



**2nd ACSH WORKSHOP
ON NATIONAL OSH STRATEGIES**

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National OSH Strategies in the EU

Dr. Lothar Lißner, Kooperationsstelle Hamburg

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1. Background of the project

- Since 2002: EU Member States are called to establish national OSH strategies (incl. measurable targets)
 - A systematic and integrated investigation of existing strategic approaches and experiences has not been carried out yet – limitation for cross-national learning
- ➔ Project: **Comparative analysis and assessment** of national OSH strategies in selected countries:

Australia
Austria
Denmark
Finland

France
Great Britain
Italy
Netherlands

Poland
Spain
Sweden
USA

2. Research questions and expected results

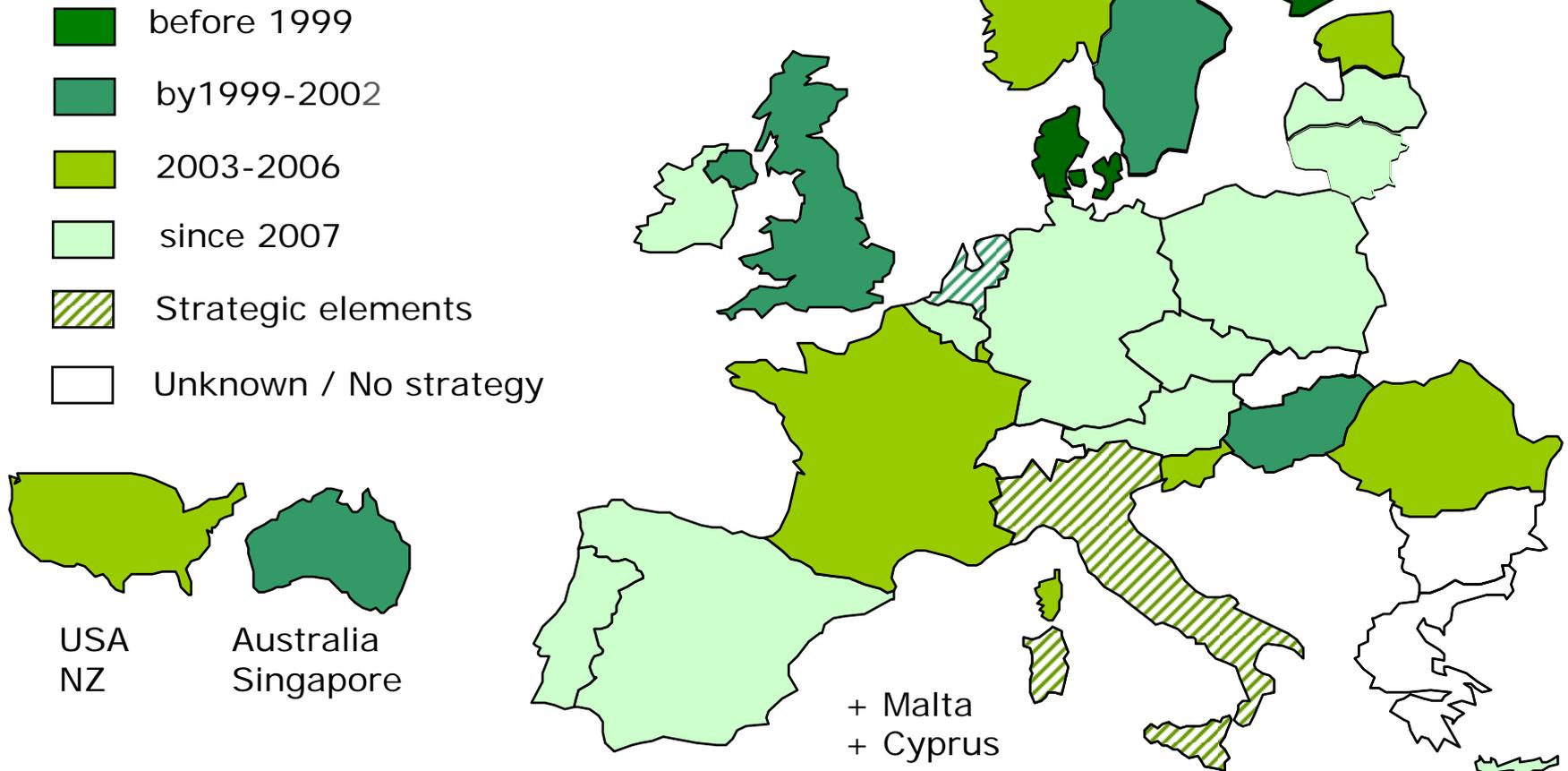
- Determine the main features of the various strategies
- Identification of essential differences and similarities
- **Transferability** of such concepts and methods to the German strategy and OSH-system
- Methodology: **Analysis of strategy documents** and additional information sources, **25 interviews**

