

International Policy overview: Occupational Safety and Health

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This policy overview is linked to the following topic in the National Public Health Compass [in Dutch] ([National Kompas Volksgezondheid](#)) > [Arbeidsomstandigheden \(Working conditions\)](#).

And to some related topics:

- [Preventie gericht op veiligheid op het werk](#) (prevention aimed at safety at work)
 - [Preventie op de werkplek](#) (health promotion at the workplace)
 - [Beroepsziekten](#) (occupational diseases)
 - [Ziekteverzuim en arbeidsongeschiktheid](#) (work absence and work disability)
 - [Arbeidsongevallen](#) (accidents at work)
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This policy overview is linked to the following European Community Health Indicators (ECHI):

- [31. Injuries: workplace](#)
- [53. Work-related health risks](#)

Currently no data for these indicators are available yet in the European Health indicators database/[data presentation tool](#) at the website of the European Commission.

1a. Summary

More attention for health promotion at the workplace

Prevention of accidents and exposure to hazardous substances at the workplace remain an important object of OSH policies. Recently, however, a major shift of attention in Occupational Safety and Health (OSH) policies has been towards more attention for health promotion at the workplace. There is evidence accumulating that such programs contribute in a cost-effective way to reduced absenteeism and improved health outcomes of participating workers. Much research has been and still is focused on determining the effectiveness and cost-effectiveness of smaller, often specifically disease-oriented interventions in the workplace.

Harmonizing effect of EU legal framework but still large differences in OSH practices

The European Union has had a major influence on the harmonization of OSH practice and policies in its Member States. This mainly by providing and implementing an extensive common legal framework, but also by continuous coordinating action, by implementation of research programs and by supporting relevant agencies and networks. Still, considerable differences exist within the EU regarding the implementation of the ruling EU Framework Directive 391/89/EEC and related directives. Some elaborate studies have concluded, however, that there still is a lack of a common notion of OSH quality within the EU. No common European monitoring system has been implemented for OSH. Especially Small and Medium Enterprises are relevant objects for further research and harmonizing action with regard to their OSH aspects.

WHO and ILO important for world-wide OSH policy making

WHO and ILO are important international organizations for the OSH field, but with emphasis on non-EU countries throughout the world also contributing to harmonization of worker safety, security and health promotion.

National OSH policies in EU countries often not explicit

National OSH strategies and practices in EU member states appear to be quite variable, often not clearly stated and difficult to compare. Not all EU directives have been implemented to a similar extent in all Member States. Often, explicit national OSH policy documents are lacking, with positive exceptions among the Scandinavian countries (e.g. Finland).

Netherlands does well in international comparative research

Earlier comparative research provides the general picture that the Netherlands as well as the Scandinavian countries has taken care of legally embedding OSH and with adequate quality oriented policies. Still, the Netherlands has a lack of adequate data about the prevalence of occupational diseases and accidents.

1b. Samenvatting (summary in Dutch)

Meer aandacht voor gezondheidsbevordering op de werkplek

Preventie van ongevallen en blootstelling aan gevaarlijke stoffen op de werkplek blijven een belangrijk doel van beleid rond arbeid en gezondheid. Recent, echter, valt er een belangrijke verschuiving waar te nemen in het beleid rond 'arbeid, veiligheid en gezondheid' in de richting van meer aandacht voor gezondheidsbevordering op de werkplek. Er is toenemend bewijs dat dergelijke programma's op een kosteneffectieve wijze kunnen bijdragen aan verminderd arbeidsverzuim en een betere gezondheid van de deelnemende werknemers. Veel onderzoek is nog gericht (geweest) op het bepalen van de effectiviteit en kosteneffectiviteit van kleinere, vaak specifiek ziektegerichte, interventies op de werkplek.

Harmoniserend effect EU wetten, maar nog grote verschillen uitvoeringspraktijk

De Europese Unie heeft een belangrijke invloed gehad op het harmoniseren van de praktijk rond arbeid, veiligheid en gezondheid in de lidstaten, vooral door het aangeven en implementeren van een uitgebreid systeem van wetten en regels and door het ondersteunen van agentschappen en netwerken op dit terrein. Toch zijn er nog aanzienlijke verschillen binnen de EU in de wijze waarop het centrale Framework Directive 391/89/EEC geïmplementeerd wordt. Na uitgebreid onderzoek werd geconcludeerd dat er in de EU nog steeds geen sprake is van een gezamenlijk gedragen idee van kwaliteit op het terrein van Arbeid, veiligheid en gezondheid. Er is nog geen gezamenlijk monitoring systeem op dit gebied geïmplementeerd. Speciaal het midden en kleinbedrijf lijkt nog een relevant object van verder onderzoek en harmonisatie op het gebied van arbeid, veiligheid en gezondheid.

