

**The Belgian National Strategy for  
Wellbeing at Work 2016-2020  
as proposed by the Minister of Employment:  
Strategic and operational objectives**

---

## Table of contents

<b>A.</b>	<b>INTRODUCTION</b> .....	<b>3</b>
<b>B.</b>	<b>THE RATIONALE OF THE NATIONAL STRATEGY FOR WELLBEING AT WORK 2016-2020</b> .....	<b>5</b>
<b>C.</b>	<b>STRATEGIC OBJECTIVES</b> .....	<b>9</b>
I.	SAFE AND HEALTHY WORK.....	9
II.	STRENGTHENING PARTICIPATION IN THE LABOUR MARKET .....	11
III.	STRENGTHENING PREVENTION .....	11
IV.	STRENGTHENING THE PREVENTION CULTURE.....	12
<b>D.</b>	<b>OPERATIONAL OBJECTIVES</b> .....	<b>14</b>
I.	THE AXIS OF SAFE AND HEALTHY WORK .....	14
1)	<i>Continuous prevention of occupational accidents</i> .....	14
2)	<i>Continuous prevention of health problems caused by work</i> .....	15
3)	<i>Preventing or minimising new and increasing risks</i> .....	16
II.	THE AXIS "STRENGTHENING PARTICIPATION IN THE LABOUR MARKET" .....	16
4)	<i>Workable work for all workers</i> .....	16
5)	<i>The re-integration of disabled workers</i> .....	17
III.	THE AXIS "STRENGTHENING PREVENTION" .....	18
6)	<i>Stressing the employer's responsibility for prevention policy, especially in SMEs</i> .....	18
7)	<i>Integration of wellbeing at work in the company's management</i> .....	18
8)	<i>Optimising the functioning of prevention services</i> .....	19
9)	<i>Optimisation of social dialogue</i> .....	20
10)	<i>Optimising the functioning of the labour inspection services</i> .....	20
11)	<i>Access to the available data on exposure</i> .....	21
12)	<i>Qualitative regulations</i> .....	22
IV.	THE AXIS "STRENGTHENING THE PREVENTION CULTURE" .....	22
13)	<i>The integration of wellbeing at work in all government domains</i> .....	23
<b>E.</b>	<b>ACTIONS TAKEN IN 2016 AND PRIORITIES AND ACTIONS FOR 2017</b> .....	<b>24</b>
I.	INTRODUCTION.....	24
II.	ACTIONS .....	25
1)	<i>Monitoring of the new tariff scheme for the services of external services for prevention and protection at work</i> .....	25
2)	<i>Examining the tasks of prevention officers</i> .....	25
3)	<i>The re-integration of disabled workers</i> .....	26
4)	<i>Exposure to chemical agents</i> .....	27
5)	<i>Psychosocial risks (PSRs) and musculoskeletal disorders (MSDs)</i> .....	27
6)	<i>Developing and promoting tools for SMEs</i> .....	28
7)	<i>The integration of wellbeing at work in education and training programmes</i> .....	28
8)	<i>Data mining</i> .....	29
9)	<i>Optimising the inspection for the monitoring of wellbeing at work</i> .....	29
10)	<i>Qualitative regulations</i> .....	30

## A. Introduction

In 2016, we celebrated the 20<sup>th</sup> anniversary of the Belgian Act on the wellbeing of workers. In our high-speed society, this is a substantial feat for a law, especially since the text, or in any event, its fundamental provisions, have remained unchanged. Obviously, amendments were made in the past two decades, but this only means that the Act on the wellbeing of workers has evolved along with the times. This twentieth anniversary is a perfect starting point for a new National Strategy for Wellbeing at Work which must ensure that the legislation remains current to provide an appropriate response to the new challenges for the wellbeing of workers in the rapidly changing world of work.

The employment policy must focus on people. This means that it should prioritize the improvement of the quality of life and the health and safety of workers in their daily working life. It must first and foremost emphasize the protection of the individual. This protection of the individual means that the company's human capital can be optimally deployed in favorable conditions. This in turn has a positive impact on the productivity of the companies and the national economy. On average, a dysfunctional prevention policy results in a cost that - depending on the study referred to - varies between 2 and 3.5% of GDP.<sup>1</sup>

One of the major challenges in a demographic context of ageing is to ensure that favorable conditions are created so that everyone can work longer. The analysis of the European Working Conditions Survey<sup>2</sup> confirms the relationship between the wellbeing and health of workers and the nature and quality of their job: good scores for general health (both mental and physical) are correlated to a good score for sustainable work, while work-related health risks are associated with a low score for sustainability. Job satisfaction is another important indicator that is positively related to workable work. A positive relationship exists between sustainable work and almost every indicator that is selected to measure sustainable work. So it is important to ensure people are healthy and working.

