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Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of Regions

EU strategic framework on health and safety at work 2021-2027
Occupational safety and health in a changing world of work

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1. INTRODUCTION

Purpose

This staff working document supports the Communication on the EU strategic framework on health and safety at work 2021-2027[1] and complements it by additional information. It takes stock of the achievements in the implementation of the EU strategic framework on health and safety at work 2014-2020[2].

The introduction to this document describes the actions taken to take stock of the previous Framework and the input of the various opinion and studies. Chapter 2 gives an overview of the context of the occupational health and safety (OSH) policy and its links with other policies of the EU. Chapter 3 of this document presents the main results of the stocktaking exercise stemming, among others, from an external study contracted by the Commission, carried out during 2020-2021. Chapter 4 presents an assessment of the practical implementation of the Framework Directive 89/391/EEC on Safety and Health of Workers at Work[3] (further on referred to as Framework Directive) and 23 related EU directives (see Annex 2) for the period 2013-2017. The assessment is based, among others, on the national implementation reports transmitted by the Member States in accordance with Article 17a of the Framework Directive, Article 22 of Directive 2009/148/EC[4]; Article 10a of Directive 91/383/EEC[5]; Article 9a of Directive 92/29/EEC[6] and Article 17a of Directive 94/33/EC[7] as well as on the analysis made in the context of the above-mentioned external study.

[1] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions "EU strategic framework on health and safety at work 2021-2027 – Occupational safety and health in a changing world of work", COM (2021) 323/2

[2] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU Strategic Framework on Health and Safety at Work 2014-2020, COM (2014) 332

[3] Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work, *OJ L 183, 29.6.1989, p. 1*

[4] Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work, *OJ L 330, 16.12.2009, p. 28*

[5] Council Directive 91/383/EEC of 25 June 1991 supplementing the measures to encourage improvements in the safety and health at work of workers with a fixed-duration employment relationship or a temporary employment relationship, *OJ L 206, 29.7.1991, p. 19*

[6] Council Directive 92/29/EEC of 31 March 1992 on the minimum safety and health requirements for improved medical treatment on board vessels, *OJ L 113, 30.4.1992, p.19*

[7] Council Directive 94/33/EC of 22 June 1994 on the protection of young people at work, *OJ L 216, 20.8.1994, p. 12*

Background

In June 2014, the European Commission adopted the Communication on an EU strategic framework on health and safety at work 2014-2020. The strategic framework provided a policy framework for the improvement of OSH at both national and European level and a roadmap for stakeholders to play their role in the implementation of the objectives identified by the strategic framework.

Based on an identification of the outstanding problems and major challenges, the Communication sets out seven key strategic objectives and a range of actions for promoting workers' health and safety, namely:

- Further consolidate national strategies;
- Facilitate compliance with OSH legislation, particularly by micro and small enterprises;
- Better enforcement of OSH legislation by Member States;
- Simplify existing legislation;
- Address the ageing of the workforce, emerging new risks, prevention of work-related and occupational diseases;
- Improve statistical data collection and develop the information base;
- Better coordinate EU and international efforts to address OSH and engage with international organisations.

Moreover, in January 2017, the Commission adopted the Communication "Safer and healthier work for all - modernisation of the EU occupational safety and health legislation and policy"[8], which took stock of the progress made in the implementation of the EU strategic framework and confirmed the main objectives when setting three priority actions in this policy area:

1) Step up the fight against occupational cancer through legislative proposals accompanied by increased guidance and awareness-raising;

2) Help businesses, in particular micro-enterprises and small and medium-sized enterprises (SMEs), comply with OSH rules;

3) Cooperate with Member States and social partners to remove or update outdated rules and to refocus efforts on ensuring better and broader protection, compliance and enforcement on the ground.

The EU strategic framework on health and safety at work 2014-2020 has recently ended. Its successful implementation is acknowledged by all stakeholders and it had the broad support from governments and social partners. The main EU consultative bodies in this area – the Advisory Committee on Safety and Health at Work (ACSH) adopted an

[8] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions - Safer and Healthier Work for All - Modernisation of the EU Occupational Safety and Health Legislation and Policy, COM/2017/012 final

Opinion in 2019 on Future Priorities of EU OSH Policy"[9]. In the opinion, the Committee stated: "The adoption of a strategic approach to OSH policy has played a pivotal role in the way Member States have defined objectives and priorities of their action in the area of OSH". It also noted that "an important role has been played by the EU OSH strategic framework of 2014, which identified the further consolidation of national OSH strategies as one of its priorities. Meanwhile 26 Member States have adopted or renewed their national strategies or comparable multiannual programmes as a result of the implementation of the EU strategic framework".

The Senior Labour Inspectors' Committee (SLIC) has also provided valuable insights in their opinion on "Future EU OSH enforcement priorities contributing to a renewed EU OSH strategy" in October 2020[10] containing relevant recommendations as regards enforcement aspects.

The Commission contracted an external study[11] and carried out a public consultation in 2020-2021[12] to have a complete overview of the previous framework. More information about the results of the stakeholder consultation and open public consultation is available in the Staff Working Document – Stakeholder consultation-Synopsis report[12]. The results of the study are described in the chapter 3.

In addition, as part of the stocktaking exercise, the national practical implementation reports, covering the period 2013 to 2017, that the Member States sent to the Commission, were analysed. The results of this stocktaking exercise were used for the preparation of the Communication on a new EU strategic framework on health and safety at work 2021-2027[1], which this document accompanies.

2. CONTEXT

The EU Treaties[13] and the Charter of Fundamental Rights[14] place protection of workers' health and safety as an important part of the economy that works for people. The European Pillar of Social Rights principle 10 lays down that workers have the right to a

[9] Advisory Committee on Safety and Health at Work, Opinion, Towards better health and safety in the workplace - Opinion on Future Priorities of EU OSH Policy, Doc.1048/19, Adopted on 04/06/2019.

[10] The Senior Labour Inspectors Committee opinion "Future EU OSH enforcement priorities contributing to a renewed EU OSH Strategy", adopted on 21 October 2020

[11] European Commission (2021): 'Study to support the evaluation of the EU Strategic Framework on health and safety at work 2014-2020 – Final Report'.

[12] SWD(2021) 149/2.

13 https://europa.eu/european-union/law/treaties_en

14 Charter of Fundamental Rights of the European Union, OJ C 326, 26.10.2012, p. 391

high level of protection of their health and safety at work. The new strategic framework is a key deliverable in the action plan[15] implementing the Pillar.

OSH is multifactorial policy, which has interface and synergies with many policy areas. This chapter provides an overview of the interlinkages between OSH and other relevant EU policies, complementing the Communication on the EU strategic framework on health and safety at work[1] by additional information as well as the available support for OSH related actions in Member States.

EU chemicals strategy for sustainability

On 14 October 2020, the Commission adopted the EU chemicals strategy for sustainability[16], which aims to increase protection of human health and the environment against hazardous chemicals, and boost innovation for safe and sustainable chemicals. It is part of the EU's zero pollution ambition, which is a key commitment of the European Green Deal.

The new EU chemicals strategy recognises the fundamental role of chemicals for human well-being and for the green and digital transition of European economy and society. However, it also points out the need to address the health and environmental challenges caused by the most harmful chemicals. To this regard, the chemicals strategy identified the need to strengthen protection of workers by proposing to lower the existing limit values for lead and asbestos and to establish a binding limit value for diisocyanates. In 2020, the Commission services already launched the preparatory work to carry out these actions. Moreover, in the meantime, further action on cobalt has been envisaged.

The chemicals strategy also stresses the importance to further strengthen the protection of workers; actions in this regard are included in the EU strategic framework on health and safety at work 2021-2027[1].

In particular, the Commission will further streamline the interface between OSH and chemicals legislation such as REACH[17,] and CLP regulations[18]. This will be done in the first place by implementing actions in the framework of the "one substance, one

[15] More information is available under the following link: https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/en/

[16] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Chemicals Strategy for Sustainability- Towards a Toxic-Free Environment, COM/2020/667 final

[17] Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC, OJ L 396, 30.12.2006, p. 1

[18] Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006, OJ L 353, 31.12.2008, p. 1

assessment" process announced in the chemicals strategy. This should lead to a better and more transparent planning of initiatives and co-ordination between the two legislative areas.

Moreover, in the planned impact assessments for the revision of REACH and CLP regulations, the Commission plans to identify and assess options to align the derived no-effect levels (DNELs) with the occupational exposure limits (OELs). All these assessments will be carried out in close collaboration with stakeholders (including the tri-partite OSH stakeholders), involving the relevant expert groups, including the one substance-one assessment expert working group announced in the chemicals strategy. Where appropriate, legislative proposals may be made to implement the outcome of those assessments.

Europe's Beating Cancer Plan

In February 2021, the Commission presented its Europe's Beating Cancer Plan[19]. Every year, 3.5 million people in the EU are diagnosed with cancer, and 1.3 million die from it. The Cancer Plan, which follows President von der Leyen's commitment to step up the fight against cancer, aims to reduce the cancer burden for patients, their families and health systems.

The Commission is developing, together with the Joint Research Centre (JRC), the Cancer Inequalities Registry. It will identify trends, disparities and inequalities between Member States and regions. Alongside regular qualitative assessments of the country-specific situation, the registry will identify challenges and specific areas of action to guide investment and interventions at EU, national and regional level under Europe's Beating Cancer Plan.

Europe's Beating Cancer Plan identified several flagship initiatives and supporting actions from a broad range of policy areas, including health and safety at work.

Cancer is the first cause of work-related death in the EU[20], contributing to an estimated 100 000 occupational cancer deaths in the workplace every year. As part of Europe's Beating Cancer Plan, the Commission has proposed to update Directive 2004/37/EC on Carcinogens and Mutagens at Work[21] and Directive 2009/148/EC on Asbestos at Work[4], with the aim to further improve the protection of workers from the exposure to carcinogenic substances. Since 2016, the Commission has proposed four amendments of the Carcinogens and Mutagens Directive[21]. The European Parliament and the Council

[19] Communication from the Commission to the European Parliament and the Council: Europe's Beating Cancer Plan, SWD (2021)13 final

[20] EU-OSHA (2017), An international comparison of the cost of work-related accidents and illnesses, available at: https://osha.europa.eu/en/publications/international-comparison-cost-work-related-accidents-and-illnesses/view

[21] Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work (sixth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC, OJ L 229, 29.6.2004, p.23.

have already adopted three of them. The fourth proposal, adopted by the Commission on 22 September 2020, is currently being discussed following the ordinary legislative procedure.

As regards to the update of the Asbestos at Work Directive, the Commission services launched the preparatory work in 2020. The related actions are also included in the EU strategic framework on health and safety at work 2021-2027[1].

Gender mainstreaming

According to Eurofound's report "Living, working and COVID-19"[22], based on an e-survey carried out in April and July 2020, women face a disproportionate impact during the pandemic. The pandemic has affected their work–life balance more than that of men, their working time was more reduced and young women were more likely to lose their job than men were. Women's responsibilities of care increased during the pandemic. Research[23] shows that teleworking full-time may blur the boundaries between work and private life, can impose challenges for work-life balance and is perceived differently depending on gender.

Although inequalities still exist and the pandemic seems to have had an impact on gender equality, the EU has made significant progress in this area over the last decades. A Union of Equality is one of the priority areas of the Commission, the gender equality strategy 2020-2025[24] adopted in March 2020 being part of it. The key objectives of this strategy are ending gender-based violence, including harassment; challenging gender stereotypes; closing gender gaps in the labour market; achieving equal participation across different sectors of the economy; addressing the gender pay and pension gaps; closing the gender care gap and achieving gender balance in decision-making and in politics. The strategy pursues a dual approach of gender mainstreaming combined with targeted actions. One key deliverable of the strategy is a legislative proposal on preventing and combatting gender-based violence against women and domestic violence. In light of data, women continue to be disproportionately affected by gender-based and sexual harassment.

As to OSH, there is evidence that work-related risks to women's safety and health have been underestimated and that a gender-neutral approach has contributed to less attention and resources being directed towards the prevention of work-related risks experienced by women. It is therefore important to continue gender mainstreaming in OSH. One of the general principles of prevention laid down in the Framework Directive is to adapt the work to the individual. This also means taking account of the specific characteristics of

[22] Eurofound (2020), *Living, working and COVID-19*, https://www.eurofound.europa.eu/publications/report/2020/living-working-and-covid-19

[23] Telework, work organisation and job quality during the COVID-19 crisis A qualitative study https://ec.europa.eu/jrc/sites/jrcsh/files/jrc122591.pdf

[24] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: A Union of Equality: Gender Equality Strategy 2020-2025, COM(2020) 152 final

women in terms of health and safety at work and reflecting them in risk assessment and preventive measures. The very important gender aspect is reflected in the Communication on the EU strategic framework on health and safety at work 2021-2027[1] to mainstream gender and promote gender awareness in OSH.

Strategy for the rights of persons with disabilities

In March 2021, the Commission adopted the strategy for the rights of persons with disabilities 2021-2030[25]. The objective of this Strategy is to progress towards ensuring that all persons with disabilities in Europe, enjoy their human rights, have equal opportunities and access to participate in society and economy, are able to decide where, how and with whom they live, move freely in the EU regardless of their support needs and no longer experience discrimination. This new and strengthened strategy takes account of the diversity of disability comprising long-term physical, mental, intellectual or sensory impairments, which are often invisible. The new strategy therefore contains an ambitious set of actions and flagship initiatives in various domains and has numerous priorities, such as accessibility, having a decent quality of life and to live independently, equal participation and equal opportunities, among other important aspects.

Ensuring and promoting health and safety at work is essential to reduce risks of disabilities and mental health problems during working life and to improve the reintegration of workers with disabilities. Safe and healthy workplaces contribute to avoiding disabilities by preventing work-related diseases and accidents at work. Ensuring good working conditions and sound OSH is important for all workers, including the ones with disabilities. The EU OSH legislation (namely, the Framework Directive) put on employers the obligation to adapt the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods. The right implementation of these principles contributes to facilitating the employability of persons with disabilities. Carrying out a diversity-sensitive risk assessment also contributes to ensuring OSH for all workers.

EU available support for OSH related actions in Member States

Various actions are foreseen in the area of OSH in the Communication on the EU strategic framework on health and safety at work 2021-2027[1], to be accomplished by Member States. To achieve these actions, Members States can make use of the available resources at the EU level.

In 2020, the EU not only used its 2020 budget effectively but also agreed its new long-term budget for 2021-2027 (€1 074 billion in 2018 prices), reinforced by the temporary

[25] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions; Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030, COM(2021) 101 final

recovery instrument, NextGenerationEU (additional €750 billion in 2018 prices)[26]. This stimulus package of €1.8 trillion[27], the largest ever financed by the EU budget, will provide the necessary scale and ambition to help repair the economic and social damage caused by the COVID-19 pandemic and lay the foundations for a greener, more digital and more resilient EU. The available resources at EU level include the following main elements:

- The EU has set a target of 50% or more of the total amount of the long-term budget, including NextGenerationEU, to be used to support the modernisation of the European Union through research and innovation; fair climate and digital transitions; preparedness, recovery and resilience.
- 32% of the long-term budget will be used to accelerate the achievement of the new and reinforced priorities, the highest share ever.
- The EU has set a target of spending at least 30% of the long-term budget and NextGenerationEU on climate action.
- The EU will work towards the goal of spending 10% of the long-term budget in 2026 and 2027 on halting and reversing the decline in biodiversity.
- In order to contribute to the digital transformation, the EU will work to invest 20% of the Recovery and Resilience Facility funds in this area.
- 30% of NextGenerationEU financing will be raised through green bonds.