3. Kooperationsstelle Hamburg

- Public research institute, co-financed by the City of Hamburg, specialized on OSH
- **Feasibility study for the** evaluation of the German strategy
- Coordinator of a study (CADImple) commissioned by DG Employment on the **practical implementation of the Directive 98/24** on the protection of workers' health and safety from risks related to chemicals' in all 27 EU Member States
- Experienced **PIMEX-User** in many sectors (OSH in welding Award 2009)
- Since 1999 partner in the **Topic Centre Work Environment** (TC WE) of the European Agency for Safety and Health at Work in Bilbao

4. National OSH-Strategies - overview

A national strategy for safety and health at work was formulated



4. OSH-Strategies - definition and wording

- 'Strategy' is only one term to describe a focussed long-term OSH-approach. Others are 'Programme', 'Policy' or 'Plan'

Strategy: Australia, Austria, Bulgaria, Cyprus, Estonia, Finland, Ireland, Latvia, Lithuania, Malta, New Zealand, Portugal, Singapore, Sweden, Spain, UK, and USA

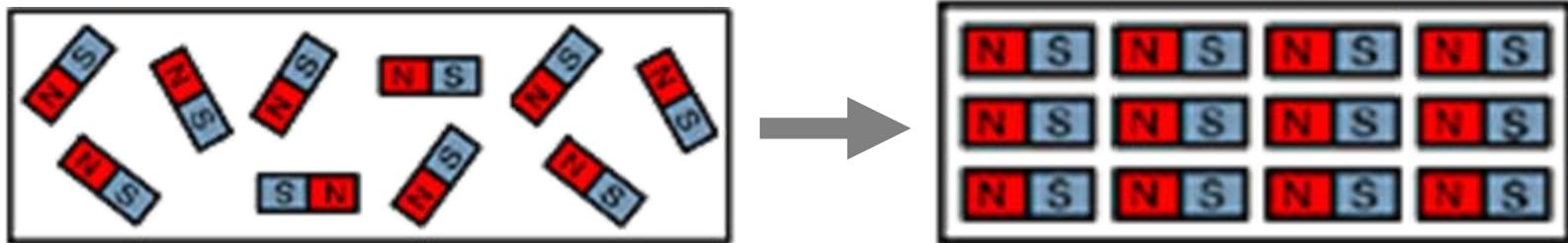
Programme: Poland, Czech Republic, Slovenia

Plan: France (Plan Santé au Travail), Denmark (Handlingsplan), Italy (Piano sanitario nazionale), Belgium (Plan, Actieplan)

Policy and strategy: Romania

4. OSH-Strategien - definition

Strategy = a long-term and focussed approach to improve the impact and effectiveness of the existing resources and infrastructure



5. Strategies – types of goals and targets

■ 1. Hazard- or health-related goals

(quantifiable and actually in part quantified):

The (quantitative) requirements are aimed at reducing the frequency of accidents, specific illnesses or exposures.

Indicators are based on official statistics or survey data. A percentage reduction over the course of three to five years is the usual target.

■ 2. System-, structure- and procedure-related goals (qualitatively defined):

Goals of this sort are primarily concerned with prevention efforts in enterprises, cooperation of the actors involved, collaboration with third parties and communication to the public. Here, in a manner of speaking, the participants themselves come under scrutiny.

