



Comparative analysis of national strategies for safety and health at work

L. Lißner, A. Reihlen, H. Höcker, J. Elo-Schäfer, A. Stautz

**Research
Project F 2234**

L. Lißner
A. Reihlen
H. Höcker
J. Elo-Schäfer
A. Stautz

**Comparative analysis of
national strategies for
safety and health at work**

Dortmund/Berlin/Dresden 2010

This publication is the summary of the final report of the project „Comparative analysis of national strategies for safety and health at work” – Project F 2234 – on behalf of the Federal Institute for Occupational Safety and Health.

The responsibility for the contents of this publication lies with the authors.

Authors: Dr. Lothar Lißner
Antonia Reihlen
Herrad Höcker
Johanna Elo-Schäfer
Andreas Stautz
Kooperationsstelle Hamburg IFE GmbH
Besenbinderhof 60, 20097 Hamburg, Germany
Telephone: +49 40 2858-640
Telefax: +49 40 2858-641
E-Mail: l.lissner@kooperationsstelle-hh.de
Internet: www.kooperationsstelle-hh.de

Cover photo: Uwe Völkner, Fotoagentur FOX, Lindlar/Köln

Cover design: Rainer Klemm
Federal Institute for Occupational Safety and Health

Publisher: Federal Institute for Occupational Safety and Health
Friedrich-Henkel-Weg 1-25, 44149 Dortmund, Germany
Telephone: +49 231 9071-0
Telefax: +49 231 9071-2454
E-Mail: poststelle@buaa.bund.de
Internet: www.buaa.de

Berlin:
Nöldnerstr. 40-42, 10317 Berlin, Germany
Telephone: +49 30 51548-0
Telefax: +49 30 51548-4170

Dresden:
Proschhübelstr. 8, 01099 Dresden, Germany
Telephone: +49 351 5639-50
Telefax: +49 351 5639-5210

All rights reserved, including photomechanical reproduction and the reprinting of extracts.

For environmental reasons this publication was printed on non-chlorine bleached paper.

ISBN 978-3-88261-116-8

Table of contents

	Page	
1	Aims and issues of the study	4
2	Methodology	4
3	The most significant findings of the study	5
3.1	OSH strategies as a political concept	5
3.2	OSH strategies and their focal points – a brief overview	7
3.3	Institutional structure and responsible parties	9
3.4	Employment of financial and personnel-related resources	10
3.5	Basic assessments of the strategies by the actors involved	11
3.6	Implementation and communication to the public	12
3.7	Indicators and evaluation	13
3.8	Results of the evaluations	15
4	Conclusions for German strategy actors	16
4.1	Autonomy, boundaries and cooperation	16
4.2	Active role of the social partners	17
4.3	Indicator development and evaluation	17
4.4	Implementation and communication to the public	18
4.5	Political learning and adjustment – positive effects on institutions and infrastructure	19
Annex	Strategy profiles of the twelve evaluated countries – Overview	21

1 Aims and issues of the study

In this study strategic concepts and methods in the area of occupational safety and health (OSH strategies) have been analysed for selected countries. Beyond that the transferability of such concepts and methods to the German system has been examined. The intent was to determine the main features of the various strategies, to evaluate their respective strengths and weaknesses and to identify their essential differences and similarities.¹

The evaluation of national strategies included the following main questions:

- Which target levels, fields of action and problem areas are considered and focused upon in each case?
- Which criteria, procedures and information sources are relevant for the selection, implementation and prioritisation of the strategy goals?
- How is the implementation of the strategy evaluated? Does the evaluation clearly identify positive results?
- What are the characteristic institutional arrangements of the respective strategies?

2 Methodology

In the first phase of the project, strategic programmes or plans of twelve countries were described on the basis of published documents according to a consistent methodology (policy field analysis). The basic strategy profiles resulting from this included, along with some general information (title, responsible institutions, time frame, integration or connection with other strategies), a total of eight thematic sections:

- Main goals
- Criteria/rationale
- Data sources
- Budget
- Instruments and implementation
- Evaluation
- Indicators
- Appraisal of results and political learning.

1 The statements made in this paper largely relate to the state of affairs as it was in early 2009. Developments which have occurred after could only be taken into consideration occasionally. – References to the sources used in this summary are available in the full version of the report, which will be published in spring 2010.

Strategy documents and additional information sources from twelve countries were collected and analysed with regard to these eight main points and their subpoints, which ranged in number from two to six, respectively.

In consultation with the German Federal Institute for Occupational Safety and Health, six countries were selected from this group of twelve for more in-depth analysis, including interviews with persons actively involved in the national strategy processes. The countries in question are Australia, Denmark, Finland, France, the Netherlands² and Spain. This selection of countries ensured a certain – analytically desirable – variation with respect to both fundamental structural characteristics of the OSH system and levels of experience in drawing up, implementing and evaluating national OSH strategies.

Five EU member states make up the main part of this investigation. Australia was also included because its federal system and the autonomy of the federal states are quite similar to Germany's own basic political structures.

Information regarding the strategies of Italy, Austria, Poland, Sweden, UK and USA was compiled in a standardised tabular format according to the model described above.

For the six countries that were selected for in-depth evaluations, the project team and, in two cases, subcontractors carried out a total of 25 interviews on-site (European countries) or by telephone (Australia). In each case, the native language of the person being interviewed was used. Interviewees were participants in the strategy process from various fields: representatives of public agencies, of organisations of the social partners and of insurance institutions, as well as external specialists.

Besides making interviews and evaluating thoroughly the main strategy documents, even more in-depth, detailed materials (such as progress reports and special evaluations for particular goal areas) were used for analysing the strategies of these countries.

3 The most significant findings of the study

3.1 OSH strategies as a political concept

National OSH strategies are currently a political success story, both on a European and on a global level (Fig. 3.1). The European Union has called on all its member states to assure the success of the "Community Strategy on Safety and Health at Work 2007-2012" by corresponding national strategies.

