


Procedure file

Basic information		
INI - Own-initiative procedure	2007/2146(INI)	Procedure completed
Community strategy 2007-2012 on health and safety at work		
See also 2011/2147(INI)		
Subject 4.15.15 Health and safety at work, occupational medicine		

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	EMPL Employment and Social Affairs		21/03/2007
		PSE WILLMOTT Dame Glenis	
	Committee for opinion	Rapporteur for opinion	Appointed
	ENVI Environment, Public Health and Food Safety		18/09/2007
	ALDE ANDREJEVS Georgs		
	ITRE Industry, Research and Energy		25/06/2007
		UEN LA RUSSA Romano Maria	
	FEMM Women's Rights and Gender Equality		03/07/2007
		PPE-DE BAUER Edit	
Council of the European Union	Council configuration	Meeting	Date
	Competitiveness (Internal Market, Industry, Research and Space)	2811	25/06/2007
European Commission	Commission DG	Commissioner	
	Employment, Social Affairs and Inclusion	ŠPIDLA Vladimír	

Key events			
21/02/2007	Non-legislative basic document published	COM(2007)0062	Summary
21/06/2007	Committee referral announced in Parliament		
25/06/2007	Resolution/conclusions adopted by Council		Summary
18/12/2007	Vote in committee		Summary
20/12/2007	Committee report tabled for plenary	A6-0518/2007	
15/01/2008	Results of vote in Parliament		

15/01/2008	Debate in Parliament		
15/01/2008	Decision by Parliament	T6-0009/2008	Summary
15/01/2008	End of procedure in Parliament		

Technical information

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Committee dossier	EMPL/6/49477

Documentation gateway

Non-legislative basic document		COM(2007)0062	21/02/2007	EC	Summary
Document attached to the procedure		SEC(2007)0214	21/02/2007	EC	
Document attached to the procedure		SEC(2007)0215	21/02/2007	EC	
Document attached to the procedure		SEC(2007)0216	21/02/2007	EC	
Committee draft report		PE393.990	14/09/2007	EP	
Amendments tabled in committee		PE396.588	07/11/2007	EP	
Committee opinion	FEMM	PE393.885	12/11/2007	EP	
Committee opinion	ENVI	PE394.085	22/11/2007	EP	
Committee opinion	ITRE	PE394.125	27/11/2007	EP	
Committee report tabled for plenary, single reading		A6-0518/2007	20/12/2007	EP	
Text adopted by Parliament, single reading		T6-0009/2008	15/01/2008	EP	Summary
Commission response to text adopted in plenary		SP(2008)1176	27/02/2008	EC	
Commission response to text adopted in plenary		SP(2008)1340	18/03/2008	EC	
Follow-up document		COM(2009)0449	03/09/2009	EC	Summary
Non-legislative basic document		SEC(2011)0547	28/04/2011	EC	Summary
Follow-up document		SWD(2013)0202	31/05/2013	EC	Summary

Community strategy 2007-2012 on health and safety at work

PURPOSE: to present a Community strategy 2007-2012 on health and safety at work with a view to improving quality and productivity.

BACKGROUND: 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.

CONTENT: 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. 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.

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.

The main objectives of the 2007-2012 Community strategy are as follows: 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;
- support SMEs in the implementation of the legislation in force;
- adapt the legal framework to changes in the workplace and simplify it, particularly in view of SMEs;
- promote the development and implementation of national strategies;
- encourage changes in the behaviour of workers and encourage their employers to adopt health-focused approaches;
- finalise the methods for identifying and evaluating new potential risks;
- improve the tracking of progress;
- promote health and safety at international level.

The strategy sets out national strategies which cover four areas in particular:

- 1) Improving the preventive effectiveness of health surveillance;
- 2) Taking action to promote the rehabilitation and reintegration of workers;
- 3) Dealing with social and demographic change;
- 4) Strengthening policy coherence.

Other measures include:

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.

Integrating health and safety into education and training programmes: 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 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.

