

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

Miroslav Cikrt

National Institute of Public Health, Czech Republic

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.
- Multidisciplinary, 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.
- Multidisciplinary 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. ■