



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

Joint comments of the

***European Social Insurance Platform (ESIP) and the
European Forum of the insurance against accidents
at work and occupational diseases***

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About the *European Social Insurance Platform* (ESIP)

The *European Social Insurance Platform* (ESIP) represents over 40 national statutory social insurance organisations (covering approximately 240 million citizens) in 15 EU Member States and Switzerland, active in the field of health insurance, pensions, occupational disease and accident insurance, disability and rehabilitation, family benefits and unemployment insurance. The aims of ESIP and its members are to preserve high profile social security for Europe, to reinforce solidarity-based social insurance systems and to maintain European social protection quality. ESIP builds strategic alliances for developing common positions to influence the European debate and is a consultation forum for the European institutions and other multinational bodies active in the field of social security.

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About the European Forum

The European Forum of the insurance against accidents at work and occupational diseases was founded in 1992.

Its aim is to promote and safeguard the principle of such a specific insurance; moreover, it monitors actively the process of convergence between the systems in place in Europe.

The European Forum commits itself to actively improving the situation of workers in Europe who have suffered an accident or an occupational disease therefore is playing a significant part in creating a socially just Europe for the future.

The European Forum aims to promote the exchange of information and experiences among member organizations which often face the same problems in terms of insurance, prevention or rehabilitation.

Today, the European Forum has members from 19 countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Latvia, Lithuania, Luxembourg, Norway, Poland, Portugal, Romania, Russia, Spain, Sweden and Switzerland.

The Presidency of the European Forum rotates between member countries every year.

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Executive Summary

1. General comments on the content of the strategy

- **Social insurers welcome the focus on SMEs** and propose their support to improve health and Safety at work and workplace health promotion, beyond the sole compliance with their legal obligations. However **they insist on the importance of not lowering their legal requirements, in the interest of all European workers.**
- The forward-looking orientation on new risks as well as the demographic issues are also welcomed, but **more attention should be paid to musculoskeletal disorders and psychosocial risks.**
- We welcome the idea of the European Commission **to promote rehabilitation and reintegration measures in particular with regards to disabled and older workers**

However, we regret that the strategic framework does not mention:

- **The important role of social and accident insurers** in the improvement of health and safety at work in Europe
- The need to develop a **holistic prevention culture** among companies in Europe
- **The growing influence of digitalisation at work**
- **The use of collaborating robots** (direct human robot interaction)
- The **development of tools to measure the effectiveness of prevention actions** in workplaces

In addition, ESIP and the European Forum point to:

- The possible **synergies of health and accident insurers with other social security institutions**
- The importance of **preserving the highest European standards**

2. The role of Social insurers in improving health and safety at work

Depending on the system in their countries, Social insurers play an important role in health and safety at work. In this context they have activities in the field of:

- **Insurance for workers against occupational hazards**
- **Prevention, control of OSH and health promotion**
- **rehabilitation**
- **Data provision on health and safety at work and occupational injuries**

3. The added value of Social insurers' expertise to the European level

We would like to stress the active involvement of social and accident insurers in the exchange of good practice and mutual learning and offers its support and expertise to the international dialogue and cooperation foreseen in the EC strategic framework.

Introduction

We welcome the adoption of the new **EU Strategic Framework on Health and Safety at Work 2014-2020** as well as the conclusions adopted by the Council on 27 February 2015. Employment in a good working environment is not only beneficial for the employees but also for employers and insurers. For individuals the risk to suffer from an accident at work or an occupational disease must be reduced and there should be a focus on staying longer in working life. We welcome that the Framework refers to the study of the International Social Security Association (ISSA) on the Return on Prevention¹ that shows that there is an impact for employees to invest in prevention. Indeed, successful prevention, comprehensive rehabilitation and return to work strategies are from the perspective of social insurance providers also the best investment to avoid accidents and occupational diseases. Against this background, the members of the ESIP and the European Forum would like to underline the importance of occupational safety and health (OSH) at work and workplace health promotion for:

- **Growth and competitiveness:** healthier workplaces contribute to less absenteeism and staff turnover, improving **productivity** and health within companies. In addition, a company with lower rates of accidents and diseases pays fewer contributions to its accident insurance².
- **Improving health in Europe:** safer and healthier workplaces contribute to increase the number of healthy life years as well as to improve the quality of life of citizens.
- **Contributing to the sustainability of social insurance systems:** the reduction of work-related accidents and diseases leads to less in patient treatment and further medical and rehabilitation expenses.

