



An EU-OSHA perspective on the challenges of preventing work-related accidents and diseases

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Safety and health at work is everyone's concern. It's good for you. It's good for business.

A major challenge

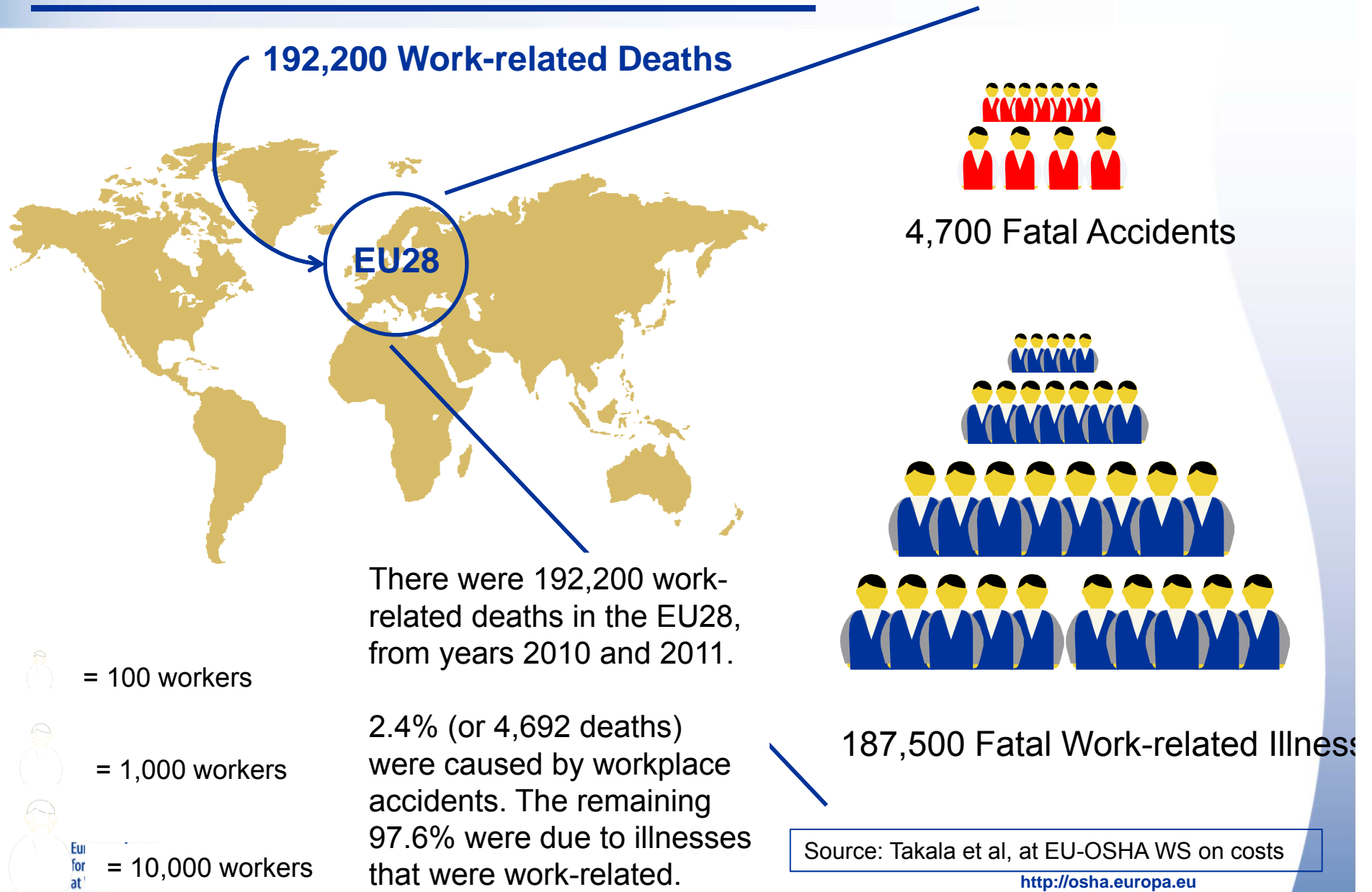
EU OSH Strategic Framework 2014-2020

- The European Commission has adopted a **new Strategic Framework on Health and Safety at Work 2014-2020**:
 - key challenges;
 - strategic objectives;
 - key actions and instruments.
- Framework has been prepared on the basis of:
 - the findings of the evaluation of the previous EU OSH Strategy;
 - the results of a public consultation;
 - the contributions of relevant stakeholders.
- EU continues to **play a leading role in the promotion of high standards for working conditions.**
- One of the major challenge: **to improve the prevention of work-related diseases.**

Member states' policies on work-related diseases

- **2013 European Commission report on occupational diseases' systems**
 - 26 countries have a national list of occupational diseases (out of 29);
 - 13 countries have “complementary clause” (or “open clause”) that is a legal regulation allowing recognition;