2 The Netherlands do not have a single comprehensive national OSH strategy but rather a range of well developed individual programs and instruments which in other countries are part of strategic activities, for example, a national portal for risk assessment instruments, continuous monitoring of working conditions or tripartite branch agreements for safety and health at work ("Arbocovenanten").

Beyond the twelve countries included in this study, other European countries as well have determined or started to implement OSH strategies (Belgium, Bulgaria, the Czech Republic, Cyprus, Estonia, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Malta, Norway, Portugal, Romania, Slovakia and Slovenia). Only one strategy has been terminated, or rather transferred – as one of several goal areas – to a strategy for public health (Sweden, after a change of government in 2006).

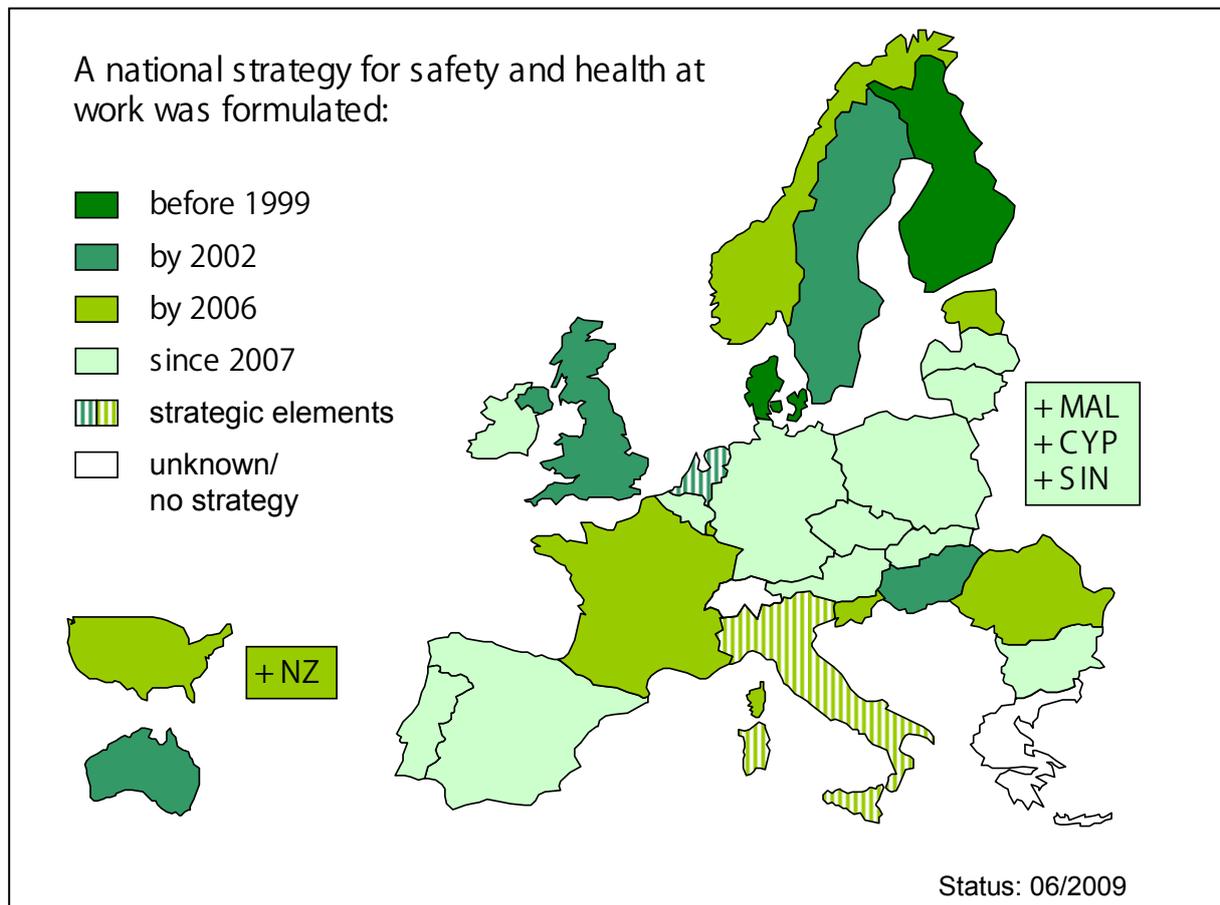


Fig. 3.1 The development of national OSH strategies

OSH strategies may also be found outside of Europe, for example in New Zealand, Singapore or the USA. Likewise, international organisations such as WHO and ILO have formulated global strategies for safety and health at work.

National OSH strategies aim to rearrange (at least partially) structures, procedures and resources existing in this field. In the process, as claimed, the OSH system will be focused on particularly relevant areas, oriented to defined goals and evaluated with regard to its effectiveness. These are considered to be decisive prerequisites for medium- and long-term acceptance and legitimization of the strategy.

The increasing need to verify the effectiveness of institutional action in the area of OSH is a result of different developments:

- External and internal evaluation of political programmes and reform plans has generally become much more important.

- International organisations such as ILO or the EU (SLIC) evaluate the effectiveness of OSH infrastructures by means of harmonised comparative reports, which are supplemented by on-site visits.
- Within the framework of such comparative or benchmarking processes several states have drawn up standardised, internationally comparable country profiles (OSH profiles from WHO, National Chemical Profiles UNITAR/SAICM, Nordic/European OSH-Scoreboard).
- An increased measurability of policy effects is also desired for legitimisation reasons.
- In the meantime, quantitative comparisons are being developed even for areas which are rather difficult to check and measure (e. g. education, science).
- In other policy areas, international studies aiming at country comparisons are established as ways to create positive publicity or as a professional standard (economic performance, labour market, education, environmental protection).

