>101</sup> OSHA: Mid-term Evaluation of OSHA's Strategy 2009-2013, p. 4

<sup>102</sup> EU-OSHA has provided support for the organisation of 65 partnership meetings and stakeholder seminars, 12 press conferences, 11 other events for journalists, 2 radio call-ins, and news releases adapted to particular countries, OSHA: Annual Report 2010, p. 21

The Midterm Evaluation of the EU-OSHA's Strategy found that stakeholders generally believe that the objectives were met in relation to the Agency's running of effective awareness-raising campaigns. The European campaigns were perceived by stakeholders to increase awareness, although uncertainty existed on the extent to which the campaigns reached employers and workplaces. Campaign materials were found to be too difficult and detailed for workers to understand. Initiatives such as OiRA tool and NAPO (materials not dependent on language) were evaluated to be useful to employers and workplaces.

The findings from interviews for this evaluation with stakeholders in the Member States are consistent with the results of the Mid-term Evaluation of the EU-OSHA's Strategy and show that the campaign activities have contributed to raising awareness and improved practices among companies. However, the interviews also indicate that there is room for improvement. Several interviewees questioned the extent to which the campaigns reach the local levels. EU-OSHA is very aware of this challenge and is working actively to bridge the gap, for example through the development of the official campaign partnerships and an agreement with DG Enterprise to promote OSH via the Enterprise Europe Network.

Thus, there is no doubt that EU-OSHA has been focused on sectoral awareness raising and SMEs in its delivery of the European OSH awareness campaigns, which have been carried out successfully.

EU-OSHA:  
Exchange of  
experience and good  
practise aimed at  
specific sectors

The European Strategy calls for EU-OSHA to promote the management of health and safety at work in enterprises through the exchange of experience and good practices aimed at specific sectors.

EU-OSHA's homepage provides access to an elaborate sector-specific and searchable database with multiple cases of evidence about safety and health.

Sector-specific activities are regularly carried out, amongst other in the Healthy Workplaces campaign. One of the European Week, now Healthy Workplaces, campaigns was dedicated to the construction sector (2005), other activities targeted the health care, cleaners, fisheries and hospitality sector. The 2005 construction campaign had a follow-up stakeholder group activity which concluded in an EP event.

EU-OSHA has also actively supported the SLIC (Senior Labour Inspectors) campaigns on asbestos and dangerous substances (targeting amongst others car repair and woodworking), MSDs (targeting transport and health care and asbestos (targeting construction)).

Information materials were also developed for the agriculture sector. The EU-OSHA research was supported by expert groups (e.g. HORECA and fisheries) and the results were discussed with the EU sectoral social partners and other stakeholders at workshops and other events (e.g. HORECA, cleaners, health care). In 2011, a series of publications and two Web sections, were launched to support the UN decade for road safety (11 May 2011), and were promoted at joint events (national and EU) with the national Focal Points, DG Move, and the European Transport Safety Council, at the International Transport Forum and Fair, and at the

A+A fair in Düsseldorf. The information also supported an initiative by the EU Commission (DG EMPL) and the ACSH to develop guidance on road transport and driving for work.

The Healthy Workplaces campaigns include a Good Practice award. In relation to the follow-up of the Healthy Workplaces Campaign on Risk Assessment of 2008-2009, a database of case studies of good practices was launched, which presents case studies since the onset of the Agency's work. In 2009 and 2011, as for every campaign, the winners of the Good Practice award were presented in a Good Practice booklet that was published and made available on EU-OSHA's website. This particular campaign tool was very well evaluated in the following evaluation. In 2010, during the Campaign on "Safe Maintenance in practice" described above, the partners organised a range of activities to promote good practice.

Thus the information provided by EU-OSHA is very extensive and available in different formats such as database, fact sheets, reports, etc. It provides a range of information and good practices divided on sectors, and thereby offering a good basis for exchange of experiences and dissemination of good practice.

In terms of specific activities to actively promote the exchange of experience and good practice within specific sectors, some activities have been conducted under the European campaigns. EU-OSHA's networks of focal points (at European and national levels) are also forums for exchange of experience and good practice. The Mid-term evaluation of EU-OSHA's strategy indicates mixed experiences with the operation of the networks. It is not clear from the evaluation whether the networks facilitate sector-specific exchange of experience and good-practice, but the results do indicate that more could be done to activate the networks for this purpose.

#### Sectoral social dialogue

The European Strategy invited social partners to draw up initiatives in the context of the sectoral social dialogue and to ensure that workers' representatives are given a greater coordinating role in the systematic management of occupational risks.

Actions have been taken over the past 5 years in the context of the European sectoral social dialogue. These actions have taken place within the framework of the sectoral dialogue committees, established in 1998 by the Commission to promote dialogue between social partners in the various sectors of activity. The "Industrial Relations in Europe" report of 2010<sup>103</sup> highlights the progress achieved in a number of committees, including in the area of health and safety at work. As mentioned previously, one of the main achievements was the conclusion of a framework agreement on the prevention of sharp injuries in the hospital sector, which was then included in a Directive adopted in 2010.

Other achievements, in addition to those mentioned in the Mid-term Review, include:

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<sup>103</sup> European Commission, Directorate-General for Employment, Social Affairs and Inclusion, *Industrial Relations in Europe – 2010*, Luxembourg, 2010, pp184-186.

- › Conclusion of a framework agreement on the prevention of health risks in the hairdressing sector (2009)
- › Setting up of a working group on risk assessment in the live performance sector (2009)
- › Review of existing knowledge and best practices regarding well-being in the telecommunications sector (2010)
- › Charter and guidelines for a just culture in aviation (2009)
- › Production of a guide for a health and safety management system for the construction sector (2010).
- › Review of trends in the causes of accidents in the extractive industry sector and promoting relevant guidelines and best practices.
- › Agreement on the implementation of ILO Convention 188 on Work in Fishing (2012)

The European sectoral social dialogue has thus been very active over the past 5 years. However, the extent to which this work can be attributed to the European strategy can be questioned. This work would have been carried out, whether the Strategy “invited” it or not.

The link made in the Strategy between the actions of the EU sectoral social partners and the greater involvement of workers’ representatives in the management of occupational risks is unclear and the European social partners generally consider this part of the European strategy to be vaguely formulated. As a bipartite process, the EU sectoral social dialogue gives, by essence, an equal role to employers’ and workers’ representatives.

The lack of more specific and engaging actions in the Strategy in relation to the sectoral social dialogue might illustrate the limited connection between the initiatives taken by the EU sectoral associations and the rest of EU OSH activities implemented within the ACSH and SLIC.

#### 4.4.4 Summary of findings on objective 3: Promotion of a preventive culture

The table below lists the key areas and actions put forward in the strategy and provides a short assessment as to their fulfilment.

*Table 4-19 Implementation of Objective on promoting a preventive culture*

Area	Action	Stakeholder	Assessment
Mainstreaming of OSH into training policies	Review extent to which MS have incorporated OSH into training policies	EU-OSHA/ ASCH/ Commission	Fulfilled by EU-OSHA but not followed up by ASCH / Commission
	Make wider use of Social Fund	MS	Partly fulfilled but requires programming effort
Health promotion	Enabling enterprises / SMEs to be given technical advice	MS	Fulfilled
	Collect and disseminate information to support health promotion campaigns	EU-OSHA	Fulfilled (over-fulfilled - collected info and did (small-scale) campaigns)
	Examine effect of health promotion campaigns	Eurofound	Not fulfilled, but no larger scale campaigns to evaluate and not within normal area of work for Eurofound
Sectoral awareness raising	Sectoral awareness raising campaigns targeted at SMEs	EU-OSHA	Fulfilled
	Promote management of OSH through exchange of experience and good practises aimed at specific sectors	EU-OSHA	Fulfilled
	Draw up initiatives in context of sectoral social dialogue	EU Social partners	Partly fulfilled but not due to strategy
	Ensure that workers' representatives are given a greater coordinating role in the systematic management of occupational risks	EU Social partners	Partly fulfilled but not due to strategy

Overall, there has been an effective implementation of this area of the strategy with the exception of the area of mainstreaming OSH into training policies, where there has been a lack of action at the EU level from the ASCH and the Commission.

EU-OSHA has been a powerful actor in implementing awareness raising activities and has effectively contributed to the achievement of this strategy objective. However, there are concerns about the extent to which the messages and tools developed by EU-OSHA are reaching the end-audiences in the individual companies and institutions in the Member States and are being used to their full potential.

Sectoral social partners have been very active under the auspices of the sectoral social dialogue, however, it is doubtful whether these actions can be ascribed to the strategy and there seems to be limited connectivity between the dialogue at the level of the ACSH and the sectoral social dialogue.

There is a level of overlap between the actions mentioned under this objective and the actions mentioned under objective 1 on better implementation of legislation.

## 4.5 Achievements in relation to confronting new and increasing risks

The European strategy presented challenges at both an EU and Member State level to identify and confront new or developing risks, including those attributable to the changing economic and social environment. The strategy operated with two main areas: 1) Identification of new risks and 2) Promotion of mental health at the work place. This section is organised accordingly.

### 4.5.1 Identification and assessment of new risks

Under this area, the EU-OSHA was called upon to encourage national health and safety research institutes to set joint priorities, exchange results and include occupational health and safety requirements in research programmes.

It also set the European Risk Observatory (ERO) of EU-OSHA the specific task of enhancing risk anticipation to include risks associated with new technologies, biological hazards, complex human-machine interfaces and the impact of demographic trends.

Through the strategy the Commission also encouraged Member States and the EU social partners to promote the practical, rapid implementation of the results of basic research by making simple preventive instruments available to enterprises and in particular to SMEs.

#### **Promotion of joint research priorities and exchange of results**

Although not encompassed by the period of the strategy, EU-OSHA carried out work to promote coordination of research efforts across the Member States through a Research Seminar, held in 2005, with the express purposes of reaching a consensus on the main priorities for OSH research, and to stimulate networking amongst the major OSH research institutes in Europe with a particular focus on the FP7 research funding programme<sup>104</sup>.

Following this, a key initiative at an EU level in encouraging research into new and emerging risks has been the NEW OSH ERA initiative (New and Emerging Risks in Occupational Safety and Health – Anticipating and Dealing with Change in the Workplace through Coordination of OSH Risk Research). A 2007 report<sup>105</sup> identified “thematic areas researched in partner countries, new risk factors recognized in each of them, scientific programmes undertaken to face those risks and problems which are emerging and which may in future threaten the well-being of workers”. As a result of this initiative, the NEW OSH ERA partners have jointly

New OSH ERA  
under FP7

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<sup>104</sup> EU-OSHA-European Agency for Safety and Health at Work. Promoting occupational safety and health research in the EU. 2005. Available at:

<http://osha.europa.eu/en/eustrategy>.

<sup>105</sup> Overview of research funding programmes on OSH-related new and emerging risks. 2007, NEW OSH ERA



funded research projects related to psychosocial risks at work and initiated the Forum on new and emerging risks.

#### Roles of EU-OSHA and PEROSH in coordination

Some Member States report that the activities of EU-OSHA in promoting knowledge of emerging issues have indirectly served to stimulate some national research initiatives. However, efforts to coordinate research have tended to fall to other players, most notably Partnership for European Research in Occupational Safety and Health (PEROSH) and other collaborative partnerships.

The activities of PEROSH reflect the coordination of national research interests in a number of Member States. As such, they give additional insight into the common concerns and interests within those Member States. Although this coordination of research effort is to be applauded, it is not clear to what extent (if any) this can be attributed to the strategy.

#### Role of national labour inspectorates in research on OSH

In 2009, the European Risk Observatory published the findings of a survey of the role of national Labour Inspectorates in promoting research into safety and health at work<sup>106</sup>. The survey found that the majority of the Member States who replied indicated that they were not responsible for OSH research or that they had some limited responsibility.

The report indicated that, in a substantial number of Member States, no OSH research programme existed at a national level and that such activities were carried out without any formal coordination. However, this might be a bit misleading because, in a number of those Member States whose Inspectorate reported that they were not involved and that OSH research was managed separately, that management (and presumably coordination) remained a government function.

It seems that, in a number of instances, the dual role of the Inspectorate in policing workplaces and setting the OSH research agenda means that such research is more likely to be focussed on current OSH issues, rather than adopting a more forward-looking role. Thus, according to the ERO-EU-OSHA report, the information most widely used to set research priorities is data from inspection activities, from registers of occupational accidents or diseases, and from surveys.

For example, German national OSH objectives are specified on the basis of a ranking procedure, developed jointly by accident insurance institutions and health insurers. It can be used whenever data on past accidents, illnesses or impaired well-being or health is available. Objective criteria, such as the number of cases of damage and days of incapacity for work, costs incurred, latency periods, etc, are taken into account when identifying objectives, making it possible to set priorities on a scientific basis. Inevitably, such an approach (which is prevalent across the Member States) will result in a more immediate focus and is more likely to be

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<sup>106</sup> EU-OSHA-European Agency for Safety and Health at Work. Labour Inspectorates' strategic planning on safety and health at work: results of a questionnaire survey to EU-OSHA's Focal Points, 2009. Available at: [http://osha.europa.eu/en/publications/reports/TE-80-09-641-EN-N\\_labour\\_inspectorates/view](http://osha.europa.eu/en/publications/reports/TE-80-09-641-EN-N_labour_inspectorates/view).

aimed at examining the efficacy of a current initiative or investigating a specific incident rather than adopting a forward looking role. In safety terms for example, the research would better be classified as accident investigation, carrying out research to better understand any underlying causes of accidents which have happened – but in doing so hopefully helping to prevent such accidents in the future. For example, one of the three themes of the United Kingdom Health and Safety Executive's (HSE) priorities is: 'Supporting front line regulatory functions (e.g. incident investigation)'.

However, although the detail provided in this report is not comprehensive it is clear that some Member States do additionally include more forward-looking initiatives. Thus, in Germany, 'surveys and studies which can be used to forecast future problems and trends in OSH are also taken into consideration' whilst a further United Kingdom HSE theme is: 'looking ahead to identify and meet future challenges'.

National focus on new and emerging risks

Our desk reviews of the national strategies examined whether the national strategies contained priorities for methods for identifying and evaluating new and emerging risks and, in a considerable majority of Member States, the conclusion was that they did. It is not always easy to determine which research activities are attributable to the strategy and which would have taken place in any case.

Research activities often tend to reflect the funding available for activities, and the extent to which these activities reflect the aims of the strategy depend therefore upon the degree to which funding is available for work in these areas. For example, the FP7 programme included provisions for funding for research into nanotechnologies, resulting in a considerable amount of activity in this area. To cite just one example, the ENPRA project (Risk assessment of engineered nanoparticles) brings together the knowledge and capabilities of 15 European (including organisations in the UK, Belgium, Denmark, Germany, France, Italy and the Netherlands) and six US partners.

### **Enhance risk anticipation**

As specified above, the European strategy presented challenges at both an EU and Member State level to identify and confront new or developing risks, including those attributable to the changing economic and social environment. These included challenges to national health and safety research institutes and to EU agencies (specifically the ERO) in identifying and exploring these risks and to Member States in integrating the results of this research into preventative measures (see below).

As directly mandated by the strategy, the ERO has maintained the focus on the issue of new and emerging risks commenced during the period covered by the previous strategy. The strategy invited the ERO to examine the specific OSH challenges posed by the more extensive integration of women, immigrant workers and younger and older workers into the labour market. Expert forecasts,

complemented by fact sheets, have been prepared to cover four key areas: biological<sup>107</sup>, chemical<sup>108</sup>, physical<sup>109</sup> and psychosocial<sup>110</sup>. These have been supplemented by reports focussing on two new technologies: nanomaterials<sup>111</sup> and green technologies<sup>112</sup> and on three other areas of specific concern: women workers<sup>113</sup>, migrant workers<sup>114</sup> and those working in the emergency services<sup>115</sup>.

It is clear that the ERO has therefore played a major role in fulfilling this aspect of the strategy. An evaluation report on the activities of EU-OSHA stated: “The work of the risk observatory was regarded as valid and credible, relevant and useful, by both policy-makers and researchers” although it is noted that “The research reports produced by the risk observatory were viewed by policy-makers and representatives of both employers and workers, as more relevant to the needs of experts than themselves”.<sup>116</sup> This view perhaps reflects the more forward looking nature of the role of the risk observatory than one addressing more immediate concerns.

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<sup>107</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO Expert forecast on emerging biological risks related to occupational safety and health. 2007. Available at: <http://osha.europa.eu/en/publications/reports/7606488/view?searchterm=None>

<sup>108</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO, Expert forecast on emerging chemical risks related to occupational safety and health. 2009. Available at: [http://osha.europa.eu/en/publications/reports/TE3008390ENC\\_chemical\\_risks/view?searchterm=None](http://osha.europa.eu/en/publications/reports/TE3008390ENC_chemical_risks/view?searchterm=None)

<sup>109</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO, Expert forecast on emerging physical risks related to occupational safety and health. 2005. Available at: <http://osha.europa.eu/en/publications/reports/6805478/view?searchterm=None>

<sup>110</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO, Expert forecast on emerging psychosocial risks related to occupational safety and health. 2007. Available at: <http://osha.europa.eu/en/publications/reports/7807118/view?searchterm=None>

<sup>111</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO, Workplace exposure to nanoparticles. 2009. Available at: [http://osha.europa.eu/en/publications/literature\\_reviews/workplace\\_exposure\\_to\\_nanoparticles/view?searchterm=None](http://osha.europa.eu/en/publications/literature_reviews/workplace_exposure_to_nanoparticles/view?searchterm=None)

<sup>112</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO, Foresight of new and emerging risks to occupational safety and health associated with new technologies in green jobs by 2020. 2011. Available at: <http://osha.europa.eu/en/publications/reports/foresight-green-jobs-key-technologies/view?searchterm=None>

<sup>113</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO, Risks and trends in the safety and health of women at work. 2011. Available at: <http://osha.europa.eu/en/publications/reports/new-risks-trends-osh-women/view?searchterm=None>

<sup>114</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO, Literature study on migrant workers, 2007. Available at: [http://osha.europa.eu/en/publications/literature\\_reviews/migrant\\_workers/view?searchterm=None](http://osha.europa.eu/en/publications/literature_reviews/migrant_workers/view?searchterm=None)

<sup>115</sup> EU-OSHA-European Agency for Safety and Health at Work, ERO, Emergency Services: A literature review on occupational safety and health risks, 2011. Available at: [http://osha.europa.eu/en/publications/literature\\_reviews/emergency\\_services\\_occupational\\_safety\\_and\\_health\\_risks/view?searchterm=None](http://osha.europa.eu/en/publications/literature_reviews/emergency_services_occupational_safety_and_health_risks/view?searchterm=None)

<sup>116</sup> Mid-term evaluation of the European Agency for Safety and Health at Work’s 2009-13 strategy. IES, 2011.

In 2008, a European Parliament publication on new forms of physical and psychosocial health risks at work<sup>117</sup> identified general drivers related to emerging OSH risks. These were:

- 1. Globalization;
- 2. Demography;
- 3. Technological innovation;
- 4. New risk perceptions;
- 5. Increase in natural hazards.

The occupational health and safety challenges faced by various vulnerable groups, including women and migrant workers, as well as the younger and older workers, were also explored in a review for the European Parliament's Committee on Employment and Social Affairs<sup>118</sup>.

Some further insight into research activities into occupational health and safety issues, spanning both EU and National levels, can be found in the recent publication by the PEROSH<sup>119</sup> formed from Occupational Safety and Health institutes from ten Member States. Thus, amongst their collaborative research activities are initiatives addressing aspects of work and well being; ageing of the workforce; and the safety of nanotechnology and nanoparticles, all issues identified in relation to ongoing or emerging risks.

There would seem to be a degree of duplication of effort between the activities of the Commission's agencies, Eurofound and the Parliament, all of whom have promulgated reviews of new and emerging risks in general and the risks faced by vulnerable groups of workers in particular.

Thus, as well as the report on vulnerable groups commissioned by the European Parliament's Committee on Employment and Social Affairs<sup>120</sup>, Eurofound prepared a report on migrant workers as a particular vulnerable group<sup>121</sup>. Similarly, in 2008, a European Parliament publication was prepared on new forms of physical and psychosocial health risks at work<sup>122</sup> whilst EU-OSHA, through their Risk

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<sup>117</sup> New forms of physical and psychosocial health risks at work. 2008, European Parliament Policy Department, Economic and Scientific Policy. (IP/A/EMPL/FWC/2006-205/C1-SC1)

<sup>118</sup> Occupational health and safety risks for the most vulnerable workers. 2011, IP/A/EMPL/ST/2010-03, European Parliament.

<sup>119</sup> Sustainable workplaces of the future – European Research Challenges for occupational safety and health, PEROSH, 2012.

<sup>120</sup> Occupational health and safety risks for the most vulnerable workers. 2011, IP/A/EMPL/ST/2010-03, European Parliament.

<sup>121</sup> Employment and working conditions of migrant workers. EUROFOUND, 2007.

<sup>122</sup> New forms of physical and psychosocial health risks at work. Brussels: European Parliament Policy Department, Economic and Scientific Policy. 2008, (IP/A/EMPL/FWC/2006-205/C1-SC1)

Observatory (ERO), prepared a number of publications on new risks<sup>123</sup> as well as specific vulnerable groups such as female workers<sup>124</sup>.

### Action on ongoing risks

In the European strategy, the Commission encourages Member States and the EU social partners to promote the practical, rapid implementation of the results of basic research by making simple preventive instruments available to enterprises and in particular to SMEs.

Although primarily focussed at addressing current risks, the OiRA initiative, reported elsewhere in this report, is a key element in promoting awareness and assessment of emerging risks, together with preventative action, amongst SMEs. There appears to be a strong consensus that this tool has been of particular value.

Although not necessarily fostered by the strategy, many Member States have a range of risk assessment tools available to address existing risks. These might be aimed at a particular risk (e.g. manual handling hazards) or at the risks likely to be encountered in specific sectors (e.g. the construction sector). Many of these seem to have been prompted primarily by the so-called six-pack of legislation dating from the early 1990s (a number of which included specific provisions for risk assessments) or by subsequent legislation, rather than being specific responses to the strategy. In addition, to assist in this process, the EU-OSHA website includes a searchable facility which can be used to identify risk assessment tools in different languages and from different Member States.

### 4.5.2 Addressing risks to mental wellbeing

In recognition of risks to mental wellbeing as an increasing risk in the workplace, the European strategy encouraged Member States to incorporate specific initiatives aimed at preventing mental health problems and more effectively promoting mental health into their national strategies, in combination with Community initiatives on the subject. The European Strategy also stressed the importance of the negotiations between EU the social partners on preventing violence and harassment at the workplace and encouraged them to draw conclusions from the assessment of the implementation of the European framework agreement on work-related stress.

#### National action

As described in chapter 4.3, a majority of the Member States have incorporated initiatives aimed at preventing mental health problems into their national strategies.

#### Community level initiatives

As already touched upon under the objective of promoting a preventive culture (which also includes an action area on mental health), a number of community level have been carried out. As part of its initiative in the area, in 2011, EU-OSHA

<sup>123</sup> Outlook 1 – New and emerging risks in occupational safety and health, 2009, EU-OSHA.

<sup>124</sup> Risks and trends in the safety and health of women at work, 2011, EU-OSHA.

published a report on good practice in promoting mental health and wellbeing in the workplace.<sup>125</sup>

A few initiatives were undertaken by DG SANCO in cooperation with DG Employment and other OSH-related actors at EU level:

- Joint conference (DG SANCO-DG EMPL) in Berlin in March 2011 on promotion of mental health;<sup>126</sup>
- Consensus Paper on Mental Health in Workplace Settings prepared with involvement of colleagues from DG EMPL;<sup>127</sup>
- Collaboration with EU-OSHA and the Senior Labour Inspectors Committee (SLIC) (EU-OSHA expert forecast on new emerging psychosocial risks related to OSH,<sup>128</sup> ESENER<sup>129</sup>);
- Proposal for a Joint Action on mental health in Member States with a view to determining how health services can support workplaces in the promotion of mental health at work;<sup>130</sup>
- In 2010, a Eurobarometer on Mental Health included a set of workplace related questions<sup>131</sup>.

The initiatives in relation to mental health, carried out by DG SANCO and DG EMPL in cooperation, have been considered successful by the main stakeholders involved.

Finally, in 2010, the SLIC agreed to develop a campaign on psychosocial risks, for delivery in 2012. This campaign, including an inspection campaign toolkit in 22 languages, has been launched<sup>132</sup>.

Most, if not all of the attention at the Community level has been paid to the issue of the promotion of mental health and wellbeing. Little material has been found which has addressed the second issue of the employment of those with a mental

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<sup>125</sup> EU-OSHA-European Agency for Safety and Health at Work. Mental health promotion in the workplace – a good practice report. 2011. Available at: [http://osha.europa.eu/en/publications/reports/mental-health-promotion-workplace\\_TEWE11004ENN/view](http://osha.europa.eu/en/publications/reports/mental-health-promotion-workplace_TEWE11004ENN/view).

<sup>126</sup> [http://ec.europa.eu/health/mental\\_health/events/ev\\_20110303\\_en.htm](http://ec.europa.eu/health/mental_health/events/ev_20110303_en.htm)

<sup>127</sup> [http://ec.europa.eu/health/ph\\_determinants/life\\_style/mental/docs/consensus\\_workplace\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/consensus_workplace_en.pdf)

<sup>128</sup> <http://osha.europa.eu/en/publications/reports/7807118>

<sup>129</sup> [http://osha.europa.eu/en/publications/reports/esener1\\_osh\\_management](http://osha.europa.eu/en/publications/reports/esener1_osh_management)

<sup>130</sup> Proposal for a Joint Action on mental health in Member States, submitted in response to the 2012 call for proposals under the EU Health programme and still under evaluation by the Executive Agency for Health and Consumers. One of the work packages would explore possibilities for the health sector and healthcare providers to support workplaces in managing mental health. If confirmed, the Joint Action will enter into implementation in early 2013. The Joint Action was requested by Member States in the Council Conclusions on the Mental Health Pact of June 2011:

[http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lsa/122389.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/122389.pdf)

<sup>131</sup> [http://ec.europa.eu/health/mental\\_health/eurobarometers/](http://ec.europa.eu/health/mental_health/eurobarometers/)

<sup>132</sup> <http://www.av.se/SLIC2012/>

disability. It is important to differentiate between mental wellbeing or its absence (used by many as an alternative term to stress) and clinical mental illness and the needs of those who are mentally ill, both in gaining initial access to the workplace or in being rehabilitated to their workplace following illness, should not be overlooked.

#### Actions by the EU social partners in respect to framework agreements

Two autonomous framework agreements have been signed and implemented by the EU social partners: the 2004 framework agreement on work-related stress and the 2007 framework agreement on harassment and violence at work. In addition, in 2010, several EU sectoral social partners adopted common guidelines on protecting workers from third-party violence. On the basis of the 2008 EU social partners' implementation report on the framework agreement on work-related stress,<sup>133</sup> the Commission drafted, in 2011, its own conclusions on the implementation of the agreement in the Member States.<sup>134</sup> The report concluded that the implementation of the Agreement was a significant step forward and that it added real value in most Member States, although some shortcomings in coverage, impact of measures, and the provision of a comprehensive action-oriented framework were identified. It further highlighted that there was room for improvement, both at national and EU level, as regards extending protection, and further developing adequate responses to the challenge. It was assessed that there was scope for all stakeholders to consider further initiatives to ensure that the objective was reached.

The mid-term review of the European Strategy highlighted that on this basis, the Commission would take further action to strengthen implementation but no evidence was found of this. EU and national stakeholders interviewed have mentioned that the Agreement has had a positive impact at the local level. In particular in many Member States, social partners have taken action beyond what has been prescribed in the Agreement. These actions include training, stress barometers, assessment tools for establishments, the provision of concrete advice to actors at establishment level, guidance documents, surveys and awareness raising activities.

### 4.5.3 Summary of findings on objective 4: Risks

The outcomes, summarised in Table 4-19, can be seen against the dual aims of identifying and researching new risks and fostering action on ongoing risks, especially those relating to mental wellbeing. Horizon scanning activities by different EU agencies has resulted in a degree of duplication of effort, both in respect of general evaluations and regarding specific at risk groups such as vulnerable groups.

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<sup>133</sup> *Implementation of the European Autonomous Framework Agreement on Work-Related Stress*, Report by the European Social Partners, Adopted at the Social Dialogue Committee on 18 June 2008

<sup>134</sup> Commission Staff Working Paper, *Report on the implementation of the European social partners' Framework Agreement on Work-related Stress*, SEC(2011) 241 final, Brussels, February 2011

As would be expected, given its role and function, EU-OSHA and, in particular the Risk Observatory within this agency, have played a major role in identifying new risks. During the life of this strategy, the ERO has prepared a published a number of forward-looking reports on new and emerging issues and risks, thus fulfilling its role in this respect. However, they have only played a limited role in promoting active research within Member States. As this is not part of their function this is not intended as a criticism, merely a reflection of their role. They did play a part prior to the promulgation of the strategy in exploring research priorities but other programmes, such as the FP7 programme, have tended to be a dominant influence as they provided essential funds for such research.

Most Member States do report having research initiatives, partly aimed at evaluating and assessing current risks and current risk reduction initiatives but partly also taking a more forward-looking view of new and emerging risks. The coordination of research effort in this field, through organisations such as PEROSH, provides important added value in helping to reduce duplication of effort but also in providing for more powerful research evidence through integrating efforts across a number of Member States.

*Table 4-19 Implementation of Objective on confronting new and increasing risks*

Area	Action	Stakeholder	Assessment
Identification of new risks	Encourage national health and safety research institutes to set joint priorities, exchange results and include occupational health and safety requirements in research programmes.	MS research institutes	Formation of PEROSH provides a lead in this area.
	Enhance risk anticipation to include risks associated with new technologies, biological hazards, complex human-machine interfaces and the impact of demographic trends.	EU-OSHA ERO	Series of reports prepared. Work regarded as valid and credible, relevant and useful, by both policy-makers and researchers.
	Promote the practical, rapid implementation of the results of basic research by making simple preventive instruments available to enterprises and in particular to SMEs.	MS and social partners	OIRA initiative, produced by EU-OSHA seen as valuable. Not clear to what extent this can be attributed to the strategy.
Promotion of mental health at the workplace	Initiatives aimed at preventing mental health problems and promoting mental health more effectively, in combination with Community initiatives on the subject, including the employment of persons with a mental disability.	MS	Main focus on mental well-being (stress) and less success in relation to addressing the occupational needs of those with a mental disability.

It would appear therefore that there has been partial success in respect of new risks. There has been (partly duplicated) action on identifying these risks but less effective promotion of research into these. The FP7 funding of research into the possible health and safety effects of nanomaterials is a notable exception to this, although this work does not appear to have been fostered as a direct consequence of the strategy.



At an EU level, the OiRA initiative, reported elsewhere in this report, provided a clear lead on the issue of risk assessment by SMEs and this tool has been lauded as being of particular value. However, although providing a good start, and a sound basis for the risk management approach, it is restricted in its accessibility and application. Thus, use of the tool is restricted to employers' and employees' organisations or EU/National Authorities, and is not available for private companies to use to carry out their own risk assessments. A small number of sector (and language) specific risk assessment tools have been developed but there is clearly a need for a considerable amount of further effort if its full benefit is to be realised.

National initiatives aimed at fostering better risk awareness, assessment and reduction in SMEs have been widespread, although fewer Member States reported these, leaving greater scope for further efforts.

Stress and mental wellbeing have been a particular focus for a number of EU-level activities by a number of different agencies, again meeting the challenge laid down in the strategy. Stress and mental wellbeing have also provided a specific focus for initiatives in a sizeable majority of Member States – although some have yet to address this problem and there has been little activity in respect of the separate (but related) issue of those who have mental illnesses.

Thus, at both an EU and at a National level, initiatives have been taken which begin to address all three of the specific challenges laid down by the strategy. although there is, as would be expected, some variation between Member States (possibly reflecting national priorities). However, although there has been a considerable amount of effort, particularly at EU-level, in beginning to address these challenges there remains, without doubt, scope for additional efforts in this area. For example, a pan-European poll of the general population, carried out across the EU-27 and nine other countries, recently reported that 79% of those questioned (77% in EU-27) considered that job-related stress will increase over the next five years<sup>135</sup>. This view was also stated in the recent ACSH opinion which concluded that efforts to reduce psychosocial health risks at work and to improve mental health should be more emphasised in any future Community strategy, since evidence showed these risks to be still highly and increasingly prevalent.

#### 4.6 Achievements on the development of monitoring tools to track the progress in relation to OSH strategies

The European strategy mentioned two sets of actions under the priority area of monitoring and this section is structured accordingly.

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<sup>135</sup> EU-OSHA-European Agency for Safety and Health at Work, Pan-European opinion poll on occupational safety and health. 2012.

- For the Commission to follow up on the proposal for a Regulation aimed at consolidating the ESAW (European Statistics of Accidents at Work) and EODS (European Occupational Diseases Statistics) methods and to step up the collection of OSH data in population surveys
- For the Commission in cooperation with the ACSH to develop a common system for the collection and exchange of information on the national strategies, the national prevention structures and efforts deployed

#### 4.6.1 Statistical methods and collection of data on OSH

##### ESAW

In respect to statistics on ESAW, the period of the European strategy included some key positive developments in that two regulations have been adopted, following the work of a Eurostat working group: Regulation 1338/2008 “Statistics on accidents at work” and Regulation 349/2011 implementing Regulation 1338/2008 and containing definitions. These two new regulations will contribute to better comparability of data across the Member States, even though Member States still have to do the necessary work to improve the coverage of the different variables (i.e. types of accidents, types of workers, types of NACE sectors).

As is documented in section 4.1 of this report, there is a considerable time-gap in the provision of ESAW data. Thus, currently in 2012, the latest data available dates back to 2008. Presently the value of the data is therefore to be seen in a longer term, historical perspective, whereas it does not really provide inputs to the shorter term policy cycle.

##### EODS

Similar progress has not been achieved in relation to EODS, where activities have been given lower priority, and where the methodological challenges are larger, especially due to different systems of recognition and reporting on occupational diseases in the Member States.

A WP on “Occupational Diseases” was mandated in the ACSH to evaluate the measures taken in follow-up of the 2003 recommendation concerning the development of a European schedule of occupational diseases.<sup>136</sup> A report on the current situation in relation to occupational diseases’ system in EU Member States was submitted to the WP in June 2012.<sup>137</sup> This report notes that “it is likely that Member States will make more progress in improving their systems with an EU initiative than without” and provides suggestions for changes to the 2003 Recommendation to make it more relevant and effective. This comprehensive report provides a good basis for future action on this topic. In particular, the report recommends:

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<sup>136</sup> Commission Recommendation 2003/670/EC of 19 September 2003 concerning the European schedule of occupational diseases

<sup>137</sup> Report on the current situation in relation to occupational diseases’ system in EU Member States and EFTA/EEA countries, in particular relative to Commission Recommendation 2003/670/EC concerning the European Schedule of Occupational Diseases and gathering of data on relevant related aspects, available on CIRCA.

