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COMMISSION STAFF WORKING DOCUMENT

Evaluation of the European Strategy 2007-2012 on health and safety at work

TABLE OF CONTENTS

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1. INTRODUCTION

In February 2007, the European Commission adopted the Communication *Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work*[1] (hereafter the Occupational Safety and Health (OSH) Strategy). This Communication underlined the major contribution that investing in a high-quality work environment can make to fostering economic growth, boosting productivity and creating employment. It also drew attention to the high costs of work-related accidents and diseases for businesses, social security systems and public finances.

All EU institutions welcomed the strategy highlighting the importance of an EU strategic framework to coordinate national policies in this area[2].

The OSH Strategy expired at the end of 2012. This Staff Working Document presents the evaluation of the strategy. It is based on data from a range of sources, including the results of a study outsourced by the Commission in December 2011[3], and a consultation with stakeholders in the context of the study and through the EU's consultative bodies in this area, i.e. the Advisory Committee on Safety and Health at Work (ACSH) and the Senior Labour Inspectors Committee (SLIC). In addition the outcome of the work of Scientific Committee on Occupational Exposure Limits (SCOEL) was also taken into consideration. A preliminary stocktaking of the outcomes of this evaluation was carried out for a conference organised by the Danish Presidency of the Council, held in Copenhagen in June 2012.
In April 2011, the Commission adopted a Staff Working Paper on the mid-term review of this strategy[4]. It took stock of the achievements and shortcomings in the first phase of implementation of the OSH Strategy, based on the outcomes of a wide-ranging consultation process involving all the main stakeholders and actors in this area[5].

This document also aims to provide background information for a public on-line consultation on the direction of future EU policy initiatives in the area of occupational safety and health

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1 COM(2007) 62 final of 21.2.2007.

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

3 Following an open call for tenders, the contract VC/2011/0510 was awarded to a consortium composed of COWI from Denmark, Milieu from Belgium and the Institute of Occupational Medicine (IOM) from Great Britain.

4 *Mid-term review of the European Strategy 2007-2012 on health and safety at work*, SEC(2011) 547 final of 27.4.2011.

5 In December 2011, the European Parliament adopted a Resolution on the mid-term review of the European strategy (European Parliament Resolution A7-0409/2011 of 15.12.2011). In it, the Parliament identified a number of priority areas for occupational safety and health policy in the future. It also invited the Commission to take initiatives in these areas, in particular to improve the collection of OSH statistical data, to foster a prevention culture with regard to occupational safety and health, to improve measures to protect vulnerable workers and to prevent new risks from arising.

(OSH), which will be launched simultaneously with its publication. To this end, it examines the results of the implementation of the OSH Strategy against the background of a changing political and socio-economic context, taking account of the main objectives of the strategy, of those involved and of its political instruments.

2. BACKGROUND TO THE OSH STRATEGY 2007-2012

2.1. Objectives, actors and instruments of the strategy

The **main objective** of the OSH Strategy 2007-2012 was 'an ongoing, sustainable and uniform reduction in accidents at work and occupational diseases.'

In this context, an ambitious goal was set for all Member States to achieve: an overall 25% reduction in the total incidence of accidents at work by 2012. To this end, six specific objectives were identified, in particular:

- to improve, simplify and better implement the EU regulatory framework on occupational safety and health and adapt it to changes in the workplace;
- to develop coherent national strategies suited to the specific context of each Member State;
- to encourage changes in behaviour and promote a preventive culture in all parts of society;
- to better identify and assess potential risks by doing more research, exchanging knowledge and applying results in practice;
- to develop monitoring tools to track progress;
- to further develop international cooperation on OSH.

A strong point of the OSH Strategy was the intention to actively involve a wide range of actors in its implementation. This included the EU institutions, bodies and agencies, Member States, national social partners and any other stakeholders in the area. All of them had the opportunity to participate directly in implementing the OSH Strategy at EU or national level. The results of the evaluation will show to what extent these efforts were successful in involving a wide range of stakeholders in developing EU policies in this area.

Rising to the challenge of developing an OSH policy also requires identifying and applying the appropriate combination of the different EU instruments available, while fully respecting the principle of subsidiarity. These instruments include legislation, social dialogue at all levels, tripartite consultation, statistics, information and awareness-raising activities, research and incorporating health and safety into other important areas of national and EU policy. This document examines in detail how this range of instruments has contributed to achieving the strategy's main objectives.

2.2. A changing socio-economic context

The strategic design of OSH policy needs to take into account the structural changes taking place in the world of work, with new ways of organising work, new technologies and new work patterns, alongside a shift from manufacturing and agriculture to services. Many of these trends help to reduce health hazards and promote a healthier work environment. For example,

many new technologies have reduced certain types of exposure to some physical hazards — office work is vastly perceived as safer than chain work in a factory. On the other hand, new risks are emerging that were practically unknown or at least neglected twenty years ago. Examples are nanotechnologies, new chemicals and increasing stress at work. The crisis has added other factors and influenced the implementation of the OSH Strategy in a number of ways.

The implementation of the OSH Strategy was inevitably affected by the economic and financial crisis that began in 2008 and its effects on the labour market, especially in terms of more unemployment and less job security. The extent to which the current recession has changed the pattern of health and safety risks and affected OSH policy and investment in Europe cannot be determined with certainty. As research shows, the effect of recessions on OSH developments follows a complex pattern. At the beginning of the economic downturn, the number of work accidents tends to decrease as the slowdown eases the workload and reduces the number of inexperienced workers in the workforce. However, this tendency can be reversed later on in a recession, because cost-cutting practices affect OSH investments. This is because firms and workers are willing to undertake far riskier tasks against a backdrop of scarce employment opportunities. OSH policies should therefore pay particular attention to this stage of a recession[6]. Given the length and severity of the current crisis and its far-reaching consequences, more research should be done on the different effects described.

Also the reduction in resources made available to enforcement bodies in several member States, as a direct result of budgetary restraint policies, represented a challenge for achieving the objectives of OSH policies..

3. KEY ELEMENTS OF THE METHODOLOGY AND OUTCOMES OF THE EVALUATION OF THE EUROPEAN STRATEGY 2007-2012

3.1. Methodology

The evaluation is based mainly on an external study[7]. Other sources of information were also used, such as the Opinions of the ACSH[8] and SLIC[9], the mid-term review of the European Strategy[10], the European Parliament's report on the mid-term review[11] and the results of the Danish Presidency Conference in June 2012[12].

The study extensively **collected and analysed data** from the Member States and EU data. It also involved horizon scanning.

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6 See 'An inquiry into health and safety at work: a European Union perspective', a project supported by the European Commission through the Seventh Framework Programme (FP7). http://www.abdn.ac.uk/haw/.

7 See references in footnote 3.

8 Opinion on the Community Strategy Implementation and Advisory Committee Action Programme adopted on 1.12.2011. Doc 2033/11.

9 EU Strategic Priorities, 2013-2020. February 2012.

10 SEC(2011) 547 final.

11 http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&reference=A7-2011-0409&format=XML&language=EN

12 http://arbejdstilsynet.dk/en/engelsk/information/other-informational-material/formandsskabet.aspx.

The collection of data from the Member States was based on desk studies and interviews. The desk studies drew on different sources, e.g. national strategies, evaluations of national strategies, other documents relating to national strategies or their implementation, Scoreboard 2009 — a structured approach to collecting and analysing information on key OSH drivers, the European Agency for Safety and Health at Work (EU-OSHA). This is the EU body in charge of collecting and disseminating information on OSH reports on national initiatives..

The stakeholders interviewed included the members of the ACSH (employers, workers and government representatives), the SLIC representatives and (in most countries) the EU-OSHA national focal points that are part of the network envisaged in its Founding Regulation[13].

The analysis assessed the European Strategy in terms of the OSH situation in Europe and the socio-economic context, in particular in light of the Europe 2020 strategy.

The latest available EU statistical data was used to draw on the most up-to-date information on trends in the occurrence of work-related accidents and diseases. A survey amongst Member States was carried out in 2012 to get additional up-to-date information on three key questions in Scoreboard 2009, related to trends in the incidence of work-related accidents and diseases. The information complemented existing Eurostat data.

3.2. Key indicators for measuring the achievement of the OSH Strategy goals

Taking into account the significant fall in the incidence of accidents at work during the period of the previous EU Strategy 2002-2006[14], a target of a 25% reduction in the total incidence 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 diseases in the OSH Strategy.

Accidents at work. Due to the lack of up-to-date statistical data, it is not possible at present to establish with accuracy whether the 25% target was reached in 2012.

The latest Eurostat estimates indicate a 26.8% reduction in the incidence of non-fatal accidents at work in the EU-15 between 2007 and 2010[15]. For the EU-27, the data series only starts in 2008. It shows a reduction of around 25% in the incidence of non-fatal accidents at work between 2008 and 2010[16]. On the basis of these data, and assuming that there was no deterioration during the last two years of the strategy, it is possible to conclude that by 2012, the 25% target would have been broadly reached.

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13 Article 4 of Council Regulation (EC) No 2062/94 of 18 July 1994.

14 *Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006*, COM(2002) 118 final. According to the harmonised data on accidents at work that are collected in the context of European Statistics on Accidents at Work (ESAW), a 25% reduction in the incidence of accidents at work was observed between 2000 and 2006. Over ten years from 1995 to 2005, the incidence of accidents at work dropped by 27.4% in the EU-15, against 42.4% for fatal accidents (see *Causes and circumstances of accidents at work in the EU*, European Commission, DG EMPL, 2009).

15 Eurostat, European Statistics on Accidents at Work. These estimates cover NACE Rev 2 branches A_C-N for 2008 and NACE Rev 1.1 branches A_D-K for 2007.

16 Eurostat, European Statistics on Accidents at Work. The data do not cover Greece. For sectoral coverage see footnote 18.

This favourable trend could have been influenced by the downturn in economic activity during the period. This is because jobs were temporarily retained in many workplaces during the economic crisis, thus reducing the average exposure of workers to risk. The recession has also affected some sectors in which workers are more exposed to accidents at work, such as construction. Accident statistics are also greatly under-reported and the accuracy of such data varies from one Member State to the next, despite improvements made to the reporting system. It is difficult to estimate the extent of under-reporting and to determine whether it has increased or decreased in recent years.