The majority of funds from NextGenerationEU (€672.5 billion) will be spent through the recovery and resilience facility (RRF). The RRF consists of large-scale financial support to public investments and areas. Each Member State will have to include a minimum of 37% of expenditure related to climate and 20% to digital in their national recovery plan.

A new initiative, REACT-EU, will provide a top-up for cohesion support to Member States for 2014-2020 programmes extending the options for Member States to finance crisis response and crisis repair measures, with a budget of €47.5 billion. It will support workers and SMEs, health systems, the green and digital transitions, and it be available across sectors –from tourism to culture.

A new standalone EU4Health programme has been adopted[28], with a budget of €2.17 billion (2018 prices), and an additional allocation of EUR 2.9 billion (2018 prices) as programme-specific adjustment provided for in Article 5 of Council Regulation

[26] More information is available under the following link: https://ec.europa.eu/info/strategy/eu-budget/long-term-eu-budget/2021-2027_en

[27] More information is available under the following link: https://ec.europa.eu/info/strategy/recovery-plan-europe_en

[28] Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme) for the period 2021-2027, and repealing Regulation (EU) No 282/2014, OJ L 107, 26.3.2021, p. 1

2020/2093. It will invest in prevention, crisis preparedness, the procurement of vital medicines and equipment in health emergency situations, as well as improving long-term health outcomes. A number of other key programmes will be reinforced to learn the lessons from the crisis, notably rescEU[29] and Horizon Europe[30].

EU's social dimension has been strengthened with a renewed European Social Fund, the European Social Fund Plus (ESF+), and a strengthened and more effective European Globalisation Adjustment Fund for Displaced Workers (EGF)[31]. For the period 2021-2027, the ESF+ will be worth €88 billion (in 2018 prices) and the EGF €1.6 billion. Both are geared to invest in people: ensuring they are equipped with the right skills needed to deal with challenges and changes on the labour market, following up on the European Pillar of Social Rights[32]. These investments in people will be complemented by investments by the European Regional Development Fund and the Cohesion Fund in, for example, infrastructure, enhanced connectivity, including ICT connectivity, innovative and smart economic transformation and solutions for greener and low-carbon economy and in safer environments including for OSH.

3. TAKING STOCK OF THE ACHIEVEMENTS IN THE IMPLEMENTATION OF THE EU STRATEGIC FRAMEWORK ON HEALTH AND SAFETY AT WORK 2014-2020

As mentioned earlier, the implementation of the previous strategic framework has triggered comprehensive action from Member States, which have adopted or renewed their national strategies or comparable multiannual programmes. Impressive progress was achieved in the implementation of both the strategic framework 2014-2020[2] and the above-mentioned 2017 Communication[8], with a high number of actions achieved, and in particular, through the adoption of three updates of the Carcinogens and Mutagens Directive[21] improving working conditions for millions of workers in the EU. As a result, the exposure to these substances is now lower, and the protection of these workers' health has significantly improved.

The independent external study carried out during 2020-2021[11] provided relevant information and evidence to take stock of these achievements at both EU and national level, highlighting also the contributions by the European Agency for Safety and Health at Work (EU-OSHA) to the implementation of the 2014-2020 framework[2].

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[29] More information is available under the following link: https://ec.europa.eu/echo/what/civil-protection/resceu_en

[30] More information is available under the following link: https://ec.europa.eu/info/research-and-innovation/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe_en

[31] More information is available under the following link:

https://ec.europa.eu/social/main.jsp?catId=86&langId=en

[32] More information is available under the following link: https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=9939.

Based on this study and on other available information, the main results are described below.

3.1. Context

The EU strategic framework on health and safety at work 2014-2020[2] identified seven strategic objectives. Each of them was to be pursued through key actions to be implemented by different actors active in the field of OSH. These actors are, among others, the Commission, the Member States, the social partners, SLIC and EU-OSHA. Table 1 provides an overview of the different strategic objectives, as well as the key actions and the actors identified as responsible for each action.

Table 1: *Summary of actions and actors in the EU OSH strategic framework 2014-2020*[33]

Strategic objective	Action	Responsible actor(s)*					
		EC	Member States	ACSH (Tripartite Structure)	SLIC	EU-OSHA	Others
1. Further consolidate national strategies	Review national OSH strategies		X	(X)			
	Establish a database of national strategies	X				(X)	
	Nominate contact points for national strategies	X		X	X	X	
2. Facilitate compliance with OSH legislation	Provide financial and technical support on implementing OIRA and other IT-based tools		X			(X)	(x)
	Develop guidance and identify examples of good practice	X				X	
	Promote the exchange of good practice	X	(X)	(X)			
	Continue with awareness raising campaigns	X	(X)			(X)	
3. Better enforcement of OSH legislation by Member States	Map resources of labour inspectorates and evaluate their capacity				X		
	Evaluate exchange/training programme of labour inspectors, enhance tools for cooperation	X			(X)		
	Assess effectiveness of sanctions and fines imposed by MS	X	(X)	(X)	(X)		
4. Simplify existing legislation	Identify simplifications / reductions of burden, promote debate with stakeholders	X		X			
	Encourage Member States to identify sources of specific regulatory burden, promote exchange of good practice and information	(X)	X				

[33] The actors marked as responsible in this table reflect those referenced explicitly within the EU strategic framework, and do not consider other actors who may have been implicated in the actual implementation of specific actions

Strategic objective	Action	Responsible actor(s)*					
		EC	Member States	ACSH (Tripartite Structure)	SLIC	EU-OSHA	Others
	Assess the situation of micro-enterprises in low-risk sectors	X					
5. Address ageing workforce, emerging new risks, work-related and occupational diseases	Establish a network of OSH professionals and scientists	X					
	Support the dissemination of the findings of the European Risk Observatory	X				(X)	
	Identify and exchange good practice on ways to improve OSH conditions for specific categories of workers					X	
	Promote rehabilitation and reintegration measures	X				(X)	
	Identify and disseminate good practice on mental health problems at work					X	
6. Improve statistical data collection and develop the information base	Assess and improve the quality of data on accidents at work (ESAW)	X	X				
	Examine options to improve data on occupational diseases at EU level	X	X				
	Launch discussions within ACSH on a common database on occupational exposures	X		X			X
	Examine options to improve information on costs and benefits in the area of OSH[34]	X					
	Develop a tool to monitor the implementation of the EU strategic framework 2014-2020	X		X			
7. Better coordinate EU and international efforts to address OSH and engage with international organisations	Continue to support candidate countries during accession negotiations	X					
	Strengthen OSH cooperation with the ILO, WHO and OECD	X					
	Review the Memorandum of Understanding (MoU) with the ILO to better reflect OSH policy	X					
	Contribute to implementing OSH commitments in EU free-trade and investment agreements	X					
	Address OSH deficits in the global supply chain and contribute to G20 initiatives	X					
	Strengthen ongoing cooperation and dialogue on OSH with strategic partners	X					

* X = leading role; (X) = supporting role

Source: Commission Communication COM (2014) 332

[34] No actor was explicitly identified as responsible for implementation of this action within the EU strategic framework

3.2. Approach and methodology

The stocktaking of the 2014-2020 framework is based mainly on the results of an independent external study. Other sources of information were also used, such as the opinions of the ACSH[35] and SLIC[36], the Council conclusions[37], the results of the open public consultation[12] launched on 7 December 2020, the contributions from stakeholders as well as hearings in the European Parliament and with social partners.

The external study[11] entailed a thorough assessment of the actions carried out by different actors as well as their effects and impacts. It gathered evidence on the strategic framework's design, its implementation at both EU and Member State level[38], and on its contribution to generating impacts in line with its objective. The evidence was gathered via a range of methods and tools, including more than 100 interviews with relevant stakeholders, a public consultation, and the review of a wide range of secondary sources including policy documents and legislation, official statistics, monitoring data and relevant literature.

3.3. Implementation and quality of the strategic framework (by key objective)

a. Objective one: Further consolidate national strategies

The 2014-2020 strategic framework aims to provide a "stronger and more systematic EU role in supporting the implementation of national strategies, through policy coordination, mutual learning and the use of EU funding". It lists three main actions under this objective, as described in Table 2: *Summary of actions under objective one*

Table 2: *Summary of actions under objective one*

EU-level action identified in the Strategic Framework	Lead actor(s)	Supporting actor(s)
Review national OSH strategies in light of the new EU strategic framework	Member States	Relevant stakeholders, including social partners

[35] Advisory Committee on Safety and Health at Work, "Towards better health and safety in the workplace - Opinion on Future Priorities of EU OSH Policy", Doc.1048/19, Adopted on 04/06/2019

[36] The Senior Labour Inspectors Committee opinion "Future EU OSH enforcement priorities contributing to a renewed EU OSH Strategy", adopted on 21 October 2020

[37] Council Conclusions of 13 June 2019 "The changing world of work: reflections on new forms of work and implications for the safety and health of workers" (Romanian presidency); Council Conclusions of 10 December 2019 "A New EU strategic framework on health and safety at work: Enhancing the implementation of Occupational Safety and Health in the EU" (Finnish presidency); Council Conclusions of 8 June 2020 "Enhancing Well-being at Work" (Croatian presidency)

[38] This means the 27 current Member States of the EU, as well as, where relevant, the UK, which was a Member State until 31 January 2020, i.e. for most of the period covered by the framework

Establish a database covering all national OSH strategy frameworks	European Commission	EU-OSHA
Nominate contact points for national strategies which will meet regularly to map and exchange good practice	European Commission	EU-OSHA, ACSH and SLIC

Objective one has been particularly successful and it is the area where the most progress has been made. This relates both to the extent to which Member States have updated their national strategies and to the extent to which the influence of the EU strategic framework can be seen in these strategies.

Action one: Review national OSH strategies

The 2014-2020 strategic framework invited Member States "to consider reviewing their national strategies in light of the new EU strategic framework, in close consultation with relevant stakeholders, including social partners". Research at national level has identified an up-to-date national OSH strategy in almost all Member States, except for Luxembourg and Croatia.

Objective one encourages Member States not only to "further consolidate national strategies", but also to align them with the objectives of the strategic framework. The national research identified examples of strong alignment with the challenges identified in the EU strategic framework in seven Member States (namely Belgium, Bulgaria, Czechia, Estonia, Romania, Sweden and Slovenia). It also identified direct links to the objectives in Czechia, Spain, Ireland and Malta. National research in the other Member States did not provide indications of such strong ties with the EU strategic framework, but rather, impactful mutual influences, in particular in the UK and the Netherlands.

In some cases, where national strategies do not refer to the EU strategic framework, this appears to be a matter of timing. For example, although Austria, Denmark and the Netherlands have an up-to-date national strategy, these were adopted prior to the publication of the EU strategic framework and lasted until 2020. This effectively prevented them from adopting new strategies in the years directly following the publication of the EU strategic framework.

Action two: Establish a database of national strategies

At EU level, a review of all national strategies (including the UK) was carried out by EU-OSHA, with support from the ACSH Strategy Working Party. The review was published in 2019 in a report, *National strategies in the field of occupational safety and health in the EU*[39], which provides a comprehensive overview of national strategies by objective and examines their links to the EU strategic framework.

[39] More information is available under the following link: https://osha.europa.eu/en/safety-and-health-legislation/osh-strategies

Additionally, the European Commission tasked EU-OSHA to implement a data visualisation tool known as the OSH Barometer. The tool was released in 2020 and provides an accessible, straightforward approach to measure the activities and performance of different Member States against a range of OSH-related metrics. It allows interested parties to have an overview of OSH strategies, statistics, practices and achievements across countries. More detailed information regarding the development of the tool and the data sources used can be found under objective six (improve statistical data collection).

Action three: Nominate contact points for national strategies

A contact point group of national experts was established in 2015 in order to facilitate the exchange of information and experience in this area. Building on this, the ACSH organised two workshops on national OSH strategies, in 2016 and 2018, in order to assess progress in terms of updating the national strategies, share learning and identify areas of good practice.

b. Objective two: Facilitate compliance with OSH legislation

Objective two focuses on providing the support needed to ensure higher levels of compliance with OSH legislation across the EU, particularly amongst small and micro enterprises. This includes tools to facilitate actions such as risk assessments, as well as awareness raising, the production of high quality guidance and the promotion of peer-to-peer learning.

The 2014-2020 strategic framework includes four actions under objective two, as summarised in Table 3. Responsibility for implementation of objective two is divided between the European Commission and EU-OSHA, with support from ACSH and SLIC at EU level as well as the Member States.

Table 3: *Summary of actions under objective two*

EU-level action identified in the strategic framework	Lead actor(s)	Supporting actor(s)
Provide financial and technical support on implementing OiRA and other IT-based tools	Member States	EU-OSHA
Develop guidance and identify examples of good practice taking the specific nature and conditions of SMEs and particularly micro-enterprises into account	European Commission EU-OSHA	
Promote the exchange of good practice	European Commission	Member States (ACSH)
Continue with awareness raising campaigns	European Commission	Member States EU-OSHA

A significant number of outputs were achieved at EU level under this objective and there is now a strong onus on Member States to adapt and promote these at national level.

Action one: Provide financial and technical support on implementing OiRA and other IT-based tools

EU and national financial support for OiRA tools has been identified in half of Member States. For example, in Czechia, it consists of support for research on these tools by the Ministry of Labour and Social Affairs. A number of Member States, including Bulgaria, Latvia and Slovenia, have chosen to organise free seminars with the assistance of EU-OSHA[40]. Additionally, Latvia is promoting OiRA tools on social platforms and involving sectoral organisations in their dissemination. Slovenia prepared promotional adverts and promoted OiRA at seminars and other events. In other countries, as exemplified by Greece and Cyprus, labour inspectors promote the use of OiRA tools during their inspections.

Regarding support for other online risk assessment tools developed at national level, specific actions for promotion and development were reported in Austria, Germany and Ireland. In Germany, the promotion of these tools is made in particular via the accident insurance institutions and professional organisations, which are both directly involved in the design process and close to employers and workers.

In Spain, measures were implemented to try to further increase the usage of the national tool Prevencion10.es[41], including the development of device agnostic platforms (i.e. mobile and tablet friendly) and allowing anonymous guest access.

Action two: Develop guidance and identify examples of good practice taking the specific nature and conditions of SMEs and particularly micro-enterprises into account

Guidance has been developed at EU level (by the European Commission, EU-OSHA, the ACSH and SLIC) in support of this action.

This guidance combines consideration of both long-term trends (such as psychosocial risk, wellbeing at work and musculoskeletal disorders) and responses to emerging risks. A notable example is the publication of guidance to support a safe return to the workplace during the COVID-19 pandemic, developed in 2020. Additionally, the European Commission in cooperation with the ACSH has published a number of good practice guides, some general (e.g. work-related vehicle risks) and some targeted at sectors with a significant proportion of micro and small enterprises (MSEs) (e.g. risk

[40] The assistance of the EU-OSHA is taking place via National Focal Points and specific promotional schemes are offered to two or three Member States per year (Focal point Assistance Tool, FAST). Information obtained via EU-OSHA.

[41] Spain, website "Prevencion10.es", available at: https://www.prevencion10.es/.

prevention in small fishing vessels, OSH best practice in agriculture, livestock farming, horticulture and forestry). SLIC has also published guides to help labour inspectors assess the quality of risk assessment and risk management measures with regard to psychosocial risks and musculoskeletal disorders. The European Commission has also published non-binding guidelines on the implementation of specific directives, such as Directive 2013/35/EU on Electromagnetic Fields[42].

The most common actions implemented at Member State level include guidelines targeting certain OSH risks or working activities, training programmes, consultations (e.g. workshops, conferences), expert support and financial support.

