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**COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN  
PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL  
COMMITTEE AND THE COMMITTEE OF THE REGIONS**

**Improving quality and productivity at work:  
Community strategy 2007-2012 on health and safety at work**

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**Improving quality and productivity at work:  
Community strategy 2007-2012 on health and safety at work**

**(Text with EEA relevance)**

**1. INTRODUCTION**

This communication proposes a strategy for promoting health and safety at work in the European Union from 2007 to 2012. Health and safety at work is now one of the most important and most highly developed aspects of EU policy on employment and social affairs<sup>1</sup>. Thanks to the adoption and application in recent decades of a large body of Community laws, it has been possible to improve working conditions in the EU Member States and make considerable progress in reducing the incidence of work-related accidents and illnesses.

With a view to relaunching the policy on health and safety at work, the European Commission defined a new Community strategy in 2002 for the period 2002-2006. This was based on an overall approach to wellbeing at work which took account of changes in the workplace and the emergence of new risks, especially those of a psychosocial nature.

The report on the evaluation of the Community strategy on health and safety at work 2002-2006<sup>2</sup> concludes by saying that this strategy has relaunched prevention policies at national level, presents coherent and convincing arguments in favour of a partnership to achieve common objectives and obliges interested parties in the prevention field to give strategic consideration to how these objectives might be attained; it has raised public awareness of the importance of health and safety at work by presenting them as integral parts of quality management and as determining features of economic performance and competitiveness.

Under the Lisbon strategy, the Member States have acknowledged the major contribution that guaranteeing quality and productivity at work can play in promoting economic growth and employment. Indeed, the lack of effective protection to ensure health and safety at work can result in absenteeism, in the wake of workplace accidents and occupational illnesses, and can lead to permanent occupational disability. This not only has a considerable human dimension but also has a major negative impact on the economy. The enormous economic costs of problems associated with health and safety at work inhibits economic growth and affects the competitiveness of businesses in the EU. A considerable share of these costs also falls upon social security systems and public finances.

In 2001, the Stockholm European Council undertook to raise the average employment rate in the EU for men and women within the 55-64 age-group to 50% by 2010. In 2002, the Barcelona European Council concluded that "a progressive increase of about five years in the effective average age at which people stop working in the European Union should be sought

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<sup>1</sup> Policy based on Article 137 of the EC Treaty.

<sup>2</sup> The report on the evaluation of the Community strategy on health and safety at work 2002-2006 - SEC(2007) 214.

by 2010". The way in which work is organised today, alongside health and safety in the workplace, can play a major role in helping to achieve this by ensuring wellbeing at work, maximising the ability of individuals to work and preventing early withdrawal from the labour market.

In order to improve the employability of men and women and quality of life in the workplace, progress must also be made with regard to equality between the sexes. Inequality both inside and outside the workplace can have an effect on the health and safety of women at work<sup>3</sup> and thus have an impact on their productivity. However, specific issues concerning the health and safety of men in the workplace also need to be given the attention they deserve.

National and EU policies should help to create working environments and occupational health services which enable workers to play a full and protective part in working life until they reach old age. We should be aiming for a situation in which work enhances a person's health and wellbeing and in which being able to find and retain a job improves the general health of the population. It is therefore important to emphasise the contribution good health at work can make to public health in general. Indeed, the workplace is a context which is particularly conducive to risk prevention measures and health promotion activities.

The Community strategy 2002-2006 has seen a significant fall in the rate of accidents at work. The new strategy for 2007-2012 proposes to step up our ambition and to aim for a 25 % reduction in the total incidence rate of accidents at work by 2012 in EU-27 by improving health and safety protection for workers and as one major contribution to the success of the Growth and Jobs Strategy.

## **2. MAIN CHALLENGES CONCERNING HEALTH AND SAFETY AT WORK**

The innovative approach of the Community strategy 2002-2006 is already bearing fruit. The Member States have made real progress by drawing up strategies and national action programmes which are more focussed. Over the period 2000-2004 (latest data available), the rate of fatal accidents at work in the EU-15 has fallen by 17% while the rate of workplace accidents leading to absences of more than three days has fallen by 20%.<sup>4</sup> These positive trends can be expected to pursue as most recent figures will become available.