Despite the changes on the labour market over the last years, the implementation of the Strategy still took place in a context where gender segregation both as regards sectors of employment and occupation continued to play an important influence on OSH outcomes. The incidence of occupational accidents is much higher among men than women, both as regards serious non-fatal and fatal accidents[17]. Men are particularly exposed to accidents in certain high risk sectors like construction or mining and quarrying where they constitute a substantial part of the work force. Gender differences can also be observed as regards work-related health problems. In the LFS as hoc module 2007, differences in the occurrence of work-related health problems between men and women that work or worked previously were small, i.e. 8.6% versus 8.5%. However, when only currently employed persons were studied, women more often had a work-related health problem than men (8.6% versus 7.8%), and gender differences could be found with respect to the type of most serious work-related health problem declared. The results of the European Working Conditions Survey 2010 show that men are more likely to be regularly exposed to physical risks than women, with the exception of handling infectious materials and lifting or moving people. These two risks are particularly prevalent in health care jobs, which are predominantly carried out by women. There is also a growing recognition of gender differences with regard to psychosocial working conditions and exposure to psychosocial risk factors.

With regard to **occupational diseases**, the OSH Strategy's objective for the period 2007-2012 was an 'ongoing, sustainable and uniform' reduction in occupational diseases, but no quantitative target was set. Information from different sources can however provide some indicative information about the changes in this area over the strategy period.

According to the Labour Force Survey ad hoc module 2007 on work-related accidents, health problems and hazardous exposure, 8.6% of people employed in the EU-27 reported one or more work-related health problems in the past 12 months. Musculoskeletal disorders (MSDs) and stress, depression and anxiety were the two most common problems[18].

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17 According to Eurostat data (ESAW, 2010), the standardised incidence rate for accidents with more than 3 days lost was 2,213.95 for men and 955.02 for women per 100,000 persons employed, respectively. During the same period the incidence of fatal accidents reached 3.98 for men and 0.31 for women.

18 Among the respondents (persons that worked at the time of the survey or had worked previously) that have reported one or more health problem 59.8% declared MSDs and 13.7% stress, depression and anxiety, as being their most serious health problem. Eurostat, Labour Force Survey ad hoc module 2007 on work-related accidents, health problems and hazardous exposure.

Eurofound data[19] concerning mainly the exposure to risk factors can provide additional information, enabling reflection on the direction trends in occupational diseases are likely to take. According to the European Working Conditions Surveys (EWCS), the number of workers who reported performing repetitive tasks lasting less than 10 minutes decreased from 51% in 2000 to 40% in 2010. However, the number of workers who reported performing repetitive tasks lasting less than one minute did not change from 2000 to 2010 at 27%[20]. Another finding of the EWCS is that European workers report being as exposed to physical hazards as they were 10 years ago. The percentage of workers handling heavy loads barely changed between 2005 and 2010 (33.5%). The percentage of workers exposed to repetitive hand or arm movements (63.5%) or working in tiring or painful positions for at least a quarter of their working time (46.4%) increased slightly during that period.

According to the EWCS, 22.5% of workers reported being exposed to vibrations in 2010, while 29.0% of workers reported being exposed to loud noise. Again, these figures barely changed between 2005 and 2010.

In 2010, 15.3% of workers reported being exposed to chemical products or substances (hardly any change since 2005), while 11.3% of workers reported being exposed to infectious materials (an increase from 9.2% in 2005). To assess the health effects of chemical agents on workers at work, the Scientific Committee on Occupational Exposure Limits (SCOEL) has during the period 2007-2012 adopted and published approximately 65 Recommendations on a broad range of individual chemicals, giving advice on the setting of Occupational Exposure Limits (OELs).

The Eurofound data, taken together with data from Scoreboard 2009 and the external study, show that at the end of 2012, the incidence of work-related health problems and diseases, including work-related MSDs and work-related stress, will probably remain at the same level as in 2007, although the level of work-related stress might have increased. In other words, a sustainable and uniform reduction in occupational diseases seems unlikely.

Conscious of this state of affairs Commission services undertook to evaluate the situation in each EU Member State and EFTA/EEA country as regards the main characteristics of the respective national systems of occupational diseases. This includes a series of steps, the 1st one of which has been finalised in 2012, i.e. the elaboration of a comprehensive study report aiming at analysing in detail the main features of the occupational diseases' systems of EU Member States and EFTA/EEA countries[21].

The report highlights significant differences between Member States at the level, inter alia, of diagnostic criteria, mechanisms of inclusion of given diseases in the national lists of those recognised as occupational in origin, compensation rules and ultimately processes of decision-

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19 European Working Conditions Survey 2000, 2005 and 2010.

20 Eurofound (2012), *Fifth European Working Conditions Survey*, Publications Office of the European Union, Luxembourg..

21 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 in http://ec.europa.eu/social/main.jsp?catId=716&langId=en

making on all of the above, which explains why comparison of occupational diseases related data across the EU is so difficult.

3.3. Promoting a modern and effective EU regulatory OSH framework

The EU regulatory framework on workers' health and safety aims to establish a consistent minimum level of protection for all European workers encompassing a wide range of risk factors. To achieve this ambitious goal, it needs to be implemented in all 27 Member States and uniformly enforced in all workplaces across the EU.

The OSH Strategy 2007-2012 identifies three main areas of action, with different actors involved:

(a) strengthening implementation of EU OSH legislation,

(b) monitoring the application of OSH legislation and

(c) simplifying the legislative framework and adapting it to change.

The following sections aim to assess the relevance of the tasks listed in the OSH Strategy to achieving the above and how effectively the various stakeholders involved in implementing the OSH Strategy have dealt with these issues.

3.3.1. Strengthening the implementation of EU OSH legislation

To do this, the OSH Strategy highlights five areas of action for the different actors involved (the Commission, national authorities, social partners, etc.) in implementing it:

(a) ensuring correct transposition of EU OSH legislation;

(b) providing guidance on implementing OSH Directives;

(c) evaluating subcontracting and preventive services and coming up with recommendations;

(d) raising awareness of and disseminating good practices;

(e) encouraging Member States to implement instruments to guarantee a high level of compliance.

a) Transposing EU legislation into national legislation. The Commission has a dual role at EU level. On the one hand, it helps Member States transpose EU legislation into national legislation and implement EU Directives. On the other hand, it ensures that these Directives are correctly enforced. The Commission may initiate infringement procedures against Member States that have failed to do so. To date, the transposition rate of OSH Directives is almost 100%. Only a small number of infringement procedures for the non-communication of national transposition measures are still ongoing. The Court of Justice of the European Union has also delivered several judgments in cases concerning non-conformity with the Framework Directive 89/391/EEC[22] and its individual directives.

[22] Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work, OJ L 183, 29.6.1989.

b) Non-binding guidance on good practices. The Commission has produced a number of non-binding guides intended primarily for employers[23]. Eight guides on different topics[24] are available from the Directorate-General for Employment, Social Affairs and Inclusion's online library. Three guides are currently being produced[25].

In this context, regarding dissemination and adapting the guidance to the needs of SMEs**,** the ACSH has assessed the quality and impact of the existing guides in the different sectors of activity, as well as the needs and the priorities for future guides. It has also come up with recommendations to ensure that more attention is given to SME-specific issues in future guides. The final report sets out a model structure for future guides and lists a number of principles and recommendations to be followed, in particular to make it easier for non-OSH experts, including SME owners, to read and understand them (e.g. keep guides as simple and as didactic as possible; involve networks such as SME networks in producing them).

c) Subcontracting and preventive services.

c.1) Different levels of subcontracting at workplaces may cause significant difficulties in terms of effectively applying OSH requirements. This is because each employer tends to limit preventive services for its own workers. Many stakeholders interviewed regarded subcontracting as an issue of crucial importance in certain high-risk sectors, such as construction and extractive industries and proposed to pay more e attention to these industries in the future.

Subcontracting was one of the topics for discussion at the 2010 SLIC Thematic Day[26]. In particular, the OSH challenges of dealing with subcontracting chains were discussed. These included coordination difficulties, that can increase the level of risks, problems with long chains of subcontracting between employers (e.g. because of conflicting interests or communication problems, in particular with regard to migrant workers), the dilution of responsibilities, the lack of training of temporary workers in safety procedures, etc. The

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[23] 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).

[24] - Protection of workers in the agricultural and forestry sectors.
- Informing/training workers involved with asbestos removal/maintenance work.
- OSH risks in the healthcare sector.
- Good practice for implementing the Directive on artificial optical radiation.
- Good practice for implementing the Directive on construction sites.
- Interface between chemicals agents Directive and REACH at the workplace.
- Good practice for applying the Directive on noise at work.
- Good practice for implementing the Directive on work at a height.
- Good practice for implementing the Directive on vibrations at work.

[25] - A non-binding guide for the protection of workers in the fishery sector on board vessels less than 15 metres long.
- A non-binding guide for implementing the Directive on electromagnetic fields (2004/40/EC) has been put together. However, in view of the initiative under way to prepare a proposal for amendments to the Directive, publication 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.
It is planned to start producing a non-binding guide to good practice in relation to work-related vehicle risks in 2013.

[26] Subcontracting: Challenges for Health and Safety and Labour Inspection, SLIC Thematic Day, Brussels, 22 November 2010.

discussion gave the opportunity to raise awareness on the necessity of sharing information and enhancing cooperation among the national labour inspectorates in this domain. As a result, a dedicated working group is currently active within the SLIC, entrusted with the preparation of an opinion on the EU platform to fight against undeclared work.

c.2) Access to preventive services should be facilitated, in particular for SMEs, especially when the required expertise is not available within the company.

Two issues in particular require more investigation. The first concerns the quality of external preventive services. The second concerns the additional costs involved in hiring external expertise for SMEs. Across the EU, many companies, small and large, face these problems.

In 2006, SLIC carried out a study on the use of external services or persons that may carry out protective and preventive activities for employers[27]. The study described the structures in place in the Member States and showed some common trends among Member States in regulating preventive services.

However, data on the current situation in the Member States regarding external preventive services is still very limited. The upcoming ex-post evaluation of the 24 OSH Directives will pay a particular attention to these aspects to allow to provide a more detailed picture (see section 3.3.3.).

d) Raising awareness and disseminating good practices. EU-OSHA has produced a broad range of material on good practices (e.g. e-facts, factsheets, case studies, reports, etc.) that underpin implementation of EU OSH legislation. In addition, the core aim of its campaigns, such as the Healthy Workplace Campaigns, is to raise awareness among SMEs of the relevant legislation. The campaigns actively targeted high-risk sectors. The development of the online interactive risk assessment tool (OiRA) is seen as one of the main successes of the efforts to improve implementation of the legislation by SMEs. EU-OSHA has been a key player in disseminating guidance, good practices and other types of support to companies to help them better understand and apply the legislation.

e) Encouraging Member States to implement instruments to guarantee a high level of compliance. In order to better implement EU OSH legislation action is required not only at EU level but also at Member State level.

A survey conducted in the context of the mid-term review of the OSH Strategy shows that most Member States have set up a series of policy and financial instruments to help companies implement EU OSH requirements transposed into their national legislation. As the Member States indicated in their replies to the survey the Commission conducted in January 2010, awareness-raising campaigns, the development of toolkits (including IT-based ones) to facilitate risk assessment, the dissemination of good practices, information and guidelines, are among the methods most frequently used to foster better implementation of the national regulatory framework.

