

Opinion of the European Economic and Social Committee on the communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU strategic framework on health and safety at work (2014-2020)

(COM(2014) 332 final)

(2015/C 230/13)

Rapporteur: Carlos TRINDADE

On 6 June 2014 the European Commission decided to consult the European Economic and Social Committee, under Article 304 of the Treaty on the Functioning of the European Union, on the

'Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU Strategic Framework on Health and Safety at Work 2014-2020'

COM(2014) 332 final.

The Section for Employment, Social Affairs and Citizenship, which was responsible for preparing the Committee's work on the subject, adopted its opinion on 20 November 2014.

At its 503rd plenary session, held on 10 and 11 December 2014 (meeting of 11 December 2014), the European Economic and Social Committee adopted the following opinion by 189 votes to 23, with 20 abstentions.

1. Conclusions and recommendations

1.1. The EESC is pleased that the EU has a comprehensive, economically and socially developed framework in place, which is supplemented with multiannual European strategies adapted by Member States to their particular national circumstances. The EESC nevertheless feels there are difficulties, shortcomings and new challenges that need to be resolved.

1.2. The EESC appreciates the Commission's intention to focus on prevention, rule simplification — without jeopardising existing protection levels — and proper compliance with rules. The strategy must strike a balance between a high level of protection and the administrative burden on firms.

1.3. The EESC welcomes the Commission's focus on SMEs, consulting them and providing them with information and guidelines, using ICTs and stepping up the coordination of public services supporting SMEs.

1.4. It is vital that there be better training of — and more — labour inspectors: the minimum number recommended by the International Labour Organisation (one per 10 000 workers) has not been reached in about half of the Member States.

1.5. In view of the need to generate a culture of prevention amongst young people, people recently made redundant, trainees and apprentices, the EESC recommends that the Commission adopt measures to ensure these people receive adequate, practical information and training.

1.6. The EESC also understands the role of investment in prevention and fully agrees with the fact that this cannot be carried out only by firms, but must also be done by Member States. It calls for more investment by both, with guaranteed worker participation.

1.7. The EESC underlines the difficulties encountered in the EU as regards the existence of relevant data and calls on the Commission urgently to obtain statistics and indicators which in particular take account of gender and workers' careers. The list of occupational diseases, including accidents during working hours, and the reporting and statistical analysis rules relating to this data, should be regulated and published in the EU. It recommends that the work of specialist agencies be stepped up and fully publicised, and that information and good practice also be publicised to help encourage a culture of prevention. Studies on new risks should be carried out in greater depth and proper measures (legislative or other) drawn up, following on from such research.

1.8. The EESC considers that the involvement of workers and indeed of all the social partners at all levels and in the workplace is vital for effective implementation of the strategy. It calls on the Commission to step up discussions and consultation with the social partners and to develop joint action. Member States will need to promote social dialogue and collective bargaining.

1.9. The EESC is critical of the fact that the Commission has not defined quantified objectives at EU level for accidents at work and occupational diseases and recommends that Member States incorporate such quantification into their national strategies.

2. The importance of health and safety at work

2.1. The strategic importance of health and safety at work in Europe is enshrined in the Treaty on the Functioning of the European Union, of which Articles 151 and 153 address this subject specifically, with a view to harmonising progress on working conditions in particular.

2.2. Despite a recent Eurobarometer survey showing that a large majority (85 %) of people are satisfied with health and safety at work, with 77 % affirming that information and training on this subject is available at the workplace, health and safety at work can still be improved in the EU, since the current situation is most worrying: every year in the EU more than 4 000 workers die due to accidents at work and more than 3 million are victims of serious accidents at work resulting in more than three days' absence from work. Around one in four workers consider that their health and safety is at risk because of their work or that work has a mainly negative effect on their health. In Germany, 460 million days' sick-leave per year resulted in an estimated loss of productivity of 3,1 % of GDP, and in the United Kingdom, in the 2010-2011 fiscal year, the net cost to the state was estimated at GBP 2 381 million.

2.3. According to the International Labour Organisation (ILO), around 160 000 fatal work-related diseases were recorded in 2008, where cancer was the leading cause of death (some 96 000 cases). It is estimated that in Europe, one person dies from a work-related accident or occupational disease every 3,5 minutes. Nevertheless, Europe remains at the forefront of progress in health and safety at work.

2.4. The costs of health and safety at work should be seen as an investment rather than merely an expense. The Commission states that, according to recent estimates, investments in this area can produce high ratios of return, averaging 2,2, and in a range between 1,29 and 2,89. Moreover, it should be highlighted that a lack of proper working conditions does generate costs for firms, and that in some countries, insurance premiums tend to be lower for firms which have no accidents at work.

