



*European Economic and Social Committee*

**SOC/258**  
**Community strategy 2007-2012**  
**on health and safety at work**

Brussels, 29 May 2008

**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 – Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work**  
COM(2007) 62 final

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On 21 February 2007 the European Commission decided to consult the European Economic and Social Committee, under Article 262 of the Treaty establishing the European Community, on the

*Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions – Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work*  
COM(2007) 62 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 7 May 2008. The rapporteur was Ms Cser.

At its 445<sup>th</sup> plenary session, held on 28 and 29 May 2008 (meeting of 29 May 2008), the European Economic and Social Committee adopted the following opinion by 79 votes to 20 with 8 abstentions.

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## 1. **Executive summary**

- 1.1 Healthy and safe work for European citizens as employees is an essential precondition for achieving the objectives of the renewed Lisbon strategy on increased productivity and competitiveness. Community legislation together with national measures ensure the health and safety of employees at work. This is what the new 2007-2012 Community strategy on health and safety at work must put into practice.
- 1.2 Health and safety at work should be seen as a key factor for economic growth and productivity. It involves considerable costs and the losers are not just businesses and workers but society as a whole. These costs need to be better analysed. This is important in that it would show how much insufficient safety at work and a bad working environment cost all the parties concerned and thus reduce productivity.
- 1.3 The EESC welcomes the goal to cut accidents at work by 25%; a comparable target for reducing occupational illnesses should also be set. Special attention should be paid to work related cancers. A specific action plan, with measurable objectives and credible and comparative reporting mechanisms, should be introduced, checked and adjusted.
- 1.4 The rights of employees must be respected and effectively applied, bearing in mind new forms of employment and the need to ensure that legislation and therefore inspection covers all workers, irrespective of the type of work or the form of employment: Failure to do so would amount to a violation of fundamental rights.

- 1.5 The EESC supports appropriate implementation of Community legislation, in particular through the development and implementation of national strategies.
- 1.6 Priority target groups – workers with disabilities, women, older workers, young workers and migrant workers - need specific regulation, policies and support.
- 1.7 In order to implement and monitor the strategy, specific minimum standards concerning the number of labour inspectors are needed to ensure effective and standardised Community and national supervision/inspection<sup>1</sup>.
- 1.8 The Senior Labour Inspectors Committee (SLIC) staffing levels and the staff of the relevant national and EC authorities should not be cut, but increased in line with the working and total population of the enlarged EU.
- 1.9 Member States should promote social dialogue at Community, national, local and employer levels, as an essential instrument in ensuring health and safety at work for individual employees.
- 1.10 Cooperation between Member States must be stepped up. In particular, requisite provision must also be made in EU budgetary policy to secure the systematic and effective implementation of the Community strategy on health and safety at work.
- 1.11 By means of coordinating Community policies to develop a culture of risk prevention, training programmes must be launched and stepped up, building on local, regional and national experience, while taking risk prevention into account in educational programmes – starting from nursery education, and including basic and vocational training – and ensuring coordination with public health policies.
- 1.12 Crucial to the success of prevention efforts are the health and safety culture in the workplace and the health and safety bodies and persons responsible for health and safety in workplaces. It is important to ensure that health and safety training in the workplace is up to date. Key target groups are superiors and staff responsible for health and safety. They must be provided with adequate training, allowed sufficient time to carry out their health and safety responsibilities and given the opportunity to influence the development of, inter alia, work processes. Here the social partners have a major role to play in terms of reaching agreements and practical implementation in the workplace.
- 1.13 SMEs, which employ over 80% of workers, are at an immense disadvantage compared to multinational companies in terms of financial resources and possibilities. Such companies are

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<sup>1</sup>

At least one inspector per 10 000 employees is needed (in many EU Member States the ratio is lower than this).

highly vulnerable and need special support, on condition that they undertake to respect social dialogue and comply with social agreements on occupational health and safety.

- 1.14 New and rapidly changing forms of work organisation and new technologies bring new risks, which require a response at Community level. According to the Scientific Committee on Occupational Exposure Limits (SCOEL) health criteria-based exposure limits should be adopted. The Committee welcomes that the social partners have made a significant contribution to improving the mental health of workers through their agreements on stress, and violence and harassment which should be implemented at national level.
- 1.15 CSR is to be welcomed as a method, but it cannot take the place of existing and future legal rules.
- 1.16 Especially in view of globalisation, the problems targeted by Community policies cannot be solved only within the EU. Fair globalisation and decent work for all employees guarantee that EU objectives are achieved at international level. EU institutions must encourage Member States to ratify ILO conventions.