Improving health and promoting awareness within companies: 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 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.

Identification of new risks: 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.

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.

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. 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.

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.

To conclude, 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.

Community strategy 2007-2012 on health and safety at work

The Council adopted a resolution on the Community strategy 2007-2012 on health and safety at work.

The Council agrees with the Commission that, in order to achieve an ongoing, sustainable and consistent reduction in accidents at work and occupational illnesses, the parties involved must pursue a number of objectives, including:

- placing more emphasis on the implementation of Community legislation;
- supporting compliance with Community legislation, in particular in sectors and undertakings considered to be at risk and for categories of workers who are most vulnerable;
- adapting the legal framework to changes in the workplace and simplifying it;
- promoting the development and implementation of national strategies;
- creating a general culture that values health and risk prevention by encouraging changes in the behaviour of workers and at the same time by encouraging employers to adopt health-focused approaches;
- finalising the methods to identify and evaluate new potential risks;
- assessing the implementation of the Community strategy;
- promoting health and safety at work at international level.

The Council considers that Community policy on health and safety at work based on an overall approach to well-being at work should have as its purpose an ongoing, sustainable and consistent reduction in accidents at work and occupational illnesses. It supports the Commission in seeking to reduce the incidence rate of accidents at work by 25 % at Community level, taking into account the Member States' experiences, circumstances and opportunities.

The Council stresses the need to:

- recognise the importance of Good Work and its underlying principles, i.e. workers' rights and participation, equal opportunities, safety and health protection and a family-friendly organisation of work;
- take into account new challenges such as demographic change and ageing of the workforce, new employment trends, and new and increasing flows of migrants towards and within Europe;
- enhance awareness among those concerned of the need for 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;
- deploy additional efforts including economic incentives to trigger changes in attitudes with a view to a more participatory, integrated management of health and safety in undertakings;
- invite the European Agency for Safety and Health at Work to foster the exchange of information and good practice and to draw up, through its risk observatory, high-quality information on the specific challenges. More consideration should be given to the wider socio-economic trends and influences.

The Member States are invited to:

- develop and implement coherent national health and safety at work strategies geared to national conditions, in cooperation with the social partners, and, where appropriate, with measurable targets set in this context for further reducing accidents at work and the incidence of occupational illnesses, especially in those sectors of activity in which rates are above average;
- give the national social protection and health care systems, as appropriate, a more active role in improving prevention and in the rehabilitation and reintegration of workers;
- consider the possibilities offered by the Community Programme for Employment and Social Solidarity (Progress), the European Social Fund and other Community funds for the promotion of the Community strategy;
- encourage national research centres to exchange information and collaborate on their programmes at national and European level, focusing on problem-solving and on the prompt transfer of results to enterprises, in particular SMEs;
- raise awareness by improving the information, training and participation of workers, providing simple guidance, particularly for small enterprises, and analysing and disseminating examples of good practice, in particular by means of networking of the parties involved at the local level;
- promote a systematic approach to well-being at work through initiatives for quality of work by integrating, in particular, health and safety, lifelong learning and gender into business management and all levels of education;
- ensure better and more effective enforcement in all Member States and to take appropriate steps to provide adequate resources for labour inspectorates;
- further implement the International Labour Organisation Global Strategy on Occupational Safety and Health, adopted in 2003, by all appropriate means;
- give particular attention to new employment trends, such as the increase in self-employment, outsourcing, subcontracting, migrant workers and posted workers.

The Commission is called upon to:

- promote occupational safety and health by taking appropriate measures with regard to changes in the world of work;
- continue to monitor and support the implementation of legislation in all Member States;
- draw up, in conjunction with the ACSH and the social partners, guides on how to apply directives, especially for SMEs;
- improve coordination with other Community policies, in particular on the manufacture and marketing of work equipment and chemicals and on public health, education and anti-discrimination policy;
- cooperate with the legislative authorities in establishing an appropriate European statistical system in the area of occupational safety and health, which takes account of the different national systems and which avoids imposing additional administrative burdens.