2.5. Despite some relative success in the 2007-2012 European strategy on health and safety at work⁽¹⁾, in terms of both clarifying EU rules and greater Member State involvement, the fact remains that the aim of reducing the incidence of occupational diseases has not been achieved, and significant shortcomings can still be seen in SMEs, which experience major difficulties in complying with regulatory requirements due to a lack of financial resources and of technical and human capacities. Other problems include inadequate prevention of occupational diseases and work-related illnesses, insufficient statistical data and monitoring, poor interaction between health and safety at work and the environment and chemicals, and inadequate involvement of the social partners. Even less is known about the health and safety at work of workers in sectors where there is undeclared and atypical work (particularly in various farming businesses, industry and services), teleworking, self-employment, and domestic service work.

2.6. It should be noted that the decrease in accidents at work over the last few years in Europe could partly be due to the fact that there are now fewer jobs in the highest-risk sectors, given that most Member States have made substantial cuts in areas of health and safety at work, particularly in legislation, inspection and prevention activities.

2.7. The EESC agrees with the analysis of the major challenges facing the European Union and calls on the Commission to put firm policies and measures in place to address them: improving Member States' implementation record, in particular by enhancing the capacity of SMEs to put in place effective and efficient risk prevention measures; improving the prevention of work-related diseases by tackling existing, new and emerging risks; and, finally, providing a coherent, effective response to demographic change.

⁽¹⁾ Between 2007 and 2011, the incidence rate of accidents leading to absences of more than three days fell by 27,9 % in the EU.

2.8. Member States' concerted efforts lead to fewer occupational diseases and fewer accidents at work, but they also protect investment in human resources, reducing the need for additional healthcare and social costs, and promoting well-being in society in Europe.

3. Background to the 2014-2020 European strategy for health and safety at work

3.1. Decent health and safety conditions, in keeping with the Europe 2020 strategy, can make a significant contribution to smart, sustainable and inclusive growth. The EU strategic framework and regulations, in conjunction with national strategies and rules, provide guarantees for the health and safety of workers. The EESC deplores the delay in bringing out this communication and the fact that it does not take into account the proposals set out in the opinion unanimously adopted by the Advisory Committee on Safety and Health, which provides tripartite representation of the various interests in the EU.

3.2. The EESC notes that the Commission communication does not envisage unblocking legislation, specifically that relating to musculoskeletal disorders and the review of the current directive on the protection of workers from carcinogens. The EESC also notes the lack of any reference to establishing a legal framework for anticipating change, an issue also raised by the European Parliament. The Committee urges the Commission to resolve this matter quickly.

3.3. The EESC has duly welcomed the European target of reducing accidents at work by 25 %⁽²⁾, but is disappointed that this target has not been quantified for the 2014-2020 period. The EESC has also previously criticised the lack of comparable targets for reducing occupational diseases, which persists in this communication and therefore warrants the same criticism. It is vital to develop statistical European instruments relating to accidents at work, occupational diseases and exposure to various occupational risks.

3.4. Improving implementation of EU and national rules and regulations is a need widely recognised by the social partners and society. The EESC believes that capacity-building is vital for micro-businesses and SMEs to implement efficient and effective risk-prevention measures, in order to comply with legislation. These are priority measures which require public policies that provide greater incentives, support and tailored technical advice.

3.5. Technological innovation and new forms of work organisation, particularly new, atypical working arrangements, generate new situations entailing new challenges. However, they also entail risks, including new risks that have not yet been properly identified. Identifying and preventing such risks and detailing both existing and new occupational diseases are tasks that must be carried out as a matter of urgency. There is an essential and immediate need to find solutions by updating current legislation or by enacting new legislation capable of addressing the risks that are identified.

3.6. Success in extending life expectancy is changing the demographic structure in Europe and does not automatically mean that people are living longer in good health. Working conditions play an important role in health problems, which tend to increase with age, particularly due to the cumulative effect of certain occupational risks. Better prevention from the outset in people's careers and throughout their working lives helps overcome the challenges arising from demographic change. On the other hand, it is important to fund national and European research so as to identify key issues here.

3.7. The EESC considers that inadequate worker safety, as well as atypical forms of work, is becoming more prevalent in the EU and that the economic crisis has led some Member States and some socially irresponsible firms to make drastic cuts in their activities relating to health and safety at work. This situation is not acceptable.