WHO and ILO belangrijk voor beleidsontwikkeling rond arbeid en gezondheid in de wereld

De WHO and de ILO zijn belangrijke internationale organisaties in het veld van arbeid en gezondheid, maar dragen vooral bij aan de harmonisatie van veiligheid en gezondheidsbevordering voor arbeiders in de wereld buiten de EU.

Nationaal beleid arbeid en gezondheid vaak niet expliciet in veel EU landen

Nationale strategieën en praktijken rond arbeid en gezondheid in de EU lidstaten lijken erg variabel en vaak niet duidelijk geformuleerd en lastig te vergelijken. Niet alle EU richtlijnen zijn in dezelfde mate in alle lidstaten geïmplementeerd. Vaak ontbreken expliciete nationale beleidsrapporten, met positieve uitzonderingen bij de Scandinavische landen (bijv. Finland).

Nederland scoort goed in eerder vergelijkend onderzoek

Eerder vergelijkend onderzoek geeft het beeld dat in Nederland evenals in de Scandinavische landen de organisatie van arbeid en gezondheid wettelijk goed is ingebed en omgeven is met een adequaat kwaliteitsbeleid. Wel ontbreken voor Nederland goede gegevens over het vóórkomen van beroepsziekten en ongevallen op de werkplek.

2. Definition and scope

Occupational health and safety (OSH) policies cover a cross-disciplinary area that is concerned with protecting the safety, health and welfare of people engaged in work or employment. The first aim of occupational health and safety policies is to foster a safe work environment. As a secondary effect, it may also protect other members of the public who are impacted by the workplace environment.

This policy overview for Occupational Safety and Health aims to give an overview of the international perspective of OSH policy-making, focusing on the roles and influence of the European Union (EU) and its institutions and the World Health Organization (WHO). It also provides some comparative information on policies and effective interventions in EU Member States.

In recent decades the concept of Occupational Safety and Health (OSH) has widened. WHO has stated (WHO, 2006) that *'There is increasing evidence that workers' health is determined not only by the traditional and newly-emerging occupational risks, but also by social inequalities such as employment status, income, gender and race, as well as by health-related behaviour and access to health services. Therefore, further improvement of the health of workers requires a holistic approach, combining occupational health and safety with disease prevention, health promotion and tackling social determinants of health and reaching out to workers' families and communities'*.

So, currently, the OSH concept includes the maintenance of a safe healthy work environment for all, the protection of workers' health and the maintenance of work capacity. In addition, OSH also focuses on increased participation of managers and workers in OSH and workplace development.

2.1. Why is there a need for OSH policies?

Work and workplaces can give rise to accidents, to exposure to hazardous environmental factors (heat, cold, radiation, chemicals, biological entities), stress (social, psychological) or even violence. This can cause many and often different negative health effects, from mortality by diseases, to loss of work ability, work absence and thereby to significant economic and social costs. WHO has reported (WHO, 2007) that workplace fatalities, injuries and illnesses have remained at unacceptably high levels and involve an enormous and unnecessary health burden, suffering and economic loss amounting to 4–5% of GDP. Estimates exist of 2.0 million work-related deaths per year, yet only 10–15% of workers have access to basic occupational health services (WHO, 2007).

Still, prevention of negative health effects is not the only angle by which policy makers currently look at OSH-policies. Given the ongoing ageing of our western societies it will be important to keep our workforce healthy enough to work longer than the current pension age and preferably in good or better health as well. Positive health effects of working and health enhancing possibilities of the worksite therefore become ever more important to promote. As it has become clear that healthy workers will produce more and better and perform better in economical sense as well, it is also important for employers to invest in healthier workers.

2.2. Which OSH-policy related issues will be addressed in this overview?

Major questions to be addressed in this IPO (international policy overview) are: What is the current international context of OSH policy development and implementation? What are the roles and activities of international (WHO) and supranational organizations (EU) in this area? What can be concluded about current national approaches to and 'best practices' in OSH implementation? What is

known about the effectiveness of certain OSH policies and interventions? The latter focuses on health promotion at the workplace.