The social partners are called upon:

- to draw up initiatives in the context of the sectoral social dialogue and ensure that workers' representatives are given more opportunities to participate in the systematic management of occupational risks;
- play an active part in disseminating the basic principles of the Community strategy at European, national, regional and individual business level;
- enhance, both at national and Community level, technical assistance and training to worker representatives with health and safety responsibilities and to employers, particularly SMEs.

Community strategy 2007-2012 on health and safety at work

The Committee on Employment and Social Affairs adopted the own-initiative report by Glenis WILLMOTT (PES, UK) in response to the Commission's communication on the Community strategy 2007-2012 on health and safety at work. It recalls that around 167 000 people died in 2006 as a result of work accidents or a work-related disease and that each year some 300 000 workers suffer permanent disability. That is why MEPs welcome the Commission's target for an average reduction of 25% in workplace accidents across the EU.

However, MEPs believe that this strategy can be strengthened by insisting on the following points:

Fight against the greatest risks and strengthen the work-related illnesses section of the strategy: for MEPs, priority must be given to activities and sectors that pose a particular risk (for example, metallurgy, construction, electricity and silviculture). They particularly regret the silence over objectives for reducing work-related illnesses and invite the Commission to apply statistical procedures to better identify and measure occupational diseases, and, in particular, occupational cancers. To further reduce the risk of occupational diseases, MEPs suggest that the Commission consider the option of transforming the EU recommendation concerning occupational diseases (2003/670) into a minimum directive. They also call on the Commission to expand the scope of the strategy so as not to limit it to single accidents or occupational diseases but to also include social factors linked to professional activity (for example, type of contract, working conditions and availability of work). MEPs highlight, in this regard, that changes in work relations and the decline in job security give rise also to environmental, psychological and social problems that need to be addressed.

Encourage checks: to ensure better application of the existing legal instruments on occupational health and safety, MEPs call on the Commission and Member States to strengthen surveillance mechanisms and to apply minimum requirements for the quality of preventive services and work inspection. They also call for tougher sanctions in the event of standards being ignored. It is also necessary to better assess implementation of legislation, exchange best practices, and strengthen the culture of prevention and early warning systems as well as social dialogue and the involvement of employees in the workplace. Noting the recurring lack of resources needed to verify the effective implementation of legislation in Member States, MEPs call for extra measures to strengthen this part of the strategy as well as a series of technical measures to evaluate the performance of national inspection systems. In particular, Member States should ensure that there is, at the very least, a ratio of 1 labour inspector to every 10000 workers and to focus inspections on priority sectors with high risks of accidents.

Promote prevention: MEPs, convinced that prevention is the best way to avoid work accidents, call on the Commission to take measures to ensure that employers fulfill their responsibilities in providing appropriate preventive services and in constantly evaluating occupational risks. Member States must also regularly adapt the planned measures to keep in line with technological advances.

Use reliable and comparative data: MEPs call on the Commission to improve the level of information on risks and occupational diseases: it is necessary to collect more figures and data on workers with chronic diseases and to analyse their working conditions and to draw up a charter for the protection of the rights of cancer patients and people with other chronic diseases in the workplace. There must also be ways to aid the reintegration of workers who have just received treatment. MEPs highlight, in this regard, that the rehabilitation and reintegration of workers after ill health or an accident at work is vital and must become a national priority.

Other risks: MEPs also review particularly serious risks to which employees are exposed, namely asbestos. MEPs recall that asbestos-initiated diseases in Europe are forecasted to be very high for many years ahead. They, therefore, call on the Commission to organise a hearing on how to tackle the problems related to exposure to asbestos in buildings and other constructions such as ships, trains and machinery. MEPs also call on Member States to draw up national action plans on phasing out asbestos, including obligations to map asbestos in buildings and provide for the safe removal of asbestos.