Social insurers play a critical role in the improvement of OSH. Yet, they are not consulted for the realization of the EU strategies on OSH, nor are they mentioned in these documents. Therefore we think it could be useful to **share some comments about the content of the new Strategic framework and inform the EU institutions and stakeholders on the involvement of social insurers and their added value in the field of OSH.**

1. Comments regarding the content of the strategic framework

We welcome the particular focus on the situation of SMEs and micro-enterprises and acknowledge the difficulties they may face in complying with OSH requirements. However, maintaining those requirements at a high level, including for SMEs, is critical in order to ensure a wide protection against occupational hazards and diseases as well and good working conditions for all European workers. In addition, according to a study realized by Eurofound, *“Greater research [...] seems appropriate in the context of the debate about lifting the administrative burden for SMEs. The interviews with employers and social partner organisations show that the existing regulations, including regulations on OSH, are not regarded as a particular burden”*³.

Nevertheless, **social insurers have a role in helping small companies to comply with their obligations and, beyond, adopt a prevention approach** and improve their occupational risks management through the implementation of a systematic risk prevention programme based on risk assessment. For instance in many countries, small companies can

¹ www.issa.int/ROP

² In France, more than 11 billion euros were paid by companies of the general scheme to their accident insurance in 2013: Assurance maladie – risques professionnels, *Rapport de gestion 2013*, p. 6.

³ Eurofound (2014), *Social Dialogue in Micro and Small Companies*, Dublin.

receive funding from their compulsory health or accident insurance to help them to implement prevention activities, technical support to realize their risk assessment document as well as free training, guidance and counselling (see below).

The **forward-looking orientation on new risks as well as the demographic issues are also welcomed** by the ESIP and European Forum members.

In this area, however, more concrete priorities should be formulated, based on the findings of the European Occupational Safety and Health Agency (EU-OSHA). This would help to conceive precise and targeted measures.

In addition, regarding the priority challenges faced by social insurers, the strategic framework should further stress the importance **of work-related musculoskeletal disorders**, which “are the most common work-related health problems in the EU-27 [with] 25% of European workers [complaining] of backache and 23% of muscular pains”⁴. They also are one of the top priorities to be tackled by social insurers in the area of health and safety at work.

More emphasis should also be put on **psychosocial risks**, as for instance “in Europe 25% of workers say they experience work-related stress for all or most of their working time”, according to a report from the Occupational Safety and Health Agency (EU-OSHA) and the European Foundation for the Improvement of Living and Working Conditions (Eurofound)⁵.

Moreover, ESIP and the European Forum stress the importance of anticipating the ageing of workers. Indeed, a strategy aimed at tackling demographic change and increase healthy life years **should take place at every stages of life, from early childhood to retirement**.

We welcome the idea of the European Commission to **promote rehabilitation and reintegration measures in particular with regards to disabled and older workers** (as mentioned under 4.5. “Address the ageing of the workforce, emerging new risks, prevention of work-related and occupational diseases”). We appreciate that the EU Commission sees the impact of rehabilitation and reintegration measures on safety and health at the workplace.

The UN Convention on the Rights of Persons with Disabilities has been ratified by the EU in 2010. The Social insurance organisations support the Convention and think that the right to work for persons with disabilities should be better implemented. The social security institutions members of ESIP and of the European Forum offer their experience in the fields of rehabilitation and reintegration and would appreciate to enter into a deeper exchange at EU level⁶.

Finally, we would like to point out some important elements that should be mentioned in the OSH strategic framework for 2014-2020 but are currently missing:

- **No reference is made to social and accident insurers despite their critical role in the improvement of OSH**, and in the spreading of a holistic prevention culture among European companies, which contributes to build healthy workplaces.
- **The strategic framework should also emphasize the need to develop a holistic prevention culture**, where safety, health and wellbeing are interrelated. This broad and integrated approach requires the involvement of diverse societal actors including social insurance organisations and it should take place at every stages of life.

