



Quality of Work

'New Approaches and Strategies in Occupational Safety and Health'

Summary of workshops organised in Düsseldorf¹ (15 May 2001) and Bilbao (29-30 May 2001) by
The European Agency for Safety and Health at Work

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1. Introduction

The objective of these workshops was to update an earlier Agency report on Priorities and Strategies in Occupational Safety and Health (OSH) in the Member States of the European Union (1997). The workshops also aimed to provide decision-makers from the Member States, the European Commission, the European Parliament, the European Social and Economic Committee and national and European Social Partners with information about the newest developments and options in strategic OSH policy.

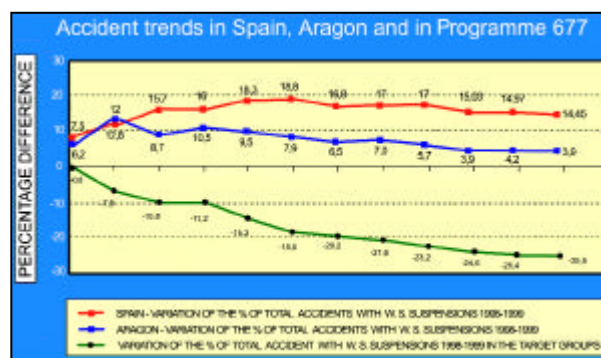
This paper is based on the presentations of speakers from different Member States and the comments from the workshop participants.

The Agency hopes that this information on new approaches and strategies can provide inspiration for initiatives at national and EU levels, including the preparation of a new Community Strategy on Safety and Health at Work as announced in the EU Social Policy Agenda.

2. Plan Aragón: the reduction of work accidents in high-risk companies²

In recent years a substantial increase in the number of work accidents with time off work has been observed in Aragón, one of Spain's Autonomous Communities, partly due to an increase in economic activity and employment characteristics. While there were in total 14,293 accidents officially recorded in 1993, this increased to 21,124 in 1998. Similar tendencies were found in the whole of Spain. In 1999 the 'Plan Aragón' was developed and implemented. It consisted of a targeted intervention by the regional labour inspectorate.

The plan carried out in 1999 covered 677 companies (1.7% of the companies in Aragón), that employed 32,533 workers (9.7% of Aragonese workers), which suffered 6,761 accidents with suspension of work shifts in 1998. They accounted for 32% of this type of occupational accidents. All the companies involved had exceeded the average accident rate for their specific economic activity by 50% or more and had experienced four or more labour accidents with work shift suspension. Each company visited received a statement about the level of OSH in the company, an assessment of the existence of preventive measures and detected shortcomings, with deadlines set for the companies to correct their errors.



The system for monitoring the effects was a monthly control of the accident rate for all companies enrolled in the programmes and the observations of the technicians in the visits to the companies. According to the monitoring system, the accident rate in the companies involved in the plan was reduced by 25.5% although they had increased their workforces by 9.4% (see above graph).



The programme was repeated in 2000 and this time included 1,163 companies (2.9% of the companies in Aragón), employing 47,014 workers (13.3% of the working population in Aragón) suffering 9,047 accidents involving a labour shift suspension (41.2% of all accidents in Aragón). All 1,163 companies involved exceeded by 25% or more the accident rate for their specific economic activity and had suffered three or more labour accidents with work shift suspension. They have reduced their accident rate by 28.5%, in spite of having increased their workforces by 4%.

The programme is being repeated in 2001 and will include 1,175 companies (2.8% of the companies in Aragón).

Overall, the plan has shown to be efficient. Most of the companies have established regular meetings with advisors from the Aragón project's administration department to discuss the outcome of risk assessments and to develop measures for improving the work environment. The companies, in general, have understood the need to adequately manage prevention. The sector organisations have also understood the need for prioritised action in those companies with higher comparable accident rates.

However, there is a small group of companies that have an excessive number of accidents each year, which involve work shift suspensions. The three years of the plan's operation has revealed that there is a group of companies whose accident prevention measures are 'systematically' inadequate. In the second year of the programme, 27% of the companies were again included.

Information was considered a crucial means of presenting the argument in the contacts with the companies. The comparison of accident rates with their direct competitors was an especially effective instrument to stimulate attention to occupational safety and health issues.

At present, other autonomous communities in the Spanish State are also following programmes based on the Plan Aragón. The first indications of the results so far point overall towards similar results. Generally, reductions in accident rates have been observed between 10% - 30%.