 - The UK and Cyprus have two lists, one for compensation and one for prevention.
 - occupational disease lists mainly aid recognition and compensation;
 - **difficulty in fitting multi-cause illnesses** into their existing concept of compensation;
 - overlap between occupational accidents and diseases (e.g. MSDs, suicide).
- **2009 Advisory Committee on OSH scoreboard** structured around six topics, one of them is “work-related health problems and illnesses”.
Only 15 of 27 countries used research results on emerging risks for labour inspection priorities.

Globally, 2.3 Million Deaths caused by Work



Magnitude of non-fatal work-related illnesses and accidents

Eurostat LFS 2007

Main Findings



Accidents at work

- 3.2% of workers in the EU-27 had an accident at work during a one year period, which corresponds to almost 7 million workers.
- Approximately 10% of these accidents were a road traffic accident in the course of work.

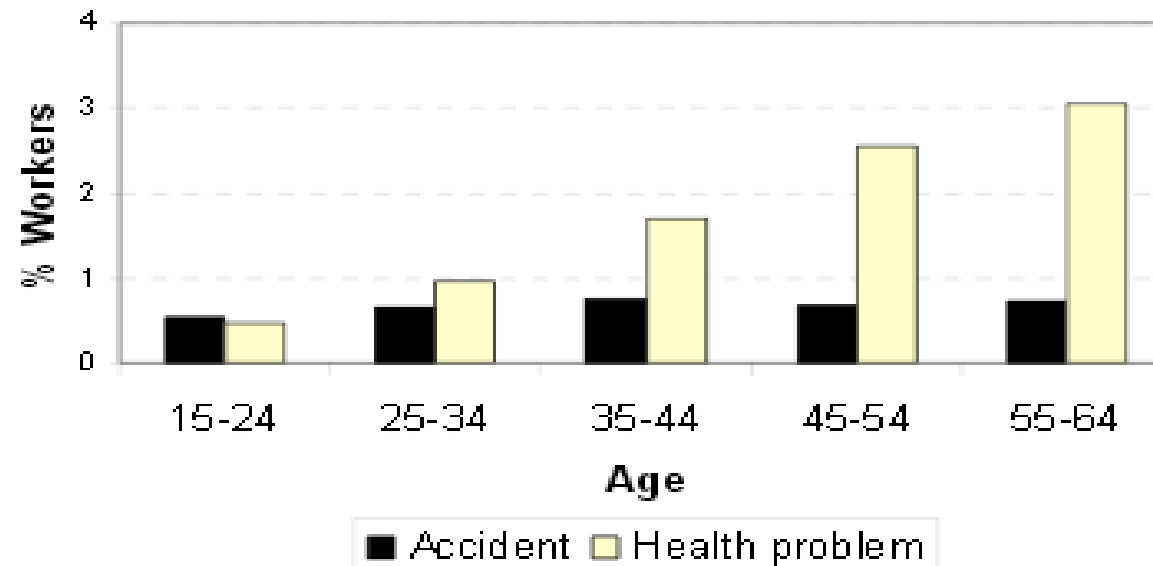
Work-related health problems

- 8.6% of workers in the EU-27 experienced a work-related health problem in the past 12 months, which corresponds to 20 million persons¹.
- Bone joint or muscle problems and stress, anxiety or depression were most prevalent.

