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Speech: European strategies for health and safety at work: the role of social partners

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European Commission

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European strategies for health and safety at work: the role of social partners

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European Trade Union Institute conference "Trade unions and civil society for a strong and ambitious EU strategy for health and safety at work 2013-2020"

Brussels, 27 March 2013

Ladies and gentlemen,

Thank you for inviting me to your conference. It is always a pleasure to discuss health and safety at work with you. I am aware how supportive you are of the Commission to adopt a new EU health and safety strategy.

As you know, the Commission is finalising its evaluation of the EU Strategy on Health and Safety at work for 2007 to 2012.

The results will serve as a basis for a public consultation on a possible new European Health and Safety Strategy.

So we should grasp every opportunity to discuss the subject with stakeholders, and especially with the social partners.

This should help us to identify how we can best address the challenges ahead.

The success of our health and safety policy can be measured by the reduction it has brought in the number of fatal and non-fatal accidents at work and in the incidence of work-related illnesses.

In 2002 the absolute number of serious (with more than 3 working days lost) non-fatal accidents at work in the EU-15 equalled around 4.4 million. Since then a substantial improvement has been achieved but the number of non-fatal and fatal accidents was still very high in the EU in 2010. The latest Eurostat estimates put them at almost 4 400 fatal and over 3.3 million non-fatal accidents.

But those data cover 26 Member States only, and they do not cover all accidents. 23 million people in the EU — one in ten employed persons — report at least one work-related health problem.

It is estimated that the overall burden of absenteeism, permanent incapacity, health costs, and so on, amounts to around 2.6 to 3.8% of EU GDP.

Despite the substantial progress in reducing accidents since 2002 that those figures show, a greater effort is needed to improve the situation. And the social partners have a key role to play here.

The key role of stakeholders

The EU social partners made a full contribution to the EU Strategy for 2007 to 2012 and delivered outstanding outcomes, for instance by adopting agreements that will contribute to protecting the health and safety of workers better from:

1. silica crystalline dust in industry
2. injuries caused by sharps in the hospitals and healthcare sector
3. third-party violence in the services sector
4. occupational risks in the hairdressing sector, and
5. harassment and violence at work in cross-industry sectors.

Another example of successful cooperation between the EU social partners and the ILO was the adoption of a Council Directive implementing the Agreement on the 2006 Maritime Labour Convention.

This list is far from exhaustive.

Health and safety are crucial for workers and employers, given the impact for health and well-being and consequently for company competitiveness.

The social partners are taking up the challenge. Many European social-dialogue committees are working to improve occupational health and safety in their own sectors.

EU social dialogue has produced around 80 texts on health and safety, ranging from common opinions and codes of conduct to tool-kits, frameworks for action and autonomous agreements.

They relate in particular to "emerging risks" — such as work-related stress, harassment, musculo-skeletal disorders, exposure to carcinogenic substances and fatigue — which are linked to the development of new work organisation, management procedures or technologies.

Our Industrial Relations in Europe 2012 report, to be released shortly, will highlight social partner initiatives in the past two years.

In such varied sectors as agriculture, construction and education, the European social partners are making a real difference in improving health and safety at work for millions of Europeans.

One sector that has received much attention lately for its work on health and safety is hairdressing. The European social dialogue committee in the sector has worked for over a decade to reduce work-related risks to health and safety for the benefit of workers and hairdressing businesses.

The EU sectoral social partners signed a framework agreement in 2012 and asked the Commission to implement it by EU legislation in accordance with the Treaty.

A similar approach has been followed by the EU social partners in the inland waterway sector, who also expect their agreement to be implemented via a Directive to improve working conditions in their sector.

The hairdressing agreement has aroused political controversy which we regret because we consider that such agreements must be assessed impartially.

The Commission will assess the social partners' request and has already commissioned an external cost-benefit study of the hairdressers agreement and of the agreement on working time in the inland waterways sector.