## 2. **General comments**

- 2.1 In the context of the Lisbon strategy, Member States have acknowledged the significant contribution of policies on health and safety at the workplace to economic growth and employment<sup>2</sup>. Improving health and safety at work is also part of the European social model. The past has been characterised by the need to restore trust and support on the part of the European public<sup>3</sup>.
- 2.2 An ambitious and sensitive social policy not only contributes to greater productivity and growth, but also promotes social cohesion, and thereby social harmony and political stability, without which there can be no lasting or sustainable development. In other words, social policy is a factor which influences productivity<sup>4</sup>. Thus, health and safety at work are not just ends in themselves; in the long-term, expenditure in this area will not only be recouped but can also have a definite positive influence on economic performance.
- 2.3 Working conditions are especially important for health, given that adults spend one-third of their lives at the workplace. Hazardous and unhealthy conditions at work cost 3-5% of GNP. Prevention, general healthcare expenditure and employment-related healthcare expenditure

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<sup>2</sup> See EESC opinion of 26.9.2007 on "Promoting sustainable productivity in the European workplace". Rapporteur: Ms Kurki (OJ C 10 of 15.1.2008). <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:010:0072:0079:EN:PDF>.

<sup>3</sup> See COM(2005) 33 final and European Council Conclusions in March 2007.  
[http://www.consilium.europa.eu/ueDocs/cms\\_Data/docs/pressData/en/ec/93135.pdf](http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/ec/93135.pdf).

<sup>4</sup> As stated by Anne-Marie Sigmund in: "The European Social Model", 26-27 June 2006, Joint EESC and ILO conference.

are to be seen as investments. In response to demographic changes, sustainable development must be taken into account<sup>5</sup>, as Europe needs more investment and more jobs ensuring individual health.

- 2.4 A comprehensive occupational health and safety framework must continue to be developed and properly implemented throughout the EU, reaching out to vulnerable groups not yet adequately covered, who experience difficulties with exercising their rights in the area of safety at work, including, in particular, those in precarious employment and in a high-risk work environment or put at risk for short-term competitive advantage.
- 2.5 Promoting health and safety at work and ensuring it on a permanent basis is one of the conditions for protecting and preserving employees' health. It is also cost-effective. Prevention is one of the main means of achieving this. Prevention – as the approach which offers the best return on investment –, together with proper standards of protection in all workplaces, yields significant long-term returns or savings, including for major healthcare and welfare systems and accident insurance premiums for companies or other costs directly or indirectly related to the effects of accidents at work. The quality of preventive services, employee health and safety training, better and more effective safety standards, competent ongoing inspections and cooperation with the social partners are essential and interdependent aspects in ensuring health and safety at work.
- 2.6 The PROGRESS programme states that the main objective of European social policy is the constant improvement of working conditions, while listening to employees and their representatives, and involving them in the decision-making process. Community-level social dialogue across all sectors should guarantee equal rights in all Member States. Social dialogue agreements, (for example on teleworking, on combating violence at the workplace and on work-related stress), need to be consolidated and followed by effective measures, irrespective of the type of work or the form of employment. For public sector employees, despite the use of social dialogue, there are huge inequalities not only in legislation but also in practice. A specific institutional feature of social dialogue is involvement of a permanent employee representative in regular monitoring and managing of health and safety risks at work.
- 2.7 The EESC recommends that the Member States take a serious approach to penalising infringements of the rules and that an analysis be carried out of expenditure on health and safety at work, given that the consequences of occupational accidents and illnesses represent a burden on society as a whole and that they also affect productivity and consequently competitiveness.
- 2.8 Despite general improvements in health and safety at the workplace in recent years, in both the number and the seriousness of accidents and occupational illnesses, occupational hazards have not been reduced in a uniform way. For certain sectors, certain categories of workers and

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See ILO: Demographic change – Facts, Scenarios and policy responses ( April 2008).

certain types of companies the situation remains worrying, with figures well above average<sup>6</sup>. Evaluation shows that national programmes fail to take into account certain vulnerable groups for example false self-employed. This has to be changed.