[27] *Study on External Protective and Preventive services/persons*, SLIC, March 2007.

In 2010, EU-OSHA published a report titled *Economic incentives to improve occupational safety and health: a review from the European perspective*[28]. By providing an overview of current economic incentive schemes and putting them in their national context in the EU-27, this report is a useful basis for further work. It focuses mainly on financial incentives (insurance-related incentives and tax and funding initiatives), but also deals with non-financial incentives. It gives an overview, analysis and evaluation of current schemes that provide economic incentives for occupational safety and health in Europe. It also looks at how companies and employers can be influenced and motivated to improve occupational safety and health. It gives information on best practices in the form of case studies to help companies and other organisations develop and provide economic incentive schemes. It shows that economic incentives can be offered in all Member States, regardless of their social security system traditions or of whether the accident insurance system is private or public.

3.3.2. Application of legislation and the quality of compliance, particularly by SMEs

Supporting the implementation of EU OSH legislation does not only mean giving companies the right tools to implement the requirements. It also means making sure that these requirements are correctly enforced in order to reach the desired level of protection.

This is particularly important for vulnerable groups of employees, such as young and atypical employees (short fixed-term employment and temporary agency staff) who are often not familiar with the workplace or the equipment used. Although relatively small, the group of atypical employees is getting bigger and could therefore affect overall performance in terms of health and safety[29].

The European Strategy encouraged Member States to take action to strengthen national labour inspectorates. It also defined a number of actions to be undertaken by SLIC to improve coordination on the enforcement of EU OSH legislation amongst Member States.

National labour inspectorates have played a key role in fostering an OSH culture and effectively implementing the EU *acquis* in the workplace. The power to penalise employers who break the law remains an essential part of inspectors' means of ensuring compliance. Nevertheless, a preventive approach has been used in the last few years to bring about better working conditions, reduce the number of accidents, improve the health of workers and reduce absenteeism, thus making staff more motivated and productive and improving companies' overall performance.

Inspection campaigns and non-inspection projects carried out by Member States labour inspectorates were collected in the *European code of good practice in inspection and non-inspection work of labour inspectorates*. This was done on the basis of a questionnaire

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[28] EU-OSHA, *Economic incentives to improve occupational safety and health: a review from the European perspective*, Luxembourg, 2010.

[29] The percentage of employees with a contract of limited duration in the EU27 was 14.1 in 2011, against 12.3 in 2000 (Eurostat, LFS series). Evidence also shows that in 2011, some 42.5% of young employees in the EU were working on temporary contracts. Young workers seem also to be the age group highly affected by occupational accidents, with an incidence rate for non-fatal accidents at 2 386.48 against 1 743.01 for the EU total in 2010 (Eurostat, ESAW).

developed by the SLIC project team led by the Polish National Labour Inspectorate in cooperation with the National Labour Inspectorates of Cyprus, Denmark, Germany, Portugal, Spain and the United Kingdom. The publication contains a brief overview of all the inspection campaigns carried out by Member States' labour inspectorates.

Some campaigns covered occupational safety and health and the legal protection of labour relations, including the legality of employment (e.g. the Bulgarian campaign on observance of the law in labour relations, the Portuguese inspection campaign in security companies). Others focused solely on occupational safety and health issues (e.g. the Maltese campaign 'Forklifts', the British campaign in the construction sector — the refurbishment inspection initiative). Certain campaigns addressed all aspects of occupational safety and health (e.g. the Italian campaign 'Health and safety in the workplace', the Danish campaign 'Special effort: special intense inspections'), while others focused on selected hazards associated with the work performed (e.g. the Austrian campaign 'Risk assessment of psychosocial hazards — developing and testing a guidance tool for inspections', the Slovenian inspection campaign in the construction sector — preventing falls from heights). Some campaigns were targeted at employers operating in various sectors of the economy (e.g. the German inspection campaign 'Temporary work' and the Hungarian campaign 'Inspections with advance notice'), while others focused on selected sectors (e.g. the Cypriot inspection campaign at hospitals and clinics, the Czech inspection campaign in the transport sector).

Several campaigns consisted of activities spread out over many years (e.g. the 'Screening and adapted inspection method' in Denmark, the inspection campaign in educational units in Romania). Others were one-year projects (e.g. the Lithuanian campaign 'Risk assessment in the use of dangerous substances in the workplace', the Polish campaign 'Safety management in small companies employing up to 50 workers with a poor accident record'). Some campaigns only involved inspections (e.g. 'Project on occupational safety and health in the healthcare sector' in Finland, the inspection campaign in the tyre service sector in Sweden), while others involved both inspection and non-inspection activities (e.g. the Greek campaign 'Risk assessment in the use of dangerous substances', the Irish 'Work-Related Vehicle Inspection' campaign). Some campaigns were carried out independently by labour inspectorates (e.g. the Maltese inspection campaign in hotels, the Czech campaign on safety in timber harvesting). Some were carried out in cooperation with other authorities for the supervision of working conditions (e.g. the inspection campaign in the construction sector in Luxembourg and the SEGUMAR campaign in Spain on the occupational safety of fishermen).

Based on this positive experience and, as stated in the strategy, SLIC should continue carrying out pan-European inspection campaigns. Their aim is to take action to achieve uniform implementation. They do so by monitoring implementation, stepping up action on OSH and allocating the necessary resources. This includes developing codes of practice, guidelines and other tools to facilitate the uniform application of EU legislation

Regarding the exchange of information and joint enforcement actions, SLIC encouraged the exchange of experience in several ways. They included thematic days, peer-reviewed evaluations of national labour inspection systems, the labour inspectors exchange programme,

knowledge sharing through CIRCA[30] and pan-European enforcement campaigns. The pan-European campaigns were considered the most effective way, along with the peer-reviewed evaluations of national labour inspection systems[31].

In the OSH Strategy, SLIC was also asked to look into the reasons for different incidence rates of occupational accidents in the Member States and to discuss experience of applying innovative solutions to reducing the incidence of accidents. An inventory of good practices from the Member States was provided in the mid-term evaluation of the PROGRESS Programme[32]. The report did not however include a set of recommendations. The Member States could use the results of this work to devise appropriate measures.

Chemex, the SLIC Working Group for Chemical Monitoring, was set up in 2006 to deal with labour inspection issues related to REACH[33]. Chemex is cooperating with EU-OSHA and the European Chemical Agency (ECHA) to address the issue of the relationship between REACH and OSH legislation and its enforcement.

Other projects are ongoing outside SLIC to strengthen the synergies between REACH and OSH policies. This includes guidelines produced by the ACSH in 2010 on the relationship between OSH and REACH requirements. This gives employers and workers more information about how they can meet the requirements in the REACH and relevant OSH Directives to generate synergies while avoiding the duplication of work[34]. In addition, a workshop was held jointly by ECHA and DG EMPL in Helsinki on 3 October 2012 at which the Commission, Member States, stakeholders, SCOEL and agencies representatives discussed how to effectively align REACH and OSH regulatory practices to adequately control risks from chemicals in the workplace.

The Commission recently published a report on the assessment of the overlaps between the REACH Regulations and other EU legislation, including legislation on workers' health and safety[35]. A Commission's report on a review of certain elements of REACH is also available[36].

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30 Communication and Information Resource Centre Administrator — a collaborative workspace with partners of the European institutions.

31 According to the mid-term evaluation of the PROGRESS Programme, in which SLIC was selected as a case study on working conditions.

32 See previous footnote.

33 Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC.

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

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

36 http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52013SC0025:EN:NOT and http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52013DC0049:EN:NOT

National labour inspectorates are under budgetary pressure. As a result, labour inspection resources in some Member States have decreased[37]. This could have a negative impact on the progress already made.

Resources, knowledge and experience must be pooled at EU level to overcome pressures on national labour inspectorate systems. The SLIC 2012 Thematic Day[38] therefore focused on exchanging the views and experience of all Member States on their approach to ensuring that the activities of their labour inspectorates have the greatest possible impact within the constraints of limited resources.

3.3.2.1 Particular situation in SMEs

SMEs have particular difficulties when it comes to implementing the OSH *acquis*. The lack of structures, knowledge and resources to manage their working environment properly, including opportunities to use external expertise, are among the reasons this is the case. This affects overall compliance and awareness of the existing provisions[39].

Rather than simply encouraging Member States to include specific provisions regarding SMEs in their national strategies, the main added value of EU action is to design tools that provide solutions to the problems many SMEs across the EU face.

The ACSH has come up with recommendations to ensure that more attention is paid to SME-specific issues in future guides. It has developed a model structure for future guides and listed a number of principles and recommendations to be followed, in particular to make it easier for non-OSH experts, including SME owners, to read and understand them. The recommendations include:

- keeping guides as simple and as didactic as possible to make it easier for SME owners, to read them, but without giving the impression that the risk they focus on is not important;
- involving networks such as SME networks to understand and encourage the acceptance of the guides by SMEs;
- developing complementary products to help disseminate the guides to companies, mostly SMEs.

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37 At the 60th SLIC plenary held on 3 May 2011, a study carried out by the Health and Safety Executive, the UK Labour Inspectorate, with the agreement of SLIC members, was presented. It contains detailed information drawn from study visits to Ireland, Sweden and Denmark, supplemented with written contributions from Austria, Finland, the Netherlands, France and Poland. It highlights budget constraints in Ireland, Sweden, Denmark and the Netherlands.

38 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 and 22 May 2012.

39 *Study on the consequences of the documentation of risk assessment — Article 9 of Directive 89/391/EEC — by very small enterprises, compared with a possible exemption from that obligation*. Contract VC/2011/0451.

With regard to preventive services, all companies in Europe do not yet have systematic access to protective and preventive services. This is especially a problem for SMEs throughout Europe (see section 3.3.1c).

EU-OSHA should continue raising awareness of and disseminating good practices, targeting high-risk sectors and SMEs in particular.

It has produced a broad range of material on good practices (e.g. e-facts, factsheets, case studies, reports, etc.) that underpin implementation of EU OSH legislation. In addition, the core aim of its campaigns, such as the Healthy Workplace Campaigns, is to raise awareness among SMEs of the relevant legislation. The campaigns automatically target high-risk sectors. The development of the online interactive risk assessment tool (OiRA) is seen as one of the main successes of the efforts to improve implementation of the legislation by SMEs. OiRA[40] (Online Interactive Risk Assessment) is a cost-free web application developed by EU-OSHA that allows a growing network of partners to develop tailor-made risk assessment tools for micro-enterprises and small enterprises. It helps in particular sectoral social partners (employers' and employees' organisations) and national authorities (Ministries, labour inspectorates, OSH institutes, etc.) produce sector-specific risk assessment tools.