In parallel and/or within the context of general measures to facilitate compliance with OSH legislation, Member States have adopted a wide array of measures specifically targeting MSEs. Some examples are the specific financial support to MSEs linked to OSH compliance in Bulgaria and Denmark; the involvement of MSEs in OSH policymaking in France; the creation in Austria of a working group promoting risk awareness and assessment in MSEs; the creation in Poland of a Network of Health and Safety Experts to support MSEs, and legal adaptations for MSEs in Denmark and Hungary (less expensive fines), and Sweden (no requirement for MSEs to collate policy documents, routines and annual audits to avoid administrative burden while maintaining the same level of protection).

Action three: Promote the exchange of good practice

While some examples of information sharing were identified under this action, a number of stakeholders consulted perceived this area as one where more could have been done.

The main activity organised by the European Commission has been peer reviews between national authorities, three of which were organised during the reference period. In October 2017, the Irish government hosted a peer review meeting on the use of web-based tools for OSH risk assessment. This was followed in June 2018 by a peer review meeting in Denmark on the efficient transposition, implementation and enforcement of EU OSH legislation. A third peer review was organised in Sweden in October 2019 on "Legislation and practical management of psychosocial risks at work". The peer reviews were well received by participants, and perceived as "successful" and "really very interesting".

Additionally, EU-OSHA has organised a number of conferences and meetings through its OiRA and interactive risk assessment tools (IRAT) communities, to encourage mutual learning and best practice exchange. Initiatives such as the Good Practice Awards,

[42] Directive 2013/35/EU of the European Parliament and of the Council of 26 June 2013 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (20th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) and repealing Directive 2004/40/EC, *OJ L 179, 29.6.2013, p. 1*

carried out within the framework of the healthy workplaces campaigns[43], are also designed to identify and celebrate best practice within enterprises at national level.

Action four: Continue with awareness raising campaigns

EU-OSHA implemented four healthy workplaces campaigns[43] in the period under review, covering the following topics: management of stress (2014-2015), healthy workplaces for all ages (2016-2017), management of dangerous substances (2018-2019) and prevention of musculoskeletal disorders (ongoing). Evaluations of the campaigns have noted a steady increase in the number of unique visitors to the campaign website and online events from one campaign to the next. There has been a clear alignment between the campaign topics and EU-level priorities and activities in the field of OSH. For example, the campaign on dangerous substances was reported to support the implementation of the continuously updated EU chemicals legislation and as being very well aligned with the Roadmap on Carcinogens[44].

A number of different awareness raising campaigns have also been implemented at national level (in addition to national campaigns organised within the remit of the healthy workplaces campaigns[43]). These included awareness raising/inspection campaigns on OSH matters, such as in Spain (technical assistance campaigns), Belgium (inspection campaigns on temporary and mobile construction sites to promote measures to prevent risks) and Hungary (campaigns on the employment of temporary workers); campaigns in schools (for example, training programmes for technical school graduates in Greece and initiatives in Cyprus to promote OSH in schools); mass / social media campaigns, exemplified by the approach of Portugal (which successfully promoted the "Practical guide to safety and health in the placement and reception of temporary workers" on Facebook) and Malta (which launched mass media campaigns targeting temporary or mobile construction sites and young workers).

c. Objective three: Better enforcement of OSH legislation by Member States

Objective three focuses on the role of labour inspectors in facilitating compliance with legislation, deterring undeclared work and identifying key emerging risks and priorities. National and EU-level actions under this objective focused on understanding the current capacity of labour inspectors to carry out these duties, evaluating and improving current capacity building activities and analysing the effectiveness of fines and sanctions, as well as other "soft" enforcement measures.

In its 2019 opinion on future priorities of EU OSH policy[9], the ACSH underlined the essential nature of adequate monitoring and enforcement at Member State level in order to ensure that the OSH acquis is applied uniformly across the European Union,

[43] More information is available under the following link: https://osha.europa.eu/en/healthy-workplaces-campaigns

[44] More information is available under the following link: https://roadmaponcarcinogens.eu/

guaranteeing a level playing field for companies and the same basic level of protection for workers.

The main actions identified to improve enforcement of OSH legislation were primarily addressed to the European Commission and SLIC. SLIC plays a key role at EU level in promoting effective and equivalent enforcement of the EU OSH directives, and in the exchange of national enforcement policies, experiences and practices. It also has an important role in developing common principles of labour inspection in the field of health and safety at work, and in developing methods of assessing the national systems of inspection in relation to those principles. It promotes improved knowledge and mutual understanding of the different national systems and practices of labour inspection, the methods and legal frameworks for action (through awareness-raising campaigns, exchanges and training programmes aimed at labour inspectors). At Member State level, labour inspectorates are the main actors in charge of the enforcement of OSH legislation. They monitor and inspect how OSH requirements are applied in workplaces and issue warnings or levy sanctions in case of infringements to these requirements.

A summary of the actions foreseen under objective three is provided in Table 4 below.

Table 4: *Summary of actions under objective three*

EU-level action identified in the strategic framework	Lead actor	Supporting actor
Map the resources of labour inspectorates and evaluate their capacity to carry out their main duties on enforcing OSH legislation	SLIC	N/A
Evaluate the programme of exchange/training of labour inspectors and examine ways to enhance the current tools for cooperation within the SLIC, taking into account new OSH challenges	European Commission	SLIC
Assess the effectiveness of sanctions and administrative fines imposed by Member States, as well as other measures of 'soft enforcement' and non-traditional ways of monitoring compliance	European Commission	SLIC, ACSH

There was steady progress in implementation of objective three, despite significant concerns regarding enforcement capacity from many labour inspectorates as a result of national funding cuts. At EU level, SLIC implemented a number of actions in support of a more coordinated approach to enforcement in EU Member States.

Action one: Map resources of Labour Inspectorates

The SLIC document library[45] includes information on the OSH national enforcement bodies and their responsibility for different areas. Annual reports and handbooks provided by national labour inspectorates on a voluntary basis provide an overview of the resources and capacity of labour inspectorates in carrying out their main duties with regard to OSH enforcement. The documents include information on the main actors within each country in terms of enforcement, sectors covered (and excluded), information on the authority (including, for example, number of staff, number of inspectors, increases/decreases in staff, inspection activities and enforcement activities).

Additionally, SLIC has carried out research into specific issues, which are also relevant in terms of responsibilities and workload of national labour inspectorates. Two particularly relevant examples are:

- Study about the impact of the economic crisis on the European labour inspection systems from 2008 to 2014, published in 2016 by the SLIC Working Group on the Impact of the Crisis.
- Study on improving intervention of labour inspection in MSEs regarding legislation transposing EU OSH directives, commissioned by DG EMPL and published in 2017.

These studies both support the development of a more nuanced understanding of the challenges faced by labour inspectorates across Europe.

Action two: Evaluate SLIC exchange/training programme and examine ways to enhance current tools for cooperation within the SLIC, taking into account new OSH challenges

There is an ongoing programme of bilateral exchanges organised within the remit of SLIC, with individual labour inspectors visiting their counterparts in other countries to understand specific aspects of OSH enforcement and labour inspection.

SLIC has also committed to a rolling programme of labour inspectorates evaluations, including adopting in SLIC Plenary a rota for future years. Evaluations are carried out with reference to an evaluation reference manual, which describes common evaluation principles, a reference evaluation plan and timescales, an evaluation protocol and questionnaire, and implementation tools such as letter templates and checklists. Additional tips are included throughout the manual, to reflect the learning gained from previous evaluation rounds. The reference manual is regularly updated, with the most recent version dating to 2019.

A detailed report and executive summary of each evaluation are shared with all SLIC members using the SLIC CIRCA intranet site. The executive summaries are reviewed

[45] SLIC document library (public access), available at: https://circabc.europa.eu/ui/group/fea534f4-2590-4490-bca6-504782b47c79/library/31647d8a-ccec-44af-ba1f-f4f37bb356b6

every two years, in order to identify common themes, which should be linked to the SLIC thematic days.

The first round of evaluations focused on benchmarking labour inspectorate's performance against the common principles described in the Reference Manual. Future evaluations are expected to build on this foundational work, exploring the extent to which the strategic framework is reflected in the work of labour inspectorates as well as how recommendations from previous evaluations have been implemented.

In May 2019, SLIC published a document entitled "Common standards for OSH inspector training programme". This document describes a seven-part training programme which is designed to align with common principles of OSH inspection, as described in ILO Convention 81[46] (concerning labour inspection in industry and commerce). EU social partners and members of the ACSH expressed strong support for the role of SLIC in supporting the training of labour inspectors and providing a common framework.

Action three: Assess effectiveness of sanctions and administrative fines, 'soft enforcement' measures and non-traditional ways of monitoring compliance

Overall progress in implementation of this objective at EU level appears to have been steady, but at national level efforts to improve enforcement were often limited by resource constraints.

The importance of SLIC in promoting better coordination of enforcement at Member State level has been highlighted by the ACSH and this opinion is reflected across all stakeholder groups. At national level, labour inspectorates (many of whom have faced significant funding cuts in the last decade) expressed significant concerns related to their limited enforcement capacity. To cope with these limited capacities and decrease in the numbers of inspections labour inspectorates develop, inter alia, risk-based approaches to prioritise inspections. The COVID-19 pandemic in 2020 was also identified as a significant obstacle to perform enforcement, making it very difficult for labour inspectors to carry out in-person inspections.

Effectiveness of sanctions

National research unearthed a limited amount of information on the effectiveness of sanctions. Indeed, only two Member States (Estonia and Latvia) were found to have carried out official evaluations on the effectiveness of sanctions.

In Latvia, the results of the stocktaking showed that pre-existing sanctions were insufficient. This led to a new maximum sanction of EUR 32,000, a twelvefold increase on the previous regime. In Sweden, the level of administrative fines for violations of the Working Environment Act has been increased to a maximum of SEK 1 million (approx.

[46] More information is available under the following link: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C081

EUR 100,000). The adaptation of the rules on sanctions to the (legislative) changes in the social legislation was also an objective of the Spanish national strategy.

In several Member States stakeholders were supportive of the use of sanctions as the principal means of enforcement for OSH rules. Nevertheless, a number of barriers to effectiveness were identified. In Poland, worker representatives were critical of the very low incidence of fines for violations of OSH legislation and underlined the need for effective sanctions as a deterrent to infringements. In Portugal, the delays and lengthy judicial procedures were felt to limit the dissuasive effect of sanctions.

To improve the effectiveness of sanctions, Hungary allows labour inspectors to impose on-the-spot fines during inspections. Ireland publicises information on sanctions levied and the names of companies that infringed OSH legislation in the national media.

However, research in the Netherlands has found that a 2012 shift towards more stringent enforcement has not led to conclusive results, and a reinforcement of the culture of self-enforcement within companies is now being promoted.

'Soft enforcement' and non-traditional ways of monitoring compliance

The soft enforcement of OSH legislation implies a dialogue between the inspection authorities and the companies supervised. A common approach, which is promoted by the EU strategic framework and has been identified in 14 Member States, is to put more weight on the advisory roles of labour inspectors. For example, Austria and Portugal have included follow-up visits, in Belgium and Cyprus, labour inspectors can offer "on the spot" training to MSEs, in Malta, workers' health and safety representatives are invited to participate in inspections, Czechia has set up a safe enterprise programme in which educational and preventive activities are organised and in Latvia, the "Consult First" initiative promotes cooperation between companies and labour inspectors.

Finally, in some Member States the enforcement of OSH policies has been promoted and ensured by other stakeholders, without requiring the involvement of labour inspectors. In Sweden, soft enforcement is inherent to the system of prevention, as Regional Safety Representatives nominated by trade unions may visit companies where at least one employee is member of the trade union, with a focus on prevention and dialogue. In France, consulting engineers and control agents of the social security, who are not labour inspectors, may issue injunctions in face of an exceptional risk for employers to take "any justified measure of prevention" within a specified timeframe.

d. Objective four: Simplify existing legislation

Objective four reflects the need to eliminate unnecessary administrative burden and simplify EU legislation, in accordance with the objectives of the overarching Commission's EU regulatory fitness and performance programme (REFIT)[47]. With

[47] COM(2013) 685 final of 2.10.2013: Regulatory Fitness and Performance (REFIT): Results and Next Steps.

regard to OSH legislation, this means assessing the extent to which existing legislation is fit for purpose, examining how it can be better implemented and working to support parity between Member States in terms of implementation. Any simplification efforts should seek to balance strong worker protections with a reduction in the administrative burden for MSEs.

Three main actions were identified with regard to simplification, with responsibility for implementation divided between Member States and the European Commission. Table 5 below provides a review of progress against each of the main actions identified to support the simplification of legislation within the European strategic framework.

Table 5: *Summary of actions under objective four*

EU-level action identified in the strategic framework	Lead actor	Supporting actor
Identify possible simplifications and/or reductions of unnecessary burden as part of the evaluation of the OSH legislation, and promote a public debate with all stakeholders	European Commission	ACSH
Encourage Member States to identify sources of specific regulatory burden created by their own transposing legislation on OSH and national legislation, and analyse national implementation reports to identify good practice and to promote exchange of information	Member States	European Commission
Assess the situation of micro-enterprises in low-risk sectors and consider how to simplify the implementation of risk assessment, including documentation	European Commission	N/A

In relation to the implementation of objective four, the European Commission updated six directives following the ex-post evaluation of the EU OSH Framework Directive and 23 related directives. This represents a significant effort to modernise the EU OSH acquis. At national level, however, only ten Member States were found to be implementing activity in support of this action.

Action one: Identify possible simplifications and/or reductions of unnecessary burden and promote a public debate with all stakeholders

Clear progress has been made since 2014 with regard to updating EU legislation and removing unnecessary duplication, where necessary, although this task is ongoing. Most of the activities in this area took place after 2017, when the European Commission published the staff working document[48] on its evaluation of EU OSH Framework

[48] Staff Working Document "Ex-post evaluation of the European Union occupational safety and health Directives (REFIT evaluation)" SWD(2017) 9 accompanying Communication from Commission to the

Directive 89/391/EEC and 23 related directives. This led to the publication, in 2017, of the Communication "Safer and healthier work for all - Modernisation of the EU occupational safety and health legislation and policy"[8] , which identified a number of pieces of legislation to be updated in order to ensure the EU OSH *acquis* remains relevant and fit for purpose.

The 2017 Communication identified six directives in need of modernisation. These are:

- Directive 92/58/EEC on OSH Signs at Work[49]). A specific guidance document to better explain the relation between this directive and the EN ISO 700 Signs Standard has been developed in order to avoid any misunderstanding. The ACSH adopted in December 2020 an opinion on a non-binding guidance in this respect.

- Directive 2000/54/EC on Biological Agents[50]. The list of biological agents in Annex III was reviewed and updated in 2019 together with an update of Annexes V and VI (Directive (EU) 2019/1833[51]).

    - The directive was updated again in 2020 in view of the COVID-19 pandemic to include SARS-CoV-2 (coronavirus) in Annex III (Directive (EU) 2020/739[52]).

- Directive 92/29/EEC on Medical Treatment on Board Vessels[6]. The compulsory list of medical supplies laid down in the directive was reviewed and the relevant annexes to the directive were updated in 2019 (Directive (EU) 2019/1834[53]).

- Directive 89/656/EEC on Personal Protective Equipment[54]. The annexes to the directive were updated in 2019 to take account of the latest scientific and technological evolutions (Directive (EU) 2019/1832[55]).

European Parliament, the Council, the Economic and Social Committee and the Committee of Regions "Safer and Healthier Work for All -Modernisation of the EU Occupational Safety and Health Legislation and Policy" COM(2017)12 final.