5. Strategies – types of goals and targets

■ 1. Focus areas of hazard- or health-related goals

- Work-related illnesses
- Illness-related absence from the workplace
- Workplace accidents
- Work ability (chiefly older employees)
- Work-related musculoskeletal illnesses
- Noise in the workplace
- Exposure to hazardous substances in the workplace
- Psychological stress

5. Strategies – quantifiable risk reduction targets

■ Accidents

- Accidents at work
- Fatal accidents
- Work related traffic accidents
- Less accidents of younger workers

■ Specific health and workload factors

- MSD
- Noise
- Psycho-social workload
- Diseases caused by dangerous substances

■ General issues

- Work related diseases
- Lower absence rates
- Work ability (mainly of older workers)

5. Strategies . Examples of quantifiable targets – France

- Reduction of work related fatal traffic accidents
- Reduction of the frequency of heavy overload of joints (more than 20 hours per week)
- Reduction of exposure to noise above 85 dB (more than 20 hours per week)
- Reduction of exposure to carcinogenic substances
- Fewer work accidents causing early pensions
- More and better risk assessment
- Reduction of occupational induced MSD by 20%

5. Strategies – types of goals and targets

- System-, structure- and procedure-related goals (qualitatively defined):
 - • OSH management, particularly in SMEs
 - • Branch regulations, particularly in focus branches (e.g. building industry)
 - • Education, (advanced) training, instruction
 - • Financial incentives
 - • Research – coordination, priority setting, application of research results to political development as well as to the improvement of workplace quality
 - • Risk assessment
 - • Information (expert) – investigation, standardisation, publication
 - • Innovations

5. Strategies – types of goals and targets

- System-, structure- and procedure-related goals (qualitatively defined) (continued):
 - • Occupational safety and health for younger employees
 - • Cooperation between OSH actors
 - • Communication of OSH-related concerns to the public
 - • Motivation to increase OSH efforts
 - • Prevention (general)
 - • Professional competence
 - • Development and introduction of standards, improvement of complex legal regulations, simplification of legal requirements for SMEs
 - • Implementation of legal requirements

6. Strategy indicators – How to define the starting point and measure progress?

Four types of indicators

- Development of risk factors at work and health situation of the workers
- Prevention activities in enterprises / Quality of the companies' OSH performance
- Performance of strategy committees and cooperation between strategy partners
- Cooperation with third parties

6. Strategy indicators – selected indicators Denmark

■ Risk factors and health situation

- Register of occupational diseases (Central Labour Inspection)
- Periodic National Survey (NAK)
- Register on occupation and hospital treatment

■ Preventive activities in enterprises (VOV, every 3 years)

- Phone interviews with employers and employees (random sample of companies)
- Visits in 10% of companies surveyed
- Three aims: Assessing the activities, the awareness and the knowledge inside enterprises

■ Preventive activities of strategy actors

- e.g. proportion of inspection time spent in the priority areas

■ Preventive activities of other actors

- Hospitals, research institutes, preventive services

6. Strategy indicators – selected indicators Australia

■ Incidence rates

- Incidence rates of serious compensated injury and MSD claims
- Incidence rates of serious injury and disease claims by jurisdiction
- Frequency rates of serious injury and disease claims by jurisdiction

■ Benchmarking

- Comparison of Australia's work-related injury fatality rate with the best performing countries

■ Enforcement activity by jurisdiction

- Number of interventions (total, pro-active and reactive)
- Number of enforcement notices issued
- Number of inspectors
- Number of legal proceedings commenced
- Number of proceedings resulting in conviction
- Sum of fines collected

7. Strategies - political placing, main actors and opinions

- Finding the place in the political world between other actors (e.g. Public Health Strategies, Work Ability Strategies, Health Promotion Strategies etc.)
 - In Sweden the OSH strategy became part of the Public Health Strategy – one bullet point of 11: 'Healthier working life' – 'Ökad hälsa i arbetslivet'
 - In Italy it is from the beginning integrated in the Public Health Strategy - one bullet point of 12: 'Health and safety protection in the workplace' - La tutela della salute e sicurezza nei luoghi di lavoro'.
- Definition of border lines
- Opening for collaboration after a certain period

7. Strategies - the main actors

Role of the main actors differs widely, e.g. concerning responsibilities and competence in OSH. Cooperation structures between the actors are underdeveloped.