In addition, MEPs regret that, despite repeated requests, the Commission has yet to bring forward a legislative amendment to Directive 2000/54/EC to address the serious risks to health care workers arising from working with needles and medical sharps. They, therefore, expect a suitable amendment to the directive to be adopted well before the end of the legislature in mid-2009. In the meantime, they invite the Commission to adopt an EU code of practice on the prevention of healthcare associated infections.

Other specific measures have been called for in order to improve the current legislation that applies to 'ignored' professions (farm labour, healthcare workers, professional drivers, domestic workers, home workers, and the military, where appropriate) and to people with disabilities. In addition, MEPs expect urgent measures to tackle musculoskeletal disorders (MSDs), bearing in mind that in this category the number of occupational diseases continues to rise.

In conclusion, MEPs call for early identification and monitoring of new and emerging risks (e.g. nanotechnologies and psychosocial risks) and ask both the Commission and the Member States to apply and enforce the framework directive and the existing health and safety provisions fully and irrespective of their legal status to all workers.

Community strategy 2007-2012 on health and safety at work

The European Parliament adopted a resolution based on the own-initiative report by Glenis WILLMOTT (PES, UK) in response to the Commission's communication on the Community strategy 2007-2012 on health and safety at work. The resolution was adopted by 598 votes for, 20 against and 23 abstentions. It recalls that around 167 000 people died in 2006 as a result of work accidents or a work-related disease and that each year some 300 000 workers suffer permanent disability. Parliament welcomes the Commission's target for an average reduction of 25% in workplace accidents across the EU. Whilst that the figure may vary from country to country due to differing points of departure, it is still important to have clear and well-targeted measures together with a timetable and financial commitments which can then be evaluated and assessed. In the absence of such measures, timetable and commitment, Parliament calls on the Commission to report to Parliament on progress at the half-way stage of its 2007-2012 strategy.

Parliament calls on the Commission to do the following :

- to give priority in its strategy to those activities and/or industries which involve particular risks, such as metal-working, construction, electricity or forestry;
- to involve the European Agency for Health and Safety at Work (OSHA) more closely in this process, and, in particular, to ask it to submit an assessment of which industries have the highest risk of industrial accidents and occupational diseases and how such a risk can be effectively counteracted;
- to assess the availability of gender-disaggregated statistics at Community level on work-related fatal and non-fatal diseases;
- to collect more figures and data on workers with chronic diseases and to analyse their working conditions and to draw up a charter for the protection of the rights of cancer patients and people with other chronic diseases in the workplace and, with a view to requiring companies to make it possible for patients to continue in employment during their treatment and to return to the employment market after it has finished;
- fully to take account of the implications of demographic change on OHS, and to reinforce preventive measures and to adopt measures intended to compensate physical decline, notably through ergonomics and workplace design, and through measures and incentives designed to maintain the motivation, capacities and health of ageing workers;

Parliament regrets that the Commission's communication is silent on targets for the reduction of occupational diseases but understands the difficulty in measuring occupational diseases. It therefore calls on the Commission to review the use of existing statistical procedures in order correctly to identify and measure occupational diseases, and, in particular, occupational cancers with a view to setting targets for their reduction. Parliament suggests that the Commission consider the option of replacing Commission recommendation 2003/670/EC concerning the European schedule of occupational diseases with a directive.

Parliament also regrets that, despite Parliament's repeated and specific requests, the Commission has yet to propose amending Directive 2000/54/EC with a view to addressing the serious risks to health care workers arising from working with needles and medical sharps. It calls for an appropriate amendment to be adopted well before the end of the legislature in mid-2009 in line with its resolution on protecting European healthcare workers from blood-borne infections due to needlestick injuries. The Commission must implement appropriate prevention and screening measures to reduce the risk of contracting blood-borne diseases such as hepatitis C.