- 2.9 Although the previous strategy offered scope for developing a culture of prevention, this has not become widespread. SMEs in particular should benefit more from regular financial support, on condition that they undertake to respect social agreements on occupational health and safety.
- 2.10 In connection with inspections, the EESC stresses the fact that companies also have an obligation to carry out in-house monitoring on their own initiative.
- 2.11 For Community policy and legislation to be implemented at national level and to be effective, application and monitoring must be ensured at national level. The EESC welcomes the fact that the Member States produce regular reports on the implementation of directives.
- 2.12 The EESC supports the European Commission's proposal on Community statistics on public health and health and safety at work (COM(2007) 46 final), and cannot sufficiently emphasise the importance of joint definitions and recognition systems<sup>7</sup>. Uniform legislation is needed to ensure that appropriate, differentiated data can be compiled so that standards and indicators can be put in place.

### 3. **Specific comments**

- 3.1 The Commission's communication has set the goal of improving the quality of work and productivity for the 2007-2012 period as the basis of the Community strategy on health and safety at work, following on from the 2002-2006 Community strategy based on framework directive 89/391/EEC.
- 3.2 An evaluation report has been produced on the implementation and impact of the objectives set by the strategy for 2002-2006<sup>8</sup>. During this period ten new Member States joined the EU. In the absence of statistics and information, the situation in the ten new Member States was not included in this evaluation, and also the new strategy was prepared on the basis of 1999 figures. In view of this, the EESC is very disappointed that, although the new Member States

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<sup>6</sup> The rate of accidents in the construction industry is twice the average. The figures in the services sector show an upwards tendency which calls for closer analysis; the numbers are also growing in healthcare and education. This has mainly to do with violence, stress, and musculoskeletal disorders.

<sup>7</sup> See EESC opinion of 25.10.2007 on "Proposal for a Regulation of the European Parliament and of the Council on Community statistics on public health and health and safety at work". Rapporteur: Mr Retureau (OJ C 44 of 16.2.2008).  
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:044:0103:0105:EN:PDF>.

<sup>8</sup> SEC(2007) 214.

arrived halfway through the strategy, the Commission did not take the chance to plan on a rolling basis and to adapt the strategy accordingly.

- 3.3 One positive point is that the Community strategy has set an objective of reducing occupational accidents by 25%. A specific action plan with measurable objectives and indicators and with credible and comparative reporting mechanisms as well as monitoring mechanisms will be needed to implement this goal. Consideration should also be given to internal causes of work accidents, such as pressure of time and short delivery times, and extraneous causes, due to negligence arising, for example, from domestic stress. In addition to work-related accidents, it is equally important to address the much larger proportion of work-related illnesses. The first step towards prevention is to acknowledge occupational illnesses and to up-date the definition of such illnesses. If the causes of illnesses are known in good time, timely action can be taken to eliminate them. A specific target figure should, therefore, also be set for the number of persons employed in hazardous work conditions, as this has a decisive impact on the number of future occupational illnesses; equally, the number of occupational illnesses should be quantified.

3.4 **Legislation and monitoring**

- 3.4.1 The EESC emphasises the need for a balanced health and safety strategy of legislative and non-legislative measures, depending on which is the most effective in terms of practical implementation. It would especially be useful to focus on new and altered working conditions. The impact of those changes on health and safety has to be considered systematically. On the basis of research it must be considered whether appropriate measures should be developed in response to widespread and exponential changes in the circumstances and conditions of work, and in particular the faster and more intensive pace of work. The EESC would point out that all employees have the same rights and that those rights should be respected at EU and national level.
- 3.4.2 In the course of implementing the new strategy, young people, migrant workers, women, elderly employees, and persons with disabilities are in need of specific regulation and policies to support them, given that they are groups most exposed to risks as well as occupational accidents and illnesses. The lack of training, retraining and information, failure to provide work induction and guidance as well as inadequate language skills all present risks. In the case of migrant workers, language skills are an important factor in ensuring prevention and disseminating information; equal treatment must be ensured.
- 3.4.3 Sufficient funding and staff must be provided to ensure coordination and monitoring of the directives. But despite the 2004 enlargement, job cuts are planned at the Senior Labour Inspectors Committee (SLIC). There should be no cuts here or in the number of representatives to the Committee. Also in the relevant European Commission authority there are only 26 staff working, 4-5 of which deal with implementing legislation. This was already criticised in an EESC opinion of 2002, at which time there were only 15 Member States,

whereas now there are 27. This situation definitely needs to be improved. Reductions in the number of inspectors at Member State level must also be prevented.