The trend towards setting priorities in the form of verifiable strategies is encouraged also in the field of OSH by the increasing recognition that stronger coordination of institutional actors by means of common goals, mutually accepted procedural standards and joint working programmes brings about more efficient usage of resources or clearly superior results.

In summary, these factors lead to a type of policy-making based on a verifiable, medium- to long-term strategic approach even in policy areas, such as OSH, where institutional structures and practices are strongly shaped by historical traditions, which have hardly ever been questioned to date.

3.2 OSH strategies and their focal points – a brief overview

The time frames of the strategies range from three to ten years. The strategies are generally examined after an initial introduction or planned evaluation phase and are then adjusted according to the respective findings.

In all of the OSH strategies being studied here, two types of goals are to be found, “mixed” together in various proportions according to country-specific problem perceptions and needs for action, as follows:

1. **Hazard- or health-related goals** (quantifiable and actually in part quantified): The (quantitative) requirements are aimed at reducing the frequency of accidents, specific illnesses or exposures. Indicators are based on official statistics or survey data. A percentage reduction over the course of three to five years is the usual target.
2. **System-, structure- and procedure-related goals** (qualitatively defined): Goals of this sort are primarily concerned with prevention efforts in enterprises, cooperation of the actors involved, collaboration with third parties and communication to the public. Here, in a manner of speaking, the participants themselves come under scrutiny.

The goals or, respectively, the measures of the first type which are determined in the twelve countries being examined here may be summarised as follows:

1. Focus areas of hazard- or health-related goals

- Work-related illnesses
- Illness-related absence from the workplace
- Workplace accidents
- Work ability (chiefly older employees)
- Work-related musculoskeletal illnesses
- Noise in the workplace
- Exposure to hazardous substances in the workplace
- Psychological stress.

The second group of goals refer to the improvement of the OSH infrastructure and its effectiveness. Several goals or sets of measures falling into this category are mentioned in the twelve strategies under study (formulations such as “competence”, “innovation” etc, which are rather general, have been taken directly from the strategy documents):

2. Focus areas of system-, structure- and procedure-related goals

- OSH management, particularly in SMEs
- Branch regulations, particularly in focus branches (e. g. construction industry)
- Education, (advanced) training, instruction
- Financial incentives
- Research – coordination, priority setting, application of research results to policy development as well as to the improvement of workplace quality
- Risk assessment
- Information (expert) – investigation, standardisation, publication
- Innovations
- Occupational safety and health for younger employees
- Cooperation between OSH actors
- Communication of OSH-related concerns to the public
- Motivation to increase OSH efforts
- Prevention (general)
- Professional competence
- Development and introduction of standards, improvement of complex legal regulations, simplification of legal requirements for SMEs

- Implementation of legal requirements.

The overview table appended to this report shows, along with other country-specific strategy features, which of the aforementioned goal areas are included in the different national strategies.

3.3 Institutional structure and responsible parties

In all countries being considered, the ministries of labour and social affairs assume the political responsibility for the strategies and their connection to the full general programme of the government as well as to the parliament.

The composition of the advisory bodies (councils, committees, panels) which are responsible for strategy development and implementation differs from country to country, frequently reflecting the specific national OSH traditions. The committees often feature a classic tripartite structure (e. g., Denmark, Spain), drawing their members in equal parts from the government, the employers and the employees. For countries with a federal structure, such as Australia and Spain, the federal states as well as the autonomous regions are likewise represented. The accident insurance system is only indirectly represented for the most part, e. g. by the state (or semi-state) institutions which administrate accident insurance (Australia), or by means of delegation to the employers' organisations (Spain). Germany has a federal structure as well, but here the situation is different. In the central strategic committee ("Nationale Arbeits-schutzkonferenz"), government, federal states and accident insurance institutions are represented equally in terms of seats and votes, while the social partners' top organisations only maintain an advisory role. In a range of other countries additional participants are involved, e. g. representatives from the academic field, who are invited to play a guest role with restricted rights.

In Australia, the Workplace Relations Ministers Council (WRMC) is responsible for the OSH commission "Australian Safety and Compensation Council" (ASCC). The Australian Commonwealth as well as the corresponding ministers from the federal states and the territories are included in this council of labour and social ministers. The ASCC advises the WRMC and makes recommendations on topics such as strategy development and implementation. Since April 2009, the successor organisation "Safe Work Australia" has taken over the responsibilities of the ASCC.

In Denmark, the Arbejdsmiljøråd plays a similar role to that of the Australian ASCC as a national council for all occupational safety and health issues. The Arbejdsmiljøråd, being the highest advisory council for the participating institutions and interest groups, provides recommendations for action. The roles of the main actors in the process of strategy development are about as follows: the national OSH authority (Arbejdstilsynet) and the National Research Centre for the Working Environment provide relevant data and make initial suggestions concerning priorities. Based on this preliminary work the Arbejdsmiljøråd makes decisions with respect to problem areas that are to be prioritised in the strategy, and sets targets. The ministry is the highest-ranking authority in this case; introducing the strategy into the Parliament and arranging for the necessary legal and financial support as well as for accompanying measures.

In Finland, the political responsibility for the national OSH strategy rests with the Ministry of Social Affairs and Health. Consultation with the social partners and other relevant OSH actors takes place in several advisory committees affiliated with the Ministry, most notably the advisory committee on occupational safety and health (being of particular importance as regards strategy matters) and the advisory committee on occupational health care services (especially dealing with the coordination of all measures aimed at preserving and promoting work ability).

In France, the national plan PST was designed jointly by the Ministries of Labour, Health, Environment, Transport and Agriculture.

In the Netherlands, the individual programmes are developed by the Ministry of Labour and Social Affairs, mostly in consultation with the social partners.