In spite of the progress achieved, the latest results of the fourth European survey of working conditions show that many workers in Europe continue to perceive that their jobs pose a threat to their health or safety:

- almost 28% of workers in Europe say that they suffer from non-accidental health problems which are or may be caused or exacerbated by their current or previous job;
- 35% of workers on average feel that their job puts their health at risk.

Moreover, occupational hazards are not being reduced in a uniform way:

- some categories of workers are still overexposed to occupational risks (young workers, workers whose jobs are insecure, older workers and migrant workers);

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<sup>3</sup> "Gender issues in safety and health at work". European Agency for Safety and Health at Work, 2003.

<sup>4</sup> SEC(2007) 214.

- certain types of companies are more vulnerable (SMEs, in particular, have fewer resources to put complex systems of worker protection in place, while some of them tend to be more affected by the negative impact of health and safety problems);
- certain sectors are still particularly dangerous (construction/civil engineering, agriculture, fishing, transport, health care and social services).

A number of challenges in the field of health and safety, which were identified during the previous reporting period, are continuing to grow in importance. These include:

- demographic change and the ageing of the working population;
- new employment trends, including the increase in self-employment, outsourcing and increased employment in SMEs;
- new and larger flows of migrants towards Europe.

The number of women at work is also continuing to increase – a fact which often goes hand in hand with the segregation of the sexes in the workplace. Better account must therefore be taken of those aspects of health and safety which specifically affect women.

Certain types of occupational illnesses becoming more common (musculo-skeletal disorders, infections and illnesses associated with psychological stress). The nature of occupational hazards is changing in tandem with the acceleration of innovation, the emergence of new risk factors (violence at work, including sexual and psychological harassment, and addictions) and the transformation of work patterns (working life is becoming more fragmented). These changes mean that a better understanding of the problem must be acquired by conducting specialised research in order to identify effective prevention measures. Finally, the degree to which Community legislation has actually been implemented differs measurably from one Member State to another.

For the reasons given above, efforts must be continued and stepped up in order to promote health and safety at work during the next five years.

### **3. OBJECTIVES OF THE COMMUNITY STRATEGY 2007-2012**

An ongoing, sustainable and uniform reduction in accidents at work and occupational illnesses continues to be the prime objective of the Community strategy for the period 2007-2012. In the Commission's view, the overall objective during this period should be to reduce by 25% the total incidence rate of accidents at work per 100 000 workers in the EU 27.

In order to achieve this ambitious goal, the following main instruments are proposed:

- guarantee the proper implementation of EU legislation (cf. points 4.1, 4.2);
- support SMEs in the implementation of the legislation in force (cf. point 4.1);
- adapt the legal framework to changes in the workplace and simplify it, particularly in view of SMEs (cf. point 4.3);
- promote the development and implementation of national strategies (cf. point 5);

- encourage changes in the behaviour of workers and encourage their employers to adopt health-focused approaches (cf. point 6);
- finalise the methods for identifying and evaluating new potential risks (cf. point 7);
- improve the tracking of progress (cf. point 8);
- promote health and safety at international level (cf point 9).

#### **4. PUTTING IN PLACE A MODERN AND EFFECTIVE LEGISLATIVE FRAMEWORK**

##### **4.1. Strengthening implementation of Community legislation**

It is essential that the Community *acquis* be implemented effectively in order to protect the lives and health of workers and ensure that the companies operating within the large European market are placed on an equal footing.

In 2004, the Commission adopted its report on the practical implementation of framework Directive 89/391/EEC and its five individual directives<sup>5</sup>. The main conclusions reached in the report confirm that these directives are having a positive impact on levels of protection at national level. However, the report identifies serious shortcomings in the application of Community legislation, particularly in sectors considered to be at risk and for categories of workers who are most vulnerable (young people, workers on fixed-term contracts and low-skilled workers), such as in SMEs and the public sector.

Better compliance with Community legislation will effectively contribute to reduce the number of accidents at work and occupational illnesses. In order to achieve this, the commitment of everyone must be reinforced, at both Community and national level.