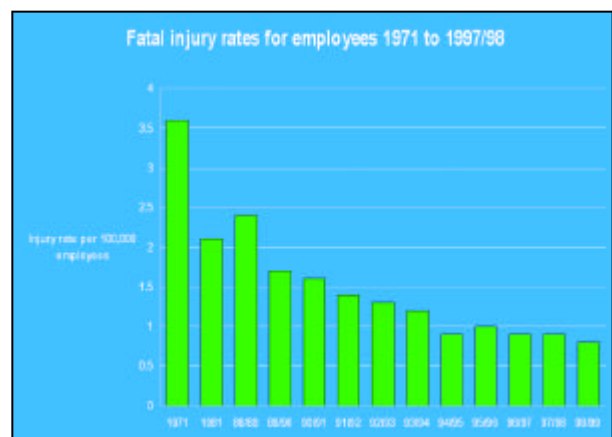
Some points of discussion:

- The decrease in accident rates in the companies included in the plans is impressive.
- A crucial question is whether these interventions will lead to structural and lasting improvements.

3. Revitalising Health and Safety in the United Kingdom³

In 1974 the Health and Safety Commission and the Health and Safety Executive were established by the Health and Safety at Work Act 1974. Since then there has been significant improvement in OSH in the United Kingdom (UK). The rate of fatal accidents in the UK is now less than a quarter of what it was in the early 1970s, but in recent years there seems to have been a 'levelling off' of the improvements. A review of the current activities was needed as well as a mapping out of new activities for the future, such as the 'Revitalising Health and Safety' initiative. The broad strategic objectives of this revitalisation process are to:

- inject new impetus into the health and safety agenda;
- identify new approaches to reduce further rates of accidents and ill-health caused by work;
- ensure that the new approach to health and safety regulations remains relevant for the future decades; and
- gain maximum benefit from links between OSH and other government programmes.



At the heart of the strategy are some targets for the health and safety system in Great Britain:

- 30% reduction in days lost from work-related injuries and ill-health in 2010;
- 20% reduction in the incidence rate of work-related ill-health in 2010; and
- 10% reduction in the incidence rate of fatal and major injuries in 2010.

These targets have to be achieved by 2010, and should reach the halfway mark by 2004.

The underlying assumption is that recognising and developing the links between health and safety and better working environments can contribute to ensuring that managers are competent and workers are motivated. This implies a shift in focus from minimum standards towards best practice. Similarly



the health and safety system makes a direct contribution to ensuring that work activities are productive and competitive. This implies recognition that improving health and safety is not solely about regulation and regulators. Employers need to be motivated by non-regulatory factors or a 'culture of self-regulation'. And part of that process is about building on partnerships that include local government, business support agencies and the specialist health and safety professionals who provide employers with so much health and safety advice.

These strategic objectives are underpinned by action points that can be summarised in eight broad categories:

- motivating employers;
- penalties for wrong-doers;
- the public sector leading by example;
- the changing world of work;
- health and rehabilitation;
- education;
- partnership; and
- modernising government.

How the UK learned to love targets in OSH policy

Some of these targets mentioned before have proved somewhat controversial. They are the first targets that have ever been set for occupational health and safety improvement in the UK and, to that extent, they are a step into the unknown. But it is clear that setting the targets has already had many beneficial consequences for health and safety in the UK. It has focused the mind of many employers, employers' organisations, and trade unions, on what we are trying to achieve in health and safety. Many industrial sectors are now setting their own targets, many of which go beyond these National Targets.

Examples of targets related to specific sectors include:

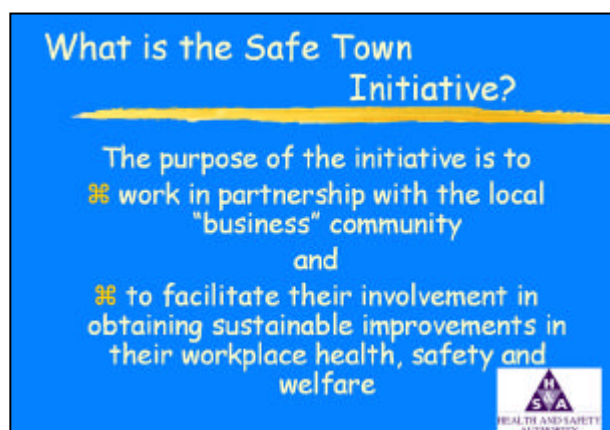
- *paper and board*: reduce accidents by 50%;
- *health services in England*: reduce accidents by 30% in 2004;
- *violence to staff in health service*: reduce by 30% by 2004; and
- *quarrying*: reduce injuries by 50% by 2005.

Some points of discussion:

- The change in workers in different sectors of employment also contributed to the decrease in accidents in the past 25 years.
- Setting targets has a clear, positive impact on the motivation of everybody taking part in the initiatives.