In Spain, the Ministry of Labour and Immigration played a leading role in the creation of the national OSH strategy. Significant preparatory work (OSH system analysis and elaborating the framework of the strategy) was done by a small group consisting of representatives from the Ministry, the national supervisory authorities and technical institutes. The national OSH-institute INSHT then provided technical and organisational support for further strategy development which was done by the national OSH commission (invitations to meetings, collecting and preparing commentary and suggestions etc). The responsibility for strategy implementation rests with the national government.

3.4 Employment of financial and personnel-related resources

Some strategies include designated budgets for individual activities. These budgets serve to finance additional personnel (France), special implementation measures or detailed evaluation studies. In many cases, however, strategy-related activities are integrated into the regular performance of the existing OSH infrastructure (inspectors, branch committees etc.) and there is no specification of extra budgets for them. In such situations, the financing of the committee's work may be the only extra budgetary item included. For individual cases, there may be a connection with preexisting or newly established funds and endowments. In Denmark, support of the strategy goals is one of the three focal points of the Forebyggelsesfond, which is endowed with 25 million €. In Spain, the "Foundation for the Prevention of Risks in the Workplace" has a budget of 30 million €, which may be used to finance sectoral and regional projects dedicated to promote prevention in companies.

For the most part, however, the strategies are organised and financed within the existing infrastructure by setting priorities. This is reflected in the opinion, shared by many of the strategy actors, that a national OSH strategy primarily serves the purpose of improving the communication, cooperation and coordination between the parties involved and of making better use of existing resources by more tightly focused action.

As measures within the framework of national strategies are generally not clearly separated from the routine activities of public agencies, many of the persons con-

cerned would not find a classification of expenses as “for the strategy” and “for regular OSH activities” to be possible or to be meaningful.

In many cases, the national strategy required more personnel hours within the institutions involved, as new or additional tasks had to be carried out, particularly in the areas of data collection and analysis, coordination of activities and participants or company surveillance. According to interview statements, this will lead to a considerable increase in OSH authorities’ staff at least in some countries.

3.5 Basic assessments of the strategies by the actors involved

Even in the planning phase, national strategies bring about a productive debate among the various participants. When differing positions are involved, at least partial compromises must be found during the strategy debate. Controversial issues are primarily related to goal selection and goal prioritisation, to the assignment of responsibilities and to the quality of indicators.

In all countries being considered, the national strategy was viewed as an opportunity to concentrate the strengths of the participating institutions and social groups while approaching future challenges in a concerted, more effective manner. From the viewpoint of the persons involved, general improvement was evident in the communication and cooperation processes that were developed and practically tested by OSH actors within the framework of the strategy.

All groups interviewed gave a positive rating to the strategy development process. The president of a large organisation of Spanish prevention specialists stated:

“It was a long process that was open to suggestions and opinions from all participants. It was a constructive process, the goal of which was to achieve a consensus among all the parties concerned, and now everyone is satisfied with the result. Since there was a common interest, it was also possible for all participants to reach agreement.”

A labour union representative from France commented as follows:

“Furthermore, the plan’s advantage is that it forces all parties concerned to resituate the issue of health and safety at work at the heart of public health issues. This aspect is essential, because it gives greater visibility to the questions of health and safety at work. The trend in recent years has actually been to disconnect health and safety at work from health issues in general. For the trade unions, this plan also represents a lever to force them to centre their actions on these aspects in-house.”

As a common position and declaration of intent, the strategy was taken very seriously from all sides, and this was also the case for the practical work. An Australian employer representative described this in the following terms:

“In principle the strategy is a success, as for the first time there is a commitment of all partners to the same goals and there is an agreed measure of whether or

not they are reached. The strategy also helped to improve cooperation, in particular during arguments, as it can be used to remind others of their commitment.”

An Australian regional government representative had a similar opinion:

“In general the strategy is regarded as having fulfilled its purpose of providing a reference frame and aligning the work of the different States and Territories in Australia. It has been successful in facilitating communication and has promoted that stakeholders learned from each other.”

Particularly in countries with a federal structure the development of regional strategies (e. g. by the OSH authorities of the autonomous regions of Spain or the inspectorates in the federal states of Australia) can be observed. In these regional strategies national goals, responsibilities and implementation measures are specified. At the regional level, too, state authorities are responsible for decision-making, while the social partners' contribution “only” consists of implementation activities (besides running instruction and training programmes).

Cooperation between the various authorities is often made more difficult by a deficiency of resources, comprehension and communication structures as well as by long-established ways of thinking about responsibility. Cooperation between national actors and social partners is generally seen to be “good” or “significantly improved due to the strategy”. In particular, the flow of information in both directions has increased, and the coordination of activities has improved. Cooperation between labour unions and employers is naturally not free of conflict due to differing interests. However, within the framework of the strategy, these stakeholders may also experience a common, mutually supported basis and statement of intent.

Over the course of time, many further cases of improved or expanded cooperation with additional participants from other policy areas (for instance, labour market or public health) develop as well.

3.6 Implementation and communication to the public

The introduction of a strategy takes place in different ways. Normally, the professional community will be informed by means of appropriate periodicals and other relevant means of communication (exhibitions, technical conferences or similar). In addition, most countries use widespread information media (brochures) or special internet portals for this purpose (particularly for the target groups of employees and employers). In Australia, the Netherlands or Denmark, the communication strategy includes, amongst others, websites and wide-ranging, publicly available analyses and informational materials.

Strategy participants have stated, however, that direct communication, particularly with inspectors, is a dissemination method that is particularly relevant for strategy implementation. Further, many people concerned do not hold the publicity of the strategy itself to be important, but rather the clear communication of particular content matter. In Australia, for instance, a national action plan for the communication of so-called occupational safety and health messages was developed for that purpose. In

Spain, as well, the communication of strategies and their goals is considered to be of secondary importance, whereas dissemination of specific information and guidance for companies is regarded as decisive because this is the way to put strategy content into practice.