In its role as guardian of the Treaties, the Commission will ensure that the Community directives are transposed and implemented effectively. It will assist Member States in this regard, but also exercise the utmost vigilance and launch infringement proceedings where necessary, as it has in fact already done.

The Member States, for their part, are under an obligation to ensure that Community legislation takes full effect. In this context, health and safety in European enterprises are at the heart of the Commission's concerns. There is a need to better respond to the particular circumstances and needs of SMEs, particularly as regards risk assessment and the involvement and training of workers, and to circumstances in traditionally high-risk sectors, such as agriculture, construction and transport.

The national strategies should therefore give priority to implementing a package of instruments which guarantee a high level of compliance with the legislation, in particular in SMEs and high-risk sectors:

- dissemination of good practice at local level;
- training white-collar and blue-collar workers;

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<sup>5</sup> COM(2004) 62, 5.2.2004.

- development of simple tools to facilitate risk assessment;
- distribution of information and guidelines written in simple language which is easy to understand and which are easy to put into practice;
- better dissemination of information and better access to counselling services;
- access to external prevention services which are of a high quality and affordable;
- involvement of labour inspectors as intermediaries to promote better compliance with the legislation in SMEs, primarily through education, persuasion and encouragement, then, where necessary, through coercive measures;
- use of economic incentives at Community level (e.g. via the Structural Funds) and at national level for micro-enterprises and SMEs.

**Through the new PROGRESS programme and in tandem with the Advisory Committee on health and safety at work (ACSH), the Commission will draw up practical guides on the correct application of Directives 92/57/EEC (temporary or mobile construction sites)<sup>6</sup>, 2004/40/EC (electromagnetic fields)<sup>7</sup> and 2006/25/EC (optical radiation)<sup>8</sup>. Where appropriate, the guidelines will also take into account the forthcoming new scientific advice of the Scientific Committee on emerging and newly identified health risks.**

**The European Agency for Health and Safety at Work (European Agency) will ensure that its efforts to raise awareness and promote and disseminate best practice focus to a greater degree on high-risk sectors and SMEs.**

**The ACSH will continue its work not only to identify the areas for which guides to good practice are necessary and but also to make them easier for SMEs to understand.**

More problems are being encountered in practice when trying to apply health and safety legislation to sub-contracting, where each employer tends to limit preventive measures to its own workers. These situations, which are becoming more common, need to be given special attention, at both national and Community level.

**The Commission will work with the ACSH to examine ways in which employers can work together when several levels of sub-contracting coexist at the same workplace; they will also explore the need for recommendations.**

The implementation of Article 7 of framework Directive 89/391/EEC reveals considerable disparities with regard to the quality, coverage and accessibility of prevention services. This may be caused by the different ways in which the Member States define the skills and aptitudes required as well as by excessive outsourcing of prevention activities.

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<sup>6</sup> OJ L 245, 26.8.1992, p. 6.

<sup>7</sup> OJ L 159, 30.4.2004, p. 1.

<sup>8</sup> OJ L 114, 27.4.2006, p. 38.

After evaluating the situation at European level, the Commission will investigate whether a recommendation needs to be made which invites the Member States to take steps to facilitate access to good quality prevention services, where the requisite expertise is not available within the company; this is of particular relevance to SMEs.

#### **4.2. Reinforcing cooperation in efforts to monitor the application of the legislation**

It is essential that national legislation transposing the Community *acquis* on health and safety at work be applied effectively and in a uniform manner in order to guarantee comparable levels of protection in all the Member States. The Commission will continue to promote the work of the Senior Labour Inspectors' Committee (SLIC) at Community level with a view to improving the effectiveness of control and monitoring of the application of the legislation, facilitate cooperation between labour inspectorates and step up joint action with regard to specific sectors or risks.

**The SLIC is invited to:**

- **examine the reasons for the different incidence rates of occupational accidents in the Member States and discuss their experience of innovative solutions which have proved effective;**
- **do more, when assessing the impact of the REACH Regulation, to examine the role of labour inspectorates and develop synergies in cooperation with other inspection bodies responsible for market surveillance and environmental policy;**
- **do more to develop methods of exchanging information on the problems of applying the legislation which allow the problems to be addressed jointly;**
- **strengthen cooperation with the ACSH, particularly with regard to preparing legislative initiatives and evaluating the implementation of directives.**

*At national level*, appropriate steps should be taken to enable labour inspectorates to ensure that those concerned meet their obligations and are able to exercise their rights, including carrying out checks which result in the imposition of dissuasive and proportionate penalties and prosecution for failure to abide by health and safety rules. The new challenges, including migratory flows, justify checks being carried out in a more targeted manner and the knowledge of inspectors being improved.

