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***Adapting to change in work and society: a new Community strategy on health
and safety at work 2002–2006***

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SUMMARY

Safety and health at work now constitutes **one of the European Union's most concentrated and most important social policy sectors**. As early as 1951, the European Coal and Steel Community set about improving the safety of workers, a concern which the Treaty of Rome extended to all employed people. As a result, a substantial corpus of legislation aimed at raising standards of safety and health has developed since the late 1970s, and especially since the Single European Act was adopted in 1987.

It is because the EU can call on such an abundant source of material that it is crucial for the social policy agenda to set out a Community strategy. This strategy, which covers the period 2002-2006, has three novel features:

- It adopts a **global approach to well-being at work**, taking account of **changes** in the world of work and the emergence of new risks, especially of a psycho-social nature. As such, it is geared to enhancing the **quality of work**, and regards a safety and healthy working environment as one of the essential components.
- It is based on **consolidating a culture of risk prevention**, on **combining a variety of political instruments** — legislation, the social dialogue, progressive measures and best practices, corporate social responsibility and economic incentives — and on **building partnerships** between all the players on the safety and health scene.
- It points up the fact that an ambitious social policy is a factor in the competitiveness equation and that, on the other side of the coin, **having a “non-policy” engenders costs** which weigh heavily on economies and societies.

1. INTRODUCTION

Creating more and better jobs: that was the objective the European Union set itself at the Lisbon European Council in March 2000. Clearly, health and safety are essential elements in terms of **the quality of work**, and feature among the indicators recently adopted in the wake of the Commission's communication "*Investing in quality*"¹. The European Union has a positive record here, as the number of occupational accidents fell by just short of 10% between 1994 and 1998². Nonetheless, the absolute figures remain high, with not far short of 5 500 deaths and 4.8 million accidents resulting in three days or more off work³. More importantly, a worrying return to a rising scale of accidents, in certain Member States and in certain sectors, has been evident since 1999. What is more, the candidate countries have an average frequency of occupational accidents which is well above the average for the EU, mainly because of their higher degree of specialisation in sectors which are traditionally regarded as high-risk.

¹ COM (2001) 313 final, 20 June 2001

² This is the number of occupational accidents per 100 000 persons in employment. Source: Eurostat — "Statistics in focus", Population and social conditions: No 16/2001 "*Accidents at work in the EU 1998–99*" and No 17/2001 "*Work-related health problems in the EU 1998–99*".

³ In 1998. Source: idem.

These figures are still somewhat patchy, but they do call for heightened vigilance, since what they indicate is that the preventive approach set out in Community directives has not yet been fully understood and taken on board by the various players, nor applied effectively on the ground. This is particularly true of the candidate countries. In other words, the figures are prompting us to develop a more global approach to health and safety at work, given that the quality of employment is based on a number of commonly perceived constituent elements: the type of skills required, the level of employee training, the nature of the employment relationship, the way work is organised and the working time element. It follows that working towards a healthier occupational environment has to be addressed as part of the general trend in economic activities (more service-oriented), forms of employment (more diversified), the active population (more women, and an older working population) and society in general (more diverse, but more marked by social exclusion).

In addition, a safe and healthy working environment and working organisation are **performance factors for the economy and for companies**. The exact relations between health at work and competitiveness are more complex than just a matter of compliance costs. As far as the economy is concerned, “non-quality” of work is expressed in a loss of productive capacity — 500 million working days lost in 1999 as a result of accidents or health problems — and compensatory payments and benefits⁴, and a lot of this weighs financially on companies. Almost 350 000 people have been forced to change jobs or their place of work or to reduce their working time, and nearly 300 000 have varying degrees of permanent disability, of whom 15 000 are entirely excluded from the world of work. Over and above these human tragedies, this is a waste of resources against a background of structural ageing of the working population.

At company level, “non-quality” gives the firm a poor public image, vis-à-vis its workforce, clients, consumers and the public at large, which is becoming more and more sensitive to safety issues. In other words, having a healthy working environment adds to a firm’s quality image, and steps taken to improve that environment form part of a general approach to “quality management” and social responsibility, both of which have a beneficial effect on performance and competitiveness.

