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signed by Mr Jordi AYET PUIGARNAU, Director

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an EU Strategic Framework on Health and Safety at Work 2014-2020

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1. INTRODUCTION — SETTING THE SCENE

Ensuring a safe and healthy work environment for over 217 million workers in the EU is a strategic goal for the European Commission, working closely with Member States, social partners, and the other EU institutions and bodies. As risks to workers' health and safety are broadly similar across the EU, there is a clear role for the Union in helping Member States to address such risks more efficiently and in ensuring a level playing-field throughout the EU. This role is explicitly recognised in the Treaty¹, which gives the Union shared competence to encourage cooperation between Member States and to adopt directives setting minimum requirements to improve the working environment in order to protect workers' health and safety.

EU action on occupational safety and health (OSH) has been pursued over the years within a strategic policy framework that includes two key components:

1. a comprehensive body of EU legislation covering the most significant occupational risks and providing common definitions, structures and rules that are adapted by Member States to their different national circumstances; and
2. a series of multiannual action programmes between 1978 and 2002, followed by European strategies (covering 2002-06 and 2007-12), to identify priorities and common objectives, provide a framework for coordinating national policies and promote a holistic culture of prevention. As a result of the 2007-12 strategy, 27 Member States have put in place national strategies.

Risk prevention and the promotion of safer and healthier conditions in the workplace are key not just to improving job quality and working conditions, but also to promoting competitiveness. Keeping workers healthy has a direct and measurable positive impact on productivity, and contributes to improving the sustainability of social security systems. Preventing workers from suffering serious accidents or occupational diseases and promoting workers' health throughout their working life, from their first job onwards, is key to allowing them to work for longer. This therefore contributes to addressing the long-term effects of demographic ageing, in line with the Europe 2020 strategy's objectives for smart, sustainable and inclusive growth². In particular, Employment Guideline 7 emphasised promoting job quality. The Employment Package³ emphasised that improving working conditions has a positive impact on productivity and competitiveness.

¹ Articles 151 and 153 of the Treaty on the Functioning of the European Union (TFEU).

² COM(2010) 2020 and COM(2014) 130 final.

³ COM(2012) 0173 final.

Investment in OSH contributes to the well-being of workers and is cost-effective. According to recent estimates, investments in this area can produce high ratios of return, averaging 2.2⁴, and in a range between 1.29 and 2.89⁵.

The results of the evaluation of the 2007-12 OSH strategy⁶ confirm the value of an EU strategic framework for policy action in the field of OSH and show strong stakeholder support for a continuing EU-level strategic approach. The evaluation highlights the need to review objectives, priorities and working methods to adapt the EU policy framework to changing patterns of work, and new and emerging risks.

In 2013, the Commission launched an online public consultation⁷ to seek stakeholder views on the implementation of the previous OSH strategy and on the way forward. The more than 500 replies confirmed the need to continue with EU-level coordination in this area and useful suggestions were made on the content of a new strategic framework. A large majority of respondents considered that more should be done to reduce administrative burden and compliance costs for small and medium-sized enterprises (SMEs). The majority of respondents also indicated that these objectives should be pursued while maintaining a high level of compliance with OSH principles, regardless of the size of the company.

In proposing a strategic framework on health and safety at work for 2014-20, the Commission took due account of several contributions, all in favour of launching a strategic policy initiative, in particular those received from the European Parliament⁸, the Advisory Committee on Safety and Health (ACSH)⁹, and the Senior Labour Inspectorate Committee (SLIC)¹⁰.

To complete the consultation process, the Commission organised a conference on "working conditions"¹¹ gathering the main stakeholders to discuss the key challenges and priorities for the improvement of health and safety in the workplace.

The implementation of this strategic framework will run in parallel with the *ex post* evaluation of EU OSH legislation, which is expected to produce conclusions by the end of 2015. This evaluation, which is required by Framework Directive 89/391/EEC and is included in the Commission's regulatory fitness and performance programme (REFIT)¹², will strengthen the evidence base for possible new initiatives in the future. For this reason, and given the crucial importance of this exercise, the current strategic framework will be reviewed in 2016 to take full account of the results of the evaluation and the review of the Europe 2020 strategy.

⁴ International Social Security Association (ISSA), *The return on prevention: Calculating the costs and benefits of investments in occupational safety and health in companies*, <http://www.issa.int>.

⁵ BenOSH, *Socio-economic costs of accidents at work and work-related ill health*, <http://ec.europa.eu/social>.

⁶ SWD (2013) 202.

⁷ <http://ec.europa.eu/social/main.jsp?catId=333&langId=en&consultId=13&visib=0&furtherConsult=yes>.