It will decide independently, on the basis of an impartial assessment and fully respecting the EU social partners' autonomy, whether or not to present a proposal for legislation to the Council.

Irrespective of any legislation, the Commission strongly supports the sectoral social partners in their efforts to disseminate and implement the measures they have agreed.

We have co-financed projects to develop common health and safety standards in many sectors, building on cooperation between the EU social partners and medical experts.

We need to emphasise the links between an EU health and safety strategy and European Social Dialogue, which can provide effective, feasible solutions to occupational safety and health problems affecting workers and employers across Europe.

European Strategies

In addition to social partner agreements and the substantial body of legislation in the health and safety area, EU strategies for health and safety at work have also provided great impetus.

The strategy for the period 2002 to 2006 was based on an overall approach to well-being at work which took account of changes in the workplace and the emergence of new risks, particularly those of a psychosocial nature.

It gave new impetus to prevention policy at national level, presented coherent, convincing arguments in favour of a partnership to meet shared objectives and obliged the parties concerned to give consideration to achieving them.

The Strategy's success led to a further strategy for the period 2007 to 2012, entitled "Improving quality and productivity at work".

Implementing the Health and Safety Strategy 2007-2012

The final evaluation, which the Commission will be publishing in the coming weeks, will show that the Strategy has met its goal and has achieved a continuous, sustainable, uniform reduction in accidents at work and occupational disease.

According to the indications, the Strategy has succeeded in its aim of reducing the total incidence of accidents at work across the 27 Member States by 25%.

So setting a quantitative target for reducing work accidents seems to have worked.

The Strategy has raised the visibility of this policy area and encouraged the Member States to focus on measures to reduce accidents.

It has also helped to improve implementation of safety and health legislation and to clarify and interpret the rules.

All Member States, except one, now have national strategies or similar instruments and are applying them.

In Member States where occupational safety and health systems and measures are less comprehensive, the European Strategy has helped to generate improvements and bring the systems more closely into line with those in other countries.

Many actions planned under the Strategy have been implemented.

Almost all legislation planned has been put forward, and the Commission, the Advisory Committee and the Senior Labour Inspectors Committee have been active in drafting guidance, exchanging best practice and developing or revising legislation.

One practical example of success in improving implementation of legislation by SMEs over the period is the development of the Online Interactive Risk Assessment tool.

This is a cost-free web-based application developed by the European Agency for Safety and Health at Work.

It allows a growing network of partners to develop tailor-made risk assessment tools for micro- and small enterprises.

The Agency also carried out pan-European awareness-raising campaigns on risk assessment and safe maintenance between 2007 and 2012.

A campaign is currently under way on working together for risk prevention.

This campaign emphasises the importance of leadership by top management and owners working in tandem, along with active worker involvement, to improve risk prevention at the workplace.

These campaigns have helped raise awareness of the need to improve occupational health and safety and mobilise the actors concerned.

The European Social Fund plays a crucial role in supporting Member State initiatives to develop a culture of prevention in the field of health and safety at work.

In the 2000-to-2006 programming period, 13 Member States spent 5.1 billion euros on health-and-safety-at-work-related measures, including 2.8 billion euros from the Social Fund.

In the current programming period, 16 Member States have used Fund financing to improve health and safety at work, mostly as part of their efforts to increase the adaptability of workers and enterprises.

This highlights the strong competitiveness aspect of health and safety at work.

Most measures supported by the Fund have focused on three main areas:

1. training and education of workers, the self-employed, teachers and trainers in health and safety issues
2. health promotion and prevention of sick leave
3. establishing health and safety provisions at work.

This has helped bolster the competitiveness of the EU labour force and generate better jobs.

But more social investment is needed in healthcare and health and safety at work.

The Commission proposal to allocate at least 25% of EU cohesion funding in the 2014-20 period to the Social Fund for investing in people and employment and social reform serves that goal.

The evaluation appears to endorse the value of an EU dimension to policy in this area, and confirms the relevance of a strong strategic approach to health and safety at work.