In 2012, a study commissioned by the European Commission on the consequences of the documentation of risk assessment — Article 9 of Directive 89/391/EEC — by very small companies, compared with a possible exemption from that obligation was carried out. It explores the possible consequences and implications of the recommendation issued by the High-Level Group of Independent Stakeholders on Administrative Burdens to exempt very small companies from undertaking certain low-risk activities from the obligation to document risk assessment[41]. It is expected that the Commission will publish a report during 2013.

3.3.3. Simplifying the legal framework and adapting it to change

The regulatory OSH framework is the EU's first instrument to guarantee minimum protection standards for EU workers. It should therefore be continuously improved and adapted to cope with new socio-economic, technical and scientific changes. It should also be simplified to improve its implementation and enforcement, in line with the principles set out in the Commission Communications *Better regulation for Growth and Jobs in the European Union*[42]and *EU Regulatory fitness*[43]. Among its objectives, the OSH Strategy 2007-2012 included adapting and simplifying the legal framework. It set out a range of measures and actions in this area:

- adapting the legal framework to change;
- consulting EU social partners to improve risk prevention;

[40] http://www.oiraproject.eu/.

[41] Study on the consequences of the documentation of the risk assessment (Article 9 of Directive 89/391/EEC) by very small enterprises engaged in low-risk activities, compared with a possible exemption from that obligation, Contract VC/2011/0451, Europe Economic, 12 December 2012

[42] 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.

[43] COM(2012) 746 final

– evaluating implementation of the OSH Directives;

– codifying EU OSH Directives;

– implementing measures under the 2007 Action Programme for Reducing Administrative Burdens;

– action at Member State level.

The most important legal measures taken to achieve these objectives during the reference period were the following:

– The adoption of Directive 2007/30/EC of the European Parliament and of the Council of 20 June 2007 amending Council Directive 89/391/EEC, its individual Directives and Council Directives 83/477/EEC, 91/383/EEC, 92/29/EEC and 94/33/EC with a view to simplifying and rationalising the reports on practical implementation[44].

– The adoption of 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 [45].

– The codification of the Work Equipment Directive[46] and the Asbestos Directive[47].

– The reports on the evaluation of the implementation of Directives 92/57/EEC, 92/58/EEC, 92/91/EEC, 92/104/EEC, 92/29/EEC and 93/103/EC.

– The amendment of the Commission Decision 95/319/EC that set up SLIC[48].

– The proposal of the Commission to amend the Electromagnetic Fields (EMF) Directive[49] following the adoption of Directive 2008/46/EC[50]. Directive 2012/11/EU prolonged the transposition deadline of Directive 2004/40/EC until 31 October 2013 to enable the adoption of the proposal.

During the reference period the Commission did preparatory work with a view to proposing initiatives in the following areas:

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44 OJ L 165, 27.6.2007, p.21.

45 OJ L 338, 19.12.2009, p. 87.

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

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

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

49 Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) OJ L 159, 30.4.2004, p. 1. The proposal is still being examined by the Council and the Parliament with a view to its adoption in 2013.

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

– Ergonomics and work-related musculoskeletal disorders. After consulting social partners, the ACHSW adopted several opinions. The Commission continued analysing a range of different policy options and their impacts.

– Carcinogens. The Commission continued analysing health, socio-economic and environmental aspects in connection with a range of different policy options, in particular with regard to possible amendments to Directive 2004/37/EC[51].

– Protecting workers from risks to their health arising from exposure to *environmental tobacco smoke* (ETS). In December 2008, the Commission launched the first-stage consultation of the social partners at EU level on a possible policy initiative in this area[52]. Work is being carried out to prepare the second-stage consultation.

– Adapting EU Directives to Regulation (EC) No 1772/2008 on classification, labelling and packaging of substances and mixtures (CLP)[53]. The social partners at EU level were consulted and a proposal for a Directive was adopted by the Commission in the first quarter of 2013 and it has been submitted to Council and European Parliament.

To evaluate the measures taken at national level in response to the Commission Recommendations on self-employed workers[54] and the European schedule of occupational diseases[55] working parties of the ACSH were set up to help the Commission to evaluate the need for future action in these fields. A study on the situation regarding occupational diseases in the EU was finalised in 2012[56]. The study concludes with suggestions and possible options for the development of the EU intervention in the field of occupational diseases' policies, including a possible new Recommendation.

In accordance with Article 154 TFEU, the Commission consulted EU social partners on several policy initiatives as listed above. Some of these consultations triggered negotiations by the EU's sectoral social partners that resulted in the conclusion of framework agreements (see below — The role of European social dialogue).

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51 Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work — Codification of Directive 90/394/EEC, OJ L 158, 30.4.2004, p. 50.

52 See also Council Recommendation of 30 November 2009 on smoke-free environments, OJ C 296, 5.12.2009, p. 4.

53 Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006, OJ L 353, 31.12.2008, p. 1. Five OSH Directives are concerned: Directive 98/24/EC (Chemical Agents), Directive 2004/37/EC (Carcinogens and Mutagens), Directive 92/58/EEC (Safety Signs), Directive 92/85/EEC (Pregnant Workers) and Directive 94/33/EEC (Young People at Work).

54 Council recommendation of 18 February 2003 concerning the improvement of the protection of the health and safety at work of self-employed workers, OJ L 53, 28.2.2003, p. 45.

55 Commission Recommendation of 19 September 2003 concerning the European schedule of occupational diseases, OJ L 238, 25.9.2003, p. 28.

56 http://ec.europa.eu/social/main.jsp?catId=716&langId=en. See also *Information notices on occupational diseases: a guide to diagnosis*, European Commission, 2009.

In 2012, the Commission started work to undertake a comprehensive review of the 24 OSH Directives. The outcome of this assessment may result in initiatives to improve the operation of the regulatory framework including possible measures to simplify the current *acquis*, as well as possible additional measures if necessary to adequately protect workers at work against new and/or emerging risks.

3.4. Encouraging the development of national strategies

In this priority area, the OSH Strategy called on the Member States to adopt coherent national strategies including quantitative objectives for reducing the incidence of occupational accidents and diseases. It also urged them to target sectors and companies with the worst track record and focus on the most common risks and the most vulnerable workers. It called for the ACSH to function as a forum for exchanging information and experience concerning strategy development at EU level.

3.4.1. National strategy development and coherence with the OSH Strategy

The mid-term review stated that many measures had been taken between 2007 and 2010 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'[57]. The outcome of the final evaluation provides additional evidence in support of this statement. Before 2007, 12 Member States had a national strategy or comparable measures in place. Nowadays 26 have one. The major role played by the ACSH in encouraging discussion and action in this area should also be stressed, in particular by organising two workshops on national strategies in 2008 and 2009.

The OSH Strategy has influenced national strategies in different ways. Member States that have adopted a national strategy or comparable measures can roughly be classified in four groups:

a) Member States where the OSH Strategy has had no or very limited influence.

b) Member States that would have developed a national strategy regardless of the OSH Strategy, but where the national strategy has drawn a great deal on the OSH Strategy.

c) Member States where the OSH Strategy has been the driver for the development of the national strategy but had little influence on its content.

d) Member States where the OSH Strategy has been the driver for the national strategy and the national strategy has drawn a great deal on the OSH Strategy.

The first group consists 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 comparable measures in place for many years already. They have even influenced the development of EU programmes and (more recently) strategies.

[57] Mid-term review (SEC(2011) 547 final), p. 15.

The second group includes Member States such as Germany, Estonia and France where the OSH Strategy seems to have contributed to a more coherent process by being a driver for the definition of a consistent national framework. The OSH Strategy influenced priorities, although these Member States would probably have developed their own strategies anyway.

Member States in the third group are those where the OSH Strategy spurred the development of the national strategy, but limited influence on its content. Sweden is an example in this group of Member States.

The fourth group consists of Member States such as Austria and Spain where the OSH Strategy was a clear driver for the development of a national strategy. It is unlikely that national measures would have been taken in these Member States without the influence and support of the OSH Strategy. Stakeholders in these Member States emphasised the importance of the OSH strategy in putting OSH high on the national political agenda. In Member States such as Slovakia, Slovenia and the Czech Republic, that had a strategy based on the OSH Strategy 2002-2006, the OSH Strategy 2007-2012 played an important role in giving OSH a higher political profile at national level.

Overall, across the three latter groups, stakeholders at Member State level emphasised the role of the OSH Strategy in putting OSH high on the national political agenda and influencing national decision-making processes in this area. They also stressed the strategy's role in making national strategies more specific and operational.

Of the 26 Member States with a national strategy or comparable measures in place, only half of them included specific targets for reducing the number of workplace accidents in their national strategy. Only seven of them have adopted the objective of a 25% reduction, in line with the overall goal of the OSH Strategy. This target is clearly considered more important in Member States with a relatively higher incidence of accidents. Compared to Scoreboard 2009, this represents a reduction — from 18 to 13 — in the number of national strategies including specific targets for reducing the number of workplace accidents. The difference concerns in particular the strategies of Austria, France, Greece, Hungary, the Netherlands and the United Kingdom. It is mainly because Member States have developed new strategies since 2009 that do not include quantitative targets for reducing the number of workplace accidents. The main reason for this seems to be the difficulty of establishing sound quantitative indicators and monitoring progress[58].

Out of the 26 Member States with a national strategy, only five have included targets for reducing the incidence of occupational diseases and only eight have included targets for reducing the number of occupational risk factors.

[58] For instance, the new French strategy adopted in 2010 does not contain specific targets, while the previous strategy (2005-2009) did contain targets for reducing the number of workplace accidents, MSDs and exposure to physical and chemical agents. However, when the strategy was being prepared, it was decided that quantitative objectives were not appropriate. This is because it was considered very difficult to establish sound quantitative indicators and more relevant to aim for a general objective of well-being at work and preserving physical integrity. The United Kingdom's previous strategy also contained specific quantitative targets, but they proved very difficult to manage and monitor. As a result, it has moved away from such targets to a policy of monitoring a set of measures that help to indicate progress towards the general goals of their strategy.

On the other hand, almost 80% of them have included the focus areas emphasised by the OSH Strategy in their national strategy. This indicates a high degree of coherence between national strategies and the OSH Strategy in terms of focus areas. In particular, almost all of them included measures in their national strategy to strengthen the implementation of EU legislation, simplify the legal framework and adapt it to change, encourage changes in behaviour, foster a preventive culture and identify and evaluate new and emerging risks. All Member States that included measures to encourage changes in behaviour or foster a preventive culture in their national strategy also included specific measures targeting SMEs. Thirteen Member States included economic incentives to improve occupational safety and health, such as favourable insurance conditions if certain OSH criteria are met. Economic incentives are often seen as important motivational factors alongside traditional enforcement measures.