4. Safe Towns: a new approach in Ireland⁴

In Ireland, outside the largest cities of Dublin, Cork, Limerick, Galway and Waterford, there are numerous large towns with populations in excess of 7,000. These rural towns have a large agricultural component which is one of the main areas of concern for health and safety issues in Ireland particularly in the light of fatality figures. In 2000 an initiative started to raise awareness of health and safety issues in these towns by encouraging key organisations involved with the local business community to take ownership of the health and safety of their working populations.



The campaign in 2000 focussed on five towns in Ireland ranging in population from 10,000 to 13,600. Business contacts within the community were identified such as local chambers of commerce, enterprise boards, local authorities, organisations which give advice and training to the farming community, trade unions and business development centres. These were invited to a meeting in advance of the campaign to identify the needs and concerns of their members and to engage them in the activities suggested for the campaign. Interested parties to volunteer were recruited, as well as facilities and personnel to organise workshops, talks and training activities. Participants were encouraged to take posters and advertise the campaign in their establishments.

The second stage was primarily about raising awareness, for example by running advertisements in the local newspapers and local radio stations. A walk-in clinic was provided in each town for each day of the campaign where a labour inspector was on duty to take queries and discuss concerns that any employer or employee may have had.

The issues that were raised most frequently by local organisations were: noise; manual handling; stress; bullying; smoking in the workplace; and violence in the workplace. Most feedback came from the radio interviews and seminars requested in each town. The most successful campaigns were those where local organisations became most involved and took ownership of the many activities organised.

Main Focus

- ⌘ Not a blitz
- ⌘ Local people identify their own agenda
- ⌘ Helping them to do it themselves



Companies and organisations from a few towns felt that specific topic workshops for sectors of greatest concern were the most useful. Following an intensive inspection campaign, the labour inspectors involved advised that it was important to organise a prompt follow-up of notices and advice notes issued. This then sent a clear message that health and safety is important in the workplace. It was also clear from the campaigns held in 2000 that targeted publicity is vital for the success of the campaign.

Based on the outcome of campaigns held in 2000, seven new towns were selected for a full initiative in 2001. These towns were: Dundalk; Monaghan; Tullamore; Ennis; Kilkenny; Arklow; and Enniscorthy. In addition, three of the towns visited in 2000 were selected for supporting the sustainable developments started during 2000.

To date the scheme is operating very well. The main difficulty is getting the right people involved at the beginning to take ownership of the campaign, so ensuring its sustainability. It is only with the help of local organisations that our target audience can be reached efficiently and the expenditure of the Labour Inspectorate's resources minimised. The Irish Health and Safety Authority believes that if the initial input is sufficient to encourage and sustain local interest, innovation and participation, the long-term benefits will be greater ownership of health and safety issues at a community level.

Some points of discussion:

- It would be interesting to have quantitative indications about the improvements obtained.
- How much expertise is required by labour inspectors and are local inspectors involved?
- How do you identify key 'active' participants?

5. The use of prevention contracts for SMEs in France⁵

Small and medium-sized enterprises are generally not well covered by prevention programmes, whereas they account for 99% of enterprises and 70% of employees under the general Social Security regime in France. Since they often do not have specific structures to combat occupational risks, these small and medium-sized enterprises are keen to receive aid and have a need for specific tools. As they often have limited financial resources, they are often interested in financial incentives to support prevention.

Prevention contracts in France 1988 - 1998

Aims and objectives:

- To encourage small companies to invest in safety at work
- To involve professional associations in the choice of prevention objectives
- To direct CRAM's interventions towards small companies with a high risk rate

Against this background a scheme called 'Prevention contract' was established in France in 1987. This involves agreements on objectives at the national level between the national health insurance fund for salaried workers (CNAMTS) and specific sectors.

Each agreement contains a programme of potential prevention actions specific to the sector. These agreements contain general guidelines and define the main objectives for prevention and improvement of working conditions. They also include administrative conditions. The agreement lays down the financial contribution that may be granted by the fund, namely a participation ranging from between 15% and 70% of the cost of capital investment. This funding given is on average 22%.

To prepare an agreement, workers' and employers' organisations and the National Fund analyse available statistics such as: the number of accidents causing work stoppage; permanent disability; fatal accidents; and occupational diseases, to identify costs. They also identify possible prevention activities. The agreement also proposes objectives regarding capital investment and training resources, and objectives for results in the form of lower thresholds of exposure, limiting values and improvement of safety.