- For the EU to set up tools aimed at encouraging Member States to adopt common criteria for the recognition of occupational diseases;
- For Member States to be made more aware of how other Member States present their statistics;
- For the Commission to take an initiative to receive a set of minimal data on occupational diseases from every Member State;
- To establish a Scientific Committee on Occupational Diseases;
- Closer cooperation between the EC, EU-OSHA, Eurofound, Eurostat, the ACSH, the SLIC and other players in relation to priorities and policies on occupational disease.

#### Population surveys

In relation to population surveys, the ad hoc module to the labour force survey has been further developed during the strategy period through a task force established for that purpose. The questions posed in the 2007 survey will be supplemented with additional questions in the next Labour Force Survey in 2013 (results will be available in May 2014).

In addition to these steps, activities to improve the dissemination of statistical data have also been implemented in cooperation between Eurostat and EU-OSHA. A statistical portrait on OSH has been produced drawing on the data available from different European surveys and register based statistical systems<sup>138</sup>. Also, the kinds of breakdowns offered at Eurostat's web-site have been expanded, but further improvement is still needed according to Eurostat.

The interviews with Eurostat representatives show that the European strategy was the key policy basis for the implementation of the above actions, in particular in relation to the ESAW Regulations. Without the strategy, the actions would not have received the same attention and may not have been included at all in the work programme of Eurostat.

#### Other tools not mentioned in the strategy

The strategy does not mention the work of the EU-OSHA in relation to ESENER or that of Eurofound in relation to the EWCS. As these surveys constitute important sources of data (particularly in the absence of data on EODS) it would have been appropriate to consider their roles and how the forces of the various actors involved could be merged to achieve the best possible results. This is an area for further consideration in a new strategy - in line with the recommendations of the above mentioned ACSH WP report on occupational diseases systems in the Member States.

### 4.6.2 Assessing the progress of national strategies

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<sup>138</sup> Health and safety at work in Europe (1999-2007), 2010

Several initiatives have been taken by DG Employment and the ACSH to follow up on the second area of attention in the European strategy.

In 2008 and 2009, the ACSH organised two workshops on national strategies to exchange information.

The ACSH took the initiative to develop the Scoreboard 2009, which provides an overview on action taken at national level to address the European strategy. The Scoreboard is based on self-reporting on the six major topics identified in the Council's Resolution on the European Strategy<sup>139</sup>. This was done as a one-time exercise in 2009 and reported in the Scoreboard 2009 report.

According to the Mid-term Review, 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... 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.”*<sup>140</sup>

However, this has not been followed up with concrete activities after the mid-term review.

Given the lack of up-to-date EU-wide data on occupational accidents and diseases, the Scoreboard 2009 should be regarded as a very useful tool for providing an updated overview of key trends and progress in respect to core areas of OSH in the EU. The added value of the Scoreboard 2009 exercise, in comparison to other statistical tools, is that it provides a broader picture of the state of play regarding health and safety at work in each Member State. Since the methodology has already been developed, it would be a fairly limited task to set up a system for an annual survey and publishing of the results. This seems to be an obvious area for future action and would contribute to improving the knowledge-base upon which strategic policy decisions at EU level are made.

Such future continuation of the Scoreboard exercise should obviously take a point of departure in a new European strategy on OSH and the agreed objectives, instruments and indicators decided for this strategy. It could be considered, as also put forward in the ACSH opinion on a new European strategy on OSH, to broaden the scope of the indicators by which the success of a European strategy is measured (and also of the Scoreboard exercise) to include indicators on the infrastructural conditions, e.g. the scope and organisation of safety and health in the individual Member States.

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<sup>139</sup> 2007/C 145/01 of 30.06.2007 p.1

<sup>140</sup> Midterm review, p. 22

### 4.6.3 Summary of findings on Objective 5: Monitoring

The table below lists the key areas and actions put forward in the strategy and provides a short assessment as to their fulfilment.

*Table 4-20 Implementation of objective on development of monitoring tools*

Action	Stakeholder	Outcome
Consolidation of ESAW method and ensuring data from MS	COM (Eurostat)	Fulfilled by adoption of Regulations
Consolidation of EODS method and ensuring data from MS	COM (Eurostat)	Not fulfilled, but ACSH WP report produced.
Step up collection of OSH statistics in labour force surveys	COM (Eurostat)	LFS continued but not stepped up
Common system for collection and exchange of information on national strategies	COM/ACSH	Fulfilled by the scoreboard exercise, but not institutionalised and would benefit from further development

During the strategy period, the basis was founded for provision of pan-European statistical data on work-related accidents through the adoption of two key regulations. This is an important achievement, which will contribute to comparable data across Member States and a better basis for policy-making.

There is limited progress in relation to EU statistical data on work-related diseases. In addition, there is a considerable time-gap in the provision of data on accidents, which means that it is not possible to use the data as a means to evaluate and revise current policies in the short to medium term. The Scoreboard 2009 was a valuable exercise which, if institutionalised and further developed, would contribute to some extent to fill the current knowledge gap.

In respect to Labour Force Surveys, the European strategy indicated that the efforts in this area should be stepped up. Activities have been continued and an OSH component will be included in the forthcoming LFS, but it is a continuation rather than an increase in the activity.

It thus seems that there is a considerable scope for further action in this area in the years to come. The recommendations given in the report on the current situation in relation to occupational diseases' systems in EU Member States and EFTA/EEA countries serve as a good basis for future initiatives in relation to statistics and data on work-related diseases.

## 4.7 Achievements on the further development of international cooperation on OSH

The final objective of the European strategy is to promote health and safety at the international level. To achieve this, it sets a number of tasks to be undertaken at the EU level which can be classified into two main categories:

- Strengthen cooperation with international organisations, in particular ILO;
- Strengthen bilateral cooperation.

### 4.7.1 Cooperation with international organisations

The first group of tasks relates to the strengthening of cooperation with the International Labour Organisation (ILO), the World Health Organisation (WHO) and other international organisations.

Cooperation with ILO	Cooperation with ILO has been stepped up through a number of initiatives, in particular, through the programme on “Improving safety and health through a Decent Work Agenda”, which aims to contribute to a more inclusive and productive society through the promotion of a systematic approach to OSH in five pilot countries (Malawi, Zambia, Ukraine, Moldova and Honduras). This project has allowed ILO, inter alia, to provide expertise on OSH to the EU delegations in the five countries. The drafting of a manual on OSH issues for employees of EU delegations all over the world was mentioned as one possible outcome of the project.
Safe Work Programme	With regard to the Safe Work programme, the EU, ILO, WHO and international social partners worked together in 2007 on the development of national OSH profiles in the countries of south-eastern Europe, using the funds of then Stability Pact. This particular cooperation is considered a success in terms of promoting health and safety in EU’s neighbouring countries, forcing these countries to rethink their approach to OSH and to their infrastructure in order to be able to implement EU OSH standards. On the specific issue of asbestos, EU Member States have been involved in the discussion and adoption of the 2006 ILO Resolution concerning asbestos, which promotes the elimination of future use of all forms of asbestos and asbestos-containing materials and the proper management of asbestos exposure. However, since 2007, the Commission has not taken any specific actions in this area.
ILO Conventions	In relation to the ratification of ILO Conventions, the European Parliament adopted, in 2009, a resolution calling on the Commission to consider the adoption of a recommendation to Member States encouraging the ratification of ILO Conventions and to actively contribute to their implementation. However, this was not taken up by the Commission. <sup>141</sup>

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<sup>141</sup> European Parliament resolution of 26 November 2009 on the Conventions that have been classified by the ILO as up to date

In addition, the European social partners in the fisheries sector, with the support of the European Commission, have reached an agreement, in May 2012, on the implementation of ILO Convention 188 on Work in Fishing, which should be presented to the Council to be turned into EU legislation. The adoption of Council Directive 2009/13/EC implementing the Agreement on the 2006 Maritime Labour Convention was also one of the specific successes of cooperation between the EU social partners and ILO. Still in the maritime sector, the Commission is providing technical and financial support to promote the ratification by Member States of the IMO Convention STCW-F (International Convention on Standards of Training, Certification and Watch keeping for Fishing Vessels Personnel), which includes considerations about the integration of an OSH dimension into the training curriculum of vessel crews.

Links between  
agendas

The links between the EU health and safety strategy and ILO's own agenda, and in particular the Safe Work programme or Outcome 6 "Occupational Safety and Health" are very strong. In particular, the second objective of the European Strategy on the development of national strategies is also strongly linked to the ILO agenda since it is in line with the imperative requirement of defining a national policy for occupational health and safety of 2006 Convention 187 on a Promotional Framework for OSH.

Ties between the  
ILO and the EU  
strengthened

All of the initiatives mentioned above have contributed to strengthening the ties between the EU and ILO in the field of workers' health and safety but they would certainly have been carried out regardless of whether there is an EU Strategy on health and safety at work or not. However, the mere fact of referring to the international dimension of OSH promotion in a European Strategy demonstrates the EU's commitment to the promotion of OSH in the world and contributes in itself to the promotion of the ILO Global Strategy on OSH and the Promotional Framework Programme.

#### 4.7.2 Bilateral cooperation

A second set of tasks related to the strengthening of cooperation with developed and emerging economies.

Traditional and new  
partners

Bilateral cooperation between the EU and traditional as well as new partners has been developing over the recent years:

- The Seventh EU/US Joint Conference on OSH will take place in Brussels on 11-13 July 2012. Conference topics will include chemicals, prevention of catastrophic accidents, nanotechnology and OSH concerns in the Green Economy.
- A Memorandum of Understanding between the European Commission and the Chinese authority on health and safety at work was signed in January 2009. The third EU/China dialogue meeting will be held on 21 September 2012 in Beijing, just after the international Forum and Fair on OSH hosted by China with ILO cooperation. Discussions at the meeting will focus on the role of

OSH in growth and competitiveness and on comparing approaches to emergency rescue/disaster planning.

- The Fifth India-EU Seminar on Employment and Social Policy was organised in New Delhi on 19-20 September 2011. The main theme of the Seminar was “Occupational Safety & Health”. This event was in line with the Memorandum of Understanding, which the Ministry of Labour & Employment of the Government of India has signed with the European Commission to strengthen dialogue and exchange of views and information on issues of common interests within the area of employment and social policy such as: skills, training and employment, social security, occupational health and safety.<sup>142</sup>

Unlike the other tasks carried out by the Commission, the high-level conferences with the United States, China and India have drawn attention from the Member States. The conferences can be seen as a useful tool to raise awareness on specific issues not only in the target countries but also within the EU (although the extent to which this was done has not been evaluated).

#### Candidate countries

The EU has also been providing support and assistance to the candidate countries in their efforts to implement the *acquis* on health and safety at work.

- DG Employment has provided substantial input to align Croatian, Icelandic and Turkish health and safety *acquis* with applicable EU Directives and is intended to do so with Montenegro, Albania, Bosnia and Herzegovina and Kosovo.
- DG Employment has provided input to the draft Association Agreements with Moldova and Armenia.
- Successful negotiations have been carried out between the EU and Ukraine on an agreement in which Ukraine committed to gradually implementing the EU *acquis* in the area of health and safety into its national legal order.
- Occupational health and safety is included into the implementation programme of the European Neighbourhood Policy and the monitoring of enforcement of the health and safety legislation is also included in the Commission paper “Enlargement Strategy and Main Challenges 2010-2011”.<sup>143</sup>

Finally, the EU played a key role in cooperating closely with emerging economies, developing countries and EU social partners during the adoption of the June 2008 ILO Declaration on Social Justice for a Fair Globalization, and during the adoption

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<sup>142</sup> <http://labour.nic.in/lc/SafetyHealth.pdf>

<sup>143</sup> Commission Communication, *Enlargement Strategy and Main Challenges 2010-2011*, COM(2010) 660, Brussels, 2010



of the Global Jobs Pact in 2009. Both mention the need for healthy and safe working conditions.<sup>144</sup>

#### 4.7.3 Summary of findings on objective 6: International cooperation

Over the past five years, and despite limited resources dedicated to health and safety at work, the Commission has been quite active in the area of international promotion of OSH, particularly in the area of bilateral cooperation. The reason for this can be partly explained by the fact the ILO occupies a major part of the scene when it comes to multilateral cooperation on OSH and there is no need to repeat work done by the ILO. Therefore, most of the efforts dedicated by the Commission to the promotion of OSH on the international scale have focused on bilateral cooperation.

As mentioned previously, most of the initiatives listed in the European Strategy and described here would have been implemented whether a strategy was adopted at the European level or not. In addition, the Member States and other stakeholders have demonstrated a certain lack of interest for this particular objective of the European Strategy. This can be explained by the fact that they already participate to the promotion of OSH at the international level through the ILO and therefore do not feel committed by the strategy's ambitions on this specific aspect. As is the case with Objective 1, this calls into question the relevance of including the promotion of OSH at the international level as a separate objective of the European Strategy.

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<sup>144</sup> More information at <http://www.ilo.org/brussels/ilo-and-eu/lang--en/index.htm>

*Table 4-21 Implementation of objective on international cooperation*

Action	Stakeholder	Outcome
Strengthening cooperation with ILO, WHO and other international organisations	COM	Fulfilled to a certain extent (but difficult to assess because of general nature of task)
Promote implementation of Global Strategy on OSH and Promotional Framework for OSH Convention	COM	Fulfilled to a certain extent (but difficult to assess because of general nature of task)
Stimulate the ratification of ILO Conventions	COM	Partly fulfilled
Working with third countries and international organisations for a global ban on asbestos	COM	Not fulfilled
Enhancing the collection of data on accidents by improving comparability	COM	Not fulfilled
Strengthening cooperation with developed economies	COM	Fulfilled
Assisting the candidate countries to implement EU OSH acquis	COM	Fulfilled

There is no doubt that the European Strategy plays a crucial role when it comes to demonstrating the EU's commitment to the improvement of workers' health and safety, not only on its own territory but also in all these third countries with which it does business. By asserting its commitment to promoting better working conditions globally, the EU puts out a strong statement against safety dumping on a global scale. The European Strategy is one element of the EU's work at the global scale for improving cooperation on OSH issues and it substantially increases the credibility of the EU in influencing the debate on the international stage.

This is why the international dimension of the EU's action in the field of occupational health and safety should be part of any future strategic document but should not necessarily constitute a separate strategic objective. International cooperation is both a means to ensure that the gap between the protection levels in the EU and in other countries closes and that the EU does not export its bad working conditions abroad and simply a principle of the European Union to continually fight to improve working conditions all over the world.

## 5 Findings of the retrospective evaluation of the European strategy

In this chapter we address the evaluation criteria to be assessed in the evaluation from the retrospective point of view, looking at the experiences of implementing the current European strategy. We draw on the data and observations presented in Chapter 4, but additional data is also presented in this chapter.

The chapter is structured according to the evaluation criteria and thus consists of the following sections: relevance, effectiveness, impact, ownership, consistency, coherence and community added value.

### 5.1 Relevance

Relevance concerns the extent to which the strategy is consistent with the existing needs, problems and issues related to OSH.

Evaluation question:

Q1: To which extent were the objectives of the strategy adequately chosen?

Referring to the agreed methodology, the specific criteria for assessing this included the policy relevance (consistency) and the key stakeholders' assessment of relevance. Data and findings pertaining to consistency are included in chapter 5.4. Below, we provide an overview of key stakeholders' assessment of relevance. Chapter 6 on horizon-scanning provides a broader forward-looking perspective of relevance of a future European strategy.

#### 5.1.1 Stakeholder perceptions on relevance of the European Strategy

EU-level stakeholders were asked, during the interviews carried out, to rank the six strategy objectives according to their relevance. They were also asked their opinion about the relevance of the strategy and of its goal of a 25 percent reduction in occupational accidents. The questionnaire developed for national stakeholders

asked them about the relevance of the strategy in general, as well as its overall objectives and also asked them to score each objective from 1 to 5 according to its relevance. In addition, some of them have provided qualitative comments on the basis of which we have strengthened our analysis.

#### Member State stakeholders on relevance

Table 5-1 shows that approximately 70 percent of respondents have scored the relevance of having a strategy at EU level at 4 or above. This demonstrates that a large majority of national stakeholders interviewed believe that a strategy at EU level is highly relevant. It is interesting to note that the most common score for government and workers' representatives is 5 while employers' representatives have, on average, scored a little lower (3 or 4).

*Table 5-1 Scores of MS stakeholders in relation to the question: "To which extent do you consider the European strategy to have been relevant?"*

Type of stakeholder	1 (not at all)	2	3	4	5 (high extent)	Do not know
ASCH Employers	1	1	6	11	6	
ASCH Workers		2	4	6	11	2
ASCH Government			6	3	16	1
EU-OSHA Focal point			2	3	2	
SLIC		1	5	7	6	2
<b>Grand Total</b>	<b>1</b>	<b>4</b>	<b>23</b>	<b>30</b>	<b>41</b>	<b>5</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

When it comes to the question of whether the current European Strategy has addressed the main challenges in Europe on workers' health and safety, approximately 85% of respondents have answered that it has done so, at least to a certain extent and more commonly to a high extent.

*Table 5-2 Scores of MS stakeholders regarding the question: "to which extent do you consider that the European strategy addressed the main challenges of OSH in Europe?"*

Type of stakeholder	1 (not at all)	2	3	4	5 (high extent)	Don't know/ no reply
ASCH Employers		2	8	10	5	
ASCH Workers		2	7	10	5	1
ASCH Government			7	7	8	4
EU-OSHA Focal point		1		4	1	1
SLIC			2	11	5	3
<b>Grand Total</b>		<b>5</b>	<b>24</b>	<b>42</b>	<b>24</b>	<b>9</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

Table 5-1 and Table 5-2 show that the degree of agreement of national stakeholders with the overall directions set in the current strategy is quite high. There are only a few exceptions where the national stakeholders indicated that they did not think the European Strategy was relevant or that it did not address the right health and safety challenges. The main arguments developed by national stakeholders to illustrate the relevance of an European Strategy include:

- The European Strategy is a strong driver for the development of national strategies. It provides a general frame in which national strategies are inscribed and it is used as an argument by national actors to justify the need for a national strategy.
- It ensures a level-playing field across EU Member States and a diminution of the phenomenon of social dumping. It prevents distortion of competition and provides a minimal threshold for OSH standards in the EU.
- It is particularly relevant for Member States which did not have a national strategy before the European Strategy was developed.
- It provides good arguments to show that OSH is not only a burden/cost but is beneficial to companies and to the economy in general.
- It has allowed effective cross-border cooperation and exchanges of experience.

EU actors on the relevance of the strategy

The following observations on the general relevance of the strategy emerge from the interviews with EU level stakeholders, some of which are similar to the comments by the national stakeholders:

- The strategy is a driver for the development of national strategies.
- The strategy is particularly relevant with regard to the mobilisation of actors around a common objective and priorities and to adopt a common approach in the face of common challenges.
- It provides continuity with the previous strategy and inscribes the EU OSH policy in a long-term perspective.
- It has particular added value for dealing with soft issues on which it is difficult to legislate (e.g. psychosocial risks, education and training, etc.)
- It gives legitimacy to other EU and international institutional actors either to work on OSH issues in their policy area (e.g. DG SANCO, DG MARE) or to set the EU as an example to other countries in terms of protection of workers' health and safety (ILO)

### 5.1.2 Views on the relevance of objectives and priority areas

Below, some more detailed qualitative feed-back regarding perceptions of the relevance of the objective and priority areas of the European strategy are provided.

General objective

A majority of EU stakeholders interviewed mentioned that the objective of 25% reduction in occupational accidents is not relevant or appropriate. They did not object to the figure *per se* but rather to the exclusivity of setting such a target. In particular, the main criticism voiced against this objective concerns the fact that it focuses solely on occupational accidents and does not include occupational

diseases. Setting such a target in the strategy was seen by many stakeholders as a “marketing stunt”, a way to increase media focus on one single issue, when what actually matters and should be publicised are the means to achieve such a reduction. Another point that was raised several times is the lack of a concrete baseline in the strategy as a point of departure for a 25% reduction, which increases the feeling that the 25% figure was chosen arbitrarily. The issue of the lack of capacities to monitor progress towards the achievement of such quantified a target was also mentioned several times. However, there was also a view that, whatever the merits of the actual value chosen, setting a specific target made it somewhat easier to gauge success in meeting that target rather than, for example, an objective of a ‘significant reduction’. There is also generally more cohesion between Member States in defining (and to some extent recording) accidents than there is with occupational diseases.

National stakeholders’ views on the general objective of a reduction of occupational accidents and diseases are quite diverse and depend on their affiliation to the different interest groups. There is a general agreement that the main objective of reduction of accidents and diseases has been very relevant, as aiming for fewer work-related accidents and diseases cannot, in any case, be considered a bad objective for a health and safety strategy. However, several concerns were voiced in relation to:

- The baseline used to come up with the 25 percent figure;
- The lack of reliable statistics to monitor progress towards the target (at both EU and national levels);
- The lack of similar ambition for the reduction of occupational diseases as for occupational accidents;
- The balance between a target of reduction of occupational diseases with the need to encourage more recognition of occupational disease.

In particular, many national stakeholders mentioned that there is a contradiction between the different situation in Member States regarding occupational diseases and accidents, data collection methodologies and reliability and the setting of a single common target at EU level.

#### Priority area 1 – Improvement/simplification of legislation

With regard to the relevance of the first priority area of the strategy on the improvement of implementation and simplification of legislation, a clear divide appears between the different EU stakeholders interviewed. All stakeholders mentioned that improving the implementation of existing legislation is the most relevant objective of the strategy. In this regard, the development of practical guidance has been often highlighted as a good practice. However, on the question of the simplification of the legislation, opinions are strongly opposed, in particular in comparing those of the representatives of workers’ and employers’ organisations. On the one hand, improvement of the legislative framework is understood by some stakeholders as the continuous update of existing directives no longer adapted to new risks (such as the carcinogens and mutagens directive) and the adoption of new legislative requirements, adapted to current risks of the working environment when no legal framework already exists (such as in the case of the ergonomics directive).

On the other hand, for some stakeholders, improvement of the EU OSH legal framework means the simplification of the current framework through, if necessary, the withdrawal of obsolete legislation. The example of the possible legislative proposal on ergonomics and MSDs was used in both instances as a counter-example of improvement of legislation (for one side because it would mean too much simplification, hence, deregulation, for the other side because it would add obligations to the existing framework).

Member States have provided a similar picture, with a contrast between workers' and employers' representatives (see Table 5-3). While the majority of national workers' representatives interviewed scored the relevance of this objective quite low (between 1 and 3), a vast majority of the employers' and government's representatives interviewed scored it high (between 3 and 5, closer to 5). Employers' representatives highlight the importance of a legislation that is simplified and easily applicable by companies, however workers' and government's representatives have highlighted that simplification should not be an aim in itself and that the priority must remain the optimal protection of workers. A few stakeholders mentioned that the main issue does not necessarily lie in the complexity of the regulation but in the fact that SMEs are not familiar with the nature of the problems tackled by the legislation and the solutions proposed, therefore emphasising that adapted tools and guidance should always accompany legislation.

*Table 5-3 MS stakeholders responses to the question: to which extent do you consider each of the six priorities to have been relevant (improvement/simplification of legislation)?*

Type of stakeholder	1 (not at all)	2	3	4	5 (high extent)	Don't know/ no reply
ASCH Employers		4	4	3	14	
ASCH Workers	3	5	5	4	6	2
ASCH Government	1		6	7	12	
EU-OSHA Focal point		1	2	3	1	
SLIC	1	1	3	7	8	1
<b>Grand Total</b>	<b>5</b>	<b>11</b>	<b>20</b>	<b>24</b>	<b>41</b>	<b>3</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

#### Priority area 2 – Development of national strategies

All EU stakeholders interviewed have said that the second priority area is very relevant, however, none of them have prioritised it as the most relevant area of the strategy. Stakeholders mentioned that supporting the development of national strategies will allow the establishment of a common approach to dealing with different national contexts and cultures in relation to health and safety at work. This is seen as a positive development in the sense that it creates a level playing-field in the whole of the EU and ensures that companies that are OSH-friendly are not disadvantaged on the market in comparison to companies that are less OSH-friendly and believed to be more competitive as a result. On the other hand, national situations and specific context should still be taken into account and

Member States should have the flexibility to adapt the targets and objectives in coordination with their national social partners.

Looking at Member States scores (see Table 5-4), more than 85 percent of the stakeholders interviewed have given this objective a score of 3 or above, almost half of which have given the highest possible score, recognizing the development of the national strategy as the main implementation tool of the European Strategy for Member States. However, many interviewees have highlighted that flexibility should be embedded in this objective as, in order to ensure a high degree of ownership by the national stakeholders, the national strategy should be adapted to the local situation and not be a copy-paste of the European Strategy. Some stakeholders, in particular from the EU-15, have mentioned that the development of national strategies is probably more relevant for EU-12 countries. However, although not shown here, it is interesting to note that there is no major difference in the scores between EU-15 and EU-12 stakeholders. Finally, some stakeholders have mentioned that the absence of any legal constraint means that the effects of the national strategies on the protection of workers have been quite limited.

*Table 5-4 MS stakeholders responses to the question: to which extent do you consider each of the six priorities to have been relevant (Development of national strategies)?*

Type of stakeholder	1 (not at all)	2	3	4	5 (high extent)	Do not know
ASCH Employers		4	6	8	7	2
ASCH Workers			4	5	14	
ASCH Government	3	2	4	5	12	
EU-OSHA Focal point			3	2	2	
SLIC			4	7	10	
<b>Grand Total</b>	<b>3</b>	<b>6</b>	<b>21</b>	<b>27</b>	<b>45</b>	<b>2</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

### Priority area 3 – Promotion of preventive culture

This priority area was highlighted by a large majority of EU stakeholders as being the second most important area of the strategy (after the improvement of implementation of the legislation), from both workers' and employers' sides. However, a few issues were mentioned in relation to this objective, which seem to hinder its full relevance. First of all, a few stakeholders mentioned that the distinction between behavioural factors (i.e. what comes from individual behaviours) and structural factors (i.e. what comes from work organisation and management) in prevention policies was not clearly made in the strategy. While some stakeholders (mainly representing the workers' point of view) think that stronger emphasis should have been put in the strategy on changes in work organisation and management, other (mainly representing the employers' point of view) have highlighted the lack of emphasis on education and training (in particular of managers and engineers).



This area was also highlighted as crucial for the integration between public and work-related health and should therefore have had a stronger emphasis on the synergies between two policy areas. Finally, a few stakeholders have voiced their scepticism with regard to the extensive promotion of “preventive culture” and the risk of losing focus on the main issues which are seen as the implementation and enforcement of legislation.

As indicated in Table 5-5, 77 percent of national stakeholders interviewed scored this objective at 4 or above, confirming and even strengthening the results of EU level interviews. This is also explained by fact that this objective is quite general and can be interpreted in many different ways, giving all interest groups an opportunity to agree with it. Some stakeholders have criticized the extensive use of the term “preventive culture” as a fashionable “feel good” trend without much real effect behind it. However, the large majority of national stakeholders agree that this objective is highly relevant and most (if not all) health and safety professionals would subscribe to the view that prevention of risks to health and safety at source is the preferred option.

*Table 5-5 MS stakeholders responses to the question: to which extent do you consider each of the six priorities to have been relevant (Promotion of a preventive culture)?*

Type of stakeholder	1 (not at all)	2	3	4	5 (high extent)	Do not know
ASCH Employers		1	3	5	14	1
ASCH Workers			5	7	11	2
ASCH Government		2	3	4	16	1
EU-OSHA Focal point				6	1	
SLIC			3	7	10	1
<b>Grand Total</b>	<b>0</b>	<b>3</b>	<b>14</b>	<b>29</b>	<b>52</b>	<b>4</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

#### Priority area 4 – Identification of new risks

The divide between the EU-level representatives of workers’ organisations/public institutions and employers’ organisations is once again quite striking in relation to this priority area. While for the former it is crucial to identify new risks in order to set up appropriate preventive measures as early as possible (including through the development of simple tools for SMEs), for the latter, the identification of new risks is never a goal in itself and this objective is ambiguous, in particular because the identification of new risks is ultimately related to the difficulties of legislating on “soft” issues, such as psychosocial problems. It was also mentioned by a few stakeholders that putting too much emphasis on new “sexy” risks can prevent focusing on more traditional but much more common risks such as the development of MSDs or falling from heights. However, most EU stakeholders indicated that research on the effects of workers’ exposure to nanotechnologies and nanomaterials was crucial, to avoid past mistakes (e.g. asbestos).

Once again, the majority of national stakeholders interviewed have identified the area of a better identification and assessment of new and emerging risks as moderately to highly relevant (see Table 5-6). There is no visible difference in the scores given between EU-15 or EU-12 Member States or across different interest groups. Certain government representatives have mentioned that this objective is not as relevant as others because national research institutes are already at the forefront of this research on emerging risks and there is a risk of a duplication of effort at the EU level. To take a contrary view, other stakeholders have highlighted the importance of carrying out this research at EU level as they do not have the capacity at the national level to do so.

*Table 5-6 MS stakeholders responses to the question: to which extent do you consider each of the six priorities to have been relevant (better identification and assessment of new risks)?*

Type of stakeholder	1 (not at all)	2	3	4	5 (high extent)	Do not know
ASCH Employers		1	5	13	6	
ASCH Workers		1	1	8	13	2
ASCH Government	1	1	9	6	9	
EU-OSHA Focal point			2	4	1	
SLIC		2	6	9	4	
<b>Grand Total</b>	<b>1</b>	<b>5</b>	<b>23</b>	<b>40</b>	<b>33</b>	<b>2</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

#### Priority area 5 – Instruments to monitor progress

All EU stakeholders have found this priority area highly relevant and most of them have mentioned that there is a need for coordinated action at EU level. Most stakeholders have mentioned that it is very important to work on the development of new instruments to monitor progress and in particular reliable European statistical systems. A few issues were mentioned:

- It is crucial that other types of indicators, such as the number of safety representatives and number of labour inspectors in proportion to the number of worker, etc., are included in the monitoring of progress, rather than purely health indicators (occupational accidents and diseases);
- Before any statistical data on occupational diseases can be gathered and compared, there is a need for a common definition of such diseases;
- It was mentioned that the Commission should consider the possibility of setting up common European indicators (through a Framework Directive for instance).

70 percent of national stakeholders interviewed have given a score of 4 or above to this area. Several stakeholders have highlighted the need for common indicators and have reinforced harmonized and efficient data collection at EU level (through Eurostat). However, some national government representatives have highlighted that creating new procedures might be very burdensome and, in addition, that they might be built on the lowest common denominator, therefore not actually bringing

any benefits to the few advanced national systems already in place. The Scoreboard was mentioned as a good practice that should be renewed.

*Table 5-7 MS stakeholders responses to the question: to which extent do you consider each of the six priorities to have been relevant (Development of monitoring tools to track progress in relation to OSH strategies)?*

Type of stakeholder	1 (not at all)	2	3	4	5 (high extent)	Do not know
ASCH Employers		2	7	11	5	2
ASCH Workers			4	9	9	
ASCH Government	1	1	6	7	11	
EU-OSHA Focal point			2	4	1	
SLIC			2	11	8	
<b>Grand Total</b>	<b>1</b>	<b>3</b>	<b>21</b>	<b>42</b>	<b>34</b>	<b>2</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

#### Priority area 6 – International cooperation

Comments from EU-level stakeholders on the relevance of this priority area have been quite limited. Those stakeholders who have commented on this have mentioned that it is indeed very relevant in a globalised economy to promote the EU's standards in health and safety at work and to strengthen cooperation, in particular in relation to developing countries (e.g. China and the mining sector). Others have mentioned that there is a need for greater coordination among OSH actors at the global level as many initiatives and information are available but in a very scattered and disorganized manner. Improvements in the relationship between the EU and ILO were raised by some as a benefit from the strategy (or at least arising during the lifetime of the strategy).

The most common score for this area among Member State stakeholders is 3, showing a general lack of interest for this specific issue. This area overall received the lowest scores out of all six objectives and, in particular, from governments' and employers' representatives. Some employers' representatives mentioned that this area is important for competitiveness on a global economy. However, other stakeholders, from all interest groups, mentioned that the EU should focus on improving its own situation before looking to improve that of third countries. Several government representatives have highlighted that they are already working a lot in cooperation with the ILO, and that EU action on top of this was not necessary.

Table 5-8 MS stakeholders responses to the question: to which extent do you consider each of the six priorities to have been relevant (international cooperation)?

Type of stakeholder	1 (not at all)	2	3	4	5 (high extent)	Do not know
ASCH Employers		3	12	3	7	3
ASCH Workers		2	8	8	4	
ASCH Government	2	2	10	4	8	
EU-OSHA Focal point		1	3	3		
SLIC		1	3	9	8	
<b>Grand Total</b>	<b>2</b>	<b>9</b>	<b>36</b>	<b>27</b>	<b>27</b>	<b>3</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

### 5.1.3 Summary of findings

On the question of the relevance of the general objective and the six priorities of the strategy, national stakeholders have, on average, provided positive answers. For all priorities, a large majority of national stakeholders have scored 3 or higher to the question of relevance. At the European level, the divide between the two interest groups “workers” and “employers” has been more distinctive than at the national level, except regarding the relevance of Objective 1 on improvement and simplification of the regulatory framework for which the difference of opinion between workers’ and employers’ representatives at national level is also clearly visible. This is explained by the particularly controversial nature of the “simplification” component of this objective.

One important factor that should be taken into account is that many stakeholders have focused their answer on whether the objective/priority covers an important issue that should be addressed, rather than whether it was right to select it as an objective/priority in the first place. Therefore what our analysis really shows is that the stakeholders interviewed think that the objective/priorities chosen covered relevant or adequate issues (but not necessarily all of the relevant issues).

## 5.2 Effectiveness

Effectiveness refers to the extent to which objectives have been achieved.

Evaluation questions:

Q3: What are the outputs of the strategy at Member State level in relation to the objectives put forward by the strategy?

Q4: What are the outputs of the strategy at EU level in relation to the objectives put forward by the strategy?

Q5: To what extent have the objectives been addressed during the period 2007-2012?

Referring to the methodology, the specific criteria for assessing effectiveness include an analysis of the consistency between EU and Member State actions and outputs with those put forward in the strategy, and an assessment of the degree of fulfilment of the objectives. This section is organised accordingly.