The inclusion of the remaining focus areas in the national strategies is more scattered. More than half of the Member States did not include systematic procedures for gathering and analysing health surveillance data. Nor did they include campaigns to raise doctors' awareness of their patients' medical history and working conditions or measures to improve the rehabilitation and reintegration of workers excluded from the workplace.

The final evaluation points in general to a high degree of coherence between the national strategies and the OSH Strategy. However, there are variations that show that the national strategies were developed on the basis of the OSH Strategy and its priorities, but adapted to the national context and key priority areas. This is in line with the OSH Strategy, which specifically states that the national strategies 'should be defined on the basis of a detailed evaluation of the national situation'.

3.4.2. Monitoring and evaluating national strategies

The evaluation carefully examined the extent to which national strategies have developed procedures for monitoring and evaluating their implementation and whether indicators have been defined for this purpose. The results show that for 19 of the 26 strategies, the framework and procedures for monitoring and evaluation are set out in three Member States' strategies, or in a separate document in the case of the remaining16 Member States. However, only eight of these strategies clearly identify the indicators to be monitored or evaluated. In the 16 Member States whose national strategies set out procedures for monitoring and evaluation, they are done on a regular basis.

In 13 Member States, monitoring and evaluation procedures feed into policy or into a revision of the strategy. The data for five of those Member States show that their national strategies have already been evaluated, whereas for eight Member States evaluation is planned, but has not yet been done (e.g. France, Slovakia, the Netherlands and the United Kingdom). The main reason their strategies have not yet been evaluated is that they are relatively recent. In some other Member States, like Spain, with biannual or annual action plans, these action plans are evaluated and the results of the evaluation are fed into the next action plans, all under the same strategy.

3.4.3. EU-level coordination and exchange of experience on national strategies

To assess progress in achieving the European Strategy objectives, a pilot Scoreboard project was launched in 2009. This provided an overview of developments in the Member States' occupational safety and health situations, their performance in relation to the European Strategy, and the exchange of information in the context of the two ACSH workshops on national strategies mentioned above.

The mid-term review advocated consolidating the experience acquired from the Scoreboard project, to develop a structured, commonly agreed monitoring tool for evaluating the future implementation of OSH strategies in the Member States, and to follow up on the work done by the ACSH on national strategies in order to lay the basis for better quality national strategies in the future. Both tasks — not yet accomplished — should be re-considered in the context of future developments.

3.5. Encouraging changes in behaviour and fostering a preventive culture

The OSH Strategy priority on encouraging changes in behaviour contains actions in two main areas:

- Integrating occupational safety and health into education and training programmes.
- Healthier and safer workplaces: improving health and promoting awareness of safety and health matters within companies**.**

3.5.1. Integrating OSH into education and training programmes

In the strategy, EU-OSHA was asked to review the extent to which safety and health have been incorporated into Member States' vocational and occupational training policies. In 2009 it published a report on the Member States' integration of OSH into school curricula[59].

EU-OSHA has been and continues to be very active in terms of integrating OSH into school curricula. It has published several reports[60] focusing on the case of young workers, university education, teacher training and educational resources for primary school. The reports provide a good basis for exchanging information on best practices in those areas.

The review of national strategies shows that the vast majority of them contain measures for integrating safety and health into education and training programmes.

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[59] *OSH in the school curriculum: requirements and activities in the EU Member States*, EU-OSHA, 2009.

[60] - *Preventing risks to young workers: policy, programmes and workplace practices,* 2009.
- *A Safe Start for Young Workers in Practice*, 2007.
- *Challenges and opportunities for mainstreaming OSH into university education,* 2010.
- *Training teachers to deliver risk education — Examples of mainstreaming OSH into teacher training programmes*, 2011.
- *A whole-school approach to OSH and education*, case studies, report and factsheet, publication pending.
With the Napo consortium, EU-OSHA developed educational resources for primary school teachers to help them use the Napo DVDs in the classroom.

The OSH Strategy urges the Member States to make more use of the possibility offered by the European Social Fund (ESF) and other EU funds to develop training projects in the area of safety and health at work for employers and workers.

Many projects funded through the ESF have dealt and deal with occupational safety and health, e.g. by 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 ESF resources to actions related to safety and health at work. These actions are part of broader measures, so the amounts allocated specifically to OSH are not available[61].

3.5.2. Health promotion in the workplace

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

In 2008, EU-OSHA therefore launched a project on workplace health promotion (WHP). Under this project, it produced and disseminated information on good practice in this area, such as a dedicated section in its website, factsheets on WHP for employers and employees and practical information — e-facts — 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 on promoting the health of young workers. These were summarised in factsheets.

The European Strategy encourages Member States to make provisions in their national strategies for specific initiatives to give companies, in particular SMEs, technical assistance and advice concerning the promotion of workers' health. Most of the national strategies include such initiatives. Around half of those strategies targeted SMEs with regard to technical assistance and advice.

3.5.3. Raising awareness within companies

The OSH Strategy urges EU-OSHA to organise campaigns, aimed in particular at SMEs, to raise awareness within companies. During the reference period, it organised the following campaigns:

- In 2007, the 'Lighten the Load' campaign raised awareness of the risks of MSDs.
- From 2008 to 2009, the European 'Risk Assessment' campaign focused in particular on SMEs, providing them with risk assessment tools. OiRA, the Online Interactive Risk Assessment tool, was developed.

[61] Delmartino M., De Troyer M., Afman R., *The European Social Fund and Health*, European Union, 2010.

– From 2010 to 2011, the 'Safe Maintenance' campaign included hundreds of events on safe maintenance and its importance[62].

– The 'Working Together for Risk Prevention' campaign, launched in April 2012, is still ongoing.

Although the campaign activities have helped raise awareness and prompted companies to improve their practices, many stakeholders think that there is room for more improvement in terms of the campaigns' local impact.

The OSH Strategy urges EU-OSHA to promote the management of safety and health at work in companies through the exchange of experience and good practices aimed at specific sectors.

EU-OSHA's homepage provides access to an advanced sector-specific, searchable database[63]. It regularly carries out sector-specific activities, as part of the Healthy Workplaces campaign for example. It has also actively supported the SLIC campaigns on asbestos and dangerous substances (targeting the car repair and woodworking sectors for example), MSDs (targeting the transport and healthcare sectors) and asbestos (targeting the construction sector).

It has played a major role in organising awareness-raising activities, helping to achieve this strategy objective. However, there are concerns about the extent to which the messages and tools it has developed are reaching their end-audiences in individual companies and institutions in the Member States and about whether the tools are being used to their full potential.

3.6. Dealing with new and/or emerging risks

The OSH Strategy presented problems at EU and Member State level in identifying and dealing with new and/or emerging risks, including those attributable to the changing economic and social environment. It focused on two main areas:

– identifying new risks and

– promoting mental health in the workplace.

3.6.1. Identifying and assessing new risks

The strategy urged the EU-OSHA to encourage national health and safety research institutes to set joint priorities, exchange results and include OSH requirements in research programmes.

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

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62 EU-OSHA helped organise 65 partnership meetings and stakeholder seminars, 12 press conferences, 11 other events for journalists, two radio call-ins and news releases adapted to particular countries. Annual Report 2010, p. 21.

63 https://osha.europa.eu/en.

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

A key EU initiative in encouraging research into new and emerging risks was the NEW OSH ERA initiative (New and Emerging Risks in Occupational Safety and Health — Anticipating and Dealing with Change in the Workplace by Coordinating OSH Risk Research). As a result of this initiative, the NEW OSH ERA partners have jointly funded research projects related to psychosocial risks at work and set up the annual Forum on New and Emerging Risks at Work.

Regarding the roles of EU-OSHA and PEROSH (Partnership for European Research in Occupational Safety and Health) in coordinating the work of national research institutes in Member States, some Member States report that the activities of EU-OSHA in raising awareness of emerging issues have indirectly triggered some national research initiatives.It is worth mentioning that according to the findings of a survey published in 2009 by ERO on the role of national labour inspectorates in promoting research into safety and health at work[64], most of the Member States indicated that they were not responsible for OSH research or that they had some limited responsibility for it.

Most Member States' national strategies contained priorities with regard to methods for identifying and evaluating new and emerging risks. Research activities often depend on the funding available in these areas.

With regard to improving risk anticipation**,** identifying new and emerging risks, including those attributable to the changing economic and social environment, was one of the priorities of the OSH Strategy. It called on the ERO to examine the OSH challenges related to integrating women, immigrant workers, younger and older workers into the labour market. Expert forecasts and factsheets covering the following four key areas were prepared: biological, chemical, physical and psychosocial risks. They were supplemented by reports[65] focusing on nanomaterials and green technologies and on three other areas of concern: women workers, migrant workers and those working in the emergency services.

In 2008, a European Parliament publication on new forms of physical and psychosocial health risks at work[66] identified general drivers related to emerging OSH risks, e.g. globalisation, demography, technological innovation, new risk perceptions, the increase in natural hazards.

The OSH difficulties various vulnerable groups face, including women, migrant workers, younger and older workers, were also explored in a review for the European Parliament's Committee on Employment and Social Affairs[67]. The report concludes that options for EU action can be identified across a range of policy instruments, including: closing existing gaps

64 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. http://osha.europa.eu/en/publications/reports/TE-80-09-641-EN-N_labour_inspectorates/view.

65 https://osha.europa.eu/en/publications/reports.

66 *New Forms of Physical and Psychosocial Health Risks at Work*, European Parliament Policy Department, Economic and Scientific Policy, 2008. (IP/A/EMPL/FWC/2006-205/C1-SC1).

67 *Occupational health and safety risks for the most vulnerable workers*, European Parliament, 2011, (IP/A/EMPL/ST/2010-03).

in OSH legislation; addressing vulnerable workers specifically in OSH strategies and raising awareness of the risks they face; improving implementation and enforcement of OSH legislation; expanding financial support for actions that address vulnerable groups, notably through the European Social Fund; improve research and data gathering.

Although primarily focused on addressing current risks, OiRA is a key element in raising awareness of and encouraging the assessment of new and/or emerging risks, together with preventive action, amongst SMEs. There appears to be a strong consensus that this tool has been particularly useful.

Although not necessarily inspired by the OSH Strategy, many Member States have a range of risk assessment tools in place to address current risks. These might be aimed at a particular risk (e.g. manual handling hazards) or at the risks workers in specific sectors are likely to be exposed to (e.g. the construction sector). Many of them seem to have been prompted primarily by the legislative package dating from the early 1990s (a number of pieces of legislation of which included specific risk assessment provisions) or by subsequent legislation. In addition, the EU-OSHA website has a search facility that can be used to identify risk assessment tools in different languages and from different Member States.