- **National Government/Authorities** (e.g. different ministries, National Labour Inspection)
- **Regional Governments/Authorities** (very important in Australia, Spain and Germany)
- Public or private work **accident and injuries insurances**
- **Social partners** (role varies between 'main actor' - Denmark - and 'disseminator' of targets, which others defined - France, Australia)
- **Others** like scientific institutes, associations of professionals (services, hospitals etc.)

7. Strategies - The opinion of the actors

All interviewed actors highlighted that cooperation and communication between the actors have significantly improved and that OSH has been reinforced as a political issue.

Employer, Australia

“In principle the strategy is a success, as for the first time there is a commitment of all partners to the same goals and there is an agreed measure of whether or not they are reached. The strategy also helped to improve cooperation, in particular during arguments, as it can be used to remind others of their commitment. ”

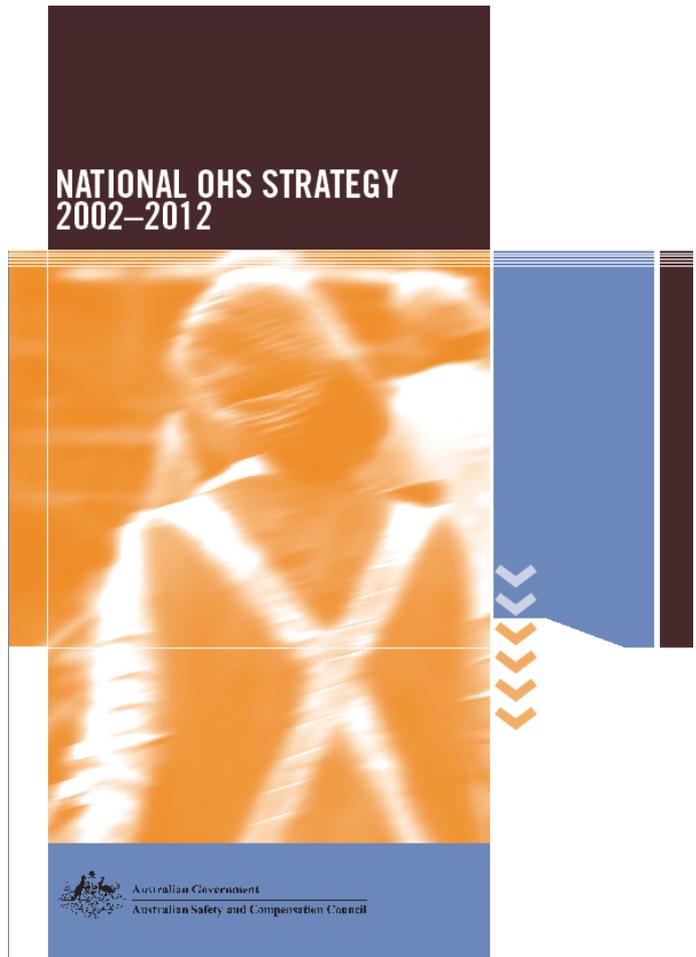
President of ANEPA, a large association of preventive services, Spain

“Era un proceso largo y muy abierto para propuestas y opiniones de todas partes. Era un proceso constructivo para encontrar consenso y ahora todos están contentos con el resultado. Porque había un interés común, era posible lograr acuerdos entre todos.”