[49] Council Directive 92/58/EEC of 24 June 1992 on the minimum requirements for the provision of safety and/or health signs at work (ninth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 245, 26.8.1992, p.23*

[50] Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work (seventh individual directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 262, 17.10.2000, p.21*

[51] Commission Directive (EU) 2019/1833 of 24 October 2019 amending Annexes I, III, V and VI to Directive 2000/54/EC of the European Parliament and of the Council as regards purely technical adjustments, *OJ L 279, 31.10.2019, p. 54*

[52] Commission Directive (EU) 2020/739 of 3 June 2020 amending Annex III to Directive 2000/54/EC of the European Parliament and of the Council as regards the inclusion of SARS-CoV-2 in the list of biological agents known to infect humans and amending Commission Directive (EU) 2019/1833, *OJ L 175, 4.6.2020, p. 11*

[53] Commission Directive (EU) 2019/1834 of 24 October 2019 amending Annexes II and IV to Council Directive 92/29/EEC as regards purely technical adaptations, *OJ L 279, 31.10.2019, p. 80*

- Directive 89/654/EEC on Workplaces[56]. This directive is currently being reviewed, with a particular focus on whether the definition of "workplace" should be updated to reflect new working realities (e.g. platform working, teleworking etc.). The annexes are also being reviewed.

- Directive 90/270/EEC on Display Screen Equipment[57]. This directive is also being revisited to remove references to obsolete technologies and update certain definitions (such as "workstation") to reflect the modern workplace. Additionally, exemptions included in the directive are being reviewed to check whether they are still relevant and/or required.

Furthermore, a number of occupational exposure limit values (OELs) as well as other provisions under Directive 2004/37/EC on Carcinogens and Mutagens at Work[21] have been revised or introduced addressing 26 carcinogens or mutagens. In addition, two directives were adopted establishing a fourth[58] and a fifth list[59] of indicative OELs for hazardous chemicals / groups of chemicals under the scope of Directive 98/24/EC on Chemical Agents at Work[60]. Preparatory work is also underway to review the current limit values of lead and establish a new OEL for diisocyanates under the scope of the Directive on Chemical Agents and to review the existing OEL within Directive 2009/148/EC on Asbestos at Work[4]. In addition, further action on cobalt has been envisaged.

In general, these changes were praised by stakeholders, particularly for their focus on modernising and updating the legislation. However, some issues have arisen, perhaps the most notable of which is that there were sometimes different approaches to scientific assessment underpinning different EU chemicals legislations.

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[54] Council Directive 89/656/EEC of 30 November 1989 on the minimum health and safety requirements for the use by workers of personal protective equipment at the workplace (third individual directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 393, 30.12.1989, p.18*

[55] Commission Directive 2019/1832 of 24 October 2019 amending Annexes I, II and III to Council Directive 89/656/EEC as regards purely technical adjustments, *OJ L 279, 31.10.2019, p. 35*

[56] Council Directive 89/654/EEC of 30 November 1989 concerning the minimum safety and health requirements for the workplace (first individual directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 393, 30.12.1989, p.1*

[57] Council Directive 90/270/EEC of 29 May 1990 on the minimum safety and health requirements for work with display screen equipment (fifth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 156, 21.6.1990, p.14*

[58] Commission Directive (EU) 2017/164 of 31 January 2017 establishing a fourth list of indicative occupational exposure limit values pursuant to Council Directive 98/24/EC, and amending Commission Directives 91/322/EEC, 2000/39/EC and 2009/161/EU, *OJ L 27, 1.2.2017, p. 115*

[59] Commission Directive (EU) 2019/1831 of 24 October 2019 establishing a fifth list of indicative occupational exposure limit values pursuant to Council Directive 98/24/EC and amending Commission Directive 2000/39/EC, *OJ L 279, 31.10.2019, p. 31*

[60] Council Directive 98/24/EC of 7 April 1998 on the protection of the health and safety of workers from the risks related to chemical agents at work (fourteenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC, *OJ L131, 5.5. 1998, p.11*

This issue was also reflected in the 2017 Communication[8] and the 2019 Fitness Check of the most relevant EU chemicals legislation (excluding REACH)[61]. Both of these documents identified inconsistencies in scientific advice and risk assessments issued by different EU scientific bodies depending on the competencies and remit determined by the relevant legislation. Since 2017, relevant Commission services have worked closely together to resolve these issues and ensure complementarity between the two sets of legislation. For example, inconsistency concerning scientific assessment has been resolved by the Committee for Risk Assessment (RAC) of the European Chemicals Agency (ECHA) being the only scientific body providing such assessment concerning workers protection from the exposure to chemicals.

Action two: Encourage Member States to identify sources of specific regulatory burden created by their own transposing legislation on OSH and national legislation and analyse national implementation reports to identify good practice and to promote exchange of information

While responsibility for this action lies with the Member States, the European Commission has a role to play in supporting the identification of specific sources of regulatory burden, identifying good practice and promoting information sharing.

The ACSH has plans to create a working party to look at the costs, benefits and administrative burden of OSH legislation but this has not yet been implemented. Additionally, the following chapter presents a review of the national implementation reports.

Processes for the identification of regulatory and administrative burdens

The extent to which Member States have put specific actions in place that allow for the identification of regulatory and administrative burdens varies significantly. One important success factor identified by countries seeking to simplify OSH legislation is the involvement of social partners in the process.

Germany, Italy and Slovenia had already conducted substantial simplification actions in 2007-2012. Countries including Malta, Ireland, Croatia, Latvia and Czechia have endeavoured to take a systematic approach to simplification. In some Member States, such as Latvia, Slovenia and Czechia, the regulatory burden must be assessed every time that a new piece of OSH legislation or an amendment to existing OSH legislation is proposed.

The national research also uncovered some less successful attempts at reducing regulatory and administrative burdens.

Actions towards the simplification of OSH legislation

[61] European Commission, 2019, Findings of the Fitness Check of the most relevant chemicals legislation (excluding REACH) and identified challenges, gaps and weaknesses, available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0102

In their attempts to simplify OSH legislation, Member States must ensure a sufficient level of protection to workers, which cannot be lowered compared to standards of EU legislation. This has been identified as a significant barrier to simplification (e.g. in France) and could be an indicator that simplification would usually be more appropriate at EU level.

One of the most significant simplification processes identified at national level is the codification of OSH legislation. Examples of this approach include the Belgian Code of Wellbeing at Work, or the adoption of a new OSH Framework Act in Croatia pursuant to its accession (as a Member State) to the European Union, and work carried out in Germany to simplify the ordinance on workplaces.

Several Member States, including Denmark, Malta and Poland, identified the integration of the obligatory assessment of the explosion protection document pursuant to Directive 1999/92/EC on Explosive Atmospheres[62] into the general workplace risk assessment document as a measure to simplify the administrative procedures required from companies. Additionally, in 2017 Croatia and Bulgaria both adopted rules for the simplification of reporting accidents at work and occupational diseases. In Slovenia, the digitisation projects facilitated reporting of accidents at work and occupational diseases.

Another approach to simplification has involved the removal of certain (declaratory) obligations, which were deemed not effective enough. For example, Austria has lifted several administrative obligations in 2017, including the obligation to keep records of near misses, and in Poland, workers who are re-employed by the same employer in the same position and with the same working conditions have been removed from the mandatory preliminary medical examination scheme.

Finally, rather than focusing on legislative simplifications, some Member States have chosen to focus on improving companies' understanding of OSH legislation and supporting implementation, via the development of OiRA and other online tools. This is the case, for example, in Greece and Portugal.

Digitisation of processes to reduce administrative burdens

A small number of initiatives to move administrative procedures online were identified, in order to make compliance easier. For example, in France an online platform has been developed to allow enterprises to declare demolition, removal and encapsulation plans for asbestos and Latvia and Lithuania allow the online declaration of accidents at work and the digital reporting of risk assessments. In Slovenia, several digitisation projects have been initiated to facilitate reporting of accidents at work and occupational diseases digitally. The COVID-19 pandemic was identified as one factor behind the transition to

[62] Directive 1999/92/EC of the European Parliament and of the Council of 16 December 1999 on minimum requirements for improving the safety and health protection of workers potentially at risk from explosive atmospheres (fifteenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 23, 28.1.2000, p.57*

digital reporting in Slovenia, with the introduction of digital reports to notify authorities of the number of employees who are teleworking.

Simplification of rules for SMEs

Only a few instances of simplification of legislation or administrative processes specifically for SMEs were identified via the national research. Croatia has simplified rules on mandatory OSH councils in SMEs. While maintaining the core obligations on SMEs (risk analyses, action plans and instructions for hazardous work), Sweden has removed documents requirements from the systematic work environment management of micro enterprises. In France, certain rules on the SME workplaces were amended (requirement to provide locker rooms changed to secured storage unit). Austria has extended the interval between inspections of office (or similar) workplaces between 1 and 10 employees, from two to three years.

Action three: Assess the situation of micro-enterprises in low-risk sectors and consider how to simplify the implementation of risk assessment

There is limited evidence of a coordinated effort at EU level to identify opportunities for simplifying the requirements placed on micro-enterprises. Research carried out by EU-OSHA as part of its European survey of enterprises on new and emerging risks (ESENER) activity[63], indicates that while one obstacle faced by small enterprises is that implementing OSH legislation represents an administrative burden, small business owners are often rather faced with the obstacle of not being aware of their obligations or not fully understanding OSH principles.

Additionally, DG EMPL commissioned a study on the obligation to document the risk assessment for very small enterprises[64]. The study found that an exemption from the documentation obligation for micro-enterprises in low risk sectors might lead to a small net benefit under some scenarios, but that a negative net benefit (and possibly a substantial one) could not be ruled out.

Some social partners and stakeholders consulted have questioned whether simplification is the most important action to support MSEs, and pointed instead to the need for increased awareness raising, other programmes (financial, technical support, training), a sector-based approach and better-targeted support for OSH compliance.

e. Objective five: Address ageing workforce, emerging new risks, work-related and occupational diseases

Objective five recognises the changing landscape of OSH and the need to address new challenges such as the ageing workforce. Additionally, it is intended to address the

[63] EU-OSHA, ESENER, available at: https://visualisation.osha.europa.eu/esener#!/en

[64] European Commission, December 2012, Study on the consequences of the documentation of the risk assessment (Article 9 of Directive 89/391/EEC) by very small enterprises engaged in low-risk activities, compared with a possible exemption from that obligation (VC/2011/451)

emergence of new technologies, products, industries and ways of working that impact the risk landscape workers are facing.

The strategic framework included several actions under objective five. Table 6 below lists those actions, as well as the actors the Framework identified as responsible for their implementation.

Table 6: *Summary of actions under objective five*

EU-level action identified in the strategic framework	Lead actor	Supporting actor
Establish a network of OSH professionals and scientists	European Commission	N/A
Support the dissemination of the findings of the European Risk Observatory	European Commission	EU-OSHA
Identify and exchange good practice on ways to improve OSH conditions for specific categories of workers, e.g. older workers, inexperienced younger workers (including those employed in different forms of temporary contracts), apprenticeships, workers with disabilities and women	EU-OSHA	N/A
Promote rehabilitation and reintegration measures	European Commission	EU-OSHA
Identify and disseminate good practice on mental health problems at work	EU-OSHA	N/A

Progress against this strategic objective has been relatively steady, with a particular emphasis in recent years on the effort to tackle occupational diseases caused by exposure to hazardous chemicals. Work on chemicals legislation (described under objective 4) resulting from the ex-post evaluation of the EU OSH acquis was a key driver of progress in this area, as they provided momentum for initiatives aimed at raising awareness as well as sharing best practices on managing hazardous chemicals and the associated risks. Progress was also noted on addressing other types of occupational diseases, namely musculoskeletal disorders.

While a lot of progress has been made under this objective, the specific focus on new and emerging risks means that there will always be more left to do. The stakeholders consulted highlighted that the COVID-19 pandemic has exacerbated some existing risks and emerging trends, particularly with regard to ways of working, which have experienced a rapid shift. Changes to the way of working also encompass the broadening of different categories of workers – the classical employer-employee model is no longer the only one, as the number of self-employed workers, informal workers and workers in the gig-economy is increasing. This requires policy makers to look at the existing corpus of legislation and practices with a new lens.

Action one: Establish a network of OSH professionals and scientists

Evidence has not been found on specific measures or initiatives carried out under this action.

Action two: Support the dissemination of the findings of the European Risk Observatory among the relevant actors

The European Risk Observatory[65] is an EU-OSHA initiative, which gathers, analyses and publishes information on emerging risks in order to help "anticipate change" and provide a platform for debate between experts and policy makers. Although research in this area is actively carried out and shared, the European Risk Observatory "brand" is no longer being actively promoted.

Action three: Identify and exchange good practice on ways to improve OSH conditions for specific categories of workers

EU-OSHA has published a number of case studies, reports and discussion papers sharing good practice on working with chronic musculoskeletal disorders as well as analysing trends and drivers of change around developments in information and communication technologies (ICT), the digitalisation of work and other emerging issues in the workplace, including issues affecting specific types of workers.

Action four: Promote rehabilitation and reintegration measures

To promote rehabilitation and reintegration measures, among others, responding to the consequences of an ageing workforce, on the request of the European Parliament a 3-year pilot project 'Safer and healthier work at any age' was initiated. The project was managed by EU-OSHA and worked towards improving knowledge of policies and initiatives addressing the ageing of the workforce and their implementation across Europe, providing reliable information and analysis for policy development in the area of OSH, and facilitating the exchange of good practice.

Action five: Identify and disseminate good practice on mental health problems at work

EU-OSHA published several reports on mental health in the workplace. The healthy workplaces campaign 2014-15 was also dedicated to the topic of managing work-related stress. The European Commission also published in 2014 guidance on mental health at work. This included guidance on implementing a comprehensive approach, to support for employers, employees and other stakeholders on the management of mental health issues

[65] EU-OSHA, European Risk Observatory, available at: https://osha.europa.eu/en/about-eu-osha/what-we-do/european-risk-observatory#:~:text=The%20aim%20of%20EU%2DOSHA's,and%20effectiveness%20of%20preventive%20measures

in the workplace and an interpretative document on the implementation of the OSH Framework Directive in relation to mental health in the workplace[66].

Further actions

In addition to the actions explicitly listed in the EU strategic framework, a number of other developments have contributed towards objective five throughout the framework's implementation period. This applies particularly to addressing work-related risks and **occupational diseases**, especially risks posed by carcinogens and other hazardous chemicals. Key developments have been the three amendments of the Carcinogens and Mutagens Directive[21] (and a fourth proposal put forward by the Commission) and the two new lists of indicative OELs under the scope of the Chemical Agents Directive[60], as well as the two technical updates of the Biological Agents Directive[50] (as described under objective four). However, implementation and enforcement of legislation is the responsibility of (individual) Member States. It therefore remains to be seen whether the legislative changes will result in reduced exposure in the long-term.

Another important development at EU level was the Roadmap on Carcinogens[44], launched in 2016, that brings together the European Commission, EU-OSHA, Member States and social partners to "promote awareness raising as well as the development and exchange of good practices that prevent or reduce exposure to carcinogens at the workplace".

In addition, EU-OSHA conducted and published a significant body of research on **new and emerging risks** and occupational diseases throughout the strategic framework implementation period. This includes, for example, an OSH overview on musculoskeletal disorders, a foresight project looking at the impact of rapid developments in digital technologies on working conditions, and research published on alert and sentinel systems to catch early signs of work-related diseases.

More recently, progress was also noted in addressing violence and harassment at work. The Commission has proposed a Council Decision authorising Member States to ratify, in the interest of the European Union, the violence and harassment convention, 2019 (No. 190) of the ILO[67]. The COVID-19 pandemic has highlighted the urgency of dealing with issues such as violence in the workplace.

