# Analysis of national occupational health and safety policies

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Contributors to the workshop came from Bulgaria, Finland, Lithuania, Romania, Slovenia Sweden, and UK.

The workshop provided insights into and discussion of a diverse range of national occupational health and safety policies from old and new/candidate member States, large and small countries, countries that were international leaders in the field and those countries just embarking on the EU path. All countries had histories of health and safety at work activities and different traditions and strengths to draw on and the session papers revealed how in some instances, effective structures in pre-accession States may have been dismantled or downgraded and their replacements sometimes not fully tested. The workshop was also provided with a valuable over-arching perspective on the EU's framework health and safety directive and the tensions between non-prescriptive and prescriptive, centralised and decentralised approaches to that directive. In this context, governments "fixated on business friendly policies" eager to deregulate and self-regulate and those with a greater commitment to social justice and public sector strategies typified some of the nation-specific approaches that the workshop covered.

The challenges and opportunities facing an enlarged Europe are many and diverse, yet as the workshop demonstrated, the fundamental issues in occupational health and safety across not only Europe but the world often remain the same or remarkably similar for policy makers and policy analysts. These often relate to basic problems. They include issues surrounding hazard identification and impacts of hazards on employees which may or may not be modified by complex or crude strategies surrounding risk assessment and risk management. The role and significance of the technical and engineering knowledge base available to remove or reduce those hazards. The development and application of wide skills of employers, managers and their staff to apply that knowledge base to hazard identification, removal and reduction. The capacity of companies and organisations to reject, resist or reduce demands for hazard removal. The commitment of governments and the EU to hazard removal and reduction and hence to determine the power, activity, resources and capacity of the labour inspectorates to carry out effective regulation and enforcement of hazard removal or reduction linked to support, information and advice to employer and employee organisations to achieve the highest occupational health and safety practices possible in all organisations. The power of organised labour to press effectively for best practice in workplace occupational health and safety. The ability of those media and NGOs linked to occupational health and safety, to raise worker, trade union, public and community awareness of hazards.

A central and long-running debate in addressing such problems relates to the capacity and desire of "managements" to ensure effective hazard removal or incorporate employee and other organisations into systems and practices that fail to resolve major health and safety problems. Linked to this is the debate about the impact of consensus on European health and safety and the ability, capacity and power of worker organisations to affect workplace health and safety standards and practices if they are not involved in risk assessment and risk management structures.

Many studies in recent years have explored occupational health and safety standards and practices in the EU. The impact of EU directives has been a particular focus for research activity. These studies often confirm the assessment that there is little uniformity and no homogeneity in OHSE practice in member States. This often relates to diverse political, economic and cultural reasons more than technical differences. The latter may be addressed by the sharing of work within the EU across member States and hence pooling of knowledge and expertise. The accession countries have produced similar variety both in practices and moves to adopt OHSE directives. In Hungary, for instance, OHSE standards in some petrochemical plants may compare with those now in the EU. Yet all plant maintenance workers at one stage in such plants were placed in sub-contractor categories and no plant managers were able to provide OHSE data on this workforce : a familiar Western European industry tactic. In Slovenia, OHSE standards in some pharmaceutical plants have far exceeded those in the UK. In Romania, oil refinery standards fell far short of those in Western Europe. In the Czech Republic, OHSE conditions in several hospitals exceeded those in the UK but wages, conditions and job security did not.

It should additionally be noted that economic and political developments outside the EU and accession States may have a major impact upon OHSE within the EU. The role of the WTO is self-evidently

very influential in this respect and the capacity of the international chemical industry to blunt the REACH proposals also illustrates the same point. In this context, the power of the USA to wreck major environmental initiatives that link to work environment questions is critical. Poor OHSE accountability of multi-national companies in the EU in some senses also still prevails, despite the smoke screens put up by companies involving risk management techniques. This has been demonstrated by the OHSE failings of Swedish companies in Spain, Danish chemical companies in developing countries, Swedish and Canadian companies in the UK and so on.

### Infrastructure and coordination

The EU has country-wide organisations and institutions that deal with occupational health and safety and related environmental issues. Bodies such as the ETUC, TUTB, EASH and EEA will contribute to the development of a fuller and more widely-disseminated knowledge base and understanding of good and best practice.

The role of labour inspectors concerned all countries and the prevalent view was that, especially where other partners were weak and economic development slow, such inspectors would play a critical role in maintaining or at least preventing serious declines in OHSE. To what extent this would be the case is a matter for debate and whether there was an over-reliance on such inspectors was also undecided. In Lithuania, the integrated working of inspectors was questionable.

### Social partners

In Lithuania, companies had a poor record, and old equipment and poor conditions were to be found in several sectors. Also, SMEs did not respond to regulation in ways that larger companies could and did – a view endorsed by observations from Czech representatives who thought OHS standards had slipped in that country, especially in SMEs. Often, appropriate expertise was lacking.

In countries like Finland, the problems of ageing workers and older workers needing to work longer is major occupational health and safety challenge, as are the psychosocial challenges of work organisation and relative neglect of gender issues in the workplace.