Community policy on health and safety at work must keep pace with these changes and these new needs, with a view to **promoting “well-being at work”**⁵, this being taken to mean physical, moral and social well-being, and not just something that can be measured by an absence of accidents or occupational illnesses. This means that Community policy must itself strive for improved quality, and this will have two fundamental implications:

- It must **combine the various instruments** and find a basis in the substantial *acquis* of many decades of Community policies, with the Framework Directive 89/391⁶ being the keystone in that it gives priority to prevention. It must also

⁴ In 1997, this expenditure was estimated at \$122 billion for the OECD (in *Health data 2001*). This figure excludes Italy, the Netherlands, Portugal and Spain. France and Germany alone accounted for \$92 billion worth of expenditure (expressed in purchasing power parities).

⁵ The concept of “well-being at work” was developed by the ILO.

⁶ OJ L 183, 29 June 1989.

be founded on the experience vested in the various Community programmes in this area⁷. The normative approach, whether it be a matter of the ongoing adaptation of existing standards or the formulation of new standards, remains essential: Article 31 of the Charter of Fundamental Rights states that “*every worker has the right to working conditions which respect his or her health, safety and dignity*”. However, in a constantly changing world of work, it is just as important to promote progressive approaches, whether they be performance rating, based on transparent and reliable data and indicators, action on the part of the social partners (at sectoral or multisectoral level), or voluntary company schemes. It is, furthermore, essential to improve the knowledge and awareness of all players, and to ensure that concerns for health and safety at work are mainstreamed into all other relevant Community policies.

- To achieve this, it must **involve all the players** — for example, the public authorities, the social partners, companies, public and private insurers — within a framework of “good governance”, based on universal participation⁸. The Social Agenda, which was adopted at the Nice European Council, defined the essential elements of a new Community strategy as helping to “anticipate and manage change in the working environment”. The new strategy itself is based on broad advance consultation, and takes account of the various views expressed. For instance, the European Parliament called on the Commission, in its resolution on the Social Agenda⁹, to “*put in place a real Community strategy on health and safety at work which is based on the setting of common comparable objectives, contains an action plan to reinforce the implementation, control and evaluation of the existing directives and includes additional legislative initiatives on risks that are covered inadequately or not at all, such as skin complaints caused by exposure to the sun’s rays, newly emerging risks such as stress and musculo-skeletal disorders and the new work situations, and encourage the use of risk analyses as part of a preventive approach.*” The Economic and Social Committee, for its part, adopted an exploratory opinion¹⁰ at the Commission’s request. The Advisory Committee on Safety, Hygiene and Health Protection at Work (ACSHH), which includes the social partners, adopted its opinion in December 2001. These advance consultations have made paved the way for a new Community strategy, for the period 2002–2006, which sets out a coherent policy framework and proposes concrete action, along with a full implementation timetable.

2. KEEPING PACE WITH CHANGES IN THE WORLD OF WORK

The Lisbon European Council stressed that Europe was going through a transition to a “knowledge-based economy”, marked by profound changes affecting society, employment and health and safety at work. As a result, there is a need to take a fresh look at what policy should be pursued in this strategic area and, at times, new priorities.

⁷ More especially the latest programme (1996–2000), COM(95) 282, 7 October 1995.

⁸ European Governance — a White Paper; COM(2001) 428 final, 25 July 2001.

⁹ European Parliament resolution on the communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the Social Policy Agenda, [A5-0291/2000](#).

¹⁰ SOC/065, 11 July 2001, following the opinion adopted on 9 December 1999.

Nonetheless, these changes cannot mask the reality of the current situation: we still have very high rates of occupational accidents in certain sectors, representing a large majority of accidents recorded in the EU. Four sectors (fishing, agriculture, construction, and health and social services) have an accident rate which is 30% above average. Four others (the extractive industries, manufacturing industry, hotels and restaurants, and transport) have a rate which is some 15% above the average. These figures are much higher still if we look only at small and medium-sized enterprises (SMEs) and very small businesses: in the construction industry, for example, the mean accident rate is 41% above the average, jumping to 124% for firms with between one and nine employees, and 130% for firms with between 10 and 49 workers¹¹. We need to be constantly vigilant, then, if we are to reduce these “traditional” risks and develop a culture of prevention in SMEs.

2.1. Changes in society

2.1.1. An increasingly feminised society

The growing percentage of women in employment has been evident for decades. It was one of the fundamental objectives laid down in Lisbon, against the background of an ageing working population, and it introduces a new dimension into the subject of health and safety at work.

83% of employed women work in services, which explains why they suffer a much lower rate of accidents and occupational illnesses than men, and why they stand much less risk of being involved in an accident.