### 5.2.1 Actions and outputs and their correspondence with the European strategy

Chapter 4 provided details on the actions taken and the resulting outcomes within each of the priority areas of the European strategy. The findings presented show that many of the planned actions have been implemented, although there are also important gaps. In several areas, it is not possible to assess the actual level of fulfilment of the strategy, because the strategy is not always very specific about exactly what is to be achieved. On the other hand, it can be ascertained that actions have been taken and also that these have led to outcomes, which support the six priority areas of the strategy.

Below, key achievements and shortcomings are summarised for each of the six objectives. Reference is made to chapter 4 for details.

#### Objective 1: Legislation

The majority of the planned actions have been implemented and the Commission, the ACSH and SLIC have been active with drafting of supporting guidance, exchanges of best practices and preparing the development or revision of legislation. However, the guidance produced has not been sufficiently disseminated and is not sufficiently targeted at SMEs. In addition, in terms of the updating and simplification of the regulatory framework, little substantive progress has been made and the Commission has not acted in relation to the two important issues of subcontracting and preventive services.

#### Objective 2: National strategies

Almost all Member States now have a national strategy or a similar instrument. Member States are generally actively working in the area and implementing their strategies, however, implementation is progressing at a slow pace in some countries. The priorities emphasised in the European strategy are generally reflected in the national strategies, with the exception of those related to health surveillance of workers.

#### Objective 3: Prevention

Several campaigns at European level have been successfully implemented through EU-OSHA. A risk-assessment tool for SMEs (OiRA) has been developed and information on this has been disseminated. It is being used in several countries. However, knowledge of the actual take-up of EU-OSHA information and tools at national and company level is insufficient and this gives rise to concerns that these are not being used to their full potential.

The ACSH and the Commission have not acted in relation to the area of mainstreaming OSH into training programmes. Member States are working to integrate OSH into their education and training programmes, but this has not been a primary concern for them and the EU Social Fund has only been used to a limited extent to support this area.

**Objective 4: New and increasing risks**

Reports on a number of new and emerging risks have been produced and disseminated by more than one EU-level partner. Collectively, these provide a valuable insight into possible future problems and areas of concern although their very nature as horizon-scanning means that many partners understandably do not see them as of immediate relevance. However, as also indicated under objective 1, the knowledge produced has yet to result in actual new or revised regulatory actions on how to address these risks.

In terms of addressing existing (ongoing) risks, the OiRA tool, developed at the EU-level, provides a potentially valuable tool. However, to be of real value to SMEs it needs to either be made more directly accessible to individual employers or there needs to be a considerable growth in the number of sector-specific versions developed and distributed within the EU-27. In addition to this EU-level initiative, risk assessment tools have been developed and implemented at national level in many MS, usually recognising national priorities and needs. However, the indications that the incidence of some forms of occupational disease are expected to increase leaves no room for complacency and further tools, or the better implementation of existing tools, will undoubtedly be required.

**Objective 5: Monitoring**

Through the adoption of two regulations, a basis for the collection and collation of European wide statistical data on occupational accidents has been established. However, there has been little actual progress with respect to arriving at common statistical methods for occupational diseases. The Scoreboard exercise was valuable as a means to monitor the implementation of national strategies, but needs to be further developed and institutionalised to take full effect.

**Objective 6: International cooperation**

The Commission has been quite active in the area of international promotion of OSH. Cooperation with ILO has stepped up through various projects related to ILO's Decent Work Agenda. Bilateral cooperation with candidate countries, neighbouring countries and major economic partners has also yielded positive results. However, no substantive progress has been made on obtaining a global ban on the use of asbestos or on improving the comparability of data on accidents.

### 5.2.2 Assessment of fulfilment of objectives

During interviews with Member States and EU stakeholders, we asked their opinions about the effectiveness of implementation of the European strategy. Table 5-9 below shows the scores on effectiveness given by Member State stakeholders.

*Table 5-9 Member State stakeholders' scores in response to the question: How would you rate the degree of effectiveness of implementation of implementation of the European strategy?*

Score	1	2	3	4	5	Do not know / no reply
ACSH workers	1	5	7	6	1	5
ACSH employers	0	3	14	3		5
ACSH government	0	1	13	5	1	6
OSHA focal point	0	0	2	4		1
SLIC	0	2	6	2	2	9
<b>No of replies</b>	1	11	42	20	4	26

Note: 1=not effective, 3=somewhat effective, 5=highly effective. (n=104).

The data shows that Member State stakeholders are generally quite positive about the effectiveness of strategy implementation but, on the other hand, it also indicates that they consider that there is room for improvement. It is also noteworthy that a fairly high number of respondents considered themselves not in a position to assess the question or not willing to provide a score. Most often, this was due to respondents considering that they did not have sufficient knowledge about the implementation of the European strategy and were thus not able to answer.

The European stakeholders who had the strongest opinion about the effectiveness of the implementation of the strategy were the European social partners. Two out of the four social partners interviewed (both representing employers) thought that the implementation of the actions that EU social partners were assigned to undertake in the strategy had not been effective, mostly because they did not feel any ownership towards them. Despite the large number of initiatives in the field of health and safety undertaken by the European cross-industry and sectoral social dialogue committees, the general view was that these activities took place outside the framework of the strategy and that there was little articulation between the strategy and the EU social dialogue.

The EU social partners also regretted that the Commission seemed to be asking a lot from other actors without defining actions with the same level of ambition for itself. Three of the EU social partners interviewed (all representing employers) mentioned that the strategy had not really been effective with simplifying the legislative framework as it has set to do in its first priority area. Other EU interviewees were more positive regarding the effectiveness of the implementation of the strategy, in particular with regard to the mobilisation of actors at EU and national level and the exchange of experience and best practices. The effectiveness of the strategy in supporting Member States with the development of national strategies was also recognized by several interviewees.

For many EU stakeholders interviewed, in particular Commission representatives from other DGs, the question on effectiveness did not appear relevant as they

lacked information on the implementation process of the strategy. This indicates a clear lack of reference to the strategy and its objectives during interactions with other policy areas throughout the implementation period of the strategy.

### 5.2.3 Summary of findings

Action has been taken under all the six priorities mentioned in the strategy and important outputs and outcomes have been achieved, especially in relation to national strategies and promotion of a preventive culture. However, there are also gaps in implementation. Primary concerns relate to the outreach of the activities to the level of the individual companies, especially SMEs. Although important preparatory work has been carried out in the areas of the anticipation of risks and of EU-wide monitoring of OSH, little actual progress has been made in terms of enhancing the regulatory framework, while also ensuring that it does not pose an unnecessary administrative burden.

## 5.3 Impact

The evaluation criterion of impact relates to the wider societal impacts achieved from the European strategy.

Evaluation question:

EQ9: What were the effects generated from the actions taken by Member States and at the EU level as a result of the European strategy?

This, in particular, concerns the impacts in relation to the strategy's overall goals of achieving a reduction in the incidence of occupational accidents and diseases.

### 5.3.1 Impact of the strategy on incidence rates of accidents and diseases

Lack of data

As elaborated in section 4.1, it is not possible at the current point in time to establish to which extent the goal of achieving a 25 percent reduction in the incidence of occupational accidents has been achieved. Based on the available data, it seems likely that a reduction will have been achieved, and the current trends also indicate that the targets of the strategy may be fulfilled or close to fulfilled, but this is still speculative as comparable data is not yet available for the period 2010-2012. With respect to work related diseases, the limited data available suggests that the goal of a reduction in the incidence has not been achieved.

Even when data does become available, the question will remain to what extent any overall change in the incidence of occupational accidents and diseases can be ascribed, directly or indirectly, to the European strategy. It is well known that the number of accidents at work and the number of occupational illnesses are influenced by many factors other than those covered by the strategy. As already mentioned in section 4.1, it is considered likely by the statistical experts at national



and EU levels that the reduction in the level of occupational accidents can to some extent be explained by economic crisis.

Another factor which makes it difficult to establish the impact of the strategy in terms of reducing the incidence of occupational accidents and diseases, is the complexity and many interlinkages in the causal relationships between different actions, outcomes and impacts. It is not possible within the framework of this evaluation to establish firm conclusions on the impact of the European strategy on the level of work-related accidents and diseases.

#### Intermediate impacts

As a way to approach the question of impact, the evaluation has considered intermediate impacts, which could contribute towards the wider impacts of reducing the incidence of work related accidents and diseases. Achieving such developments is essentially about changing behavioural patterns at the level of the individual companies and their managers and the individual workers involved. National authorities and inspectorates are important intermediaries in the process when seen from the European perspective as are the employers and workers organisations.

The evaluation has in this context sought to address the following key questions:

- Did the implementation of the strategy lead to a better implementation of the OSH Directives?
- Did the implementation of the strategy lead to a higher degree of awareness of the OSH regulation and the value of implementing instruments for better OSH management?
- Did the implementation of the strategy lead to a better understanding of the risks to be addressed and to the appropriate policy answers in terms of regulation or other instruments to address these risks?

#### Impact on better implementation

The data on the detailed implementation of the OSH Directives in the Member States is scarce and partial (only on EU15). The existing data, for instance from the reports on the practical implementation of certain EU OSH directives, suggests that implementation is a challenge - in particular for SMEs. The strategy sought to address this by focusing on guides to implementation of the Directives, amongst other things. These have had a marginal impact as there has been a lack of their dissemination. In addition, as they are very complex their direct relevance to the companies having to implement the legal requirements can be questioned. There was very limited activity in the areas of prevention services and sub-contracting, which, hence, also led to a very marginal impact.

On the positive side, the strategy has influenced the policy framework in several Member States and served as an important inspiration for Member States in promoting OHS objectives. In those countries with more fragmented OHS structures and actions, the European strategy has been an effective instrument in improving those structures and actions and, in that way, getting closer to the situation of the more advanced countries. Notwithstanding, implementation varies, with some Member States being more effective than others. There are thus strong

indications in the data that the European strategy led to action at the national level (through national strategies), which would not otherwise have been taken, and that this led to a better implementation of OSH regulation.

The strategy has also provided an impetus towards a useful on-going dialogue between EU-OSHA, SLIC and ACSH, which has provided for key resource persons to exchange experiences and to improve their basis and capacity to support prevention and the implementation of legislation in the context of their own national systems. During interviews, a number of national stakeholders have emphasised the role of the European strategy in relation to ensuring a level playing-field in the EU. They consider that the strategy has contributed to a more harmonised implementation of OSH requirements.

The results of the ESENER survey, which was carried out in 2009 at the level of individual managers and workers, seem to confirm that for the implementation of certain EU OSH requirements the picture is more positive in 2009 than it was at the time of the report on the practical implementation of the Framework Directive and other individual directives (2004). For instance 76% of ESENER respondents answered positively when asked whether there is a documented policy, established management system or action plan on health and safety in their establishment; 86% of respondents answered positively when asked whether the workplaces in their establishment are regularly checked for health and safety as part of a risk assessment or similar measure.

However, on other aspects, the ESENER survey shows that differences between Member States can be very large. For instance, on the question of whether the health of employees is monitored through regular medical examinations, results vary from 98.2% of positive answers in Spain to 11.9% in Denmark. Finally, the survey shows that only a minority of establishments deal with issues related to psychosocial risks.

From the interviews conducted with national stakeholders in the framework of the evaluation, the general impression is still that implementation of OSH regulation continues to be a challenge throughout the EU even though the implementation of the European strategy and national strategies have helped to address the issue.

With the comprehensive evaluation of the implementation of the OSH Directives to be undertaken in 2013-2014, there will be a much more detailed insight into the challenges faced by the Member States and the individual actors in implementing the legal framework. The results of this evaluation should feed into the planning of activities to be undertaken under a new strategy.

#### Impact on awareness

EU-OSHA has undertaken a range of initiatives, in particular the Healthy Workplaces campaign, which have been implemented with the active participation of their network in the Member States. The data indicates that these activities have had important impacts on the level of awareness and on actions taken at the local level in the Member States. The outreach of the awareness activities undertaken seems to have improved over the years, however, there is limited data on this and also indications that there is scope for further improvement.

Also, the Member States as part of the effort undertaken as a consequence of their national strategies have targeted awareness and the data from interviews with national stakeholders indicates that the level of awareness has improved.

Activities of EU-OSHA and Member States have targeted in particular high risk sectors and SMEs. However, it is not possible to quantify the extent of awareness impact in terms of number of companies reached within specific sectors per country or similar.

#### Impact on understanding of risks and policy responses

Activities to study risks have had an impact in terms of providing additional knowledge on new and emerging risks as well as a better data basis in relation to known risks. However, there is still a lack of up-to-date European-level data on levels of risk exposure and incidence rates of work-related accidents and diseases, which therefore provides a weak basis for European policy-making. Little actual action has been taken in terms of adaptation of the legal framework - and thus, it is assessed that no impact has been achieved in this area.

The above analysis indicates that the European strategy did have an impact, however, it is much greater in some areas than in others. This assessment corresponds well with the overall assessment of the stakeholders as illustrated below.

#### Interviewees assessment

During interviews, we asked Member State stakeholders their views as to whether the European strategy helped to improve OSH in Europe. Table 5-10 shows the scores given by Member State stakeholders in this respect.

*Table 5-10 MS stakeholders' responses to the question: "To which extent do you consider that the European strategy has improved OSH in Europe?"*

Score	1 (not at all)	2	3	4	5 (high extent)	Do not know
ACSH workers	2	4	8	9	1	1
ACSH employers	0	0	12	11	0	2
ACSH government	0	2	9	9	2	4
OSHA focal point	0	1	3	1	1	1
SLIC	0	0	8	8	3	2
<b>Total replies</b>	<b>2</b>	<b>7</b>	<b>40</b>	<b>38</b>	<b>7</b>	<b>10</b>

Note: 1=not at all, 3=to some extent, 5=to a high extent. (n=104)

Table 5-10 shows that Member State stakeholders are generally positive and consider that the European strategy did have an effect in terms of improved OSH in Europe. It is noteworthy that a comparison of the data in Table 5-9 and Table 5-10 shows that, even if stakeholders are somewhat sceptical about the effectiveness of implementation of the strategy, they still consider it to have had an impact.

During interviews quite a number of Member State stakeholders have offered the assessment that they do not regard it as likely that a 25 percent reduction in the

incidence of occupational accidents (the goal of the European strategy) will be achieved. They consider that the strategy has had an effect, but not to the level where this goal will be achieved and this is one reason why the scores on effectiveness and OSH impact are of 3 or 4 and not at the highest level.

EU actors in general felt that they did not have enough information to assess whether the strategy has helped to improve OSH conditions in Europe. However, a few commented that, although to date there is a lack of updated statistical data, the strategy probably has contributed to a reduction in occupational accidents.

On the basis of findings presented above, it is assessed that the European strategy did have a positive effect of incidence rates of work-related accidents and diseases. However, it is not possible to determine the magnitude of this impact. As illustrated in section 4.1, it is also important to note that, even though an impact was achieved, this does not mean that the problems related to occupational health and safety in the EU have been addressed. The data available does indicate that occupational accidents and diseases still pose significant challenges in terms of the number of workers affected and, as shown below, the economic implications.

### 5.3.2 Economic impacts

Studies indicate positive impacts of OSH policy

A number of studies point to the benefits of OSH policy and indicate that OSH policy, in many different countries and settings has important positive impacts, in terms of improved economic performance, as well as a positive impact on the general health status of the population. It is not within the scope of this evaluation to make such cost-benefit assessments in regard to the European strategy. However, this section summarises some of the studies dealing with the costs and benefits of OSH regulation, OSH policy and OSH measures in order to assess if the European strategy on safety and health at work has had a wider societal impact.

#### **Costs of accidents at work and work-related health problems**

Sick leave and lost production

Health and safety at work is not only essential for workers' well-being but is also very important economically to companies and society.<sup>145</sup> Most obvious in the sense that accidents at work and work-related health problems often result in sick leave and thus in lost production. Some figures from recent studies illustrate the magnitude of the costs.

Accidents at work and work-related health problems

According to the Labour Force Survey 2007, in the one-year period before the survey<sup>146,147</sup>:

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<sup>145</sup> *OHS in figures: stress at work – facts and figures*, European Risk Observatory Report, European Agency for Safety and Health at Work, 2009.

<sup>146</sup> European Commission: *The social situation in the European Union 2009*, Luxembourg: Publications Office of the European Union, 2010.

- › 3.2 percent of workers in the EU-27 had one or more accident at work corresponding to 6.9 million persons;
- › 0.7 percent of all workers in the EU-27 took sick leave for at least one month due to an accident at work;
- › 8.6 percent of workers in the EU-27 – corresponding to 20 million persons – experienced a work-related health problem in the past 12 months;
- › 1.9 percent of all workers in the EU-27 were off work for at least one month in the past 12 months due to their most serious work-related health problem.

In 2005, more than 141 million days were lost due to accidents at work<sup>148</sup> in the EU-15. This figure corresponds to an average of 35 days of absence per accident, although 45.6 percent of the accidents entailed less than 14 days of absence.<sup>149</sup>

## MSDs

Work-related MSDs are the most common threats posed by the working environment in EU (see also section 4.1).

Work-related MSDs have a huge impact on work-related absence and a high proportion of the days lost due to sickness absence in the Member States are due to work-related MSDs. The true extent of the associated costs within the workplace across the Member States is difficult to assess due to – among other factors – the different organisation of insurance systems, the absence of standardised assessment criteria and the unknown validity of reported data. However, studies have estimated the cost of work-related upper-limb MSDs at between 0.5 percent and 2 percent of Gross National Product (GNP).<sup>150</sup>

## Stress at work

Stress at work is the second most common threat – after musculoskeletal problems – posed by the working environment in the EU and there are indications that, in some Member States, it is overtaking MSDs in this respect. In 2005, 22 percent of workers in the EU reported experiencing stress at work. Studies suggest that between 50 percent and 60 percent of all lost working days have some link with work-related stress. The costs in terms of human distress and impaired economic

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<sup>147</sup> 8.6% of workers in the EU experienced work-related health problems. Results from the Labour Force Survey 2007 ad hoc module on accidents at work and work-related health problems, Statistics in focus – 63/2009, Eurostat.

<sup>148</sup> Only accidents at work resulting in three or more calendar days of absence are taken into account.

<sup>149</sup> European Commission: *Causes and circumstances of accidents at work in the EU*, Luxembourg: Publications Office of the European Union, 2009.

<sup>150</sup> *OHS in figures: Work-related musculoskeletal disorders – facts and figures*, European Risk Observatory Report, European Agency for Safety and Health at Work, 2010.

performance are huge. The European Commission reported, in 2002, that the cost of work-related stress in the EU-15 was EUR 20,000 million each year.<sup>151</sup>

### Costs of OSH regulation

Burdens with cost implications from OSH regulation

Thus, it is evident that accidents at work and health problem caused by hazards at the workplace have negative economic impacts on enterprises and society. Not at least in the light of the current economic situation it is therefore being questioned, whether it is wise to put additional burdens – with economic cost implications – on enterprises in the form of health and safety regulation.

Potential benefits of OSH regulation outweigh the costs of administrative burdens from the regulation

This question has recently been addressed in an independent review for the British government. The review found that the costs imposed on businesses by health and safety regulations can be significant. For instance, a cross-government exercise in 2005 measuring, for all businesses, the administrative burdens resulting from legislation calculated an annual cost of over £2 billion of administrative burdens stemming from health and safety legislation. However, according to the review the costs of complying with health and safety regulations must be considered alongside the cost of the injuries and accidents at work that the regulations are intended to prevent. The review refers to estimates which suggest that the compliance cost to United Kingdom business alone could be just over £3 billion annually. However, the report also indicates that the overall cost of accidents at work and work-related illnesses could be £20 billion a year. Therefore, according to the review, the potential benefits of regulation are significant, and the evidence suggests that current health and safety regulation actually plays a significantly beneficial role. The conclusion of the review is therefore that, "in general, there is no case for radically altering current health and safety legislation".<sup>152</sup>

### Costs and benefits of incentive schemes

Although in the long run and for business as a whole, the economic benefits of health and safety regulation and health and safety measures might outweigh the economic costs of compliance with those regulations and measures taken, this might not be the case for individual enterprises in the short term.

Incentive schemes pay off

Economic incentive schemes, i.e. financial advantages (such as state subsidies, grants, financing, special tax systems or structures, and insurance premium variation) granted to companies or organisations that improve their working conditions might, according the economic incentive project undertaken by EU-OSHA be the answer to this dilemma. Thus, this project indicates that, for every euro spent through incentive schemes that aim to promote workplace health and

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<sup>151</sup> *OHS in figures: stress at work – facts and figures*, European Risk Observatory Report, European Agency for Safety and Health at Work, 2009.

<sup>152</sup> Löfstedt RE (2011): *Reclaiming health and safety for all: An independent review of health and safety legislation*, The Stationery Office Limited.

safety, up to €4.81 is saved through reduced accident and disease rates, and lower rates of absenteeism as working conditions improve.<sup>153</sup>

### Costs and benefits of OSH measures at enterprise level

In addition, studies suggest that money spent by enterprises on prevention efforts that aim to reduce future accidents at work and occupational illnesses have significant benefits.

Benefit-cost-ratio  
between 1.29 and  
2.18

A new study published by the European Commission concludes that especially when an enterprise brings together several measures into a comprehensive programme a positive return can be expected from investments in occupational safety and health. Based on an analysis of 401 cases of accidents at work and 56 prevention projects in companies the benOSH study argues that developing and implementing prevention measures should be considered as investments generating a reduction or elimination of avoidable costs linked to accidents and ill-health. For the 56 prevention projects the benOSH study calculates an average benefit-cost-ratio between 1.29 (the conservative assumption) and 2.18 (a more optimistic assumption). A project will be accepted when the benefit-cost-ratio is larger than 1 because the benefits in economic terms are larger than the costs in economic terms.<sup>154, 155</sup>

Return on  
Prevention ratio of  
2.2

Another recent study, including 300 companies from 15 countries in Europe, Asia, North America and Australia, finds that there are benefits resulting from investment in occupational safety and health in microeconomic terms, with the results offering a Return on Prevention ratio of 2.2, i.e. for every €1 per employee per year invested by companies in workplace prevention, companies can expect a potential economic return of €2.20.<sup>156, 157</sup>

Up to 20 percent  
increase in labour  
productivity from  
improved OSH

A third recent study from Eurofound focuses on the link between quality of work and performance. One of the key findings is that health, safety and well-being contribute to improved performance through decreasing sickness absence and insurance payments. Improvements in health, safety and well-being also increase employee satisfaction and decrease voluntary staff turnover. In companies which

<sup>153</sup> EU-OSHA - European Agency for Safety and Health at work (2011): *How to create economic incentives in occupational safety and health: A practical guide*, Working environment information – Literature review, European Agency for Safety and Health at Work.

<sup>154</sup> European Commission (2011): *Socio-economic costs of accidents at work and work-related ill health. Key messages and case studies*, Luxembourg.

<sup>155</sup> European Commission (2011): *Socio-economic costs of accidents at work and work-related ill health. Final report*, Luxembourg.

<sup>156</sup> Bräunig D & T Kohstall (2011): *The return on prevention: Calculating the costs and benefits of investments in occupational safety and health in companies. Summaries of results*, Research report, International Social Security Association, Geneva.

<sup>157</sup> Bräunig D & T Kohstall (2012): *Calculating the International Return on Prevention for Companies: Costs and Benefits of Investments in Occupational Safety and Health*, Final report, International Social Security Association, Geneva.



actually have measured the impact on performance an increase in labour productivity of up to 20 per cent is found when health, security and well-being are improved. In addition a positive impact on sickness absence is found. Furthermore, it is found that well-developed company work-life balance policies can also have a positive impact on performance. It becomes easier to recruit and the employees have an increased tendency to devote high effort to the company when it is most needed in return for the flexibility shown with regards to their needs. In addition, employee satisfaction is also seen to increase.<sup>158</sup>

Economic returns are 3-10 times as large as the monetary investment

According to a keynote speech at a recent seminar held by PEROSH the cost-reducing effects of OSH are well documented. Taken together, various studies have a consistent message: well planned and systematically carried out occupational safety and health (OSH) measures create economic returns which are 3-10 times the monetary investment. This is so, despite the difficulties in accurately measuring exactly the positive productivity effects of work. Systematic literature reviews indicate that both small-scale measures and comprehensive OSH programs can be profitable for organisations.<sup>159</sup>

Several other studies deliver the same message:<sup>160</sup> OSH measures can contribute positively to the economic performance of the individual company through reduced absence, reduced staff turnover, higher productivity and better product or service quality if the measures are planned and implemented properly.

### Costs and measures not yet studied

What the reported studies do not reveal is the societal costs of the accidents at work and of the occupational illnesses which the OSH regulation actually has prevented, i.e. the saved costs, although it is these costs which are the actual economic benefits of the OSH regulation and which therefore should be compared to the costs of the administrative burdens of the regulation. Neither do the reported studies include the societal costs connected with drafting, issuing, implementing and enforcing OSH legislation. Nor do the studies indicate whether the individual pieces of OSH regulation and kinds of OSH measures are economically sound to society and/or the individual enterprise. While such studies could be interesting and provide valuable inputs to considerations regarding reduction of the administrative burdens, this would need to be carried out in consideration of the objectives that

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<sup>158</sup> Oxford Research (2011): *Links between quality of work and performance*, European Foundation for the Improvement of Living and Working Conditions, Dublin.

<sup>159</sup> Ahonen G (2011): "OSH and corporate competitiveness in a global context" in *Research in action. Removing the gap between research and practical prevention. Seminar proceedings*, Brussels, European Parliament, 25 November 2010, Partnership for European Research in Occupational Safety and Health, Brussels.

<sup>160</sup> See e.g. the literature review performed by COWI for The Danish Trade Union Confederation: Aldrich PT *et al.* (2010): *Arbejdsmiljø set med virksomhedseconomiske briller*. (In English: *OSH seen with business economic glasses*), LO.



the regulation is intended to fulfil and the rights and conditions of the individual worker<sup>161</sup>.

### 5.3.3 Summary of findings

The analysis of the implementation of the six objectives of the strategy shows that intermediate impacts have been achieved and it must be assumed that these impacts have also had a positive influence on the level of occupational accidents and illnesses.

It is well known that the number of accidents at work and the number of occupational illnesses are influenced by many factors other than those covered by the strategy. Also, the causal relationships between actions taken and impacts achieved are complex and interlinked. For this reason, it is not possible to ascertain the degree to which the European strategy in itself has influenced the level of work-related accidents and diseases.

Studies indicate that OSH regulation put administrative burdens on enterprises and that these burdens load enterprises economically. However, the costs of the accidents at work and occupational illnesses which the regulation aims at preventing are much higher. In addition, OSH measures which are well planned and systematically carried out can be investments which pay off in economic terms to the individual enterprise. Not only OSH regulation but also incentive schemes can encourage proper OSH measures with an economic return which outweighs the costs.

Given the large amount of data on costs and benefits of OSH regulation and measures, it is considered reasonable to assume that the European strategy has also given rise to positive economic benefits. However, only a proper cost-benefit assessment can analyse the extent of this impact and whether it is proportionate to the costs of developing and implementing the strategy.

The European strategy points to the benefits of direct or indirect economic incentives for prevention measures as regards development of awareness, particularly in SMEs. The study on incentive schemes of EU-OSHA points to the economic benefits of such incentives. This could be an argument for focusing more on this type of instrument in a coming strategy.

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<sup>161</sup> Referring to Article 31 of the Charter of fundamental rights of the European Union and the right to working conditions which respect the workers' health, safety and dignity

## 5.4 Ownership

Ownership refers to the degree to which the stakeholders accepted the European strategy and regarded it as their own.

Evaluation questions:

Q8: To what extent did the stakeholders, especially the social partners, accept the strategy and felt involved in its implementation? If they did not, why?

During the interviews conducted with the national stakeholders, we have asked them about their sense of involvement in the development and implementation of the European strategy. We asked them for a rate on a scale from 1-5 and the results are shown in the table below. The results illustrate that, generally, stakeholders have felt more involved in the implementation of the strategy than in its development.

Table 5-11 MS stakeholders responses to the questions on ownership

Question / score	1 (not at all)	2	3	4	5 (high extent)	Do not know
To which extent did you feel involved in the development of the European strategy?	10	19	35	18	6	16
To which extent did you feel involved in the implementation of the European strategy?	5	16	27	29	11	16

Note: 1=not at all, 3=to some extent, 5=to a high extent. (n=104)

The data indicates that there is scope for a more inclusive process in relation to preparation of a future strategy. The ACSH Committee has provided an important forum for the implementation of the strategy and this is a main reason why national stakeholders felt involved in its implementation.

As mentioned above under effectiveness, the EU social partners have indicated that they have a low level of ownership towards the strategy, which also explains why no action has been taken in certain areas.

In general, all stakeholders have commented that they regard the strategy to be mainly DG Employment's strategy and not their own. However, EU-OSHA and Eurostat, have been committed to the strategy and it has provided a clear policy basis for certain actions from these institutions.

## 5.5 Consistency

Consistency refers to the extent to which positive/negative spill-overs onto other policy areas are being maximised/minimised. Occupational health and safety policies have strong links with other policy areas and therefore present many opportunities for spill-overs. In particular employment policies, education and public health policies, R&D and environmental policies are very relevant to consider.

Evaluating the consistency of the strategy consists of assessing to what extent these policy areas have been affected at both EU and Member State level by the European Strategy and to which extent potential synergies between policy areas have been achieved.

Evaluation questions:

Q10: To what extent have the different elements of the strategy been included or actively promoted into national employment/public health/education/environment policies?

Q11: To what extent have the different elements of the strategy been included or actively promoted into other EU policy areas?

### 5.5.1 Integration of OSH considerations into relevant EU policies

Section 5.4 of the European strategy refers to the efforts that should be made to ensure that coherence between different policy areas is promoted at both EU and national levels and that any synergies are exploited. In particular, four policy areas are mentioned in the strategy, namely:

- > Employment and restructuring;
- > Public health;
- > Regional development and social cohesion;
- > Public procurement.

Our analysis has also revealed other policy areas, where synergies with OSH-related matters are strong and these are also reflected in the text below.

Employment policies: an Agenda for new skills and jobs

The “Europe 2020: a sustainable growth and jobs” strategy was developed in 2010. It ensued from the strategic goals for the Union adopted in Lisbon in 2000 to strengthen employment, economic reform and social cohesion and from the target of raising employment rate within the 55-64 age group to 50% by 2010, defined at the 2001 Stockholm European Council. But more importantly, Europe 2020 represented the EU’s answer to the economic crisis that was and still is affecting Europe and the world. Europe 2020 defines five targets for 2020 in five different areas:

- > Employment: 75 percent of the 20-64 year-olds to be employed
- > R&D: 3 percent of the EU's GDP to be invested in R&D

- Climate change / energy: greenhouse gas emissions 20 percent (or even 30%, if the conditions are right) lower than 1990; 20 percent of energy from renewables; 20 percent increase in energy efficiency
- Education: Reducing school drop-out rates below 10 percent; at least 40 percent of 30-34-year-olds completing third level education
- Poverty / social exclusion: at least 20 million fewer people in or at risk of poverty and social exclusion

To achieve these targets, it has defined seven flagship initiatives, each focusing on one specific area and requiring national and EU-level coordination. One of these initiatives, “An agenda for new skills and jobs”, deals with the issues of flexibility and security of the labour market, job creation and skills enhancement and quality of jobs and working conditions.

One of the four main objectives of the Agenda is the promotion of better job quality and working conditions, acknowledging the effect of the economic crisis in exposing more jobs to competitive pressure and of deteriorating working conditions. Under this objective, the European Commission sets out key actions to be undertaken between 2011 and 2014, which are very much in line with the European Strategy (particularly priority area 1), including the review of the implementation of legislation in view of the clarification, simplification and adaptation of EU legislation.

In addition, the European Strategy has put emphasis on improving the employability of men and women, by reducing inequalities, and increasing the quality of life in the workplace to the point where work actually enhances workers' well-being. In particular, the third priority of the strategy “Promotion of a preventive culture” highlights the necessity to reintegrate and rehabilitate injured or sick workers and the need to deal with a changing workforce (ageing workers, working women, migrant workers). This is in line with the EU 2020 Strategy and its objective of “an inclusive high employment society” of Europe 2020 and the target of reaching 75% employment by 2020.

The Employment guidelines for 2010-2014 were adopted by the Council in October 2010 and subsequently confirmed for 2011 and 2012. Guideline 7 calls on Member States to address the quality of jobs and employment conditions and to promote occupational health and safety.<sup>162</sup>

In March 2011, the Council published its Joint Employment Report, on the basis of the examination of the draft National Reform Programmes and in line with the Employment Guidelines.<sup>163</sup> It is interesting to note that this report, which aims at providing guidance to Member States to consider in their National Reform Programmes, does not once mention occupational health and safety as a drive towards increasing labour market participation. Although the report highlights the

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<sup>162</sup> Council Decision 2010/707/EU of 21 October 2010 on guidelines for the employment policies of the Member States.

<sup>163</sup>

importance of increasing the participation of older workers in particular, it only mentions the necessity for Member States to take “measures that foster active and healthy ageing” without giving more details as to what such measures could entail. In addition, in its section on inclusive growth and the need to combat exclusion and poverty, the report mentions poor working conditions but does not dedicate a specific action to the improvement of working conditions or the protection of the health and safety of workers. Finally, contrary to the “Agenda for new skills and jobs”, there is no mention of the potential OSH problems that can be caused by flexicurity policies, promoted as the best instruments to achieve the targets in the areas of employment, education and social inclusion.

## Public Health

With regard to public health, the degree of coherence between public health and health and safety at work is very high. The Commission White Paper “Together for Health: A Strategic Approach for the EU 2008-2013”,<sup>164</sup> adopted a few months after the European Strategy, mentions the need to develop the synergies between public health and workers’ health and safety policy. It emphasises that actions taken under the European Strategy will also “play a major role” in the implementation of the Public Health Strategy.

Other areas of public health would have deserved more attention during the implementation period of the strategy, in particular workplace health promotion and the consumption of drugs and alcohol. These issues relate strongly to the strategy objective “Promoting changes in behaviour”. Several initiatives have been carried out by DG SANCO on the links between alcohol consumption and work, as well as on workplace health promotion, but they have not been linked to the implementation of the European Strategy. However, as is the case with the objective to promote OSH at the international scale, the mere inclusion of the necessity to strengthen policy coherence with public health policies was considered to have given legitimacy to the strong links between OSH and public health.

The 2010 implementation report of the “European Environment & Health Action Plan 2004-2010” highlights the numerous aspects of the Action Plan that are strongly related to occupational health and safety, in particular in relation to indoor air quality (exposure to environmental tobacco smoke, “*Safe, Healthy and Sustainable Buildings in the EU*”), exposure to electromagnetic fields (assessment of the SCENHIR), environmental noise exposure, chemicals, pesticides, nanomaterials, etc. In addition, several initiatives in the field of accident prevention and exposure to electromagnetic fields were launched during those years. It is interesting to note that this Action Plan was not renewed after 2010.