2.3. Are there relevant subgroups to address?

Policies and measures to improve occupational health and safety address the full range of labor sectors, from agriculture to heavy industry and fisheries and to the transport, building and construction sectors as well as the educational and healthcare sectors, etc. Each of these sectors requires specific interventions as exposure to health risks are generally labor specific, but largely different between sectors. Occasionally, specific groups (young or ageing workers, women, migrant workers or people with disabilities) are considered special priority groups.

Healthy workers are the central group and their workplace is the central setting that is addressed in OSH policies. Still, policy efforts to support sustainable work participation for disabled or handicapped people are relevant as well.

2.4. Limitations related to mapping policies

When describing national OSH policies, one is generally limited to official documents, e.g. laws or national strategy papers and occasional research output. It is therefore often not exactly clear to what extent rules and regulations are being enforced in practice, or to what extent plans and strategies have actually been put into action. This should be taken kept in mind while reading this policy overview.

For this review no new detailed policy comparisons were made and it is therefore mainly based on available reports and publications. An additional limitation comes from the fact that only information available in English and/or Dutch has been used to compile this overview.

The nature of work, workplaces and working conditions changes over time and new work will come with new or altered exposures to chemical, physical, biological, mental and social factors and thereby to altered health risks. Often, therefore, OSH policies have to be adapted to changing working realities or job types. Reviews like this one are therefore shooting at a moving target.

2.5. Geographical scope

This IPO mainly focuses on countries of the European Union, but takes into consideration policy advice, actions and analyses from WHO European Region, WHO World and the ILO.

3. OSH policies: evidence for effective policy measures and interventions

Workplace health promotion and prevention often effective and cost-effective

Available combined evidence (Kreis & Boedeker, 2004) has suggested that health promotion programs show effectiveness and cost-effectiveness with regard to reducing work absenteeism or health expenditure in those participating in the offered programs. For some areas, i.e. smoking reduction, occupational programs can be more effective than community programs. Health promotion programs 'pay off' for companies implementing them. A high participation rate, however, is essential for reaching a substantial impact.

Many studies on effectiveness of specific OSH interventions

Effectiveness is in the international literature most often addressed at the level of specific interventions that aim to prevent a specific 'health risk or problem', i.e. 'workplace interventions for neck pain in workers', or 'workplace interventions for preventing work disability (see: Van Oostrom et al, 2009) or other rather focused interventions. Many of these are combined and reviewed for their overall effectiveness in specialized reviews. An example are the Cochrane Reviews in the area of workplace or occupational health (see: references).

However, methodological constraints are still present in many studies. Research in this area is constantly evolving and innovative methodologies are being developed. Reviews have been made for effectiveness of international OSH research (see: Goetzel & Ozminkowki), some of which are only focusing on publications that concern the OSH situation in the USA (Pelletier, 2009).

European Union focuses on good practice information

Attention for the effectiveness of interventions to improve health and safety at the workplace in this huge field is stimulated at the EU-level by sharing 'good practice' information, for instance via a part of the website of [EU-OSHA \(European Organization for Safety and Health at Work\)](#).

PEROSH (Partnership for European Research in Occupational Safety and Health) has initiated a project entitled 'Clearinghouse of Systematic Reviews on Occupational Health and Safety. The [PEROSH](#) website contains a database, where currently more than 30 reviews are presented on the effectiveness of certain categories of specific interventions.

This research field is huge, however, and could benefit from further investments in coordinated approaches to collect, evaluate, integrate and disseminate evidence on effective interventions.

4. OSH policies in an international perspective

The involvement of the European Union and WHO in the area of OSH policies and existing international legal frameworks and collaborations is discussed below.

4.1. EU policies and strategies for OSH

Within the European Union the improvement of working conditions is and has been for some time a collective concern, prompted by both humanitarian and economic considerations. Creating more jobs and work of better quality is one of the main objectives of the EU social policy. A safe and healthy working environment is an essential element of the quality of work.

Paying attention to the improvement of health and safety of European workers has already started in 1952 under the flag of the predecessor the European Union, the European Coal and Steel Community. Since then a large body of European legislation has been adopted aiming to cover a maximum number of health risks with a minimum number of regulations.