3.6.2. Mental health in the workplace

The OSH Strategy encouraged Member States to incorporate initiatives aimed at preventing mental health problems and promoting mental health in their national strategies, in combination with EU initiatives with the same aims. It also stressed the importance of the negotiations between the social partners on preventing violence and harassment in the workplace and encouraged them to draw conclusions from the assessment of the implementation of the European Framework Agreement on Work-related Stress. In 2008, the signatory social partners adopted a report on the implementation of the framework agreement[68]. In 2011, the Commission adopted a report on the implementation of the European social partners' Framework Agreement on Work-related Stress[69]. Most Member States have incorporated initiatives aimed at preventing mental health problems into their national strategies.

A number of actions at EU level have been carried out. In 2011, EU-OSHA published a report on good practice in promoting mental health and well-being in the workplace[70].

A European Pact for Mental Health and Well-being, launched in 2008[71], had promoting mental health in the workplace as one of its priorities. The workplace-related activities under the pact included preparing a consensus paper and organising a conference bringing together stakeholders from the health and employment sectors. The main stakeholders involved thought these activities were successful.

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68 Report of the European Social Partners adopted at the Social Dialogue Committee on 18 June 2008.

69 SEC(2011) 241 final.

70 *Mental health promotion in the workplace — A good practice report*, European Agency for Safety and Health at Work, 2011. http://osha.europa.eu/en/publications/reports/mental-health-promotion-workplace_TEWE11004ENN/view.

71 http://ec.europa.eu/health/mental_health/policy/index_en.htm.

SLIC carried out a campaign on psychosocial risks in 2011-2012, and developed an inspection campaign toolkit in 22 languages[72].

The EU's social partners have signed and implemented two autonomous framework agreements. They are the 2004 Framework Agreement on Work-related Stress and the 2007 Framework Agreement on Harassment and Violence at Work. In 2010, several EU sectoral social partners also adopted common guidelines on protecting workers from third-party violence.

3.6.3. Prevention of potential risks posed by Nanomaterials/Nanotechnology at the workplace

Nanomaterials and nanotechnology at the workplace have been identified as potential sources of risks to workers. The current view is that, while they may on the one hand be considered 'conventional' chemicals in that the current risk assessment paradigm is suitable to them as well, on the other they may have intrinsic properties such that may require a different approach. In point 14 of its Resolution of April 2009 the European Parliament underlined the importance for the Commission and/or Member States to ensure full compliance with, and enforcement of, the principles of Community legislation on the health and safety of workers when dealing with nanomaterials, including adequate training for health and safety specialists, to prevent potentially harmful exposure to nanomaterials.

Responding to the EPs request Commission services:

- Adopted, on 18 October 2011, a Commission definition of a Nanomaterial.
- Adopted, on 3 October 2012 the 2nd Regulatory review on Nanomaterials. This 2nd Second Regulatory Review on Nanomaterials describes the Commission's plans to improve EU law and its application to ensure their safe use and is accompanied by a Staff Working Paper on nanomaterial types and uses, including safety aspects, which gives a detailed overview of available information on nanomaterials on the market, including their benefits and risks

The Commission has since contracted a study report aiming to have a more in-depth look at the issue of risks incurred by workers potentially exposed to nanomaterials.

3.7. Monitoring tools

3.7.1. Statistical methods and the collection of OSH data

An accurate statistical picture of health and safety at work in the EU is critical for monitoring policy and identifying preventive needs.

European statistics on accidents at work (ESAW). During the period of the OSH Strategy, two regulations on European statistics on accidents at work were adopted: Regulation (EC) No 1338/2008[73] and Regulation (EU) No 349/2011[74]. These two Regulations will help make

[72] http://www.av.se/SLIC2012/.

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

[74] Commission Regulation (EU) No 349/2011 of 11 April 2011 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, as regards statistics on accidents at work, OJ L 97, 12.4.2011, p. 3.

data more comparable across the Member States, even though Member States still have to do the work necessary to improve the coverage of the different variables (i.e. types of accidents, types of workers, NACE sectors covered).

There is a considerable time gap in the provision of ESAW data. At the end of 2012, the latest data available dated back to 2010, or even 2009 for some variables.

European Occupational Diseases Statistics (EODS). Similar progress has not been made in relation to EODS, where activities have been given lower priority and the methodological challenges are greater. This is especially due to different systems of recognition and reporting on occupational diseases in the Member States.

A report on the current situation in relation to the system in place for occupational diseases in the Member States was presented at the ASCHW Plenary in December 2012. It acknowledges that there is currently a great variety of compensation systems and practices for reporting and recording occupational diseases.

In relation to **population surveys**, the ad hoc module on accidents at work and work-related ill-health of the Labour Force Survey was further developed during the strategy period by a task force set up for that purpose. The next Labour Force Survey in 2013 will include an ad hoc module on this subject. The main deliverables should be transmitted to Eurostat by May 2014.

Eurostat and EU-OSHA have also jointly carried out activities to improve the dissemination of statistical data. They have produced a statistical overview of occupational safety and health drawing on the data available from different European surveys and register-based statistical systems[75].

With regard to **assessing the progress of national strategies,** the ACSH developed Scoreboard 2009, which provides an overview of action taken at national level to act on the European strategy. It is based on self-reporting on the six major topics identified in the Council's Resolution on the OSH Strategy [76]. This was done as a once-off exercise in 2009 and reported in Scoreboard 2009.

Given the lack of up-to-date EU-wide data on occupational accidents and diseases, Scoreboard 2009 is a very useful tool for providing an up-to-date overview of key trends and progress in core areas of OSH in the EU. Its added value, in comparison to other statistical tools, is that it provides a broader picture of the state of play regarding safety and health at work in each Member State. Since the methodology has already been developed, it would not require a lot to set up a system to annually survey and publish the results. This seems to be an obvious area for future action that would help improve the knowledge base upon which strategic EU policy decisions are taken.

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75 *Health and safety at work in Europe (1999-2007)*, Eurostat, 2010.

76 2007/C 145/01 of 25.6.2007, p. 1.

In this context, independently of existing statistical sources, the projects conducted under the Seventh Research Framework Programmes (FP7), also seem to be a valuable source of information for evidence-based policy-making in the area of safety and health at work[77].

3.7.2. Quality, comparability and timeliness of statistical data

The adoption of the Regulations referred to above on accidents at work is an important achievement. They will help provide comparable data across Member States and a better basis for policy-making.

However, limited progress has been made on EU statistical data on work-related diseases. There is a considerable time gap in the provision of data on accidents. This creates some difficulties when using data to evaluate and revise current policies in the short to medium term.

With regard to Labour Force Survey ad hoc modules, the European strategy indicated that more should be done in this area. Activities have been continued and an OSH component will be included in the forthcoming LFS, but this is a continuation of rather than an increase in activity.

There is therefore considerable scope for further improvements in this area in the years to come. In order to be able to measure policy impact and establish credible diagnostics, the time it takes to publish data on work accidents must be reduced, the comparability of data among Member States must be improved by eliminating methodological differences, in particular in ways of reducing and controlling under-reporting, and the basis must be laid for a reliable statistical system on occupational diseases covering all EU Member States and EFTA/EEA countries.

3.8. Promoting health and safety at international level

Promoting European OSH standards at international level is an important priority of the OSH Strategy. This includes cooperation with international organisations, bilateral cooperation with third countries, the EU neighbourhood policy and support and assistance for candidate countries.

3.8.1. Cooperation with international organisations

Cooperation with the ILO has been stepped up through a number of initiatives, in particular the programme on 'Improving safety and health through a Decent Work Agenda'. This aims to create a more inclusive and productive society by promoting a systematic approach to OSH in five pilot countries (Malawi, Zambia, Ukraine, Moldova and Honduras). With regard to the Safe Work programme, the EU, ILO, WHO and international social partners worked together in 2007 on developing national OSH profiles in the countries of south-eastern Europe, using Stability Pact funds. This example of cooperation is considered a success in terms of

[77] The projects recently conducted under the 7th Framework Programme in the area of occupational safety and health include the following: 'An Inquiry into Health and Safety at Work: a European Union Perspective'; 'Economic Dimension of Occupational Safety and Health' and 'Building a Knowledge Repository for Occupational Well-being, Economics Research'.

promoting health and safety in the EU's neighbouring countries, inviting them to rethink their approach to OSH and redesign their infrastructure to be able to implement EU OSH standards. With regard to asbestos, EU Member States have been involved in discussing and adopting the 2006 ILO Resolution concerning asbestos. It advocates the elimination of any future use of asbestos or asbestos-containing materials and the proper management of asbestos exposure.

The EU also played a key role in cooperating closely with emerging economies, developing countries and social partners during the adoption of the June 2008 ILO Declaration on Social Justice for a Fair Globalisation, and during the adoption of the Global Jobs Pact in 2009. Both mention the need for healthy and safe working conditions[78].

With regard to **ratifying ILO Conventions**, with the support of the European Commission, the European social partners in the fisheries sector reached an agreement in May 2012 on implementing ILO Convention 188 on Work in Fishing. The adoption of Council Directive 2009/13/EC implementing the Agreement on the 2006 Maritime Labour Convention was also one of the successes of cooperation between the EU's social partners and the ILO. The Commission is also 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 Watchkeeping for Fishing Vessel Personnel). It includes considerations about integrating an OSH dimension into the training curriculum of vessel crews.

It is clear that the **links between the OSH Strategy and the ILO's own agenda**, in particular the Safe Work programme or Outcome 6 'Occupational Safety and Health', are very strong. The second objective of the EU OSH Strategy on the development of national strategies is also strongly linked to the ILO agenda since it is in line with the provisions of Convention 187 on a Promotional Framework for OSH.

3.8.2. Bilateral cooperation

The benchmarking role of EU OSH policy is largely recognised by international partners and observers. This has been reflected over the last few years in the rapid expansion of bilateral cooperation, not only with traditional partners from developed economies such as the United States, but also and in particular with new partners from emerging economies such as China and India. Initiatives in the period of implementation of the OSH Strategy include:

- the organisation of three EU/US joint conferences on OSH (2007, 2010 and 2012), under the umbrella of the 1995 New Transatlantic Pact;
- the signature of a Memorandum of Understanding between the European Commission and the Chinese Authority on health and safety at work in January 2009 and the organisation, in this context, of three joint events between 2010 and 2012;

[78] More information at http://www.ilo.org/brussels/ilo-and-eu/lang--en/index.htm.

- the organisation of a joint event on OSH between the EU and India in 2011 as part of ongoing cooperation on social policy launched in November 2006 with the signature of a Memorandum of Understanding;
- the organisation of an EU/Japan Symposium on OSH in 2010 in the context of long-standing cooperation between the EU and Japan in the area of employment, social affairs and equal opportunities.