Data from the 2007 LFS survey

- 3.8 Million (2.9%) workers off sick for more than one month due to work-related health problems
- 1.4 Million (0.7%) workers off sick for more than one month due to work-related accidents
- Among workers affected by MSDs, longest absences due to lower-limb disorders, currently not recorded

Workers off work at least 1 month due to accidents at work and work-related health problems in the past 12 months

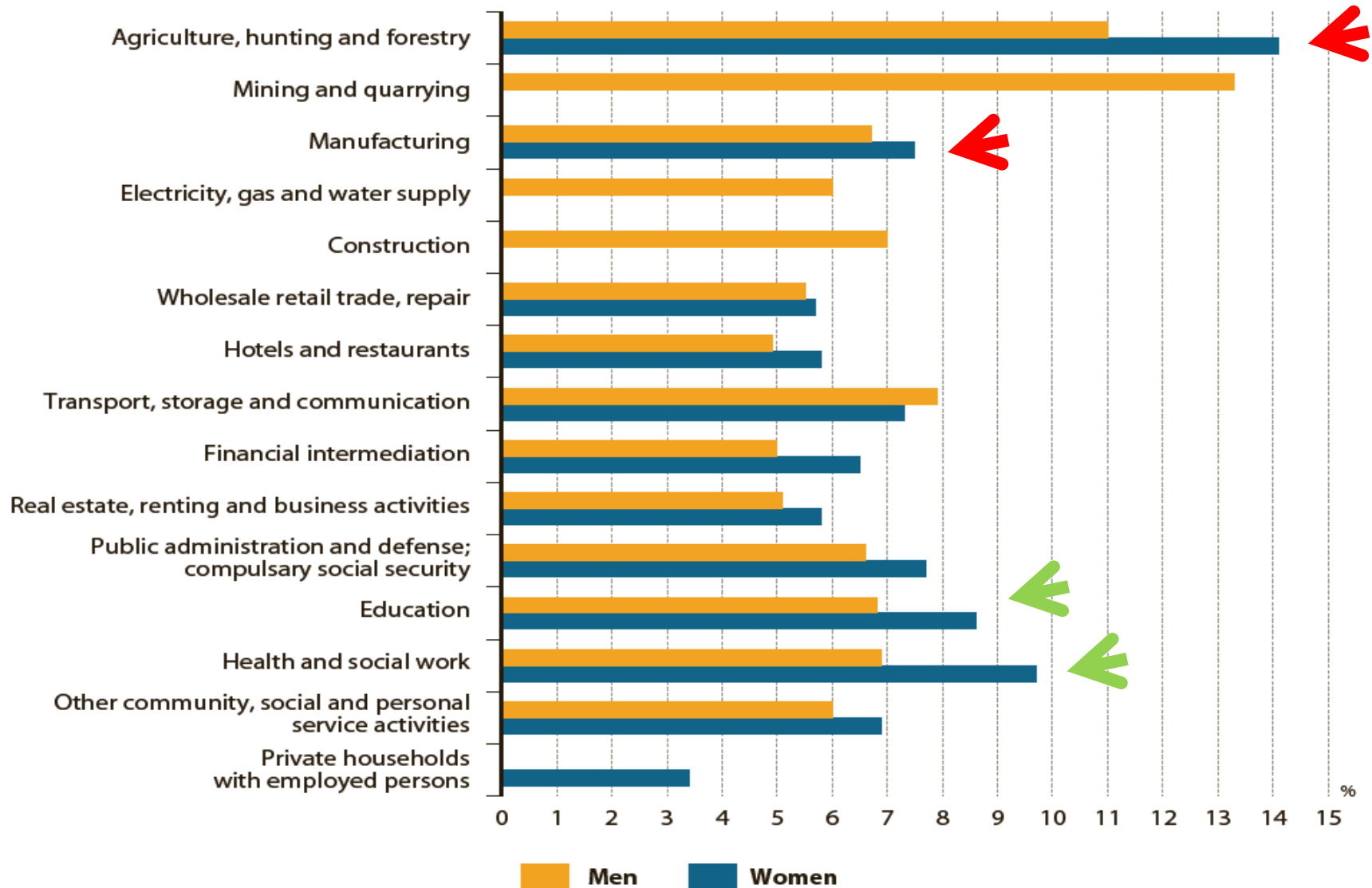


The worker's perspective

Health problems by sector and gender

(Eurostat -LFS ad hoc module 2007)

employed persons with one or more work-related health problems in the past 12 months in different sectors* in the EU 27(%)