The legal basis for EU action

EU action in the area of health and safety at work has its legal basis in Article 137 of the Treaty of Nice (see Textbox 1). The further development of health and safety at work was initiated by the Framework [Directive 89/391/EEC](#).

Textbox 1: Article 137 treaty of Nice

1. With a view to achieving the objectives of Article 136, the Community shall support and complement the activities of the Member States in the following fields:
 - a) improvement in particular of the working environment to protect workers' health and safety;
 - b) working conditions;
 - c) social security and social protection of workers;
 - d) protection of workers where their employment contract is terminated;
 - e) the information and consultation of workers;
 - f) representation and collective defence of the interests of workers and employers, including co-determination, subject to paragraph 5;
 - g) conditions of employment for third-country nationals legally residing in Community territory;
 - h) the integration of persons excluded from the labour market, without prejudice to Article 150;
 - i) equality between men and women with regard to labour market opportunities and treatment at work;
 - j) the combating of social exclusion;
 - k) the modernisation of social protection systems without prejudice to point (c).

This framework covers all workers in the EU, employed by private companies and public institutions or organizations. Self-employed and domestic servants are not covered by the framework directive.

Directive 89/391/EEC has changed the practical perspective of the protection of the health and safety of workers by introducing an integrated preventive approach and by making ongoing improvement of health and safety conditions at work a requirement. It aims to improve the protection of workers from accidents at work and occupational diseases.

It has introduced several fundamental principles, i.e. employer responsibility, prevention, information, training, consultation and participation of workers.

Framework directive 89/391 is the basis for a large number of "daughter directives" (see Texbox 2).

The EU legislation has led to the rationalisation and simplification of National laws. By introducing the EU directives in their countries several EU Member States have switched from legislation that was often based on remedial principles to a preventive approach which is based on individual behaviour and organizational structures.

Still, several evaluations by the Commission and independent studies (Hämäläinen, 2008) have indicated that the implementation of the OSH framework guidelines and regulations has not been implemented to a similar extent in all Member States. Currently a major issue is harmonizing action on OSH-practice for Small and Medium Enterprises.

Textbox 2: EU Directives related to occupational health and safety

- requirements for working places (Directive 89/654/EEC)
- use of work equipment (Directive 89/655/EEC amended by Directive 2001/45/EC)
- the use of personal protective equipment (Directive 89/656/EEC)
- work with display screen equipment (Directive 90/270/EEC)
- manual handling (Directive 90/269/EEC)
- exposure to carcinogens (Directive 90/394/EEC);
- temporary or mobile construction sites (Directive 92/57/EEC);
- provision of safety and health signs at work (Directive 92/58/EEC);
- pregnant workers (Directive 92/85/EEC);
- mineral-extracting industries (drilling) (Directive 92/91/EEC);
- mineral-extracting industries (Directive 92/104/EEC);
- fishing vessels (Directive 93/103/EC);
- chemical agents (Directive 98/24/EC amended by Directive 2000/39/EC);
- minimum requirements for improving the safety and health protection of workers potentially at risk from explosive atmosphere (Directive 99/92/EC);
- the protection of workers from risks related to exposure to biological agents at work (Directive 2000/54/EC);
- the protection of workers from the risks related to exposure to carcinogens or mutagens at work (Directive 2004/37/EC);
- Four Directives on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents on vibration (Directive 2002/44/EC), noise (Directive 2003/10/EC), electromagnetic fields (Directive 2004/40/EC) and artificial optical radiation (Directive 2006/25/EC).

In addition there is REACH: The European Community Regulation on chemicals and their safe use (EC 1907/2006). It deals with Registration, Evaluation, Authorisation and restriction of Chemical substances. It is important for limiting hazardous exposure in the workplace. The implementation of this law is coordinated by DG Environment.

The EU focus on occupational safety and health is more than legislation

The actions of the EU in this policy area are not limited to drafting legislation, however. The Commission has widened the scope of its activities, in cooperation with the European Agency for health and safety at work ([EU-OSHA](#)) and the European Foundation for the Improvement of Living and Working Conditions ([Eurofound](#)), to also address information, guidance and promotion of a healthy working environment, including particular attention to small and medium-size enterprises.

The EC has developed a strategy on health and safety at work and so outlined the options for further action to make workplaces across Europe safer and healthier (for details see below).

Furthermore, actions in the field of health and safety at work are now supported by a research programme from the Commission, the [PROGRESS programme](#) (2007-2013).