---

<sup>1</sup> Good OSH is good for business, OSHA, <https://osha.europa.eu/en/topics/good-osh-is-good-for-business/index.html>

<sup>2</sup> "Kwaliteit van werk en werkgelegenheid in België" (Quality of work and employment in Belgium), an analysis of the results of the 2010 European Survey on Working Conditions, commissioned by the FPS ELSD, Tom VANDENBRANDE, Sem VANDEKERCKHOVE, Patricia VENDRAMIN, Gérard VALENDUC, Rik HUYS, Geert VAN HOOTEGEM, Isabelle HANSEZ, Christophe VANROELEN, Vanessa PUIG-BARRACHINA, Kim BOSMANS & Hans DE WITTE, 2012, <http://www.werk.belgie.be/moduleDefault.aspx?id=36688>

In our globalized economy, companies are compelled to increase their productivity and competitiveness. It is clear that the consequences of this performance economy for the wellbeing of workers must be closely monitored. Musculoskeletal problems (e.g., low back pain and neck muscle problems) continue to be the most frequently reported adverse effect on workers' health. Besides this, workers also report mental problems, such as fatigue, sleeping problems and psychosomatic symptoms, e.g., headaches and gastrointestinal complaints caused by their work. In this respect, it is important to reiterate that primary prevention deserves full attention. Prevention is better than the cure.

It is essential that this strategy belongs to all the stakeholders in 'shared ownership'. This requires cooperation with the stakeholders for the entire duration of the strategy and means that the stakeholders, who are clearly appointed to execute specific actions aimed at achieving the operational objectives, must assume their responsibility. The management of the strategy, finally, requires a sufficient political commitment and the required funds.

In a context of demographic change, rapid scientific and technological developments and continuous changes in the organization of work and taking into account the expectations of people in today's modern society, developing a good National Strategy for Wellbeing at Work for 2016-2020 is of great importance. This document sets out the rationale and the strategic and operational objectives of this strategy, and puts forward a first proposal of the objectives to be achieved in 2016-2017.

## B. The rationale of the National Strategy for Wellbeing at Work 2016-2020

Initially, the European Commission's multi-annual action programmes for health and safety focused on legislative work. This multi-annual action programme has since evolved towards an integrated approach of health and safety at work.

A first European strategy was set out in the Communication from the European Commission of February 2007 titled "*Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work*". In this communication, the Commission strongly emphasized a 25% reduction of the number of occupational accidents within the European Union. Belgium adopted this ambitious objective. In 2006, the Fund for Occupational Accidents (Fonds voor Arbeidsongevallen, FAO) had recorded 185,039 occupational accidents (including accidents that occurred during the commute to and from work) in the private sector. Based on the European initiative, Belgium drafted the ***National Strategy on Wellbeing at Work 2008-2012***. The overall objective of this strategy consisted of a continuous and homogeneous reduction of the number of occupational accidents and diseases. The transversal axes that characterized the evaluated programmes, moreover, emphasized the following objectives:

- inciting a behavioural change in employers by stimulating a culture of risk prevention;
- improving the functioning of the prevention services, especially in terms of data sharing;
- increasing surveillance of compliance with legislation.

The evaluation of this national strategy in 2012 showed that the number of registered occupational accidents in the private sector in Belgium had dropped to 157,131. Nevertheless, figures about occupational accidents do not tell the full story about the policy of wellbeing at work. They are just one indicator of the implemented wellbeing policy, which is also influenced by economic factors.