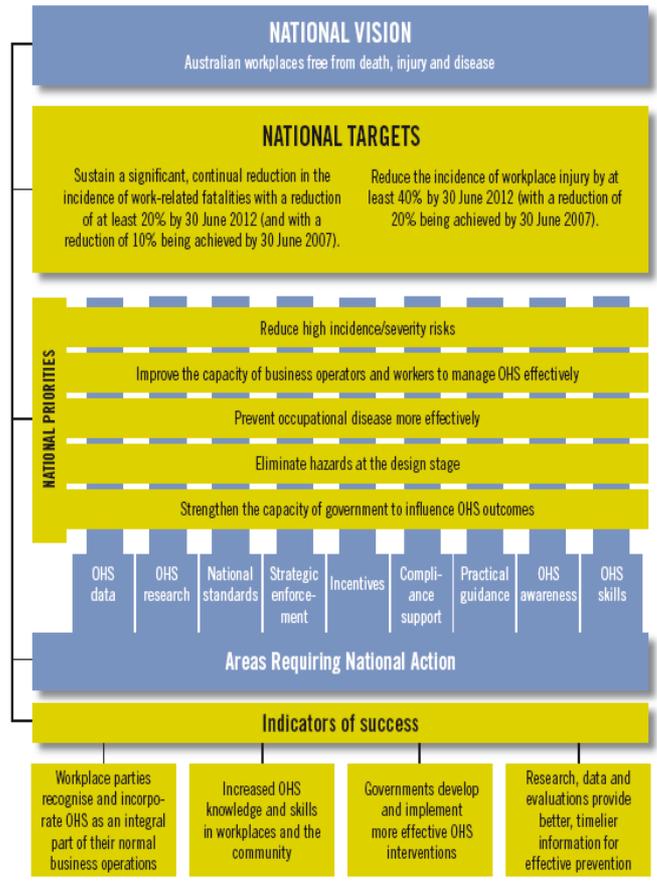
Trade Union CGT, France

“Furthermore, the plan’s advantage is that it forces all parties concerned to resituate the issue of health and safety at work at the heart of public health issues.”

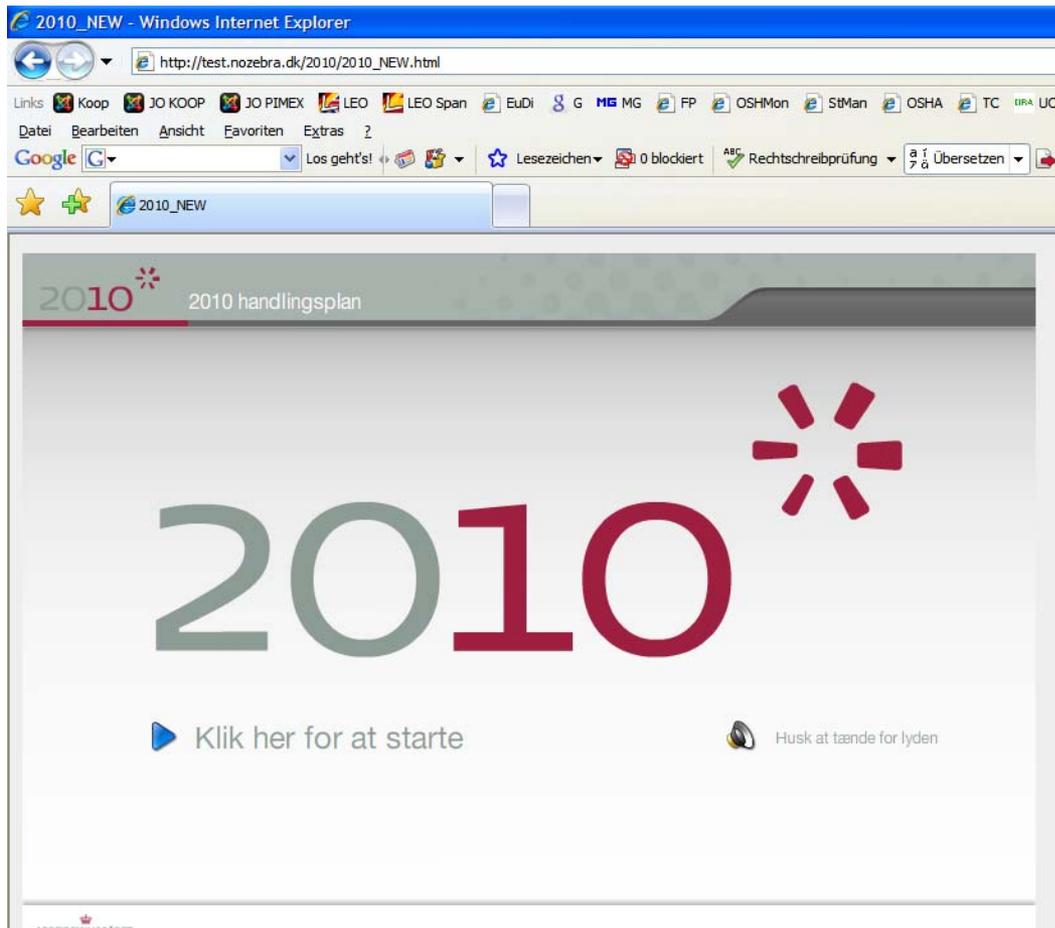
8. Dissemination - Australia



National OHS Strategy 2002-2012



8. Dissemination - Denmark



Website of the Danish Arbejdsmiljøråd (Work environment Council) to present the National Action Plan (Handlingsplan) in Denmark

Presentation of the four priority goals

http://test.nozebra.dk/2010/2010_NEW.html

8. Dissemination - Denmark

Text translation

„Denmark applies a focussed approach to improve the working environment. Up to 2010 the government has given priority to four topics, based on recommendations of the Advisory Council for Work Environment (AMR).