Once objectives have been determined, a framework agreement is signed between the CNAMTS and the occupational branch, after



approval by the National Technical Committee (CTN)⁶ concerned and the Ministry of Social Security and Labour. An agreement has a validity period of four years.

Prevention contracts are established in accordance with an initial analysis of risks encountered in the enterprise. The analysis is performed jointly by the Prevention Department of the Regional Health Insurance Fund (CRAM) and the enterprise, and it implies compliance with the general work organisation and sometimes obligations to change the layout of the workplace. An action plan is made for a period of three years, in line with the framework of the objectives, priorities and themes specified in the framework agreement. The prevention contract specifies the intermediate stages and deadlines, and the final objectives.

The contract is concluded after approval by the CHSCT (corporate committee for health, safety and working conditions) - or, if there is no committee, by the staff representatives, the regional director of labour and the CNAMTS. It provides the conditions for financial participation by the fund and the conditions of definitive granting or reimbursement of those sums upon expiry of the contract. The contracts include:

- a report on the initial risk situation;
- the prevention programme;
- intermediate reports for short-term objectives;
- a final situation report at the end of the contract.

Once the contract is completed, enterprises frequently wish to maintain close ties with the CRAM, which is not always possible. The CNAMTS is considering a follow-up plan to maintain contact with the enterprises.

Breakdown

Hazard	% of CRAM participation
Mechanical hazards	10.33%
Manual handling and workplace transport	35.47%
Other hazards	3.14%
Physical hazards	14.64%
Chemical hazards	23.39%
Ergonomics	7.35%
Training	5.68%
TOTAL	100.00%

*From 1988 up to the 31st of December 1999.
CNAMTS/DRP figures.*

The CNAMTS can use 0.6% of insurance contributions for occupational injuries and diseases. This corresponds to slightly more than €38 million per year. The agreements signed at the national or regional level cover most ordinary risks. Since

1988, more than 14,000 prevention contracts have been signed for more than €375 million. Most contracts are in the metallurgy, timber, food and transport industries.

The enterprises entitled to make use of this programme should have fewer than 200 employees and belong to a sector of activity for which an agreement on objectives has been signed at national level. Experience shows that enterprises benefiting from these agreements seldom have more than fifty employees.

Prevention contracts in France 1988 - 1998

Number of contracts:

- 12,536 contracts in 10 years
- 340 million € from Social Security
- 1.57 billion € invested by firms in safety
- Each year 1,250 contracts - 38 million €

A quantitative study was carried out in 1998 on a sample of 69 enterprises that followed a prevention contract through to expiry. This shows that the trend in the 'average cost' of occupational injuries with work stoppage over a period of five years, compared with the national average for occupational injuries and with the national average for the risks selected for the sample (by risk number), is clearly downward (40% decline). The slight fall in the number of occupational injuries with work stoppage, concomitant with this reduction in the average cost of accidents, leads to the conclusion that the severity of occupational injuries in the sample has been reduced.

Some points of discussion:

- The extent to which this facility may compete with private consultancies.
- How to involve regional or local trade associations to promote this kind of prevention scheme.

6. The role of advice in public procurement: BeschaffungService Austria

In 1997 BeschaffungService Austria was established with a subvention from the Austrian government. Its main task is to give advice and offer help for public purchasers, in the form of guidelines and information. The service is free.

OSH experts are often confronted with the task of assessing problems caused by machinery,



materials, structures and processes that had already been purchased and/or laid out by the company. The experts have difficulties in making themselves heard and giving advice during planning and decision-making stages.

BeschaffungsService's main focus is on ecological purchasing. Issues related to health and safety are gaining ground. Main areas to which 'green' and health issues have been linked are the purchasing of:

- cleaning agents;
- paints;
- chemicals used in maintenance of machinery and vehicles; and
- office furniture.

Guidelines for certain areas have been, or are being, prepared covering areas as diverse as environmentally friendly printing products, products used in construction (such as windows and pipes) and energy-saving lamps. Guidelines older than two years are being revised.



A criteria catalogue for green procurement - 'Check it!' - has been developed during the last two and a half years within a European Life project in co-operation with several Austrian scientific organisations and consultancies. The catalogue contains background information and recommendations, standard texts and Environmental Specifications Sheets for calls for tender. Tools and recommendations for planning procedures for buildings have been included. Public authorities will find the catalogue useful, as will other organisations and companies which procure goods and work with calls for tender. The catalogue covers the following important areas of procurement:

- green procurement (introduction and legal framework analysis);
- paper and office supplies;
- electrical office and household appliances;
- interior furnishing;

- cleaning supplies;
- structural engineering; and
- technical inhouse facilities and water use.