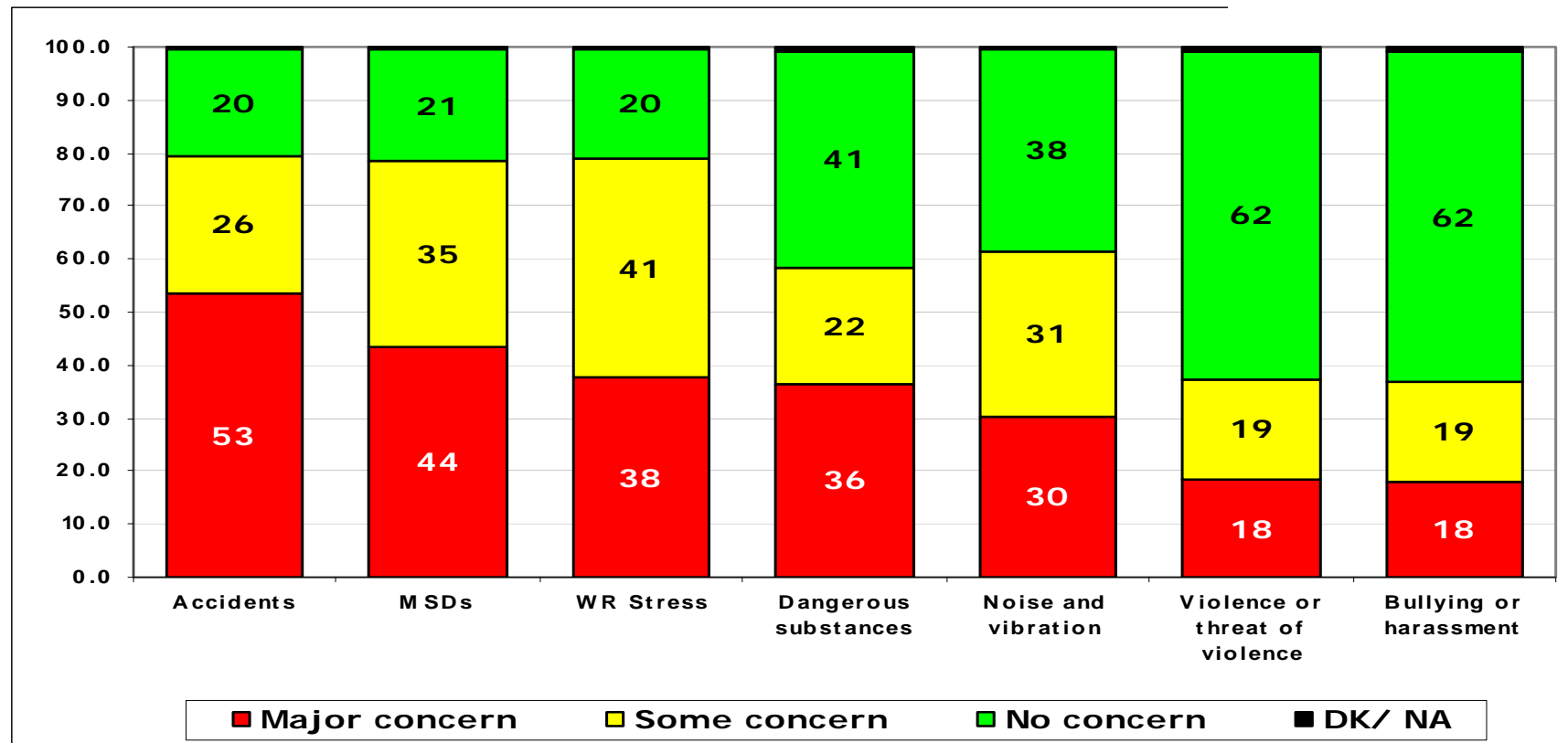


The employer's perspective

"For each of the following issues, please tell me whether it is of major concern, some concern or no concern at all in your establishment"



% establishments, EU27



Costs - diversity of estimates