⁸ European Parliament Resolution A7-0409/2011 of 15 December 2011 on the mid-term review of the European strategy; European Parliament Resolution 2013/2685(RSP) of 12 September 2013 on the European strategy on health and safety at work.

⁹ Opinion adopted on 1 December 2011.

¹⁰ Opinion adopted on 9 February 2012.

¹¹ Conference on Working Conditions held on 28 April 2014.

<http://ec.europa.eu/social/main.jsp?langId=en&catId=88&eventsId=979&furtherEvents=yes>

¹² COM(2012) 746.

This communication sets out key strategic objectives and a range of actions for promoting workers' health and safety (part 4), based on an identification of the outstanding problems (part 2) and major challenges (part 3).

2. STOCKTAKING — PROGRESS AND OUTSTANDING PROBLEMS IN HEALTH AND SAFETY AT WORK

The improvements achieved in the EU's performance on OSH over the last 25 years can be attributed to a large extent to the comprehensive legislation and policy actions launched and implemented by the Union, Member States and stakeholders such as social partners.

Most of the legislative and non-legislative initiatives set out in the 2007-2012 EU OSH Strategy were delivered.

The EU OSH Strategy provided a common framework for coordination and a common sense of direction. 27 Member States now have a national OSH strategy, adapted to the national context and key priority areas. A reduction of 27.9% in the incidence rate of accidents leading to absences of more than three days was achieved in the EU between 2007 and 2011¹³. The awareness-raising initiatives carried out at EU and national levels have contributed to strengthening a culture of risk prevention.

According to a recent Eurobarometer survey¹⁴, a large majority of workers express satisfaction with workplace health and safety in their current job (85%) and over three quarters (77%) say that OSH information and/or training is available in their workplace.

The evaluation of the 2007-12 OSH strategy confirmed that the implementation of the EU Strategy was effective overall and that its main objectives were achieved. The EU Strategy helped improve the implementation of OSH legislation and clarify EU rules. However, implementation continues to be a challenge, in particular for SMEs, who have difficulties in complying with some regulatory requirements. In addition, there were gaps, particularly in terms of the impact on individual companies at local level, especially SMEs. While government authorities actively participated in implementing the Strategy, it was more difficult to develop a sense of ownership in other EU partners, especially national social partners. Statistical data collection and the development of monitoring tools were insufficient. In particular, the evaluation of the 2007-12 Strategy highlights the need to more effectively address the impact of specific preventive actions on individual companies (especially SMEs), the interaction of OSH with the environment and chemicals, and the effective prevention of occupational and work-related diseases.

Despite the significant reduction in accidents and better prevention, health and safety at work in the EU still needs further improvement.

- Every year more than 4000 workers die due to accidents at work and more than three million workers are victims of a serious accident at work leading to an absence from work of more than three days¹⁵.
- 24.2% of workers consider that their health and safety is at risk because of their work, and 25% declared that work had a mainly negative effect on their health¹⁶.

¹³ European Statistics on Accidents at Work (ESAW), Eurostat estimate. Data for NACE Rev. 2 sectors A C-N.

¹⁴ Flash Eurobarometer on Working Conditions

http://ec.europa.eu/public_opinion/archives/flash_arch_404_391_en.htm#398

¹⁵ European Statistics on Accidents at Work (ESAW), 2011.

¹⁶ European Working Conditions Survey (EWCS), 2010.

- In addition to human suffering, the costs due to work-related sick leave are unacceptably high. In Germany, 460 million days' sick-leave per year resulted in an estimated loss of productivity of 3.1 % of GDP¹⁷.
- Costs for social security attributable to sickness or accidents are also unacceptably high. In the 2010/11 fiscal year, the net cost to government in the UK alone was estimated at £2 381 million¹⁸.

In order to further improve workers' health and safety as requested by the Treaty (Articles 153 and 156), the Commission should take sustained policy action in cooperation with the Member States. The economic and social benefits of public policy on health and safety at work are well documented in terms of positive impact on growth and higher productivity, reduction of accidents, and lower incidence of serious illnesses. However, when taking action, due account should be taken of the costs to companies.

3. WHAT ARE THE MAIN CHALLENGES?

The stocktake in the previous section shows key challenges that are common across the Union and require further policy action.

- **First challenge: Improving the implementation record of Member States, in particular by enhancing the capacity of micro and small enterprises to put in place effective and efficient risk prevention measures**

There are different approaches to practical implementation of OSH legislation across the Member States. This is particularly relevant as regards the degree to which requirements are met in private companies and public-sector bodies, across different sectors of economic activity and across different sizes of companies.