#### **4.3. Simplifying the legislative framework and adapting to change**

The Commission will seek to ensure that the legislative framework is adapted to take into account the state of the art and changes in the workplace, while abiding by the principle that legislation should be coherent, simple and effective and honouring the Community's objective of reducing the administrative burden on companies.

**The Commission will:**

- **continue its work, through the ongoing consultations with the social partners, to find ways of improving risk prevention with regard to musculo-skeletal disorders, carcinogens and needlestick infections;**
- **adopt a third list of indicative values for chemical agents;**
- **report on the evaluation of the implementation of Directives 92/57/EEC (temporary or mobile construction sites), 92/58/EEC (safety and/or health signs at work)<sup>9</sup>, 92/91/EEC (extracting industries through drilling)<sup>10</sup>, 92/104/EEC (surface and underground mineral-extracting industries)<sup>11</sup>, 92/29/EEC (medical treatment on board vessels)<sup>12</sup> and 93/103/EC (fishing vessels)<sup>13</sup>;**
- **evaluate the measures taken in response to the recommendations concerning self-employed workers<sup>14</sup> and the European schedule of occupational diseases<sup>15</sup>.**

Evaluating and simplifying the administrative and institutional regulatory framework will remain key priorities for the Commission, in accordance with the principles laid out in its communications "Better Regulation for Growth and Jobs in the European Union"<sup>16</sup> and "Implementing the Community Lisbon programme: A strategy for the simplification of the regulatory environment"<sup>17</sup>.

**The Commission will:**

- **continue the work to codify the "health and safety" directives, examining the possibilities to simplify the legislation in order to reduce unnecessary administrative charges without compromising the achievement of the objectives announced in this Communication;**
- **propose an amendment to the decision establishing the SLIC with a view to reducing the number of its members and improving the way in which it works;**
- **encourage the establishment of a common methodology for evaluating the directives on health and safety at work in light of the forthcoming directive on simplifying and rationalising the reports on practical implementation<sup>18</sup>.**

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<sup>9</sup> OJ L 245, 26.8.1992, p. 23.

<sup>10</sup> OJ L 348, 28.11.1992, p. 9.

<sup>11</sup> OJ L 404, 31.12.1992, p. 10.

<sup>12</sup> OJ L 113, 30.4.1992, p. 19.

<sup>13</sup> OJ L 307, 13.12.1993.

<sup>14</sup> OJ L 53 28.2.2003, p. 45.

<sup>15</sup> OJ L 238, 25.9.2003, p. 28.

<sup>16</sup> COM(2005) 97, 16.3.2005.

<sup>17</sup> COM(2005) 535, 25.10.2005.

<sup>18</sup> COM(2006) 390, 14.7.2006.



*At national level*, any attempt to bring about a tangible simplification of the situation for companies must result in an improvement and simplification of the national framework without reducing the levels of protection already in place. The Commission has already proposed that efforts to improve the legislation by simplifying it be included in the national "Lisbon" programmes and recommends that the Member States report on the activities in which they are already engaged and those which are planned.

## **5. ENCOURAGE THE DEVELOPMENT AND IMPLEMENTATION OF NATIONAL STRATEGIES**

The degree to which the Community strategy is successful will depend on the Member States being committed to adopting coherent national strategies which establish quantitative objectives for reducing the incidence of occupational accidents and illnesses, target sectors and companies which have the worst track record and focus on the most common risks and the most vulnerable workers. These strategies should be defined on the basis of a detailed evaluation of the national situation, with the active participation and consultation of all interested parties, including the social partners.