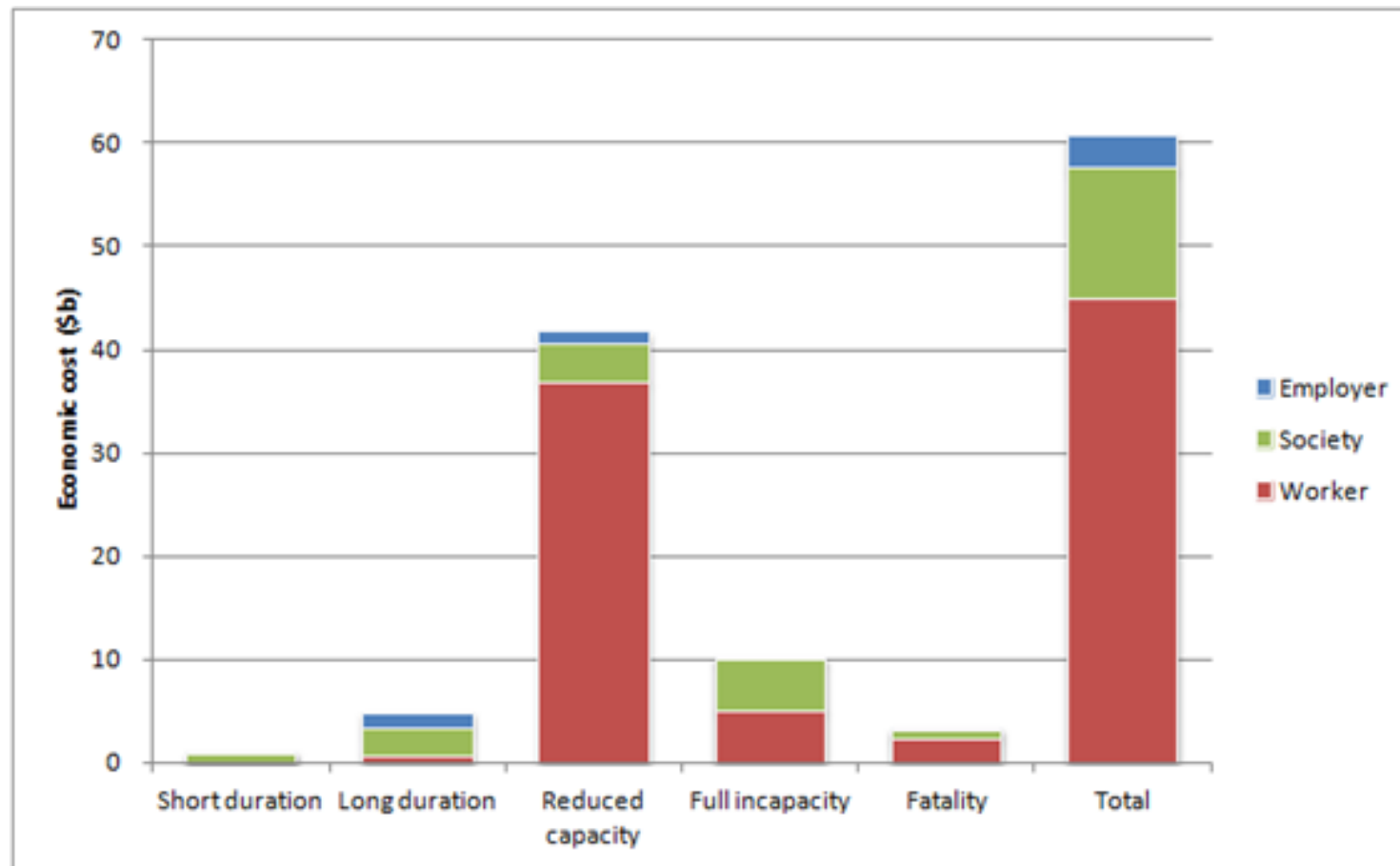
- **ILO: 4% of the world's annual GDP is lost as a consequence of occupational diseases and accidents = €490 billion for EU27**
- **EU-OSHA (1997): range from 2.6% to 3.8% of GDP –variety of cost factors included.**