Nonetheless, the trend is not a good one, since the kind of work in which women predominate is generating a growing accident rate, including fatal accidents¹². Moreover, although women accounted (in 1995¹³) for only 17.8% of diagnosed occupational illnesses, the proportion was much higher in certain groups: 45% of allergies, 61% of infectious illnesses, 55% of neurological complaints, 48% of hepatic and dermatological complaints. These figures underline the importance of gender in terms of occupational illnesses¹⁴.

Preventive measures, and the assessment arrangements and the rules for awarding compensation, must take specific account of the growing proportion of women in the workforce, and of the risks to which women are particularly liable¹⁵. These measures must be based on research covering the ergonomic aspects, workplace design, and the effects of exposure to physical, chemical and biological agents, and pay heed to the physiological and psychological differences in the way work is organised.

¹¹ Source: Eurostat, Labour Force Survey 1999 (ad hoc module) and SEAT (European Occupational Accident Statistics) data 1998.

¹² Source: Eurostat, SEAT, op.cit.

¹³ Source: Eurostat.

¹⁴ On the other hand, men accounted for 93% of musculo-skeletal problems and haematological illnesses, 97% of hearing complaints and 91% of pulmonary illnesses.

¹⁵ See more especially the report of proceedings of the seminar “Gender differences in working conditions”, organised as part of the “Work Life 2000” project (http://www.niwl.se/wl2000/workshops/workshop67/article_en.asp)

2.1.2. *An ageing active population*

Europe's active population will, over the coming decades, see an increase in the proportion of workers aged 50 and above, with a corresponding reduction in the proportion of young people.

Age-related comparisons show, on the one hand, that young people tend to suffer more accidents at work and, on the other, that workers aged 55 and above tend to suffer the most serious accidents, with a fatality rate above the European average. The 55-plus age group is also the one with the greatest incidence of long-development-time occupational illnesses, such as cancers (the majority of which are still due to asbestos exposure) and cardiovascular diseases, while the younger workers tend to develop more allergies and infectious illnesses.

However, these figures depend very much on the nature of the jobs occupied nowadays by the various generations: the older workers tend to be the less qualified, as well as being over-represented in the manual industrial trades, while young people predominate in the more precarious forms of employment. These differences mean that we need to adopt a global approach to the quality of employment, paying heed to the specific situation of the generations and age groups in the world of work.

2.2. **Changes in forms of employment**

The labour market is seeing increasingly diversified forms of employment, with particularly strong growth in temporary employment relationships. The type of contract and seniority in the firm show a negative correlation with health at work. People who have been employed for less than two years are more likely to suffer an accident at work than the average: for temporary workers, this effect is particularly pronounced in the construction industry and in health and social services.

Among these new forms of work, part-time work and non-standard working times (e.g. shift work or night work) are likewise factors which add to the degree of risk. It can be explained more specifically by the lack of proper training, psychosomatic problems caused by shift work or night work, a lack of awareness on the part of company managers, or a lack of motivation in the case of workers in an insecure working relationship.

However, the whole of the world of work is undergoing a shift towards more flexible forms of organisation. The tangible link between the place of work (e.g. a mine, a factory or an office) and the work to be done is weakening, with the rapid spread of information technologies. These changes are not affecting employment relations as such, although they may blur the distinction between employed and self-employed persons. The fact is, though, that they raise specific problems, for example in relation to teleworkers: it is the employer who is responsible for their health and safety, no matter where the work is being done. This means that steps have to be taken to prevent risk and to carry out checks where teleworkers work at different sites, or at home. Negotiations which began on 12 October 2001 between the social workers at Community multisectoral level are designed to address these matters.

2.3. Changes in the nature of risk

The changing way in which work is organised, and especially more flexible ways of organising working time and managing human resources on a more individual level, based more on an obligation to achieve a fixed result, are having a profound effect on problems associated with health at work or, more generally, on well-being at work.

It is a known fact today that “emerging” illnesses such as stress, depression, anxiety, violence at work, harassment and intimidation are responsible for 18% of all problems associated with health at work, with a quarter of them resulting in two weeks or more absence from work¹⁶. These complaints are twice as frequent in education and in health and social services. They are linked less to exposure to a specific risk than to a whole set of factors, such as work organisation, working time arrangements, hierarchical relations, transport-related fatigue, and the degree of acceptance of ethnic and cultural diversity within the firm. They need to be addressed within a global context which the ILO defines as “well-being at work”.

These strategies for preventing new social risks should include the effect of substance-dependence on accident rates, more especially problems associated with alcohol and medicinal drugs.