Most documents, as they were intended to support ecological purchasing, only contain general remarks relating to occupational safety and health. Reference is made to existing TLVs for certain chemicals (such as formaldehyde in chipboard), and other guidelines for ecological construction recommend avoiding solvents and heavy metals.

BeschaffungsService Austria reported the following results:

- The tendering and purchase processes are becoming more professional. Ecological and healthy purchasing policies by public bodies are becoming part of professional practice and state-of-the-art. This development makes it possible for purchasers and decision-makers who are not involved personally in health and ecological issues to adopt changes in purchase policies on a sound basis.
- Guidelines and other tools that can easily be used by those responsible for public purchasing are having a positive impact.
- A shift from control to self-control on the suppliers' side, as suppliers are asked to offer goods in compliance with requirements and to certify that they do so.
- Large purchasers (the cities of Vienna and Linz) have begun to announce major changes in policy (i.e. a ban on PVC products). Such moves give producers and suppliers incentives to develop products and services in line with those requirements. Subsequently a market emerges for ecologically and healthier products. This opens the way for smaller public and private buyers to demand ecologically friendly products.

Some points of discussion :

- Environmental and occupational safety and health considerations can complement each other.
- To stimulate sustainable production and consumption different strategies need to be combined to ensure sufficient motivation.

7. OSH and Procurement in Belgium⁸

In Belgium, a number of compulsory procedures have been established in the field of procurement with respect to:

- the purchase of work equipment and protective equipment;
- the purchase of dangerous substances;



- working with contractors and third parties;
- employment agency work; and
- OSH in public contracts.



The purchase of work equipment and protective equipment

To reduce accident rates, Belgian regulations have, since 1975, stipulated specific procedures for the purchase of mechanical work equipment and collective and individual protective equipment. They actually go beyond the minimum standards required by European directives.

The purchasing procedure is in three stages (also known as the 'three green lights'):

- Employers must ask their Prevention and Protection at Work Service before purchasing mechanical work equipment or collective or individual protective equipment. The service has to sign the orders to prove that it has seen them.
- Suppliers must provide a certificate stating that the requirements regarding safety and health indicated on the order form have been met.
- The Prevention and Protection at Work Service must confirm this upon delivery and issue a report of entry into use.

In the case of equipment with an EC marking, the procedure applies only in respect of those aspects that are not covered by the marking and of any special requirements.

As regards the purchase of work equipment and protective equipment, over 50% of the large companies comply with the regulatory provisions. The figure is lower for smaller companies.

The purchase of dangerous substances

To enable employers to carry out a proper risk evaluation on dangerous substances, they must have access to all relevant information. This includes all situations where dangerous substances are being processed. This particular information is usually only available from the supplier. Many of these products are not dangerous if used correctly under normal circumstances. European directives on product labelling cover only the intrinsic

properties of the products. However, some low-risk products may pose a serious risk under specific conditions.

A 1999 Act requires suppliers give employers all the information they need to enable them to fulfil their obligations regarding their workers' well-being. The provisions are too recent to assess their effect. However there seems to be a tendency to disclose more information.

Belgian Procurement Policy

- Belgium at the edge of different legislation cultures
- Prescriptive rules as opposed to goal-setting
- Procurement as a method of controlling bought-in risks

Working with contractors and third parties

The protection of employees' health and well-being for the parties involved in a contract is ensured by a specific Act on contracts and well-being at work (this includes principal organisations and contractors). This involves three steps:

- a *mandatory regulation* which imposes a duty of care on principal organisations to reject companies or individuals during the tendering process who are known to be indifferent to their workers' well-being.
- a *contractual obligation* in which principal organisations must ensure that the contractor (company or individual) agrees to meet the obligations concerning the well-being of the workers, which are intrinsic to the establishment concerned. If the contractor fails to do this, or does not do so properly, the principal organisations may take any necessary steps.
- a *penal law obligation* in which principal organisations must take measures, if the contractor fails to meet his obligations.

As the system has been introduced only recently, its effectiveness and scale of implementation is difficult to assess. However, it seems that companies are using non-statutory certification systems such as the Dutch VCA and the Belgian Besacc on an increasing scale. Furthermore, fewer breaches of regulations have been observed.

Employment agency work

Belgian regulations stipulate that whoever uses employment agency workers is also responsible for their health and safety. They should be protected according to the same provisions as regular workers.

Also, a Central Prevention Service for the employment agency work sector has been created



to reduce the high accident rate among temporary workers. Initiatives taken by the Central Service for the Employment Sector of Agency Work include awareness raising, advice, and research. Accident rates for agency workers are established and monitored. There seems to be a change for the better in the larger agencies. Accidents to employment agency workers are however still more serious than accidents to regular workers.