In most cases, the scope and effectiveness of OSH management remains a particular challenge for micro and small enterprises. Smaller establishments still tend to show lower levels of compliance with national and EU rules, and report fewer OSH management measures as compared with large establishments¹⁹.

The causes of this are multiple and range from inherent difficulty in respecting regulatory and administrative provisions, often due to a lack of directly available expertise, to a lack of awareness of obligations, absence of guidance or deficient enforcement. Compliance costs are also higher for SMEs in relative terms.

In the 2007-12 Strategy, the Commission and the European Agency for Safety and Health at Work (EU-OSHA) developed practical guides and materials on good practice to support implementation of OSH measures in SMEs. The online interactive risk assessment tool (OiRA)²⁰ developed by EU-OSHA is a major contribution to facilitating SMEs' compliance

¹⁷ BAuA and Labour Ministry report on *Safety and Health at Work*, 2011.

¹⁸ Costs to Britain of workplace fatalities and self-reported injuries and ill-health, 2010/11, HSE, 2013.

¹⁹ The size of the establishment, the industry and the country are the strongest determinants of the scale of OSH management in establishments, according to the 2012 Enterprise Survey on New and Emerging Risks (ESENER) report.

²⁰ <http://www.oiraproject.eu/> OiRA is a web platform that enables the creation of sectoral risk assessment tools in any language in an easy and standardised way. It allows the building of easy-to-use, free online tools that can help micro and small organisations put a step-by-step risk assessment process in place — starting with the identification and evaluation of workplace risks, through to decision-making and implementing preventative actions, finishing with monitoring and reporting.

with OSH requirements. However, a more concentrated effort is needed at EU and national level. Policy-makers should consider the particular circumstances and limitations of micro and small enterprises when setting out and putting in place OSH regulatory measures. Policy-makers cannot assume that the obligations arising from OSH rules will be implemented equally by, or have the same relative costs to, large and small enterprises.

Simpler, more efficient solutions need to be put in place to take into account the situation of micro and small enterprises, and therefore ensure effective protection of workers' health and safety in all workplaces regardless of size. This requires simplifying legislation where appropriate, and providing tailored guidance and support to micro and small enterprises to facilitate risk assessment.

- **Second challenge: Improving the prevention of work-related diseases by tackling existing, new and emerging risks**

Occupational ill-health, including diseases caused or aggravated by adverse working conditions, puts a heavy burden on workers, companies and social security systems²¹.

The most recent International Labour Organisation (ILO) estimates available²² indicate a total number of 159 500 fatal work-related diseases in 2008 for the EU-27, of which cancer was the leading cause of death (95 500 cases). It is estimated that between 4% and 8.5% of the total number of cancers is attributable to occupational exposure. Fatalities associated with chemical substances accounted for almost half of all work-related deaths.

Major efforts were made to prevent occupational diseases and new or emerging risks. EU legislation was put in place to regulate chemicals, with the aim of ensuring a high level of protection for human health and the environment (REACH²³ and CLP²⁴), as well as addressing exposure to electromagnetic fields. At the same time, non-legislative action was taken, including dissemination of information, exchange of good practice and the launch of bi-annual pan-European awareness-raising campaigns by EU OSHA²⁵. Given the seriousness of the challenge, occupational cancers, diseases caused by asbestos, lung diseases, skin diseases, asthma and other chronic conditions need continued specific attention.

While many new technologies and innovations in work organisation have substantially improved well-being at work and working conditions, effective prevention of work-related diseases requires anticipating potential negative effects of new technologies on workers' health and safety. The industrial application of new technologies leads to new products and processes, which need to be sufficiently tested and checked in order to ensure that they are safe and do not represent major hazards for consumers and workers. Nanomaterials are one example, as they may possess unique properties which may require new toxicity testing

²¹ See, for example, a specific study on this issue: Binazzi et al., *The burden of mortality with costs in productivity loss from occupational cancer in Italy*, American Journal of Industrial Medicine, 2013 Nov; 56(11): p. 1272-9.

²² <http://www.ilo.org/safework/lang--en/index.htm>

http://www.ilo.org/public/english/region/eurpro/moscow/areas/safety/docs/safety_in_numbers_en.pdf.

²³ Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), OJ L 136, 29.5.2007.

²⁴ Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 18 December 2006 on classification, labelling and packaging of substances and mixtures, OJ L 353, 31.12.2008.

²⁵ EU-OSHA Campaign 2012-13 on 'Working together for Risk Prevention'.

EU-OSHA Campaign 2010-11 on 'Safe Maintenance'.

EU-OSHA Campaign 2008-09 on 'Risk Assessment'.

EU-OSHA Campaign 2007-08 on 'The Healthy Workplace Initiative'.

methods and risk prediction tools from the product development phase onwards, to properly consider safety aspects. Other emerging risks linked to the development of biotechnologies and green technologies need to be addressed too.