3. TOWARDS A NEW COMMUNITY STRATEGY ON HEALTH AND SAFETY

3.1. For a global approach to well-being at work

The objective of the Community’s policy on health and safety at work must be to bring about a continuing improvement in well-being at work, a concept which is taken to include the physical, moral and social dimensions. In addition, a number of complementary objectives must be targeted jointly by all the players.

1. *A continuing reduction in occupational accidents and illnesses.* Thought should be given to setting quantified objectives, at both Community and Member State level, particularly in sectors of activity with above-average incidence rates, and having special regard to arrangements for implementing the European employment strategy.
2. *Mainstreaming the gender dimension* into risk evaluation, preventive measures and compensation arrangements, so as to take account of the specific characteristics of women in terms of health and safety at work.
3. *Prevention of social risks.* Stress, harassment at the workplace, depression and anxiety, and risks related to dependence on alcohol, drugs and medicines, should all be the subject of specific measures but should form part of a global approach in association with health care systems.
4. *Enhanced prevention of occupational illnesses.* Priority should go to illnesses due to asbestos, hearing loss and musculo-skeletal problems.

¹⁶ Source: Labour Force Survey 1999

5. *Taking account of demographic change in terms of risks, accidents and illnesses.* Preventive measures should take more account of the age factor, and should specifically target young people and ageing workers.
6. *Taking account of changes in forms of employment, work organisation arrangements and working time.* Workers in non-standard or precarious working relations constitute a sensitive group.
7. *Taking account of the size of firms.* SMEs and very small businesses, as well as self-employed workers and unpaid family helpers, should all be the subject of specific measures in terms of information, awareness and risk prevention programmes.
8. *Analysis of new or emerging risks,* with special reference to risks associated with the interaction between chemical, physical and biological agents, and those associated with the general working environment (ergonomic, psychological and social risks).

3.2. Strengthening the prevention culture

The Community's policy on health and safety is based on preventive approaches bringing in all the players, including the workers themselves, with a view to developing a genuine culture of risk prevention, the aim being to anticipate risks and bring them under control.

3.2.1. *Education, awareness, anticipation: improving people's knowledge of risks*

Creating a controlled work environment means improving everyone's knowledge of the risks. This means developing an approach which is both global and preventive, geared to promoting well-being at work, and going beyond the mere prevention of specific risks. There are three mutually supportive elements.

1. **Education** does not start with entry into the world of work, as the Economic and Social Committee has pointed out: it should be part and parcel of the school curriculum, either with a view to making people more aware of the problem (much like road safety is taught in some countries), or as a vocational subject in its own right. However, the most important element here is continuing vocational training. This must be dispensed regularly and be geared to the realities of day-to-day work, with a view to impacting directly on the work environment. It means that the teaching has to be targeted to national, regional, local and sectoral specificities and sensitivities.
2. **Awareness** training must mobilise resources which are varied and geared to specific situations, e.g. SMEs, very small firms and craft trade workers. These people and organisations must be made aware of the need to reintegrate disabled people into employment, with special reference to creating an adapted work environment¹⁷.

¹⁷ The need to adapt the workplace to the needs of disabled people is covered by Directive 89/654, and the concept of "reasonable adaptations" is defined in Directive 2000/78 (OJ L 303/16, 2 December 2000).

3. **Anticipating** new and emerging risks, whether they be linked to technical innovation or caused by social change, is vital if the risks are to be brought under control. This requires, first and foremost, ongoing observation of the risks themselves, based on the systematic collection of information and scientific opinions. The European Parliament has stressed that this kind of analysis is an integral part of a preventive approach. It also requires researchers to adopt a consistent approach: research organisations should coordinate their respective programmes, target them to address practical problems arising at the workplace, and make preparations for the research findings to be transferred to firms, and especially to SMEs.

The European Agency for Safety and Health at Work should act as a driving force in matters concerning awareness-building and risk anticipation. In the second half of 2002, the Commission will present a communication assessing the work of the Agency, and spelling out the role the Agency should be playing in this field.

- The European Agency for Health and Safety at Work:
- will set up a "risk observatory", based on examples of good practice collected from firms or specific branches of activity;
- will organise exchanges of experience and information by way of the systematic collection of data, with the support of Eurostat;
- will integrate the candidate countries into these information networks, and devise working tools which are geared to their specific situation;
- will refocus the *European week on health and safety* on users and final beneficiaries;
- will establish, for the European Year of Disabled People (2003), a data base of best practices and information concerning ways of integrating disabled people and adapting equipment and the work environment to their needs.

