



European Union
Statement

ILO

317th Session of the Governing Body

(6 – 28 March 2013)

Prevention of occupational diseases

Geneva, 14 March 2013

- CHECK AGAINST DELIVERY -

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EU Statement on

**"Prevention of occupational diseases"
(GB.317/POL/ESP/3)**

Thank you Chair.

I am speaking on behalf of the European Union and its member States.

The following countries align themselves with this declaration: Croatia^{*}, Turkey[†], the former Yugoslav Republic of Macedonia^{*}, Montenegro^{*}, Iceland[‡], Serbia^{*}, Albania^{*}, Bosnia and Herzegovina^{*}, Ukraine, the Republic of Moldova, Armenia and Georgia.

We welcome that a matter as important as the prevention of occupational diseases is on the agenda of this Governing Body and thank the Office for the document submitted.

Preventing occupational diseases is indeed a central element of Occupational Health and Safety policies as well as a key component of decent work and a condition to sustainable development. This is why it figures prominently in our policies and legislation, at European Union and national levels.

We believe that occupational health and safety not only safeguards workers' life and health and enhances their motivation. It also plays a vital role in increasing the competitiveness and productivity of enterprises and in contributing to the sustainability of social protection systems by reducing the social and economic costs of occupational accidents, incidents and diseases.

We share the Office's views that it is necessary to raise the awareness of all stakeholders involved on the need to scale up efforts, where appropriate, in the fight against occupational diseases. We emphasize the role that Employers and Workers organisations play in this regard.

^{*} Accessing Country Croatia and the Candidate countries former Yugoslav Republic of Macedonia, Montenegro and Serbia as well as potential candidate countries Albania and Bosnia and Herzegovina continue to be part of the Stabilisation and Association Process.

[†] Candidate Country

[‡] Candidate Country Iceland continues to be a member of the EFTA and of the European Economic Area.

To achieve this result, we agree that the consequences of occupational diseases should be better evaluated in their various dimensions so that they get out of "invisibility". This includes assessing and taking into account their human and social dimension for the victims and their dependents as well as their economic dimension, with the direct and indirect costs associated with these illnesses.

We welcome the references to the policies of the European Union and its Member States in the area of occupational diseases, which have been developed on the basis of a framework legislation and a strategy at European level to improve safety and health at work as well as a Commission Recommendation concerning the European schedule of occupational diseases. We are currently reflecting on the way to improve further our policies in this area, in particular to reflect technical developments. There will be a European Union conference next November to that aim and we are about to publish the results of a study on the situation of occupational diseases in the European Union, which could also be of interest for other regions.

We encourage the Office to significantly strengthen, within existing budgets, its support to constituents in the implementation of policies to prevent occupational diseases as indicated in paragraph 41. This should be done in a comprehensive fashion tailored to the national situations. Coherent national health and safety at work strategies must be geared to national conditions and should be developed in cooperation with the social partners.

The various areas for actions mentioned in paragraph 41 from (1) to (11) all seem to have some degree of relevance. However, they should be better prioritized and articulated for demonstrating a truly strategic approach and achieving coherent action within the multilateral system.

In relation to the proposal in paragraph 41(1), we would like to recall the commitment of the European Union to promote the ratification and implementation of relevant ILO Conventions.

Finally, we share the Office's views as to the importance of reliable data to support awareness raising and informed policies on prevention of occupational diseases and would be happy to share the methods and lessons learned in the European Union in establishing harmonized data in this field. We consider that progress in knowledge, databases and situations across countries in the recognition systems and compensation statistics should be included in the elements of expected reform of the ILO knowledge base.

The Office should be in a position to provide key data on occupational diseases to the constituents. Data are the base for a self assessment to build or strengthen the occupational diseases aspect of national strategies for health and safety at work. We therefore suggest that the Office develops a database allowing access to reliable and comparable information on occupational diseases. Acquisition of data should focus on existing sources and forms of data in order to be achievable and to avoid creating unnecessary burdens.

In conclusion, we support the draft decision proposed in paragraph 42, provided our comments and suggestions are taken into account.

Thank you, chair.