Changes in work organisation brought about by information technology developments, in particular those that allow for constant connectivity, open up enormous possibilities for flexible and interactive work processes. There is also increasing workforce diversity, as reflected in new atypical contractual arrangements and work patterns, and a higher job turnover associated with shorter job assignments, especially for younger workers. However, according to a recent Eurobarometer survey, workers consider stress to be one of the main occupational risks (53%), followed by ergonomic risks (repetitive movements or tiring or painful positions (28%)) and lifting carrying or moving loads on a daily basis (24%). Specific attention should be given to addressing the impact of changes in work organisation in terms of physical and mental health. In particular, women can face specific risks, such as musculoskeletal disorders or specific types of cancer, as a result of the nature of some jobs where they are over-represented²⁶.

- **Third challenge: Tackling demographic change**

The EU population is becoming older, with the number of people aged 60 and over in the EU increasing by more than two million every year. The working population is also ageing, as the proportion of older workers in employment increases relative to that of younger workers. According to Eurostat population projections (Europop 2010), the working population aged between 55 and 64 in the EU-27 is expected to increase by about 16% between 2010 and 2030.

The Commission's White Paper on pensions calls for an extension of working life in order to maintain adequate and sustainable pension systems. This will require appropriate working conditions²⁷.

Sound health and safety for workers is necessary for a sustainable working life and active and healthy ageing, especially in light of the ageing working population and the extension of working life. This requires the creation of a safe and healthy environment, throughout the working life of an increasingly diversified workforce. The promotion of a culture of prevention is essential to achieving this.

Successfully prolonging working careers depends strongly on appropriate adaptation of workplaces and work organisation, including working time, workplace accessibility and workplace interventions targeted at older workers. Life time employability should also be developed to cope with workers' changing capabilities because of ageing. Innovative ICT products and services (e.g. for ambient assisted 'working') offer a wide gamut of options for improvement of employability. In addition, reintegration and rehabilitation measures allowing for early return to work after an accident or disease are needed to avoid the permanent exclusion of workers from the labour market.

²⁶ EU-OSHA, 2013. *New risks and trends in the safety and health of women at work*. <https://osha.europa.eu/en/publications/reports/new-risks-and-trends-in-the-safety-and-health-of-women-at-work/view>.

²⁷ White Paper. *An agenda for adequate, safe and sustainable pensions*, COM(2012) 55 final.

4. KEY STRATEGIC OBJECTIVES

In order to respond in a holistic, cross-thematic way to the three challenges identified in section 3, the Commission proposes a range of actions to be implemented or developed in close collaboration with Member States, social partners and other stakeholders, grouped under seven key strategic objectives. The extent to which these objectives are met and progress in delivering the action plan will be the subject of systematic monitoring and evaluation, and will be taken into account as part of the evaluation of OSH legislation.

4.1. Further consolidate national strategies

The coordinating role of the EU is widely recognised and seen as a credible reference. The evaluation of the 2007-12 EU OSH Strategy showed that 27 Member States have put in place national OSH strategies in line with the EU Strategy.

A summary analysis of national strategies shows that they generally reflect the priorities set out in the EU Strategy, while adapting them to the relevant national context. In most Member States, stakeholders at national level emphasised the role of the EU OSH Strategy in putting OSH high on the national political agenda and influencing national decision-making processes in this area. However, there is scope for a stronger and more systematic EU role in supporting the implementation of national strategies, through policy coordination, mutual learning and the use of EU funding. Member States are invited to consider reviewing their national strategies in light of the new EU-OSH strategic framework, in close consultation with relevant stakeholders, including social partners.

Actions as from 2014:

- review national OSH strategies in light of the new EU strategic framework → Member States, in consultation with relevant stakeholders, including social partners;
- establish a database covering all national OSH strategy frameworks → Commission in cooperation with EU-OSHA; and
- nominate contact points for national strategies (Member States) which will meet regularly to map and exchange good practice → Commission, EU-OSHA, ACSH and SLIC.

4.2. Facilitate compliance with OSH legislation, particularly by micro and small enterprises

SMEs have more difficulties in complying with the regulatory requirements in this area. Therefore, improving quality of guidance and providing practical tools to facilitate compliance with OSH legislation are crucial. The needs of micro and small enterprises will be taken into account in implementing actions at EU and national level, including appropriate adaptation of tools such as the OiRA tool.

