

The New Member Countries : problems or catalysts ?

It would be an impossible task even to attempt a summary of all the major contributions given to the two days of this conference, so I shall merely offer a few personal conclusions and thoughts.

There appears to be some inconsistency between actual and perceived working conditions in the Member States and accession countries.

The Commission representative first gave the conference a detailed list of occupational safety and health failings in the accession countries, including the lack of a prevention culture, the replacement of prevention and risk management by personal protection, inadequate worker representation, under-resourcing of labour inspection etc. The conclusion was that the accession countries would have to "shape up" to the high level of occupational safety and health prevalent in the existing Member States.

After this, different Member States' experts gave detailed presentations focusing on such things as the frequent lack or incompleteness of risk assessments, inadequate government inspection, deregulation and unemployment undermining occupational safety and health, every fourth worker exposed to carcinogens, the lack of economic incentives for safety and health, the widening "health divide" and so on.

In later discussions, however, it was emphasized that the occupational safety and health record of several accession countries was actually better than that of some Member States. There was also agreement that Member States and accession countries have fairly similar problems in this area, although levels of implementation differ and are patchy, and that implementation will be the big occupational safety and health issue of the years to come for the existing and new Member States alike.

Day two of the Conference heard a comparative presentation by the Dublin Foundation representative of the findings of the survey of working conditions in the accession countries and in the Member States. The most striking feature was the lack of any dramatic differences other than a few attributable to different economic structures (e.g. the larger agricultural labour forces in the accession countries). In all other important respects, similarities outweighed dissimilarities.

What all this boils down to is that although average occupational safety and health levels may well be higher in the present than the future Member States, the between-country differentials both inside and

outside the European Union are so great – in other words, the pattern is so mixed – that a simplistic comparison of "average situations" is meaningless. If a dividing line must be drawn, then arguably, it is not a West –East one.

One recurring theme of the discussions on both days was a need to initiate reforms of occupational safety and health. Arguably, the accession of the new members will be an ideal opportunity for a fresh take on the realities, to look again at the occupational safety and health situation and the resources and means for improving it in the new European Union. This could be summed-up as : "We are not a problem, but your long-awaited catalyst."

On a more rhetorical note, the discussions dwelt at length on the risk of economic priorities pushing occupational safety and health considerations aside ; there was even some talk of good occupational safety and health being a luxury in boom periods which goes by the board in a downturn. This scenario, it was said, is already playing out in formerly healthy EU economies. The question is, therefore, whether occupational safety and health is high enough up the European Union and Commission's agenda ? If not, what will put it there ? And what will keep it there ?

Another issue closely related to the first is that of trade union priorities, which traditionally centre around values of job security, pay, workloads, non-discrimination and the like. I am unaware of any significant trade union action either in the accession countries or in the Member States where the main focus lies on improving occupational safety and health. One explanation may be that trade union memberships, workers generally and even public opinion get less exercised over occupational safety and health than pay, working hours, etc. This is not to exclude other reasons, of course. The question here is whether occupational safety and health is high enough on the trade union agenda ? If not, what will put it there ? And what will keep it there ?

Arguably, there is a belief that labour inspection systems are the cure for all occupational safety and health ills. It is a mistaken belief. That is not to say it is not understandable : labour inspectorates are usually well-organized, hierarchically structured and centrally managed ; labour inspectors have broad powers, including authority to issue improvement notices and apply a range of sanctions ; they have firsthand information about occupational safety and health on the shop floor ; and, last but not least, they actually inspect workplaces. Their strength lies in being there.

Justified as this view of labour inspection may be, it often places unreasonable demands on inspectors. The caveat is that very few countries, even highly industrialized countries, rarely have more than a few hundred inspectors to every several hundred thousand employers. This means that labour inspectors can never inspect more than a small percentage of employers or workplaces in any given year. Small wonder, then, that labour inspection authorities have begun to pay more attention to new, “non-invasive” methods, emphasizing information, training and awareness-raising by which they hope to reach more targets than by traditional inspection.

The workplaces inspected should be those that most need it, either because of the high-risk technologies used or because of failings in workplace safety and health management. The problem is that the more serious problems are usually found in small and medium-sized companies, where labour inspection can do no more than scratch the surface.

Labour inspection is an essential tool, but not a cure-all. To compare it with road safety might not be stretching the point : traffic police are needed to enforce compliance with the rules of the road, but they can do nothing without a good road network, a sound traffic flow system, and a good driving culture which includes real incentives for safe driving. Arguably, the tendency may be to substitute responsibility for all these with over-reliance on inspection. That is not good enough. Using labour inspection as the main solution is no answer to the problem.

The time-frame of policy-making is usually shorter than that needed for occupational safety and health. For obvious reasons, the policy timescale is seldom more than four years. Occupational safety and health, on the other hand, is a longer-term business, requiring commitments that span over decades. So, a broad political consensus is needed on them both at national and European level to avoid the risk of falling victim to political expediency and short-term – mostly economic - considerations. What will deliver that broad political consensus, putting occupational safety and health at the forefront of longer-term decision-making ?

Economic considerations and pressures were a running theme in the discussions. All occupational safety and health professionals believe that “Good health is good business” ; but if it is so self-evident, why are we constantly having to preach it to others ?

The fact is that this is only a self-evident truth revealed at national level and among comparatively large employers through the statistics on occupational accident and disease rates. Many small firm and micro-enterprise employers, by contrast, feel that neglecting occupational safety and health is a risk worth running, hoping that the odds lie in their favour. The sad truth is that, from a strictly economic

viewpoint, it is a rational risk to take, particularly in the case of short-lived enterprises.

One key question for the future, therefore, is whether direct economic incentives can be offered to small and micro-enterprises to encourage proper occupational safety and health measures, including risk assessment and management. Hungary is in the process of setting up a separate occupational accident and disease insurance system, where contributions will be more or less proportional to the actual risks present at the workplace. Economic incentives get a very reserved and diplomatic, not to say cautious, mention in the Commission document on occupational safety and health as “practices that would seem to warrant more systematic application”. The question is what if anything can be done to strengthen and speed up the process of identifying and applying economic incentives for occupational safety and health at a European level. ■

Dr. András Békés

Director General,
Hungarian Labour Inspectorate
Rapporteur to the Conference