3.8.3. Neighbourhood policy and assistance for candidate countries[79]

Within the enlargement process the Commission has continued to monitor the transposition, implementation and enforcement of EU legislation in the area of health and safety at work in the acceding country Croatia, in the five candidate countries (Iceland, Montenegro, Turkey, the former Yugoslav Republic of Macedonia and Serbia) and three potential candidates (Albania, Bosnia and Herzegovina and Kosovo[80]), including through provision of financial assistance. Issues related to health and safety at work are also addressed in the accession negotiations in the context of social policy and employment

In the framework of the EU neighbourhood policy, successful negotiations took place in the reference period between the EU and Ukraine on an enhanced agreement in which Ukraine committed itself to gradually incorporating the OSH *acquis* into its national legal order. The Commission has also contributed to the draft Association Agreements with Moldova and Armenia.

4. THE ROLE OF EU SOCIAL DIALOGUE

Social partners have an important role to play in designing and implementing occupational safety and health policy and the Treaty assigns special competences to them. The OSH Strategy therefore invited social partners to design 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.

Many actions that have an impact on occupational safety and health have been taken over the past five years in the context of European sectoral social dialogue. They were taken within the framework of the sectoral committees, established in 1998 by the Commission to promote dialogue between social partners in the various sectors of activity. The 'Industrial Relations in Europe' reports of 2010 and 2012 highlight the progress made in a number of committees, including in the area of safety and health at work.

Such actions fall into three main categories: framework agreements, to be implemented by the social partner themselves (autonomous agreements) or by means of legislation, and other actions, jointly negotiated by the social partners but not having the nature of a formal

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79 Occupational safety and health is included in the implementation programme of the European Neighbourhood Policy. Monitoring the enforcement of health and safety legislation is also part of the Commission Communication *Enlargement Strategy and Main Challenges 2010-2011*, COM(2010) 660 final.

80 This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the 1CJ Opinion on the Kosovo Declaration of Independence

agreement. During the reference period, two agreements were concluded that gave rise to EU legislation on occupational safety and health:

- Agreement on working conditions in the maritime transport sector (ILO Convention of 2006) implemented through Council Directive 2009/13/EC of 16 February 2009 implementing the Agreement concluded by the European Community Shipowners' Associations (ECSA) and the European Transport Workers' Federation (ETF) on the Maritime Labour Convention, 2006, and amending Directive 1999/63/EC[81].
- Agreement on the prevention of sharp injuries in the hospital and healthcare sector, signed in July 2009 by the European sector's social partner organisations HOSPEEM (employers) and EPSU (workers), implemented through Council Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU[82].

The social partners also concluded the following autonomous agreements:

- Agreement on working conditions in the seafishing sector (ILO Convention 188) signed in May 2012 by the social partners in the EU's Sea Fisheries Sector[83].
- Agreement on the protection of occupational safety and health in the hairdressing sector, signed in April 2012 by EU-Coiffure and Uni_Europa.

This last agreement aims to reduce the risk of occupational diseases and accidents in the hairdressing sector. The negotiations were launched on the European social partners' own initiative, building upon their previous joint work on health and safety. At the signatories' request, the Commission is currently examining the compatibility of the agreement with EU law and the representativeness of the social partners with a view to determining whether it will propose a Directive to the Council.

The sectoral social partners have also done joint work in other areas that gave rise to a variety of non-binding instruments:

- the setting up of a working group on risk assessment in the live performance sector (2009);
- the review of existing knowledge and best practices regarding well-being in the telecommunications sector (2010);
- the production of a guide for a health and safety management system for the construction sector (2010);
- the review of trends in the causes of accidents in the extractive industry sector and the promotion of guidelines and best practices.

81 OJ L 124, 20.5.2009, p. 30.

82 OJ L 134, 1.6.2010, p. 66.

83 The sectoral social partners who signed this agreement are currently examining the possibility of modifying it to ask the Commission for its transposition by means of a Council Directive.

The signatory social partners also adopted a report in 2008 on the implementation of the Framework Agreement on Work-related Stress [84] (see section 3.6.2).

During the period covered by the European Strategy, the social partners increased their participation in the design and implementation of EU policy on occupational safety and health. The vast range of actions, both binding and non-binding, reflect the increasing importance business and workers' representatives give to ensuring adequate health and safety conditions in the workplace. This is a positive development, as sectoral social dialogue has proved its effectiveness in addressing specific problems, and ensures the ownership of the partners involved, thus increasing the chances of effective implementation of jointly agreed policy measures.

However, there is a need to better connect the initiatives of sectoral social dialogue with the actions implemented under the strategy by other institutional stakeholders. The European social partners generally consider that the OSH Strategy lacks more specific and engaging actions in relation to sectoral social dialogue. The increasing involvement of social dialogue in designing and implementing EU policy requires a clarification of its role within the strategy, and better coordination between the activities developed in the context of the sectoral social dialogue and in other contexts such as the Advisory Committee on Safety and Health at Work.

5. CONCLUSIONS

The evidence gathered shows that the OSH Strategy has been highly relevant. The main objectives seem to have been achieved and significant EU added value demonstrated. The results of the evaluation are presented below in terms of the strategy's relevance and its effectiveness, impact, coherence, ownership, consistency and EU added value.

5.1. Relevance

5.1.1. Relevance of the OSH Strategy

Occupational safety and health policies are crucial for the sound functioning of the labour markets, generating a number of positive social and economic impacts. Evidence shows that macroeconomic fluctuations have a major influence on the state of OSH within countries and that public labour market policies should pay particular attention to such phases of the economic cycle as recession and the initial stages of economic upturns[85]. Given the current economic context, despite the progress made, the strategic objectives of the current OSH Strategy remain more relevant than ever, with a strong need for EU action.

There were (and continue to be) important problems and issues regarding OSH across the EU. These 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 OSH Strategy 2007-2012 (in some countries more than in others).

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84 Report of the European Social Partners adopted at the Social Dialogue Committee on 18 June 2008.

85 See 'An inquiry into health and safety at work: a European Union perspective', a project supported by the European Commission through the Seventh Framework Programme (FP7). http://www.abdn.ac.uk/haw/.

There is limited harmonised EU-wide data on occupational diseases. However, the available data show that occupational diseases have remained a significant problem. MSDs and psychosocial diseases (stress) in particular stand out as major areas of concern. Recent reports have also identified the significant burden of occupational cancers, a significant proportion of which are considered preventable with appropriate action[86].

Studies have shown[87] that the potential benefits of OSH legislation are significant and that well planned, systematically implemented OSH measures can give a significant return on investment. This underlines the relevance to the EU in general of policy measures in this area.

The OSH Strategy is particularly useful 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 the strategy lies especially in providing a framework for coordination and a common sense of policy direction.

All the stakeholders consulted for this evaluation strongly confirmed the relevance of the OSH Strategy, even when they did not agree fully with all of the strategy's content.

5.1.2. Relevance of the objectives of the OSH Strategy

The relevance of the overall objective of reducing the number of accidents at work and the incidence of occupational diseases is undisputable.

The positive effect of having a quantitative target of a 25% reduction in the incidence of accidents at work was the visibility given to the OSH policy area. The quantitative target helped Member States with high incidence of accidents at work to focus more clearly on measures to reduce their incidence.

In countries where measures for reducing accidents at work were effectively implemented before the OSH Strategy, this quantitative target was much less relevant. The relevance of the quantitative target is also limited by the difficulties in establishing a baseline and measuring progress due to the significant time lag in the availability of EU data.

The fact that there was no similar quantitative target for occupational diseases has to some extent diverted attention from this important area.

The evidence gathered shows that the six specific objectives identified in the European Strategy were relevant, with some more relevant than others. The evaluation confirmed the importance of focusing on national strategies. National stakeholders also emphasised the need for flexibility and consulting national social partners on targets and objectives. The OSH Strategy has provided significant input for the development of national strategies. Some countries' national strategies would not have been developed to their current level were it not for the OSH Strategy.

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86 See references in footnote 3.

87 ISSA (International Social Security Association) and Study on the Socio-economic costs of accidents at work and work-related ill health (BENOSH): http://ec.europa.eu/social/keyDocuments.jsp?pager.offset=10&langId=en&mode=advancedSubmit&year=0&country=0&type=0&advSearchKey=socio-economic costs of accidents at work.

All stakeholders consider the focus on better implementing EU legislation, raising awareness and fostering a preventive culture essential. The available data shows that implementing the OSH legal framework has been a challenge in particular for SMEs.

Effectiveness

Despite difficult socio-economic conditions throughout the strategy period, the overall assessment shows that action has been taken under all of the six specific objectives and that important results have been achieved, especially in relation to national strategies and fostering a preventive culture. However, there are gaps in the implementation of the OSH Strategy. The main concerns relate to the impact the activities have on individual companies, especially SMEs.

Legislation

Almost all planned legislative actions have been carried out. The Commission, the ACSH and SLIC have drafted supporting guidance, organised the exchange of best practices and prepared the development or revision of legislation. However, the guidance produced has not been sufficiently disseminated and is not sufficiently aimed at SMEs. Even if some important codification (asbestos and work equipment) and simplification measures (simplifying Member States' reporting on the practical implementation of OSH Directives) have been taken to update and simplify the regulatory framework, there are shortcomings with regard to subcontracting and preventive services.

National strategies

All Member States but one now have a national strategy or equivalent measures in place. However, implementation is progressing slowly in some countries. The priorities emphasised in the OSH Strategy are generally reflected in the national strategies, except those related to the health surveillance of workers, which is an important issue. This could be due to the difference in national systems for recognising and compensating for occupational diseases. National strategies have been developed on the basis of the OSH Strategy and its priorities, but adapted to the national context and key priority areas.

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 about it disseminated. It is now being used in several countries. However, knowledge of the actual take-up of EU-OSHA information and risk assessment and management tools at national and company level is insufficient.

Member States are working to integrate OSH into their education and training programmes, but this has not been a primary concern for them and limited use has been made of the financing opportunities the European Social Fund offers.

New and emerging risks

Reports on new and emerging risks were produced and disseminated. The OiRA tool and national risk assessment tools have been developed and implemented. However, the knowledge thus acquired has not led to any new or revised regulatory actions on how to deal with these risks. Nanomaterials are an example of this.

Monitoring

The adoption of the Regulation on statistics on accidents at work (1338/2008) and its implementing Regulation (349/2011) can improve the collection of European-wide statistical data on accidents at work. Nonetheless, there is still room for improvement in terms of the timeliness and comparability of statistical data on accidents at work[88]. Little progress has been made with regard to harmonising statistical methods for collecting and processing data on occupational diseases. Further methodological harmonisation can be done in this area.