OSH in public contracts

As regards government contracts, organisations must be certified to be able to take part in calls for tender procedures to obtain contracts from public organisations. The granting of government contracts in Belgium includes social as well as economic considerations. For example, companies must meet all their commitments regarding the social security of employees and deal adequately with safety and health at work. Companies who have been subject to enforcement measures by the Belgian Labour Inspectorate can be excluded from public contracts.

About 15 companies (candidate tenderers) are examined on a yearly basis by the certification commission. But it should be recognised that this system has had more of an ethical appeal than a real broad-scale impact on companies tendering their services to the public sector.

Some points of discussion:

- Monitoring these requirements may take up considerable Labour Inspectorate resources
- Larger companies have fewer difficulties with these requirements than smaller ones.

8. Certificates, taxes and incentives to stimulate OSH in Denmark

The Danish government has carried out a number of initiatives to improve occupational safety and health. There is however a long way to go as 65,000 industrial accidents still occur in Denmark. An improvement of security and health in the workplace is a prerequisite for ensuring social security benefits and national growth, as this will reduce the number of employees excluded from the job market. Investing in OSH is rewarding; businesses must know that by doing so, they will have:

- a happier and more efficient workforce;
- lower rates of absenteeism and replacement costs; and
- lower industrial accident premiums.



This applies to both the public and private sectors. The Danish government is determined to increase efforts in this area and has offered employers various incentives. It has introduced:

- a *working environment tax*, which is to be paid by all employers. The working environment tax should raise awareness of the fact that a poor working environment results in extra costs. The tax has a role to play in stressing that companies must take part in covering the costs, which affect society because businesses do not pay enough attention to occupational safety and health matters;
- *certification and subsidy arrangements*, in which enterprises with a good working environment receive a certificate, subsidy or financial premium; and
- *an examination*, paid for by companies themselves, in industries that have problematic working conditions. Enterprises that have received a certificate for a good working environment are exempt from this examination.

New OSH measures in Denmark

- A working environment tax
- A working environment certificate
- Fee-based inspection
- Use of administrative fines

This special examination should considerably improve the working environment. It is important that companies receive a clear signal that they are also responsible for the costs to society caused by a poor working environment. But it is equally important to stress that society will reward those companies that invest in a good working environment. Those companies that can prove they have a good working environment, and therefore do not create a burden on society, can be exempted from the tax obligation as well as from the special examination. Also, the working environment certificate could be a stimulus to be used as a marketing tool for clients and (future) staff.

Companies wishing to obtain the subvention and/or certificate have to fulfil a number of obligations. Of course all formal and legal OSH requirements should be fulfilled. On top of this, companies are requested to produce and publish a working environment report, in which they explain in a systematic way their efforts to improve OSH.

These are some of the measures taken by the Danish government; but there are others, such as the application of penalties by labour inspectors, to be paid immediately in cash, as in the Netherlands.



These penalties are intended for situations in which it is clear that a company has ignored well-known regulations. The importance of following such regulations should be made clear to these employers. Another example is the aim to introduce requirements so that when companies outsource work they are then also obliged to take care of working environment issues.

All these initiatives form part of the Danish government's efforts to create basic conditions for a well-functioning labour market.

Some points of discussion:

- How can it be ensured that companies will actually pay the fee for mandatory examinations?
- To what extent can a recognition scheme ensure a good working environment?
- The impact of such actions on the Labour Inspectorate's resources.

9. Targets and sector agreements in the Netherlands¹⁰

In the Netherlands, sector agreements are being established by which government and social partners aim to significantly improve working conditions. In particular, the aim is to reduce the number of employees who:

- lift heavy weights;
- experience a high level of work pressure;
- run the risk of RSI (Repetitive Strain Injury);
- are exposed to hazardous noise;
- are exposed to solvents;
- are exposed to allergenic substances; and
- are exposed to quartz.

How can we improve OSH?

• THE CLASSIC PLUS APPROACH

Acknowledging the need to maintain the law and developing a more flexible approach that offers opportunities for tailored solutions and will motivate social partners

Sector agreements are established between the Ministry of Social Affairs and Employment and the employers and employees in those sectors where the seven work related risks arise most frequently. All agreements contain elements that can be easily tested and run for a specific number of years. The

partners involved make every effort to implement it. The objectives can consist of standards for exposure or the extent to which companies plan to take preventive measures at the workplace, according to either the present or future status of technology. The aim is to reduce the number of employees who are exposed to a specific work related risk. This number will - if possible - be specified as a percentage.