These priorities are:

- ▶ **Work accidents (arbejdsulykker)**
- ▶ **Psycho social workload (psykisk arbejdsmiljø)**
- ▶ **Noise (støj)**
- ▶ **Musculoskeletal diseases (muskel- og skeletbesvær)**

Learn more about these topics, one after the other!

10 ÅR MED
HANDLINGS-
PROGRAMMET

RENT ARBEJDSMILJØ ÅR 2005



Arbejdsulykker
Psykisk arbejdsmiljø
Ensidigt, gentaget arbejde
Tunge løft, skub og træk
Støj
Kemisk arbejdsmiljø
Indeklima
Børn og unges arbejdsmiljø



FEBRUAR 2007

9. Strategy – Evaluation methodology

	Australia	Denmark	Finland
Evaluation intervals	Monitoring of strategy implementation and performance: each year Triennial review of the strategy (2005, 2008)	Strategy: every fifth year (2000, 2005) Enterprise activities (VOV): Triennial review	Strategy: Every third year 2001, 2004/5 2008
Contracting body	National Council	National Ministry, National Council	National Ministry and Council
Contractor	Office of ASCC / Independent consultant	Labour inspection, private and public scientific institutes	The actors themselves, public institutes
Methods	Data Analysis Interviews	Data Analysis Surveys Interviews with specialists Company visits	Data Analysis Surveys Interviews

9. Strategy evaluation – Results Denmark

Problem	Target	Result	Reasons (according to Central LI)
Accidents	15 % fewer accidents - from 2000 to 2005	Partial success: 6% more accidents (all acc.) 5% less serious accidents	32% more accidents in the first year of employment More accidents in the age between 18 to 24 and > 44 20% more accidents of women, 13% of men Large increase of accidents in 5 of 49 branches / occupations: - Home care services - Transport of goods - Construction - Trade of goods - Masons and carpenters
Psycho-social workload	5% fewer employees exposed to 12 risk factors - from 2000 to 2005	Partial success	Worsening of two factors • High work speed • Violence at work places Improvement of the factor • Personal development options Unclear changes for: social support, role conflicts, unpredictable planning, low quality of management etc.

9. Strategy evaluation – Results Denmark (contd.)

Problem	Target	Result	Explanations
Monotonous repetitive work	10% fewer employees exposed - from 2000 to 2005	Success: 18 % exposed instead of 20%	The figures are based on self reporting of employees. The indicator was: permanent fast repetition of movements of fingers, hand or arm for more than 3 quarters of a working day.

10. Political learning and recommendations

- Improvement of cooperation and communication between the actors
- Improvement of cooperation capacities
- Improvement of the capacities to commonly cope with new challenges –
'Fewer walls and more bridges between the actors'

10. Political learning and recommendations

- Define at the beginning an OSH Strategy, limited to the core area of OSH. Open it to related topics later!
- Expect measurable results not too early
- basically after 5 to 10 years, depending on the target!
- Try to define a starting point (a zero situation), develop better indicators in the first years!
- Evaluate also the activities of the main actors (enterprises and strategy actors)
- Involve the social partners not as an alibi or only as dissemination actors!
- Try to disseminate the messages in a modern way – go beyond the borders of the OSH-community!
- Use the dynamics of the strategy to change cautiously or even substantially the institutional structures!
Goals: improve cooperation between the actors, enhance monitoring and evaluation capacities and raise the transparency of all activities!

**Thank you very much for
your attention!**

Lothar Lißner

www.kooperationsstelle-hh.de

**Download the short English version of the report
from the BAuA homepage
- end of October 2009:**

www.baua.de