3.7 Indicators and evaluation

Even in the planning phase, national strategies evoke discussions about goal setting and goal priorities as well as about type and quality of the measurement categories known as indicators. Even the description of the current situation is quite often controversial in OSH, as sufficiently precise data on workplace exposure and its related health effects are lacking in many cases. With such an inadequate statistical basis, it is then difficult to make dependable statements about changes and, further, to judge the effectiveness of the strategy. OSH strategies thus often lead to further development or improvement of indicators, which is in turn influencing the quality and the extent of data collection positively.

Some indicators have already been available within the OSH system for a long time, namely prevalence figures of accidents or a few (work-related) illnesses. As regards frequency and intensity of exposures, the need for new indicators and new data bases is generally high. Here, one usually has to rely on surveys or special investigations by the supervisory authorities or accident insurance institutions.

Several main indicators have been developed in the countries for which there are detailed evaluation systems and experiences (Australia, Denmark, Finland)³:

1. Development of risk factors at work and health situation of the workers: Some of the relevant information here may be obtained from the OSH institutions' well-known data sets, such as the number of deadly accidents on the job. For the evaluation of developments and interrelations in areas such as MSDs and psychological illnesses, this conventional data base is, however, not sufficiently thorough or precise. In order to determine the overall prevalence and the distribution of relevant exposures, then, large-scale surveys are usually carried out or evaluated by means of secondary analysis (also with respect to specific branches, risk factors and risk management measures).
2. Quality of the companies' OSH performance: Here, indicators are used that should reflect the level of preventive action in enterprises, e. g. number of risk assessments, organisation of OSH infrastructure at company level, pre-existing knowledge about OSH matters.
3. Performance of strategy committees and cooperation between strategy partners: Related indicators are, among others, the number of joint agreements, projects and activities or the degree to which they have been implemented.
4. Cooperation with third parties: e. g. levels of collaboration with social insurance institutions, research institutes, occupational medicine services and clinics, other committees in the area of OSH, or institutes of further education.

3 Detailed descriptions and references concerning this subject may be found in the respective country chapters of the final report's full version (see footnote 1).

Discussions within the framework of strategy development and implementation frequently lead to calls for improvement of indicators as well as of connected methods of data collection, analysis and publication. As things develop, indicators initially created for specific strategy purposes may become indicators generally used for describing and monitoring the state of the OSH-system.

In all countries, monitoring in the form of regular strategy progress reports is part of the plan. The intervals are between one year and five years. The type of reporting varies between short and general progress reports and thorough, externally produced evaluations.

Tab. 3.1 Characteristics of the strategy evaluation in Australia, Denmark and Finland

Evaluation	Australia	Denmark	Finland
Interval	Progress report: annually Evaluation: every three years (2005, 2008)	Annual progress reports (implementation of measures), company surveys every 3 years, ongoing evaluation of national register data, misc. secondary research as needed	3 years (2001, 2004, 2007) Evaluation of the programmes at short intervals
Contracting body	National Council	Workplace research board (ministry, diverse committees, experts)	Ministry
Realisation	Office of the ASCC Consultants	Public and private research institutes, public and co-determined OSH institutions, social insurance	Public and private research institutes
Methods	Analysis of routine data, surveys, interviews	Analysis of routine data, surveys among employers and employees (postal or by telephone), expert interviews, case studies (companies), project evaluations	Analysis of routine data, surveys among employers and employees (postal or by telephone), expert interviews

To date, thorough, independent evaluations have been carried out in the Netherlands, Denmark, Finland, and Australia (Tab. 3.1). In Finland, subprogrammes related to the strategy are evaluated along with the triennial preparation of a follow-up report on the entire strategy. The French and Spanish strategies were not introduced until 2005 and 2007, respectively, the time which has passed since not being sufficient for a meaningful evaluation. The Netherlands have been left out in the overview table because evaluation was carried out solely on a programme-specific basis.

In Denmark, numerous analyses and information documents were prepared for evaluation purposes. This has resulted, for example, in an "official" summary of the strategy evaluation for the years 1996 to 2005, an extensive version of it, and de-

tailed special reports on the seven target areas. These evaluations are comprehensive studies that include surveys and company visits. They are often carried out as part of a cooperative effort by multiple institutions. Typical examples of this are cooperations between the national research institutes, private providers of consulting services and public agencies as data suppliers.

A detailed evaluation of the strategy and a consensus regarding its successes or failures seem to be crucial for political learning as well as for proper adjustment of strategy goals and measures.

3.8 Results of the evaluations

The evaluations provide qualitative statements or descriptions with respect to developments of individual indicators. If possible, quantitative assessments are also included. Australia, for instance, has reported on goal achievement by means of the following process-related indicators:

- Legislation is reviewed/adapted/implemented/in force
- Reports/strategies/programmes/action plans are developed/reviewed/updated
- Webtool/information/guidance/training material is developed/reviewed/updated/available
- Commission/working groups are established, regular meetings are held
- Milestones of specific projects are met
- Number of (inspection) visits/investigations/events/trainings/audits organised, number of solved compliance issues
- Industry confirms commitment
- Targets/principles are incorporated by target group
- Performance indicators are reported by federal states.

The Danish evaluation of quantitative strategy targets also looks into possible reasons for developments and measure effects which cannot be fully explained by means of the indicators chosen. As an example, selected results from the evaluation carried out during 2006/2007 (covering the Danish strategy period from 2000 to 2005) are presented in Table 2.

Here one can see clearly how much external developments, such as a sharp increase in transportation of goods or a trend towards home care, may affect the accident rate, thus making an assessment of the OSH strategy's influence in this regard quite complicated. The same is true for other goal indicators.

The Netherlands particularly stands out with its extensive evaluation of large OSH projects. An example of this is the "Arbo-Covenant" (branch covenant) aiming at a reduction of "werkdruk" in the hotel, restaurant and catering industry HORECA ("werkdruk" means, above all, stress exposure). In this area, there are two thorough

quantitative and qualitative evaluation reports available, one prepared by a scientific institute, the other by a consulting firm.