## Public procurement

In 2010, the European Commission produced a guide on buying social<sup>165</sup> in which the different aspects of socially responsible public procurements (SRPP) are presented. It sets out a non-exhaustive list of social considerations that are

<sup>164</sup> European Commission, White Paper *Together for Health: A Strategic Approach for the EU 2008-2013*, COM(2007) 630 final.

<sup>165</sup> European Commission, DG Employment & DG Internal Market, *Buying Social – A Guide to Taking Account of Social Considerations in Public Procurement*, October 2010

potentially relevant to public procurement. One of the considerations is the promotion of decent work,<sup>166</sup> which includes respect of fundamental principles and rights at work, including OSH. Another is the promotion of compliance with social and labour rights, including occupational health and safety laws. The publication of this practical guide, intended for public authorities, is a concrete and positive outcome of collaboration between DG Employment and DG Internal Market and clearly shows that, as explicitly stated in the strategy, OSH considerations have been integrated into public procurement policy developments from 2007 onwards.

Policy areas not included in the strategy

As mentioned earlier, other policy areas than the ones listed in the strategy strongly relate to workers' health and safety and a European strategy on health and safety at work should definitely include an objective of strengthening synergies with these identified areas.

**Environment:** The links between environmental policies and occupational health and safety policies are strong and bidirectional. As highlighted in the 2005 Commission Staff Working Paper on the links between employment policies and environment policies, "health and safety legislation contributes to a safer working place through better management of hazardous chemicals and thereby to a better environment".<sup>167</sup> On the other hand, the promotion of environmentally-friendly processes and technologies is likely to have a positive impact on the health of workers, in terms of decreasing exposure to hazardous factors (including chemicals but also physical agents such as noise). In addition, the environmental policies set up to mitigate the risks from industrial accidents (e.g. SEVESO II) have a strong impact on workers' safety.

While in certain specific cases, the protection of workers against hazardous substances can be detrimental to the environment (e.g. ventilation systems), in the majority of cases such measures are beneficial to the environment (e.g. substitution or prohibition of dangerous substances). The final assessment of the Sixth Environment Action Programme (EAP) of the European Community 2002-2012, which was carried out in 2011, highlights the synergies between the protection of the environment and of human health, some of which have been effectively exploited during the implementation period of the 6<sup>th</sup> EAP. It mentions legislation adopted in the areas of chemicals and pesticides and the lack of action in relation to exposure to cocktails of chemicals and in relation to indoor air, all of which relate to workers' health. However, it does not actually single out workers' health as a sub-issue under human health, to which attention should be paid.

Several stakeholders interviewed have highlighted the lack of reference in the European Strategy to the links between environmental policy and OSH considerations in the strategy. In particular, REACH, which is of high relevance to workers' exposure, was not sufficiently mentioned in the strategy, except in

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<sup>166</sup> "Decent work" is defined here on the basis of the EU's 2006 Communication "Promoting decent work for all – The EU contribution to the implementation of the decent work agenda in the world", COM(2006) 249 final

<sup>167</sup>

relation to the synergies between REACH and labour inspections. The strategy does not comprehensively address the extent to which REACH is a crucial piece of legislation for the protection of workers against exposure to hazardous substances and the possibilities it offers in terms of gathering better information and data on exposure. The lack of reference to REACH on DG Employment's websites, and the weak involvement of DG Employment in the development and implementation of REACH, are indicators of the apparent lack of integration between REACH and occupational health and safety. Although the links between DG Employment and the European Chemical Agency have been strengthened, notably through the effective work carried out by the WG CHEMEX of the SLIC (as mentioned previously in this report), on REACH, several stakeholders have highlighted the lack of relations between DG Employment and DG Enterprise.

**Fisheries:** The fisheries sector is a very dangerous sector for workers in terms of accidents as well as diseases but since the proportion of workers is quite small, it is not high on the agenda of EU OSH policies. However several OSH issues are highly relevant that have not been sufficiently exploited. The collection of statistical data on OSH conditions is still very poor in fisheries and other sea-related jobs, despite coordinated projects between DG MARE and Eurostat. This means that knowledge about the risks and risk exposure patterns of sea workers is very poor, which prevents the establishment of appropriate preventive measures. In addition, only about 2/3 of the EU fleet is covered by EU OSH legislation (>15 meters long vessels) because of the difficulties to legislate for smaller vessels. The production of non-binding guidance on fisheries, currently on-going within the ACSH (see section 4.2), could partly remediate this issue.

As previously mentioned in Section 4.2, there is also a major problem related to the lack of enforcement of OSH requirements on board vessels, mainly because of the limited number of labour inspectors who actually go on board vessels. In order to remediate that problem, DG MARE has undertaken an initiative with ILO and the European Fishery Control Agency (EFCA) to try and create synergies between the inspections carried out by labour inspectors and the inspections carried out by fisheries inspector, who are in charge of controlling conservation measures (i.e. how many fish are fished, quotas, etc.) and are much more numerous than labour inspectors.

In particular, the initiative aims at training labour inspectors to recognize conservation issues (by the EFCA) and in return, training fisheries inspectors to recognize OSH problems (by ILO) so that they can then alert labour inspectors to come and carry out a full inspection. This would increase information exchange and the implementation of a network between the different inspectorates and ultimately improve OSH in fisheries. This initiative was presented at the last SLIC plenary meeting in Warsaw in December 2011 and received positive feedback from certain Member States (Spain, Portugal, France) but not from others. No follow-up action has been foreseen through the SLIC. Another possibility, which is being investigated, would be to centralise OSH inspections through the Port State Control Authorities, which is regulated by several conventions (IMO/ILO) and already carries out inspections of the vessels' equipment.

The port is a central, focal point for fishing vessels and creating a network of OSH professionals, or at least professionals with knowledge of OSH, would enable an

increase of awareness and more importantly enforcement of OSH requirements on board fishing vessels.

**Research:** the 7<sup>th</sup> Framework Programme, adopted in 2007 and running until end of 2013, includes several themes that are relevant for occupational health and safety, including “socio-economic sciences and the humanities”, with a strong focus on employment, and “health” with a focus on the factors, including work-related ones, for the development of diseases, the consequences of ageing and mental health promotion. It is interesting to note however that, despite a large number of projects related to OSH funded by FP7, occupational health and safety is not highlighted as a priority in either of these two themes.

**Standardisation:** the health and safety of workers is also influenced by legislation adopted with the objective of establishing the internal market, in particular the ‘New Approach Directives’, which set essential requirements on the basis of which standards-setting bodies (i.e. the European Committee for Standardisation, the European Committee for Electrotechnical Standardisation and the Telecommunications Standards Institute) elaborate harmonised technical standards. Some stakeholders however have mentioned that more integration between the standardisation process and OSH was needed and that synergies had not been sufficiently exploited.

**Agriculture:** Agriculture is a key sector when it comes to occupational health and safety, as the rates of fatal and non-fatal accidents are among the highest across industries.<sup>168</sup> Despite this, no mention is made of the health and safety and working conditions of farm workers in the Community strategic guidelines for rural development (programming period 2007 to 2013)<sup>169</sup> or in the 2006 Communication on employment in rural areas<sup>170</sup>. More recently, the CAP Health check of 2008 did not mention health and safety issues either.

**Education and training:** Apart from EU-OSHA activities on the health and safety risks, specific to educational establishments, and how these can be managed, neither the policy fiches relating to the Multiannual Financial Framework 2014-2020 nor the 2010 communication on European cooperation in vocational education and training mention health and safety as one of the area in which lifelong vocational training could be needed. However, the overall agenda of promoting “up-skilling” and continuous learning is indirectly related to health and safety as low qualified workers are particularly exposed to OSH risks<sup>171</sup>. Also, as already noted in chapter 4.4 the European strategy did call for a wider use of the

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<sup>168</sup> <http://osha.europa.eu/en/sector/agriculture>

<sup>169</sup> Council Decision of 20 February 2006 on Community strategic guidelines for rural development (programming period 2007 to 2013)

<sup>170</sup> European Commission, Communication, *Employment in rural areas: closing the jobs gap*, COM(2006) 857 final, Brussels, 21.12.2006

<sup>171</sup> Milieu Ltd & IOM, *Occupational Health and Safety Risks for the most Vulnerable Workers*, Study for the European Parliament, IP/A/EMPL/ST/2010-03, August 2011, pp99-108



Social Fund for developing training projects, however, this has only been the case to a limited extent.

**Migration policies:** Neither the Employer Sanctions Directive, which gives illegally employed workers the right to remuneration, nor the 2011 European Agenda for the Integration of Third-Country Nationals,<sup>172</sup> which provides recommendations to address the new challenges related to the integration of migrants, include considerations on the health and safety conditions of migrant workers.

### 5.5.2 Integration of OSH considerations into relevant national policies

The desk study of national strategies shows that Member States have to a large extent considered the need for coherence with other policies in their strategies (21 out of 26 strategies focus specifically on this). The interviews with Member State stakeholders indicate that the work on the national strategy and the European strategy has inspired them to take a more holistic view on OSH than would otherwise have been the case.

This evaluation has not encompassed a review of individual policy documents from other policy areas in the Member States to assess the specificities of policy coherence. There is concrete data to suggest that Member States are working actively to mainstream OSH into education and training policies (see section 4.4). Other policy areas mentioned during interviews with Member State stakeholders are in particular employment policies and public health policies. However, when asked to emphasise particularly successful areas of the national strategies, Member States rarely put forward examples of successful results achieved due to coherence with other policy areas. A few examples in the area of mainstreaming OSH into education and training were provided, and also occupational medicine services and relations to public health policies were mentioned on a few occasions.

### 5.5.3 Summary of findings

Synergies with the four policy areas mentioned in the strategy have been developed to various degrees:

- Coherence and synergies with public health policies are very strong and progress has been made on the issues of tobacco smoke and mental health. However, more emphasis should have been put in the strategy on the promotion of a more global vision of health promotion at work.
- The potential synergies with employment policies are naturally strong as OSH is a component of work-related policies and ultimately aims at ensuring the

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<sup>172</sup> European Commission, Communication, *European Agenda for the Integration of Third-Country Nationals*, COM(2011) 455 final, Brussels, 20.7.2011

wellbeing of workers so that they stay at work longer. However, it is remarkable that in the Council's Joint Employment Report of 2011, there is no mention of OSH as a key policy to ensure higher employment rates, indicating a clear lack of integration of OSH-related issues in employment policies at EU level.

- Collaboration between DG EMPL and DG MARKT has resulted in the production of a useful guide to encourage public authorities to promote good working conditions through their public procurements.

Other policy areas have been identified as being relevant when it comes to OSH-related issues, even though they were not mentioned in the strategy. In particular, synergies with environmental policies (and in particular REACH) should be exploited much more than they are now. The policy agenda related to fisheries has been very active in terms of promotion of better working conditions and efforts should continue in this direction in the upcoming strategic cycle. However, the lack of initiatives in the areas of research, education, migration, agriculture and standardisation is particularly concerning and seems to demonstrate a need for greater coordination between the relevant institutional actors (i.e. between DG Employment and the relevant directorate-generals).

## 5.6 Coherence

Coherence deals with the internal logic of the strategy and the consistency between intended outputs, results, outcomes and impacts.

Evaluation question:

Q7: To what extent are the actions promoted by the strategy coherent and correspondent to a non-contradictory intervention logic? If they are not, why?

As part of the desk study of the European strategy, we developed an overview of the strategy in an intervention logic format (included in Appendix F). This overview and the analysis of the six objectives in chapter 4 gave rise to the following findings:

- The theory of change underlying the strategy is not completely evident. There are a number of assumptions about outcomes and the results of certain actions which are not stated in the strategy (shown in *italics* in the logical framework overview). The strategy thus does not present a full logical chain of expected actions, results, outcomes and impacts. There is an increased focus on objectives and actions, but less focus on the steps in between.
- There are no major contradictions in the design of the strategy: The six priority areas (which could also be seen as intermediate objectives) are areas, which are supportive of the goal to reduce the number of occupational accidents and diseases. The specific areas of intervention and actions highlighted under the six priority areas are also supportive of the intermediate objective inherent in the priority area. The weakest link is the link between

intermediate objective 6 on international cooperation and the overall goal. It is not completely evident how international action will contribute to reducing the incidence of accidents and diseases within the EU, except in the obvious case of assisting candidate countries.

- Several of the six intermediate objectives are not objectives in the strict sense of the word. Rather, they can be regarded as means to achieve certain objectives. The most obvious example is the first objective of 'putting in place and modern and effective legislative framework'. Having this as an objective implies a risk of undue focus on legislation rather than the end-results, which legislation should contribute to achieve.

As presented in section 5.1, workers' and employers' representatives have pointed to inconsistencies under the priority area of a modernised legal framework. Workers' representatives generally acknowledge the need to ease the administrative burdens on SMEs, but are sceptical about simplification of the legal framework as they fear this will reduce the level of protection. Hence, they point to an inconsistency between the action area of simplification and the objective of a modern legal framework. On the other hand, the employers' representatives are generally much in favour of simplification but sceptical about additional regulatory requirements (action area of updating the legal framework), hence also pointing to an inconsistency (but between action areas of updating the legal framework and simplifying it). This, of course, reflects a genuine dilemma between ensuring a high level of protection and at the same time devising legislation, which is suited for implementation at the local level. However, organising the strategy according to a logic whereby 'legislation' is not formulated as an end in itself could perhaps serve as a starting point for a meaningful dialogue on the areas of intervention and potentials for adaptation and simplification.

- The links and hierarchy of the intermediate objectives and the headings/areas of action listed under each intermediate objective are not clear in all cases. One example is the second objective relating to national strategies, which includes a sub-heading of 'improving the preventive effectiveness of health surveillance'. Here, it would seem that the national strategies would be the means to achieve this end, contrary to how it is presented in the strategy.
- Some areas for action are mentioned in various places in the strategy. This may serve to underline their importance, but on the other hand, it is also somewhat confusing and obscuring the priority. A key example is the area of promotion of mental health at the workplace, which is mentioned with different emphasis/actions under objective 2. National strategies, objective 3. Prevention, and objective 4. Risks. This is related with another key observation that the crucial area of better implementation of OSH regulation is mentioned as a sub-objective under Objective 1, but at the same time a number of other objectives and areas mentioned elsewhere in the strategy actually support this objective.
- A strategy period of 5-6 years is a long period and this calls for a strategy, which provides an overall framework for action, but does not specify each

action to be taken in detail (as it is not possible to plan in such detail for such a long period).

During interviews, many stakeholders have commented that the strategy is not sufficiently focused and that it lacks clear targets and indicators. Many stakeholders point out that the strategy has a clear overall objective, but lacks clear and measurable objectives/targets at the intermediate level and also, that the strategy lacks a framework for action planning. These statements tie in with the finding that the strategy is not inconsistent as such but, on the other hand, is not very clear with regard to what has to be achieved and which measures can be applied to achieve this.

### 5.6.1 Summary of findings

Although there are no major inconsistencies in the strategy, the intervention logic is, on the other hand, not very clear. For future policy instruments, it is recommended to rethink the structure and to distinguish more clearly between objectives and means to achieve those objectives, and to accompany this with an action-planning framework.

## 5.7 Community added value

The assessment of community added value considers the extent of added value arising from community action within OSH compared to a situation, where no community action was taken.

Q12: To what extent has the strategy contributed to achieve broad policy goals, comparing EU action to action conducted at national level? Which were the limits if any?

Q13: Were the actions/actors identified appropriate?

Our assessment of community added value builds on the assessment of the degree to which the European strategy contributed to:

- additional actions compared to what would have been the case without the European Strategy;
- better coordination of efforts;
- the achievement of broader EU policy goals
- transnational exchange of experience

### 5.7.1 Contribution to additional actions

Influence on national strategy development

The preliminary data indicates that the European strategy influenced national strategy development. In some countries, there is a very direct influence, whereas in others it is more indirect or very limited. Stakeholders generally acknowledge and appreciate that having a strategy at European level gave legitimacy to OSH as a policy area and therefore also induced national action. Thus, the European strategy was an important driver, set directions and thereby enriched national

strategies. Several stakeholders at national level mention that the fact that the European Strategy was endorsed by the Parliament and by the Council gave additional political strength to the strategy. This gave impetus for national action in the OSH area, which, according to national stakeholders, is often not a highly prioritised policy area.

#### Influence on EU level actions

The European strategy provided a framework for action by the European level stakeholders, and, especially for DG EMPL, ACSH and EU-OSHA. It resulted in the implementation of a number of specific initiatives. However, it should be noted that the data indicates that the majority of the initiatives undertaken by EU bodies under the strategy would probably have been implemented in some form, even without the strategy. The main value added of the European Strategy was to provide a common sense of direction and more focus to the work done. In respect to the European level social partners, they felt limited ownership towards the strategy and it is questionable whether the strategy led them to implement actions that would not otherwise have been implemented.

### 5.7.2 Contribution to better coordination

As shown in chapter 2 and 4, there are a number of actors involved in relation to OSH policy development and implementation at EU and Member State levels. One of the key areas of value added of a European strategy should therefore be the coordination of actions between these actors thereby leading to the avoidance of duplications and realisation of synergies.

As part of the interviews with stakeholders at Member State level, we asked about the degree to which they found that the European strategy led to better coordination. The answers are summarised in the table below.

*Table 5-12 Member State Stakeholders responses to the question: To which extent do you consider that the European strategy has led to increased coordination among actors involved in OSH in Europe?*

Response/rate	1 (not at all)	2	3	4	5 (high extent)	Do not know
No. of responses	4	16	33	28	11	14

Note: 1=not at all, 3=to some extent, 5=to a high extent. (n=104).

The views of the stakeholders are quite varied on this subject. Some stakeholders point out that the European strategy set the framework and provided common goals and thus contributed to a better coordination. Others find that, whereas the European strategy clarified tasks at the institutional level, the actual coordination which resulted was not sufficient.

A number of stakeholders have indicated that the European strategy did not sufficiently take into account the various relevant actors at European level and that coordination with these stakeholders has been insufficient. The stakeholders often mention that they consider the European strategy to be very much centred on DG Employment and that opportunities for synergies with other EU-level players have

not always been recognised and used. Here, especially, various Directorate Generals of the Commission are mentioned (DG ENTR, DG ENV, DG SANCO). A particularly important policy area, mentioned by a number of stakeholders, is that relating to the REACH regulations, which have a considerable impact on occupational health and safety. The SLIC was often mentioned as an actor that should have had a more prominent role in the European strategy, however, coordination is viewed as having improved during the course of the strategy implementation.

Our analysis of the implementation of the strategy, as documented in chapter 4, shows that there are very visible areas, where the European strategy led to better coordination. This concerns for example coordination and sharing of experience in respect to national strategy development, where workshops have been held. Also, in relation to actions on public health, there has been a good level of coordination between key actors, including DG Employment, DG SANCO and EU-OSHA.

However, at the same time, there has been a rather poor level of coordination and policy coherence in relation to other policy areas, ref. section 5.5 above on consistency. There has also been a limited articulation and interaction between the strategy implementation and the social dialogue at European level.

Another area is research on new risks, where the advantages for the individual Member States of being able to draw on reports produced at European level for the individual Member States are evident. However, as documented in chapter 4.5, the actual experiences in relation to coordination of research efforts are mixed and a degree of duplication of effort has been seen. Key actors such as Eurofound and PEROSH are hardly mentioned in the strategy and have not been effectively involved in its implementation either.

Similarly, in the area of monitoring and statistics, the strategy did not mention the actions of EU-OSHA (in respect to ESENER, etc.), of Eurofound (in respect to the EWCS, etc.) or of national agencies. While there has been a useful dialogue between Eurostat and EU-OSHA in relation to dissemination of statistics, this seems only to a limited extent to have been influenced by the strategy.

### 5.7.3 Contribution to transnational exchange of experience

The transnational exchange of experience and development of good practices are not very prominent areas of intervention under the European strategy. Nevertheless, as documented in sections 4.2-4.7, a number of actions have been implemented. These include meetings, expert groups and workshops organised under the auspices of the ACSH, the SLIC and EU-OSHA.

During interviews, we have asked Member State stakeholders on their views on the degree to which the strategy contributed to any transnational exchange of experience. The answers are summarised in the table below-

*Table 5-13 Member State Stakeholders responses to the question: To which extent do you consider that the European strategy has led to sharing of experience and lessons learned among the Member States?*

Response/rate	1 (not at all)	2	3	4	5 (high extent)	Do not know
No. of responses	4	9	28	34	11	18

Note: 1=not at all, 3=to some extent, 5=to a high extent. (n=104).

The responses as shown in Table 5-13 indicate that most stakeholders consider the strategy to have had a positive influence in this area. Our analysis of the implementation of the strategy (chapter 4) confirms this picture, but also points to areas, where the strategy could have facilitated a greater degree of exchange of experience. This includes notably the area of administrative burdens, where exchanges on experience between Member States was recommended but not taken up.

The development of the OiRA tool is an example of an area, where the European added value in relation to good practises/sharing of experience was high. The data indicates that it was beneficial to develop this tool at the European level based on Member States' experience. In this way other Member States could benefit from the experience and good practises developed without investing the resources required to develop tools from scratch themselves.

#### 5.7.4 Contribution to EU 2020

The actual contribution to the EU 2020 strategy of the actions undertaken under the strategy are not possible to determine at this stage as there is limited evidence in relation to the wider impact at the societal level. As mentioned above under consistency, there is a good level of consistency between the European strategy and the EU2020 Strategy, however, the actual policy integration has been limited. The evaluation does point to a certain level of impact in relation to better implementation of OSH legislation and improved awareness of OSH and this also indicates that the implementation of the strategy has contributed towards the goals of promotion of better job quality and working conditions of the EU 2020 and the agenda for new skills and jobs.

It is notable that many stakeholders mention that they consider the European strategy vital, because it is an important part of the effort to secure a level playing field across the EU-27. Although this is mentioned by many as a key contribution of the European strategy, it is actually not mentioned in the strategy's objective statement.

#### 5.7.5 Summary of findings

Some of the actions taken and achievements made would have taken place even without a European strategy. However, there are also some actions, which would have been less emphasised or not taken place at all. The value of the European strategy has, in particular, been in providing a clear policy signal that the OSH area

is a priority and action is needed. This has provided the basis for involved EU bodies (EU-OSHA and Eurostat, in particular) to take action. Also, in a number of countries it was a key driver for national strategy formulation and implementation and in other countries an important source of inspiration.

The strategy contributed to greater coordination and exchange of experience, however, the potentials have not been fully realised in these areas.



## 6 Horizon scanning

This section contains the forward looking part of the evaluation considering the conditions and trends, which are important to take into account when assessing the relevance of possible new policy initiatives to follow the current European strategy. The chapter is organised to provide an overview of:

- The economic situation and the implications for occupational health and safety measures (section 5.1);
- The social and industrial trends and their implications for persistent and emerging risks in relation to occupational health and safety (section 5.2);
- The policy developments at the EU level in response to the economic and social situations and forecasts for the coming years as well as in key policy areas related to occupational safety and health (section 5.3);
- The views of the stakeholders on the relevance of new policy measures at EU level (section 5.4).

### 6.1 Economic situation and outlook

#### 6.1.1 Economic crisis and employment conditions

Financial and economic crisis almost from the start of the strategy period ...

The consequences of the financial crisis that started in 2008 (and so almost from the start of the strategy period) were according to the European Commission<sup>173</sup> fully felt for the real economy in 2009 when GDP declined at an unprecedented rate throughout the EU as well as in most other parts of the global economy. Although employment proved very resilient in Europe immediately after the recession, job shedding has become widespread and unemployment shot up in most EU Member States in 2009.

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<sup>173</sup> European Commission, Directorate-General for Economic and Financial Affairs, Labour Market Developments in Europe, 2011.

... and  
unemployment  
remains high ...

While there were a few signs of recovery in 2010 mainly caused by exceptional stimulus measures, the debt crisis has since got a foothold, in particular in southern Europe and, according to Eurostat<sup>174</sup> in February 2012 unemployment rose for the tenth consecutive month, reaching an EU-27 average level of 10.2% - its highest level for 14 years. The 17-nation Euro area reached an even higher average unemployment rate of 10.8%. In absolute number this means that 24.5 million women and men in EU-27 were unemployed in February 2012 - an increase of 167,000 people compared to the previous month.

Among the EU Member States, the lowest unemployment rates were recorded in Austria (4.2%), the Netherlands (4.9%), Luxembourg (5.2%) and Germany (5.7%), with the highest in Spain (23.6%) and Greece (21.0% in December 2011). Compared to a year ago, the unemployment rate fell in eight EU Member States, increased in eighteen and remained stable in Romania.

... in particular for  
the young men

Unemployment has in particular hit young men (15-24 years), reaching an EU-27 average level of 23.1% in February 2012 - almost 2 percentage points higher than the year before. Young women reached an unemployment rate of 21.5% - an increase of around 1 percentage point. The comparable unemployment rates for 25-75 year olds were much lower at 8.7% for men and 8.8% for women.

Spain and Greece distinguish themselves in an unfortunate way regarding the youth unemployment problem. In February 2012, Spain has rates for young men and women reaching 52.8% and 47.9%, respectively while the most recent data for Greece (December 2011) show rates of 43.4% and 58.2%.

Industrial production  
has stabilized ...

The prospect for a return to employment growth is still uncertain, although by February 2012 industrial production in the EU-27 is back to its 2005 level. While industrial production fell significantly in the early years of the financial and economic crisis, a fairly strong recovery has been felt in the last two years, but with a somewhat slow development in recent months. Industrial production dropped by 1.8% in February 2012 compared to February 2011 in both EU-27 and the Euro area. In contrast, business confidence improved slightly in January 2012, after a short period of decline in the second half of 2011 and remains close to its long-term average. In particular uncertainties about the resolution of the Euro area debt crisis have negatively affected investment, whilst firms have trimmed output to avoid inventory accumulation.

... but employment  
growth has been  
sluggish

The OECD<sup>175</sup> also emphasizes that employment growth has been sluggish, and that there still is a need to promote job rich growth. It indicates that one of the most worrying features of the present situation is the steep rise in the number of people who have been unemployed for a year or more. The OECD<sup>176</sup> does, however, expect firmer economic growth through the first part of 2012. Recent positive

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<sup>174</sup> Eurostat, Statistics Database.

<sup>175</sup> OECD Employment Outlook 2011.

<sup>176</sup> OECD, What is the economic outlook for OECD countries - An interim assessment, 29 March 2012.

indicators suggest, for example, that activity in Germany might accelerate, while that of France is projected to be broadly flat. In contrast, Italian industrial production is weak and this suggests a recession for them for the first two quarters of 2012.

The crisis is putting extra strain on occupational health and safety ...

The Pan-European opinion poll on occupational safety and health<sup>177</sup>, carried out in the period October 2011 to January 2012, reveals that the economic crisis in Europe, and the changing world of work, is putting extra strain on the occupational health and safety of European workers. Job-related stress is highlighted as a new and emerging risk, with eight out of ten of the general public across Europe thinking that the number of people who will suffer from stress over the next five years will increase - with around half expecting it to 'increase a lot'.

### 6.1.1 Outlook

Bleak short-term economic outlook ...

The short-term outlook for the EU economy is also bleak, with only a slow recovery forecast by the European Commission<sup>178</sup> from the second half of 2012, although gathering some speed in 2013. Hence, while GDP is projected to stagnate in the EU this year, it is expected to grow by 1.3% in 2013. However, this forecast assumes that the steps taken by the EU to tackle the debt crisis have helped to ease financial market tensions. It also assumes that investors and consumers regain a measure of confidence.

... and still some way to reach the Europe 2020 employment rate target ...

It is obviously difficult to predict the future, but Figure 6-1 shows that the growth momentum of the EU economy needs to be restored for the Europe 2020 employment rate target of 75% (average for the 27 EU Member States) to be reached.

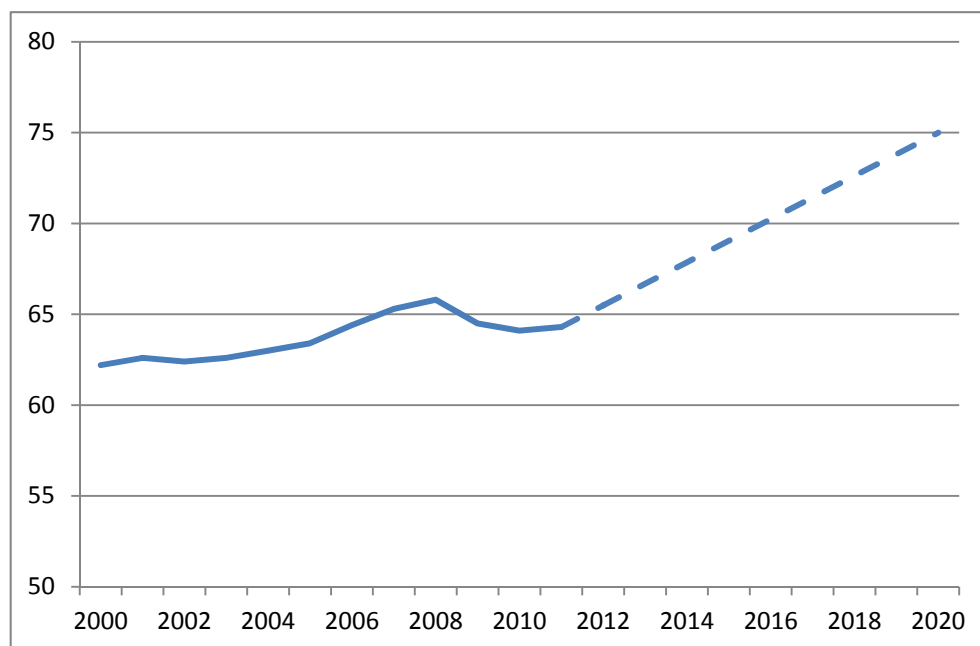
It is envisaged in Europe 2020 that its targets will be reached if it is the subject of a determined and focused effort at both the EU and national levels. Hence, only if efforts are combined and coordinated will they have the desired impact on growth and jobs. There is of course a risk that the targets will not be reached but will leave the labour market in need for and uncertainty regarding further changes that also might affect working conditions.

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<sup>177</sup> European Agency for Safety and Health at Work, Pan-European opinion poll on occupational safety and health, conducted by Ipsos MORI Social Research Institute (October 2011 - January 2012).

<sup>178</sup> European Commission, European Economic Forecast, Spring 2012, [http://ec.europa.eu/economy\\_finance/publications/european\\_economy/2012/pdf/ee-2012-1\\_en.pdf](http://ec.europa.eu/economy_finance/publications/european_economy/2012/pdf/ee-2012-1_en.pdf)

Figure 6-1 Employment rate (%), EU -27, actual and 2020-target



Sources: Eurostat and [http://ec.europa.eu/europe2020/europe-2020-in-a-nutshell/index\\_en.htm](http://ec.europa.eu/europe2020/europe-2020-in-a-nutshell/index_en.htm)

... and to achieve strong SME growth

Europe 2020 has as one of its seven flagship initiatives to pursue "an industrial policy for the globalisation era" to improve the business environment, notably for SMEs, and to support the development of a strong and sustainable industrial base able to compete globally. This includes, for example, smart growth and so improved access of SMEs to intellectual property protection, strengthening of EU funding instruments to facilitate access for SMEs, conditions for high growth for SMEs with the ICT sector and the energy sector - with a focus on resource efficiency, and improvements of access for SMEs to the single market.

The importance of SMEs in the EU is also evident from the fact<sup>179</sup> that 99.8% of the 20.8 million enterprises active in 2010 in the non-financial sector were SMEs. About 67% of the employment in the non-financial business economy is provided by SMEs. Micro enterprises contribute about 30%, small enterprises about 20% and medium-sized enterprises about 17%. Furthermore, between 2002 and 2010 the SMEs experienced an annual growth in employment of 1% - twice the growth rate for large enterprise. However, between 2008 and 2010 SME employment appears to have fallen by more than that of the large enterprises. Unfortunately, the availability of data does not allow us to get a good picture of developments during the last two years of the economic crisis.

It is expected that SMEs will regain some of their importance during the economic recovery. There are also some indications of rediscovered belief in the future. For

<sup>179</sup> [http://ec.europa.eu/enterprise/policies/sme/facts-figures-analysis/performance-review/files/supporting-documents/2012/do-smes-create-more-and-better-jobs\\_en.pdf](http://ec.europa.eu/enterprise/policies/sme/facts-figures-analysis/performance-review/files/supporting-documents/2012/do-smes-create-more-and-better-jobs_en.pdf)

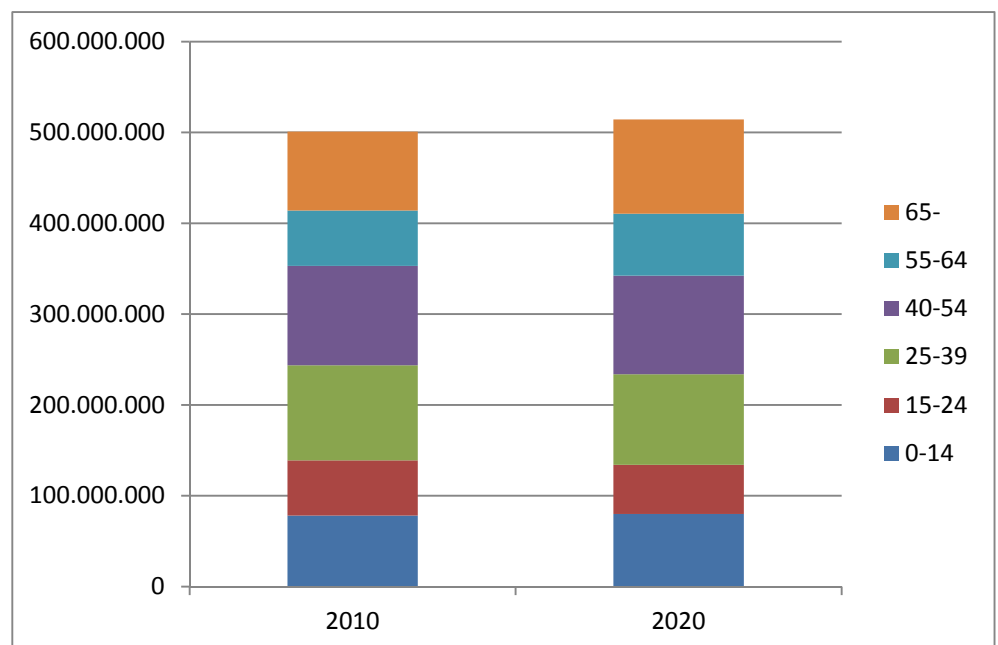
### Demographic change

example, the UEAPME SME Business Climate Index<sup>180</sup> has stabilised itself during the last year and a half after being at a very low level in 2009. Although the present business climate can be said to indicate that uncertainty prevails over confidence.