In June 2014, the Commission published a new communication. The Communication from the European Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions for a strategic EU framework for health and

safety at work 2014-2020<sup>3</sup> sets out a strategic EU framework for health and safety at work. The Commission merely developed a framework which stressed the following three challenges:

- **Micro and small enterprises** - The Commission notes that the efficient monitoring of the health and safety of workers at work primarily is a challenge for micro and small enterprises. Compliance with national and EU regulations is still relatively low in smaller organisations. They also take fewer control measures for wellbeing at work, compared with large companies. The policy for wellbeing at work in Belgium therefore must be more oriented towards SMEs and micro enterprises, which are less easy to reach than larger organisations.
- **Disability** - The European Commission is also rightly concerned about the (growing) disability, among others due to diseases that are caused or exacerbated by unfavourable working conditions. This takes a high toll on workers, companies and social security systems. According to estimates of the International Labor Organization (ILO), in 2008 there was a total of 159,500 cases of occupational disease that resulted in fatalities in the EU-27. Cancer was the main cause of death (95,500 cases). On average, 4 to 8.5% of the total number of cases of cancer can be attributed to exposure at work. Chemicals accounted for almost half of all the occupational fatalities. There are no exact figures available for Belgium. Generally speaking, the figures for occupational health risks are substandard. The data available from prevention services are not efficiently collected, nor are they processed in a reasoned manner. Here too, strong improvement is necessary to make informed policy choices.
- **Ageing** - The EU's population is ageing. The number of people in the EU aged 60 or older is increasing every year by about two million. The working population is also ageing since the share of older workers is growing compared with that of the younger workers. According to population projections by Eurostat (Europop 2010), the working population in the EU-27 in the age group of 55-64 years is set to increase by about 16% in the period from 2010 until 2030. In its White Paper on Pensions, the Commission has recommended extending working life in order to ensure pension provisions remain stable for the long term. But working conditions have to be adapted accordingly. The

---

<sup>3</sup> The Communication from the European Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions for a strategic EU framework for health and safety at work 2014-2020, Brussels, 6.6.2014, COM(2014) 332 final.

health and safety of workers is indispensable for a sustainable working life and active and healthy ageing, especially in light of the ageing working population and the longer working life. That is why maintaining a healthy and safe work environment is vital during the entire working life of workers, who are becoming increasingly diverse too. Promoting a culture of prevention is vital for achieving this objective.

The European Commission therefore calls on its Member States to develop national strategies that fits in with this framework. As of 2014, and in terms of these three challenges (SMEs, occupational diseases and ageing), the Commission:

- will review the national OSH strategy in light of the new strategic framework of the EU. This shall be done in consultation with the Member States and all the stakeholders involved, including the social partners;
- set up a database of all the national strategic OSH frameworks. This is a job for the Commission in cooperation with EU-OSHA;
- will regularly organise meetings of the contact points for national strategies, who were appointed by the Member States, to map and exchange good practices. This will be done by the Commission, EU-OSHA, the ACSH and the SLIC.

In the Communication from the Commission, a framework is set out for actions, cooperation and the exchange of good practices for health and safety at work for the period running from 2014 until 2020. This can only be implemented with the active cooperation of the national governments and the social partners.

The “National Strategy for Wellbeing at Work 2016-2020” is the Belgian transposition of this community strategy. The main objectives are incorporated in this strategy, starting from four strategic axes and fifteen operational objectives.

In accordance with the strategic EU framework for health and safety at work, the actions, and the priorities and timing thereof, will be established in line with these objectives and will be based on thorough consultation with the main stakeholders, especially the social partners, professional associations and other stakeholders in the platform of the High Council for Prevention and Protection at Work (Hoge Raad voor Preventie en Bescherming op het Werk)<sup>4</sup>.

---

<sup>4</sup> <http://www.werk.belgie.be/defaultTab.aspx?id=577>

As a result, this strategy will have sufficient social support, which will only benefit its implementation.

The **reasons** for the development of a comprehensive plan for tackling wellbeing at work are multiple:

- The right to work is a human right. This right means that every worker is entitled to a healthy and safe working environment. The promotion of wellbeing at work in all its aspects is primordial for protecting workers, for preserving their health and for ensuring they are motivated when doing their job.
- The promotion of the wellbeing of workers offers added value to every individual company. Unhealthy and unsafe working conditions reduce productivity, which ultimately results in dismissals, closures and bankruptcies. Poor working conditions are also a form of unfair competition between businesses. And so, a lack of wellbeing at work is also a social-economic injustice.
- Insufficient attention to wellbeing at work inevitably causes an increase in occupational health problems, which in turn has an impact on the expenditure of social security and social protection systems and so on the community as a whole. On the other hand, the promotion of wellbeing at work contributes to improving public health and the availability of workers in companies. As a result, the productivity and the competitiveness of companies is improved. This also has favourable consequences for the prosperity of our society as a whole.
- A global approach to workers' wellbeing does not end at the entrance to the plant: a healthy employee works better but vice versa, healthy and safe working conditions will also improve overall health. As a result, several levels of authority are involved in the implementation of this global plan: the federal Minister for Employment, as well as the federal Minister of Social Affairs and Public Health, the Communities and the Regions. Consultation on various levels will thus be necessary, depending on the proposed actions.