Actions as from 2014:

- provide financial and technical support on implementing OIRA and other IT-based tools in Member States, focusing on priority sectors → Member States, with support from the European Social Fund (ESF) and EU-OSHA;

- develop guidance and identify examples of good practice, taking the specific nature and conditions of SMEs and particularly micro-enterprises into account → Commission and EU-OSHA;
- promote the exchange of good practice, whereby SMEs will be supported by larger enterprises in the contractor-supplier-purchaser chain in order to improve OSH → Commission, in collaboration with Member States and the ACSH; and
- continue with awareness raising campaigns → Commission, in collaboration with Member States and EU-OSHA.

4.3. Better enforcement of OSH legislation by Member States

A visit from a labour inspector is often the first time companies and workers become aware of OSH regulations. This suggests gaps in awareness that need to be addressed in a systematic way. It is critical that labour inspectors are seen as facilitating compliance with legislation rather than obstacles to business activity.

Labour inspectorates also perform a key role in identifying and deterring undeclared work. That is why inspections, though always compliance-focused, should be supportive and well-targeted to specific risks. There are around 20 000 labour inspectors in the EU — approximately one inspector per 9 000 workers covered by relevant national labour inspectorates²⁸. They carry out around 1 500 000 inspections per year²⁹.

The effectiveness of labour inspections depends largely on the expertise of labour inspectors and their capacity to carry out these inspections. OSH training for labour inspectors, particularly on emerging risks and new technologies, is needed to properly perform risk-based inspections.

Given budgetary constraints, EU funding programmes (including the ESF) could be better used in order to provide labour inspectorates with the necessary resources. Exchange of good practice between labour inspectorates at EU level has been, and should continue to be, an instrument to improve their efficiency.

Actions as from 2014:

- map the resources of labour inspectorates and evaluate their capacity to carry out their main duties on enforcing OSH legislation → Senior Labour Inspectors Committee (SLIC);
- evaluate the programme of exchange/training of labour inspectors and examine ways to enhance the current tools for cooperation within the SLIC, taking into account new OSH challenges → Commission, in collaboration with the SLIC; and
- assess the effectiveness of sanctions and administrative fines imposed by Member States, as well as other measures of ‘soft enforcement’ and non-traditional ways of monitoring compliance → Commission, in collaboration with Member States through the SLIC and the ACSH.

²⁸ National Labour Inspectorates’ 2011 reports, sent to the SLIC.

²⁹ National Labour Inspectorates’ 2009 reports, sent to the SLIC.

4.4. Simplify existing legislation

In line with the objectives of the REFIT programme³⁰, a continuous joint effort by the Commission, other EU institutions and Member States is required to simplify EU legislation and eliminate unnecessary administrative burden. In the coming years, key concerns will be assessing whether existing OSH legislation is fit for purpose, examining how to improve its implementation, and ensuring better, effective and equivalent compliance across Member States and enterprises.

In accordance with Directive 89/391/EEC, the Commission is engaged in a comprehensive evaluation of the whole body of OSH legislation³¹. As part of this exercise, the Member States recently submitted to the Commission their national reports on the implementation of 24 OSH Directives. The Commission is currently analysing the national implementation reports which will feed into the evaluation.

The evaluation will pay particular attention to identifying possible simplifications and/or reductions in administrative burden, particularly for micro and small enterprises, while preserving a high level of protection for workers' health and safety. This process is relevant not just to EU law but also to national legal and administrative provisions that transpose EU law. Member States are therefore encouraged to carry out a similar exercise in parallel. The evaluation results, which will be available in 2015, will be taken into account as part of the 2016 review of the Strategic Framework.

Actions as from 2014:

- identify possible simplifications and/or reductions of unnecessary burden as part of the evaluation of the OSH legislation, and promote a public debate with all stakeholders → Commission and ACHS;
- encourage Member States to identify sources of specific regulatory burden created by their own transposing legislation on OSH and national legislation, and analyse national implementation reports to identify good practice and to promote exchange of information → Member States in collaboration with Commission; and
- assess the situation of micro-enterprises in low-risk sectors and consider how to simplify the implementation of risk assessment, including documentation → Commission.

4.5. Address the ageing of the workforce, emerging new risks, prevention of work-related and occupational diseases

Changing technologies, new products and the marketing of new chemicals make it necessary to gather and evaluate sound scientific evidence, to identify how emerging new risks can best be addressed. The EU institutions, particularly the Commission, should mobilise the highest quality expertise available to work on this.

In addition, risks affecting particular age groups, disabled workers and women deserve particular attention and require targeted action. The pilot project on OSH for older workers will identify ways to promote the physical and psychological health of older workers. It will

³⁰ COM(2013) 685 final.

³¹ In accordance with Article 17a of Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work, OJ L 183, 29.6.1989, p. 1.

also provide examples of good practice and facilitate the exchange of information³². The Joint Programme for Ambient Assisted Living contributes to addressing the challenge of an ageing workforce.