As emphasized in the next section several occupational and safety issues are age-related, and so it is important in a future strategy to acknowledge that the EU population is ageing. Figure 6-2 shows that this change is drastic within this decade. The proportion of the population above 65 years of age is expected to increase by almost 3 percentage points between 2010 and 2020, while that of the 55-64 will increase by just above 1 percentage point. At the same time, the proportions of younger people, 15-24 and 25-39, are expected to decline by around 1.5 percentage points.

This also means that to reach the Europe 2020 employment rate targets, it will not be sufficient to increase the shares of younger people and women getting a foothold on the labour market. Many additional efforts are needed to retain the older part of the work force on the labour market. This said, efforts to increase the supply of labour have during the present economic crisis been forced somewhat to take a back seat compared with efforts to increase the demand for labour. In other words, focus has been more on job recreation and job retaining rather than on measures to include more people on the labour market and to retain those that are already there.

Figure 6-2 Projections for EU population by age group



Source: Eurostat.

### Climate change

There are also a number of external factors that influence the EU economic outlook and thus also the outlook for labour-market developments. While it would not be

<sup>180</sup> [http://www.ueapme.com/IMG/pdf/120228\\_Barometer\\_2012H1\\_final.pdf](http://www.ueapme.com/IMG/pdf/120228_Barometer_2012H1_final.pdf)

appropriate to discuss the many consequences of the globalisation process here, one of the global issues that receives much attention these days is climate change. A number of studies have looked into the consequences of climate change on the European employment situation.

One study<sup>181</sup> from 2009 concludes from a number of case studies that many businesses have taken measures to improve energy efficiency and to substitute goods and services. For the labour market the impacts have tended to be in relation to skills rather than on actual levels of employment. Hence, there is a widespread need for new skills and a general need for upskilling, met by substantial activity in the introduction of new training programmes, especially in technical competencies.

Similarly, another study<sup>182</sup> from 2007 emphasises that the impact of climate change affects different sectors and different EU Member states differently. For example, the impact will be more negative in southern Europe than in northern Europe. Primary sectors such as agriculture, forestry and fisheries will be affected more severely than others, and the attraction of tourist destinations will change. Hence, since numerous local economies rely on tourism, the impact on employment could be significant at a local level. However, another study by Fallon and Betts<sup>183</sup> suggests that part of the agricultural production in northern Europe actually will benefit from the changes to water resources, while the opposite is the case for southern Europe.

## 6.2 The industrial trends and the social context and their implications for risks (persisting as well as new/emerging)

### 6.2.1 Previous horizon scanning studies

Reports on new and emerging risks in occupational safety and health have been prepared by both ERO<sup>184</sup> and for the European Parliament<sup>185</sup>. Together they provide a sound basis for considering these issues. Since their publication, some drivers have increased in significance, especially those relating to economic issues.

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<http://www.ghkint.com/Services/PublicPolicy/EnergyandClimateChange/TheImpactsofClimateChangeonEuropeanEmployment.aspx>

<sup>182</sup> [http://www.unizar.es/gobierno/consejo\\_social/documents/070201ClimateChange-Employment.pdf](http://www.unizar.es/gobierno/consejo_social/documents/070201ClimateChange-Employment.pdf)

<sup>183</sup> Falloon S, Betts R. Climate impacts on European agriculture and water management in the context of adaptation and mitigation—The importance of an integrated approach. *Science of the Total Environment* 408 (2010) 5667–5687

<sup>184</sup> Outlook 1 – New and emerging risks in occupational safety and health. 2009, EU-OSHA-ERO.

<sup>185</sup> New forms of physical and psychosocial health risks at work. 2008, European Parliament Policy Department, Economic and Scientific Policy. (IP/A/EMPL/FWC/2006-205/C1-SC1)

This has generally served to amplify their likely impact. This chapter is intended to complement their findings and recommendations. Other papers reflecting very similar concerns include the seminar proceedings “Working Environment Challenges for the Future” published by the Danish Work Environment Authority<sup>186</sup>.

### 6.2.2 Continuing risks

Evidence suggests that the downward trend in accident rates, apparent in many MS since before the introduction of the strategy, has continued during the life of the strategy. However, although there is evidence that the focus on the reduction of occupational accidents in the current strategy has met with some success, it is clear that accidents at work remain a significant cause of death and serious injury and should continue to be an element of any new strategy.

The current issues of musculoskeletal disorders and workplace stress will continue to be key factors in workplace health for the immediate future. Although considerable progress has been made in determining risk factors and identifying possible ameliorative measures for these during the period of the last strategy it should not be assumed that further action to address these risks is not required at a community level. Some of the emerging factors identified below, most notably the changing demographics of the workforce and changes in the nature of some work, especially that which has previously been office-based, will require changes in thinking and approach. For example, as described below, there is likely to be a shift of emphasis from the prevention of those musculoskeletal disorders caused by workplace factors to enabling those with age-related disorders to remain in useful employment. Thus, although technically being ‘persisting’ rather than ‘new’ or ‘emerging’ risks, the characteristics of the risks will alter and both issues will remain of importance for any new strategy.

Potential occupational exposures to carcinogens remains an ongoing risk. To some extent, given the long latency between exposure and the development of the disease for some forms of cancer, this can be regarded as a ‘legacy risk’ in that the adverse exposure has already occurred. However, there is evidence that there are some carcinogens for which no occupational exposure limit (OEL) currently exists and others for which the OEL could be reduced, it is estimated that appropriate action could prevent more than 100,000 occupational cancer deaths in the EU-27 over the next 60 years. A recent review concluded that, for many of the key occupational carcinogens there was a need to change attitudes to the potential risks and clearly demonstrate to employers and employees how to reduce the exposures to these agents<sup>187</sup>.

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<sup>186</sup> Working Environment Challenges for the Future: International Expert Seminar Danish Working Environment Authority and Partnership for European Research in Occupational Safety and Health (PEROSH), 2009

<sup>187</sup> Cherrie JW (2009) Reducing occupational exposure to chemical carcinogens. *Occupational Medicine*; 59: 96–100.

### 6.2.3 The impact of the economic situation and demographic change

Both reports acknowledged the key drivers, in particular those of demographic change and the economic situation within the EU-27. These would have considerable impact on the employment picture and, as a result, occupational health and safety risks in the immediate future.

One over-arching area of concern is likely to be reflected in the increased susceptibility and vulnerability of those in micro-businesses and the self-employed, both of which increase in number in times of economic uncertainty and immediately thereafter. For example, concerns have been expressed regarding their exposure to chemical hazards. Similar concerns are likely to emerge in the field of nanomaterials as applications of the technologies involved grow.

There is likely therefore to be an increasing requirement for attention to the health and safety needs of the self-employed and those in micro-businesses.

The ongoing period of economic uncertainty will lead to an increase in the potential impact of factors identified in these reviews such as the job insecurity related to unstable labour markets and precarious contracts. In particular, this is likely to lead to an increase in factors likely to lead to stress or poor mental wellbeing at work, such as:

- Work intensification and high demands at work;
- Violence and harassment at work;
- Disruption of work-life balance.

It is clear therefore that psychosocial risks are likely to remain of particular significance for the immediate future.

### 6.2.4 Vulnerable groups of workers

The period covered by the previous strategy has seen considerable interest in vulnerable groups of workers (e.g. migrant, illegal, and precarious workers) and the current economic environment is likely to see a continuing and increased emphasis on them and their problems, which often reflect their position towards the bottom of the labour market.

Migrant workers in particular have been singled out for emphasis in interviews with a number of EU Institutions (e.g. Eurofound), as well as the ACSH, expressing a view that such employees, especially those who are working illegally, face particular challenges. Data from Norway<sup>188</sup> has shown that the number of immigrant workers is increasing and that they are at a greater risk of occupational accidents than their Norwegian counterparts. It is likely that this pattern will be reflected in other Member States. However, although Eurostat data provides a

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<sup>188</sup> <http://www.eurofound.europa.eu/ewco/2009/07/NO0907019I.htm>



reasonable overview of the official picture relating to both first and second generation migrants<sup>189</sup>, there are concerns that this might give an incomplete picture because of the non-inclusion of illegal migrants.

Demographic pressures to increase the proportion of female and older workers in work will lead to an increased emphasis on their health and safety problems. One aspect not always considered will be the interactions between these pressures and wider social pressures. For example, in some countries a potential conflict can be anticipated between the need to provide care for elderly dependents (a role traditionally met by older females) with pressures to become employed or to remain in employment for longer.

Changing demographics will see an increased emphasis on older workers. A review, published by the United Kingdom-based Institute of Occupational Safety and Health, identified that there were a number of age-related physical and psychological changes with ageing which could have a bearing on health and safety at work. The report concluded that occupational health interventions can reduce the risk of early retirement and sickness absence but that there was a clear need for more in-depth analysis of accidents, rehabilitation and return to work for older workers<sup>190</sup>.

Demographic trends mean that the needs of older workers, in particular older females, will be a priority in the immediate future.

### 6.2.5 The integration of occupational health with wider health issues and health promotion

One theme addressed by this report, which reflects some existing thinking within the EU (section 4.5.1), is the need for better integration of occupational health with wider health issues. This can be seen in the issues of integrating health promotion into the workplace and in developing better procedures for accommodating the health needs and limitations of older workers. In part, this is driven by the growing tendency for what are seen as occupational health problems to actually be multifactorial, with both work and non-work contributory factors. Musculoskeletal disorders and workplace stress are two good examples of this. It is impracticable for examples, to differentiate between public concerns about sedentary lifestyles and a lack of leisure physical activity and the growing recognition of the contribution of sedentary working practices to musculoskeletal symptoms. Similarly, change and uncertainty on the domestic front can be equally as stressful as the same issues in the workplace.

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<sup>189</sup> Migrants in Europe: A statistical portrait of the first and second generation. Eurostat 2011.

<sup>190</sup> The health, safety and health promotion needs of older workers. An evidence-based review and guidance. 2009, IOSH Research Report 09.04.

There is a continuing need for the integration of occupational health into the wider health sphere, encouraging awareness of the potential benefits to both employees and employers of healthy lifestyle choices.

### 6.2.6 Rehabilitation and the accommodation of age-related change

Musculoskeletal disorders are likely to remain a significant issue amongst the EU-27 workforce. However, as well as ongoing efforts aimed at the prevention of injury, attention should also be paid to the better rehabilitation of those with existing or degenerative disorders where efforts will be needed to enable them to remain in productive work. There is clear evidence that some musculoskeletal disorders are part of the inevitable process of age-related degenerative change.

### 6.2.7 Revisions to existing challenges

As stated above (6.2.2) it is anticipated that some health problems and risks of current major concern (e.g. musculoskeletal disorders and workplace stress) will continue to be significant concerns for the immediate future. As well as the influence of demographic change, one contributory element to this is likely to be changes in the nature of some types of work leading to an increased risk potential. Specifically, advances in ICT and pressures to reduce the emissions of greenhouse gases associated with travel will see a growing reliance on homeworking. As a result, unless adequate control measures are introduced, employers will have less control over the workplaces of those using computers for work, with a consequent increased risk of MSDs. In addition, there is a risk that homeworking will tend to increase the isolation of workers<sup>191</sup>, removing traditional avenues of social support from peers etc.

Again, without suitable controls, some risk factors for workplace stress could increase with a concomitant disturbance of work-life balance, although the evidence seems to be mixed, some suggesting a positive outcome from such work with other researchers suggesting more adverse effects<sup>192 193 194</sup>. PEROSH, for example, warn of the risk that the increasing blurring between work and home might result in an increase in mental pressures and a poorer work-life balance<sup>195</sup>.

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<sup>191</sup> Crosbie T, Moore J (2005) Work-life balance and working from home. *Social Policy & Society* 3:3, 223–233

<sup>192</sup> Hill EJ, Miller BC, Weiner SP, Colihan J (1998) Influences of the virtual office on aspects of work and work/life balance. *Personnel Psychology*, 51: 667–683.

<sup>193</sup> Perrons D (2003) The new economy and the work-life balance: conceptual explorations and a case study of new media. *Gender, Work and Organization*. 10: 65-93

<sup>194</sup> Bloom N, Liang J, Roberts J, Ying ZY, (2012) Does working from home work? Evidence from a Chinese experiment. <http://www.stanford.edu/~nbloom/WFH.pdf>

<sup>195</sup> Working environment challenges for the future, 2009, PEROSH.

### 6.2.8 New and emerging risks

In addition to existing challenges there will always be a need for horizon scanning and for the identification of the health and safety challenges of new or emergent technologies. Concerns have already been expressed over areas such as nanomaterials (substances such as nanomolecules and nanofibres as well as nanoparticles); endocrine disruptors and electromagnetic field (EMF) hazards. Related to the latter is likely to be an increasing exposure to this (and other) risks arising from the fragmentation of electricity generation, with a move away from relatively few large-scale generators (using ‘old’ technologies), towards more, smaller centres harnessing sustainable energy resources.

Risks associated with new (green) technologies (such as more employees exposed to EMFs at work) will require a particular focus. The EU-OSHA Foresight initiative on new and emerging risks has identified eight technologies/technological applications where there is a need to explore in more depth the developments of these technologies and how they may create emerging risks to workers’ safety and health.<sup>196</sup>

- > Waste and Recycling Technologies;
- > Green construction Technologies (Buildings);
- > Green transport Technologies;
- > Bioenergy and the energy applications of biotechnology;
- > Green manufacturing Technologies and processes/Robotics and Automation;
- > Electricity Transmission and Storage 1;
- > Electricity Transmission and Storage 2;
- > Wind Energy.

Especially in the more southerly EU member states, global warming will be a particular natural hazard of concern, especially with respect to those who work outdoors, who will be at increased risk from threats such as UV-exposure and heat stress.

The field of nanotechnology provides an example of how the risks associated with a new and emerging technology can be carefully observed and monitored. Current revisions of REACH are understood to be reflecting on how its provisions can be adapted to better accommodate the challenges presented by the unique chemical and biological effects such materials can have. However, care should be taken to avoid any sense of complacency. As nanotechnologies move from innovation to mainstream so the potential for risk will increase and change.

Other emergent technologies such as the wider application of genetic engineering and synthetic biology remain as challenges and no doubt each will present its own hazards and risks. The experiences from building-in risk-assessment as an integral

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<sup>196</sup> EU-OSHA ERO (2011) Foresight of new and emerging risks to occupational safety and health associated with new technologies in green jobs by 2020. Phase II key technologies. (<http://osha.europa.eu/en/publications/reports/foresight-green-jobs-key-technologies>)

part of technological development demonstrated by the work in nanotechnology, shows the way forwards.

It is important, however, to ensure, that current societal trends towards risk-aversion do not result in an adverse technological development environment within the EU and that controls and safeguards are seen to be proportionate rather than detrimental to innovation. Ongoing initiatives in the field of nanotechnology provide a valuable ‘enabling safety model’ for technological development, in maintaining a watching brief on the health and safety implications of new and emerging risks, without unnecessarily stifling the development of those new technologies.

It is noted that many of the issues raised in this section are reflected in the European Research Challenges for occupational safety and health, recently published by PEROSH, including rehabilitation, workplace wellbeing and the multifactorial nature of MSDs<sup>197</sup>.

### 6.3 Policy developments

The EU is currently in a defining phase. The upcoming programming period from 2014 onwards is an important landmark in relation to policy developments in the EU. In addition to being heavily involved in budget negotiations, which will determine the distribution of the EU budget across the different policy areas and programmes, the Commission has been presenting several proposals to reform major policy frameworks, such as the Common Agricultural Policy (CAP), the Common Fisheries Policy (CFP) and the Cohesion Policy (CP). It is against this thriving overarching setting that the future of European occupational health and safety policies will be defined. This section looks in more details at the future development of EU policies that are most relevant to OSH and that should be taken into account in the development of future workers’ health and safety policies at the European level.

#### Europe 2020 and the economic crisis

The adoption of the “Europe 2020” Strategy has set the direction towards which EU’s current and upcoming socio-economic policies should move, including health and safety at work. The objective of reaching 75% employment rate by 2020 very clearly reinforces the need for a better protection of workers’ health and safety. More effective and inclusive protection of the health and the safety of workers ensures, *inter alia*, that:

- Workers stay longer at work and the number of costly early retirement schemes decrease;

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<sup>197</sup> Sustainable workplaces of the future – European Research Challenges for occupational safety and health. Partnership for European Research in Occupational Safety and Health (PEROSH), 2012

- Workers that have been affected by an accident or a long-term disease can return to work after a long absence;
- The most vulnerable categories of workers (low-skilled, temporary, migrants, ageing, etc.) are less affected by occupational accidents and diseases;
- Workers, and in particular women, have fewer difficulties combining their personal and professional life and involuntary part-time work is limited;
- Workers are happier and more productive.

Important aspects of Europe 2020 are the increase in the flexibility of labour markets and the support to job creation through targeted reductions of non-wage labour costs, use of in-work benefits, flexible contractual arrangement and the promotion of lifelong learning.<sup>198</sup> While some of these issues are in line with better OSH protection, in particular the promotion of up-skilling, others, such as flexible contractual arrangements and the increasing recourse to temporary contracts, can have negative impacts on the health and safety of workers.<sup>199</sup>

### **Administrative Burdens and Smart Regulation**

In this particularly difficult economic context, which will keep framing policy developments of the coming years, one issue has emerged that has important consequences for occupational health and safety. The reduction of administrative burdens, in line with the objective of “smart” growth, has been highlighted in many policy documents as a priority to support job creation and economic growth. In particular, the 2007 Action Programme for reducing administrative burdens in the EU has set an objective of a 25% reduction in administrative burdens on companies from existing regulation by 2012.<sup>200</sup>

At the same time, as has already been mentioned in this report, a High Level Group of independent stakeholders on administrative burdens, was constituted. This made recommendations for reductions of administrative burdens in the area of “working environment/employment relations”. In particular, referring to Article 9(1)(a) of the Framework Directive, which lays out the obligation of employers to “be in possession of an assessment of the risks to safety and health at work, including those facing groups of workers exposed to particular risks”, Recommendation 58 of the HLG states that “a redrafted / clarified Article 9 should give the Member States the flexibility to provide for exemptions, in the light of the nature of the activities

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<sup>198</sup> Council of the European Union, EPSCO, Joint Employment Report, 8 March 2011.

<sup>199</sup> Milieu Ltd & OIM, *Occupational Health and Safety Risks for the most Vulnerable Workers*, Study for the European Parliament, IP/A/EMPL/ST/2010-03, August 2011, pp92-99.

<sup>200</sup> European Commission, *Action Programme for Reducing Administrative Burdens in the European Union*, COM(2007) 23 final, Brussels, 24.1.2007

and size of the undertakings, from the obligation to draw up the documents referenced in paragraph 1(a) [of Article 9]”.<sup>201</sup>

More recently, in November 2011, the Commission published a report entitled “Minimizing regulatory burden for SMEs – Adapting EU regulation to the needs of micro-enterprises” in which it highlights the importance of applying the “Think Small First” principle and the SME-test and, most importantly, applying to new legislative proposals the principle that “micro-entities should be excluded from the scope of the proposed legislation unless the proportionality of their being covered can be demonstrated”. Annex 2 of the report lists possible future exemptions or lighter regime for SMEs and micro-enterprises including the “possibility to replace the systematic documentation of risk assessment for micro-enterprises dealing with low risk activities by a proportionate risk-based approach could be examined”.<sup>202</sup>

In response to this report, UEAPME, the European Association of Crafts, Small and Medium Enterprises, published a position paper dated 27 January 2012 highlighting its strong disagreement with the suggestion of exempting micro-enterprises and SMEs from the written risk assessment procedure.<sup>203</sup> While fully supporting simplification of procedures of record keeping, it highlights that the principle of exempting SMEs from obligations goes against the “Think Small First” principle, which states that legislation should be tailored to the needs of SMEs and not apply only to large companies while leaving SMEs in a legislative vacuum at EU level.

Similarly, on 30 June 2010, the European social partners in the construction industry (namely the European Federation of Building and Woodworkers and the European Construction Industry Federation), representing a particularly dangerous sector from an OSH perspective, published a position paper which stated that “the adoption of the recommendations as proposed by the HLG could endanger one of the main EU social policy pillars, namely occupational health and safety”.<sup>204</sup> It criticised in particular the recommendation to exempt certain companies from written risk assessment procedures, explaining that the risk level in small firms in the construction sector is by no means lower than that in larger companies and that, since the construction sector is characterized by firms of different sizes working

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<sup>201</sup> European Commission, Opinion of the High-Level Group, *Subject: Administrative burden reduction; priority area Working environment / Employment relations*, Brussels, 29.05.2009, p13.

<sup>202</sup> European Commission, *Minimizing regulatory burden for SMEs – Adapting EU regulation to the needs of micro-enterprises*, COM(2011) 803 final, Brussels, 23.11.2011

<sup>203</sup> UEAPME, Position Paper, *UEAPME position on the Report from the Commission to the Council and the European Parliament “Minimizing regulatory burden for SMEs – Adapting EU regulation to the needs of micro-enterprises” (COM (2011) 803 final of 23.11.2011)*, Brussels, 27.01.2012

<sup>204</sup> Joint Position Paper of the European Social Partners in the Construction Industry, *On the findings of the High Level Group (HLG) on the Action Programme for reducing Administrative Burdens in the European Union*, COM(2007) 23 final, Brussels, 30.06.2010

together, this distinction would *de facto* mean a discrimination with regard to the right to physical integrity between workers of small and larger companies.

### Coherence with future EU policy agendas

#### Public Health

The links between a European strategy focused on the promotion of health and safety at the workplace and a European policy agenda focused in general on the promotion of better health and well-being should continue to be strengthened in the future. As illustrated in section 6.2, several trends have developed over the past 20 years in the world of work, which have made this link all the more relevant. This emphasizes the need for a holistic policy on workplace health promotion and active ageing, as already highlighted in the current Public Health Strategy 2008-2013.<sup>205</sup>

#### Environment

The Commission is currently preparing its proposal for a 7th Environment Action Programme (EAP), building on the conclusions of the final assessment of the 6th EAP. The latter mentions the links between the 6th EAP and health policies but not specifically occupational health. The 7th EAP is currently in consultation stage and its main components are described in the consultation paper publicly available for comments.<sup>206</sup> The first commitment of the upcoming 7th EAP is the improvement of implementation of the extensive legislation corpus in the field of environment protection and, as part of this, improving enforcement mechanisms, such as inspections. As with REACH inspections, the coordination of different inspection services is an area where the synergies between OSH and environmental policies should be exploited.

Another major aspect of the 7th EAP is the improvement of health and well-being through a better environment. It highlights the importance of the proper implementation of the REACH regulation and the regulation on classification, labelling and packaging of substances and mixtures (CLP) for the risk management of intentionally produced chemical substances as well as concerns related to nanomaterials, endocrine disruptors and multiple exposures. The emphasis on these issues reinforces the opinion that links to environmental protection policies, in particular REACH, should be strengthened in future EU OSH policies.

#### Research

The next EU Framework Programme for Research and Innovation, to follow FP 7, will be the Horizon 2020 programme.<sup>207</sup> It is inscribed in the Europe 2020 agenda as it is the main instrument to implement the Innovation Union flagship initiative. It will run from 2014 to 2020 with an €80 billion budget, including €31.7 billion for the third pillar, Better Society, which will address *inter alia* issues related to an ageing population, health and well-being and inclusive societies. Workers' health and safety could also be addressed through the second pillar, Competitive Industries, which will look *inter alia* at Key Enabling Technologies (e.g.

<sup>205</sup> European Commission, *White Paper – Together for Health: A Strategic Approach for the EU 2008-2013*, COM(2007) 630 final, Brussels, 23.10.2007

<sup>206</sup> European Commission, Consultation document, *EU environment policy priorities for 2020: Towards the seventh EU Environment Action Programme*.

<sup>207</sup> European Commission, DG Research & Innovation, Horizon 2020 website: [http://ec.europa.eu/research/horizon2020/index\\_en.cfm?pg=home](http://ec.europa.eu/research/horizon2020/index_en.cfm?pg=home) (last visited 22.05.2012)



nanotechnologies, biotechnologies). Whether it will address issues of exposure of workers to potential risks from these emerging technologies is not clear, as the programming of Horizon 2020 is still at an early stage of development.

#### Other policy areas

**Agriculture:** Respecting, where relevant, occupational safety standards based on Union legislation, is one of the non-exclusive conditions for benefiting from advisory services in the 2011 Proposal for a regulation on support for rural development by the European Agricultural Fund for Rural Development (EAFRD). In relation to the Common Agriculture Policy and its upcoming reform in 2013, the Commission Communication “The CAP towards 2020: Meeting the food, natural resources and territorial challenges of the future” puts forward the need to revitalize job creation, in particular among women, in order to maintain viable rural communities but does not mention the improvement of working conditions for farm workers.<sup>208</sup>

**Common Fisheries Policy:** following its upcoming reform in 2012, the future Common Fisheries Policy will be composed of three pillars: Environmental, Economic and Social. The last pillar includes a component on making work on board fishing vessels more attractive by ensuring the full enforcement of legislation and conventions and ensuring a healthy and safe work environment. OSH protection measures on board vessels are particularly important as fisheries remain a high-risk sector.

**Regional policy:** Under the next programming cycle, the various European funds, including the Cohesion Fund and the European Social Fund, will be integrated into a Common Strategic Framework 2014-2020. It has been designed in line with EU 2020 goals and is divided into 11 thematic objectives, including the following, relevant for OSH issues: Employment & supporting labour mobility; Social inclusion & combating poverty; Education, skills & lifelong learning and Competitiveness of Small and Medium-sized Enterprises. In particular, under the objective “Promoting employment and labour mobility”, the European Social Fund is programmed to encourage Member States to implement “innovative, more productive and greener ways of work organisation, including health and safety at work” as well as measures against health risk factors.<sup>209</sup> It should also be noted that, in the 2012 Commission proposal for a Regulation on the European Social Fund,<sup>210</sup> a greater emphasis is placed on promoting active and healthy ageing.

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<sup>208</sup> European Commission, Communication, *The CAP towards 2020: Meeting the food, natural resources and territorial challenges of the future*, COM(2010) 672 final, Brussels, 18.11.2010

<sup>209</sup> Commission Staff Working Document, *Elements for a Common Strategic Framework 2014 to 2020, Part II, Annexes*, SWD(2012) 61 final, Brussels, 14 March 2012, p27

<sup>210</sup> Proposal for a Regulation of the European Parliament and of the Council on the European Social Fund, COM(2011) 607 final/2



## ACSH and SLIC views

### 6.4 Stakeholders' views on future priorities

In December 2011, the Advisory Committee on Safety and Health at Work adopted an Opinion on “Community Strategy Implementation and Advisory Committee Action Programme” in which it provides its recommendations for a new European Strategy on safety and health at work for the period 2013-2020. It should be mentioned that the Employers group in the ACSH annexed a separate position to the Opinion, showing that consensus among the stakeholder groups composing the ACSH has not been fully reached. The main concern of the Employer group relates to the need to prioritise among the different issues listed in the ACSH Opinion.

The ACSH Opinion provides a list of issues to be considered when elaborating a future EU strategy on workers' health and safety. These issues can be grouped into four categories:

- *General policy context*, taking into account the EU 2020 agenda, the necessity to create more jobs and of a better quality, an emphasis on the contribution of investing in OSH for competitiveness, the establishment of a preventive culture but also the identification of the health-enhancing factors of work.
- *Definition of main objectives*, including the achievement by 2020 of the same level of protection offered by the Framework Directive to all workers in all Member States, the continuous improvement the health and the quality of work of EU workers; the integration of gender-specific differences; the prioritisation of prevention over rehabilitation and rehabilitation over leaving the labour market; and the setting of quantitative targets at national level (where appropriate) on the reduction of work-related accidents, diseases and dangerous exposures.
- *Prioritisation of the main health and safety issues*, including MSDs, work-related psychosocial risks, work-related cancers, nanomaterials, and vulnerable workers; and prioritisation of the main risk management measures including high-quality risk assessment, organisational changes in companies to prevent occupational accidents and diseases, enhancement of social dialogue and workers' participation, better regulation and adequate resources for labour inspectorates for more effective enforcement.
- *Determination of appropriate tools and instruments for the implementation of the Strategy* such as the continued improvement of national strategies; strengthened policy coherence (in particular in relation to public health, REACH, research and education); the coordination of initiatives between EU OSH actors; the enhancement of tripartite consultations and of the European social dialogue; the definition of monitoring tools, common European indicators; and the use of scoreboards and action plans.

On 9 February 2012, the Senior Labour Inspectorate Committee submitted its “EU Strategic priorities 2013-2020” aiming at setting the SLIC's views on future priorities but also on the activities it could carry out to contribute to a European

Strategy 2013-2020. Similar issues as those presented in the ACSH opinion are listed in the SLIC's submission. However, they differ in a few important points:

- *Socio-economic and policy issues:* the SLIC puts more emphasis on demographic changes (for instance in relation to illegal work) and on vulnerable workers. More importantly, it dedicates an important part of its analysis to the specific needs of SMEs and, stemming from that, to the necessity of simplifying the EU OSH legislation in view of improving compliance. It also emphasises the usefulness of exchanges of best practices among Member States.
- *Priority health issues:* it prioritises health issues by considering those that are currently the most common reasons for working days lost and early retirement and also taking into account the multi-factorial causes of certain health and safety problems. Priority health issues include MSDs, occupational cancers and chronic conditions, and work-related psychosocial risks.
- *Principles and characteristics of a new strategy:* not unlike the ACSH, the SLIC also provides its opinion on the overall format of a future strategy and its main point is that a strategy should reflect broad aims setting an overall direction rather than specifying in details what each actor should do. Clear success indicators that can be monitored should be applied to the general objectives defined but then Member States should have the flexibility to set their own measures and targets to reach these broad goals.

Both the ACSH and the SLIC papers reflect the opinion that a full strategy on health and safety at work is necessary to ensure continuity with the current European Strategy and consistency of EU OSH policies. The SLIC adds that a narrower programme than a strategy would “convey an intention to downgrade OSH”.

## Relevance

This major concern, related to the uncertainty on the future of EU OSH Strategies, was reported by a large majority of stakeholders interviewed at EU level, as well as by a certain number of Member State stakeholders. As observed in Table 6-1, almost 85% of respondents have given a score of 4 or above to the question of the relevance of a future strategy on workers' health and safety meaning that an overwhelming majority of national stakeholders interviewed believe that a future strategy would be highly relevant.

Table 6-1 *MS stakeholders' responses to the question: Looking to the future is it relevant to continue to have a European strategy?*

Score	1 (not at all)	2	3	4	5 (high extent)	Do not know
Total replies	1	1	6	24	66	6

Note: 1=not at all, 3=to some extent, 5=to a high extent, n=104

Similarly, almost all EU stakeholders stated that a future strategy on health and safety at work would be very relevant to create continuity and ensure visibility to

the topic. The other stakeholders did not oppose a future strategy but simply did not comment on this question. In particular, several arguments were developed to justify the need for a future strategy on workers' health and safety at EU level:

- In view of the Europe 2020 objective of 75% employment by 2020, it is extremely important to invest in workers' health and safety as it will ensure that workers will be able stay at work longer or will be able to reintegrate work after a long-term disease or an accident;
- In times of economic crisis and high unemployment, investing in workers' health and safety will ensure that the EU will keep a competitive advantage over its global competitors as European workers will be more productive;
- In times of economic crisis and high public debt, investing in workers' health and safety will ensure a reduction of public health costs;

#### Future priorities

In terms of the future priorities that they would like to see included in a future European Strategy on health and safety at work, EU stakeholders have brought up a variety of topics:

- Many EU-level stakeholders have highlighted the need to put a strong emphasis on the specific needs of **SMEs** in a future strategy dedicated to workers' health and safety. In particular, the lack of economies of scale and the need for financial support and for simple and practical tools to implement EU OSH requirements have been put forward.
- The issue of **demographic changes** has been highlighted as an important factor in the development of a future strategy on workers' health and safety. It ties in with the Europe 2020 objective of increasing ageing workers' employment and the necessary adaptations to working conditions to ensure this. It also links to other demographic evolutions such as the increase of migrant workers and the issue of the working conditions of illegal workers and the increasing participation of women and the specific OSH risks to which they are exposed. In general, the question of "vulnerable" categories of workers should be central to a new OSH strategy.
- The links with the **European Social Dialogue** and in particular with the European sectoral social dialogue should be strongly highlighted as they have repeatedly proven to be an effective solution to address technical OSH problems that concern only a small proportion of workers. In general, a future OSH strategy should address more the differences between economic sectors and the types of OSH issues by sectors.
- The question of **enforcement** of EU OSH legislation deserves a more central role in a future strategy as it ties in with the objective of improving implementation of EU legislation. The issue of the lack of resources of labour inspectorates should be mentioned as it is a key factor in the debate about their role and the development of synergies with other inspectorate bodies (and in particular REACH, but also fisheries and environmental policy in general).
- With regard to specific **occupational health issues**, a stronger emphasis should be placed on occupational diseases, and in particular cancers, as they

affect many more workers than occupational accidents. A fair balance should be stricken between research on the emergence of new risks (e.g. Green and Blue Economy) and research on prevention from more traditional but more common risks. Finally, the issue of the increasingly blurred frontier between the development of health problems within and outside the work place was also mentioned as deserving attention.

- Links to other **EU policy areas** should be made stronger and in particular public health and the general agenda of workplace health promotion, environmental policy, with a particular emphasis on REACH and education and training policies, in order to reinforce promotion of a preventive culture from an early age and throughout working life.
- Strengthening the collection of sound **statistical data** on occupational accidents, occupational diseases and exposures patterns has been mentioned as a key instrument to reach any type of objective of reduction of these three elements.

In addition to these, some stakeholders have also emphasized that it is important that those issues that have not been dealt with during the past cycle, such as subcontracting, self-employed workers and external preventive services, remain on the agenda for the next OSH policy cycle and are not forgotten.

## 6.5 Summary of findings

The current economic situation and outlook for the immediate future is likely to create additional pressures on the financial viability of businesses and consequently on employment. This places extra strain on occupational health and safety which is seen by many as an expense to the business rather than adding value. Initiatives to illustrate and promote the financial benefits of good health and safety will potentially therefore be of considerable value.

Although there is evidence for a downward trend in accidents at work across the majority of MS there are no grounds for complacency. Again, many of the risks are known and the deaths and serious injuries arising from accidents at work are preventable in many instances, given suitable action.

In addition to financial pressures, the economic situation will result in increasing psychosocial pressures including high demands at work, and the disruption of work-life balance. These changes are likely to result in an increase in stress-related illness or poor mental well-being. Attention to psychosocial risks in the workplace will therefore be of continuing and growing importance.