## C. Strategic objectives

**Four strategic objectives** are distinguished in the National Strategy on Wellbeing at Work 2016-2020:

### I. Safe and healthy work

The statistics on the number of occupational accidents in the workplace may have dropped in recent years, and yet, in 2013<sup>5</sup> in Belgium, no less than 168,919 occupational accidents at work were registered: 126,726 in the private sector, of which 72 were fatal and 42,193 in the public sector, of which 10 were fatal.<sup>6</sup> In terms of occupational diseases, in 2013 a decision was taken on 1,696 initial requests in the open system: 368 requests were accepted and 1,328 denied. In 89% of the cases, this was due to the fact that the determining causal link between the profession and the disease was insufficiently proven. Another 10,134 initial requests were submitted through the lists system. In 2,987 cases, the occupational disability was recognised or curative care allocated.<sup>7</sup>

These statistical data give a certain but still incomplete idea of the number of occupational accidents and diseases. The statistics for occupational accidents and diseases are not a complete nor a reliable indicator for occupational health problems. They are just one of the many indicators that point to the importance and the extent of the problem. That is why we must pay special attention to a correct declaration of occupational accidents, to the investigation of the causes of (serious) occupational accidents and incidents. Furthermore, the statistics do not include the occupational accidents of workers who work for a foreign employer but which happened on Belgium territory, as these employers have no obligation to declare these accidents in Belgium. And yet, these occupational accidents must also be taken into account. The necessary financial, technical and human resources must also be invested to improve the epidemiological knowledge about risk factors for the health of workers in the working environment.

---

<sup>5</sup> 2013 is the most recent year for which we have figures for the private and public sectors. Source: 2013 statistical annual report of the Fund for Occupational Accidents (Fonds voor Arbeidsongevallen, [www.faofat.fgov.be](http://www.faofat.fgov.be)).

<sup>6</sup> On top of this, there are another 23,793 (private sector) + 11,925 (public sector) accidents during the commute to and from work.

<sup>7</sup> Source: 2013 statistical annual report of the Fund for Occupational Accidents (Fonds voor Arbeidsongevallen, [www.faofat.fgov.be](http://www.faofat.fgov.be)).

The conclusion is and continues to be that every occupational accident and every occupational disease is one too many. Everything must be done to reduce the number of occupational accidents and occupational diseases, through sectoral concerted actions with a proper framework and a systematic and targeted approach of employers who are re-offenders. A close cooperation between the various public services concerned (FPS ELSD, FOA and FOD) is required for this as are consultations with the social partners.

New and emerging risks, such as exposure to nanoparticles and reproductive toxicants also deserve sufficient attention as they can be the source of new occupational diseases. The authorities must also pay attention to new forms of labour organisation, such as temporary work and subcontracting as these may lead to an increased risk of occupational accidents.

Psychosocial risks (PSR) and high work pressure may lead to burnout and mental illnesses such as depression. Musculoskeletal disorders (MSDs) can also arise from poor ergonomic conditions. Both phenomena are a growing cause of absence at work and long-term disability. Statistics of the National Institute for Illness and Disability Insurance (RIZIV – INAMI) (31 December 2014) show that 321,573 persons receive an allowance for permanent disability. Compared with 2010, this figure increased by 63,638 persons or almost 25%. This increase cannot be solely attributed to the ageing population and the increased participation of women in the labour market but must also be attributed to the increase in musculoskeletal, cardiovascular and mental illnesses.<sup>8</sup> These risks also deserve attention, and the starting point should always be that the work must be adapted to the people who do it.

Sustainable employment means we must invest (even more) in primary prevention, i.e., the prevention of risks by combating these risks as close as possible to the source, by intervening in the causes, so no (or as little as possible) occupational accidents, occupational diseases and work-related diseases may arise.

In order to ensure work really becomes sustainable, the full participation of employers and workers and their respective federations, as well as the prevention services, accident insurers, inspectorates, the FOA and the FMP is necessary. Each of these stakeholders must assume their responsibility in order to create sustainable, appropriate work for everyone.