**The ACSH will be an ideal forum for the tripartite exchange of information on the content of the national strategies, their objectives, the action undertaken, the way in which they relate to Community strategy and the monitoring of the progress achieved. The ACSH will also exchange experience and good practice and seek to ensure that the national strategies are formulated in a coherent manner and provide the same level of protection throughout the EU.**

The national strategies need to cover four areas in particular:

### **5.1. Improving the preventive effectiveness of health surveillance**

Working conditions which have an adverse impact on health can have long-term effects and cause late-onset occupational illnesses and health problems, even after more than 20 years of exposure, as in the case of asbestos. The surveillance of workers' health is a major tool in the efforts to prevent such problems.

**The Commission is encouraging the Member States and the business sector to implement systematic procedures to gather and analyse the data drawn from the health surveillance of workers in order to improve prevention while avoiding inflating the formal requirements to which companies are subject. The national health care systems should play a more active role by, for example, organising campaigns to raise doctors' awareness of their patients' medical history and working conditions.**

## 5.2. Taking action to promote the rehabilitation and reintegration of workers

Every year, more than 350 000 workers are forced to change jobs following an accident, 300 000 suffer permanent disability to differing degrees and 15 000 are excluded from the labour market for good<sup>19</sup>.

**The Member States are encouraged to incorporate into their national strategies specific measures (financial assistance, training tailored to individual needs, etc.) to improve the rehabilitation and reintegration of workers excluded from the workplace for a long period of time because of an accident at work, an occupational illness or a disability.**

## 5.3. Dealing with social and demographic change

The challenges arising from demographic change in the EU are highlighted in the Commission communication "The demographic future of Europe – from challenge to opportunity"<sup>20</sup>. Policy on health and safety at work can help to meet these challenges, largely by tailoring the workplace more effectively to individual needs and by applying reliable ergonomic principles more effectively to the way in which workplaces are designed and work is organised.

Although it is true that the needs of an ageing working population in Europe need to be met, the situation of younger workers must not be neglected, especially that of young people who are particularly vulnerable to workplace-related risks. Disregarding this aspect would have the effect of shifting the risk to younger age-groups and paving the way for future problems.

**The European Agency is invited to draw up, through its risk observatory, a report examining the specific challenges in terms of health and safety posed by the more extensive integration of women, immigrant workers and younger and older workers into the labour market. It will help to pinpoint and monitor trends and new risks and identify measures which are essential.**

## 5.4. Strengthening policy coherence

In order to be effective, efforts to protect and promote the health and safety of workers in Europe call for the effective coordination, at Community and national levels, of policy on health and safety at work with the other policies which are likely to have an impact on this area. Steps should therefore be taken to exploit synergies and seek to ensure the coherence of the following policy areas in particular:

- public health,
- regional development and social cohesion,
- public procurement,
- employment and restructuring.

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<sup>19</sup> Eurostat – Labour Force Survey 1999 module Ad-Hoc "Accidents at work and work-related health problems" – Published in "Panorama of the European Union : work and health in the EU, A statistical portrait".

<sup>20</sup> COM(2006) 571.

**The Commission will ensure that initiatives concerning health and safety at work are developed in a manner consistent with public health policies which aim to prevent ill health and prolong a healthy working life. In particular, the implementation of the present strategy will take account of the results of the consultation launched in 2007 by the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level", as well as the results of the consultation which was completed in May 2006 on "Promoting the Mental Health of the Population. Towards a strategy for mental health for the EU".**

**Through the interdepartmental working party on health and safety at work, the Commission will seek to ensure that when initiatives are launched in other policy areas, account is taken of how they will affect the protection of health and safety in the workplace.**

**In particular, the Commission will explore the ways in which the Community's various programmes and funds can be used to help improve the protection of health and safety for workers.**

## **6. PROMOTING CHANGES IN BEHAVIOUR**

Legislation can bring about changes in behavioural patterns. A strategy aimed at promoting a preventive culture must address all parts of society and go beyond the workplace and the working population. It should help create a general culture that values health and risk prevention.

### **6.1. Integrating health and safety into education and training programmes**

The experience gained at national, regional and local level while implementing the strategy for 2002-2006 shows how important it is to develop a risk prevention culture in training programmes at all levels of education and in all fields, including vocational training and university education. Primary education plays an important role, since basic preventive reflexes are developed during childhood.