Current ongoing major health concerns such as MSDs and stress are likely to continue for the foreseeable duration of any new strategy. Both are matters of some debate, in that both can be related more to non-work than work-related factors. Debate continues as to the extent to which either can be defined as occupational diseases. However, disorders such as back problems related to excessive manual handling at work and those attributable to age-related

degenerative change are equally debilitating and provide a clear direction towards the integration of occupational health with wider health promotion and management programmes.

This will become of increasing importance with the progressive aging of the working population, due both to demographic change and to economic constraints requiring older employees to remain at work. Specific actions relating to rehabilitating those with chronic ill-health will therefore develop an increasing degree of priority. Further financial pressures will be encountered relating to the cost of supporting those unable to continue at work due to chronic health problems.

An additional ongoing risk is that of occupational cancer. There is evidence that appropriate action could prevent a considerable proportion of deaths from this cause. In many instances, the risks are known, but better awareness and appropriate action needs to be promoted and acted upon.

In relation to the policy framework, the “Europe 2020” strategy and priorities for a “smart, sustainable and inclusive growth”, launched in March 2010, have become the driving force behind the adoption or revision of any EU policy. European policies should all relate to Europe 2020’s objectives and for occupational health and safety, this includes improving working conditions and well-being at work in order to ensure that people stay at work longer and are more productive or that more people access the job market. Any future OSH strategy or policy will thus need to have a clear focus on the objectives of Europe 2020.

Coherence with other EU policies (such as employment, public health, environment, research, etc.) will also be facilitated through this common framework and there are important inter-linkages to these policy areas, which need to be reflected into a new European OSH strategy, notably in relation to public health and REACH. As the new programming and budgeting cycle for the period 2014-2020 is under preparation, there is currently an opportunity for actively seeking to enhance the links between the policy areas and to mainstream OSH policy into other key policy areas.

The question of administrative burdens is another issue that will keep growing on the policy agenda. This relates in particular to the possibility of helping SMEs and micro-enterprises better implement OSH legislation by reducing their administrative requirements and the application of the “think small first” principle when developing new or revising legislation to ensure that these companies are able to actually implement the legal requirements. However, it is equally important to ensure that SMEs and micro-enterprises are fully integrated into the regulatory framework to the same extent as larger enterprises and that they are not left in a regulatory vacuum which would lead to a deterioration of working conditions for their workers.

Stakeholders’ views on priorities for the upcoming 2013-2020 policy cycle, at both EU and MS level, fully reflect this necessity to focus on Europe 2020 goals as well as put a stronger emphasis on the needs of SMEs.

## 7 Conclusions and recommendations

This chapter presents the conclusions and recommendations drawn from the data collected and the analysis conducted and presented in chapters 4-6.

### 7.1 Conclusions

The conclusions are structured according to the evaluation criteria to be assessed, i.e. relevance, effectiveness, impact, coherence, ownership, consistency and community added value.

#### 7.1.1 Relevance

Q1: To which extent were the objectives of the strategy chosen adequately?

Q2: To which extent are the objectives still relevant for future policy instruments - and how should they be revised?

Q6: What are the main lessons learned and which priorities should be taken into account in the development of future policy instruments?

#### **Relevance of current strategy**

The evidence presented in this report shows that the current strategy has been highly relevant.

#### Issues and problems to be addressed

There were (and continue to be) important problems and issues regarding OSH across the EU, which need to be addressed. Even though the period preceding the strategy saw a considerable decrease in the incidence of accidents at work in the EU-15, this was still a cause for concern during the period of the strategy (in some countries more than in others). In relation to occupational diseases, there is limited harmonised EU-wide data. However, the available data shows that occupational diseases have remained a significant problem. In particular MSDs and psychosocial illnesses (stress) stand out as major areas of in-going concern. Recent authoritative reports have also identified the potential burden of occupational cancers, a significant proportion of which are deemed to be preventable with appropriate action.

The benefits of OSH policy	Studies have shown that the potential benefits of OSH regulation are significant and that well-planned and systematically carried out OSH measures can create a significant return on investment. This underlines the relevance to the wider EU community of policy measures in the field of occupational health and safety.
Coordination of actors and actions involved	The policy area of OSH is complex with many issues and actors involved - at the European and the Member State levels. Hence, even though some actions would have been implemented in the absence of a European strategy, the relevance of the strategy is particularly strong in providing a firm policy basis for action and in facilitating the coordination of the actions taken by the many stakeholders involved. The merit of a strategy lies especially in providing a framework for coordination, and a common sense of direction. However, there remains room for improvements to the integration and coordination between policy areas and the actors involved, at both European and Member State level.
Strong confirmation of relevance from involved actors	All the stakeholders consulted for this evaluation have strongly confirmed the relevance of the European strategy - even when they did not agree fully with all of the content of the strategy.
Overall goals and targets	<p><b>Relevance of current objectives</b></p> <p>The relevance of the overall goals of seeking a reduction in occupational accidents and diseases is undisputable. Any OSH policy intervention would be carried out with these objectives in mind.</p> <p>The strategy aimed for a 25% reduction in the incidence of work related accidents. The positive effect of having a quantitative target has been the resultant communication value and visibility of the target and the strategy. Also, in countries where occupational accidents were a major cause for concern, the European strategy has helped those Member States to have a clear focus on measures to bring down the incidence rate of occupational accidents.</p> <p>In countries where measures for controlling work-related accidents have been effectively implemented prior to the strategy, the relevance of this quantitative target has been much lower. The relevance of the quantitative target on accidents is also limited by the difficulties in establishing a baseline and measuring progress due to the significant time lag in the availability of European level data on standard incidence rates of accidents.</p> <p>The fact that, when it came to occupational diseases, there was no similar quantitative target, has to some extent diverted attention from this important area.</p>
Objectives	<p>The strategy focused on six objectives (or priority areas): Improvement and better implementation of OSH legislation, national OSH strategies, promotion of a preventive culture, confronting new and increasing risks, monitoring/assessment of progress made, and international cooperation. The evaluation shows that these have been relevant, with some more relevant than others.</p> <p>➤ The importance of focusing on national strategies has been confirmed by the evaluation. The need for flexibility, and consultation with national social</p>



partners about targets and objectives, has also been emphasised by national stakeholders. The European strategy has given important inspiration to the development of national strategies and, for some countries, national strategies would not have been developed to their current level if the European strategy had not existed.

- The focus on the better implementation of community legislation, awareness raising and the promotion of a preventive culture is considered essential by all stakeholders. The available data indicates that implementation of the OSH legal framework has been - and continues to be - a challenge in many Member States and it is therefore relevant to address this. SMEs face particular challenges. The current strategy have addressed these only to a more limited extent.

### **Relevance of a new European OSH strategy**

The evaluation confirms the relevance of continued policy action in the area of OSH at the EU level. A new strategy or other policy instruments is relevant, mainly for the same reasons as those put forward above regarding the relevance of the existing strategy. In addition, the evaluation points to the following rationale for continued policy action:

Continued need to address occupational accidents and diseases...

Although there is a scarcity of recent data on the incidence of occupational accidents and diseases, the available data does indicate that, while a further reduction in the incidence of occupational accidents might have been achieved during the period of the current strategy, the problem still persists. Furthermore, and most importantly, the data indicates that problems associated with occupational diseases have not diminished during the period of the strategy.

Current ongoing major health concerns such as occupational cancers, MSDs and stress, as well as accidents and injuries at work, are likely to remain significant issues for the foreseeable future. MSDs and stress are, and are likely to remain, the most common causes of sickness absence. Both MSDs and stress can be related to both non-work and work-related factors. Debate continues as to the extent to which either can be defined as occupational diseases.

The contribution of age-related degenerative change will cause problems related to MSDs to continue. Disorders such as back problems related to excessive manual handling at work and those attributable to age-related degenerative change are equally debilitating and provide a clear direction towards a need for the increased integration of occupational health with wider health promotion and management programmes.

In relation to stress at work, the economic situation will result in increasing psychosocial pressures including high demands at work, and the disruption of work-life balance. These changes are likely to result in an increase in stress-related illness or poor mental well-being. Attention to psychosocial risks in the workplace will therefore be of continuing and growing importance.



...further underlined by the financial crisis...

The consequences of the financial crisis that started in 2008 have been considerable, resulting in widespread job-shedding; a significant rise in unemployment; and extra challenges for the occupational health and safety of European workers.

In such a situation, there is a natural - and relevant - focus on measures to reduce costs and to spur economic growth. The EU2020 agenda, and the initiatives for reducing administrative burdens, are key parts of the EU policy response to the crisis. EU2020, the push for fiscal austerity and the smart regulation agendas are elements which frame the development of new policy on OSH. Whereas the current strategy built its rationale very much on a safety perspective, there is now an increased emphasis on the economic perspective.

There is evidence to support the argument that OSH policy (both at the societal and individual company level) can create benefits which exceed the costs. This underlines the significance of seeing OSH policy initiatives as a positive and obvious ingredient in policies aimed at ensuring competitiveness, productiveness and growth and of designing new OSH policy instruments to be focused and cost-efficient in terms of contributing to the EU2020 objectives.

... and the need to address challenges of demographic pressures

The demographics of our societies in the EU are changing. The EU population is aging, which increases the need for measures to retain workers in the workplace. These are common challenges faced by all Member States and OSH policy is a natural part of the answer to this challenge. Healthier workers are able to work longer and healthier, safer work places provide for healthier workers.

Addressing new risks

In addition to existing challenges there is also a continuing need for horizon scanning and for the identification of the health and safety challenges of new or emergent technologies. Concerns have already been expressed over areas such as nanomaterials (substances such as nanomolecules and nanofibres as well as nanoparticles); endocrine disruptors and electromagnetic field (EMF) hazards. Related to the latter is likely to be an increasing exposure to this (and other) risks arising from the fragmentation of electricity generation, with a move away from relatively few large-scale generators (using 'old' technologies), towards more, smaller centres harnessing sustainable energy resources.

The need to address the implementation challenges

The EU legislative framework provides for minimum standards of occupational health and safety across the Member States. It is open to individual Member States to require higher standards, depending upon national priorities and requirements and many do so in specific areas. Reports on implementation of the OSH Directives as well as other data reported in this evaluation point to the challenges associated with the implementation of the legal framework. In particular, it is widely accepted that compliance with OHS requirements present particular challenges to SMEs. The risks they face in given situations are often shared with larger-scale employers, but they frequently lack the level and depth of expertise in respect of occupational health and safety.

Through the objectives aiming at better implementation, promotion of a preventive culture and risk prevention, the current strategy has contributed to addressing these challenges. However, there are still significant shortcomings and, especially, the

particular circumstances and difficulties faced by SMEs and micro-enterprises have not been systematically addressed. Considering also that individuals employed by SMEs and micro-enterprises form a significant proportion of the workforces in Member States, there is a need therefore to continue and step up efforts in this area. This ties in with the EU policy focus of addressing administrative burdens and the need to revise and develop the legal framework with a point of departure in the needs and circumstances of SMEs (the “think small first” principle). A new European strategy will provide a policy framework for action in this area, which requires a coordinated effort by EU and Member State actors.

Stakeholders strongly confirm the relevance of a new strategy

Stakeholders emphasise the high relevance and importance of devising a new strategy. It is a widely held view that not having such a strategy would send an adverse policy signal, suggesting that OSH is a low priority. Stakeholders emphasise in particular that this would be a missed opportunity in terms of gaining the possible benefits from good health and safety, which are needed to help realise EU2020 objectives.

### 7.1.2 Effectiveness

Q3: What are the outputs of the strategy at Member State level in relation to the objectives put forward by the strategy?

Q4: What are the outputs/achievements of the strategy at EU level in relation to the objectives put forward by the strategy?

Q5: To what extent have the objectives been addressed during the period 2007-2012?

Many actions taken but there is room for improvement

Despite challenging socio-economic conditions throughout the strategy period, the overall assessment shows that action has been taken under all of the six priorities mentioned in the strategy and that important outputs and outcomes have been achieved, especially in relation to national strategies and the promotion of a preventive culture. However, there are also gaps in implementation. Primary concerns relate to the outreach of the activities to the level of the individual companies, especially SMEs. Although important preparatory work has been carried out in the areas of the anticipation of risks and of EU-wide monitoring of OSH, little actual progress has been made in terms of enhancing the regulatory framework, while also ensuring that it does not pose an unnecessary administrative burden.

Below, key achievements and shortcomings are summarised for each of the six objectives in the strategy.

Objective 1:  
Legislation

Almost all planned actions have been implemented and the Commission, the ACSH and SLIC have been active with drafting supporting guidance; exchanges of best practices; and preparing the development or revision of legislation. However, the guidance produced has not been sufficiently disseminated and is not sufficiently targeted at SMEs. In addition, in terms of the updating and simplification of the regulatory framework, little substantive progress has been made and two outstanding gaps remain in relation to the issues of subcontracting and preventive services.

Objective 2: National strategies	<p>Almost all Member States now have a national strategy or a similar instrument and this area has reached a stage of maturity. Member States are generally actively working in the area and implementing their strategies. However, implementation is progressing at a slow pace in some countries and this indicates that future activities at the EU level in this area should not focus on establishment of strategies, but rather their implementation. The priorities emphasised in the European strategy are generally reflected in the national strategies, with the exception of those related to the health surveillance of workers. It has been found that national strategies have been developed with inspiration from the European strategy and its priorities, but adapted to the national context and key priority areas. This is in line with the intentions of the European strategy, which specifically states that the national strategies should be defined on the basis of a detailed evaluation of the national situation.</p>
Objective 3: Prevention	<p>Several campaigns at European level have been successfully implemented through EU-OSHA. A risk-assessment tool for SMEs (OiRA) has been developed and information on this has been disseminated. It is now being used in several countries. However, knowledge of the actual take-up of EU-OSHA information and tools for risk assessment and management at national and company level is insufficient and this gives rise to concerns that these are not being used to their full potential. The ACSH and the Commission have not taken action in relation to mainstreaming of the OSH into training programmes as foreseen by the strategy.</p> <p>Member States are working to integrate OSH into their education and training programmes, but this has not been a primary concern for them and there has been limited use of the financing opportunities offered through the EU's Social Fund.</p>
Objective 4: New and increasing risks	<p>Reports on new and emerging risks were produced and disseminated. The OiRA tool and risk assessment tools at national level have been developed and implemented. However, as also indicated under objective 1, the knowledge produced has not led to any new or revised regulatory actions on how to address these risks.</p>
Objective 5: Monitoring	<p>The collection and collation of European-wide statistical data on occupational accidents was enabled through the establishment of common statistical methods by way of the Regulation on statistics on accidents at work (1338/2008) and its implementing Regulation (349/2011). However, there has been little progress with respect to arriving at common statistical methods for occupational diseases although a report on the current situation in the EU Member States and EFTA/EEA countries was produced and provides a good basis for additional activities in this methodologically challenging area. The strategy did not mention the work of EU-OSHA in relation to the ESENER survey or that of Eurofound in relation to the EWCS survey.</p>
Objective 6: International cooperation	<p>The Commission has been quite active in the area of the international promotion of OSH. Cooperation with ILO has been stepped up through various projects related to ILO's Decent Work Agenda. Bilateral cooperation with candidate countries, neighbouring countries and major economic partners has also yielded positive results. However, no substantive progress has been made on the key issue of</p>

obtaining a global ban on the use of asbestos, or on improving the comparability of data on accidents.

### 7.1.3 Impact

Q9: What were the effects generated from the actions taken by Member States and at the EU level as a result of the European strategy?

#### Lack of data

Due to lack of data, it is not currently possible to establish the extent to which the goal of achieving a 25% reduction in the incidence of occupational accidents has been achieved. Based on the available data, it seems likely that a reduction will have been achieved, but the extent of that reduction cannot yet be assessed. With respect to work related diseases, the limited data available suggests that the goal of a reduction in the incidence has not been achieved.

Even when data does become available, the question will remain to what extent any overall change in the incidence of occupational accidents and diseases can be ascribed, directly or indirectly, to the European strategy. It is well known that the number of accidents at work and the number of occupational illnesses are influenced by many factors other than those covered by the strategy. Also, the causal relationships between different actions, outcomes and impacts are complex and interlinked.

It is therefore not possible within the framework of this evaluation to establish conclusions on the impact of the European strategy on the level of work-related accidents and diseases.

#### Intermediate impacts

As a way to approach the question of impact, the evaluation has considered intermediate impacts, which could contribute towards the wider impacts of reducing the incidence of work related accidents and diseases. Achieving such developments is essentially about changing behavioural patterns at the level of the individual companies and their managers and the individual workers involved. National authorities and inspectorates are important intermediaries in the process when seen from the European perspective as are the employers and workers organisations.

The evaluation has in this context sought to address the following key questions:

- Did the implementation of the strategy lead to a better implementation of the OSH Directives?
- Did the implementation of the strategy lead to a higher degree of awareness of the OSH regulation and the value of implementing instruments for better OSH management?
- Did the implementation of the strategy lead to a better understanding of the risks to be addressed and to the appropriate policy answers in terms of regulation or other instruments to address these risks?

### Impact on better implementation

The data on the detailed implementation of the OSH Directives in the Member States is scarce. The existing data suggests that implementation is a challenge - in particular for SMEs. The strategy sought to address this by focusing on guides to implementation of the Directives, addressing specific challenges in the areas of sub-contracting and prevention services and focusing on adaptation and simplification of the legal framework. The guides to implementation of Directives have had a marginal impact as there has been a lack of their dissemination. In addition, as they are very complex their direct applicability in the companies having to implement the legal requirements can be questioned. There was very limited activity in the areas of prevention services and sub-contracting, which also led to a very marginal impact. The same conclusion applies to the area of simplification of legislation.

On the positive side, the strategy has influenced the policy framework in several Member States and served as an important inspiration for Member States in promoting OSH objectives. In those countries with more fragmented OSH structures and actions, the European strategy has been an effective instrument in improving these and moving these Member States closer to the more advanced countries. Notwithstanding, implementation varies, with some Member States being more effective than others. There are thus strong indications in the data that the European strategy led to action at the national level (through national strategies), which would not otherwise have been taken, and that this led to a better implementation of OSH regulation.

The strategy has also provided an impetus towards a useful on-going dialogue between EU-OSHA, SLIC and ACSH, which has provided for key resource persons to exchange experiences and to improve their basis and capacity to support prevention and the implementation of legislation in the context of their own national systems. During interviews, a number of national stakeholders have emphasised the role of the European strategy in relation to ensuring a level playing-field and the functioning of the internal market in the EU. They consider that the strategy has contributed to a more harmonised implementation of OSH requirements.

The comprehensive evaluation of the OSH Directives, to be undertaken in 2013-2014, will provide more detailed insights into the challenges faced by the Member States and the individual actors in implementing the legal framework. The results of this evaluation should feed into the planning of activities to be undertaken under a new strategy.

In respect to instruments to address implementation challenges, the possibilities of applying economic instruments did not receive much attention under the current strategy. During the period of the current strategy the evidence supporting the argument that investments in OSH create positive returns has been significantly strengthened. This indicates that economic instruments constitute a relevant instrument to apply in OSH policy and this calls for future action, e.g. dialogue and exchange of experience among the Member States on this subject.

### Impact on awareness

EU-OSHA has undertaken a range of initiatives, in particular the Healthy Workplaces campaign, which have been implemented with the active participation

of their network in the Member States. The data indicates that these activities have had important impacts on the level of awareness and on actions taken at the local level in the Member States. The outreach of the awareness activities undertaken seems to have improved over the years. However, there is limited data on this together with indications that there is scope for further improvement.

Also, as part of the effort undertaken as a consequence of their national strategies, the Member States have targeted awareness and the data from interviews with national stakeholders indicates that the level of awareness has improved.

Activities of EU-OSHA and Member States have targeted in particular high risk sectors and SMEs. However, it is not possible to quantify the extent of awareness impact in terms of number of companies reached within specific sectors per country or similar outcome measures.

Impact on understanding of risks and policy responses

Activities to study risks have had an impact in terms of providing additional knowledge on new and emerging risks as well as better data in relation to known risks. However, there is still a lack of up-to-date European-level data on levels of risk exposure and incidence rates of work-related accidents and diseases, which therefore provides a weak basis for European policy-making. Little actual action has been taken in terms of adaptation of the legal framework - and thus, it is assessed that no impact has been achieved in this area.

Impact has been achieved but cannot be quantified

The above analysis shows that intermediate impacts have been achieved and it is reasonable to assume that these impacts have also had a positive influence on the level of occupational accidents and illnesses. However, it is not possible to establish the extent of this impact.

Economic impacts

Studies indicate that OSH regulations place administrative burdens on enterprises and that these burdens load enterprises economically, but that the costs of accidents at work and occupational illnesses, which the regulations are aimed at preventing, are much higher. In addition, OSH measures which are well-planned and systematically carried out can be investments which pay off in economic terms, both to the individual enterprise and to the wider society. OSH regulation supported by incentive schemes can encourage proper OSH measures with an economic return which outweighs the costs. Given the large body of data on the costs and benefits of OSH regulation and measures, it seems reasonable to assume that the European strategy has also given rise to positive economic benefits. However, only a proper cost-benefit assessment can analyse the extent of this impact and whether it is proportionate to the costs of developing and implementing the strategy.

#### 7.1.4 Coherence

Q7: To what extent are the actions promoted by the strategy coherent and correspondent to a non-contradictory intervention logic? If they are not, why?

The analysis of the intervention logic shows that there are no major contradictions in the design of the strategy. The six priority areas or objectives are supportive of the overall goals. The specific actions listed under the six priority areas are

supportive of the intermediate objectives inherent in the priority areas. However, there are several areas where the coherence of the strategy can be questioned:

- The strategy does not present a full logical chain of expected actions, results, outcomes, and impacts, as the focus is more on objectives and actions and less on the steps in between.
- The links and hierarchy of the six objectives and the areas of action presented under each objective are not clear in all cases. Some areas of action are mentioned under several objectives, e.g. healthy work places.
- Several of the six objectives can be viewed as measures rather than objectives (for example 'a modern and effective legislative framework' or 'international cooperation' are not ends in themselves but means to achieve specific objectives). While they may be relevant as elements of a strategy, putting them at the forefront creates an undue focus on these measures as being objectives in their own right.
- The strategy does not clearly state the indicators by which success is to be assessed and it is not accompanied by an action-planning framework. Rather, it contains many specific actions, which seems inappropriate for a strategy spanning a period of 5-6 years.

In conclusion, there are no major inconsistencies, but there are ambiguities and a future strategy would benefit from a more streamlined and consistent framework, building on an intervention logic format.

### 7.1.5 Ownership

Q8: To what extent did the stakeholders, in particular EU and national social partners, accept the strategy and felt involved in its implementation? If they did not, why?

The evaluation shows that the social partners at national level generally feel a lack of ownership of the strategy, expressing the view that it is the Commission's strategy and not theirs. Despite this, there is a high degree of acceptance of the strategy amongst national social partners and an acknowledgement that a strategy is relevant and that it has provided an important framework for action.

The articulation between the strategy implementation and the European social dialogue has been limited. Thus, the cross-industry social partners at EU level have felt a limited degree of ownership towards the strategy and have only implemented those parts of the strategy, which coincided with their own strategies and plans. They recognise that they were consulted during the preparation of the strategy, but also felt that many of their concerns were not taken into account and thus they do not consider themselves to be obliged by the strategy.

### 7.1.6 Consistency

Q10: To what extent have the different elements of the strategy been included or actively promoted into national employment/ public health/ education / environmental policies?

Q11: To what extent have the different elements of the strategy been included or actively promoted into other EU policy areas?

Limited actual integration with EU2020

The evaluation shows that the objectives and priorities of the European strategy are consistent with the Europe 2020 strategy and the objective of “an inclusive high-employment society” and the target of reaching 75% employment by 2020. OSH can be seen as an important instrument for achieving the goals of inclusive growth and better quality of jobs. However, the latest report, providing guidance to Member States on the National Reform Programmes, does not mention occupational health and safety as part of the drive towards increasing labour market participation.

Thus, while theoretically there is a high degree of consistency between the strategy and EU2020, in practise the integration of OSH policy into EU2020 policy has been very limited.

Good consistency with public health policy

As regards public health, the degree of coherence between public health and health and safety at work is high. Initiatives have been taken in the areas of tobacco in the work place and mental health (wellbeing). There is consensus that work has been effectively carried out to integrate health promotion issues into the general OSH framework, although less so with mental ill-health aspects, especially in relation to integrating those with mental health problems into the workplace.

Limited degree of consistency with other areas

The findings of the evaluation point to a limited degree of active promotion and integration between the European strategy and other key policy areas. Mainstreaming of OSH has taken place to a limited extent with environmental policies (REACH, industrial air emissions, etc.); employment policies (but not as much as could have been expected); fisheries; research; regional policy; and public procurement. It has not happened with other relevant EU policy areas such as agricultural development; education; or migration.

Consistency at Member State level

The desk study of national strategies shows that Member States have, to a large extent, considered the need for coherence with other policies in their strategies. The work on the national strategy and the European strategy has inspired Member States to take a more holistic view on OSH than would otherwise have been the case.

This evaluation has not encompassed a review of individual policy documents from other policy areas in the Member States to assess the specificities of policy coherence. There is concrete data to suggest that Member States are working actively to mainstream OSH into education and training policies. Other policy areas mentioned during interviews with Member State stakeholders are, in particular, employment policies and public health policies. However, when asked to identify particularly successful areas of their national strategies, stakeholders from Member States rarely put forward examples of successful results achieved due to coherence with other policy areas.



### 7.1.7 European added value

Q12: To what extent has the strategy contributed to achieve broad policy goals, comparing EU action to action conducted at national level? Which were the limits there, if any?

Q13: Were the actions/actors identified appropriate?

The evaluation shows that European added value has been derived from the implementation of the strategy.

European added value has, in particular, been found in relation to national strategies. The European strategy has supported and promoted national strategy development and thereby contributed to additional national strategies and improved national strategies compared to a situation without the European strategy. This has also contributed towards better implementation of legislation and thus, the broader policy goal of harmonising and securing a level playing field across the EU-27. However, there are still challenges in respect to implementation of the legislation.

The strategy has provided the policy basis for EU-level action by the fairly large number of stakeholders and institutions involved. European added value has thus been generated through providing a common sense of direction for the EU institutions and giving more focus to the work done. However, the potentials have not been fully realised. Most importantly:

- The strategy has not provided a full framework for integration of OSH into other policy areas. The OSH policy area has important potential interfaces and links to other policy areas, notably EU 2020, public health and the environment (REACH regulation in particular, but also education and life-long learning). While the strategy calls for some activities in the public health area and these have been effectively implemented (ref. consistency above), the framework for cooperation and integration with the policy areas and activities of various Commission services has been quite narrow and there remains a scope for improving this in a future strategy.
- The strategy does not fully integrate all the actors and their potential contributions. E.g. an actor such as Eurofound are hardly mentioned and some actors already mentioned in the strategy, including EU institutions, are implementing various relevant actions not included in the strategy, e.g. EU-OSHA is active in a range of areas mentioned under the strategy.
- The European social partners felt limited ownership towards the strategy and it is questionable whether the strategy led them to implement any actions that would not otherwise have been implemented.

The development of the OiRA tool and the implementation of measures to ensure transnational exchange of experience and good practises have been valuable to the Member States and are thus key areas where EU-level action has contributed to creating European added value. However, EU-level guidance on the implementation of directives has had limited impact and the role and value-added of this guidance in relation to national guidance is unclear.

The area of research into existing and new risks seems to be an obvious area for EU-level action, as the Member States could benefit from the economies of scale of a combined effort, rather than having individual actions at the Member State level. To some extent this has been achieved, as called for in the strategy, through the activities of the EU-OSHA Risk Observatory and the New OSH ERA initiative under FP7. However, there has been a certain level of duplication of effort and there are other important actors in this area (e.g. Eurofound) not mentioned very clearly (if at all) in the strategy. It thus seems that the potentials for achieving European added value in this area have not been fully utilised.

## 7.2 Recommendations

### 7.2.1 Need for a new strategy

The first issue to address is whether a new strategy should be developed, or whether DG EMPL should bring such EU action to a halt and/or just rely on the continuation of initiatives contained in the present strategy.

***Recommendation 1: The Commission should develop a new, future strategy in order to further exploit the potential for creating European added-value***

Continued EU policy action on OSH is relevant for a number reasons. Even though progress has been achieved during the current strategy period, there is still a need to address OSH issues and problems, which are prevalent throughout the EU. It is evident that OSH policy intervention carries important economic benefits and has the potential to support and strengthen the implementation of EU2020. Further, the experience from implementing the current strategy shows that the strategy has provided European added value by providing a common frame of reference for the actions of the many actors involved in OSH policy in Europe and by driving and inspiring the development of national strategies. Likewise, the strategy has also added value by providing tools, research and good practises at the European level, to the benefit of the Member States. However, the evaluation also finds that European added value has not been optimised under the current strategy and it has shown several weaknesses in the format and implementation of the strategy. In order to address these weaknesses, it is assessed that it is appropriate to develop a new strategy.

***Recommendation 2: The Commission should - until the new strategy has been developed - continue to implement the initiatives of the present strategy***

Although many of the planned actions under the current strategy have been implemented, there are still important gaps in what has been achieved and it is widely recognised that these should continue to be addressed. Secondly, as later recommendations reflect, there are issues that should be treated differently in the new strategy compared with the present one, and it will take some work and time to do this properly. It is important therefore, to maintain the momentum of action achieved during the current strategy, and ensure that ongoing initiatives are continued during this interim period between strategies.

### 7.2.2 Contents of a new strategy

Regarding the contents of a new strategy, we have the following recommendations.

Overall aims and horizontal principles:

***Recommendation 3: The Commission should extend the rationale of a new strategy to focus more on the contribution to EU2020.***

EU2020, the push for fiscal austerity and the smart regulation agendas are elements which frame the development of any policy area in the EU. There is evidence to support the argument that OSH policy (both at the societal and individual company level) can create benefits which exceed the costs. This underlines the significance of seeing a new strategy as a positive and obvious ingredient in policies aimed at ensuring competitiveness, productiveness and growth and of designing it to be focused and cost-efficient in terms of contributing to the EU2020 objectives.

To help achieve this it is recommended that the overall aim of the new strategy should be to support the EU2020 aim of smarter, more sustainable and more inclusive growth by reducing the cost to society of occupational ill-health and injury and supporting the aim of increased employment across all demographic groups.

This will position the OHS strategy more clearly within the mainstream of community policies and help to create a more coherent approach to community actions.

***Recommendation 4: The new strategy should be based on a clear and coherent framework of overall aims, objectives and actions and should provide a framework for coordinated action***

The evaluation shows that although there have been no major contradictions in the framework of the current strategy, there have been limitations in respect to the strategy's internal coherence. The strategy focuses on overall objectives and actions and less on the steps in between. Not all objectives of the strategy have the character of actual objectives and some areas of action are mentioned in several places leading to a level of diffusion and uncertainty in regard to the priorities.

Furthermore, although the current strategy has shown the benefits of coordinating the actions of the many stakeholders involved and integration between policy areas closely related to OSH, the evaluation also finds that there is scope for strengthening this framework.

Therefore, for the development of a new strategy, the following is recommended.

- To consider carefully the hierarchy of objectives in the design of the strategy and to take a point of departure in a limited number of objectives and strategic priorities, which will then guide the underlying framework of intermediate objectives and actions.
- To include an annual action planning framework in the strategy. Considering the long-term time scale of the strategy, it is not relevant to set out detailed

actions to be achieved in the strategy document itself. Rather the strategy should be accompanied by an action planning framework. This could be an annual plan (possibly accompanied by a three-year plan), which would provide the concrete framework for the involved actors to coordinate their actions in view of the objectives to be achieved.

- To ensure that the strategy provides a framework for cooperation and coordination of all relevant actors. The Commission should seek ways of providing for a stronger integration of a new strategy with broader EU health and environmental strategies (in particular), through enhanced coordination with other DGs and other EU-level players. The strategy should promote the integration of occupational health and safety into the wider EU framework, most obviously in coordinating action with other EU Directorates, players and agencies, thus mirroring at EU-level the idea that occupational health and safety should be an integral part of an organisations business plan, not a 'bolt-on extra'.

Objectives towards those aims

***Recommendation 5: Key objectives should place more emphasis on the health aspects of OSH compared to the current strategy.***

The overall goal of the present strategy of a "25% reduction in accidents at work". has attracted criticism, partly because of a lack of support for setting numerical targets from some players but, more strongly, from the fact that this places undue emphasis on accidents and safety and therefore assigns insufficient priority to health aspects of OSH. At the same time, available data (although scarce at EU level) clearly indicates that current ongoing major health concerns such as occupational cancers, MSDs and stress, are likely to remain significant issues for the foreseeable future.

Both MSDs and stress can be related to both non-work and work-related factors and there is also growing support for greater integration of occupational health with wider community-health issues. This is reflected in initiatives such as those directed towards health promotion through the workplace and a growing emphasis on promoting positive health and wellbeing. Current thinking within occupational health reflects this more positive approach and any new objectives should be framed round the twin goals of improving the health of the working population and keeping people at work.

Although it is likely that the incidence of occupational accidents has been reduced considerably during the current strategy period, this does not mean that the issue is no longer relevant. It is still a concern and should be reflected into a new strategy.

In respect to the overall objective of improving the health of the working population, it is therefore recommended that objectives are framed around:

- Reduction in absence due to ill-health or accidents
  - Reduction in the incidence of occupational ill-health;
  - Reductions in the incidence of accidents.

In respect to keeping people at work, the EU2020 focus on inclusive growth and increased employment could be matched through further objectives aimed at improvements in employability. These could include goals targeted at the rehabilitation of those with illnesses such as MSDs (including age-related musculoskeletal degeneration) and the employment/retention of those with mental health problems. Within this, the retention (and employment) of the aging workforce will also need to be a priority given anticipated demographic changes.

***Recommendation 6: There is a need for a clear strategic focus on MSDs, stress and occupational cancer deaths in a new strategy.***

It is clear that the health issues of MSDs, stress and cancer will need to be an important focal point of a new strategy if the above objectives are to be met. Changes within the EU-27, such as the uncertainty over the economic situation and the aging demographics of the workforce, mean that the nature of the risks associated with MSDs and stress will be expected to change, perhaps (for example) as a result of industrial restructuring, and the actions required will therefore change as a result.

In addition, in the case of both MSDs and stress, there is a need for greater coherence between the workplace and wider society in identifying and addressing risks as the causal factors are likely to be a mixture of work and non-work elements and both will need to be recognised.

Furthermore, recent evidence relating to avoidable occupational cancer deaths gives a clear indication for action in this area. These three issues therefore give a clear pointer towards a need for evidence based actions in respect of ongoing risks (e.g. MSDs, stress, and carcinogens).