---

<sup>8</sup> Source: RIZIV, <http://www.inami.fgov.be/fr/publications/ra2014/chiffres-cles/chiffres-indemnites/Pages/default.aspx#.VIROp3YvfiU>

## **II.Strengthening participation in the labour market**

Sustainable employability means that workers dispose of effectively realisable opportunities and conditions, for the whole duration of their career, to (continue to) function while preserving their health and wellbeing. This implies working in a context that enables them to do this as well as having the attitude and motivation to effectively take advantage of these opportunities.

Every aspect of sustainable employability of workers must be examined. The labour market perspective is especially important in this connection. Any measure that can promote the continual integration of as many workers as possible, regardless of the target group - inexperienced workers, young and older workers, women, foreign workers, workers with specific medical antecedents or workers who want to start working again after an illness or an accident - must receive support. Cooperation with the regions is vital in this area, especially after the sixth state reform.

In this national strategy, the emphasis is on the integration of young people, older workers and workers who suffer from a disability. It is indeed important that young people understand the risks at work and learn the right attitudes to deal with these risks while older employees must be able to continue working while remaining healthy. People with a physical or mental disability must also have access to the labour market and workers who are (temporarily) unfit for work must have the opportunity to be part of the labour process (again). The necessity is all the more evident from the aforementioned figures of the National Institute for Illness and Disability Insurance (RIZIV – INAMI).

Special attention must be paid to the gender aspect when developing actions. It has been proven that there are differences between men and women in terms of the risk as well as the consequences of the exposure to certain risks. This means that the approach to prevention can be different, based on these gender aspects.

## **III.Strengthening prevention**

Strengthening prevention is a strategic objective, aimed at all the stakeholders who contribute in one way or another to the development and implementation of the prevention policy in companies. We cannot stress enough that the final responsibility for the wellbeing policy resides with the employer. It is therefore vital that employers, especially in SMEs, are taught the necessary insights and receive help for effectively assuming their responsibility. In larger companies, line management also plays an important role. They must help develop this

prevention policy and ensure that it is properly implemented. The employees are also expected to make a constructive contribution to wellbeing policy, among others by consistently applying the instructions they receive and reporting problems in the workplace. Social dialogue can also help generate greater awareness about the importance of prevention and the effective application of the principles of prevention by all the stakeholders. Last but not least, the internal and external service for prevention and protection also plays an important role. They must give expert advice about the entire prevention policy in a company and provide support to everyone involved.

The government also plays an important role in the development and application of measures to promote the wellbeing of workers in the performance of their work. Drafting clear legislation that is easy to apply, monitoring compliance with this legislation and underpinning the policy on wellbeing at work by making available and analysing epidemiological data about risks and the impact of prevention measures are important tasks. Finally, the government should also set an example itself, by applying the regulations of wellbeing better and more efficiently for its own workforce and by incorporating compliance with the legislation on wellbeing in the procedures for government procurement.

#### **IV.Strengthening the prevention culture**

An effective prevention policy aims to change behaviour in the workplace. Its implementation ensures that the behaviour of all the stakeholders evolves towards working more safely in a healthier work environment. This is a complex issue as this requires all the stakeholders to become more aware of their role in the prevention policy, to assume their responsibility and to effectively make a constructive contribution to this prevention policy. Safe and healthy work should not be solely limited to compliance with rules. The idea of safety should actually be embedded in every aspect of work. In that way safe behaviour becomes something automatic in the true sense of the word. Only then can we really refer to a culture of prevention.

The various awareness campaigns, the instruments and practical examples that were developed, the exemplary role of every employee and employer are all elements that can make a significant contribution to strengthening this culture of prevention. But in fact, things go much further than this: safety must be taught along with the job and in all the training programmes that prepare workers for a management position attention must be paid to the health and safety of workers. These training programmes provide the managers of the future. Wellbeing at work must be taken into account throughout the whole organization of work and by all the stakeholders: the

employer, line management and prevention counsellors as well as committee members and trade union representatives and, last but not least, every individual employee. A society in which the reflex to act cautiously and in which the risks of occupational accidents, occupational diseases and work-related diseases are prevented as much as possible or in any event limited, is a society in which wellbeing at work for all workers can effectively be realised.

## D. Operational objectives

In this chapter, we list the **operational objectives** that are linked to the strategic objectives. It is important in this respect to emphasise that all these objectives are equal and that no hierarchy regarding the measures to be taken is defined in the text below.