3.8. On the other hand, it would be fair to highlight the fact that some firms have, voluntarily and over and above their legal obligations, developed measures and action to support improvements to the health, safety and well-being of their workers. The socially responsible stance adopted by these firms warrants recognition and support from the Commission and Member States, in order to make a culture of social and environmental responsibility more widespread in the way firms operate throughout Europe.

⁽²⁾ See OJ C 224, 30.8.2008, p. 88.

3.9. The European Union is facing persistent economic stagnation and high levels of unemployment. Unemployment is a very particular area of occupational health, since in some cases it is associated with mental illness. People working in the undeclared labour market are also more subject to high levels of risk and accidents at work. The EESC is convinced that, as well as making structural investments, improvements in living conditions, especially in health and safety at work, make a very important contribution to sustainable economic growth, the promotion of high-quality jobs and social cohesion.

4. General comments

4.1. Development of a comprehensive framework for health and safety at work and its proper implementation throughout the EU is essential for sustainable economic growth. The majority of respondents to the consultation launched by the EU ⁽³⁾ confirmed the need for further coordination at EU level (93 % of respondents) and supported the aim of maintaining a high level of compliance with the principles of health and safety at work, regardless of the size of the company.

4.2. Although some improvements have been seen in a number Member States in recent years, particularly in terms of accidents at work, which may also partly be due to lower levels of employment, a culture of prevention has not become widespread in the European Union, with SMEs facing difficulties in terms of resources and capabilities; this can only be overcome by public bodies adopting measures on information, training and technical support and advice. Such action by public authorities must be able to meet the needs of various sectors of activities and be specific to each one of them.

4.3. The involvement of workers' representatives, in firms and in the workplace, in dealing with occupational risks is a key feature of social dialogue. Financial support for businesses should only be granted if health and safety standards at work are fully complied with. Experience in various European countries demonstrates the importance of joint agreements which allow forms of regional or sectoral representation to be set up and which encourage social dialogue and prevention.

4.4. There is insufficient coordination between the various public services in matters relating to health and safety at work. There is likewise some inefficiency in and poor use of the mechanisms for involving the social partners at all levels in negotiating and putting in place sector-specific agreements; this is something which it is important to improve. More systematic cooperation between public health services and prevention services at the workplace makes for better prevention and better detection of occupational diseases. Single points of contact should be set up in Member States, facilitating links between public authorities and SMEs.

4.5. Due to budgetary difficulties, most Member States have reduced the human and financial resources they allocate to institutions and bodies which deal more with occupational health and safety, in particular labour inspectorates, which have seen a marked decrease in their work inspecting, supporting and advising businesses. The EESC calls for this situation to be reversed, as it is totally unacceptable, especially since an increasing number of significant new risks have emerged and workers' living and safety conditions (growing psycho-social risks partly due to unemployment and work insecurity) have worsened.

4.6. Member States should encourage and support negotiation and collective bargaining, thereby ensuring an important and effective role for the social partners in the design and implementation of policies on health and safety and in the promotion of a safe, healthy environment at the workplace.

4.7. The EESC regrets the scant progress made on European statistics on health and safety and stresses the importance and urgency of producing definitions and uniform EU-level recognition and reporting schemes.

4.8. The EESC shares the European Commission's belief according to which the social partners' involvement at all levels will ensure the efficient, effective design and implementation of policies and strategies on health and safety at work. The tripartite Advisory Committee on Safety and Health at Work and European social dialogue structures should play a key role here. When defining its priorities, the Commission should take more account of the Advisory Committee's proposals, often unanimously adopted.

⁽³⁾ Public consultation on the new occupational health and safety policy framework — Employment, social affairs and inclusion, June 2014.

4.9. The EESC, as regards the framework agreements concluded as part of European social dialogue, urges the Commission to rapidly look into whether representativeness and compliance with Community law are secured and, consequently, to commit itself to taking the measures required to ensure that the agreements are adhered to.

4.10. The EESC recommends that Member States make use of the European Social Fund and other European Structural and Investment Funds (ESIF) to finance measures in the field of health and safety at work.

4.11. The EESC agrees with the Commission on the need to explore in greater depth synergies between policies on health and safety at work and other public policy areas. The EESC firmly believes that progress in this field is still very limited in most Member States.

5. Specific comments

5.1. *National strategies, enforcement of legislation and monitoring*

5.1.1. The EESC endorses the European Commission's stance on the need for the Member States, in consultation with the social partners, to revise national strategies in light of the new Strategic Framework for the EU. The Committee recommends, however, that a detailed assessment be carried out of the impact of the previous national strategy. Ownership of the 2014-2020 Strategy by the social partners should be considered essential by all Member States and standard indices and criteria should be found, systematically indicating the level of ownership and allowing for systematic monitoring and evaluation.