International cooperation

The Commission, with the support of experts from national authorities and social partners, has done a lot to promote OSH internationally. It has stepped up cooperation with the ILO through various projects related to its Decent Work Agenda. Bilateral cooperation with candidate countries, neighbouring countries and major economic partners has also yielded positive results. Several global partners continue to show a keen interest in developing cooperation with the EU in this area, where the EU's performance and that of some of its Member States are perceived as a global benchmark. However, no significant 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 at work and occupational diseases.

5.2. Impact

Due to the lack of recent data, it is not currently possible to establish with accuracy whether the goal of achieving a 25% reduction in the incidence rate of occupational accidents was achieved in 2012. Based on the available data, it seems likely that a significant reduction will have been achieved, and that such a goal may have been broadly reached. However, with regard to work-related diseases, the limited data available suggests that the goal of reducing their incidence has not been achieved.

In the context of this evaluation, it is therefore not possible to draw definite conclusions about the impact of the OSH Strategy on the incidence of work-related accidents and diseases.

The intermediate impacts must also be considered. These could contribute to the wider impacts of reducing the incidence of work-related accidents and diseases. The following indicators were used to assess the intermediate impacts: the impact on better implementation, the impact on awareness, better understanding of risks and economic impact.

[88] Also the area of commuting accidents might require further attention. Data from the MS where such information is available show that though these accidents are not a major part of occupational accidents, they are a sizeable part of fatalities related to work. See also: http://www.etsc.eu/documents/PRAISE_Report_4.pdf.

Impact on better implementation of EU and national legislation

Data on the implementation of the OSH Directives in the Member States are scarce. The existing data suggest that implementation is a challenge — in particular for SMEs[89]. The OSH Strategy sought to address this by focusing on guides for implementing the Directives, addressing specific challenges in the areas of subcontracting and preventive services and focusing on adapting and simplifying the legal framework. On the positive side, the strategy has influenced the policy framework in several Member States and been an important inspiration for promoting OSH objectives. In countries with more fragmented OSH structures and actions, it has been an effective instrument to allow Member States to converge towards the more advanced best practices. Implementation varies, with some Member States more effective than others. It is therefore clear that the OSH Strategy led to action at national level (through national strategies) that would not otherwise have been taken, and that this led to better implementation of OSH legislation.

The strategy has also given impetus to a useful dialogue between EU-OSHA, SLIC and the ACSH. The dialogue gives key stakeholders the opportunity to exchange experience and improve their basis and capacity to support prevention and the implementation of legislation in the context of their own national systems.

Impact on awareness and better understanding of risks

Member States focused on awareness-raising initiatives in their national strategies and the evaluation shows that the level of awareness has improved among workers, employers and relevant authorities.

The data show that activities carried out by EU-OSHA have had significant impacts on the level of awareness and on actions taken at local level in the Member States. The outreach of the awareness-raising activities carried out seems to have improved over the years. However, there is limited data on this, together with indications that there is room for further improvement.

The activities of EU-OSHA and the Member States targeted high-risk sectors and SMEs in particular. However, it is not possible to quantify the extent of the awareness-raising impact in terms of the number of companies reached in specific sectors per country, or to quantify similar outcome indicators.

5.3. Ownership

The social partners at national level generally feel they lack ownership of the OSH Strategy, expressing the view that it is the Commission's and not theirs. Despite this, there is a high degree of acceptance amongst national social partners, who acknowledge that the strategy is relevant and has provided an important framework for action.

The link between the implementation of the strategy and European social dialogue seems to have been weak. For this reason, the cross-industry social partners at EU level felt their

[89] ESENER: Enterprise survey on new and emerging risks. https://osha.europa.eu/en/esener-enterprise-survey/enterprise-survey-esener.

ownership of the strategy was limited and only implemented those parts of it that coincided with their own strategies and plans. They acknowledge that they were consulted during the preparation of the strategy, but also felt that many of their concerns were not taken into account. They therefore do not consider themselves bound by the strategy.

By contrast, government authorities in Member States participated very much in implementing the strategy.

5.4. Coherence and consistency

The OSH Strategy was shown to be internally coherent as the six priority objectives underpin the overall goals and the specific actions listed under these objectives underpin the intermediate objectives inherent in the priority objectives. However, the coherence of the strategy could have been improved by greater prioritisation among objectives and areas for action, a sharper distinction between measures and objectives and a more clear specification of follow-up indicators. Future strategic initiatives would benefit from a more streamlined framework based on an intervention logic format.

The objectives and priorities of the OSH Strategy can be considered consistent with those of the Europe 2020 Strategy, the objective of 'an inclusive high-employment society' and the goal of reaching 75 % employment by 2020. Promoting occupational safety and health is an important way of achieving the goals of inclusive growth and better job quality.

With regard to public health policy, the degree of coherence between public health and health and safety at work is high. Measures were taken in the areas of tobacco in the workplace and mental health. Health promotion issues were integrated into the general OSH framework, although this was less successfully done with regard to aspects of mental ill-health, especially in terms of integrating people with mental health problems into the workplace.

The findings of the evaluation point to little active promotion of the strategy and interaction between it and other key policy areas. Occupational safety and health has to a limited extent been integrated into environmental policies (REACH, industrial air emissions, etc.), fisheries, research, regional policy and public procurement. It was not integrated into other relevant EU policy areas such as agricultural development, education or migration. Stakeholders emphasise the need to aim to integrate OSH legislation more into other policy areas. In particular, other EU regulatory instruments — such as REACH — can provide data and complementary risk management tools that are directly relevant for implementing OSH policies more efficiently[90]. Synergies and complementarities could be found in implementing and enforcing EU legislation on occupational safety and health and legislation in other key policy areas.

Member States have instead considered, to a large extent, the need for coherence with other policies in their strategies. The OSH Strategy has led Member States to take a more holistic view of OSH than would otherwise have been the case.

[90] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52013SC0025:EN:NOT and http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52013DC0049:EN:NOT

5.5. European added value

The EU added value of the Strategy seems to be confirmed in four main types of effects:

- additional actions compared to what would have been the case without the European Strategy;
- better coordination of efforts;
- transnational exchange of experience.;
- the achievement of broader EU policy goals.

As regards the first effect, the evaluation shows that the implementation of the strategy has made a difference in particular in relation to national strategies that it helped to design and put in place in many Member States. It has also helped promote better implementation of legislation. It has helped clarify EU rules across the 27 Member States, making them easier to interpret. However, there are still problems with implementing the legislation, particularly among SMEs[91].

As regards the second effect, the strategy has provided a common sense of direction for EU institutions and stakeholders, giving more focus to the work done and helping to give more visibility to a policy area that does not always attract political attention. By doing so it contributed also to better coordination, as confirmed by the study results[92]. This concerns for example coordination and sharing of experience in respect to national strategy development, where workshops have been held.. OSH research 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 taking action on their own. This has been achieved to some extent through the activities of the ERO and the New OSH ERA initiative under FP7. However, some work has been duplicated and other important players in this area (e.g. Eurofound) are not mentioned very clearly in the strategy..

According to a majority of stakeholders, the strategy had also a positive effect on the transnational exchange of experience. 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 Sates' experience. In this way other Member States could benefit from th experience and good practices developed without investing the resources required to develop tools from scratch themselves.

As regards the contribution to broader EU policy goals, the evaluation points at a certain level of impact in terms of added value 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.

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91 See references in footnote 3

92 See references in footnote 3

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[93].

5.6. Synthesis of the main evaluation results

Since 2000, the EU has performed its strategic role in the area of OSH by means of multi-annual strategies formally endorsed by the Commission after consultations and voluntarily enforced by Member States and stakeholders. The second of these strategies, covering the period 2007-2012, has now been fully evaluated. The main conclusions that emerge are:

- All stakeholders considered it highly relevant, to the extent that it provided a framework for coordination and a common sense of direction, even if some of them did not agree fully with its content.
- Setting a quantitative target (25%) for reducing the number of accidents at work had positive effects, because it gave more visibility to this policy area and encouraged Member States to focus on measures to reduce the number of accidents. It may however have diverted attention from preventing occupational diseases.
- The strategy helped improve the implementation of OSH legislation and clarify EU rules, making them easier to interpret. However, implementation continues to be a challenge, in particular for SMEs, for whom it is particularly difficult to cope with some regulatory requirements.
- While the implementation of the strategy was effective overall and its objectives were achieved, there were gaps, particularly in terms of its impact on individual companies at local level, especially SMEs.
- All Member States but one now have a national strategy or equivalent measures in place. The strategy prompted many of them to adopt a national strategy or equivalent measures.
- While the collection of statistical data on accidents improved, there is still room for improvement in terms of their timeliness and the comparability of data on occupational diseases.
- There are good indications that the 25% target for reducing the number of accidents at work has been reached. However, the objective of curbing the incidence of occupational diseases may have not been achieved.
- The strategy contains many specific actions, sometimes quite detailed, but it lacks internal logic and evaluation indicators.
- While government authorities actively participated in implementing the strategy, it was more difficult to develop a sense of ownership among the EU's partners, especially national social partners, who tended to be less committed overall. This is because they see the strategy as the Commission's, not theirs.
- It was very useful for guiding EU-OSHA's activities. These activities had important impacts on the level of risk awareness.

[93] See references in footnote 3

- There is scope for more coordination in research on OSH.

6. MAIN CHALLENGES

This evaluation highlights the following main challenges in the area of occupational safety and health:

(1) While a further significant reduction in the incidence of occupational accidents was achieved during the period of the strategy, there are indications that the incidence of occupational diseases did not diminish during the same period of the strategy. Current major health and safety concerns are likely to remain.

(2) Identifying the **health and safety risks of new or emergent risks**. Concerns about *nanomaterials*[94]*, endocrine disruptors*[95] *and electromagnetic field hazards have been* expressed and documented.

(3) **The ageing and decline of the EU's workforce** increases the need for measures to retain workers in the workplace. Healthier workers are able to work longer and healthier, safer workplaces make for healthier workers.

(4) **The implementation of the EU OSH legal framework in SMES and micro-enterprises** remains a challenge, as documented by several reports on the implementation of OSH Directives**.** SMEs have to deal with the same risks as large-scale employers, but they often do not have the same level and depth of expertise on occupational safety and health.

(5) The accuracy and comparability of **statistical tools** at EU and Member States level to monitor the progress of the strategy remains a key challenge in particular with regard to occupational diseases.

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94 See Communication from the Commission on the Second Regulatory Review on nanomaterials of 3 October 2012 (http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0572:FIN:EN:PDF), and Commission Staff Working paper on the Types and uses of nanomaterials, including safety aspects, and accompanying the Communication from the Commission on the Second Regulatory Review on nanomaterials of 3 October 2012 (http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SWD:2012:0288:FIN:EN:PDF).

95 It should also be noted that a new EU strategy for endocrine disrupting substances should be published by the Commission in 2013, as well as a set of criteria allowing the identification of such compounds