### I. The axis of safe and healthy work

#### 1) Continuous prevention of occupational accidents

Occupational accidents are still one of the leading causes of death and disability as a result of performed work. Even though a shift can be observed in the work context, resulting in the increased importance of psychosocial risks and musculoskeletal disorders, we must continue to pay attention to the causes of occupational accidents and tackle these. In this respect, we should not overlook the **“classic” occupational safety** and must continue to monitor evolutions in this field.

In the framework of this national strategy, the administration will continue to work on updating the legislation on **fire prevention**. The preventative aspect was realised with the Royal Decree of 28 March 2015. Now the aspect of the construction rules for buildings in which workers are employed must also be established in close consultation with the FPS Interior.

The number of occupational accidents in the construction industry continues to be high, often with serious consequences. The legislation on **temporary or mobile construction sites** must be clarified, in order to better determine the responsibilities of all the stakeholders and with a view to a better application of this legislation in the field. In that sense, the inspection campaigns of the Directorate General for the Supervision of Wellbeing at Work (AD TWW – DG CBE) are important as is the cooperation with the National Action Committee for Health and Safety in the Construction Industry (NAVB- CNAC- Constructiv).

In order to develop a proper prevention policy, lessons must also be learned from occupational accidents and incidents in the workplace. The Directorates General for the Supervision of Wellbeing at Work and the Humanisation of Work as well as the Fund on Occupational Accidents will examine in more detail how the regulations for the prevention of **serious occupational accidents** can be improved. Based on this, proposals will be developed that better suit the reality in the field.

## 2) Continuous prevention of health problems caused by work

Many workers are exposed to hazardous chemical agents at work. The protection of these workers continues to be a major concern. The prevention or reduction of risks related to ***the use of certain carcinogens, mutagens and reproductive toxicants*** will therefore be pursued through an adaptation of the relevant Belgian legislation in close consultation with the social partners and with experts. In this respect, we must also point to potential positive developments and actions on the European level for increasing the protection of workers.

Besides this, the regulatory framework for the protection of workers against the risks of exposure to ***asbestos*** also deserves attention, especially given the current policy in the regions and the neighbouring countries for phasing out asbestos-containing materials in existing buildings. The existing rules are very detailed and were written in light of the technology and scientific knowledge that was available at the time. Currently, some problems related to the application of these rules have been established in the field. It is therefore necessary to check whether these rules can be specified in more detail and be adapted to the most recent scientific knowledge.

The prevention of ***psychosocial risks*** in general and of professional exhaustion (burnout) in particular will be pursued by promoting and supporting studies into this important issue. Developing and making available tools and good practices are also necessary in this context. The awareness of all the stakeholders must also be raised to develop a determined policy that facilitates discussions about this problem - which is a difficult one from an organisational and individual point of view - thereby making it possible to effectively achieve results.<sup>9</sup>

With a view to preventing ***musculoskeletal disorders*** we must continue to make available good practices and raise the awareness of all the stakeholders about the implementation of an appropriate policy. Here it is also necessary to explore the possibilities of new legislation.

---

<sup>9</sup> See, among others the “Gids voor preventie van psychosociale risico’s op het werk (Guide to the prevention of psychosocial risks at work

<http://www.werk.belgie.be/publicationDefault.aspx?id=> ).

### 3) Preventing or minimising new and emerging risks

It is impossible to ignore the fact that new risks are continually emerging in our rapidly changing world and that some existing risks are becoming greater. This is the case, among others for the use of *nanomaterials*. This must be carefully monitored together with the FPS Public Health to check whether further research or new legislation is required, also in light of any potential initiatives by the European Commission in this area. At the same time, there are more and more *new forms of labour organisation* and labour distribution. In this respect, it is worth pointing out the growing popularity of temporary employment and other forms of subcontracting and the contracting of work. These days, people also do not always work in the company anymore, but increasingly from (their own) home. Teleworking and homework are just two examples, but child-minders also do this for example. These new forms of labour organisation give rise to new challenges related to the development of a policy that approaches and deals with the risks associated with these forms of labour organisation in an adequate manner. The objective is to ensure that all workers can enjoy the same high level of protection.

## II. The axis “Strengthening participation in the labour market”

### 4) Sustainable work for all workers

The right to work and the right to earn a decent income through work is a fundamental right that is guaranteed by the constitution and by international and European treaties. It is important that everyone in our society can participate adequately in the labour market, in order to guarantee this right to work. But this is only possible if the conditions for facilitating this participation are created.

In this respect, we must pay attention to people with a disability who wish to enter the labour market. In times of migration and temporary work by *foreign workers*, we must also pay attention to workers who have insufficient knowledge of one of the national languages of Belgium and as a result insufficiently understand safety rules or do not understand what exactly is expected from them.