Members consider that the health problems related to exposure to asbestos are well known and that the European regulation on asbestos is adequate. They underline the fact that asbestos-initiated diseases in Europe are forecasted to be very high for many years ahead, and they call on the Commission to organise a hearing on how to tackle the huge OHS problems related to existing asbestos in buildings and other constructions. Parliament also calls on Member States to draw up national action plans on phasing out asbestos, including obligations to map asbestos in buildings and provide for the safe removal of asbestos.

Parliament also considers that it is vital to identify and monitor new and emerging risks ? e.g. psychosocial risks. It congratulates the OSHA's risk observatory for its work and calls on the Commission to act on its findings and come forward with the necessary proposals when new risks are identified.

Members await the outcome of the second phase of consultation of the social partners on musculoskeletal disorders (MSDs) and ask the Commission to assess the option of proposing a directive given the increasing occurrence of MSDs and that the current legislation appears to be inadequate as it does not address all work situations or cover all risks concerning work-related MSDs. Scientific principles must be fully taken into account;

To ensure better application of the existing legal instruments on occupational health and safety, MEPs call on the Commission and Member States to strengthen surveillance mechanisms and to apply minimum requirements for the quality of preventive services and work inspection. They also call for tougher sanctions in the event of standards being ignored. It is also necessary to better assess implementation of legislation, exchange best practices, and strengthen the culture of prevention and early warning systems as well as social dialogue and the involvement of employees in the workplace. Noting the recurring lack of resources needed to verify the effective implementation of legislation in Member States, MEPs call for extra measures to strengthen this part of the strategy as well as a series of technical measures to evaluate the performance of national inspection systems. In particular, Member States should ensure that there is, at the very least, a ratio of 1 labour inspector to every 10000 workers and to focus inspections on priority sectors with high risks of accidents.

Lastly, and convinced that prevention is the best way to avoid work accidents, Parliament calls on the Commission to take measures to ensure that employers fulfil their responsibilities in providing appropriate preventive services and in constantly evaluating occupational risks. Member States must also regularly adapt the planned measures to keep in line with technological advances.

Community strategy 2007-2012 on health and safety at work

This report from the Commission is on the practical implementation of Health and Safety at Work Directives 92/91/EEC (mineral extraction through drilling) and 92/104/EEC (surface and underground mineral extraction). It fulfils a Commission undertaking to assess the practical implementation of the regulatory framework with a view to improving it. It covers the transposition and implementation, in EU-15 only, of the two Directives but may also provide useful information on the application of the Directives for the 12 Member States that have meanwhile joined the EU.

Directive 92/91/EEC applies specifically to the safety and health of workers in the extractive industries concerned with exploration for and exploitation of minerals by means of boreholes (onshore and offshore), while Directive 92/104/EEC covers the remaining sectors of the extractive industries, i.e. exploration for and exploitation of minerals in surface or underground mines and quarries.

Main conclusions: the Commission concludes that, while the two Directives' implementation in the 15 Member States concerned appears to be relatively satisfactory and accident rates in the extractive industries sector are down, numbers of accidents and cases of occupational disease occurring are unacceptably high and workers still run great risks in this sector. To improve the situation, the Community strategy for 2007-2012 encourages the Member States to adopt national strategies establishing quantitative objectives for reducing the incidence of occupational accidents and illnesses, to target sectors and companies with the worst track records, such as the extractive industry sector, and to focus on the most common risks and the most vulnerable workers.

The Commission notes that, as in other sectors, there seems to be a clear division between types of companies: the larger companies, especially in the drilling sector, perform relatively well, while SMEs, especially in the ornamental stone-quarrying sector, seem less well-equipped to put in place an effective health and safety policy.

Therefore, companies clearly need to put health and safety higher up their agendas. Apart from the social/ethical considerations, there are important financial reasons why companies should put in place a policy for the prevention of accidents and occupational diseases. A proper prevention policy will bring clear financial benefits: companies should be made aware that they need to consider not only the cost of insurance premiums and prevention measures but also the more indirect costs of accidents and occupational diseases (such as costs relating to the worker's replacement, loss of production and damage caused by a negative public image), which are likely to be far higher. When viewed from such a pragmatic perspective, investments in preventive measures will seem rather small and companies may be more inclined to make them. The Member States need to be more active in raising companies' awareness of such considerations.