While implementation of the Strategy has been globally effective, there have been gaps, in particular in terms of reaching out to individual companies at local level, and especially SMEs.

Future policy orientations

So much for the past, ladies and gentlemen, but what of the future?

Let me start by outlining what I see as the foremost justification for an EU occupational safety and health policy today — the fact that it can help us meet the main targets of our Europe 2020 Strategy for smart, sustainable and inclusive growth and jobs.

That makes occupational safety and health a key factor for growth and for the creation of new and better jobs.

First, because the economic cost of work-related accidents and diseases to industry and society generally is enormous.

We all have an interest in reducing that cost to a minimum — particularly in an economic and financial crisis — by applying effective preventive policy.

The fact is that good health is good business.

Investing more in preventing accidents and disease in the workplace helps improve the firm's economic performance and bolsters the sustainability of the social security system.

Second, it is not just a question of reducing costs.

Better health and safety also contributes to company performance by improving staff well-being, reducing absenteeism and staff turnover, and bolstering job satisfaction.

There is no doubt that a good working environment is a big factor in competitiveness and can play a crucial role in increasing the workforce's potential.

In particular, staying healthy is vital, given the demands of working life today, with its frequent changes between increasingly demanding jobs and new types of work organisation.

However, there are some key challenges to address:

1. Given the ageing of our workforce, effective health and safety policy is a precondition for staying active as we grow older. Clearly, the prospect of a longer working life raises specific issues linked to long-term expectations and the probable emergence of chronic and long-latency diseases. Well-adapted health and safety policy is therefore a vital component of labour market policy to promote active ageing

2. We need to take into account the "new risks" related to emerging technologies and new working arrangements — such as those connected with nano-materials and the green economy
3. During the current recession, the capacity of most EU businesses to continue investing in prevention and promoting a safe and healthy work environment may be seriously challenged. We have to offer cost-effective ways of keeping working conditions sound
4. The data available show that occupational diseases continue to be a significant problem. In particular musculoskeletal disorders and psychosocial illnesses (such as stress) stand out as major areas of concern. Recent reports also identify the significant burden of occupational cancers, a significant percentage of which are deemed to be preventable with appropriate action
5. Focusing on better implementation of EU legislation, awareness-raising and the promotion of a culture of prevention is vital. The data available indicate that implementing health and safety legislation has been — and continues to be — a challenge in many Member States, and one that needs to be addressed. SMEs face special challenges.

A more closely coordinated approach at EU level will be needed to upgrade the quality of guidance and assistance compliance tools for Member States and the social partners.

As I mentioned in my introduction, when the Commission presents the final evaluation of the Strategy, it will also open a three-month public consultation to identify future priorities.

We are considering giving priority to:

1. tackling health issues and preventing work-related health problems more effectively. These include mental health issues, occupational and work-related diseases, work-related musculoskeletal disorders, and potential risks of new technologies
2. more effective implementation of EU legislation, in particular in SMEs and especially in micro-enterprises
3. a special effort over the next few years to make working life sustainable. In particular, this involves better protection and promotion of health and safety among older workers, facilitating healthy ageing at work, and developing a culture of prevention throughout working life.

At a later stage, the Commission will conduct a full evaluation of EU occupational health and safety legislation.

The findings, which are expected in 2015, will help to see how its application can be made simpler and more effective, particularly for SMEs.

I regularly raise health and safety at work issues with Ministers. For instance during my visit to the Netherlands last week, I had a very useful exchange of views on the future priorities.

Ladies and gentlemen,

I know people feel that evaluating the 2007-2012 Strategy is a slow process. But I would point out that the European Commission is strongly committed to improving working conditions, and it cannot act alone. We need the commitment and support of the stakeholders and especially of the social partners. The success of our health and safety policy largely depends on how it is implemented and enforced at national and local level.

I look forward to continuing to work together and I trust that together we can convince people that a good health and safety at work policy is crucial to workers' well-being and good for business.