The EU has a Strategy on Health and Safety at Work (2007-2012)

The EU has adopted a strategy for the period 2007-2012, entitled '[Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work](#)'. This strategy aims to achieve a sustained reduction of occupational accidents and diseases in the EU. It sets out a quantitative objective of 25% reduction of accidents at work through a series of actions at European and national levels for the following areas:

- Improving and simplifying existing legislation and enhancing its implementation in practice through non-binding instruments such as exchange of good practices, awareness-raising campaigns and better information and training;
- Defining and implementing national strategies adjusted to the specific context of each Member State. These strategies should target the sectors and companies most affected and fix national targets for reducing occupational accidents and illness;
- Mainstreaming of health and safety at work in other national and European policy areas (education, public health, research) and finding new synergies;
- Better identifying and assessing potential new risks through more research, exchange of knowledge and practical application of results.

EU organizations in the field of Occupational Safety and Health

Textbox 3 gives the main European and international organizations and networks that are active in the OSH area. Below, the activities are discussed of a selection of organizations that are important within the European Union for the area of effectiveness of OSH policies and interventions. The OSH-related activities of WHO and ILO are discussed in Chapter 4.2.

Textbox 3. International organizations, networks and professional associations related to Occupational Safety and Health *

DG EMPL	Directorate General for Employment, Social Affairs and Inclusion
EU-OSHA	European Organisation for Safety and Health at Work
EUROFOUND	European Foundation for the Improvement of Living and Working Conditions
PEROSH	Partnership for European Research in Occupational Safety and Health
ENWHP	European Network for Workplace Health Promotion
ILO	International Labour Organization
WHO	World Health Organization

WHO/CC – World Health Organization Network of collaborating centres in occupational health

ILO/CIS – ILO Network of International Occupational Safety and Health Centres

ENETOSH – European Network Education and Training in Occupational Safety and Health

IOSH – Institute of Occupational Safety and Health

ENSHPO – European Network of Safety and Health Professional Organizations

European Forum of Insurances against accidents at work and occupational diseases

EUROSHNET – European Network for occupational safety and health experts involved in standardization, testing/certification and/or related research

INSHPO - International Network of Safety and Health Practitioner Organizations

IALI – International Association of Labour Inspection

ICOH – International Commission on Occupational Health

IOHA – International Occupational Hygiene Association

ISSA – International Social Security Association

BSN - Baltic Sea Network on Occupational Health and Safety

UEMS - European Union of Medical Specialists

IEA – International Ergonomics Association

*** first seven are discussed in text**

DG EMPL: EC Directorate for Employment, Social Affairs and Inclusion

The Directorate Employment, Social Affairs and Inclusion (DG EMPL) is the Directorate that has the lead in developing and implementing strategies and actions in the area of occupational health and safety. DG EMPL is supported by several European agencies, i.e. EU-OSHA and Eurofound.

EU-OSHA: the European Agency for Safety and Health at Work

The European Agency for Safety and Health at Work (EU-OSHA) was set up in 1996. It is located in Bilbao, Spain. Its mission is "to make Europe's workplaces safer, healthier and more productive. This is done by bringing together and sharing knowledge and information, to promote a culture of risk prevention". At the Member State level, EU-OSHA has a network of focal points, which are usually made up of the lead OSH bodies in the individual countries.

Since 2005 EU-OSHA houses the European Risk observatory. This Observatory aims to identify new and emerging risks due to ongoing changes in work-related conditions and it wants to promote early preventive action. It describes trends and underlying factors and anticipates changes in the working environment and their likely consequences to health and safety.

EUROFOUND

Eurofound is the European Foundation for the Improvement of Living and Working Conditions. It is a European Union body. It was set up by the European Council: [Council Regulation \(EEC\) No. 1365/75 of 26 May 1975](#), to contribute to the planning and design of better living and working conditions in Europe.

Eurofound aims to provide information, advice and expertise – on living and working conditions, industrial relations and managing relevant change in Europe – to key actors in the field of EU social policy. It does this on the basis of comparative information, research and analysis .

Eurofound makes use of networks of European experts who conduct research on its behalf. This includes assessment of national situations, drawing up national reports and conducting regular surveys on working conditions and quality of life in Europe.

ENWHP: European Network for Workplace Health Promotion

The European Network for Workplace Health Promotion (ENWHP) was established in 1996. It is supported by the European Commission through the Programme for Action on Health Promotion, Information, Education and Training.