Special attention should also be paid to the training of young entrepreneurs in occupational health and safety management and to training for workers to make them aware of the risks in the company and how to prevent and combat them. This is particularly important for SMEs and migrant workers.

The European Social Fund plays a crucial role here in supporting Member States's initiatives to develop a preventive culture in the field of health and safety at work.

**The European Agency will be requested to review the extent to which health and safety aspects have been incorporated into Member States' vocational and occupational training policies. On the basis of this information and the opinion of the Advisory Committee on Safety, Hygiene and Health Protection at Work, the Commission will consider whether or not to present a proposal for a recommendation.**

**The Member States are called on to make wider use of the possibility offered by the European Social Fund and other Community funds of developing training projects in the field of health and safety at work for employers and workers.**

## **6.2. Healthier and safer workplaces: improving health and promoting awareness within companies**

Companies which invest in active prevention policies to protect the health of their workers obtain tangible results: reduction in costs arising from absenteeism, reduction in staff turnover, greater customer satisfaction, increased motivation, improved quality and enhanced company image. These positive effects can be reinforced by encouraging workers who work in a healthy environment to adopt lifestyles which improve their general state of health.

**The Commission encourages the Member States to make provision in their national strategies for specific initiatives enabling enterprises, in particular SMEs, to be given technical assistance and advice concerning the promotion of workers' health.**

**The Commission requests the European Agency to collect and disseminate information intended to support the development of occupational health promotion campaigns, in combination with the strategy and Community public health programmes.**

**The Commission requests the European Foundation for the Improvement of Living and Working Conditions to examine the real effects of these campaigns.**

Changing people's attitudes to health and safety issues at work involves, among other things, raising the awareness of those involved in companies and ensuring that the rules relating to the information, training and participation of workers are applied fully and effectively, enabling them to acquire adequate professional knowledge, develop preventive reflexes and perform their tasks safely.

The development of awareness may also be reinforced, particularly in SMEs, by providing direct or indirect economic incentives for prevention measures. Such incentives could include a possible reduction in social contributions or insurance premiums depending on the investment made in improving the working environment and/or reducing accidents; economic aid for the introduction of health and safety management schemes; introduction of health and safety requirements into procedures for the award of public contracts.

**The European Agency will be called upon to develop sectoral awareness-raising campaigns targeted in particular at SMEs, and to promote the management of health and safety at work in enterprises through the exchange of experience and good practices aimed at specific sectors.**

**The social partners are invited to draw up initiatives in the context of the sectoral social dialogue and to ensure that workers' representatives are given a greater coordinating role in the systematic management of occupational risks.**

## 7. CONFRONTING NEW AND INCREASING RISKS

### 7.1. Identification of new risks

Research, both basic and applied, is crucial to improve knowledge about health and safety at work, to describe situations of exposure, to identify causes and effects and to design preventive solutions and innovative technologies. Scientific research provides arguments and evidence upon which policy decisions must be based.

Research priorities should include psychosocial issues, musculoskeletal disorders, dangerous substances, knowledge of reproductive risks, occupational health and safety management, risks associated with several cross-factors (e.g. work organisation and workplace design issues, ergonomics, combined exposure to physical and chemical agents) and potential risks associated with nanotechnologies.

At Community level, efforts will continue to be stepped up, inter alia, under the seventh framework programme for research, supported by the technology platform for occupational safety and environmental safety which published its strategic agenda for research in 2006. Several issues have already been identified for future calls for proposals in several fields – health, nanosciences, nanotechnologies, materials and new production technologies, socio-economic sciences and the humanities – under this framework programme: assessment of the economic dimension of occupational health and safety and the exposure of workers to nanoparticles, industrial risk management, protective equipment and structural safety. It should be added that more coordination between national research programmes is necessary. The setting up of national technology platforms may play an important role in this respect.

**The European Agency is called upon to encourage national health and safety research institutes to set joint priorities, exchange results and include occupational health and safety requirements in research programmes.**

**The Risk Observatory of the European Agency should enhance risk anticipation to include risks associated with new technologies, biological hazards, complex human-machine interfaces and the impact of demographic trends.**

**The Commission encourages Member States and the social partners to promote the practical, rapid implementation of the results of basic research by making simple preventive instruments available to enterprises and in particular to SMEs.**

### 7.2. Promotion of mental health at the workplace

At the present time, problems associated with poor mental health constitute the fourth most frequent cause of incapacity for work. The WHO estimates that depression will be the main cause of incapacity by 2020. The workplace can be an appropriate place in which to prevent psychological problems and promote better mental health.