⁴ https://osha.europa.eu/en/topics/msds/index_html/facts_html

⁵ Eurofound and EU-OSHA (2014), *Psychosocial risks in Europe: Prevalence and strategies for prevention*, Publications Office of the European Union, Luxembourg.

⁶ See ESIP position on *The Coordination of Activation Measures, a Key Challenge*, 20 October 2014 and ESIP Peer Review on *Activation measures as a key challenge for the social security organisations in Europe*.

- **Reference should be made to the growing influence of digitalisation at work** and its consequences on health and safety at work in order to assess the necessity of prevention measures to address this issue.
- **Reference should be made to the use of direct human robot interaction (collaborating robots)**. Collaborative industrial robots are complex machines which work hand in hand with human beings. In a shared work process, they support and relieve the human operator.
- The development of **tools to measure the effectiveness of prevention actions** in workplaces should be foreseen, in particular of tools to measure the effectiveness of prevention in plants.

Furthermore the following points should be taken into consideration:

- The Commission mentions some possible synergies with other policy areas. In this respect, we would like to mention the **possible synergies of health and accident insurers with other social security schemes** where their activities and competences share similarities (e.g. occupational rehabilitation as benefit from the pension scheme and the accident insurance scheme).
- In the context of the ongoing negotiations regarding the Transatlantic Trade and Investment Partnership, **the importance of preserving the highest European standards** in areas likely to have an impact on OSH should be reaffirmed by the authors of the strategic framework.

2. The role of Social insurers in improving health and safety at work

There is no common policy regarding OSH and workplace health promotion in the EU. Each Member State has a specific organisation based on its culture and its specific needs. However, some general trends and common principles can be observed in the different ESIP and European Forum members' organisations:

2.1. Prevention and health promotion at the workplace

- **Objectives**

The objective of social insurers in the field of prevention of occupational risks and health promotion at the workplace is to further strengthen prevention activities in order to disseminate a **holistic culture of prevention** among European companies. On a long term perspective, this is aimed at reducing accidents at work and occupational diseases to maintain workers at work longer in good health, reducing lost workdays and the overall cost for society. In Germany for instance, the target is "zero occupational accidents and diseases".

The activities of social insurance organisations are based on a comprehensive and collective approach of occupational hazards prevention based on risks management, empowering employers and entrepreneurs to implement a concrete prevention plan in order to adapt the workplace to the worker.

- **Priorities in the field of prevention**

According to the actual needs and the specific national / regional context in each country, European Social insurers have identified some **target and risk priorities** in the area of OSH and workplace health promotion.

A generally shared priority is to increase the focus on small companies and the manufacturing sector.

Regarding the risks, priorities generally are musculoskeletal disorders, psychosocial risks / mental illness, the risk of fall in the construction sector, carcinogenic exposures, etc...

- **Responsibilities**

Across Europe many social insurers are in charge of **preventing occupational hazards and promoting health in the companies**. This broad mandate, generally defined by national laws, may differ according to the countries. Activities may include controls in the companies, the promotion of a holistic prevention approach and other activities encouraging the employers to improve their occupational risks management, including through the implementation of a systematic risk prevention programme based on risk assessment. In most countries, social insurers collaborate with other stakeholders at national or local level (the Ministry of Health, the Ministry of Labour and Pension System, National Agencies, research institutes, etc.).

- **Social insurers' main prevention tools:**

The main prevention tools of social insurers in the field of health and safety at work and health promotion are:

1. On-site visits, diagnosis and advice to the companies (e.g. Austria, Croatia, France, Germany)
2. Awareness raising, information, documentation and training mechanisms for the different stakeholders acting in the field of prevention among or in the companies (e.g. Austria, Croatia, France, Germany, Poland)
3. Positive and negative financial incentives to help implementing prevention measures and improving the working conditions (e.g. France, Germany)
4. Investigation after accidents at the workplace (e.g. Austria, France, Germany)
5. Analysis services for assessment of demand and evaluation (employee surveys, health circles, diagnosis-specific analyses of incapacity to work) (e.g. Germany)
6. Preventive medical check-ups and diagnostic procedures, performed by medical doctors, specialists in occupational medicine (e.g. Croatia, Germany, Poland)
7. Designing tools for the early detection of new and emerging risks (e.g. Germany)
8. Testing and certification of products as well as research in the field of health and safety at work (Austria, Germany, Poland)