National targets have been set for lifting, work pressure, RSI and hazardous noise:

- the total number of employees who regularly lift heavy weights must be reduced by 30% or 390,000 people within 7 years;
- the number of people working under a lot of pressure must fall by 10% or 170,000 within 5 years;
- the number of VDU workers with RSI must be reduced by 10% or 100,000 people by 2001; and
- the number of employees that work unprotected in environments with a hazardous noise level must be reduced by 170,000 within 5 years.

For solvents, allergenic substances and quartz no national targets have been set because, as yet, no nationally representative data is available. The size of the risk group is therefore merely an estimate.

Commitment between Government and Social Partners

- Participants feel jointly responsible for bringing about an improvement in working conditions
- Parties think that sector agreements can be a supplement to the existing instruments for tackling work-related risks at enterprise level
- Parties urge employers and employees at sector level to investigate and use the opportunity to conclude sector agreements.

The national targets for noise, lifting, work pressure and RSI differ from one another. The target figure is higher if companies can easily implement the measures and if the measures have proved to be effective.

The final aim is to reach approximately 40% of the employees who work in high risk environments. It is anticipated that the actual impact will be greater than this because it's assumed that the agreements will have an exemplary effect.

Content

Every agreement contains elements regarding the (gradual) application of the latest available technology and the supervision of compliance of this by the Labour Inspectorate. The agreements determine what is economically feasible in the

sector concerned. Part of the agreements can be in the form of 'codes of practice' that are published by the government. The government can subsidise the development and use of innovative working resources and methods via pilot projects. Ways of doing this include the Technology and Society programme of the Ministry of Economic Affairs and a tax reduction scheme. Agreements usually contain specific structural provisions for improving health and safety policy in the relevant sector. For this purpose the parties can decide, in collaboration with Arbodiensten (Private Occupational Health and Safety Services) to set up a platform for knowledge and information. The government can grant a starter subsidy for such a facility. This arrangement also applies to the establishment of a sector health and safety fund, with a possible link to an R and D fund.

The assumption is that the parties to the agreements should make an equal financial contribution. The government usually fully finances the costs of research into the latest available technology, monitoring and evaluation, the external project bureau that is supporting the sector advisory committee and the direct costs associated with the implementation of the agreement. The sector contributes to the financing of the all other elements of the agreement.

At present more than 50 agreements are in various stages of preparation.

Some points of discussion:

- How can it be ensured that social partners are really committed to this kind of initiative?
- Will the solutions be sustainable, even when the funding stops?
- A joint financial commitment is an important tool that symbolises joint commitment.

10. A new occupational safety and health strategy in Finland¹¹

In 1998 a new occupational safety and health strategy was being prepared in Finland. The criteria used for defining its focus were the seriousness and frequency of the risks as well as the possibility of changing them. The primary foci were then defined as the prevention of accidents, musculoskeletal disorders and psychological overload. These cause the greatest loss of working capacity that can be influenced within the workplace. Cardiovascular diseases are still a general cause of working incapacity and premature death, but the aetiology of these is not as closely linked to working life.

As the aim was to minimise the loss of working capacity, the gravity of the risk involved must be

given increased emphasis. A loss of production is not sufficient to illustrate the seriousness of the risk. In measuring the risk it is also necessary to take into consideration the consequences that the individual will suffer. In other words we must combine society's need for efficiency with the aim of equality between individuals, in a reasonable way. In health care this is self-evident and is stated in, among others, the Act on the Status and Rights of Patients.



One of the leading aims set for the strategy covering the entire administrative sector of the Ministry of Social Affairs and Health is that people continue to work two to three years longer than at present. Behind this there lies the fact that the employment of over-55-year-olds has been decreasing since the

1960s and the actual average retirement age is 59-60 years. The official age for the old age pension is 65 years. During the past few years there has been an upturn, but change is still slow. The realisation of this aim requires more effective means of maintaining working capacity. The Ministry's strategy emphasises the fact that maintaining good working capacity also improves functional capacity during one's retirement years and postpones the need for nursing and care.

"One of the leading aims set for the strategy covering the entire administrative sector of the ministry of Social Affairs and Health is that people stay on in the work life 2-3 years longer than at the present"

Permanent Secretary Markku Lehto
Ministry of Social Affairs and Health

The Ministry of Social Affairs and Health has also prepared a plan called 'Health 2015', which is a continuance of the 'Health for All' programme of the World Health Organisation. The government has made a decision in principle on the matter, which will assure the co-operation of the different ministries in the realisation of the programme. This programme also aims to improve the working and functional capacity of people to remain working life longer than they do now. Another aim is to further decrease the differences in mortality rate among separate occupational groups. The programme includes specific aims for interest groups. In industry and commerce, for example, there are plans to organise health forums in order to define the roles of industry and commerce.