***Recommendation 7: The new strategy should focus explicitly on addressing the challenges related to the implementation of the OSH legislation with a particular view to SMEs and micro-enterprises***

At present, there is limited data on the specific challenges posed by the individual Directives in the Member States. However, the evaluation clearly indicates that implementation of the OSH Directives is still a major issue which needs attention. SMEs and micro-enterprises are particularly challenged and this needs to be addressed.

The forthcoming evaluation of the OSH Directives will provide a much sounder basis for designing interventions in this area and this should be a cornerstone for doing so. However, this should not preclude action in advance of obtaining the results of the evaluation. Relevant actions under this objective will be multi-faceted and should encompass:

- Finding ways of reducing the administrative burden to SMEs and micro-enterprises (through simplification, application of the 'think small first principle', better guidance, etc.). This includes addressing two outstanding issues from the current strategy:

- Follow-up is needed on the guidance to Directives. The guides have not been sufficiently disseminated and are too complex for SMEs. There is a need to rethink the idea of the guides in view of the needs of the target groups and building on the expertise of EU and national actors who are specialised in providing guidance, awareness raising and information to the end users.
- The Commission should take action in the areas of preventive services and sub-contracting as foreseen (but not implemented) under the current strategy.
- Actions to encourage Member State initiatives, e.g. exchange experience and good practise on the reduction of administrative burden, on the implementation of national strategies, on the monitoring of the compliance with legislation and on awareness raising.
- Several important studies on costs and benefits of OSH regulation and practises were carried out during the period of the strategy. These pointed to findings that the benefits of good OSH practises outweigh the costs. This indicates that there could be a good potential for the use of economic instruments in OSH policy. There is a need to strengthen the evidence base and, especially, to look into the potentials for economic instruments. This also comes forward as an obvious area for additional studies and exchange of information and experience between Member States.
- Actions to research into and find innovative solutions to problems or challenges, which all (or a majority) of Member States are facing. This could include how to address the implications of the changing susceptibility of aging workers to injury or ill-health or how to ensure a proper level of protection for migrant groups, who have traditionally worked on the fringes of employment, often in more hazardous circumstances or with fewer safeguards.
- Continuing the focus on awareness raising, building on the expertise of the institutions involved at the EU and Member State levels while ensuring a mix of instruments and actions, which carry the greatest potential for reaching out to the end-recipients of this information. As part of this effort, impact studies of awareness activities could be relevant including data collection at enterprise and sectoral level in the EU-27 in order to probe the impact of the activities at work-place level and to explore effects outside the usual circle of stakeholders consisting of government, workers' and employers' representatives.

***Recommendation 8: The Commission should consider including objectives relating to new and emerging risks in the new strategy, adopting an active role in promoting and coordinating research rather than a passive monitoring function.***

Although ongoing risks clearly have an important place in any new strategy, attention to new or emerging risks can still be seen as important. There are good arguments for EU action because, as illustrated by activities in the field of nanomaterials, there is much Community added value in addressing new and

emerging risks *via* increased common research or bringing together data and experiences from different countries. In addition to the ongoing challenge in respect of the implementation of nanotechnologies, some genuinely new potential risks can be identified which should be accommodated. Thus, for example:

- the increased fragmentation of the electricity generation industry is likely to see an increased workforce with significant exposure to electromagnetic fields (EMF);
- global warming will present new challenges, especially to outdoor workers in the more southern Member States;
- other developing technologies such as genetic engineering and synthetic biology. Genetic modification is already an issue in some parts of society and any developments in this area will come under close public scrutiny.

Knowledge for new and emerging risks requires research aimed at creating a sound and reliable evidence-base on the nature and extent of such risks. Much research of relevance is carried out within the Member States, some with funding from other EU agencies and institutions. Coupled with the need for greater coordination and cooperation amongst EU-level players, a new strategy should look for opportunities to incorporate health and safety issues into industrial research programmes and other suitable vehicles, and seek to coordinate that research to maximise the benefit.

#### Monitoring and evaluating progress

#### ***Recommendation 9: A new strategy should maintain the focus on the development and the implementation of instruments and systems to monitor progress***

One objective of the present strategy is to develop new instruments to measure the progress achieved and the efforts made by all players at both national and European level, in order to ensure that adequate follow-up is given to the implementation of the strategy. This objective has been partly achieved by - among other things - the adaption of Regulation (EC) N. 1338/2008, the Scoreboard 2009 and the Commissions' Mid-term review. However, a solution to providing EU wide statistical data on occupational diseases was not found during the implementation of the strategy. This is associated with considerable methodological challenges and requires additional effort. At the same time, it will be important to address this issue if the future strategy is to place a stronger emphasis on the health aspects of OSH.

The strategy should therefore strengthen EU-27-wide recording and data collection tools and methods, building on current best practice across Member States and the skills and capabilities of agencies such as Eurostat, EU-OSHA and Eurofound. Relevant actions include:

- To develop, standardise and institutionalise the Scoreboard exercise;
- To improve the quality and scope of Eurostat data on health and safety at work by addressing the shortcomings identified in the report on the current situation



in relation to occupational diseases' systems in the EU Member States and EFTA/EEA countries based on the recommendations given in this report;

- To consider the ESENER survey and the EWCS survey and how these may be best employed and used to shed light on the implementation of the strategy in combination with the other tools;
- To investigate potentials for increasing the speed of dissemination of Eurostat data.



## Appendix A Evaluation criteria, questions and methods

## Relevance

Question	Judgement criteria	Indicators	Method tools	Sources
<b>Q1: To which extent were the objectives of the strategy chosen adequately?</b>	Objectives of the strategy respond to main challenges of safety and health at work in Europe 2007-2012	Degree (1-5) to which the Strategy objectives is consistent with situation in Europe ( <i>Consultant assessment</i> )	Desk review	<ul style="list-style-type: none"> <li>- Strategy</li> <li>- Opinion DOC 33/11 (The Advisory Committee)</li> <li>- SLIC submission on EU strategic priorities 2013-2020</li> <li>- Midterm Evaluation</li> </ul>
		Degree (1-5) to which Strategy objectives are <i>perceived</i> to address the challenges and issues relating to OSH in Europe ( <i>Stakeholder opinion</i> )	Interview	<ul style="list-style-type: none"> <li>- DG EMPLOYMENT</li> <li>- ACSH coordinator, SLIC coordinator, SCOEL coordinator</li> <li>- EU-OSHA,</li> <li>- ETUC, ETUI, BUSINESS EUROPE, CEEP</li> <li>- Interviewees at Member State level</li> </ul>
	Objectives of the strategy consistent with the wider EU policy agenda (Cohesion policy, the Lisbon Strategy, the European Employment Strategy, education, health and environmental policies, etc.)	Degree (1-5) to which the Strategy objectives are consistent with the wider EU policy agenda ( <i>Consultant assessment</i> )	Desk review	<ul style="list-style-type: none"> <li>- Lisbon Strategy</li> <li>- Europe 2020 Strategy</li> <li>- European Employment Strategy</li> <li>- Cohesion, environmental, education, health strategies etc.</li> </ul>
		Degree (1-5) to which the Strategy objectives are <i>perceived</i> to be consistent with the wider EU policy agenda ( <i>Stakeholder opinion</i> )	Interview	<ul style="list-style-type: none"> <li>- DG EMPLOYMENT</li> <li>- ACSH coordinator, SLIC coordinator, SCOEL coordinator</li> <li>- EU-OSHA,</li> <li>- ETUC, ETUI, BUSINESS EUROPE, CEEP</li> <li>- Representatives from other DGs (Research, SANCO, Education, ENV)</li> </ul>

Question	Judgement criteria	Indicators	Method tools	Sources
<b>Q2 To which extent are the objectives still relevant for the future strategy - and how should they be revised?</b>	1.1 Objectives of the strategy respond to main future challenges of safety and health at work in Europe	Degree (1-5) to which the Strategy objectives respond to the situation in Europe in the future (Consultant assessment) Relevance of Strategy objectives (1-5) seen in relation to latest research on costs and benefits of OSH policies	Desk review	- Strategy - Opinion DOC 33/11 (The Advisory Committee) - SLIC submission on EU strategic priorities 2013-2020 - Midterm Evaluation -Loefstedt report and other research material on costs and benefits of OSH policies
		Degree (1-5) to which Strategy objectives are perceived to respond to the situation in Europe <i>in the future (Stakeholder opinion)</i> Inputs for future relevant objectives	Interview	- DG EMPLOYMENT - ACSH coordinator, SLIC coordinator, SCOEL coordinator - EU-OSHA, - ETUC, ETUI, BUSINESS EUROPE, CEEP - Interviewees at Member State level
	1.2 Objectives of the strategy consistent with the wider EU policy agenda (now and future)	Degree (1-5) to which the Strategy objectives are consistent with the wider EU policy agenda <i>in the future (Consultant assessment)</i>	Desk review	- Lisbon Strategy - Europe 2020 Strategy - European Employment Strategy - Cohesion, Environmental, health strategies etc.
		Degree (1-5) to which the Strategy objectives are <i>perceived</i> to be consistent with the wider EU policy agenda <i>in the future (Stakeholder opinion)</i>	Interview	- DG EMPLOYMENT - ACSH coordinator, SLIC coordinator, SCOEL coordinator - EU-OSHA, - ETUC, ETUI, BUSINESS EUROPE, CEEP - Representatives from other DGs (Research, SANCO, Education, ENV)

## Effectiveness

Question	Judgement criteria	Indicators	Method tools	Sources
<b>Q3: What are the outputs of the strategy at Member State level in relation to the objectives put forward by the strategy?</b>	MSs have implemented initiatives to ensure high level of compliance with EU legislation which would not have been implemented without the European Strategy	<p>No of MS where initiatives are mentioned in national strategies and implementation confirmed during interviews with MS stakeholders</p> <p>No. of MS implementing various initiatives:</p> <ul style="list-style-type: none"> <li>&gt; Dissemination of good practise at local level</li> <li>&gt; Training white and blue collar workers</li> <li>&gt; Development of simple tools to facilitate risk assessment</li> <li>&gt; Facilitating access to external prevention services</li> <li>&gt; Involvement of labour inspectors as intermediaries</li> <li>&gt; Use of economic instruments</li> <li>&gt; Simplifying legislation</li> </ul> <p>Examples of good practise from individual MS</p>	<p>Desk study</p> <p>Interviews</p>	<p>National strategies</p> <p>Monitoring and evaluation reports on national strategies</p> <p>Reports from MS on simplifying legislation</p> <p>MS stakeholders</p>
	MS have adopted or updated/revised coherent policies/strategies on OSH and this was spurred by the European strategy	<p>No. of MS where national strategies have been adopted and/or revised during the period 2007-2011</p> <p>No of MS where the following elements are part of the national strategy:</p> <ul style="list-style-type: none"> <li>&gt; Evaluation of the general national situation and consultation of all national stakeholders in the strategy-making process</li> <li>&gt; Priority to most common risks and most vulnerable workers</li> <li>&gt; Establishment of quantitative objectives for reducing the incidence of occupational accidents and illnesses</li> <li>&gt; Targeting of special sectors and companies with special difficulties</li> <li>&gt; Systematic procedures to gather and analyse the data drawn from the health surveillance of workers</li> <li>&gt; Campaigns to raise doctors' awareness of their patients' medical history and working conditions</li> <li>&gt; Measures to improve the rehabilitation and reintegration of workers excluded from the workplace</li> </ul>	<p>Desk review</p> <p>Interviews</p>	<p>National strategies</p> <p>Monitoring and evaluation reports on national strategies</p> <p>MS stakeholders</p>

Question	Judgement criteria	Indicators	Method tools	Sources
	MS (and organisations at MS level) have implemented initiatives to promote a preventive culture which would not have been implemented without the European strategy	<p>No of MS where initiatives are mentioned in national strategies and implementation confirmed during interviews with MS stakeholders</p> <p>No. of MS implementing various types of initiatives:</p> <ul style="list-style-type: none"> <li>&gt; Integration of health and safety into education and training programmes</li> <li>&gt; TA to enterprises on workers health</li> <li>&gt; Awareness-raising campaigns and information actions</li> </ul> <p>Examples of good practise from individual MS</p>	<p>Desk study</p> <p>Interviews</p>	<p>National strategies</p> <p>Monitoring and evaluation reports on national strategies</p> <p>MS stakeholders</p>
	MS have promoted practical, rapid implementation of results of basic research and initiatives	<p>No. of MS where the following initiatives are incorporated in national strategy and implementation confirmed during interviews with MS stakeholders</p> <ul style="list-style-type: none"> <li>&gt; Promotion of practical, rapid implementation of results of basic research by making simple preventive instruments available to enterprises and SMEs in particular</li> <li>&gt; Specific initiatives aimed at preventing mental health problems and promoting mental health more effectively</li> </ul>	<p>Desk study</p> <p>Interviews</p>	<p>National strategies</p> <p>Monitoring and evaluation reports on national strategies</p> <p>MS stakeholders</p>
	MS have developed monitoring tools which would not have been developed without the European strategy	<p>No. of MS where monitoring of the implementation of the national strategy is described in the strategy</p> <p>No. of MS where monitoring of the implementation of the national strategy is institutionalised and regular</p>	<p>Desk study</p> <p>Interviews</p>	<p>National strategies, evaluations of national strategies, monitoring reports on national strategies</p> <p>MS stakeholders</p>

Question	Judgement criteria	Indicators	Method	Sources
Q4: What are the outputs/achievements of the strategy at EU level in relation to the objectives put forward by the strategy	Activities undertaken at EU level are consistent with planned activities and objectives listed in the Strategy	Degree (1-5) to which the activities carried out at EU level by the different EU actors (Commission, EU-OSHA, Risk Observatory, SLIC, ACSH, Eurofound, Social Partners) over the past 5 years have been consistent with the six overall objectives of the EU Strategy:	Desk review Interviews	DG EMPL activities through website, policy developments, new legislation, communications, reports (e.g.COM practical guides for Dir. 92/57/EEC, 2004/40/EC, 2006/25/EC); Mid-term review of the EU strategy EU-OSHA activities (website, campaigns, reports, etc.); EU-OSHA strategy mid-term evaluation; Eurofound activities SLIC activities (minutes of meeting, advice, reports); ACSH activities (minutes of meeting, advice, reports)
		EU actors have effectively implemented the different tasks mentioned in the EU Strategy as being under their responsibility.	Desk review Interviews	<i>ETUC/ETUI activities</i> <i>BUSINESSEUROPE activities</i>
		Degree (1-5) to which the activities carried out by the EU stakeholders have achieved their intended output ( <i>refer to logic chain matrix, Appendix H</i> )	Desk review Interviews	
Q5: To what extent have the objectives been addressed during the period 2007-2012?	The combined efforts at MS and EU level have led to the achievement of the objectives in the European strategy	Assessment based on the answers to questions 3 and 4 above		
Q6: What are the main lessons learned and which priorities should be taken into account in the development of the next strategy?		Stakeholder assessment and inputs for next strategy Evaluator's assessment based on answers to questions above	Interview Evaluator assessment	All relevant actors

## Coherence

Question	Sub questions/Judgement criteria	Indicators	Method tools	Sources
Q8: To what extent are the actions promoted by the strategy coherent and correspondent with a non-contradictory intervention logic? If they are not, why?	Overall objectives, intermediate objectives, outputs and actions of the strategy are consistent internally and consistent with key policy objectives of the EU	Evaluator/expert assessment	Ref. evaluation questions 1 and 2	Ref. evaluation questions 1 and 2
			Establishment of an intervention logic based on the strategy document	Strategy document

## Ownership

Question	Judgement criteria	Indicators	Method	Source
Q9: To what extent did the stakeholders, in particular social partners, accept the strategy and felt involved in its implementation? If they did not, why?	1. Social partners consider the strategy to be their strategy as much as COM's or MS's	Degree (1-5) to which EU Stakeholders feel that the EU Strategy is "their" Strategy and not only the Commission's or the MS's	Interviews	Interviews with EU stakeholders' representatives (ETUC/ETUI, BUSINESSEUROPE, SLIC, ACSH, EU-OSHA, Eurofound);  Interviews with MS representatives and with national stakeholders' representatives;  MS strategies and policy documents; National public consultation reports on the national OSH strategy;  Reports on EU public consultation on EU OSH Strategy;  EU level stakeholder websites (e.g. published opinion during public consultation);  National stakeholders' websites and policy documents (e.g. opinion during public consultation)
		Degree (1-5) to which MS feel that the EU Strategy is "their" Strategy and not only the Commission's	Interviews	
		Degree (1-5) to, and ways with which the strategy and the strategy objectives are referred to in MS strategies and EU stakeholder's policy/strategic documents	Desk review	
		Degree (1-5) to which the MS and the stakeholders agree with the objectives (and sub-objectives) of the strategy	Interviews	
	2. Social partners consider themselves involved in strategy development and implementation	Degree (1-5) to which national social partners <i>perceive</i> having been involved in the development of the European strategy.	Interviews	
		Degree (1-5) to which EU social partners <i>perceive</i> having been involved in the development of the EU OSH strategy.	Interviews	
		Degree (1-5) to which national social partners <i>perceive</i> having been involved in the implementation of the European OSH strategy	Interviews	
		Degree (1-5) to which EU social partners <i>perceive</i> having been involved in the implementation of the EU OSH Strategy	Interviews	



## Impact

Question	Judgement criteria	Indicators	Method	Source
Q10: What effects were generated from the actions taken by MS and at the EU level as a result of the European strategy?	Changes in occupational ill-health and/or accidents may be attributed to the implementation of the strategy	Changes in occupational ill-health and/or accidents (in general, in respect to SMEs, in respect to specific sectors)	Desk study	Eurostat
		<p>EU &amp; MS representatives' qualitative expert opinions on measures taken and their effects:</p> <ul style="list-style-type: none"> <li>&gt; Enhanced compliance with legislation</li> <li>&gt; Enhanced awareness of the advantages of OSH</li> <li>&gt; Better knowledge of risks and how to tackle them</li> <li>&gt; Examples of risks identified and handled</li> </ul>	Interviews	<p>DG Employment</p> <p>EU-OSHA</p> <p>ETUC/ETUI, BUSINESSEUROPE, SLIC, Eurofound</p> <p>MS stakeholders</p>

## Consistency

Question	Judgement criteria	Indicators	Method	Source
Q11: To what extent have the different elements of the strategy been included or actively promoted into national employment/ public health/ education / environmental policies?	OSH considerations have been integrated into relevant national policies	<p>The national OSH strategies promote the integration of OSH issues in other policy areas</p> <p>Interviews confirm that such integration has been implemented</p>	<p>Desk review</p> <p>Interviews</p>	National strategies

Question	Judgement criteria	Indicators	Method	Source
Q12: To what extent have the different elements of the strategy been included or actively promoted into other EU policy areas?	OSH considerations have been integrated into relevant EU policies	Degree (1-5) to which EU policies in the field of employment, public health, education and environment reflect the EU OSH Strategy objectives.	Desk review Interviews	EU policy documents in the fields mentioned, new legislative proposals; Documents/reports of the Interdepartmental OSH working party (if available) Representatives of relevant DGs

### Community added value

Question	Judgement criteria	Indicators	Method	Source
Q13: To what extent has the strategy contributed to achieve broad policy goals, comparing EU action to action conducted at national level? Which were the limits if any?	The strategy led to actions that were additional to what would otherwise have occurred	Degree (1-5) to which the European strategy is visible in national strategies	Desk study	National strategies/European strategy
		The strategy led to Member States taking more action than they would otherwise have done, i.e. adopting or revising national strategies Degree (1-5) to which national stakeholders consider their current national strategy to have been influenced by the European strategy	Interviews	National stakeholders EU-OSHA SLIC
		The strategy led to other actors (i.e. SLIC, EU-OSHA) taking more actions than they would otherwise have done. Degree (1-5) to which other actors consider that the European strategy have influenced their actions/strategies	Interviews	
	The strategy contributed to broad EU policy goals	Degree (1-5) to which the EU OSH Strategy was consistent with EU 2020 Strategy.	Desk review	EU 2020 strategy and ref. Q1+2
		The actions implemented and results achieved under the strategy contributed to the achievement of key priorities at the European level, i.e. the functioning of the internal market	Interviews	EU stakeholders
	The strategy contributed to transnational	Degree (1-5) to which good practises on the development of national OSH strategies were shared among MS	Desk review Interview	Eurofound reports National stakeholders

Question	Judgement criteria	Indicators	Method	Source
	exchange of good practices	Degree (1-5) to which the Strategy contributed to increasing the awareness of national stakeholders of good practices in OSH in other MS	Desk reviews Interviews	Government representatives interview EU-OSHA interviews and reports
	The strategy was complementary to national strategies and policies	Degree (1-5) to which the strategy led to better coordination of actions by stakeholders at national and EU levels involved in OSH policy implementation	Interviews	National stakeholders and EU stakeholders
Q7: Were the actions/actors identified to pursue the objectives of the strategy appropriate, and if not, why?		Key stakeholders consider actions/actors appropriate	Interviews	<ul style="list-style-type: none"> <li>- DG EMPLOYMENT</li> <li>- MS stakeholders</li> <li>- ACSH, SLIC, SCOEL coordinators</li> </ul>

## Appendix B Member State data collection framework

# GUIDE FOR GATHERING DATA FROM THE MEMBER STATES

NOTE

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### 1 Introduction

*Short introduction to the evaluation and the purpose of the data collection framework.*

*The framework is intended for use by the core team to organise the data collected for each country and, once data for all countries has been collected, to generate horizontal cross-country overviews of data.*

### 2 National strategy

No	Question	Answer	Comment/source of data
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No	Question	Answer	Comment/source of data
1.	Does the country have a national OHS strategy? (SB 02.1 + 02.2 <sup>1</sup> )	Yes/no - list name of strategy	Desk study

If yes:

No	Question	Answer	Comment/source of data
2.	At what political/administrative level is the national strategy formulated/decided? (SB 02.5)	Political/administrative/co-decision social partners/co-operation social partners	Desk study/interview
3.	Is this strategy a single document or constituted by several documents/individual strategies	Single / several	Desk study
4.	Is the strategy a "stand-alone" strategy or is it part of a broader strategy?	Stand-alone/ broader	Desk study
5.	Which period does the strategy cover?	Years	Desk study
6.	Is the strategy the first of its kind or not?	First / not first	Desk study/interview with public administration
7.	If not, when was the first strategy developed	Before 2007 / after 2007	Desk study/interview with public administration
8.	Is there reference to the European strategy in the national strategy?	Yes / no	Desk study

No	Question	Answer -	Comment/source of data
9.	Would a national strategy have been implemented without the European strategy?	Yes, yes, but would look different, no	Interviews
10.	To which extent was the strategy developed or revised inspired by the European strategy?	Indicate score. Score on a scale from 1 (low) - 5 (high)	Based on interview score + consultant's assessment <sup>2</sup>

1: The strategy was developed without reference to the European strategy, e.g. before the European strategy

5: If there was no European strategy the national strategy would not have been developed

If no national strategy:

No	Question	Answer	Comment/source of data
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<sup>1</sup> Scoreboard 2009

<sup>2</sup> Each interview and consultant's assessment to be given equal weight

No	Question	Answer	Comment/source of data
11.	If no strategy, why not?	Free text explaining background - max ½ page	Interviews/previous studies
12.	Is a strategy planned?, if so, when	Yes /no and when	Interview
13.	Is there some other policy or plan including objectives and measures at national level in order to improve OHS? (SB 02.3)	Yes/no list other initiatives with a short description in bullet point	Desk study / interviews

## 2.1 Objectives of the national strategy

No	Question	Answer -	Comment/source of data
14.	Does the strategy contain specific targets regarding reduction of workplace accidents?	Yes/no, if yes - specify target + sectors covered	Desk study
15.	If, yes to above, to which extent have targets been achieved?	Rate from 1-5, where 1 is not achieved or not likely to be achieved, 2 is partly achieved, 3 is halfway achieved, 4 is almost achieved, 5 is 100% achieved.	Interviews - average of interviewees score + consultant's score based on desk study.
16.	Does the strategy contain specific targets regarding reduction of work related diseases?	Yes/no, if yes - specify target + sectors covered	Desk study
17.	If, yes to above, to which extent have targets been achieved?	Rate from 1-5, where 1 is not achieved or not likely to be achieved, 2 is partly achieved, 3 is halfway achieved, 4 is almost achieved, 5 is 100% achieved.	Interviews - average of interviewees score + consultant's score based on desk study.
18.	Does the strategy contain specific targets regarding occupational risk factors?	Yes/no, if yes - specify target + sectors covered	Desk study
19.	If, yes to above, to which extent have targets been achieved?	Rate from 1-5, where 1 is not achieved or not likely to be achieved, 2 is partly achieved, 3 is halfway achieved, 4 is almost achieved, 5 is 100% achieved.	Interviews - average of interviewees score + consultant's score based on desk study.
20.	Does the strategy target sectors and industries which have the worst track record	Yes/no	Desk study
21.	Does the strategy focus on the most common risks and the most vulnerable workers	Yes/no	Desk study
22.	Does the strategy focus on the particular circumstances and needs of SMEs	Yes/no	Desk study

23.	Does the strategy focus on strengthening coherence with other policies	Yes/no	Desk study
24.	Overall, to which extent have the national strategy objectives been achieved?	Rate from 1-5, where 1 is not achieved or not likely to be achieved, 2 is partly achieved, 3 is halfway achieved, 4 is almost achieved, 5 is 100% achieved.	Interviews - average of interviewees score + consultant's score based on desk study.

## 2.2 Instruments / priorities in national strategies

No	Question	Answer -	Comment/source of data
25.	Does the strategy include plans/measures for systematic procedures to gather and analyse the data drawn from the health surveillance of workers	Yes/no	Desk study
26.	Does the strategy include plans for campaigns to raise doctors' awareness of their patients' medical history and working conditions	Yes/no	Desk study
27.	Does the strategy include plans for measures to improve the rehabilitation and reintegration of workers excluded from the workplace	Yes/no	Desk study
28.	Does the strategy contain priorities/instruments for strengthening implementation of EU legislation?	Yes/no, if yes - specify types from list below and mark if directed specifically at SMEs  Dissemination of good practice at local level Training white- and blue-collar workers Development of simple tools to facilitate risk assessment Distribution of information and guidelines Better dissemination of information and better access to counselling services Access to external prevention services Involvement of labour inspectors as intermediaries Use of economic incentives	Desk study
29.	Does the strategy include plans/measures for simplifying the legislative framework and adapting to change?	Yes/no	Desk study
30.	Does the strategy contain priorities/measures for encouraging changes in behaviour/promoting preventive culture?	Yes/no, if yes - specify types from list below and mark if directed specifically at SMEs  Specific initiatives enabling enterprises to be given technical assistance and advice  Integrating health and safety into education and training programmes  Specific training projects for funding by European	Desk study



		Social Fund	
31.	Does the strategy contain priorities for methods for identifying and evaluating new and emerging risks?	Yes/no, if yes - specify types from list below and mark if directed specifically at SMEs  Initiatives aimed at preventing mental health problems and promoting mental health more effectively  Simple, preventive instruments to enterprises	Desk study

## 2.3 Implementation and outcomes of national strategies

No	Question	Answer	Comment/source of data <sup>3</sup>
32.	Have priorities/actions mentioned in the national strategy been implemented as intended?	Summary of interview responses + results from desk study. Brief account.	
33.	Rate of the effectiveness in implementation of the national strategy	Rated on a scale from 1-5	Based on interview score + consultant's assessment from desk study
34.	Rate of the effectiveness of achieving goals of national strategy	Rated on a scale from 1-5	Based on interview score + consultant's assessment from desk study
35.	To which extent have measure/initiatives under the national strategy led to better practises and increased compliance ?	Rated on a scale from 1-5	Based on interview score + consultant's assessment from desk study
36.	To which extent have measure/initiatives under the national strategy led to increased awareness?	Rated on a scale from 1-5	Based on interview score + consultant's assessment from desk study
37.	To which extent have measures/initiatives under the national strategy led to more and better knowledge on emerging risks?	Rated on a scale from 1-5	Based on interview score + consultant's assessment from desk study
38.	To which extent have measures/initiatives under the national strategy led to better practises at local level?	Rated on a scale from 1-5	Based on interview score + consultant's assessment from desk study
39.	To which extent have measures/initiatives under the national strategy led to promotion of a preventive culture in your country?	Rated on a scale from 1-5	Based on interview score + consultant's assessment from desk study

<sup>3</sup> Each interview and consultant's assessment to be given equal weight

No	Question	Answer	Comment/source of data <sup>3</sup>
40.	Which areas of implementation could be considered the most successful and the least successful areas of implementation of the national strategy?	Briefly describe max. 3 successful areas and max. 3 less successful areas and mention any lessons learned that are relevant at the European level.	Based on interviews

- 1: Not achieved or not likely to be achieved  
2: Partly achieved  
3: Half-way achieved  
4: Almost achieved  
5: 100% achieved

## 2.4 Monitoring and evaluation of national strategies

No	Question	Answer	Comment/source of data
41.	Is the implementation of the strategy monitored / evaluated?	Yes regularly, yes ad hoc, no	Desk study (reports from monitoring/evaluation) Interviews
42.	Is the framework and procedures for monitoring / evaluation described in the strategy?	Yes / no - described elsewhere / no - not documented	Desk study
43.	Are indicators to be monitored / evaluated clearly identified in strategy?	Yes / no	Desk study
44.	To what extent is the monitoring / evaluation, which is presently conducted sufficient?	Score on a scale from 1 (low) - 5 (high)	Based on interview score+consultant's assessment from desk study <sup>4</sup>
45.	Do monitoring /evaluation procedures include a feed-back into the policy level / strategy revision?	Yes it is prescribed but strategy has not been revised, yes and strategy has been revised, no	Desk study/interview
46.	If interviewees have pointed to good practises for monitoring and evaluation used in the country, which potentially could be relevant and useful for other countries, describe these briefly.	Brief description	Interview

## 2.5 Ownership to the European strategy

No	Question	Answer	Please briefly state in 1-3 lines reason for the score	Comment/source of data
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<sup>4</sup> Each interview and consultant's assessment to be given equal weight

47.	To which extent have the national social partners on the employer side accepted the European strategy	Rate 1-5		Interviews
48.	To which extent have the national social partners on the employee side accepted the European strategy	Rate 1-5		Interviews

1: very low extent 5: very high extent

## 2.6 Research on OSH in the country and EU OSHA influence

No	Question	Answer	Comment/source of data <sup>5</sup>
49.	Have the activities of EU OSHA led to the setting up of national technology platforms in the country?	Yes/no + no. of platforms and brief description	Desk study OSHA docs
50.	Have the activities of EU OSHA led to national institutes to a larger degree include OSH in their research programmes?	Yes/no + brief description	Desk study OSHA docs

## 2.7 Scores on relevance and value added of European OSH strategy

No	Question	Answer	Comment/source of data <sup>6</sup>
51.	Scores of interview persons on Q: <i>On a scale from 1-5 (where 1 is not effective, 3 is somewhat effective and 5 is highly effective) how would you rate the degree of effectiveness of implementation of the European strategy?</i>		Interviews
52.	Scores of interview persons on Q: <i>On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider that the European strategy has improved OSH in Europe?</i>		Interviews
53.	Scores of interview persons on Q: <i>On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider that the European strategy has led to increased coordination among actors involved in OSH in Europe?</i>		Interviews

<sup>5</sup> Each interview and consultant's assessment to be given equal weight

<sup>6</sup> Each interview and consultant's assessment to be given equal weight

No	Question	Answer	Comment/source of data <sup>6</sup>
54.	Replies/Scores of interview persons on Q: Did the European strategy lead to sharing of experience and lessons learned among the MS?, if yes...	Yes/no + score from 1-5 if yes	Interviews
55.	Scores of interview persons on Q: <i>On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider the European strategy to have been relevant?</i>		Interviews
56.	Scores of interview persons on Q: On a scale from 1-5, to which extent do you consider that the European strategy addressed the main challenges of OSH in Europe?		Interviews
57.	Scores of interview persons on Q: <i>On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider each of the six priorities to have been relevant?</i>	1. Improvement/simplification of legislation: 2. Development of national strategies: 3. Promotion of preventive culture: 4. Better identification and assessment of new risks: 5. Development of monitoring tools to track progress in relation to OSH strategies: 6. Further development of international co-operation on OSH:	Interviews
58.	Scores of interview persons on Q: <i>On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider a new European strategy relevant?</i>		Interviews

### 3 Sources of information on OHS in *Country X*

No	Question	
59.	<b>Please list reports/studies on OHS in the country used as sources</b>	>

## Appendix C Interview guide for Member State stakeholders

### Introduction

*Introduction to evaluation, interviewer. Information about interviewee, etc.*

### Clarifications

- 1 Present understanding of national strategic framework as gained under desk study and the key documents used in the desk study, and ask:
  - 1.1 *Is this understanding correct?*
  - 1.2 *Are there any additional documents, which should be taken into account?*
  - 1.3 (if there is no national strategy): *why is this and is a national strategy planned?*

### Role of European strategy in relation to national strategy

- 2 *What has been the role (if any) of the European strategy in relation to the development of a national strategy in your country? (open question)*
  - 2.1 *Would a national strategy have been implemented without the European strategy? (a: yes, b: yes, but it would have looked differently, c: no)*
  - 2.2 *On a rate from 1-5 (where 1 is no inspiration, 3 is partly inspired, and 5 is 100% inspired), to which degree do you consider the national strategy to be inspired by European strategy?*
- 3 *To which extent do you regard the European strategy as 'your strategy' as compared to the Commission's strategy (or the Government's strategy - if a social partner is interviewed)?*
  - 3.1 *On a rate from 1-5 (where 1 is no ownership, 3 is some ownership, and 5 is high level of ownership), how would you rate your sense of ownership towards the European strategy?*
  - 3.2 *On a rate from 1-5 (where 1 is no ownership, 3 is some ownership, and 5 is high level of ownership), to which extent did you feel involved in the development of the European strategy?*
  - 3.3 *On a rate from 1-5 (where 1 is no ownership, 3 is some ownership, and 5 is high level of ownership), to which extent did you feel involved in the implementation of the European strategy?*

## **The European strategy**

4 *In your view, has the European strategy on OSH been effectively implemented across the EU-27 as a whole?? (open question)*

4.1 *On a scale from 1-5 (where 1 is not effective, 3 is somewhat effective and 5 is highly effective) how would you rate the degree of effectiveness of implementation of the European strategy?*

5 *Has the European strategy helped to improve OSH in Europe? (... in what way... open question)*

5.1 *On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider that the European strategy has improved OSH in Europe?*

5.2 *What have been the main lessons learned from implementation of the European strategy?*

5.3 *On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider that the European strategy has lead to increased coordination among actors involved in OSH in Europe?*

5.4 *Did the implementation of the European strategy lead to sharing of experience and lessons learned among the MS? If yes: On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider this sharing of experience useful?*

6 *Has it been relevant to have a European strategy on OSH? (open question)*

6.1 *On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider the European strategy to have been relevant?*

6.2 *On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider that the European strategy addressed the main challenges of OSH in Europe?*

7 *Have the objectives of strategy been the relevant ones (reduce accidents and work related illnesses)? (open question)*

8 *Have the main priorities of the strategy been the relevant priorities? (open question)*

8.1 *On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider each of the six priorities to have been relevant?*

› 1. Improvement/simplification of legislation:

- 2. Development of national strategies:
  - 3. Promotion of preventive culture:
  - 4. Better identification and assessment of new risks:
  - 5. Development of monitoring tools to track progress in relation to OSH strategies:
  - 6. Further development of international cooperation on OSH
- 9 *Do you consider that the European strategy involved the appropriate actors? (open question)*
- 10 *Looking to the future, is it relevant to continue to have a European strategy? (if yes, why?)*
- 10.1 *On a scale from 1-5 (where 1 is not at all, 3 is to some extent and 5 is to a high extent), to which extent do you consider a new strategy relevant?*
- 10.2 *If, yes, which objectives and priorities would be appropriate for the new strategy?*

### **Implementation of the national strategy**

- 11 Have the priorities/actions mentioned in the national strategy been implemented as intended? (yes/no, if no - why not?)
- 12 On a scale from 1-5 (where 1 is not effective and 5 is highly effective) how do you rate the effectiveness in implementation of the national strategy?
- 13 Which initiatives (max three) do you regard as the most successful and why?
- 14 Are there any lessons learned from implementation of the national strategy, which could be useful for other Member States?