Tab. 3.2 Selected results of the Danish strategy evaluation

Field of action	Target	Result	Background
Workplace accidents	15% fewer accidents (2000 to 2005)	Overall, no reduction in accident figures. Strong increase from 2003 to 2006 (according to the Arbejdstilsynet's special evaluation)	32% more accidents in the first year of employment More accidents of 18- to 24-year-old and over-44-year-old employees Large increase of accidents in 5 out of 49 branches: – home care – transportation of goods – civil engineering – wholesale trade – masonry and carpentry
Psycho-social stress	5% fewer employees are exposed to 12 main risk factors (2000 to 2005)	Partial success	Worsening of two factors: – high working speed – violence in the workplace Improvement of one factor: – personal development possibilities For 9 factors: inconclusive
Monotonous repetitive work (MRW)	10% fewer employees are exposed to monotonous repetitive work (2000 to 2005)	Success: proportion of employees exposed to MRW decreased from 20% to 18% (= 10%)	The figures are based on self-reported exposure. The indicator was "constant, continuous and quick repetition of movements of the fingers, hands or arms for more than three quarters of the working day"

4 Conclusions for German strategy actors⁴

The following conclusions are drawn from the analysed strategy documents and, further, from statements made in the interviews which have been carried out for the six more closely examined cases. Interviewees were directly asked to give "recommendations" for the development of the national strategy in Germany.

4.1 Autonomy, boundaries and cooperation

The practice of setting clear boundaries between the OSH strategy and other political and institutional areas is widespread albeit not universal. In many cases it is apparently a necessary condition for successful identification and opinion making processes within the organisations responsible for the strategy. But once the strategies

4 Although aiming primarily at the German situation, these conclusions may apply (at least partly) to other countries as well. The opinions expressed in this chapter are solely those of the authors.

have found their own “place” and the actors involved have become well attuned to each other, the door may be opened to other institutions, actors and policies.

The demarcation between the OSH strategy and other areas also depends on which issues are chosen as subject matter of the strategy. The multifactorial causation of musculoskeletal and psychological illnesses, for instance, calls for close collaboration with actors engaged in studying and preventing such illnesses outside the sphere of work. Likewise, the structure and current situation of the job market must be considered when workplace accidents are dealt with, as these are, amongst other factors, affected by the proportion of younger, less experienced, less qualified or frequently job-changing workers – that is, groups with an elevated risk of having an accident at work. All persons interviewed agreed that strategies may only be efficiently implemented if the relevant actors cooperate properly.

As for Germany, an initially independent positioning of the national OSH strategy “GDA” (“Gemeinsame Deutsche Arbeitsschutzstrategie”) seems to be of similar importance. Discussions in the “inner circle” of OSH policy makers, restriction of strategy content to core areas of OSH, as well as limitation of the number of parties to be involved in the implementation process can be necessary and helpful, at least for the initial period. However, these restrictions should be gradually reduced over the course of time in order to allow for a closer connection of OSH with other policy areas relevant to prevention as well as for securing a broader basis for the implementation process. This is particularly true with regard to the collaboration with health insurance funds as these are important agencies for prevention and worksite health promotion.

4.2 Active role of the social partners

In many interviews it was stated that the assumption of an active role by the social partners is highly desirable if not absolutely necessary for strategy success. This, however, refers primarily to the social partners as implementation actors whereas their role as co-deciders in the strategy development process is less emphasised. A fundamental issue of national political culture apparently comes into play here: should policies essentially be developed and decided on by governmental or quasi-governmental institutions or should non-governmental organisations be brought into the process on an equal footing?

In the medium term, the social partners cannot be treated merely as those who have to provide for putting strategy content into company practice. The right of the social partners to submit proposals, to be consulted *and* to participate in decision-making is indispensable for ensuring not only the legitimation but also the implementation of the strategy.

4.3 Indicator development and evaluation

Directing oft-scarce resources to prioritised fields of activity is always a part of the strategy process as well. Setting priorities, however, is subject both internally and externally to political legitimation, especially when success is difficult to measure. For this purpose, regular monitoring or progress reports are essential.

In Germany, where OSH responsibilities and resources are very much decentralised, the need for improvement is particularly high in this respect. The institutional fragmentation resulting from the federal structure of the state and from the strong professional or branch traditions of the accident insurance organisations considerably complicates the development of a unitary national indicator set.

In Germany, indicators must be developed that are specifically tailored to the GDA strategy. Due to the scattered and often incompatible data base, particularly great efforts – including the employment of additional resources – must be made here. The following data sources or methods of data collection may be useful for indicator construction and monitoring purposes:

- National aggregate data from the federal states, the accident insurance organisations and the Federal Statistical Office (workforce structure, workplace accidents, occupational illnesses, OSH infrastructure)
- Regular annual reports, project evaluations and special data analyses from the supervisory authorities (campaigns, projects, supervisory activity evaluations, measurement databases etc.)
- Data from other social insurance institutions, e. g. health insurance funds
- Surveys of working conditions and job satisfaction
- Studies or projects concerned with particular risks, branches, professional groups or regions
- Evaluation of European or other international studies which include data from Germany
- Surveys of workers and employers, possibly with additional inspection visits in a subsample of the surveyed companies in order to validate the findings (as practiced, for example, by the Danish Work Environment Authority).

Strategy evaluation only makes sense if it's realistic to assume that the measures provided for have already displayed some effects and that corresponding changes, if any, can be detected. In this respect, evaluations should neither be introduced hastily nor carried out in a manner that resembles the production of quarterly financial statements, as if the point was to churn out "key performance figures" in short cycles.