- 3.4.4 The main objective should be to ensure compliance with legislation on protecting employees. Inspections by competent authorities need to be stepped up as regards both employers' and employees' health and safety obligations. A more widespread culture of occupational health and safety needs to be nurtured through education, training and a more accessible regulatory framework.
- 3.4.5 Besides monitoring compliance with safety rules, national labour inspectorates can play a positive role by providing employers with advice and consultancy. Adequate funding is needed to ensure that national labour inspections are effective and independent.
- 3.4.6 As long ago as 2002, the Senior Labour Inspectors Committee (SLIC) decided to improve the effectiveness of workplace inspections, given that one of the main instruments is the development of indicators enabling evaluation of the quality of inspections. The EESC supported this decision in a previous opinion<sup>9</sup>. The EESC agrees with the SLIC's conclusions and backs its proposals, and is therefore disappointed that they have been left out of the strategy.

### 3.5 **Implementation and national strategies**

- 3.5.1 Social dialogue on health and safety at work must be encouraged, and European-level measures developed by the social partners are needed. Candidate countries should be supported – not least financially - through EU social funds, and twinning relations between old and new Member States. In the case of candidate and potential candidate countries, the transposing of legislation has begun together with the strengthening of workplace inspections.
- 3.5.2 Doctors and healthcare professionals are aware of the identification of phenomena caused by working conditions, but what needs to be considered is the generally costly healthcare situation. The costs of prevention should not be imposed on employees, given that due to financial reasons many would neglect their illnesses, which subsequently might result in higher treatment costs. In relation to employee health promotion, employers offer a wide range of measures drawn up jointly with employees to promote a healthy lifestyle. These include for example free screening, as well as smoking cessation programmes, advice on healthy eating and exercise, and stress prevention<sup>10</sup>.

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<sup>9</sup> See EESC opinion of 17.7.2002 on "Communication from the Commission – Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006". Rapporteur: Mr Ettý (JO C 241 of 7.10.2002).

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2002:241:0100:0103:EN:PDF>.

<sup>10</sup> Link to the homepage of the European Network for Workplace Health Promotion: <http://www.enwhp.org/index.php?id=4>.



- 3.5.3 The strategy calls for significant measures to improve the rehabilitation and reintegration of workers excluded from labour markets because of an occupational illness or disability. The EESC agrees with the Commission's ideas, but Community policy has not put in place the necessary financial conditions for this to happen.
- 3.5.4 The EESC concurs with the point of view of the European Commission that with regard to mainstreaming health and safety issues into other EU policies much work remains to be done, for example on measures to be developed jointly with public healthcare systems.
- 3.5.5 The EESC supports the work of the group comprising several organisational entities from DG Employment, Social Affairs and Equal Opportunities, in order to ensure synergies and achieve specific results.

### 3.6 **Prevention, education and training**

- 3.6.1 Developing the protection of health and safety at work at national level is an integral part of a general culture of health. It is also in the interests of Member States. Besides, employees can benefit from continuous participation in training and education on this subject; indeed, they are required to do so. In complying with their obligation to keep employees constantly informed and cooperate with them, employers are also key players in shaping and developing a national culture. Collective bargaining agreements are also an important instrument here.
- 3.6.2 The EESC would remind Member States and the social partners of the importance of prevention, education and training, and of their responsibilities in this field. Health and safety issues should be introduced or developed in nurseries, primary schools, vocational education, tertiary education, adult education and further training.
- 3.6.3 Education, training and further training must take the needs of the various target groups into account; the EESC is pleased that the new strategy and preventive approach take lifelong learning into account.
- 3.6.4 In general, health and safety at work is not taken into account either in primary education or in the context of retraining, and therefore the EESC is pleased that lifelong learning has been included in the new strategy and the preventive approach.
- 3.6.5 With regard to particularly dangerous workplaces, where most accidents and occupational illnesses occur, the EESC recommends that national strategies pay particular attention to new risks when identifying or preventing dangers. It would also be very helpful to set up sectoral databases.
- 3.6.6 The Committee believes that illnesses caused by carcinogens in the workplace are a significant problem. Some 2.3 million new cases of cancer were diagnosed across the EU's 25 Member States in 2006 alone, which means that they are the principal cause of early death. It

is estimated that approximately 9.6% of all cancer-related deaths are linked to working conditions<sup>11</sup>. The Committee therefore urges the Member States to take concrete action to reduce the number of employees exposed to carcinogens.

3.6.7 The EESC feels that there is a need to develop a general culture of health to achieve greater awareness of health among employees. For this to happen, support must be provided not only by employers, but also at national and European level, and employees should be educated about their rights in this field under national, Community (EU) and international (ILO) law.