Moreover, health and safety knowledge needs to be more evenly spread among companies of different type and size. This could be a task for the Member States, which could tackle it by drawing up guidelines and assisting and training smaller companies, in particular, to apply an effective health and safety policy. To make progress in this area, the Advisory Committee on Safety and Health at Work could address the particular issue of training. As the Community strategy for 2007-2012 states, the Commission will look at the specific problems relating to subcontracting in greater depth. Experience with subcontracting in this sector could be exported to other sectors. In this connection, the role of people and their limits in an environment increasingly dominated by advanced technology should be borne in mind.

The Commission also highlights the importance of the role of workers' representatives and the need to share best practice. The European Agency for Safety and Health at Work in Bilbao could assist in disseminating specific, targeted information, especially to the Member States that have joined the EU more recently.

Meanwhile, several Member States stress that amending the Directives is not necessary for the moment, probably because of the general wording of the Directives, which allows them to apply to a wide range of situations.

In the light of the information presented in this report, the Commission agrees that there is currently no need to amend the Directives.

Lastly, the Commission calls on the Advisory Committee on Safety and Health at Work through its Standing Working Party for the Mining and Other Extractive Industries to draw conclusions from this evaluation.

Community strategy 2007-2012 on health and safety at work

This Commission Staff Working Document provides an evaluation of the second European Strategy 2007-2012 on health and safety at work.

It is based on data from a range of sources, including the results of a study outsourced by the Commission in December 2011, and a consultation with stakeholders in the context of the study and through the EUs consultative bodies in this area, i.e. the Advisory Committee on Safety and Health at Work (ACSH) and the Senior Labour Inspectors Committee (SLIC). In addition, the outcome of the work of Scientific Committee on Occupational Exposure Limits (SCOEL) was also taken into consideration. A preliminary stocktaking of the outcomes of this evaluation was carried out for a conference organised by the Danish Presidency of the Council, held in Copenhagen in June 2012.

The main results of the evaluation of the Strategy are as follows:

- Relevance: all stakeholders considered it highly relevant, to the extent that it provided a framework for coordination and a common sense of direction, even if some of them did not agree fully with its content.
- Target: setting a quantitative target (25%) for reducing the number of accidents at work had positive effects, because it gave more visibility to this policy area and encouraged Member States to focus on measures to reduce the number of accidents. It may however have diverted attention from preventing occupational diseases (for which there is no such target).
- Implementation: the strategy helped improve the implementation of OSH legislation and clarify EU rules, making them easier to interpret. However, implementation continues to be a challenge, in particular for SMEs, for whom it is particularly difficult to cope with some regulatory requirements. While the implementation of the strategy was effective overall and its objectives were achieved, there were gaps, particularly in terms of its impact on individual companies at local level, especially SMEs.
- National strategies: all Member States but one now have a national strategy or equivalent measures in place. The strategy prompted many of them to adopt a national strategy or equivalent measures.
- Room for improvement: while the collection of statistical data on accidents improved, there is still room for improvement in terms of their timeliness and the comparability of data on occupational diseases. There are good indications that the 25% target for reducing the number of accidents at work has been reached. However, the objective of curbing the incidence of occupational diseases may have not been achieved.

- Shortcomings: the strategy contains many specific actions, sometimes quite detailed, but it lacks internal logic and evaluation indicators.
- Ownership: while government authorities actively participated in implementing the strategy, it was more difficult to develop a sense of ownership among the EUs partners, especially national social partners, who tended to be less committed overall. This is because they see the strategy as the Commissions, not theirs.
- Overall impact: the Strategy was very useful for guiding EU-OSHAs activities. These activities had important impacts on the level of risk awareness.
- Research: there is scope for more coordination in research on OSH.