The assessment of new emerging risks, based on scientific evidence, and dissemination of the results will be crucial parts of the *ex post* evaluation of current OSH legislation.

Actions as from 2014:

- establish a network of OSH professionals and scientists and ascertain the need to set up an independent scientific consultation body that would channel their recommendations into the work of the Commission → Commission;
- support the dissemination of the findings of the European Risk Observatory among the relevant actors → Commission in cooperation with EU-OSHA;
- promote the identification and exchange of good practice on ways to improve OSH conditions for specific categories of workers, e.g. older workers, inexperienced younger workers (including those employed in different forms of temporary contracts), apprenticeships, workers with disabilities and women → EU-OSHA;
- promote rehabilitation and reintegration measures by implementing the results of the European Parliament pilot project on older workers and of the Healthy Workplaces Campaign in 2016-17 → Commission in cooperation with EU-OSHA; and
- identify and disseminate good practice on preventing mental health problems at work → EU-OSHA.

4.6. Improve statistical data collection and develop the information base

It is important for evidence-based policy making to collect reliable, timely and comparable statistical data on work-related accidents and diseases, occupational exposures, work-related ill-health, and to analyse the costs and benefits in the area of OSH. As regards accidents at work, Commission Regulation (EU) No 349/2011³³ established an annual data collection starting in 2013. However, challenges remain concerning data on occupational exposures and work-related ill-health. It is therefore still difficult to compare OSH performance across Member States and draw evidence-based policy conclusions from such comparisons. The situation is especially complex as regards occupational and work-related diseases.

National and EU statistics experts should therefore work together and intensify efforts to improve data collection and develop common approaches in order to identify and measure the risks to workers' health, while taking due account of the corresponding administrative costs for businesses and national administrations.

Actions as from 2014:

- assess the quality of data on accidents at work transmitted by Member States in the framework of the European Statistics on Accidents at Work (ESAW) data collection, with the aim of improving coverage, reliability, comparability and timeliness → Commission and national competent authorities;

³² https://osha.europa.eu/en/priority_groups/ageingworkers/ep-osh-project.

³³ Commission Regulation (EU) No 349/2011 of 11 April 2011 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and safety at work, as regards statistics on accidents at work, OJ L 97, 12.4.2011, p. 3–8.

- by the end of 2016, examine different options to improve the availability and comparability of data on occupational diseases at EU level and assess the feasibility of a simplified data transmission → Commission and national competent authorities;
- launch discussions within the ACSH, with advice from national experts, with a view to making recommendations on creating a common database on occupational exposures → Commission, ACSH and national experts;
- before 2016, examine options to improve information on costs and benefits in the area of OSH; and
- before 2016, develop a tool to monitor the implementation of the EU strategic framework 2014-2020, including policy and performance indicators, building on the 2009 strategy scoreboard → Commission and ACSH.

4.7. Better coordinate EU and international efforts to address OSH and engage with international organisations

In a globalised economy, it is in the EU's interest to raise labour standards and improve their effective global application by taking multilateral action in cooperation with the competent international bodies, and bilateral action in EU relations with third countries. It must also support the candidate countries and potential candidate countries in bringing their structural capacity and legislation into line with the requirements of EU law.

The benchmarking role of EU OSH policy is largely recognised by international partners and observers. This has been reflected in the rapid expansion of bilateral cooperation in recent years, not just with traditional partners from developed economies such as the United States, but also and especially with new partners from emerging economies such as China and India.

The Commission can meaningfully contribute to reducing work accidents and occupational diseases worldwide. Building upon ongoing cooperation efforts, a joint effort is needed by the EU, together with the ILO, in particular, and other specialised organisations such as the World Health Organisation (WHO) and the Organisation for Economic Cooperation and Development (OECD), to achieve better results within and especially outside the EU. Improved operational cooperation is needed to ensure a consistent and coherent approach, and to better exploit synergies at EU and international level.

Actions as from 2014:

- continue to support candidate countries during accession negotiations on chapter 19 and potential candidate countries benefiting from a Stabilisation and Association Agreement in their efforts to align their OSH legislation with EU law → Commission;
- strengthen OSH cooperation, in particular with the ILO, but also the WHO and the OECD → Commission;
- launch a review of the Memorandum of Understanding with the ILO to better reflect OSH policy → Commission;
- contribute to implementing the sustainable development chapter of EU free-trade and investment agreements regarding OSH and working conditions → Commission;
- address, notably jointly with the ILO, OSH deficits in the global supply chain and contribute to G20 initiatives on safer workplaces in this regard → Commission; and

- strengthen ongoing cooperation and dialogue on OSH with strategic partners → Commission.