**The Commission encourages Member States to incorporate into their national strategies specific initiatives aimed at preventing mental health problems and promoting mental health more effectively, in combination with Community initiatives on the subject, including the employment of persons with a mental disability.**

**The Commission stresses the importance of negotiations between the social partners on preventing violence and harassment at the workplace and encourages them to draw conclusions from the assessment of the implementation of the European framework agreement on work-related stress.**

## **8. ASSESSMENT OF PROGRESS MADE**

It is necessary to develop new instruments to measure the progress achieved and the efforts made by all the players at both national and European level, in order to ensure that adequate follow-up is given to the implementation of this strategy.

**In the context of the Community statistical programme, the Commission adopted a proposal for a European Parliament and Council Regulation aimed, inter alia, at consolidating the ESAW<sup>21</sup> and EODS<sup>22</sup> methods and ensuring that this administrative data was systematically transmitted to the Commission by the Member States. The Commission will also step up the collection of occupational health and safety statistics in population surveys.**

**The Commission will develop, in cooperation with the Advisory Committee on Safety, Hygiene and Health Protection at Work, a common system for the collection and exchange of information on the content of national strategies, the assessment of the implementation of the set objectives and the effectiveness of national prevention structures and the efforts deployed. It will promote the development of qualitative indicators to enhance the data provided by European statistics and opinion surveys on health and safety at work.**

## **9. PROMOTION OF HEALTH AND SAFETY AT INTERNATIONAL LEVEL**

In an increasingly globalised economy, it is in the EU's interest to raise labour standards throughout the world by taking multilateral action in cooperation with the competent international bodies, and bilateral action in its relations with third countries. It must also help the candidate countries prepare for implementation of the acquis. Against this background, the EU should promote the preventive principles set out in its policy on safety and health at work by:

- strengthening its cooperation with ILO, WHO and other international organisations for the establishment of higher levels of protection globally,
- working together with other nations to promote implementation of the Global Strategy on Occupational Safety and Health, adopted by ILO in 2003, and ratification of the Promotional Framework for Occupational Safety and Health Convention adopted in 2006,
- stimulating the ratification of ILO Conventions by the Member States,

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<sup>21</sup> European statistics of accidents of work.

<sup>22</sup> European occupational diseases statistics.

- working with third countries and international organisations to obtain a global ban on the production, marketing and use of asbestos or products containing asbestos, and promoting health and safety at work in general,
- enhancing the collection of data on accidents through reporting requirements of serious accidents, thus improving the comparability of such data,
- strengthening cooperation with developed economies such as the United States, Canada, Australia and Japan and with emerging economies such as China and India,
- assisting the candidate countries in their efforts to implement the acquis on health and safety at work.

## **10. CONCLUSIONS**

For both economic and human reasons, health and safety at work deserve to be given a prominent place on the Community's policy agenda.

The commitment to increase employment and productivity through greater competitiveness, which is central to the Lisbon strategy, requires an additional effort from all those involved to improve the EU's performance in the field of occupational health and safety. Occupational health and safety plays a vital role in increasing the competitiveness and productivity of enterprises and contributing to the sustainability of social protection systems because it results in reduced costs for occupational accidents, incidents and diseases and enhances worker motivation. Occupational accidents and diseases represent an enormous financial burden for public and private social protection systems and require an integrated, coordinated and strategic response, as well as cooperation between the main parties involved in the European Union with regard to the development of Community and national policies. The Commission, acting in cooperation with the other parties involved, will give details and the exact schedule of specific measures to be undertaken at Community level in the Social Agenda scoreboard; these will complement the measures which the Member States promise to implement.

The Commission aims with this Communication to encourage all the parties involved to make a concerted effort to reduce the high cost of occupational accidents and diseases and to make well-being at work a tangible reality for European citizens, one concrete step in developing the Citizens' Agenda adopted on May 10, 2005.