3.6.8 At Community and national level, a conscious effort must be made to develop preventive policies and to provide adequate support from budgets/social security. For a stronger culture of prevention, a comprehensive and preventive approach must be developed. Steps must be taken to ensure that all employees have access to training so that the vulnerability of certain groups can be reduced. In view of changing forms of employment, this is particularly important for employees who, through no fault of their own, are often not covered by training and further training on employee safety, medical examinations at the workplace, prevention and checks.

3.6.9 The EESC recommends that particular attention be paid to the influence of the mass media when it comes to better informing the public of the need to observe regulations relating to health and safety at work. More use should be made of European Commission campaigns, the European Agency for Safety and Health at Work, the ILO and trades unions (including events such as the International Commemoration Day for Dead and Injured Workers).

### 3.7 **New risks**

3.7.1 The EESC suggests that scientific methods be used to assess new work-related risks, such as occupational stress or new arduous conditions. The psychosocial and physical repercussions of new fields of work and conditions on employees must be examined using scientific methods; to this end, new indicators must be developed. The EESC feels that all occupational physicians should be given training to help them diagnose mental stress arising from working conditions and the resulting problems.

3.7.2 The EESC agrees with the Commission in its expectations of a more health-conscious attitude on the part of employees; however, there is no chance of this happening in the absence of the requisite conditions. Precarious and fixed-term contracts, actual working time and constant stress due to fear of losing one's job, ignorance of and lack of information on employees' rights and the disadvantageous situation of migrant workers when they use healthcare services are among the problems which stand in the way of promoting the right attitudes.

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Report by Hämäläinen P., Takala J. for the ILO

[http://osha.europa.eu/OSH\\_world\\_day/occupational\\_cancer/view?searchterm=occupational%20cancer](http://osha.europa.eu/OSH_world_day/occupational_cancer/view?searchterm=occupational%20cancer)

3.7.3 In the course of implementing its 2002-2006 strategy for well-being at work, the EU has not yet fulfilled its tasks with regard to ensuring a workplace in which mental health is not threatened by stress and depression. The EESC deplores this and urges the Commission to come up with specific proposals.

### 3.8 **Protecting health at international level**

3.8.1 The EU is responsible not only for the working conditions of its own citizens, but also for those of people living outside its borders. As the previous strategy already pointed out, respect for fundamental labour rights also has to be taken into account in external trade and development policies, even though there are possible conflicts in these fields with the principle of free markets<sup>12</sup>.

3.8.2 In international policies, adoption of ILO measures/recommendations must be encouraged together with EU achievements such as REACH. Policies and legislation on reducing hazards and illnesses caused by asbestos, carcinogenic materials, and silicon must be developed.

3.8.3 In providing State or public services, Member States should set a good example by favouring companies which comply with legislation on employees' health and safety at work (as suggested in the 2002-2006 strategy on health and safety at work).

3.8.4 All EU Member States must be urged to ratify existing ILO conventions.

Brussels, 29 May 2008

The President  
of the  
European Economic and Social Committee

The Secretary-General  
of the  
European Economic and Social Committee

Dimitris Dimitriadis

Patrick Venturini

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**N.B.:** Appendix overleaf.

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Dr. Jukka Takala, EP 390.606v01-00

**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 2.4**

*"A comprehensive occupational health and safety framework has already been created ~~must continue to be developed~~ and must be properly implemented and monitored throughout the EU. This applies particularly to ~~reaching out to~~ vulnerable groups ~~not yet adequately covered~~, who experience difficulties with exercising their rights in the area of safety at work and those ~~including, in particular, those in precarious employment and in a high-risk work environment or put at risk for short term competitive advantage.~~"*

**Reason**

Self-explanatory.

**Voting**

For: 41

Against: 45

Abstentions: 10

**Point 3.3**

*"One positive point is that the Community strategy has set an objective of reducing occupational accidents by 25%. A specific action plan with measurable objectives and indicators and with credible and comparative reporting mechanisms as well as monitoring mechanisms will be needed to implement this goal. Consideration should also be given to internal causes of work accidents, such as pressure of time and short delivery times, and extraneous causes, due to negligence arising, for example, from domestic stress. In addition to work-related accidents, it is equally important to address the much larger proportion of work-related illnesses. ~~The first step towards prevention is to acknowledge occupational illnesses and to up-date the definition of such illnesses.~~ If the causes of illnesses are known in good time, timely action can be taken to eliminate them. A specific target figure should, therefore, also be set for the number of persons employed in hazardous work conditions, as this has a decisive impact on the number of future occupational illnesses; equally, the number of occupational illnesses should be quantified."*

**Reason**

Self-explanatory.

**Voting**

For: 46

Against: 48

Abstentions: 12

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