5. EU INSTRUMENTS

5.1. Legislation

Legislation has proven its value in providing the EU with a common body of definitions, standards, methods and preventive tools in the area of OSH. An EU-wide OSH legislative framework is crucial to ensuring a high level of protection for workers and to creating a level playing-field for all companies regardless of their size, location or sector of activity. Evidence shows that fulfilling legal obligations and enforcement measures taken by controlling bodies, including labour inspectorates, remain key drivers for OSH management in a majority of establishments³⁴.

However, given the variety of situations on the ground in terms of company size and diversity of the workforce, and the need to design targeted and effective policy measures, non-legislative tools should also be used to make a difference on the ground. These include benchmarking, identifying and exchanging good practices, awareness-raising, setting voluntary norms and user-friendly IT tools.

The Commission will continue to monitor Member States' implementation of OSH legislation, in order to ensure appropriate compliance. The results of the ongoing evaluation of EU OSH legislation will help to shape future Commission initiatives.

5.2. EU funds

Currently, 13 EU Member States use the European Social Fund (ESF) to improve their national OSH policies. Member States are encouraged to use the ESF and other European Structural and Investment Funds (ESIF) to finance actions relating to OSH. For the 2014-20 programming period, ESF funding will be available to support actions aiming *inter alia* to promote sustainable, quality employment and social inclusion through, in particular:

- The investment priority on "adaptation of workers, enterprises and entrepreneurs to change" by designing and implementing innovative and more productive ways of work organisation, including health and safety at work, training, education programmes, mainstreaming of good practices, etc.
- Prolonging healthier working lives through the development and implementation of measures to promote a healthy environment and mental well-being at work. This may be addressed through the investment priority on "active and healthy ageing".
- Supporting the recruitment and return to work of people with a chronic or rare disease, disability or mental health disorder through integrated pathways combining various forms of employability measures such as individualised support, counselling, guidance, access to general and vocational education and training, as well as access to services, notably health and social services.
- Developing and implementing measures to promote healthy lifestyles and tackle health determinants of occupational/environmental causes (e.g. exposure to toxic substances, environmental tobacco smoke) which are linked to diseases including cancer.

³⁴ *European Survey of Enterprises on New and Emerging Risks (ESENER) — Managing safety and health at work*, European Risk Observatory Report 2010.

- Supporting awareness–raising/training activities targeting labour inspectors, in order to improve knowledge/skills and administrative capacity in dealing with issues relating to health and safety at work.
- Supporting training activities undertaken by small and medium enterprises as regards the implementation of OIRA and other IT Based tools across all Member States.

In addition, the operational programme Employment and Social Innovation (EaSI) will be used to support actions to promote cooperation, communication and gathering of expertise in the area of OSH.

The new EU Framework Programme for Research and Innovation for 2014 to 2020 (Horizon 2020³⁵) will provide financial opportunities to address the societal challenges of health, demographic change and wellbeing. Focus areas include:

- understanding health;
- ageing and diseases;
- improving active and healthy ageing;
- effective health promotion;
- disease prevention; and
- preparedness and screening.

These reflect the need for a ‘translational’, integrated approach to challenges, providing support both for longer and mid-term research and shorter-term innovation activities.

ICT enabled innovation for Active and Healthy ageing has been proposed for regions to flag as one of the smart specialisation priority areas for funding from the European Regional Development Fund (ERDF). Alignment and synergies with the European Innovation Partnership on Active and Healthy Ageing and with the (second) Active Assisted Living Joint Programme provide more funding options and options for market development.

5.3. Social dialogue

In accordance with the Treaty provisions, EU social partners play an important role in designing and implementing OSH policies and in promoting a safe and healthy environment in Europe. EU social partners have shown the capacity to find responses which meet both workers’ and companies’ interests, and they have directly contributed to implementing EU strategies in this area. EU social partner agreements (e.g. the multi-sector agreement on crystalline silica and sectoral agreements on the use of sharp instruments in the healthcare sector and on working conditions in the maritime sector), implemented autonomously or through legislation³⁶, and other social partner initiatives have a direct impact on workers’ safety and health.

³⁵ Proposal for a Regulation of the European Parliament and Council establishing Horizon 2020 — the Framework Programme for Research and Innovation (2014-20), COM(2011) 809 final.

³⁶ In case of implementation by legislation, after an assessment performed by the Commission, covering representativeness, compliance with EU law, impact on SMEs and cost-benefit analysis, where appropriate.

The Commission will continue to support the work of EU social partners and their national affiliates in relation to OSH policies under their autonomous work programmes. It invites social dialogue committees to consider how to effectively reach micro and small enterprises and to develop innovative OSH solutions. The EU social partners are also invited to contribute to the ongoing evaluation of the EU legislative *acquis*.