Another important objective is to ensure that *young people* can also effectively participate in the labour market. Young people must receive adequate education in order to find a suitable job. Adequate training no longer solely takes place in education institutions. It is also provided on the workfloor, e.g., through in-house workplace learning. This requires a closer cooperation with

the regions as they have the authority in this field. From the standpoint of wellbeing at work, the aim is for these young people to understand the risks associated with the work and the prevention measures to be taken and to ensure they learn the right attitudes, during their training, both in education institutes and with their employer.

Another objective aims to ensure that people who are already working can continue to work. One of the major challenges in a demographic context of ageing is to ensure that the right conditions are created for facilitating this. This requires the labour conditions and conditions of employment to be adapted to the employees and that labour relations in the workplace are optimal. This constitutes a major challenge for the government as well as for the social partners. If we want to keep *older workers* working, then their capacities must also be taken into account. This means that ergonomic adjustments to work stations should be possible for all employees, also in SMEs and in microenterprises, e.g., by providing financial incentives. Research into the physical and especially mental pressure of labour and how to tackle this is also an important point for attention. Close cooperation with the regions is vital. This can be achieved through a cooperation agreement, based on participation and shared responsibility of all the stakeholders. In this respect, we must also take into account the 2016-2017 OSH campaign on “healthy work for people of all ages”.

## 5) The re-integration of disabled workers

Long-term illness costs employers, social security and society a great deal. But the person who is declared unfit for work also suffers. They lose income, suffer from social isolation and often this also gives rise to even more health problems. The longer someone is unfit for work, the harder it will be for him or her to return to work. So it is essential that workers are given the opportunity to return to work at an early stage. A successful re-integration requires a multidisciplinary approach, based on a constructive partnership between several stakeholders, such as the general practitioner treating the employee, the prevention counselor-occupational physician and/or other competent prevention counselors (psychosocial aspects, ergonomics, etc.) and the health insurance fund's consultant physician. They must examine in a concrete manner the worker's ability to – temporarily or not - do adapted or other work within the company. This demands a close cooperation between the FPS Employment, Labour and Social Dialogue, the National Institute for Illness and Disability Insurance (RIZIV – INAMI) the FPS Social Affairs and the regions but the social partners also play an important role.

This theme must be developed in further detail, taking into account opinion no. 196 of 26 May 2016 of the High Council for Prevention and Protection at Work on the draft Royal Decree amending the Royal Decree of 28 May 2003 concerning the health surveillance of workers, as regards the re-integration of disabled workers.

### III. The axis “Strengthening prevention”

#### 6) Stressing the employer’s responsibility for prevention policy, especially in SMEs

Employers hold the final responsibility for the well-being of workers in their enterprise and as such must implement a prevention policy. They are exposed to criminal responsibility and in some cases also to civil liability. Often this obligation is considered a burden. However employers should become aware that a prevention policy has in the long term favourable consequences for his company regarding productivity and the retention of human capital. A good prevention policy, however, can only be implemented if employers also have the required resources and expertise to execute this prevention policy. SMEs especially find it difficult to develop a prevention policy in accordance with legislation. They must be offered tools and guidance as they have fewer opportunities to have a thorough knowledge of all the regulations. It is of utmost importance that a policy is implemented that specifically targets SMEs, especially in an SME country like Belgium.

The aim is not to reduce the protection of employees in SMEs. On the contrary even, all employees are entitled to the same level of protection, regardless of the company’s size. But **targeted action aimed at SMEs** must be developed, which takes into account their specific characteristics, needs and knowledge, e.g., by providing the necessary resources (such as the Online Interactive Risk Assessment or OiRA, and Deparis) and incentives for a better application of legislation. Besides this, better support and guidance from intermediary structures is also necessary. These include the external services for prevention and protection at work or cooperation with a joint service for prevention and protection at work.

#### 7) Integration of wellbeing at work in the company’s management

The integration of wellbeing at work in management’s global approach is indispensable for ensuring that the prevention policy is effectively and correctly implemented in enterprises and to ensure that it transcends the paper policy. This can only be achieved by improving the

understanding and cooperation between the experts for wellbeing at work (the prevention counsellors of internal and external services) and HR Management and by **raising the awareness** of companies and institutions about wellbeing. This assumes that employers and managers also have the required **knowledge about wellbeing at work**, knowledge they often do not have. This can especially be a problem for microenterprises because the employer is often also the prevention counsellor. This knowledge must be improved in various ways, e.g., through e-learning. Employer federations have an important role in this. In this respect, we must also pay attention to the integration of well being in all training programmes that prepare workers for management positions. This must be discussed with the communities, which are competent for education.