3.2.2. *Better application of existing law*

Applying Community law effectively is essential if we are to improve the quality of the work environment. This in turn requires an enhanced state of awareness on the part of all concerned, and at all levels. The Commission will, in conjunction with the Advisory Committee and the social partners, be producing guides on how to apply the directives, taking account of the diverse nature of sectors of activity and companies, as suggested by the Economic and Social Committee.

For its part, the Commission will, subject to the powers bestowed on it by the Treaty, adopt a rigorous approach to ensuring that directives are properly transposed and the law is properly applied. It will also be cooperating closely with the national authorities to find ways of ensuring that Community directives are implemented correctly and equivalently. In this respect, a fundamental role will fall to the Senior Labour Inspectors Committee (SLIC) in terms of encouraging exchanges of information and experience and organising mutual cooperation and assistance. There must be practical encouragement for common inspection objectives as part of an

annual action plan, the importance of which has been underlined by the European Parliament, common principles for labour inspection in the field of health and safety at work, and ways and means of evaluating national inspection systems by reference to these principles. Integrating the candidate countries' inspectorates in this committee is a matter of prime importance in terms of promoting the effective implementation of Community law.

While it is important to pay heed to the diversity of the Member States' institutional structures and administrative traditions, it is also true that implementing the new strategy, geared to the quality of work and well-being at work, will require thought to be given to which structures are best adapted to this global approach:

- the *prevention services* should be genuinely multi-disciplinary, embracing social and psychological risks, and the gender factor;
- *labour inspection* activities must be capable of appraising all the risks, particularly in those sectors where they tend to be complex and cumulative (e.g. in hospitals). The inspectorate services must combine their inspection role with a prevention function vis-à-vis firms and workers. They must in turn be open to audit, using result and quality indicators to promote innovative approaches.

The checks carried out by the inspection services must give rise to uniform sanctions which are dissuasive, proportionate and effectively applied. In this regard, two areas take on a special significance:

- *Protection of young people*, who tend to be more liable to the risk of accidents than other population groups. This will involve, on the one hand, enforcement measures to combat the illegal employment of young people who have not yet reached the legal age¹⁸ and, on the other, for those who are admitted to employment, the rigorous application of the rules on health and safety.
- Some companies operating within the European Union *sometimes escape administrative and criminal sanctions if the Member State in which they operate is different from that in which they are established*. This is the case where they provide limited-duration services outside the country in which their headquarters are based. Article 3 (1) (e) of Directive 96/71/EC of 16 December 1996 concerning the posting of workers in the framework of the provision of services¹⁹ says that firms which send their employees to provide a service in a different EU Member State must, during the period of secondment, apply the same standards of safety, health and hygiene at work as apply in the host country. Cooperation in terms of the mutual exchange of information between public authorities, as provided for in Article 4 of the Directive, is being gradually put into place, and should make it easier to prosecute errant firms.

¹⁸ Article 32 of the Charter of Fundamental Rights states that “*The employment of children is prohibited. The minimum age of admission to employment may not be lower than the minimum school-leaving age, without prejudice to such rules as may be more favourable to young people and except for limited derogations. Young people admitted to work must have working conditions appropriate to their age and be protected against economic exploitation and any work likely to harm their safety, health or physical, mental, moral or social development or to interfere with their education.*”

¹⁹ OJ L 18, 21/01/1997, p. 1 – 6.

Nonetheless, it is worth looking into all possible ways and means of dealing with infringements in transnational situations, and of strengthening ongoing work on the subject within the SLIC.

3.3. Combining instruments and building partnerships

Promoting a quality working environment, taking account of all the aspects, requires a global approach, utilising all the available instruments. It also requires all the actors to assume full responsibility, and it means that each party's efforts should be open to assessment and appraisal.

