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Strategy 2007-2012: Commission short on vision

Since 1978, the European Commission has been regularly publishing guidelines for Community policy on health and safety at work through programmes and strategies – usually for a period of five or six years. They point to the priorities and spell out practical measures.

All the programmes put out between 1978 and 2002 were always discussed beforehand with the trade unions, employers' organisations, EU governments and specialised agencies. The Commission would send out the first drafts of its Communication, get back the reactions, and take them into account in the final version.

It did none of that for the strategy 2007-2012. The Communication was only publicly unveiled at a press conference on 21 February 2007, catching all the organisations and governments whose role the Commission recognises as crucial on the hop.

The upshot is something of a mishmash. The Commission Communication seems to set its sights high, targeting a 25% cut in the incidence rate of work accidents in the EU. And yet in terms of practical measures, it is the thinnest gruel since the first-ever Community HSW action programme.

The Commission press release talks about bringing down work-related accidents and occupational diseases by 25% by 2012. But the Communication links this figure only to work-related accidents. It is a big difference. Occupational accidents account for only a small part of work-related health damage. Past Community strategy has always favoured a broad approach that takes in all health problems. But the Communication does not spell out exactly how occupational diseases will be brought down.

A preventive strategy is based on specific mechanisms that act to drive practical measures in workplaces. The three core mechanisms of any preventive system are: workers' representation, health and safety inspection and preventive services.



On workers' representation, the Communication shuns the participatory approach called for by the framework directive. It all-but airbrushes workers' representation right out of the picture, dismissing it in a single unclear sentence, and offering no practical measures. And yet practice shows there to be a very close connection between active safety representation and truly effective preventive measures in a workplace. In most, that representation is what makes the difference between a tick-box application of the law and a proactive policy of effective risk elimination. The Communication skates around this fact. It glosses over the problem that many workers in Europe are denied any form of representation in health and safety.

Where health and safety inspection is concerned, the Communication distorts its essential role. It sees health and safety inspectors mainly as a network of consultants working for business, and seriously underestimates the importance of policing and enforcement against offending employers.

On preventive services, the Communication offers only the odd suggestion on external service provision. This is a blinkered approach at odds with the framework directive, which rightly gives priority to establishing company preventive services.

The Commission appears to have forgotten that the Treaty calls for the working environment to be harmonized through Community directives. It favours recommendations, which we know have failed in practice, and other non-binding instruments.

If work-related illnesses are to be brought down, two policy areas must be given top priority: preventing musculoskeletal disorders, and tackling chemical hazards, and especially work-related cancers. Here, the Communication offers only the vaguest of statements that "the Commission will continue its work, through the ongoing consultations with the social partners, to find ways" in these areas. The Commission no longer dares even utter the word "directive", despite it featuring in its strategy for 2002-2006! After five years of fudging the issue, the Commission could have given a clearer statement of what "ways" it plans to "find"!

The lack of anything that could be called a prevention strategy for chemical risks in workplaces is particularly disgraceful considering that the implementation of the new REACH regulation gives a major opportunity for improving workplace prevention. But that opportunity must be grasped. The Commission should engage with the Member States in an ambitious programme for replacing the most dangerous chemicals used in workplaces. It should develop a framework by adopting exposure limits for the most-used dangerous substances.

Getting any kind of fresh impetus for Community health and safety at work policies probably depends on how much the trade unions can step up their HSW activities to hammer home the full importance of health and safety at work in our societies.

Marc Sapir,

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