4.4 Implementation and communication to the public

Our country studies clearly show the importance of implementation measures being coordinated and precisely focused on specific branches or issues. The best results in terms of improving working conditions are evidently achieved when the various actors involved (supervisory authorities, social partners, or others) work together on the same subject, each contributing with its specific yet carefully coordinated methods. Such methods may include:

- Support by means of informational materials, guidelines, training

- Incentives, e. g. bonus schemes, subsidies for introducing OSH management systems, awards
- Checks, e. g. inspection visits, audits
- Projects related to specific branches or professions.

In some cases, the efficiency of different surveillance philosophies is being tested. Strict inspection approaches emphasising the aspect of control (including threats to impose sanctions, where appropriate) may be compared to methods which are more aimed at giving support and advice (e. g. agreements on schedules for stepwise implementation of risk reduction measures). It should also be considered whether the additional introduction of a simple incentive system, such as the Smiley-System in Denmark, might be useful.

Knowledge of the strategy should not be limited to OSH experts and professionals. An OSH strategy should rather realise its full potential to go beyond the narrow expert framework. Employers and employees as well as the general public should have the opportunity to be informed about the strategy, its goals and its measures in a simple and appealing manner. This also serves to assist general awareness-raising for the subject while easing social acceptance of the strategy, thereby indirectly supporting the measures to improve the quality of work.

The public presentations of Denmark's and Australia's national OSH strategies may be regarded as inspiring models of good practice concerning this matter. The public relations activities of some of the Netherlands' strategic OSH programmes (branch covenants) are likewise notable. The possibilities range from simple information offerings (printed or online) all the way to the provision of detailed guidance and to interactive websites.

4.5 Political learning and adjustment – positive effects on institutions and infrastructure

In all of the countries being evaluated, the interviewees emphasised the positive effect of the strategy on cooperation and communication between the parties involved. Such new cooperation experiences may also initiate or encourage change processes within the individual participating institutions.

The German OSH strategy will certainly not lead to fundamental changes in the political framework of federalism and the accident insurance system. However, the national strategy may be viewed as an opportunity to pull together the strengths of the different actors involved in such a way that future challenges could be faced in a truly cooperative, and more effective, manner. This is supported by the experiences of other countries which have had OSH strategies for many years: the communication and cooperation processes established within the framework of the strategy will lead to improvements in the institutional preconditions for overcoming such strategic challenges.

Within the scope of indicator development, indicators for the activities of the strategy council as well as for those of other parties with similar objectives should be definitely

taken into consideration. This applies particularly to measuring the extent and quality of cooperation. The indicators that have been developed and are used in Australia, Denmark, Finland and Spain may provide some orientation in this process.

Annex

Strategy profiles of the twelve evaluated countries – Overview

	Australia	Denmark	Finland	France
Basic information				
Designated, separate national OSH strategy	X	X		X
OSH strategy part of overarching policies			X	
Important strategic elements				
Name/designation of strategy	National OSH Strategy 2002-2012	(1) Action Programme for a Clean Working Environment 2005 (1996) (2) Report on Future Working Environment 2010 – New Priorities for the Working Environment (2005)	Occupational Safety and Health Strategy of the Ministry of Social Affairs and Health	Plan Santé au Travail 2005-2009 (PST) – 'Plan for Health at Work'
Responsible institutions	Central government, federal states, social partners	Government/employment ministry/tripartite board	Ministry of Social Affairs and Health, tripartite committees	Ministry of Labour, Social Relations and Solidarity
Time frame	2002-2012	1996-2010	1998-	2005-2009
Main goals (see abbreviation index at the end of the table)				
Goal type: Hazards/Health	WA, WRI	WA, MS, PSY, NO	AW, WA, WRI, PSY, QUAL	WA, WRI, SUBS, MS
Goal type: System/Structures/Procedures	ALMOST ALL	ALMOST ALL	IMP, INF	RES, IMP, INF
Criteria/rationale				
<i>Economic</i>	X	X	X	X
<i>Ethical</i>	X	X	X	X
<i>Related to law</i>	X	X		
<i>International Comp.</i>	X	X	X	X
Basic data sources				
Statistics agencies	X	X	X	
Data from OSH authorities	X	X	X	X
Surveys/studies		X	X	
Specific project		?	X	
Budget				
From current budget	X	(X)	X	X
Special grants (nat./reg.)		(X, Fund)		X (5-10 mill. €)
No budget				
No information available				

	Australia	Denmark	Finland	France
Instruments and implementation				
Individual programmes/ activities	X	X	X	X
Implementation of legal requirements		X	X	X
Actions/campaigns/ projects	X	X		X
Miscellaneous	X	X		X (New research structures/ institutions)
Evaluation				
By the responsible institutions themselves	X (2005)	X	X (2001/04/07)	X (annually)
External (by ...)	X (consultants)	X		
Surveys		X	X	
No evaluation				
Indicators, appraisal of results/political learning				
Positive assessment	X		X	X
Mixed assessment	X	X	X	
Negative assessment				X
Strategy adjustment	X	X		X
Strategy termination				

ABS	Illness-related absence from work
AW	Ability to work (chiefly older workers)
BRANCH	Branch regulations
COLL	Better cooperation between parties involved in OSH
COMM	Better communication of OSH strategy concerns to the public
EDU	Education, (advanced) training, instruction,
FIN	Financial incentives
IMP	Improved implementation of legal requirements
INF	Information (technical)
INNO	Innovation
MOTIV	Motivation to increase OSH efforts
MS	Musculoskeletal illnesses
NO	Noise
OS	Occupational safety
OSM	OSH management
PREV	Prevention
PSY	Psychological stress
QUAL	Professional competence
RA	Risk assessment
RES	Intensification of research
STAND	Development and introduction of standards
SUBS	Hazardous substances
WA	Workplace accidents
WRI	Work-related illness
YOU	Special activities for occupational safety and health of young employees