Country	Estimate % share GDP	Year
Netherlands	3.0	2004
Finland	2.0	2000
Spain	1.7	2004
United Kingdom	1.0	2010
Slovenia	3.5	2000
Australia	4.8	2009
New Zealand	3.4	2006
Germany	3.1	2011
Austria	2.7	2008

The major part of the cost is borne by the workers

Australia, Estimating the cost of work-related injury and illness to the Australian economy

Distribution of total costs (\$b)



Facts and figures – EU-OSHA risk observatory studies addressing the main diseases and health problems

European Agency for Safety and Health at Work
EUROPEAN RISK OBSERVATORY REPORT
EN 6

Skin diseases

Occupational skin diseases and dermal exposure in the European Union (EU-25): policy and practice overview

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Stress

OSH in figures: stress at work — facts and figures

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MSDs

OSH in figures: work-related musculoskeletal disorders in the EU — Facts and figures

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Hearing loss and other noise related health effects

Noise in figures

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A new look at old diseases

- **Building on Agency's work**
 - MSDs, skin diseases, stress-related disorders
- **Risks to reproductive health**
 - Workshop and publication of a report
 - Lack of testing routines, monitoring and epidemiologic studies on some reprotoxic effects (male reprotoxicity; on the offspring e.g. propensity to allergies, hormonal and developmental changes), caused by chemicals, physical and organisational factors
 - prolonged sitting, lack of access to rest and toilet facilities
 - Only few countries have strategies beyond the protection of pregnant workers
 - Support workplace management and awareness-raising
 - Publication of workshop summary
- **Workshop to scope future work on burden of WRD**
- **Carcinogens and work-related cancer**
 - Report + summary to follow-up on 2012 seminar– monitoring methods,