In addition to EU-OSHA's focus on "Healthy workplaces for all ages" during its 2016-2017 healthy workplaces campaign, several other initiatives addressing the challenges related to **demographic change** in the workforce took place within the framework's implementation period. Notably, the European Social Partners (BusinessEurope, UEAPME, CEEP and ETUC, and the liaison committee EUROCADRES/CEC) agreed

[66] For more information see the European Commission website, available at: https://ec.europa.eu/social/main.jsp?catId=716&langId=en

[67] More information is available under the following link: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190

through the social dialogue to sign an autonomous framework agreement in 2017 "on active aging and an inter-generational approach". In this agreement, they committed to promote and implement tools and measures to facilitate older workers' active participation and continuation in the labour market until the legal retirement age[68].

Activities carried out by Member States

Although none of the specific actions under objective five are explicitly ascribed to Member States, it nonetheless appears clear that Member States were also expected to address the challenges related to the ageing workforce, emerging new risks, work-related and occupational diseases.

Actions to address challenges related to the **ageing workforce** were identified in almost all Member States. These are mainly policy actions such as for example the development of a cross-policy strategic document, the priority of which is promoting the active life of older people in the field of employment (Bulgaria); awareness-raising campaigns on "Healthy jobs – regardless of age" (Estonia) or prioritisation of ageing workers in their general comprehensive health screening program (mobile diagnostic centre) (Hungary). Czechia and Portugal adopted legal measures setting more stringent health checks for older workers.

Some Member States (Austria, Bulgaria, Cyprus, France, Slovenia) also adopted legal changes and/or policy actions related to **female workers**. For example, in France, the Labour Code has been amended to integrate a differentiated evaluation of the health and safety risks in the enterprise based on gender; in Cyprus, additional provisions have been included in the relevant regulations providing protection to pregnant workers and workers who recently gave birth and in Austria, an inspection campaign on the assessment of maternity protection in large enterprises was conducted.

Specific policy actions were also identified in certain Member States with regard to **disabled workers** (Austria, France, Poland) and **young workers** (Austria, Czechia, Lithuania, Slovenia).

Various challenges related to the increased use of **information technology and atypical contractual arrangements** were highlighted by several Member States (such as Austria, Bulgaria, Czechia, Denmark, Portugal, France, Latvia, Slovenia, Sweden, Malta). However, limited legal changes to adapt OSH legislation to new types of work organisation, and no policy actions to address these changes, were reported (with the exception of Latvia).

[68] ETUC, 2019, European Social Partners' Autonomous Framework Agreement on Active Ageing and an Inter-generational Approach , viewed 22.01.2021, https://www.etuc.org/sites/default/files/circular/file/2019-07/European%20Social%20Partners%E2%80%99%20Autonomous%20Framework%20Agreement%20on%20Active%20Ageing.pdf

Both legal changes and policy actions have been taken by several Member States to address the risks linked to **new technologies, new products** – in particular, nanomaterials – and **new chemicals**. The measures adopted are mainly policy measures, such as issuing guidelines on managing risks related to nanomaterials (e.g. Austria), streamlining the work of labour inspections with ECHA recommendations (Slovakia), supporting research (Czechia), adopting national strategies/ programmes in this field (e.g. Italy, Poland), organising campaigns (e.g. Slovenia) and increasing targeted visits (e.g. Austria, Portugal).

Some Member States adopted legislative changes to address these new risks. For example, Germany adopted legislative changes related to hazardous chemicals and biological agents as well as new forms of cancers; in Belgium, information on nanomaterials must be registered in order to ensure information is passed along the supply chain, Slovenia set more and lower OELs for certain chemical agents and Slovakia adopted more stringent limit values for certain carcinogens and mutagens.

f. Objective six: Improve statistical data collection and develop the information base

Objective six focuses on the importance of reliable, comparable and up to date data to facilitate robust and evidence-based policy making in the field of OSH. The EU strategic framework identifies specific challenges in the area of occupational exposure, occupational disease and ill health, in particular. As far as the EU statistics on accidents at work are concerned, issues were identified with regard to under-reporting, in particular for non-fatal work accidents. Objective six therefore focuses on the need for common approaches to identify and measure risks to workers' safety and health and the importance of good quality data collection across the EU.

The EU strategic framework indicates five main actions under objective six. The majority of the actions were to be implemented by the European Commission, with the support of national competent authorities. One action (examine options to improve information on costs and benefits of OSH) was not allocated to any specific actor. An overview of the actions, along with the lead actor and the actors with a supporting role, is presented in Table 7.

Table 7: *Summary of actions under objective six*

Action	Lead actor	Supporting actor
Assess and improve the quality of data on accidents at work (ESAW)	European Commission	Competent national authorities
By the end of 2016, examine options to improve data on occupational diseases at EU level	European Commission	Competent national authorities
Launch discussions within ACSH on a common database on occupational exposures	European Commission, ACSH and national experts	N/A
Before 2016, examine options to improve information on costs and benefits in the area of OSH	N/A	N/A

Before 2016, develop a tool to monitor the implementation of the EU strategic framework 2014-2020	European Commission	ACSH

Progress against the actions under this objective has generally been consistent, although at times it has been slow-paced, primarily due to divergences that still exist in data reporting and occupational disease recognition practices at national level. Work has been carried out to improve the reporting of data on accidents at work, and results have emerged from initiatives to improve the availability of datasets on occupational diseases at EU level.

Action one: Assess and improve the quality of data on accidents at work transmitted by Member States in the framework of the European Statistics on Accidents at Work (ESAW) data collection, with the aim of improving coverage, reliability, comparability and timeliness

Under the provisions of Regulation (EU) 349/2011[69], Member States were required to provide data quality assessments on accidents at work statistics, as part of the legal obligations of the countries that are providing the official statistics. Metadata information is available to the public with information on dimensions such as coverage, accuracy, timeliness and punctuality, in an effort to strengthen data coherence and comparability. However, feedback from the stakeholders consulted suggests that further improvements could be made, especially in relation to addressing under-reporting of non-fatal work accidents and occupational diseases.

EU-OSHA published the OSH Barometer in May 2020. The tool is the result of an initiative launched by the European Commission in 2015 to implement some of the priorities of the strategic framework 2014-2020, with the aim of monitoring the OSH situation in the Member States on a permanent basis. The OSH Barometer is seen as a significant step towards making OSH data more transparent and easily accessible to relevant stakeholders and the public. There is room for further progress to be made – for example, indicators can be refined or expanded through a collaborative process.

The provision of high quality data on accidents at work at EU level is dependent on Member States collecting and sharing data of sufficient completeness and quality. Some Member States have adopted measures to improve the quality of data on accidents at work. The efforts of Poland, Spain, Latvia, Czechia, Slovenia and Finland are particularly noteworthy in this regard.

Some Member States (for example, France and Spain), launched actions that have not yet been finalised or were abandoned.

[69] European Commission, 2011, Commission Regulation (EU) No 349/2011 of 11 April 2011 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, as regards statistics on accidents at work

Action two: By the end of 2016, examine options to improve data on occupational diseases at EU level

The European Occupational Diseases Statistics (EODS) are one of the domains where progress has been tangible, although relatively slow-paced.

A pilot data collection project managed by Eurostat is underway and is currently classed as 'experimental'. It involves 24 Member States[70] that are providing data on recognised occupational diseases based on a short list of occupational diseases. The pilot builds on a previous attempt at building an occupational diseases dataset that started in 2000 of which dissemination was discontinued in 2009 due to comparability issues. The new pilot, launched in 2017, seeks to overcome the harmonisation shortcomings highlighted during the previous project and established a European Index of Occupational Diseases, alongside a more detailed dataset. The pilot phase has first sought to understand differences in the recognition procedure of occupational diseases across Member States and the different public or private data providers involved, a crucial step to ensure comparability across national datasets. The pilot relies on voluntary contributions from Member States, in the absence of a specific Implementing Regulation to collect and share statistics under Regulation (EC) 1338/2008 on Community statistics on public health and health and safety at work. Currently, data is published at EU-aggregate level from 2013 onwards. EODS country profiles were published in the first quarter of 2021.

The stakeholders consulted agreed that the main factors that have hindered more significant progress in this area were the lack of shared definitions and a centralised reporting system, the absence of binding requirements on Member States, and sometimes the absence of national provisions on data collection in relation to occupational diseases. The main obstacles to creating a European Union dataset, related to the question of which diseases are recognised as occupational diseases within Member States and according to which diagnostic and administrative criteria, are that there are significant discrepancies in this area.

As with accidents as work, high quality data on occupational diseases relies on the provision of complete and comparable data by Member States. Overall, only a few Member States appear to have initiated some actions to improve data on occupational diseases during the reporting period (Bulgaria, France, Portugal, Romania and Italy).

Action three: Launch discussions within ACSH on a common database on occupational exposures

Progress in relation to a database on occupational exposures has been limited. In 2016, DG EMPL completed a pilot study (HazChem@Work), which consisted of a database and a model to estimate the occupational exposure for a list of hazardous substances. The aim of the project was to explore whether the collection of a large amount of

[70] No data is available for Germany, Greece and Portugal.

measurement data from national sources could improve the evidence-base for political priority setting and decision making at EU level. In 2018, EU-OSHA conducted a feasibility study on the potential takeover and further development and extension of the HazChem@Work database. The feasibility study presented two main options, the first one not considering the development of the database, and the second being too ambitious to be carried out by EU-OSHA. However, the feasibility study concluded that other alternative options could be explored. Industry stakeholders pointed out that other work strand in this area is seeking to assess the level of exposure to carcinogens based on a computer-assisted telephone survey[71], and that this approach could be a source of concern insofar as it relies on assessed rather than measured exposure.

Action four: Before 2016, examine options to improve information on costs and benefits in the area of OSH

At EU level, EU-OSHA has released a visualisation of costs and benefits of OSH that relies on data from a study carried out by the ILO, the Finnish Ministry of Social Affairs and Health , the Finnish Institute of Occupational Health, the Workplace Safety and Health Institute in Singapore, the International Commission on Occupational Health and EU-OSHA. The aim of this tool is to develop updated worldwide estimates of work-related injuries and illnesses. The statistics are based on available data at international level, mainly relying on the WHO and ILO data sources. An ACSH working party, which was planned to be set up on this issue, has not yet been established.

The national research has shown that only a few Member States have adopted measures to improve information on costs and benefits in the area of OSH during the reference period: Czechia, Latvia, France and Germany. In Austria and Spain, some evaluations on OSH were / are being carried out but the results are not publicly available.

Action five: Before 2016, develop a tool to monitor the implementation of the EU strategic framework 2014-2020

In 2015, the European Commission launched an initiative to implement some of the priorities of the strategic framework 2014-2020, with the aim of monitoring the OSH situation in the Member States on a permanent basis. This initiative led to the development of the OSH Barometer, which was launched in 2020. The OSH Barometer helps to provide an overview of the situation in Member States and the extent to which their policies and strategies align with the EU strategic framework. However, the OSH Barometer is not designed to monitor progress against all objectives and actions defined in the strategic framework, meaning there is still a gap in terms of monitoring of overall progress.

g. Objective seven: Better coordinate EU and international efforts to address OSH and engage with international organisations

[71] More information is available under the following link: https://osha.europa.eu/en/facts-and-figures/workers-exposure-survey-cancer-risk-factors-europe

Objective seven of the 2014-2020 EU strategic framework seeks to increase and improve the coordination and alignment of EU efforts to address OSH with those of other actors at the international level. The strategic framework defines six concrete actions to work towards objective seven, all of which fall within the remit of the European Commission. Table 8 describes these actions.

Table 8: *Summary of actions under objective seven*

EU-level action identified in the EU strategic framework	Lead actor	Supporting actor
Continue to support candidate countries during accession negotiations	European Commission	N/A
Strengthen OSH cooperation with the ILO, WHO, and OECD	European Commission	N/A
Review the Memorandum of Understanding with the ILO to better reflect OSH policy	European Commission	N/A
Contribute to implementing OSH commitments in EU free-trade and investment agreements	European Commission	N/A
Address OSH deficits in the global supply chain and contribute to G20 initiatives	European Commission	N/A
Strengthen ongoing cooperation and dialogue on OSH with strategic partners	European Commission	N/A

Notable progress has been observed in this area – particularly with regard to cooperating on data collection and the inclusion of OSH in international free trade agreements.

Action one: Continue to support candidate countries during accession negotiations

Units within DG EMPL are working with candidate countries (including Montenegro, Serbia, Albania and North Macedonia) to support them during accession negotiations by ensuring alignment of legislation, including alignment with chapter 19 of the *acquis*.

Action two: Strengthen OSH cooperation with the ILO, WHO and OECD

OSH cooperation between the European Commission and the ILO has been strengthened through several joint initiatives. In February 2021, both parties signed a renewed exchange of letters to update the framework for cooperation between the two entities. This explicitly named the promotion of occupational safety and health and decent working conditions, including across global supply chains, as a key priority.

The European Commission (through DG EMPL, as well as through the Directorate-General for International Partnerships) is a member of the Global OSH Coalition, and is (since 2014) one of the donors of the Vision Zero Fund (VZF)[72]. Further collaboration and cooperation between the European Union and the ILO can be seen in the scope of SLIC and EU-OSHA, where the ILO acts as an observer. ILO representatives were also invited to present at SLIC's annual thematic days. The European Commission also supports the work of the ILO and WHO on the update of chemical safety data cards. Additionally, cooperation and alignment have increased in the area of data collection regarding estimation of the burden from work-related injuries and diseases between the ILO, but also the WHO and EU-OSHA.

Cooperation has been aided by the fact that objectives of the EU strategic framework on health and safety at work 2014-2020 were reflected in the works of ILO. For example, the EU and its Member States supported the latest 2019 ILO centenary declaration for the future of work[73] which acknowledged OSH as fundamental for decent work. The Commission has also proposed a Council Decision authorising Member States to ratify, in the interest of the European Union, the violence and harassment convention (No. 190)[67] of the ILO. Alignment and consistency of messaging between the ILO and the EU has been an important driver for success in supporting candidate countries and neighbourhoods in adapting their OSH legislation, as pointed out by one representative of the ILO.

Action three: Review the memorandum of understanding with the ILO to better reflect OSH policy

Despite the increasing level of cooperation between the EU and the ILO, the action to review the memorandum of understanding between the two to better reflect OSH policy has not progressed as far as might have been expected during the EU strategic framework's implementation period. However, stakeholders reported that work towards this is being carried out and the process of review is ongoing. A memorandum of understanding between the EU, the European Investment Bank and the ILO was established in 2015.

Action four: Contribute to implementing OSH commitments in EU free-trade and investment agreements

The European Commission's efforts to contribute to implementing OSH commitments in EU free-trade and investment agreements bore fruit in negotiations for the Comprehensive Economic and Trade Agreement between Canada and the EU, where OSH issues were given particular relevance in several articles of Chapter 23, as well as in the Economic Partnership Agreement between the EU and Japan. Furthermore,

[72] More information is available under the following link: https://www.ilo.org/vzf

[73] More information is available under the following link: https://www.ilo.org/global/about-the-ilo/mission-and-objectives/centenary-declaration/lang--tr/index.htm

provisions on OSH are also to be included in free-trade agreements currently being negotiated.

However, although the inclusion of OSH requirements was hailed as a success, questions have been raised by some of the stakeholders consulted regarding the extent to which the implementation of these requirements can be monitored. The fact that OSH is not one of the fundamental principles and rights at work is seen by some as an obstacle to ensuring a more active approach to push for implementation.