Some points of discussion:

- The role and impact of occupational safety and health measures and the extent to which they help to ensure that workers maintain their work ability.

11. Other developments

Also in other member states there have been notable changes in strategy in the recent years. In Sweden for example the Labour Inspectorate now works in a programmed way with yearly programmes and objectives. In Portugal there have been major steps towards the introduction of multidisciplinary services. In Germany, a start has been made with a national discussion about the development of a new strategy. Firstly, this discussion will involve all major parties in the German OSH systems. Secondly, it will pay attention to sector-based approaches as a possible tool. Thirdly, it will have to highlight possibilities for intensifying preventive measures for some major risks such as MSD and psychosocial issues.¹²

In France a new national strategy for health and safety at work was presented by the Ministère de L'Emploi et de la Solidarité in February 2001.¹³ This new strategy is the outcome of a collective and global approach involving the public authorities and the social partners. The three main objectives are to:

- improve the co-ordination between all players involved in the field of prevention, including those at regional level and taking into account the advantages of a multidisciplinary approach;
- modernise the task and role of the occupational physician; and
- provide more support for risk assessment and prevention in SMEs.

As pointed out by one of the speakers of the workshop.¹⁴ "Many of these changes and innovations follow a more or less predetermined path. If we take Italy, it starts with an OSH system that is limited to regulations and a labour inspectorate. A second step is the transformation into a system with risk evaluation, ergonomics and environmental impact analysis. Finally, a system may develop where lifestyles, reintegration at work and action for retired people will be common. In some Member States the approaches of the second phase were implemented only 'yesterday' as an innovation, in some only 'today' and some others will only reach it tomorrow or perhaps the day after tomorrow. But finally there will be a situation where attention for workers is holistic and includes attention for their whole lifecycle".



12. Conclusions¹⁵

In these workshops the participants have presented a number of creative, new approaches. In most of the cases, non-legislative measures were highlighted. These new approaches often involve:

- priority- or goal-setting that involved national, regional and sector organisations;
- the promotion of a preventive culture both in enterprises and in society as whole;
- integration or mainstreaming of the activities of OSH in conjunction with fields such as public health, procurement, employment policy, and workplace health promotion; and
- modernisation of the OSH system whereby the aim is to extend preventive capacity, to create new tools for labour inspection, and new forms of co-operation.

The background to many of these new approaches is that improvements in OSH have been quite limited in recent years. The world of work is changing too, where new forms of work patterns and work organisation appear to challenge traditional OSH systems. Although all these new approaches have a lot of potential for improving OSH, it is necessary to develop the monitoring of the effects of such efforts to assess in more detail which approaches are effective, those which are less effective and those which are not effective at all.



References

¹This workshop was organised jointly with BASI (Bundesarbeitsgemeinschaft für Sicherheit und Gesundheit bei der Arbeit) as part of the A+A Conference 2001.

²Based on a text published in 'Accident Prevention Programmes', and presented by Margarita Lezcano, Instituto Nacional de Seguridad y Higiene en el Trabajo.

³Based on presentations by Bill Callaghan, Health and Safety Commission; and Linda Derrick, Health and Safety Executive.

⁴Based on a presentation by Theresa Doyle, Health and Safety Authority.

⁵Based on a text published in 'Accident Prevention Programmes' and presented by Dominique Saitta, Caisse National d'Assurance Maladie.

⁶There are nine CTNs in France, covering the enterprises governed by the general Social Security regime.

⁷Based on a text published in 'OSH in Marketing and Procurement', and presented by Ines Öhme, BeschaffungService Austria.

⁸Based on a text published in 'OSH in Marketing and Procurement' and presented by Luc van Hamme, Ministerie van Tewerkstelling en Arbeid.

⁹Based on a speech prepared for Ove Hygum, Danish Minister of Labour.

¹⁰Based on a text in 'Employability and OSH: Programmes, Practices and Experiences'; presented by André Marcet, Ministerie van Sociale Zaken en Werkgelegenheid.

¹¹Based on a presentation by Markku Lehto, State Secretary in the Ministry of Social Affairs and Health, Finland.

¹²Ulrich Becker, Bundesministerium für Arbeit und Sozialordnung, Germany.

¹³Robert Mounier-Vehier, Ministère de L'emploi et de la Solidarité, France.

¹⁴Marco Biocca, Agenzia Sanitaria regionale dell'Emilia-Romana, Italy.

¹⁵Hans-Horst Konkolewsky, European Agency for Safety and Health at Work, Bilbao.

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