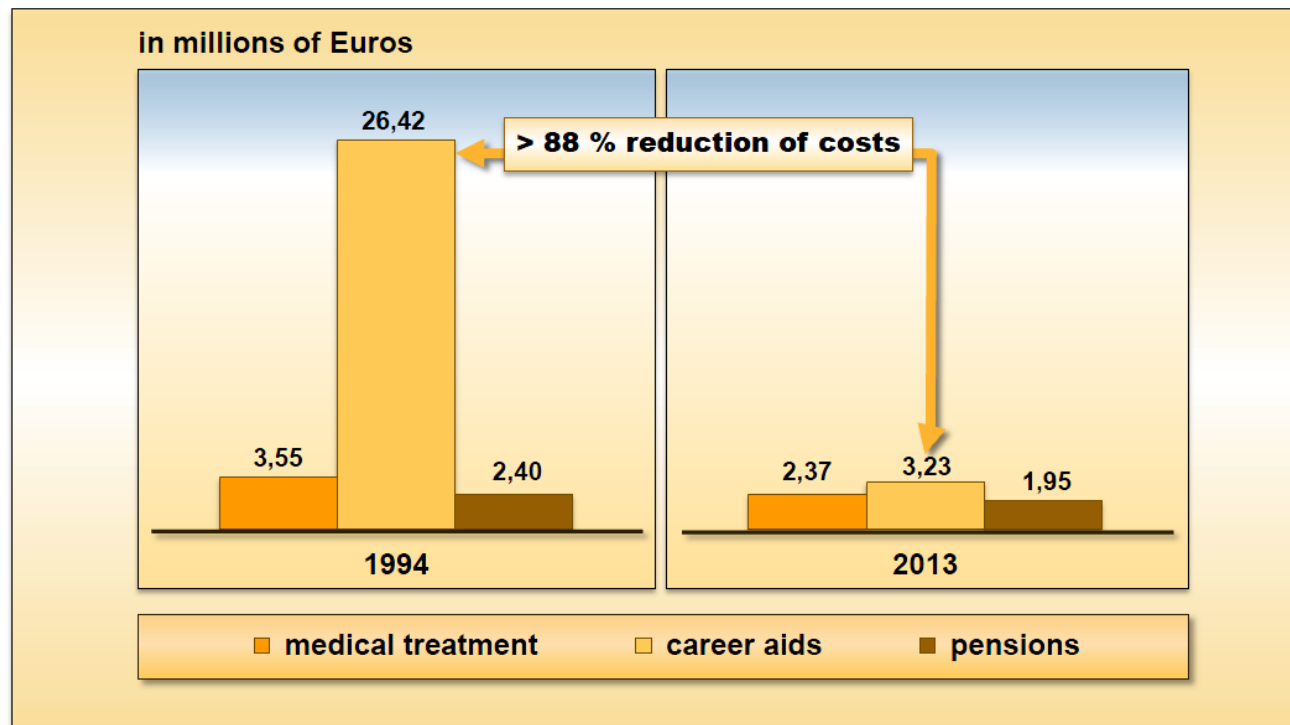
2015 outlook on EU-OSHA work - Current discussion

- **Awareness-raising reproductive risks**
in the Member states
- **Dissemination of carcinogens and cancer report**
- **Methodologies**
 - burden of disease assessment - estimates
 - review on alert and sentinel systems to identify emerging work-related diseases
 - exposure assessment - carcinogens
- **Overview reports - facts and figures**
Review on certain work-related diseases
- **Good practice & guidance**
- **Back to work**
Review on rehabilitation and back-to-work measures for workers affected by cancer

Evidence-based prevention is doable – an example

Germany – BG for hairdressers and other services

- Almost 90% reduction in rehabilitation cost through prevention programme combining training, awareness-raising, technical and organisational measures and skin protection programmes



Reha-Koordination / Statistik Controlling – Friseur-Daten – Seite 15 von 6

What is needed

- **Better awareness**
- **Empowerment of workers**
- **Improving statistical data collection to have better evidence and developing monitoring tools – data on recognised diseases also needed**
- **Information on the benefits of OSH action – long-term evaluation of actions**
- **Targeted prevention supported by:**
 - Systems to identify case studies of health problems and target prevention
 - Evaluation of prevention schemes and campaigns
 - Long-term evaluation of policies, e.g. noise reduction
 - Specific actions for the reduction of health problems, e.g. voice disorders
 - Early assessment of health problems linked to new types of jobs (e.g. green jobs, call centres, home care, etc.)
 - Better use of existing tools: Job-exposure matrices and analysis of disease /death registers
 - Linking occupations to specific health problems and identify causes

Thank you for your attention

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