The ENWHP is an informal network of national occupational health and safety, public health, health promotion and statutory social insurance institutions. Through the joint efforts of all its members and partners, it aims at improving workplace health and well-being and reducing the impact of work related ill health in the European workforce. The ENWHP is a platform for all stakeholders interested in the improvement of workplace health and committed to working towards the vision and mission of the ENWHP: “healthy employees in healthy organizations”. Currently, the Network has National Contact Offices in 31 countries.

In the past 10-12 years, the ENWHP has been at the leading edge of developments in European workplace health promotion. Through various joint initiatives, it has developed good practice criteria for a variety of organizations and supported the establishment of infrastructures for WHP in EU Member States. Using national forums and networks, ENWHP facilitates the cross-border exchange of information and the dissemination of good workplace practice.

The ENWHP has produced a set of quality criteria for good practice in WHP. These are based on the Luxembourg Declaration and on the quality model of the European Foundation for Quality Management.

PEROSH: Partnership for European Research in Occupational safety and health

Thirteen institutes in the OSH area in EU Member States collaborate in this network. For the Netherlands TNO (National Organization for Applied Scientific Research) participates. It hosts various joint research projects among which the ‘*Clearinghouse on Systematic Reviews on Occupational Health and Safety*’.

4.2. Impact of WHO and other intergovernmental organizations

WHO: World Health Organization

At the 60th World Health Assembly (May 2007) the WHO Member States have endorsed a Global Plan of Action on Workers' Health (2008-2017):

http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf.

This plan aims at the following objectives:

- devise and implement policy instruments on workers' health;
- protect and promote health at the workplace;
- improve the performance and access to occupational health services;
- provide and communicate evidence for action and practice;
- incorporate workers' health into other policies.

In addition WHO supports the WHO Global Network of Collaborating Centres in Occupational Health, which has its own website (WHO, 2011) and has drawn up a workplan 2009-2012.

- Website: http://www.who.int/occupational_health/network/en/index.html
- Workplan 2009-2012: http://www.who.int/occupational_health/cc_compendium.pdf

At the European level the prime policy influence in EU countries comes from the European Commission and its legal mandates in the OSH field. WHO has its major influence at the world level, including the non-EU-related European countries.

ILO: International Labour Organization

The International Labour Organization (ILO: Geneva) is the international organization that is responsible for drawing up and overseeing international labour standards. It is a 'tripartite' United Nations agency that brings together representatives of governments, employers and workers. Its aim is to jointly shape policies and programs that promote 'Decent Work for all'.

ILO has a SAFEWORK programme on safety and health at work and the environment. This program has four major goals:

1. preventive policies and programmes are developed to protect workers in hazardous occupations and sectors;
2. effective protection is extended to vulnerable groups of workers falling outside the scope of traditional protective measures;
3. governments and employers' and workers' organizations are better equipped to address problems of workers' well-being, occupational health promotion and the quality of working life;
4. the social and economic impact of improving workers' protection is documented and recognized by policy- and decision-makers.
5. The implementation of SAFEWORK currently focuses on partnerships with countries from Eastern Europe, Southern Africa and Central America.

5. National OSH policies and strategies

Information about national OSH policies at EU-OSHA is limited

It should be noted that national OSH policies and strategies can differ widely as they are influenced by national social systems, by prevailing political and economical perspectives and by the countries' state of development.

EU-OSHA, the European Agency for Safety and Health at Work, collects and presents [national OSH strategies of EU Member States](#) on its website. For the Netherlands and some other countries relatively little information is present at EU-OSHA under 'strategies and programs' in the form of national policy documents. For some countries the documents are only in the national language, which limits their accessibility. [Finland](#) has a well structured national OSH-policy document also available in English.

Although the country information present at EU-OSHA contains interesting study material and adequate OSH policy and strategy information for some EU countries, it does not provide a complete, consistent and comparative overview of explicit national OSH policies in all EU countries.

Literature on OSH policy comparisons for EU countries is scarce and mostly in the realm of 'grey literature', i.e. reports by research institutes. One report studied OSH policies in the Nordic countries (Nordic Council, 2008). A few articles exist (references not given) but these are often older and some studied only 1 or 2 EU countries and compared them with Canada or the US.