5.1.2. The EESC agrees with the Commission on the need for the Member States, in cooperation with the European Agency for Safety and Health at Work (EU-OSHA), to create a database on health and safety at work and to hold regular meetings (at least twice yearly) involving EU-OSHA, the Advisory Committee on Safety and Health (ACSH) and the Senior Labour Inspectorate Committee (SLIC).

5.1.3. The provision of financial and technical support for SMEs to carry out the online interactive risk assessment (OiRA) and to use other IT-based tools in the Member States should be seen as essential and should focus on priority sectors. The EU-OSHA should be given more financial and human resources to be able to play a key role in this. The EESC regrets that the Member States have made very limited use of the ESF to finance training and education activities.

5.1.4. The identification of good practice and specific guidance for SMEs in particular should take account of the specific conditions in each sector and of the nature of the businesses concerned, and the EU-OSHA should step up its activities in these areas and promote a culture of prevention.

5.1.5. The work of labour inspectorates in firms in the different Member States should be improved, especially in the areas of information, consultation, emerging risks and efforts to facilitate compliance with legislation and identify and deter undeclared work. Labour inspectorates should therefore be given increased resources and powers.

5.1.6. The EESC supports the measures to evaluate the programme for the exchange/training of labour inspectors, as well as measures to enhance cooperation between labour inspectorates within the SLIC.

5.1.7. The EESC agrees with the SLIC that health-and-safety-related topics are strategic priorities for the EU, in particular musculoskeletal disorders, long latency diseases (such as occupational cancers and chronic conditions like occupationally-caused lung disease), proper implementation of REACH and work-related psychosocial risks⁽⁴⁾. It would also be useful to broaden SMEs' responsibilities for health and safety, improve compliance with requirements, provide accessible and updated information and guidance and ensure that large companies shoulder their responsibilities with respect to improving the performance of SMEs with which they work.

⁽⁴⁾ EU strategic priorities 2013-2020, Doc.2091_EN, February 2012.

5.2. Simplification of legislation

5.2.1. The EESC considers that any simplification of the legislation in force must not in any way jeopardise current levels of health and safety at work for European workers or the constant improvements in the conditions thereof. The EU's public consultation on this shows up differences between social partners on the simplification of current legislation to be included in a new European policy instrument: 73,4 % of employees' organisations were against such simplification, while only 4,3 % of employers' organisations were against it ⁽⁵⁾. Of all respondents (totalling 523), 40,5 % supported simplification, 46,1 % held the opposite view and 13,4 % had no opinion on the matter. Even so, the EESC feels that some administrative burdens on firms could be reduced, but without jeopardising workers' health and safety conditions.

5.2.2. It is worth noting that, according to the European survey of enterprises on new and emerging risks (ESENER), the main reasons given for firms addressing health and safety at work are 'fulfilment of legal obligations' (90 %), 'requests from employees or their representatives' (76 %) and 'pressure from the labour inspectorate' (60 %), with all of these drivers generating considerable pressure. In contrast, the survey shows that of the firms that do not carry out regular safety checks, only 37 % gave 'too complex legal obligations' as a reason for not doing so.

5.2.3. The EESC recommends that the identification of possible simplifications and/or the reduction of unnecessary administrative burdens for companies, following an analysis of the legislation in force, should be the outcome of broad debate and negotiations involving the social partners at all levels. The EESC draws attention to Treaty Article 153, which stipulates that European legislation should set minimum conditions and authorise Member States to maintain or adopt rules which ensure better protection for workers. This helps drive progress and enables European initiatives to be brought forward, as demonstrated with the ban on asbestos in numerous Member States before the Commission adopted a similar decision.

5.3. New and emerging risks

5.3.1. There is a great need to further develop scientific knowledge on new risks, in order to prevent work-related illnesses and occupational diseases, and efforts should be concentrated at EU level. Closer interaction/coordination between the various European and national institutions is essential to find appropriate ways to define strategies and legislative measures to tackle new and emerging risks. Where the existing institutions are concerned, the Committee sees no need to set up a new independent scientific consultation body.

5.3.2. The EESC has consistently highlighted the need to ensure better health and safety conditions for specific categories of workers (such as young people, women, older workers, migrants, workers on atypical employment contracts and workers with disabilities) and to address the new issues arising from changes in the way work is organised (especially stress and mental health problems at work) — topics that are widely recognised by Member States, social partners and society as a whole. The EESC believes that these problems should be tackled, since they are on the increase and have economic and social costs associated with them. It is to be stressed that the gender perspective makes it possible to coordinate health at work policies with progress on equality issues.