Action five: Address OSH deficits in the global supply chain and contribute to G20 initiatives

Some progress was also noted on the action to address OSH deficits in the global supply chain and contribute to G20 initiatives. The European Commission has developed and supported a number of projects on corporate social responsibility and global supply chains, such as the ILO-EU project "OSH in global supply chains"[74]. The European Commission, through its membership of the G20, is contributing to bringing attention to OSH. In 2020, the G20 ministers affirmed their commitment to sharing best practices on OSH and on mitigating measures to improve occupational safety and health policies to protect workers, including those that have been impacted by COVID-19.

Action six: Strengthen ongoing cooperation and dialogue on OSH with strategic partners

In addition to the increased cooperation with multilateral organisations (ILO, WHO), cooperation and dialogue with some strategic partners has also been strengthened. The European Commission has held annual joint events with China and cooperates on other bilateral initiatives related to OSH. Similarly, dialogue with the United States of America as another key strategic partner is considered very relevant. This has been implemented through joint events such as the 8th EU/US Joint conference in September 2015.

3.4. Relevance, effectiveness, coherence and EU added value.

According to the evidence gathered, the 2014-2020 OSH strategic framework has been highly relevant. The results of the stocktaking are presented below in terms of the framework's relevance and its effectiveness, coherence and EU added value.

1.1.1. Relevance

Evidence from the national and EU-level data collection points to a clear consensus that a strategic framework for OSH at European level was and remains highly relevant, both to help ensure consistency between Member States in terms of workers protection and to elevate the importance of workplace health and safety in national policy debates. Most stakeholders consulted appreciated the broad scope and flexibility of the EU strategic

[74] More information is available under the following link: https://www.ilo.org/safework/projects/WCMS_522931/lang--en/index.htm

framework, which covers most of the priority issues identified at national level. However, some stakeholders felt that a more robust, strategy or policy would have been desirable, with a clearer focus on a reduced number of key priorities, and/or more specific objectives and targets.

The three main challenges and the associated seven key strategic objectives identified in the EU strategic framework were largely perceived as corresponding to the main problems and challenges facing the EU in the area of safety and health at work. Additionally, there was strong support for including concrete actions and named actors responsible for their implementation. However, views were more divided regarding whether the actions and the actors identified to carry them out were sufficient to pursue the strategic objectives.

1.1.2. Effectiveness

The evidence gathered has identified clear progress against all seven strategic objectives, resulting from the implementation of the different actions identified within the EU strategic framework. A review of progress against the actions, outputs and outcomes demonstrates the effectiveness of the EU strategic framework as a catalyst to action. Specifically, there is evidence of activity against all but one of the specified actions.

The 2017 Communication played a useful role in ensuring progress continued in the latter half of the EU strategic framework's implementation period. The 2017 Communication acted as an interim "stock-check", identifying key areas of intervention and defining further priority actions to ensure the ambition of the EU strategic framework was realised. Actions such as the modernisation of EU OSH legislation and the development of OiRA tools were identified within the 2017 Communication and this initiative appears to have helped maintain focus and momentum.

The stocktaking has identified a number of promising outcomes under each of the seven objectives. Nonetheless, none of the objectives can be viewed as having been completely "achieved". This is due in part to the nature of the OSH context, which involves a constant evolution of working culture and a concurrent evolution of OSH challenges. Additionally, progress in addressing the three challenges identified in the EU strategic framework – while considerable – has been not at the same pace.

1.1.3. Coherence

The evidence gathered points to good internal coherence within the EU strategic framework, with some clear evidence of synergies and mutually beneficial effects from actions carried out under different strategic objectives. The framework also shows to be relatively well aligned with OSH priorities in different EU Member States, suggesting clear coherence with national OSH policies and strategies across the EU.

No significant overlaps or contradictions were identified between the challenges, objectives and actions described in the EU strategic framework. The different elements of the EU strategic framework (i.e. the seven strategic objectives and the corresponding

actions outlined underneath them) work with each other to address its overall objective of improving OSH. The EU strategic framework as a whole identified specific issues that pose barriers to better OSH and sets out actions to overcome these.

The broad and crosscutting nature of the EU strategic framework's objectives implies a clear potential complementarity with other EU policies. Additionally, there is clear alignment between the EU strategic framework and the work of international organisations, particularly the ILO. There are some specific examples of collaboration between different policy areas, particularly with regard to chemicals and trade. There is still room to further exploit potential interlinkages and synergies going forward in areas such as public health, the environment and industrial strategy.

1.1.4. EU added value

The exact nature and extent of the EU strategic framework's influence and added value varied depending on the Member State and action in question. As the EU strategic framework is merely a "soft" policy document, and as such is not binding on any of the actors, its overall influence should not be over-estimated. Nonetheless, the research conducted shows that, by making priorities explicit, providing an overarching framework that links and contextualises the different activities, and calling on different stakeholders to take responsibility for concrete actions, the EU strategic framework did contribute to reinforcing several existing and launching numerous new initiatives at both EU and national level.

Additionally, the EU strategic framework has helped to ensure that OSH remains high on the agenda at EU level and in Member States, as well as on the international stage. It has also contributed to a more level playing field by helping to develop common standards and tools to support both enforcement and compliance. This common approach can generate economies of scale across the EU and allows less advanced countries in a given area to learn from the more advanced ones. Some specific examples of the EU strategic framework's added value include:

- The effort to review and align national OSH strategies represents a clear case of EU 'soft power', whereby commonly defined priorities and some strategic impetus and support can contribute to positive changes at national level.
- The development of standardised campaigns, guidelines, support tools and other materials that can be adapted to different national circumstances leads to economies of scale and ensures that common standards and approaches are shared between EU Member States.
- Updating EU legislation ensures that national legislation remains fit for purpose, through the transposition and implementation of the revised directives.
- It is clear that the EU as a whole has more leverage to insist on the inclusion of OSH clauses in free trade agreements than Member States would individually, which is another way in which the EU adds value.

3.5. Conclusions from the stocktaking exercise

The EU strategic framework has provided a common strategic direction in support of coordinated action to improve occupational safety and health and support at EU level. In particular:

- The design of the EU strategic framework was praised for its conciseness and clarity. The three main challenges and the associated seven key strategic objectives largely corresponded to the main problems and challenges facing the EU in the area of safety and health at work. Additionally, the decision to include concrete actions and named actors responsible for their implementation under each objective provided a tangible roadmap to achieving the objectives.

- Evidence from the national and EU-level data collection points to good internal coherence of the EU strategic framework, with some clear evidence of synergies and mutually beneficial effects from actions carried out under different strategic objectives. In general, the challenges and priorities align well with those identified at national level.

- Most stakeholders consulted appreciated the broad scope and flexibility of the current EU strategic framework, which covers most of the priority issues identified at national level. The strategic framework provides much-needed flexibility for different countries and actors to implement and adapt the quite broad array of EU-level priorities in a pragmatic way, responding to the specific needs of the national, sectoral and temporal context.

- However, some of the stakeholders consulted felt that a more robust strategy or policy (such as the preceding 2007-2012 Community strategy on health and safety at work[75]) would have been desirable, with a clearer focus on a reduced number of key priorities, and/or more specific objectives and targets. Those who supported this option believed it would provide more impetus and accountability for progress on OSH-related issues.

- Additionally, some stakeholders identified a slight disconnect between the challenges identified and some of the concrete objectives and actions included in the strategy. In particular, they missed a clearer link between the challenges identified and the actions described under objectives four and seven.

Although it is difficult to measure concrete impacts, which can be clearly attributed to the EU strategic framework, a number of conclusions can be drawn with regard to its influence. Additionally, in some areas, there is strong evidence to support a "contribution

[75] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions "Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work", COM(2007) 62 final

story" linking the actions carried out to broader effects (some of which have already materialised, while others appear likely to follow in the near future):

- Firstly, there is a clear consensus among stakeholders at all levels on the importance of having a framework at European Union level. The EU strategic framework provides a common reference for Member States when designing their own OSH strategies and policies. Additionally, it lends weight to considerations on health and safety in broader political and strategic discussions (both within the Members States and on the international stage).
- There is also clear evidence that the EU strategic framework has contributed to significant progress on improving OSH culture within the EU, despite a certain degree of variation depending on the specific objectives and actions in question.
- The EU strategic framework was identified as an important reference for many stakeholders, particularly national competent authorities, who have used it to prioritise action on OSH at national level. Additionally, social partners have found it to be a useful tool both to lobby for an increased focus on OSH generally, and to increase attention on specific issues such as musculoskeletal disorders and psychosocial risks.
- The inclusion of OSH in free trade agreements, as well as high-level bilateral discussions on OSH matters with leading economies, have elevated the importance of workplace health and safety on the global stage and positioned the EU as a leading actor in this field.
- The EU strategic framework (and the 2017 Communication) have supported the revision of the EU OSH *acquis*, leading to the updating of six key directives in this field.

3.6. Recommendations identified in the stocktaking exercise

With regard to the design of a future EU strategic framework, the stocktaking has identified a trade-off between broad scope and flexibility of design, on the one hand, and focus on a limited number of core priorities and accountability in terms of monitoring progress, on the other. Striking the right balance between these two – taking into account the political and socio-economic context at the time – is key for maximising the success of the future framework.

One specific approach that could help the future strategic framework strike this balance – and to some extent achieve the "best of both worlds" – would be to combine a longer-term strategy with shorter-term action plans. Building on the success of the 2017 Communication in revisiting the EU strategic framework's priorities and actions at the mid-point (in 2017), a future strategic framework could be accompanied by shorter-term priorities and implementation plans of approximately two or three years duration. These

would focus on operationalising the aims contained within the higher-level strategic framework. In addition to named stakeholders and timeframes for implementation, shorter-term implementation plans could include for example concrete indicators to monitor ongoing progress and increase transparency between different stakeholders.

Stakeholder feedback has also highlighted resource constraints as a significant barrier to OSH implementation within Member States. It may therefore be appropriate to investigate possibility to build bridges with existing funding streams (such as the European Social Fund) in order to help stakeholders access financial support for implementation of actions identified in a future strategic framework.

Emerging priorities identified in the stocktaking exercise

The main priorities that have emerged from the research and consultation activities for a potential future strategic framework can be summarised as follows:

- Firstly, there is a need to remain focused on the challenges and issues identified in the EU strategic framework 2014-2020. Occupational diseases, demographic change, psychosocial risks and musculoskeletal disorders have only increased in importance in recent years. Additionally, there is a continued need to support both labour inspectorates and companies to improve OSH standards.

- Stakeholders consulted also underlined the need to consider more traditional OSH challenges (including workplace accidents and risks such as falling from heights, or in the agricultural and construction sectors) which risk being overlooked if a future strategic framework prioritises emerging risks too strongly.

- Consideration should also be given to the impacts of a number of longer-term trends in the world of work. Issues such as increasingly globalised supply chains, a move towards more flexible and atypical labour, a transition towards teleworking and increased digitalisation all have implications for the future implementation of OSH. Further consideration should be given to the opportunities and risks associated with these emerging trends.

- Ensuring OSH protections are fit for purpose with regard to different types of workers and that differentiated impacts on different groups have been thoroughly taken into account. This particularly applies to migrant workers, those employed in the gig economy, platform workers and those working in the domestic sphere (including in-home private carers, cleaners and teleworkers). The gendered impacts of OSH as well as specific considerations required for those with disabilities should also be considered.

- Taking into account the impacts of the COVID-19 pandemic on workplace health and safety, consideration should also be given to broader global trends such as climate change and the potential for future pandemics and how these may impact on the workplace of the future (for example, the impacts of retrofitting programmes on potential exposure to asbestos and the implications of the

transition to a low economy). A holistic approach to OSH, including mainstreaming OSH considerations into areas such as environmental policy and public health could help to increase resilience in the face of future challenges.

4. ASSESSMENT OF THE NATIONAL IMPLEMENTATION REPORTS

4.1. Context

In the area of OSH, the Commission is required, every five years, to produce a single report based on an evaluation of the practical implementation of the EU OSH framework[76], comprising Framework Directive 89/391/EEC[3], which is the main piece of legislation in this area, and 23 related directives (see Annex 2). To help Member States prepare the first national practical implementation reports, covering the period 2007 to 2012, the Commission adopted the structure and questionnaire for these reports in Commission Decision C/2011/9200[77].

In 2017, a major in-depth and comprehensive ex-post evaluation of the implementation of the Framework Directive and of 23 related directives in 27 Member States[78] was carried out, as part of the REFIT programme[47]. The analysis was based, on the one hand, on reports on the practical implementation of the directives from all Member States (including the views of the social partners - trade unions and employers' organisations) and, on the other hand, on a report by an independent external contractor. In addition, the Commission used the experience it gained from monitoring the transposition and application of the directives in the Member States. The evaluation included specific consultations of social partners, including organisations representing SMEs.

The ex-post evaluation provided an opportunity to take stock of and evaluate the various aspects of the practical implementation of the EU directives, and covered relevance, effectiveness, coherence aspects as well as research and new scientific knowledge. It had a special focus on SMEs of the legislation as well as aspects related to avoiding unnecessary regulatory burden.

[76] The national implementation reports are transmitted by the Member States in accordance with Article 17a of the Framework Directive; Article 22 of Directive 2009/148/EC; Article 10a of Directive 91/383/EEC; Article 9a of Directive 92/29/EEC and Article 17a of Directive 94/33/EC

[77] Commission Decision C/2011/9200 of 20 December 2011 notified to Member States on 21 December 2011 on defining the structure and questionnaire for the practical implementation report to be drawn up by the Member States regarding Directive 89/391/EEC, its individual Directives, and Directives 2009/148/EC, 91/383/EEC, 92/29/EEC and 94/33/EC

[78] Croatia was not yet a Member State during the period of the first evaluation

Its results were described in detail in the staff working document "Ex-post evaluation of the European Union occupational safety and health directives (REFIT evaluation)" accompanying the Communication COM(2017) 12 final[79].

The second national practical implementation reports covered the period from 2013 to 2017 included. Member States were required to transmit their report by the end of 2018 at the latest. To facilitate the drafting and submission of these reports, the Commission services referred Member States to the Commission Decision C/2011/9200[80] and asked the national authorities to reply to few questions raising general points that are more directly relevant to the context of the second report to which the Member States were invited to reply.

The questionnaire for the drawing up of the practical implementation reports by the Member States laid down in Commission Decision C/2011/9200 contains a section with the principles and points common to all directives concerned (e.g. general statistical information and information on the general principles of risk prevention), and another that deals with particular aspects of each directive. In addition to the questionnaire, Member States received an informative document, which referred to a number of general issues, such as whether there have been changes to the legal framework and what Member State saw as key future OSH challenges.

The following chapters present the national measures to achieve the key objectives of the EU strategic framework on health and safety at work 2014-2020[2] and an overview on how Member States have transposed/implemented the different OSH directives.

4.2. Measures to achieve the key objectives of the EU strategic framework on health and safety at work 2014-2020 in national implementation reports

The national implementation reports show that the type of measures adopted by the Member States to achieve the objectives of the EU strategic framework on health and safety at work 2014-2020[2] varies depending on the subject matter and the national context. For example, Member States mainly reported non-binding/soft-law measures to facilitate compliance with OHS legislation, while emerging risks and enforcement and simplification of OSH legislation were addressed through both legal and non-legal measures.

[79] Staff Working Document "Ex-post evaluation of the European Union occupational safety and health Directives (REFIT evaluation)" SWD(2017) 9 accompanying Communication from Commission to the European Parliament, the Council, the Economic and Social Committee and the Committee of Regions "Safer and Healthier Work for All -Modernisation of the EU Occupational Safety and Health Legislation and Policy" COM(2017)12 final

[80] Commission Decision of 20.12.2011 defining the structure and questionnaire for the practical implementation report to be drawn up by the Member States regarding Directive 89/391/EEC, its individual Directives, and Directives 2009/148/EC, 91/383/EEC, 92/29/EEC and 94/33/EC

Next section provides an analysis of the concrete measures and actions adopted at national level by each of the key objectives of the 2014-2020 strategic framework.