3.3.1. Adapting the legal and institutional framework

The existence of a full, coherent and solid Community legislative framework is an essential tool in terms of health and safety, where there is a need for standards and principles for preventing risks and protecting workers. The Commission intends to pursue a balanced approach in this field, based on experience gained in the implementation of legislative texts, along a number of parallel routes:

1. Ongoing *adaptation* of existing directives to changes in scientific knowledge, technical progress and the world of work. Work on analysing national reports on how the directives have been put into practice, together with assessments done at company level, will help to pinpoint any difficulties encountered by the various players in terms of implementing the legislation, and should enable any deficiencies to be corrected. The Commission, with the assistance of the Advisory Committee (ACSHH), will produce reports on the practical application of the various "health and safety" directives, with a view to identifying any practical problems and improving certain of the provisions to make them more readily comprehensible, more consistent, and to fill the gaps in the existing framework. It will also propose extending the scope of the "carcinogenic agents" directive. In addition, it will submit a communication on musculo-skeletal complaints, which will look into the causes of these problems in the light of preventive measures provided for in existing Community legislation (i.e. the directives dealing with heavy loads, computer screen work and vibration), and will propose amendments or new legal provisions in fields in which coverage is still incomplete (e.g. workplace ergonomics).
2. *Taking account of new risks.* The increase in psycho-social problems and illnesses is posing a new challenge to health and safety at work and is compromising moves to improve well-being at work. The various forms of psychological harassment and violence at work likewise pose a special problem nowadays, requiring legislative action. Any such action will be able to build on the *acquis* of recently adopted directives rooted in Article 13 of the EC Treaty, which define what is meant by harassment and make provision for redress.
3. *Rationalisation of the legal framework.* People tend to see the Community legal framework as being excessively complex and not very clear. It has to be simplified and rationalised, on the one hand, by consolidating existing directives to make them more comprehensible and, on the other, by producing a single report on their implementation, rather than the specific reports required under the various directives. The Commission will be making the necessary legislative proposals for consolidating and rationalising these reports.

4. *Rationalisation of the Community instances.* The effective implementation of Community law requires close cooperation between the Commission and the Member States' administrations. This cooperation would be better and simpler if the two advisory committees ACSHH and SHCMOEI (the Safety and Health Commission for the Mining and Other Extractive Industries) were to be merged into a single Advisory Committee on Safety, Hygiene and Health Protection at Work.

The Commission will

- draw up, in conjunction with the Advisory Committee and the social partners, guides on how to apply the directives, bearing in mind the diverse nature of sectors of activity and undertakings;
- propose extending the scope of the directive on “carcinogenic agents”;
- adapt existing legislation to the emerging problem of musculo-skeletal complaints, proposing an amendment to the directive on visual display screens, and supplementing wherever necessary the existing provisions so as to take better account of ergonomics at the workplace;
- examine the appropriateness and the scope of a Community instrument on psychological harassment and violence at work;
- make the necessary legislative proposals for consolidating the Community directives and for rationalising the implementation reports;
- propose that the two existing advisory committees ACSHH and SHCMOEI (the Advisory Committee on Safety, Hygiene and Health Protection at Work and the Safety and Health Commission for the Mining and Other Extractive Industries) be merged into a single Advisory Committee on health and safety at work;
- propose that the representatives of the candidate countries' inspectorates in the Senior Labour Inspectors Committee (SLIC) be admitted to the Advisory Committee ACSHH and to the various bodies run by the Bilbao Agency and the Dublin Foundation.

3.3.2. *Encouraging innovative approaches*

Just as legislative action is necessary to lay down standards, other instruments are needed to promote innovative approaches, to encourage the various parties to “go a step further” and to associate all the interested parties in achieving the overall objectives of the strategy, more especially in new fields which do not lend themselves easily to a normative approach. The Commission intends to encourage such innovative moves.

1. *Benchmarking and the identification of best practices:* these should be used at three different levels under the new strategy:
 - *Work towards “converging progress” in terms of the Member States' policies.* The European employment strategy provides an effective

framework for this kind of approach²⁰, with input from the European Social Fund.

Quantified national objectives should be adopted so as to achieve:

- a reduction in the rate of fatal and non-fatal accidents;
- a reduction in the rate of recognised occupational illnesses;
- a reduction in the number of days lost due to such accidents and illnesses.

Success in achieving these objectives can be measured by reference to indicators using existing methods²¹. These quantified objectives should take account of the size of firms and the sector of activity, laying down the objectives to be achieved in sectors where the incidence of accidents and illnesses is above average.

If these indicators are to be genuinely operational, the collected data must be more precise, more comparable, have fuller coverage and be available earlier. To achieve this, and to eliminate the problem of under-declaration in certain Member States, the Commission and the Member States will have to step up ongoing work on the harmonisation of occupational accident and illness statistics. These should cover not just recognised occupational accidents and illnesses, their causes and consequences, but also introduce some quantifiable elements relating to working environment factors which are likely to cause the problems.