5.4. Statistical data

5.4.1. The considerable lack of reliable, timely and comparable statistics at European level constitutes one of the most pressing issues relating to health and safety at work. This regrettable situation, which has incomprehensibly dragged on for years, must be addressed. The EESC supports the steps proposed by the Commission to overcome these difficulties, to which the Commission and Member States should give high priority, since they can, if they so wish, develop additional, more detailed statistics adjusted to national contexts. Cooperation with the WHO on extension of the ICD-10 data set could enable healthcare databases to be used, resulting in fast, effective data collection.

5.4.2. The EESC regrets the interruption of the processing of European statistics on occupational diseases and calls for statistical research to be resumed on occupational exposure to carcinogenic agents, as was the case with the CAREX project developed in the 1990s. The EESC welcomes recent efforts by the Commission to create a database and develop a model for estimating occupational exposure to a list of dangerous chemical products in EU Member States and in EFTA/EEA countries (Hazchem project).

⁽⁵⁾ Public consultation on the new occupational health and safety policy framework, June 2014.

5.5. *Cooperation with international institutions*

5.5.1. The EESC considers that strengthening cooperation with international organisations, in particular the ILO, the WHO and the OECD, should be a priority in order to reduce accidents and occupational diseases worldwide.

5.5.2. Particular attention should be paid to health and safety shortcomings at work in global supply chains, thereby contributing to the existence of safer workplaces, not only in Europe but on all continents. Consideration should be given to including this issue in the EU's agreements, in order to ensure compliance by the EU's partners with ILO conventions and recommendations. The EESC would refer to its previous opinions on asbestos and calls on the Commission to adopt a clear position to obtain a world ban on the use of asbestos.

5.5.3. The EESC recommends that the Member States apply international standards and conventions and that the Commission draw up regular reports on Member States' compliance with these.

Brussels, 11 December 2014.

The President
of the European Economic and Social Committee
Henri MALOSSE

APPENDIX

to the opinion of the European Economic and Social Committee

The following amendments were rejected, although they did receive at least a quarter of the votes cast:

Point 1.8

Amend as follows:

The EESC considers that the involvement of workers and indeed of all the social partners at all levels and also in the workplace is vital for effective implementation of the strategy. It calls on the Commission to step up discussions and consultation with the social partners and to develop joint action. Member States will need to ~~promote~~ encourage social dialogue on health and safety issues between employers and the representatives of workers ~~and collective bargaining~~.

Outcome of the vote:

For: 66
Against: 143
Abstentions: 17

Point 3.2

Amend as follows:

The EESC notes that the Commission communication does not envisage unblocking legislation, specifically that relating to musculoskeletal disorders and the review of the current directive on the protection of workers from carcinogens. ~~The EESC also notes the lack of any reference to establishing a legal framework for anticipating change, an issue also raised by the European Parliament. The Committee urges the Commission to resolve this matter quickly.~~

Outcome of the vote:

For: 60
Against: 141
Abstentions: 13

Point 3.5

Amend as follows:

Technological innovation and new forms of work organisation, particularly new, atypical working arrangements, generate new situations entailing new challenges. However, they ~~also~~ may sometimes entail some risks, including new risks that have not yet been properly identified. Identifying and preventing such risks and detailing both existing and new occupational diseases are tasks that must be carried out as a matter of urgency. There is an essential and immediate need to find solutions to ~~by~~ updating current legislation or by enacting new legislation capable of addressing the risks that are identified.

Outcome of the vote:

For: 77
Against: 140
Abstentions: 10

Point 3.9

Amend as follows:

The European Union is facing persistent economic stagnation and high levels of unemployment. Unemployment is a very particular area of occupational health, since in some cases it is associated with mental illness. People working in the undeclared labour market may in some cases ~~are~~ also be more subject to high levels of risk and accidents at work. The EESC is convinced that, as well as making structural investments, improvements in living conditions, especially in health and safety at work, make a very important contribution to sustainable economic growth, the promotion of high-quality jobs and social cohesion.

Outcome of the vote:

For: 62
Against: 145
Abstentions: 10

Point 4.6

Amend as follows:

Member States should encourage and support social dialogue between employers and the representatives of workers ~~negotiation and collective bargaining~~, thereby ensuring an important and effective role for the social partners in the design and implementation of policies on health and safety and in the promotion of a safe, and healthy environment at the workplace.

Outcome of the vote:

For: 66
Against: 141
Abstentions: 17