There is a need to improve synergies between the contributions of the EU social dialogue at cross-industry or sectoral level and the implementation of EU strategic priorities on OSH, while fully respecting the autonomy of the social partners.

It is essential to ensure ownership of the present EU Strategic Framework by social partners, including by involving them in the design and implementation of specific initiatives at EU, national, local and workplace level. The tripartite Advisory Committee on Safety and Health at Work and the European social dialogue structures should play a key role in this respect.

5.4. Communication and information

The success of any OSH policy depends largely on the effectiveness of the communication channels and tools used to reach the various players concerned, from policy makers to workers themselves.

Media such as the internet, online applications and social networks provide a range of possible tools to be further explored that may be more effective than conventional approaches in reaching younger workers. The Commission will encourage wider stakeholder involvement, including social partners, OSH experts, representatives of micro and small enterprises and professional associations, in implementing OSH legislation.

EU-OSHA plays a crucial role in collecting and disseminating relevant information on OSH, facilitating the exchange of good practice and developing awareness-raising campaigns and thus contributing to more efficient implementation of OSH policy at EU level. EU-OSHA's development of an OSH good practices database will contribute to better implementation of OSH policies by companies. EU-OSHA will continue to carry out pan-European campaigns to raise awareness on OSH issues, while ensuring better interaction using social media.

5.5. Synergies with other policy areas

Public policy in other areas can contribute to an improved working environment. Potential synergies with OSH policy need to be more actively explored. The key areas in this respect are as follows:

- Education: Raising awareness of OSH starts at school. There have been recommendations to better reflect OSH issues in school curricula (especially in vocational training) as well as to better promote mental health and wellbeing³⁷. There have been successful pilot projects³⁸, but the results of these need to be better disseminated. Information and training for entrepreneurs need to continue;

³⁷ OECD (2012), *Sick on the Job? Myths and Realities about Mental Health and Work*, *Mental Health and Work*.

³⁸ Integrating or 'mainstreaming' OSH into education forms a key part of developing a prevention culture by teaching children and young adults to live and work safely. EU-OSHA provides a great deal of good practice information in this area. <https://osha.europa.eu/en/topics/osheducation>.

- Research: OSH research priorities have been established, focusing on the impact of ageing, globalisation, new technologies and occupational, work-related diseases and disabilities. There is a need to better disseminate the results of this research and better reflect them in policy-making;
- Public health: Better coordination between policy-makers in this area is needed, in order to build on existing programmes and guidelines and create synergies. Cooperation with key stakeholders (end users, public authorities, industry) is needed through the Joint Action on mental health and well-being and within the European innovation partnership on active and healthy ageing³⁹. This will improve the conditions for uptake of innovation and investment in innovation;
- Environment: Efforts should be made to increase complementarity and coherence between environmental policy and workers' protection, since the workplace can be considered a micro-environment where similar exposure to hazardous substances can occur, although at levels and with specific determinants;
- Industrial policy: Simple solutions, such as guidance on avoiding accidents or indicating exposure to vibration, can help SMEs to implement OSH in a more cost-effective way, as they would not need to hire OHS experts to carry out assessments. Efforts should be made to step up coherence and create synergies between industrial policy and workers' protection policy, in particular with regard to chemical substances.
- Equality: OSH policy can contribute to combating discrimination and promoting equal opportunities in EU policies, in particular by promoting the accurate implementation of Directive 2000/78/EC⁴⁰ relating to protection of health and safety at work of people with disabilities and Directive 2006/54/EC⁴¹ prohibiting less favourable treatment of women in the workplace because of pregnancy or maternity.

6. IMPLEMENTATION OF THE OSH STRATEGIC FRAMEWORK

This communication sets out a framework for action, cooperation and exchange of good practice in the field of occupational health and safety in 2014-20 that can be implemented only with the active collaboration of national authorities and social partners. The Commission will therefore hold an open debate with key stakeholders in relevant fora about the views and proposals contained in this communication and will involve them in implementing actions where appropriate. Views received from the EU institutions, social partners, specialised committees such as the ACSH and the SLIC, and EU-OSHA will be of particular importance.

This strategic framework will be reviewed in 2016 in light of the results of the *ex post* evaluation of the EU OSH *acquis* and progress on its implementation.

The Commission will ensure monitoring of the implementation of the strategic framework, making use of existing fora and with the full involvement of the EU institutions and all relevant stakeholders.

³⁹ http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=about.

⁴⁰ Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, OJ L 303, 2.12.2000.

⁴¹ Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation (recast), OJ L 204, 26.7.2006, p. 23.