### **Effects of national strategy in your country**

- 15 *To which extent do you consider that the national strategy has achieved or is well underway to achieve the overall goals/targets specified?*
- 15.1 *On a scale from 1-5 (where 1 is not effective, 3 is somewhat effective, and 5 is highly effective) how would you rate the effectiveness in achieving the goals of the national strategy?*
- 16 *Has the implementation of the national strategy led to a greater degree of awareness at local (enterprise/workers) level?*
- 16.1 *On a scale from 1-5 (where 1 is not successful, 3 is somewhat successful and 5 is highly successful), how would you rate the degree of success of the national strategy in facilitating greater awareness at local level?*
- 17 *In your view, has the implementation of the national strategy led to better practises at local (enterprise) level?*

- 17.1 On a scale from 1-5 (where 1 is not successful, 3 is somewhat successful and 5 is highly successful), how would you rate the degree of success of the national strategy in facilitating better practises at local level?*
- 18 In your view, has the implementation of the national strategy helped to ensure increased compliance with EU legislation (as transposed into national legislation) in your country?*
- 18.1 On a scale from 1-5 (where 1 is not successful, 3 is somewhat successful and 5 is highly successful), how would you rate the degree of success of the national strategy in facilitating increased compliance with legislation?*
- 19 Has the implementation of the national strategy had an effect in terms of promoting a preventive culture in your country?*
- 19.1 On a scale from 1-5 (where 1 is not successful, 3 is somewhat successful and 5 is highly successful), how would you rate the degree of success of the national strategy in promoting a preventive culture?*
- 20 Has the implementation of the national strategy had an effect in terms of more and better knowledge on risks and the use of this in policy development / for risk prevention in your country?*
- 20.1 On a scale from 1-5 (where 1 is not successful, 3 is somewhat successful and 5 is highly successful), how would you rate the degree of success of the national strategy in facilitating more and better knowledge on risks?*

### **Monitoring and evaluation of national strategy**

- 21 If the national strategy prescribes monitoring and/or evaluation, refer to this and ask the questions below. If it does not, ask whether monitoring and/or evaluation is being carried out, and - if yes, ask the questions below - except the first one:*
- 21.1 Is this monitoring and/or evaluation implemented as intended?*
- 21.2 If monitoring and/or evaluation reports have been made, is it possible to have copies of these?*
- 21.3 Do you consider monitoring and/or evaluation to be sufficient?*
- 21.4 Have the results from monitoring and/or evaluation led to any changes in your national strategy?*
- 21.5 What has worked particularly well in your country? Are there any best practises in respect to monitoring and/or evaluation which could be relevant to other MS? If, yes describe briefly*



## Appendix D Standard interview guide for EU level stakeholders

*Introduction to evaluation, interviewer. Information about interviewee, etc.*

### **I. Development of EU Strategy**

1. To what extent have you participated in the development of the current EU Strategy on Health and Safety at work?
  - 1.1 What was the role of your organisation in the development of the EU Strategy?
  - 1.2 Did you take part in the public consultation on the Strategy?
2. Was your participation sufficient or should your organisation have been more involved?
  - 2.1 If so, in which part of the process should your organisation have been more involved?
  - 2.2 What were the barriers to a greater involvement of your organisation?
3. Were your views correctly reflected in the final strategy?
  - 3.1 If not, what particular issues were left out from your proposals?
  - 3.2 Why do you think such issues were left out?

### **II. Objectives of the EU Strategy**

4. Do you agree with the overall objectives/target (*25% reduction in work-related accidents and illnesses*) of the EU OSH strategy?
  - 4.1 In particular, are all six priorities of the EU Strategy relevant?
    - > 1. Improvement/simplification of legislation
    - > 2. Development of national strategies
    - > 3. Promotion of preventive culture
    - > 4. Better identification and assessment of new risks
    - > 5. Development of monitoring tools to track progress in relation to OSH strategies
    - > 6. Further development of international cooperation on OSH
  - 4.2 Which one is most relevant and which is less relevant (*rank the priorities by relevance*)?
5. Is there any issue that should have been included in the EU OSH Strategy as one of the main priorities and has not?

### III. Activities

6. Did your organisation carry out the different activities that are laid down in the Strategy under its responsibility?
  - 6.1 If not, which activity(ies) did you not carry out?
  - 6.2 For which reason did you not carry out this(ese) activity(ies)?
  - 6.3 Were all activities listed in the Strategy as being under your responsibility relevant for your organisation?
  
7. If the organisations' activities carried out to implement the EU Strategy should relate to better implementation of legislation (development of guidance, methods, etc.) according to the Strategy, refer to these and ask the questions below. If not, ask only question 7.4.
  - 7.1 Have the activities been implemented as intended? (yes/no, if no - why not?)
  - 7.2 Has the implementation of these activities led to better practises at national level? (rate 1-5)
  - 7.3 Would they have been implemented if there had not been a European strategy? (yes, no, partly)
  - 7.4 In your view, has the strategy helped to ensure increased compliance with community legislation in Europe? (... in what way... open question + rate on a scale from 1-5)
  
8. If the organisations' activities carried out to implement the EU Strategy should relate to promotion of a preventive culture according to the Strategy, refer to these and ask the questions below. If not, ask only question 8.4.
  - 8.1 Have these activities been implemented as intended? (yes/no, if no - why not?)
  - 8.2 Has the implementation of these activities led to a greater degree of awareness at national/local level? (rate 1-5)
  - 8.3 Would they have been implemented if there had not been a European strategy? (yes, no, partly)
  - 8.4 Has the European strategy had an effect in terms of promoting a preventive culture in Europe? (... in what way... open question + rate on a scale from 1-5)
  
9. If certain of the organisations' activities carried out to implement the EU Strategy should deal with identifying and evaluating new potential risks according to the Strategy, refer to these and ask the questions below. If not, ask only question 9.4.
  - 9.1 Have these activities been implemented as intended? (if no, why not?)
  - 9.2 Have these activities led to better evidence and better policy decisions? (rate 1-5)

- 9.3 Would they have been implemented if there had not been a European strategy? (yes, no, partly)
- 9.4 Has the European strategy had an effect in terms of more and better knowledge on risks and the use of this in policy development / for risk prevention in Europe? (... in what way... open question + rate on a scale from 1-5)
10. If certain of the organisations' activities carried out to implement the EU Strategy should promote health and safety at international level according to the Strategy, refer to these and ask the questions below. If not, ask only question 9.4.
- 10.1 Have these activities been implemented as intended? (if no, why not?)
- 10.2 Have these activities led to better cooperation at international level and better implementation of international standards? (rate 1-5)
- 10.3 Would they have been implemented if there had not been a European strategy? (yes, no, partly)
- 10.4 Has the European strategy had an effect in terms of promoting health and safety on the international scale? (... in what way... open question + rate on a scale from 1-5)
11. Have you carried out an evaluation of the activities carried out for the implementation of the EU Strategy?
- 10.1 If monitoring and/or evaluation reports have been made, is it possible to have copies of these?
- 10.2 Have the results from monitoring and/or evaluation led to any changes in your work programme?
- 10.3 What activities have worked particularly well?
12. What share of all the OSH-related activities carried out by your organisation over the past 5 years related directly to the EU Strategy (all/a majority/a minority)?
13. Did you carry out activities over the past 5 years, which focused on other aspects of OSH policy not included in the strategy?
- 8.1 If so, which other aspects of OSH have your activities covered?
- 8.2 Do you think these aspects should have been included in the Strategy? Do you see it as a gap in the Strategy?

#### **IV. Outcome**

14. Overall, has the Strategy been useful?
15. Has it helped to improve health and safety at work at EU level?
16. Looking to the future, is it relevant to continue to have a European strategy?

17. If yes, which objectives and priorities would be appropriate for the new strategy?

## Appendix E Persons interviewed

Country	Name	Function	Status	Comments
Austria	Gertrud Breindl	ACSH Government	Done	
Austria	Alexander Burz	ACSH Employers	Done	
Austria	Ingrid Reifinger	ACSH Workers	Done	
Austria	Charlotte Salomon	SLIC WG Enforcement	N/A	
Austria	Martina Häckel-Bucher	OSHA Focal Point	N/A	
Belgium	Christian Deneve	ACSH Government	Done	
Belgium	Kris de Meester	ACSH Employers	No Answer	
Belgium	François Phillips	ACSH Workers	Done	
Belgium	Roland Mesmacque	SLIC WG Enforcement	Done	Alternative interviewee: Paul Tousseyn (actual SLIC member)
Belgium	Frank Dehasque	OSHA Focal Point	Not contacted	
Bulgaria	Vaska Semerdzhieva	ACSH Government	Done	
Bulgaria	Georgi Stoev	ACSH Employers	Done	Alternative interviewee: Slavi Iliev as requested by Georgi Stoev. Performed by correspondence only
Bulgaria	Ivan Kokalov	ACSH Workers	Done	Alternative interviewee: Emilia Dimitrova, chief expert of the Department "Social security. Health and safety at work. Environment
Bulgaria	Veselina Atanasova	SLIC WG Enforcement	Done	
Bulgaria	Atanas Kolchakov	OSHA Focal Point	Done	
Bulgaria	Sokol Silyanov		Done	Extra interview with interviewee from the National Social Security Institute (NSSI)
Cyprus	Leandros Nicolaides	ACSH Government	Done	Alternative interviewee: Anastasios Yiannaki
Cyprus	Polyvios Polyviou	ACSH Employers	Done	

Cyprus	Nikos Andreou	ACSH Workers	Done	
Cyprus	Anastasios Yiannaki	SLIC WG Enforcement	Done	Covered through interview of government representative
Cyprus	Leandros Nicolaides	OSHA Focal Point	Done	Covered through interview of government representative
Czech Republic	Daniela Kubickova	ACSH Government	Done	
Czech Republic	Karel Petrzelka	ACSH Employers	Done	
Czech Republic	Jaroslav Zavadil	ACSH Workers	Done	
Czech Republic	Jaromir Elbel	SLIC WG Enforcement	Done	
Czech Republic	Daniela Kubickova	OSHA Focal Point	Done	
Denmark	Charlotte Skjoldager	ACSH Government	Done	
Denmark	Karoline Klaksvig	ACSH Employers	Done	
Denmark	Lone Jacobsen	ACSH Workers	Done	
Denmark	Annemarie Knudsen	SLIC WG Enforcement	Done	Jens Jensen also from WEA participated in the interview
Denmark	Leo Matthiasen	OSHA Focal Point	Done	
Eire-Ireland	Mary Dorgan	ACSH Government	Done	
Eire-Ireland	Carl Anders	ACSH Employers	Done	
Eire-Ireland	Sylvester Cronin	ACSH Workers	Done	
Eire-Ireland	Mark Cullen	SLIC WG Enforcement	Done	Alternative interviewee: Brian Higgison
Eire-Ireland	Annette Slater	OSHA Focal Point	N/A	
Estonia	Veronika Kaidis	ACSH Government	Done	Alternative interviewee: Ivar Raik
Estonia	Marek Sepp	ACSH Employers	Done	
Estonia	Argo Soon	ACSH Workers	Done	
Estonia	Rein Reisberg	SLIC WG Enforcement	Done	

Estonia	Katrin Kaarma	OSHA Focal Point	Done	
France	Mireile Jarry	ACSH Government	Done	Alternative interviewees: Clelia Delpech and Sophie Baron from the Prevention policy and actors Unit and Marie-Soline Chomel from the International Unit.  Ms Mireille Jarry has left the government end of 2011 and so far no one has replaced her in the ACSH.
France	Nathalie Buet	ACSH Employers	Done	Also with Dr F. Pellet
France	Gilles Seitz	ACSH Workers	Done	
France	Francois Benazeraf	SLIC WG Enforcement	Done	
France	Olivier Meunier	OSHA Focal Point	Done	Focal point same unit as the one interviewed for government representative
Germany	Michael Koll	ACSH Government	Done	Mr Kai Schäfer will be the interviewee instead of Mr. Koll
Germany	Eckhard Metze	ACSH Employers	Done	
Germany	Marina Schroeder	ACSH Workers	Done	
Germany	Bettina Splittgerber	SLIC WG Enforcement	Done	
Germany	Reinhard Gerber	OSHA Focal Point	Not contacted	Same as government representative
Greece	Antonios Christodolou	ACSH Government	Done	Replaced Elissavet Galanopoulou
Greece	Pavlos Kyriakongonas	ACSH Employers	Done	
Greece	Yannis Adamakis	ACSH Workers	Done	
Greece	Alexandros Karageorgiou	SLIC WG Enforcement	Done	
Greece	Antonios Christodoulou	OSHA Focal Point	Done	Same as ACSH government
Hungary	József Bakos	ACSH Government	Done	József Bakos was interviewed as both government and labour



				inspectorate representative
Hungary	Geza Bombera	ACSH Employers	Done	
Hungary	Karoly György	ACSH Workers	Done	
Hungary	Katalin Balogh	SLIC WG Enforcement	Done	
Hungary	Katalin Balogh	OSHA Focal Point	Done	Through position also in SLIC
Italy	Giuseppe Mastropietro	ACSH Government	Done	Alternative interviewee: Lorenzo Fantini (deputy of Mr Mastropietro)
Italy	Fabiola Leuzzi	ACSH Employers	Done	
Italy	Gabriella Galli	ACSH Workers	Done	
Italy	Mariano Martone	SLIC WG Enforcement	No answer	
Italy	Flaminio Galli	OSHA Focal Point	Not contacted	
Latvia	Mara Viksne	ACSH Government	Done	
Latvia	Liene Vancane	ACSH Employers	Done	Alternative interviewee: Laima Beroza (Mrs. Vancane does not represent LDDK anymore)
Latvia	Ziedonis Antapsons	ACSH Workers	Done	
Latvia	Inese Suna	SLIC WG Enforcement	Done	Alternative interviewee: Linda Matisane (Ms. Suna is on maternity leave)
Latvia	Linda Matisane	OSHA Focal Point	Done	Covered by SLIC Interview by Ms Matisane
Lithuania	Masalis Saulius	ACSH Government	Done	
Lithuania	Vaidotas Levickis	ACSH Employers	Done	
Lithuania	Rimantas Kumpis	ACSH Workers	Done	
Lithuania	Jonas Gricius	SLIC WG Enforcement	Done	
Lithuania	Nerita Sot	OSHA Focal Point	Done	
Luxembourg	Paul Weber	ACSH Government	Done	

Luxembourg	Pierre Blaise	ACSH Employers	Done	
Luxembourg	Marcel Goerend	ACSH Workers	No answer	
Luxembourg	Claude Lorang	SLIC WG Enforcement	Done	Done through interview with government representative Paul Weber
Luxembourg	Paul Weber	OSHA Focal Point	Done	Covered by interview with government representative
Malta	Mark Gauci	ACSH Government	Done	
Malta	John Scicluna	ACSH Employers	Done	
Malta	Joseph Carabott	ACSH Workers	Done	
Malta	Mark Gauci	SLIC WG Enforcement	Done	Covered by ACSH Government interview
Malta	Remigio Bartolo	OSHA Focal Point	Not contacted	
Poland	Danuta Koradecka	ACSH Government	Done	
Poland	Zbigniew Zurek	ACSH Employers	Did not wish to participate	
Poland	Iwona Pawlaczyk	ACSH Workers	Done	
Poland	Michal Wyszowski	SLIC WG Enforcement	Done	
Poland	Wiktor Marek Zawieska	OSHA Focal Point	Not contacted	
Portugal	Luis Lopes	ACSH Government	Done	
Portugal	Luis Henrique	ACSH Employers	Done	
Portugal	Maria Catalina Branco Ferreira Tavares	ACSH Workers	Done	Alternative interviewee: Maria Vieira
Portugal	Fátima Pisco	SLIC WG Enforcement	Done	Fatima Pisco, Maria Jose Tiago
Portugal	Maria Manuela Calado Correia	OSHA Focal Point	Done	
Romania	Livia Elena Cojocaru	ACSH Government	Done	Other participants at this interview included Mrs Marian Tanase, Mr Dr Todea, Mariana Basuc and Andrei Soltan
Romania	Adrian Izvoranu	ACSH	N/A	

		Employers		
Romania	Corneliu Constantinoia	ACSH Workers	N/A	
Romania	Emilia Zamfirache	SLIC WG Enforcement	Done	Covered through group interview with government and other representatives
Romania	Ioana Georgiana Nicolescu	OSHA Focal Point	N/A	
Slovak Republic	Elena Palikova	ACSH Government	N/A	Other interviewees not mentioned here included: Mrs Daniela Gecelovská from the Slovak Labour Inspectorate, Mrs Miroslava Kordosova and Dr Teodor Hattina
Slovak Republic	Robert Meitner	ACSH Employers	Done	
Slovak Republic	Alexander Tazik	ACSH Workers	Done	
Slovak Republic	Jana Gibodova	SLIC WG Enforcement	Done	
Slovak Republic	Laurencia Jancurova	OSHA Focal Point	N/A	
Slovenia	Tatjana Petricek	ACSH Government	Done	Other participating interviewees were: Mrs Vladka Komel, Roman Hocevar, Matin Jesenuk
Slovenia	Igor Antauer	ACSH Employers	Done	Mr Duchan Marc also participated in this interview
Slovenia	Lucka Böhm	ACSH Workers	Done	Covered through interview with Mr Böhm and Roman Hocevar
Slovenia	Slavko Kristofelc	SLIC WG Enforcement	Done	
Slovenia	Vladka Komel	OSHA Focal Point	Done	Covered through government interview
Suomi-Finland	Leo Suomaa	ACSH Government	Done	Following contact with both Mr Leo Suomaa and Mr Antti Janas, Mr Leo Suomaa will take the interview of SLIC and ACSH Government
Suomi-Finland	Katja Leppänen	ACSH Employers	Done	Covered through completed questionnaire by email
Suomi-Finland	Railli Perimäki	ACSH Workers	Done	

Suomi-Finland	Antti Janas	SLIC WG Enforcement	Done	Done through interview with Mr Leo Suoma
Suomi-Finland	Hannu Alen	OSHA Focal Point	No answer	
Spain	Concepción Pascual Lizana	ACSH Government	Done	Ms Elisenda López Fernández Technical Adviser of INSHT Director and Pilar Casla Benito, Coordinator of EU relations also participated in the interview
Spain	Pedro Teixido Campas	ACSH Employers	Done	Alternative interviewees: Mrs Isabel Maya, Jessica Duran
Spain	Pedro Linares	ACSH Workers	Done	
Spain	Manuel Velazquez	SLIC WG Enforcement	Done	Alternative interviewees: Rafael Martinez Mesas, Ana Ercoreca de la Cruz, Esther Garcia Alejo, José Ignacio Martín Fernández
Spain	Belén Perez-Aznar	OSHA Focal Point	N/A	
Sweden	Mikael Sjöberg	ACSH Government	Done	
Sweden	Bodil Mellblom	ACSH Employers	Done	
Sweden	Christina Järnstedt	ACSH Workers	Done	Sven Bergström (SB; LO), Jana Fromm (JF; TCO), Börje Sjöholm (BS; TCO) and Karin Fristedt (KF; SACO) also participated in the interview
Sweden	Mats Ryderheim	SLIC WG Enforcement	Done	
Sweden	Barbro Köhler Krantz	OSHA Focal Point	N/A	
The Netherlands	Roel Gans	ACSH Government	Done	Martin den Held also participated in the interview. The ministry did have some changes to the interview, however they have been incorporated into the data now available
The Netherlands	Mario van Mierlo	ACSH Employers	Done	

The Netherlands	Wim van Veelen	ACSH Workers	Done	
The Netherlands	Jan Blok	SLIC WG Enforcement	Done	
The Netherlands	Henk Schrama	OSHA Focal Point	Done	
United Kingdom	Stuart Bristow	ACSH Government	Done	
United Kingdom	Guy Bailey	ACSH Employers	Done	
United Kingdom	Hugh Robertson	ACSH Workers	Done	Interview carried out by written feedback, not personally
United Kingdom	Tim Galloway	SLIC WG Enforcement	Done	

### EU level

Organisation	Name	Function	Status	Comments
DG EMPL Directorate B – Employment and Social Legislation, Social Dialogue	Armando Silva	Director	Done	
DG EMPL Directorate B Unit B3 – Health, Safety and Hygiene at Work	Arsenio Fernandez	SLIC Coordinator	Done	
	Alick Morris	SCOEL Coordinator	Done	
	Antonio Cammarota & Jesús Alvarez Hidalgo	Policy Officers	Done	
DG EMPL Directorate B - Unit B1 - Social Dialogue	Francois Ziegler	Policy Officer - Sectoral social dialogue	Done	
DG ECFIN – Unit B3 – Labour market reforms	Fabiana Pierini	Economic Policy Officer	Declined	Did not think it was relevant
DG ENTR – Unit B3 – Europe 2020 and National Competitiveness Policies	Daniel Klein	Policy Analyst - Competitiveness policies in Member States	Done	
DG SANCO – Unit C4 – Health determinants	Hana Horka	Policy Officer	Done	Accompanied by Scheftlein Jürgen
DG MARE – Directorate E – Baltic Sea, North Sea and Landlocked Member States	Giorgio Gallizioli	Adviser for social matters and simplification	Done	
DG RTD – Unit F3 – Public health	Barbara Kerstiens	Head of Sector – Public Health and Health Services Research	Done	
DG ENV – Unit D3 – Chemicals, Biocides and nanomaterials	Helen Mc Carthy	Policy Officer – Chemicals, cross-cutting issues and international	Declined	Time constraints

Organisation	Name	Function	Status	Comments
		relations		
DG ENV – Unit C3 - Industrial Emissions, Air Quality and Noise unit	Alan Radway	Policy Officer	Done	
ACSH Employer Interest Group	Rebekah Smith	Coordinator & BUSINESSEUROPE Representative	Done	
ACSH Workers Interest Group	Laurent Vogel	Coordinator & ETUC Representative	Done	
ACSH Government Interest Group	Tom Walsh	Coordinator	Done	
EU-OSHA	Christa Sedlatschek	Director	Done	
	Eusebio Rial-Gonzalez	Head of Prevention and Research Unit	Done	
	Brenda O'Brien	Brussels Liaison Office	Done	
European Parliament – EMPL Committee	Karima DELLI	Rapporteur of the report on the mid-term review of the European strategy 2007-2012 on health and safety at work	Done	
Eurostat – Unit F5 Education, health and social protection	Bart De Norre	Head of Section – Statistics on the European Health Interview Survey and on Occupational Diseases	Done	
	Elisabeth Thielen	Head of section – Statistics on Accidents at Work and on Food safety	Done	
Eurofound – Industrial Relations and Workplace Developments unit	Jean-Michel Miller	Research Manager	Done	
	Agnès Parent-Thirion	Senior Programme Manager, Working conditions	Done	
	Oscar Vargas Llave	Research Officer	Done	
CEEP – Social Affairs Committee	Dominique Vacher	H&S Chairman	Done	
EUAPME – Social Policy and Vocational Training	Helen Hoffmann	Adviser for Social Affairs	Done	
ILO Office for the European Union and the Benelux countries	Rudi Delarue & Irene Wintermayr	Director & Safety and Health at Work	Done	

## Appendix F Intervention logic overview of the European strategy



Main instruments	Logic chain				Output	Prime objective	Overall objective
Proper implementation of EU legislation	Strengthening implementation of Community legislation and reinforcing commitment	Commission: Assistance to MS	Effective transposition and implementation of Community directives	MS: Implementation of a package of instruments	Dissemination of good practice at local level	Better practice at local level	Better compliance with Community legislation
					Training white- and blue-collar workers	Better practice at local level	
					Development of simple tools to facilitate risk assessment	Better practice at local level	
					Distribution of information and guidelines	Better practice at local level	
					Better dissemination of information and better access to counselling services	Better practice at local level	
					Access to external prevention services	More use of external prevention service => Better practice at local level	
					Involvement of labour inspectors as intermediaries	Better practice at local level	
					Use of economic incentives at Community level and at national level	Better practice at local level	
	Commission: Evaluate the situation regarding preventive services (Indicator: Evaluation performed or not)	Commission: Investigate the need to make a recommendation regarding preventive services (Indicator: Recommendation or not)		MS: Steps to facilitate access to good quality prevention services	Companies: Use good quality prevention services	Better practice at local level	
	Reinforcing cooperation in efforts to monitor the application of the legislation	Commission: Promote the work of SLIC		SLIC: Improve the effectiveness of control and monitoring of the application of the legislation		Better practice at local level	
				SLIC: Facilitate cooperation between labour inspectors and step up joint action			
				SLIC: Examine reasons for different incidence rates and discuss their experience of innovative solutions	Better application of the legislation		
				SLIC: Examine the role of labour inspectors when assessing the impact of REACH and develop synergies in cooperation with other inspection bodies			
				SLIC: Develop methods of exchanging information on the problems of applying the legislation (Indicator: Developed methods)	Allow the problems to be addressed jointly	Better application of the legislation => Better practice at local level	
				SLIC: Strengthen cooperation with ACSH	Preparing legislative initiatives (Indicator: Initiatives prepared)		
					Evaluating the implementation of directives (Indicator: Evaluations performed)		
					MS: Enable labour inspectors to ensure that those concerned meet their obligations and are able to exercise their rights	Labour inspectorate: Carry out checks	
						Labour inspectorate: Imposition of penalties and prosecution for failure to abide by rules => Better practice at local level	



Main instruments	Logic chain						Output	Prime objective	Overall objective
Support SMEs in the implementation of the legislation									
Adapt and simplify the legal framework	Commission: Adapt the legislative framework to take into account the state of the art and changes in the workplace	Commission: Find ways of improving risk prevention through consultations with the social partners	<i>Improved risk prevention</i>	<i>Less risks</i>					
		Commission: Adopt a third list of indicative values for chemical agents <b>(Indicator: List adopted or not)</b>							
		Commission: Report on the evaluation of the implementation of Directives <b>(Indicator: Reported or not)</b>							
		Commission: Evaluate measures taken in response to recommendations concerning self-employed workers and schedule of occupational diseases <b>(Indicator: Evaluation or not)</b>							
		Commission: Codify the directives <b>(Indicator: Number of codifications)</b>							
		Commission: Reducing the number of members of SLIC and improving the way in which it works <b>(Indicator: Reduction or not)</b>	MS: Improving legislation by simplifying it	MS: Report on the activities					
	Commission: Reducing the administrative burden on companies	Commission: Encourage the establishment of a common methodology for evaluating directives <b>(Indicator: Methodology established or not)</b>							



Main instruments	Logic chain						Output	Prime objective	Overall objective
Development and implementation of national strategies	MS: Detailed evaluation of the national situation (Indicators: Detailed evaluations performed or not)	MS: Adopting coherent national strategies with active participation and consultation of all interested parties (Indicator: National strategies adopted or not)	MS: Establish quantitative objectives for reducing the incidence of occupational accidents and illnesses (Indicator: Quantitative objectives established or not)				Reduce the number of accidents at work and occupational illnesses (Indicators: Statistics at EU and MS level)	25 % reduction of the total incidence rate of accidents at work per 100000 workers in EU27 (Indicator: Statistics at EU and national level)	
			MS: Target sectors and companies which have the worst track record (Indicators: Sectors and companies with worst track record identified and targeted)						
			MS: Focus on the most common risks and the most vulnerable workers (Indicators: Most common risks and most vulnerable workers identified and put in focus)						
			MS: Systematic procedures to gather and analyse the data drawn from the health surveillance of workers (Indicator: Systematic procedures established)	Improving the preventive effectiveness of health surveillance	Improved prevention	Less risks			
			MS: Campaigns to raise doctors' awareness of their patients' medical history and working conditions (Indicator: Campaigns or not)						
			MS: Measures to improve the rehabilitation and reintegration of workers excluded from the workplace (Indicator: Measures or not)	Improvement of the rehabilitation and integration of workers					
			MS: Dealing with social and demographic change						
			MS: Strengthening policy coherence						
			Commission: Will ensure that health and safety initiatives are developed in consistency with public health policies						
			Commission: Will seek to ensure that initiatives in other policy areas take into account how they will affect the protection of health and safety in the workplace						
			Commission: Will explore how the Community's programmes and funds can help improve OHS						
			ACSH: Exchange information on the national strategies	ACSH: Seek to ensure that the national strategies are formulated in a coherent manner					
				ACSH: Seek to ensure that the national strategies provide the same level of protection throughout EU					



Main instruments	Logic chain					Output	Prime objective	Overall objective
Encourage changes in behaviour of workers and employers	European Social Fund: Supports MS's initiatives to develop a preventive culture	MS: Developing training projects	MS: Integrating health and safety into education and training programmes	Development of basic preventive reflexes	Changes in behaviour	Better practice at local level	Improving health and promoting awareness within companies	
				Make workers aware of the risks in the company				
	OSHA: Review the extent to which health and safety aspects have been incorporated into MS' training policies (Indicator: Review or not)	Commission: Will consider whether or not to present a proposal for a recommendation (Indicator: Recommendation or not)	Make workers aware of how to prevent and combat risks					
	Commission: Encourages MS to make provisions	MS: Makes provisions in the national strategy for specific initiatives enabling enterprises to be given technical assistance and advice (Indicator: Provisions or not)	Technical assistance and advice to enterprises concerning the promotion of workers' health					
	Commission: Requests OSHA	OSHA: Collects and disseminates information intended to support the development of occupational health promotion campaigns						
	Commission: Requests Eurofound	Eurofound: Examines the real effects of occupational health promotion campaigns (Indicator: Examination or not)						
	Providing direct or indirect economic incentives for preventive measures in companies	Raising awareness	Changing attitudes to health and safety issues at work	Companies: Invest in active prevention policies to protect the health of their workers	Companies: Encourage workers to adopt healthy lifestyles	Workers: Improve their general state of health		
	OSHA: Develops sectoral awareness-raising campaigns (Indicator: Number of campaigns)							
	OSHA: Exchanges experience and good practice aimed at specific sectors	OSHA: Promotes the management of health and safety at work in enterprises						
	Social partners: Draw up initiatives in the context of the sectoral social dialogue		Better OHS management in enterprises					
Social partners: Ensure that workers' representatives are given a greater coordinating role in the systematic management of occupational risks	Workers' representatives have a coordinating role in the systematic OHS management							



Main instruments	Logic chain						Output	Prime objective	Overall objective
Finalise methods for identifying and evaluating new potential risks	Seventh framework programmes for research	Calls for proposals	Research	Knowledge	Arguments and evidence	Policy decisions			
	Technology platform for occupational safety and environmental safety						Better risk prevention => Less risks		
	Setting up of national technology platforms (Indicator: Platforms set up or not)	More coordination between national research programmes							
	OSHA: Encourages national health and safety research institutes to set joint priorities	National institutes set joint priorities (Indicator: Joint priorities set up or not)							
	OSHA: Encourages national health and safety research institutes to exchange results	National institutes exchange results	More and better research	More and better knowledge	More and better arguments and evidence	Better policy decision	Better risk prevention => Less risks		
	OSHA: Encourages national health and safety research institutes to include OHS requirements in research programmes	National institutes include OHS requirements in research programmes							
	OSHA's Risk Observatory: Enhances risk anticipation to include risks associated with new technologies etc. (Indicator: New risks included or not)								
	Commission: Encourages MS and social partners to promote the practical, rapid implementation of the results of basic research	MS and social partners: Promote the practical, rapid implementation of the results of basic research by making simple preventive instruments available to enterprises and in particular to SMEs	Enterprises: Use simple preventive instruments	Better risk prevention			Less risks		
	Commission: Encourages MS	MS: Incorporate into their national strategies specific initiatives aimed at preventing mental health problems and promoting mental health more effectively (Indicator: Initiatives incorporated or not)	Workplace: Prevent psychological problems and promote better mental health				Less mental health problems		
	Commission: Encourage the social partners	Social partners: Draw conclusions from the assessment of the implementation of the European framework agreement on work-related stress							
Improve the tracking of progress	Commission: Will develop a common system for the collection and exchange of information on the content of national strategies etc. (Indicator: System developed or not)								
	Commission: Will promote the development of qualitative indicators to enhance the data provided by European statistics and opinion surveys on health and safety at work	Measure the progress achieved and the efforts made by all players	Ensure that adequate follow-up is given to the implementation of this strategy						



Main instruments	Logic chain						Output	Prime objective	Overall objective
Promote health and safety at international level	EU: Strengthening cooperation with ILO, WHO and other international organisations	Establish higher levels of protection globally							
	EU: Working together with other nations	Promote implementation of the Global Strategy on Occupational Safety and Health and ratification of the Promotional Framework for OHS Convention (Indicator: Globaæ Strategy and Framework implemented or not)							
	EU: Stimulate MS	MS: Ratification of ILO Conventions (Indicators: Number of Conventions ratified)							
	EU: Working with third countries and international organisations	Obtain a global ban on the production, marketing and use of asbestos or products containing asbestos, and promoting health and safety at work in general							
	EU: Enhancing the collection of data on accidents through reporting requirements of serious accidents	Improving the comparability of such data							
	EU: Strengthening cooperation with developed economies and with emerging economies								
	EU: Assisting the candidate countries in their efforts to implement the acquis on health and safety at work	Candidate countries: Implement the acquis on health and safety at work							