Examples of actions

- The "*Hände gut, alles gut!*" (prevention of hand accidents) campaign from AUVA, Austria
- The "*Start!klar – Hautnah an der Schönheit*" Campaign to prevent occupational dermatitis in the hairdressing trade with a focus on apprentices, AUVA - Austria
- Providing risk assessment tools for Employers (e.g. www.eval.at), AUVA - Austria
- Information campaign about Asbestos for small enterprises, AUVAsicher - Austria
- The simplified agricultural financial support - AFSA – for very small companies (up to 50% of the investment or 3000€) from CCMSA, France
- Training for workers suffering from chronic diseases from HZZO, Croatia
- The "Think of me. Love, your back" current campaign from DGUV addressing musculoskeletal disorders, Germany
- Health and fitness in small businesses (*Gesund und fit im Kleinbetrieb*) from DGUV, Germany
- Specific sectorial rules for SME: the DGUV sectorial rule (*B Branchenregel*), Germany
- Co-financing actions aimed at maintaining the ability to work throughout the period of professional activity carried out by the contributor's payers to accident insurance - particularly for micro, small and medium-sized enterprises (up to 90% of the value of the project) from ZUS, Poland
- The "*Travaux en hauteur - Pas droit à l'erreur*" national campaign in France (CNAMTS-DRP, CCMSA, RSI, with the labour Ministry and other organisations)

- Assistance to the 8,000 companies most concerned by MSDs (35% of ODs are MSDs) with a 4-step program, from diagnosis to assessed action plan by CNAMTS-DRP, France
- Action towards building owners in the construction sector, inclusion of occupational health and safety criteria in calls for tenders, CNAMTS-DRP, France
- Assistance to business panels as regards 4 chemical risks: welding in sheet metalworking, diesel engine emissions in vehicle test centres, cars and trucks, perchloroethylene in dry cleaning, styrene in the plastics industry and in the nautical industry, CNAMTS-DRP, France

2.2. Effective rehabilitation of persons with health disorders due to accidents at work or work-related disease:

Many social insurance institutions have a broad experience in the rehabilitation and reintegration of workers suffering from an injury after a work accident or in case of an occupational disease. For social insurers, **early and effective rehabilitation and reintegration have a preventive role** as they are a prerequisite for secure and safe working conditions. This experience is shared with other sectors of social security as for instance, in the pension and unemployment insurance sector at national and European levels.

2.3. Providing accurate data on health and safety at work

In most countries, the collection of data has a legal basis. The information is made public and may be provided to other stakeholders working in the field of health and safety at work (research institutes, observatories, national authorities, Eurostat, OSHA, ISSA, etc.). The collection and the availability of this information are critical to be able to define the policy, the priorities and the actions to be carried out.

2.4. Insuring workers against professional hazards:

Compulsory Health and accident insurances are **solidarity based insurances for workers which protect them against the risks to which they are exposed at work**. Depending on the specific organization responsible in the different European countries, they provide coverage for health care, compensation and rehabilitation in case of injury at work or occupational disease. In some countries, they may also provide occupational medical care, first aid for occupational accidents, post traumatic treatment, etc. In some systems social partners have an important role within health and accident insurance institutions. Where social partners are involved decisions are taken by those. This means in particular in the field of prevention that solutions are tailored to the needs of companies and employees and are based on a common decision.

3. The added value of Social insurers' expertise to the European level

The European social accident at work and occupational disease insurances along with the social health insurances **are actively involved in the exchange of good practice and mutual learning** (through for example conferences and peer reviews) by way of various international platforms such as ESIP, the European Forum of the Insurance against Accidents at Work and Occupational Diseases, the Occupational Safety and Health Agency (OSHA) and the International Social Security Association (ISSA).

We have highlighted here the important role that social security has to play in the field of OSH and health promotion at the workplace. In this context **ESIP and the European Forum offer their support and expertise to the international dialogue and cooperation foreseen in the EC strategic framework.**