	Italy	Netherlands	Austria	Poland
Basic information				
Designated, separate national OSH strategy			X	X
OSH strategy part of overarching policies	X		X	
Important strategic elements		X		
Name/designation of strategy	Piano sanitario nazionale 2006-2008 – 'National Health Plan'	Individual programmes (e. g. based on 'branch covenants')	Occupational Safety and Health Strategy 2007-2012	Improvement of Occupational Safety and Health (2008-2010/2012)
Responsible institutions	Health ministry	Social and Labour Ministry (SZW), social partners	Federal Ministry for Economics and Labour	Ministry of Labour and Social Policy, Ministry of Science and Higher Education, CIOP-PIB
Time frame	2006-2008	Programme-specific	2007-2012	2008-2010/12
Main goals (see abbreviation index at the end of the table)				
Goal type: Hazards/Health		OS, SUBS, AW	WA, WRI	WA, WRI, NO, SUBS, PSY
Goal type: System/Structures/Procedures	OSM, SME, MOTIV, COLL	RA, INF, FIN, BRANCH	RA, EDU, MOTIV, FIN, IMP	RES, INF, IMP
Criteria/rationale				
<i>Economic</i>	X			X
<i>Ethical</i>	X			X
<i>Related to law</i>				
<i>International Comp.</i>			X	
Basic data sources				
Statistics agencies	X	X	X	X
Data from OSH authorities	X		X	X
Surveys/studies		X		X
Specific project				
Budget				
From current budget				
Special grants (nat./reg.)	X	X		X
No budget				
No information available		X	X	

	Italy	Netherlands	Austria	Poland
Instruments and implementation				
Individual programmes/ activities	X	X	X	X
Implementation of legal requirements		X	X	X
Actions/campaigns/ projects		X	X	X
Miscellaneous		X	X	
Evaluation				
By the responsible institutions themselves	X	X		
External (by ...)		X		
Surveys				
No evaluation				
Indicators, appraisal of results/political learning				
Positive assessment		X		
Mixed assessment	?	X		
Negative assessment				
Strategy adjustment		X		
Strategy termination		(X) (Covenants ended)		

ABS	Illness-related absence
AW	Ability to work (chiefly older workers)
BRANCH	Branch regulations
COLL	Better cooperation between parties involved in OSH
COMM	Better communication of OSH strategy concerns to the public
EDU	Education, (advanced) training, instruction
FIN	Financial incentives
IMP	Improved implementation of legal requirements
INF	Information (technical)
INNO	Innovation
MOTIV	Motivation to increase OSH efforts
MS	Musculoskeletal illnesses
NO	Noise
OS	Occupational safety
OSM	OSH management
PREV	Prevention
PSY	Psychological stress
QUAL	Professional competence
RA	Risk assessment
RES	Intensification of research
STAND	Development and introduction of standards
SUBS	Hazardous substances
WA	Workplace accidents
WRI	Work-related illness
YOU	Special activities for occupational safety and health of young employees

	Sweden	Spain	USA	U.K.
Basic information				
Designated, separate national OSH strategy		X	X	X
OSH strategy part of overarching policies	X		X	
Important strategic elements				
Name/designation of strategy	Healthier Working Life	Spanish Strategy for Safety and Health at Work	OSHA 2003-2008 Strategic Management Plan	(1) Revitalising Health and Safety (2000), extended by: (2) A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond (2004)
Responsible institutions	National Institute of Public Health (FHI)	National Institute for Social Affairs and Labour (INSHT), National OSH Commission	Occupational Safety & Health Administration (OSHA) of the US Department of Labor	(1) Government/HSC (2) HSC/HSE
Time frame	Since 2003	2007-2012	2003-2008	2000-2010
Main goals (see abbreviation index at the end of the table)				
Goal type: Hazards/Health		WA, WRI, BRANCH, MS, IMP	WA, WRI, BRANCH	WA, WRI, ABS
Goal type: System/Structures/Procedures		RES, MOTIV, IMP	OSM, COLL, COMM, MOTIV, PREV	INNO, COLL, COMM, MOTIV
Criteria/rationale				
<i>Economic</i>	X	X	X	X
<i>Ethical</i>	X	X	X	X
<i>Related to law</i>		X		
<i>International Comp.</i>		X		
Basic data sources				
Statistics agencies	X	X	X	
Data from OSH authorities	X	X	X	X
Surveys/studies	X	X	X	X
Specific project	?			X
Budget				
From current budget	X	X	X	X
Special grants (nat./reg.)	X	X (Foundation for financing projects)	X	?
No budget				
No information available				

	Sweden	Spain	USA	U.K.
Instruments and implementation				
Individual programmes/ activities		X (national and regional)	X	X
Implementation of legal requirements		X (regional)	X	X
Actions/campaigns/ projects		X (national and regional)	X	X
Miscellaneous	?	Branch councils: programme de- velopment and implementation	X	X
Evaluation				
By the responsible institutions themselves		X	X (annually)	X
External (by ...)		X		
Surveys				
No evaluation	X			
Indicators, appraisal of results/political learning				
Positive assessment			X	
Mixed assessment		X		X
Negative assessment				
Strategy adjustment	X	X		X
Strategy termination	(X)			

ABS	Illness-related absence
AW	Ability to work (chiefly older employees)
BRANCH	Branch regulations
COLL	Better collaboration between parties involved in OSH
COMM	Better communication of OSH strategy concerns to the public
EDU	Education, (continuous) training, instruction
FIN	Financial incentives
IMP	Improved implementation of legal requirements
INF	Information (technical)
INNO	Innovations
MOTIV	Motivation to increase OSH efforts
MS	Musculoskeletal illnesses
NO	Noise
OS	Occupational safety
OSM	OSH management
PREV	Prevention
PSY	Psychological stress
QUAL	Professional qualification
RA	Risk assessment
RES	Intensification of research
STAND	Development and introduction of standards
SUBS	Hazardous substances
WA	Workplace accidents
WRI	Work-related illness
YOU	Special activities for occupational safety and health of young employees