A framework for studying OSH policies in Europe

A recent German study has looked at OSH policies in a larger group of European countries and developed a broad general framework for comparing national OSH policies (Lissner et al, 2010). This framework identifies two focus areas for policy goals found in national strategies:

1) Hazard- or health related goals

This set of OSH policy goals focus on: work-related illness, illness related absence from the workplace, workplace accidents, work ability (mainly elderly workers), work-related musculoskeletal problems, noise in the workplace, exposure to hazardous substances in the workplace and psychological stress.

2) System, structure and procedure related goals

These OSH policy goals focused on the following issues: OSH management, especially in small and medium enterprises (SMEs), branch regulations (focused at e.g. construction industry), education, training and instruction, professional competence, financial incentives, implementation of legal requirements, risk assessment, expert information (investigation, standardization, publication), innovations, cooperation between OSH actors, communication of OSH-related concerns to the public, motivation to increase OSH efforts, prevention (in general), development and introduction of standards, improvement of complex legal regulations, simplification of legal requirements for SMEs. Finally OSH policy goals can focus on: research, i.e. coordination, priority setting, application of research outcomes to policy development and to improving the quality of the workplace.

Implementation of the European OSH-framework varies among Member States

Another recent comparative study on national OSH policies and on the implementation of OSH practices in EU Member States (Hämäläinen, 2008) has concluded that large differences still exist between MS with regard to the existence of explicit national OSH policies, and found a highly variable implementation of good OSH practice, including limited monitoring and evaluation of OSH practice as well as, for instance, variable demands on the competencies of OSH professionals.

Previously, similar conclusions had been made in a comparative study from the same source (Hämäläinen et al, 2001), which included extensive country reports and contained a very detailed and thorough comparative analysis on national OSH policies and their implementation. At this moment many of the detailed outcomes of that study will be outdated, however, as the nature and division of work will have changed as well as national OSH policies.

The study pointed out that many OSH-related issues in the Netherlands and the Scandinavian countries appeared to be well-regulated, controlled and evaluated. No valid statistics or data on the occurrence of occupational diseases were reported to exist for the Netherlands on the national level. And those conclusions will probably hold for the current situation as well.

6. References and resources

European organizations and networks

- European Commission
 - DG EMPL: <http://ec.europa.eu/social/home.jsp>
 - EU Strategy on Occupational Safety and Health 2007-2012
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0062:FIN:EN:PDF>
 - EU Communication on practical implementation of directives on health and safety at work
http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/c11149_en.htm
- EU OSHA: <http://osha.europa.eu/en>
- EUROFOUND: <http://www.eurofound.europa.eu/>
- ENWHP: <http://www.enwhp.org/>
- PEROSH: <http://www.perosh.eu/>

International organizations and networks

WHO: World Health Organization

- WHO Geneva: Occupational Health
http://www.who.int/occupational_health/en/
- WHO European Region (Copenhagen): Occupational Health
<http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/occupational-health>
- European network of WHO national focal points on workers' health
<http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/occupational-health/activities/european-network-for-workers-health>

Remark: The Netherlands and several other EU countries (UK, Sweden, Denmark, Spain, France, Italy) are not present among the 35 countries that are mentioned as having a national focal point on workers health that participates in the European network organized by WHO.

ILO: International Labour Organization

- ILO Programme on Safety and Health at Work and the Environment
<http://www.ilo.org/safework/lang--en/index.htm>
- Global Strategy on Occupational Safety and Health :
http://www.ilo.org/safework/info/publications/lang--en/WCMS_107535/index.htm

Databases

- PEROSH database of Systematic Reviews of Occupational Safety and Health
<http://www.perosh.eu/p/89WDFL>
- Cochrane Reviews on Occupational Health (visited July 26, 2011)
Keyword: workplace <http://www.cochrane.org/search/site/workplace%20>
Keyword: occupational health <http://www.cochrane.org/search/reviews/occupational%20health>

Policy documents

European Commission

EU Strategy on Occupational Safety and Health 2007-2012:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0062:FIN:EN:PDF>

EU Communication on the practical implementation of directives on health and safety at work

http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/c11149_en.htm

WHO: World Health Organization

Global Plan of Action on Workers' Health (2008-2017):

http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf

ILO: International Labour Organization

Global Strategy on Occupational Safety and Health:

http://www.ilo.org/safework/info/publications/lang--en/WCMS_107535/index.htm

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