4.2.1. Measures and actions adopted by Member States by key objectives

Based on the national implementation reports, the national measures taken have a clear focus on certain of the six objectives addressed to Member States[81] of the EU strategic framework on health and safety at work 2014-2020 rather than others.

The objectives of the strategic framework where more national measures were identified are:

a. Further consolidate national strategies (objective one):

Member States adopted new national OSH strategies between 2014 and 2020. The national implementation reports indicate that, within the 2013-2017 reporting period, the following Member States adopted national strategies outlining their content and scope:

- In Belgium, the national strategy 2016-2020 on wellbeing at work covered all elements in the EU strategic framework, with an emphasis on psychosocial risks, musculoskeletal disorders, carcinogenic substances and support for SMEs.
- Bulgaria's national health strategy for 2018-2020 targeted increased working capacity and reduced mortality among those in the economically active groups (aged between 20 and 65).
- In Germany, the OSH strategy 2013-2018 conducted a comprehensive risk assessment and then focused on 'organisation', 'musculoskeletal diseases' and 'mental health' work programmes. A specific German risk minimisation strategy was developed by the Hazardous Substances Committee.
- Greece's national strategy for health and safety at work 2014-2020 focused on creating safer, healthier, and more productive workplaces in the private and public sectors, promoting workers' health and well-being, and contributing to business sustainability and economic growth.
- Spain's national strategy for occupational safety and health 2015-2020 focused on providing information and raising awareness (especially for SMEs), preventing workplace risks, developing public tools to facilitate enforcement and standardise preventive management in SMEs, promoting the integration of prevention, and developing and disseminating tools to facilitate the coordination of entrepreneurial activities.

[81] All actions under objective seven fell within the remit of the European Commission

- Hungary's national strategy 2016-2022 sets 22 priority areas that focus on improving the competitiveness of undertakings, safeguarding workers' capacity to work, developing training and education in the field of health and safety at work, improving information and communication, and promoting OSH research and development.

- Ireland's Health and Safety Authority adopted a strategy for the period of 2016-2018 based on the provisions of the EU strategic framework, the national and European strategy on chemicals, and international trends and practices.

- In Lithuania, the national strategy for 2017-2021 sets out measures to improve the OSH legal framework, enhance the prevention of work-related diseases, ensure the competence of the State labour inspectors and occupational healthcare specialists, and improve the process of testing employers' and employees' knowledge.

- Portugal's national strategy for health and safety at work 2015-2020 ('For safe, healthy and productive work' 2015-2020) provided an overall policy framework on occupational risk prevention and the promotion of well-being at work.

- In Romania, the national strategy for 2018-2020 included measures for SMEs, such as preparing a national summary report on the trends of occupational diseases at national level, updating the legislative framework on the status of occupational health physicians, and collating a list of workplaces and workers with occupational exposure to carcinogens.

- In Slovakia¸ the OSH strategy 2016-2020 focused on the development of sustainable and decent working conditions to maintain a low rate of accidents at work (in particular accidents that are fatal or result in lifelong consequences), eliminate the causes of occupational diseases, improve prevention, and enhance work culture.

b. Facilitate compliance with OSH legislation (objective two):

In order to facilitate compliance with OSH legislation, Member States have put in place a range of measures, including financial and technical support for the implementation of OiRA and IT-based tools, development of guidance and guides (e.g. leaflets, brochures), organisation of awareness-raising campaigns (e.g. seminars, workshops, training), development of online information and databases, OSH projects and funding.

According to the national implementation reports for 2013-2017, 10 Member States introduced **OiRA** to support SMEs to carry out risk assessments. As an example, Belgium developed OiRA tools in sectors such as hairdressing, wood processing, construction, cleaning, hotel and catering, and bakeries. Latvia developed OiRA tools in

sectors such as education, shops, agricultural enterprises, car maintenance and repair, road transport and doctors' practices).

Several Member States introduced **other IT-based tools**. For example, BeSMART[82] (in Ireland) enables SMEs and micro enterprises to carry out a risk assessment and put control plans in place, the INAIL website[83] (in Italy) provides tools for businesses to calculate the costs of non-compliance with OSH requirements and the SEIRICH tool[84] (in France) supports chemical risk management.

Several Member States during the 2013-2017 reporting period offered **guidance** supporting the implementation of OSH legislation. In most cases, the guidance consisted of the dissemination of information (such as in Bulgaria, Belgium, Czechia and Ireland). Other examples are: Cyprus and Ireland, where inspectors offer businesses explanations and guidance during OSH inspections; Denmark, where special guidance was provided to SMEs; and Italy, that issued guidance to businesses (especially SMEs) on the means, tools and operating methods to reduce OSH risk levels, identify technological innovations for prevention purposes, improve the quality of company safety management systems and develop good practices.

Several Member States also published OSH guides, and most of the Member States produced leaflets and brochures.

Most of the Member States launched OSH **awareness-raising campaigns** targeting SMEs. Other topics covered, for example, carcinogenic working materials (Austria), psychosocial risks and musculoskeletal disorders (Belgium) and young workers (Sweden).

Between 2013 and 2017, several Member States also organised other activities such as seminars, exhibitions, competitions, workshops, training and conferences.

c. Better enforcement of OSH legislation (objective three)

Measures to improve enforcement of OSH legislation covered resources dedicated to labour inspectorates, adoption of new legislation, introduction of new tools for inspection (non-legal measures) and soft measures, such as information materials, guidance, training and risk assessment tools.

Overall, the resources and capacity of **labour inspectorates**, in relation to both the number of inspectors and the number of inspections, decreased in nearly all Member States during the 2013-2017 reporting period. The total number of inspectors decreased in nearly all Member States between 2013 and 2017, with the following exceptions: Estonia, Malta, France, Hungary Latvia and Slovakia. The number of inspections per

[82] More informationn is available under the following link: https://www.besmart.ie

[83] More information is available under the following link: www.inail.it

[84] More information is available under the following link: www.seirich.fr

100,000 workers also decreased in nearly all Member States (except in Estonia, Lithuania, Finland and Malta). On the contrary, the number of workers per labour inspector increased in nearly all Member States between 2013-2017, except Estonia, Latvia, Malta and Slovakia, where the number decreased.

Six Member State national implementation reports (Czechia, Hungary, Estonia, France, Latvia and Sweden) mentioned new **legal measures** that were introduced over the reporting period to improve enforcement of OSH legislation. For example, France, adopted an Ordinance in 2016 and extended the possibility for labour inspectors to issue stop-work orders in situations of risk of height falls and exposure to asbestos in all sectors (previously limited to construction) and Hungary adopted a new law to penalise breaches of health and safety obligations committed by natural persons (primarily workers) through administrative fines.

With regard to the adoption of **new methods or non-legal measures** to improve the enforcement of OSH legislation, three Member States reported the adoption of measures: Denmark (where a new method of inspection for the building and construction industry has been tested), Finland (where inspections are increasingly carried out in the form of projects within specific sectors) and Lithuania (where control questionnaires for carrying out inspections where introduced).

On the contrary, all Member States implemented **soft measures** to foster behavioural change, raise awareness and improve the implementation of OSH legislation among employers and workers. These soft measures included the dissemination of information sheets, websites, guides, campaigns, training and workshops, and the development of risk assessment tools.

d. Address emerging risks: prevention of occupational diseases (objective five)

More than half of the national implementation reports referred to measures targeting emerging risks stemming from work-related stress and psychosocial risks, and new risks linked to chemical substances. Several reported the adoption of specific measures relating to musculoskeletal disorders and biological agents. These are mainly soft law measures to raise awareness, but some Member States also adopted legal measures, such as amending or introducing new acts.

In relation to **work-related stress and psychosocial risks**, seven Member States (Austria, Belgium, Croatia, Estonia, Germany, Finland and Lithuania) adopted legal measures, amending or introducing new acts with the aim to prevent these risks. Other Member States, such as Czechia, Malta and Romania, put in place non-legal measures to raise awareness and help to prevent work-related stress and psychosocial risks. These measures include targeted conferences, specific training courses, monitoring and research.

To address **new chemicals and hazardous substances**, five Member States reported the amendment of their national legislation on exposure limit values for chemical substances and/or their lists of dangerous substances. Other measures include, among others, the

amendment of the list of prohibited work for persons under 18 and the list of agents that are toxic and hazardous to their health (Lithuania), a mix of legal and non-legal measures to control risks linked to exposure to chemical substances (Finland, Hungary, Malta and Portugal) and research, conferences, trainings and awareness-raising activities in relation to the management of chemical risks (Finland, Malta, Romania and Portugal).

Some Member States have also address **musculoskeletal disorders**. For example, Germany added musculoskeletal strain to its list for recommended preventive care in the annex to the Ordinance on Preventive Occupational Health Care and Belgium, Finland and Romania launched information campaigns and guides on preventing musculoskeletal disorders.

Finally, certain Member States reported measures in relation to the prevention of risks arising from exposure to **biological agents**. In this respect, France focused on viruses and zoonosis in the context of the implementation of Directive 2000/54/EC, on Biological Agents[50], developing factsheets on the most common zoonosis at the workplace (e.g. agriculture) with the aim to improve risk assessments and preventive measures. Another example can be found in Sweden, where the Working Environment Authority developed new regulations on the risk of infection in 2018. These regulations have a stronger focus on hygiene routines and prevention and include clearer obligations for the washing of work clothing worn for certain tasks.

The analysis of the national implementation reports identified other objectives of the EU strategic framework where fewer measures were taken at national level. This is the case of the following objectives:

e. Improve statistical data collection and develop the information base (objective six)

Croatia, Italy and the Netherlands reported the adoption of measures to improve the collection and quality of statistical data on work-related accidents and occupational diseases. For example, Croatia centralised its data collection and processing on OSH matters within the national Institute for Occupational Safety Improvement (Data Collector) or Italy introduced technical rules for the implementation and operation of an OSH National Information System, as well as rules on data processing.

By contrast, several national implementation reports mentioned challenges in collecting data (such as the lack of available data). Hungary, Malta, Portugal and Slovenia all mentioned the lack of data on the number of cancer deaths that can be attributed to occupational exposure to carcinogens or asbestos. The French national implementation report noted difficulties in collecting data. For example, the data on the number of fatal accidents at work are collected by the National Health Insurance Fund and cover mainly private sector workers.

f. Address ageing workforce (objective five)

Seven Member States reported specific measures targeting ageing workers. The issue of an ageing workforce is treated as a crosscutting theme to be achieved through broader OSH policies for creating healthier work environments.

Four Member States (Croatia, Greece, Luxembourg and Slovakia) launched specific campaigns, organised workshops and developed tools to address the issue of ageing workforce. The labour inspectorate in Luxembourg organised two conferences (in 2016 and 2017) on this topic; Croatia planned several events promoting sustainable work and healthy ageing; and the Ministry of Labour and Social Affairs in Greece produced a guide for the protection of older workers, along with workshops in nine cities during 2017.

On the other hand, Bulgaria, Estonia and Germany adopted more comprehensive measures. Bulgaria launched a funding scheme for SMEs; in Estonia, a reform is planned in the near future to prevent the decrease of work ability and retain workers in the labour market for as long as possible and in Germany a piece of legislation on OSH was recast in 2015 to include complementary and more precise rules on ergonomics to ensure age and ageing-appropriate work structures.

g. Simplify existing legislation (objective four)

The simplification of existing legislation includes both general amendments to the legislation and amendments targeting better transposition and implementation of the EU OSH *acquis*.

Measures to **eliminate unnecessary administrative** burden for employers were identified in nine national implementation reports (Austria, Bulgaria, Croatia, Hungary, Italy, Lithuania, Portugal, Malta and Sweden). The main type of measure was amendments to existing legislation with the aim of cutting red tape by reducing the intervals for inspections and formal consultation, and reducing/simplifying procedures linked to employers' reporting requirements. For example, Austria, Bulgaria, Hungary and Lithuania amended existing legislation in order to reduce unnecessary administrative burden, while Croatia and Portugal adopted amendments to reduce the overall number of OSH legal acts. Finally, Croatia, Malta and Sweden introduced non-legislative action to improve and simplify legislation.

Bulgaria, France, and Sweden reported measures to **simplify the national transposition and implementation** of specific EU OSH directives. Bulgaria amended the national regulations transposing Directive 91/383/EEC on Temporary Work[5] and Directive 89/654/EEC on Workplaces[56] to reduce unnecessary administrative burden. France established a Working Group in 2019 under the Council of Orientation of Working Conditions to simplify the legislation on the prevention of chemical risk. Sweden simplified the requirements for written documentation under the law transposing the OSH Framework Directive[3], depending on the size of the undertaking.

4.3. Overview and analysis on how Member States have transposed/implemented the different OSH directives

4.3.1. Overview on practical implementation of the OSH directives, based on national implementation reports 2013-2017

Overall, Member States adopted measures in addition to the provisions of the OSH Framework Directive[3] and 23 related directives (see Annex 2). There are some exception: Directive 91/383/EEC on Temporary Work[5], Directive 2004/40/EC repealed by Directive 2013/35/EU[42] on Electromagnetic Fields) and Directive 2003/10/EC on Noise at Work[85]). In these cases few, if any, additional national measures were identified in the national implementation reports for the period 2013-2017.

In some cases, it is unclear if those additional measures are more stringent than the provisions of the directive in question, or if the measures were adopted before the 2013-2017 reporting period.

Member States reported issues in implementing some of the EU OSH directives at national level, most frequently in relation to the rules transposing directives regulating workers' exposure to chemicals (Directive 2004/37/EC on Carcinogens and Mutagens[21]; Directive 98/24/EC on Chemical Agents[60]) and Directive 92/57/EEC on Construction Sites[86].

The problems identified in the national implementation reports typically concerned SMEs and often related to lack of financial resources, knowledge of the applicable requirements and the complexity of those requirements.

Member States have also reported gaps in respect of certain directives and flagged the need to update Directive 89/654/EEC on Workplaces[56] and Directive 90/270/EEC on Display Screen Equipment[57]) to reflect technological developments.

Next section presents an analysis of these key findings on the practical implementation of EU OSH legislation at Member State level.

[85] Directive 2003/10/EC of the European Parliament and of the Council of 6 February 2003 on the minimum health and safety requirements regarding the exposure of workers to the risk arising from physical agents (noise) (seventeenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 42, 15.2.2003, p.38*

[86] Council Directive 92/57/EEC of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile construction sites (eight individual directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 245, 26.8.1992, p.6*

4.3.2. Analysis and main findings on how Member States have transposed/implemented the different OSH directives

As indicated in the overview above, many Member States have reported the adoption of **more stringent and/or additional measures** in their national legislation transposing the OSH directives during the period 2013-2017. However, Directive 91/383/EEC on Temporary Work[5], Directive 2004/40/EC repealed by Directive 2013/35/EU on Electromagnetic Fields[42] and Directive 2003/10/EC on Noise at Work[85] can be considered exceptions, as only a small number of Member States reported additional measures.

It has to be noted that where additional measures were reported, the extent to which they go beyond the provisions of the directive in question, and whether they were taken before the 2013-2017 reporting period, was often unclear.