- *Make it easier to identify emerging phenomena.* Stress-related complaints and illnesses are one example of this, as are musculo-skeletal problems, and dependence on alcohol, medicines and drugs. The Commission will be proposing that this problem be integrated into the employment guidelines for 2003 and will, in conjunction with the Dublin Foundation, instigate work on collecting data and other information for measuring the phenomena and for creating monitoring indicators.
- *Develop knowledge of, and follow-up to, the “cost of non-quality”,* i.e. the economic and social costs arising from occupational accidents and illnesses. The Commission will, in conjunction with the Bilbao Agency, instigate work on collecting data and other information with a view to improving the fund of knowledge on this subject.

²⁰ Guideline 14 (c): “(Member States will) endeavour to ensure a better application at workplace level of existing health and safety legislation by stepping up and strengthening enforcement, by providing guidance to help enterprises, especially SMEs, to comply with existing legislation, by improving training on occupational health and safety, and by promoting measures for the reduction of occupational accidents and diseases in traditional high risk sectors.”

²¹ SEAT for accidents at work, and EODS for occupational illnesses.

The Commission will:

- considere to propose, in 2002, an amendment to the employment guidelines, calling on the Member States to adopt national quantified objectives for reducing accidents at work and occupational illnesses, giving specific attention to sectors with a high accident frequency rate, and mainstreaming the gender and age dimensions;
- examine the appropriateness of proposing the integration of the problem of stress-related complaints and illnesses into the employment guidelines for 2003;
- analyse the role of the ESF in terms of promoting a healthy and safe working environment, in conjunction with the mid-term assessment of the current programming exercise;
- step up harmonisation work on European statistics and on the construction of progress-chasing indicators;
- improve the fund of knowledge on the economic and social cost of occupational accidents and illnesses.

2. *Voluntary agreements concluded by the social partners*

The social dialogue is an ideal instrument for applying innovative methods: on the one hand, the existing legislation can be applied effectively; on the other, it is possible to address all the questions concerned with promoting well-being at work; additionally, the risks and problems specific to sectors of activity and occupations can be addressed individually. The sectoral social dialogue has already accumulated a great deal of experience in this field²². For their part, certain European works councils have drawn up “good practices”. At multisectoral level, the social partners are helping to improve the existing legislation within the Advisory Committee ACSHH and by way of consultations under Article 138 of the Treaty.

The various elements of the social dialogue structure might usefully address certain of the new risks, more especially stress, whose multifarious nature — bearing in mind the wide range of complaints which can be related to it — fully justifies an approach of this kind, involving the social partners.

The Commission will, in 2002, open consultations with the social partners on stress and its effects on health and safety at work, pursuant to the procedure laid down in Article 138 of the Treaty.

²² For example, the adoption of joint manuals, training material, common positions on draft directives etc. in agriculture, construction, gas, cleaning, private security services, sugar, telecommunications, fishing, hairdressing, road transport, civil aviation and sea transport. The tanning/leather sector and the hairdressing business have adopted codes of conduct espousing the principle of a safe and health working environment and the application of best professional practices on the health and safety front. The various transport sectors have drawn up joint contributions and framework agreements on working time and on matters connected with health and safety.

3. *Corporate social responsibility*

The increasing trend towards outsourcing, along with the public's enhanced sensitivity to health issues, have led a large number of firms to make a healthy and safe working environment an important criterion in the choice of their subcontractors and the way they market their products. For instance, health at work has been included in voluntary certification and labelling initiatives, more especially in purchasing procedures, often using third parties²³.

The Green Paper "*Promoting a European framework for corporate social responsibility*"²⁴ stressed that health at work is one of the ideal areas for voluntary "good practices" on the part of firms which want to go beyond existing rules and standards. The ensuing consultation exercise, which covered a wide range of interested parties, will enable a number of possible responses to be identified.

4. *Economic incentives*

Economic incentives have long applied to accidents at work and occupational illnesses, with insurance premiums, for individual firms and/or sectors of activity, varying according to the accident rate. This encourages risk prevention and complements the other instruments available in the field. Insurers — both public and private sector — have already given thought to similar economic incentives, offering prevention contracts which include an analysis of the risks in the company, technical assistance, equipment aids and appropriate training. These kind of practices would seem to warrant more systematic application.

3.3.3. *Working to mainstream health and safety at work in other Community policies*

Well-being at work cannot be brought about simply by way of health and safety policy: there are strong links with the way work equipment is designed, with employment policy, with policy on disabled people, and with other policies like transport and, of course, health policy in general, whether it be preventative or curative.