In Slovenia, there is evidence that in the early 1990s, partners like occupational physicians were effectively privatised and hence captured by employers with a concomitant decline in effective occupational health surveillance and occupational disease diagnosis in workplaces. Compensation for occupational diseases had plummeted in the 1990s. Only from 1999 did laws start to redress the position on occupational health.

In Sweden, which in many respects was an exemplar of good occupational health and safety practice, employers still presented significant threats to workers' health, especially in terms of musculoskeletal diseases, stress (also a major problem in Finland), absenteeism and early retirement. As social partners, some employers still left much to be desired and had neglected work organisation problems in the 1980s, as had government. How to achieve the ideal of "continuous OHSE improvement" was still a challenge.

In Bulgaria, the role of the media, not an orthodox partner, in promoting occupational health and preventing employer inactivity, was stressed.

### Unions

Unions have either been unable to recruit in many countries, sometimes linked to threats of violence, or unable to achieve improved OHSE standards. Paradoxically, some sort of consensus approach for these beleaguered unions may prove to be a major advance. Consultation of employers with non-unionised workers on OHSE under the EU directive has often been a sham.

The Swedish paper highlighted the critical importance of trade unions in the process of driving up occupational health and safety standards and protecting standards in recession, although the presence of trade unions still does not guarantee the best health and safety practice. Worker participation and work organisations had become focal issues since the 1970s with the work environment system but it was still a struggle to take forward the OHSE agenda, especially as trade unions weakened in the 1990s.

In Bulgaria, the problems of ensuring effective trade union action are more extensive and require major efforts. Minimum legal OHSE rights for workers have been exceeded in Sweden. In Lithuania, there were growing concerns about worker training and information on occupational health and safety and a significant reliance on a tripartite approach which in the UK, for instance, has recently been challenged in some respects as being ineffective and stifling. Yet in Bulgaria, tripartism offers an important route into the OHSE system and a means to monitor the EU directives that have been widely adopted but which may not be properly implemented with a lack of risk assessments and action on them.

The impact of tripartism on improving OHSE, or at least preventing further decline, has not been thoroughly researched, but national factors may well explain successes and failures : successes in Sweden and failures in some Southern European countries. What is clear is that trade union representatives can provide a major means of checking on OHSE standards, disseminating information and ensuring the most meaningful consultation mechanism on OHSE across the EU and accession countries.

### EU-specific programmes and international agencies

In addition to the extensive work of the TUTB and ETUC on such matters as WRULD and recently gender, there have been real if limited successes in some sectors. For instance, work on print industry solvents produced much useful information that could be readily used by well-organised skilled and usually unionised workers across Europe. The ILO has produced an enormously successful handbook on participatory action research for trade unionists dealing with occupational health and safety. However, the extent to which bodies such as the WHO and IARC have been able to take forward OHSE is debatable. Smaller activities may have had greater impacts. Examples that demonstrate this are the Danish labour inspectors and their charter, Hazards groups across Europe and EWHN : grass roots workplace and community groups that pool their knowledge and experiences across Europe. ■

WORKSHOP REPORTS

# Analysis of preventive OSH services : organization and coverage of workers

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The working group comprised representatives of trade unions, employers' and employees' organizations, research institutions, governmental and non-governmental bodies from several countries. Dr. L. Vogel (ETUC) and Prof. M. Cikrt (Czech Republic) gave overviews of the analyses of the situation in preventive services in EU and accession countries and acted as discussion moderators. Five countries (Estonia, Denmark, Italy, Cyprus and Hungary) presented their country reports. The situation varies widely between countries, but the working group identified no truly substantial differences between the member states and accession countries in regard to structures, models and the operation of preventive OHS.

The discussion centred on the following key elements :

- Organization and coverage.
- Strategies of different actors (public authorities, employers, employees, etc.).
- Employers' position on risk assessment.
- Multidisciplinarity, role of occupational physicians and other specializations.
- Local trade union activities, powers and responsibilities.

The discussions were well-conducted and highly productive. The group came to the following conclusions and recommendations :

- There are no substantial differences between the coverage structure, models and objectives of OHS in accession countries and existing member States.
- The new countries can play a positive role in the EU as catalysts (or activators) in the development of a new OHS strategy, which is urgently needed.
- There is no one-size-fits-all model of OHS that can be recommended, and no reason to do so. But there are some basic requirements for the development of OHS.
- Multidisciplinarity is not about lumping different professions together, but rather cooperation between specialists and a participatory approach that promotes the knowledge and expertise of employers and workers themselves.
- Equity is a crucial issue. Many SMEs, and sometimes whole sectors like agriculture and services, are completely excluded from preventive OHS coverage at present.
- The role of medical doctors in multidisciplinary teams was discussed. Despite some participants overestimating and others underestimating the role of physicians in preventive services, there was basic agreement that transformation of the workplace is the main objective of the new strategy for all professionals.
- There is a great need for training, education and research in order to disseminate the information and experiences of preventive services.
- Trade unions should define a strategy for the consolidation of preventive services that takes into account the weakness of unions in many sectors and accession countries.
- Implementation and enforcement of legislation are the most important steps to avoiding a merely bureaucratic application of the law.
- Decision makers, employers and employees must be made more aware of the importance of OHS. ■