Many additional measures were reported by Member States in relation to the following directives:

- Framework Directive (Directive 89/391/EEC[3]). Many Member States reported more stringent and/or additional measures in the context of the Framework Directive during the 2013-2017 reporting period. For example, Belgium amended the Well-being Act to further regulate occupational psychosocial risks; France adopted new provisions related to sexual and moral harassment and associated employers' responsibility, as well as to prevention of occupational risks; Hungary set out additional measures on training, while Finland put in place extra measures on harassment at work and shared workplaces and for workers working alone. In Latvia, Slovakia and Slovenia, the legislation transposing this directive applies to a self-employed person and in Romania, the scope of the directive was extended to students.

- Directive 89/654/EEC on Workplaces[56]. Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, France, Hungary, Latvia, Portugal, Romania, Slovakia and Slovenia adopted additional measures to ensure a higher level of health and safety in workplaces and, in some cases, to reduce the administrative burden/administrative procedures.

- Directive 92/57/EEC on Construction Sites[86]. The national implementation reports of Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Hungary, Ireland, Latvia, Malta, Poland, Portugal, Slovakia, Slovenia and Sweden identified more stringent and/or additional measures. Some examples are obligations of prior notification of works (Belgium), the regulation of the use of personal protective equipment and construction with prefabricated elements (Finland) and the qualifications for health and safety coordinators preparing the design and implementing the project (Cyprus).

The national implementation reports also identified **areas with major implementation difficulties**. Several problems were reported in the implementation of the OSH directives, in particular in relation to Directive 98/24/EC on Chemical Agents at Work[60] or Directive 1999/92/EC on Explosive Atmospheres[62]. Concerns chiefly reflected the complexity of these directives.

Concerning the implementation of the Chemical Agents Directive[60], some of the difficulties reported relate to financial questions inherent to the monitoring of exposure to chemical agents (e.g. Portugal, Spain); limited or insufficient numbers of authorised laboratories (Estonia, Romania) and technical difficulties with measurements and the effectiveness of protection (France). Several Member States reported challenges in substituting hazardous chemical agents for less hazardous ones in the workplace and many national implementation reports indicated that SMEs faced particularly serious challenges in complying with EU and national legislation on workers' exposure to chemical agents. These challenges often related to the lack of expertise and knowledge, lack of financial resources, lack of access to a dedicated OSH professional and potential overlaps between various laws applied at the workplace on chemical agents (e.g. OSH legislation and REACH Regulation[17]).

In relation to Directive 1999/92/EC on Explosive Atmospheres[62], Member States reported various challenges related to its implementation, such as the limited availability of specialists on dust (Lithuania) and the administrative burden associated, although the explosion protection document was merged with the risk assessment of the working environment (Estonia, Finland). Croatia reported challenges related to the documentation on explosion protection. Estonia noted that the implementation guide was not translated into the relevant language. Both Austria and Spain reported issues linked to the interface with Directive 94/9/EC on Equipment and Protective Systems intended for use in Potentially Explosive Atmospheres[87]. Several Member States reported that SMEs faced challenges in implementing the directive, mainly due to insufficient knowledge, time and resources.

Member States also reported major challenges linked to the implementation of Directive 92/57/EEC on Construction Sites[86], mainly due to the inherent complexity of the sector. Some of the difficulties relate to the definition of construction site (Italy, Lithuania), the particularities of small construction sites (Portugal) and of family house construction projects (Austria).

Problems were also reported in implementing Directive 2002/44/EC on Vibration at Work[88] (mainly difficulties in assessing exposure as well as lack of experts in the field)

[87] Directive 94/9/EC of the European Parliament and the Council of 23 March 1994 on the approximation of the laws of the Member States concerning equipment and protective systems intended for use in potentially explosive atmospheres, *OJ L 100, 19.4.1994, p. 1–29*

[88] Directive 2002/44/EC of the European Parliament and of the Council of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risk arising from physical agents

and Directive 2006/25/EC on Artificial Optical Radiation[89] (such as challenges related to measurement and/or calculation and the specialised knowledge required).

As already highlighted, problems related to the practical implementation of OSH directives often concerned SMEs and related to the lack of financial resources and limited knowledge of the rules, as well as the complexity of those rules. This was particularly the case for SMEs in less economically advantaged Member States.

On the contrary, Member States also reported areas where the **implementation problems were limited**. Very few problems were reported in areas such as Directive 91/383/EEC on Temporary Work[5]. The main source of difficulties appeared to be the insufficient level of expertise to fully use available practical tools. Improvements were suggested in respect of the organisation of occupational healthcare and the conducting of health inspections (occupational healthcare expertise was often not used in temporary employment), as well as the provision of information and training. SMEs in most Member States did not appear to have problems with the application of these requirements.

Directive 92/58/EEC on Safety and/or Health Signs at Work[49], Directive 2003/10/EC on Noise at Work[85] and Directive 2004/40/EC repealed by Directive 2013/35/EU on Electromagnetic Fields[42] showed few difficulties. The same was true of Directive 94/33/EEC on the protection of Young People at Work[7].

The national implementation reports highlighted areas **where changes/updates could be needed**. Many Member States stated their belief that Directive 89/654/EEC on Workplaces[56] should be reviewed, considering the increasing extent of employment relationships with flexible working conditions (e.g. teleworking, platform working), as well as the rapid changes in the labour market, technological developments and a range of employment types to which traditional OSH requirements do not properly apply. Most Member States also pointed out that maintaining two annexes had become obsolete and was no longer necessary.

Member States shared the view that Directive 90/270/EEC on Display Screen Equipment[57] also needs to be updated to take into account recent technological developments, although few more stringent and/or additional measures were adopted in this regard.

Several national implementation reports suggested that the annexes to Directive 92/29/EEC on Medical Treatment on Board Vessels[6] should be reviewed, and that the

(vibration) (sixteenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 177, 6.7.2002, p.13*

[89] Directive 2006/25/EC of the European Parliament and of the Council of 5 April 2006 on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation) (19th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC), *OJ L 114, 27.4.2006, p.38*

annexes to Directive 2000/54/EC on Biological Agents[50] should be adapted to recent technical developments and research in this area.

4.4. Conclusions from the assessment of the national implementations reports

As described earlier, the Commission is required to evaluate every five years the practical implementation of the OSH legal framework in Member States. The first ex-post evaluation of the EU OSH Framework Directive and 23 related directives[90] covered the period 2007 to 2012.

The second national practical implementation reports covered the period from 2013 to 2017 included. Compared to the national implementation reports for the period 2007-2012, which was the basis of full-fledged ex-post evaluation of the OSH legal framework, the reports for 2013-2017 provided an update on changes implemented by the Member States since 2013. This analysis on how Member States have transposed/implemented the different OSH directives only takes into account progress made in this area following the ex-post evaluation and therefore no major elements have been reported.

According to the national implementation reports, Member States do not seem to see the need at present for more legislation on safety and health at work. The EU OSH directives are overall seen as having on the whole worked well and with a view to adapt to technological and scientific developments, only few specific directives have been identified as requiring updating. This is for instance, among others, the case of Directive 90/270/EEC on Display Screen Equipment[57]) and Directive 89/654/EEC on Workplaces[56]. Many Member States have reported the need to update both directives, in order to adapt them to technological changes and to the increasing extent of employment relationships with flexible working conditions.

This is in line with the major future OSH challenges identified by most Member States in their national implementation reports. According to them, the main OSH challenges arise from the accelerating development of technology, particularly by robotics and digitalisation, which will bring along new working practices and employment arrangements, a progressive fluidity of physical workplaces and the reinforcement of teleworking. New approaches to occupational risk prevention and OSH compliance control will be needed to address these challenges.

[90] Staff Working Document "Ex-post evaluation of the European Union occupational safety and health Directives (REFIT evaluation)" SWD(2017) 9 accompanying Communication from Commission to the European Parliament, the Council, the Economic and Social Committee and the Committee of Regions "Safer and Healthier Work for All -Modernisation of the EU Occupational Safety and Health Legislation and Policy" COM(2017)12 final.

5. CONCLUSIONS

Both the stocktaking exercise of the achievements in the implementation of the EU strategic framework on health and safety at work 2014-2020[2] and the assessment of the national implementation reports (presented in chapter 3 and chapter 4 respectively) show the high level of implementation of the previous strategic framework and the 2017 Communication[8]. The strategic framework 2014-2020 has played a pivotal role in the way that Member States and enterprises have defined OSH objectives and priorities, and has trigger a large number of actions, including the adoption or the update of legislation, that have contributed to the improvement of safety and health at work in the EU.

There is consensus among the stakeholders on the importance of setting at EU level common strategic objectives towards safer and healthier workplaces and on the relevance of a new EU OSH strategic framework for the period 2021-2027[1]. Building on a tripartite approach, the new strategic framework will guide investment in OSH, and ultimately improve the health of millions of workers in the EU.

The development of the new EU OSH strategic framework came at the backdrop of an unprecedented global pandemic. The improvements on OSH are expected to contribute to the recovery, due to their positive impact on employment and the economy.

The results of the stocktaking exercise together with the extensive feedback and input received from citizens and from administrations, associations and other organisations, as reflected in the Staff Working Document – Stakeholder consultation-Synopsis report[12], have contributed to the identification and design of the OSH challenges and priorities of the strategic framework 2021-2027.

These EU OSH strategic priorities 2021-2027 are interlinked with the Commission key policies, including the green and digital agenda, the response to the pandemic, as well as Europe's Beating Cancer Plan. It takes into consideration the wide range of social, economic and technological developments that the EU is currently facing. Demographic changes, including the ageing workforce and the gender perspective, climate change, globalisation, and now recently, the pandemic, are all aspects with a direct influence on safety and health at work.

Annex 1: List of Acronyms

Abbreviation	Description
2017 Communication	Communication on the modernisation of the EU occupational safety and health legislation and policy
ACSH	Advisory Committee of Safety and Health at Work
DG EMPL	Directorate-General for Employment, Social Affairs and Inclusion
DG ENV	Directorate-General for Environment
DNEL	Derived no-effect level
ECHA	European Chemicals Agency
ESAW	European Statistics on Accidents at Work
ESENER	European Survey of Enterprises on New and Emerging Risks
EODS	European Occupational Diseases Statistics
EU	European Union
EU-OSHA	European Agency for Safety & Health at Work
EU strategic framework	EU strategic framework on health and safety at work 2014-2020
ICT	Information and communication technologies
ILO	International Labour Organisation
IRAT	Interactive risk assessment tools
IT	Information Technology
JRC	Joint Research Centre
MSEs	Micro and small enterprises
OECD	Organisation for Economic Cooperation and Development
OEL	Occupational Exposure Limit
OiRA	Online interactive risk assessment
OSH	Occupational safety and health
RAC	Committee for Risk Assessment of the European Chemicals Agency
REFIT evaluation	Ex-post evaluation of the European Union occupational safety and health directives
SCOEL	Scientific Committee on Occupational Exposure Limits
SLIC	Senior Labour Inspectors Committee
SMEs	Small and medium-sized enterprises
WHO	World Health Organisation

Annex 2: List of Directives covered by the national practical implementation reports for the period from 2013 to 2017

- **Directive 89/391/EEC**[91] of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work;

- **Council Directive 89/654/EEC**[92] of 30 November 1989 concerning the minimum safety and health requirements for the **workplace** (first individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Directive 2009/104/EC**[93] of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of **work equipment** by workers at work (second individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC;

- **Council Directive 89/656/EEC**[94] of 30 November 1989 on the minimum health and safety requirements for the use by workers of **personal protective equipment** at the workplace (third individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Council Directive 90/269/EEC**[95] of 29 May 1990 on the minimum health and safety requirements for the manual handling of **loads** where there is a risk particularly of back injury to workers (fourth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Council Directive 90/270/EEC**[96] of 29 May 1990 on the minimum safety and health requirements for work with **display screen equipment** (fifth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Directive 2004/37/EC**[97] of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to **carcinogens or mutagens** at work (sixth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC;

- **Directive 2000/54/EC**[98] of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to **biological agents** at work (seventh individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

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[91] OJ L 183, 29.6.1989, p.1.

[92] OJ L 393, 30.12.1989, p.1.

[93] OJ L 260, 3.10.2009, p. 5.

[94] OJ L 393, 30.12.1989, p.18.

[95] OJ L 156, 21.6.1990, p.9.

[96] OJ L 156, 21.6.1990, p.14.

[97] OJ L 229, 29.6.2004, p.23.

[98] OJ L 262, 17.10.2000, p.21.

- **Council Directive 92/57/EEC**[99] of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile **construction sites** (eight individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Council Directive 92/58/EEC**[100] of 24 June 1992 on the minimum requirements for the provision of safety and/or health **signs** at work (ninth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Council Directive 92/85/EEC**[101] of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of **pregnant workers** and workers who have recently given birth or are breastfeeding (tenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC) ;

- **Council Directive 92/91/EEC**[102] of 3 November 1992 concerning the minimum requirements for improving the safety and health protection of workers in **the mineral-extracting industries through drilling** (eleventh individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Council Directive 92/104/EEC**[103] of 3 December 1992 on the minimum requirements for improving the safety and health protection of workers in **surface and underground mineral-extracting industries** (twelfth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Council Directive 93/103/EC**[104] of 23 November 1993 concerning the minimum safety and health requirements for work on board **fishing vessels** (thirteenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Council Directive 98/24/EC**[105] of 7 April 1998 on the protection of the health and safety of workers from the risks related to **chemical agents** at work (fourteenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Directive 1999/92/EC**[106] of the European Parliament and of the Council of 16 December 1999 on minimum requirements for improving the safety and health protection of workers potentially at risk from **explosive atmospheres** (fifteenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Directive 2002/44/EC**[107] of the European Parliament and of the Council of 25 June 2002 on the minimum health and safety requirements regarding the exposure of

[99] OJ L 245, 26.8.1992, p.6.

[100] OJ L 245, 26.8.1992, p.23.

101 OJ L 348, 28.11.1992, p. 1.

[102] OJ L 348, 28.11.1992, p.9.

[103] OJ L 404, 31.12.1992, p.10.

[104] OJ L 307, 13.12.1993, p.1.

[105] OJ L131, 5.5. 1998, p.11.

[106] OJ L 23, 28.1.2000, p.57.

[107] OJ L 177, 6.7.2002, p.13.

workers to the risk arising from **physical agents (vibration)** (sixteenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Directive 2003/10/EC**[108] of the European Parliament and of the Council of 6 February 2003 on the minimum health and safety requirements regarding the exposure of workers to the risk arising from **physical agents (noise)** (seventeenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC);

- **Directive 2004/40/EC**[109] of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from **physical agents (electromagnetic fields)** (18th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC);

  Repealed by: Directive 2013/35/EU of the European Parliament and of the Council of 26 June 2013 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (20th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) and repealing Directive 2004/40/EC;

- **Directive 2006/25/EC**[110] of the European Parliament and of the Council of 5 April 2006 on the minimum health and safety requirements regarding the exposure of workers to risks arising from **physical agents (artificial optical radiation)** (19th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC);
- **Council Directive 91/383/EEC**[111] of 25 June 1991 supplementing the measures to encourage improvements in the safety and health at work of workers with a **fixed-duration employment relationship or a temporary employment relationship**;
- **Council Directive 92/29/EEC**[112] of 31 March 1992 on the minimum safety and health requirements for improved **medical treatment on board vessels**;
- **Council Directive 94/33/EC**[113] of 22 June 1994 on the protection of **young people** at work;
- **Directive 2009/148/EC**[114] of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to **asbestos** at work.

[108] OJ L 42, 15.2.2003, p.38.

[109] OJ L 184, 24.5.2004, p.1.

[110] OJ L 114, 27.4.2006, p.38.

[111] OJ L 206, 29.7.1991, p. 19.

[112] OJ L 113, 30.4.1992, p.19.

[113] OJ L 216, 20.8.1994, p. 12.

[114] OJ L 330, 16.12.2009, p. 28.