- There should be a stronger element of integration of health at work into the European employment strategy, given its importance in terms of promoting the quality of employment and making full use of the EU's productive potential. This strategy puts forward new proposals for strengthening this link.
- There should be improved linkage with the Community rules on the manufacture and marketing of work equipment and chemical products. This could be fostered by a more systematic effort to collect information on the effects such equipment and products have on health at work, and their repercussions for manufacturers. In this respect, voluntary labelling practices can have an important contribution to make.
- There should be stronger links between the new Community strategy on health and safety and the Community's strategy on public health, by way of closer

²³ "Occupational Safety and Health in Marketing and Procurement", report to the European Agency for Safety and Health at Work, 2000, ISBN 92-95007-01-8.

²⁴ COM (2001) 366 final.

cooperation. Experience gained on how to prevent the major public health scourges — more especially the various types of substance dependence — should be built in to preventive measures at the workplace. On the other side of the coin, health at work should be recognised as an important determinant of the population's general state of health.

- We should develop an approach which is coordinated with other policies pursuing protection objectives and based on preventative measures, more especially transport policy, the environment, civil protection and the common fisheries policy.
- As regards the common fisheries policy, the Commission will invite the social partners to identify measures for improving living, working and safety conditions in the industry, for strengthening the role of women, and for helping to develop the employment situation, particularly for young people, in regions which are dependent on the fishing industry.
- Whenever a public contract is awarded on the strength of a tendering procedure, the contractor must fully comply with all the rules and regulations which are of mandatory application in the field of health and safety at work. Bids entered by tenderers who would appear not to have taken into account the obligations concerning protection arrangements and working conditions as indicated by the awarding authority in the specifications cannot be regarded as in conformity with the specifications, or might appear abnormally low for the work in question, and can be rejected on those grounds. The social partners in the private security and cleaning businesses have addressed the question of compliance with health and safety rules.

3.4. Preparing for enlargement

Enlargement is one of the major challenges facing the European Union. This is true first and foremost of the EU itself, which has to ensure that the new Member States can be absorbed in conformity with the rules and with a guarantee that the institutions and bodies of the EU will continue to function smoothly. It is also true, though, of the candidate countries themselves, which have to absorb into their national systems an enormous and complex corpus of legislation. To ensure that the *acquis communautaire* is being properly applied, there must be an effective transfer of experience and knowledge, with special reference to:

1. Beefing-up programmes of technical assistance, using partnership and twinning arrangements;
2. Developing arrangements for the exchange of experience and access to knowledge and to the results of Community research, by integrating the candidate countries into the institutions and bodies concerned;
3. Strengthening the social dialogue at all levels, particularly in firms;
4. Promoting the collection and analysis of data on accidents at work and occupational illnesses, notably by integrating the candidate countries into ongoing Community work on statistical harmonisation.

3.5. Developing international cooperation

Community policy on health and safety at work must link up with work being done by the *international organisations*. The Commission will continue its active collaboration with the agencies of the United Nations — the WHO and the ILO — which have a similar role to play in improving the level of protection of workers' health and safety, and with whom the Commission has long enjoyed a fruitful cooperation. This cooperation should focus on the following areas:

- Eliminating the worst forms of **child labour** in the world, under the “IPEC” programme and in application of ILO Convention No 182 of 17 June 1999, which all the EU Member States have ratified or will shortly be ratifying;
- Supporting **improvements to occupational health throughout the world**, more particularly by encouraging the ILO to draw up conventions and recommendations which take account of Community legislation, and by cooperating to ensure that they are effectively applied;
- The effects of **dependence** on medicinal drugs and alcohol on health and safety at work, the importance of which is recognised by the WHO and the ILO.

Cooperation *with third countries* — more particularly those of the Mediterranean Basin, ASEAN, NAFTA and the Mercosur group — is essential if we are to ensure that minimum health and safety standards are adhered to, even though the prime objectives are to facilitate the free movement of goods, services and capital. In this respect, the legislative framework adopted by the European Union could serve as a basis for exchanges of information with these countries.

Cooperation and exchanges of experience on occupational health and safety issues already initiated with the *USA* under the Transatlantic Pact should be strengthened. The two-yearly bilateral conferences involving the EU and the USA, and the exchanges of information coordinated by the Bilbao Agency, are illustrations of a desire to cooperate in the interests of improved labour protection at international level.