### 8) Optimising the functioning of prevention services

The internal and external services for prevention and protection at work can make an important contribution to a company's prevention policy with their available expertise. A first step consisted of no longer exclusively linking the **financing of external services** to the health surveillance of workers. The scope of an effective policy for wellbeing extends well beyond health surveillance. In view of the current evolutions of stress and burnout and the growing number of musculoskeletal disorders, attention must be paid to other aspects of wellbeing such as psychosocial aspects and ergonomics. In order to further reduce occupational accidents and diseases and other work-related diseases, the aspects of work safety and occupational hygiene continue to be of major importance. Obviously, it is important to monitor whether the new tariff scheme effectively allows the external services to work better and provide better support to (small and large) employers. That is why the new tariff scheme will be monitored from now on.

Following from this, the **tasks of prevention counsellors** must also be examined in more detail. This must contribute to a better distribution of the tasks that can be done in-house and those that must be done externally. Ultimately, this must lead to a better definition of the content of training programmes for prevention counsellors and a better conformity of this training programme with current needs and concerns in the field. Attention must also be paid to the upgrade of the position of prevention counsellor, more specifically that of prevention counsellor-occupational physician. All the aspects that are related to training also require cooperation with the regions.

Finally, we must examine how the cooperation between (mainly smaller) employers to achieve greater expertise can be promoted. The structure of the joint internal service for prevention and protection at work is just one idea.

## 9) Optimisation of social dialogue

A social dialogue about wellbeing at work is a key element for the success of the prevention policy on the company's level, as well as for the success of a strategy to achieve more wellbeing at work.

On the national level, it is vital that the social partners who are represented in the **High Council for Prevention and Protection at Work** are closely involved in the actions of the national strategy and that everything is done to ensure this High Council functions properly.

On the company level, it is vital to ensure that the social dialogue in the **Committee for Prevention and Protection at Work** has all the chances to succeed. In the margin of the social elections, we must pay attention to the training of the (new) members of the committees for prevention and protection at work. Besides this, training initiatives and the efforts of the representative workers' organisations must receive support where possible.

The existing mechanisms for participation (committee for prevention and protection at work, trade union representatives, direct participation) must be used optimally to assure the involvement of every employee in terms of wellbeing. In companies without a committee where the trade union representatives are tasked with these competences, it is vital that the various parties involved make clear agreements about the organisation of this consultation.

Attention must also be paid to rules for cooperation and consultation between employers who are working in one and the same workplace or in adjacent or neighbouring workplaces or temporary or mobile construction sites. More specifically, we must examine whether the application of these rules in practice offers sufficient guarantees for the safety and wellbeing of anyone working in these workplaces.

## 10) Optimising the functioning of the labour inspection services

Strengthening the labour inspection services is a crucial step for guaranteeing a more effective and efficient protection of employees and improving wellbeing at work. The labour inspection services must ensure adequate surveillance, both in terms of quantity and quality. This requires a more structured approach by the Directorate General Surveillance of Wellbeing at Work (AD TWW – DG CBE) in consultation with the social partners. The aim is to organise scheduled, efficient, targeted and phased **labour inspection campaigns** to maintain the legislation on

wellbeing at work. In this respect, we must examine how the inspection capacity can be increased.

A better *cooperation with the inspection service for the surveillance of Social Legislation* (inspectie Toezicht Sociale Wetten) can also help. More specifically attention must be paid to a joint exchange of data about the results of their interventions at employers.

The actions of the Directorate General Surveillance of Wellbeing at Work in case of (serious) occupational accidents continues to be a point for attention in order to prevent occupational accidents and raise awareness among employers about their responsibility. More attention must also go to health problems that are caused by work.

### 11) Access to the available data on exposure

To measure is to know, but currently we lack a lot of *data about occupational hazards*. We must therefore invest the required financial, technological and human resources to improve the epidemiological knowledge about the risk factors in the work environment (labour conditions, working methods, products used). This, among others implies:

- a) Investigating how the quality of the data relating to the employee that are included in his health file can be improved and how we can make maximum use of this information for preventative purposes.
- b) Improving statistical data about occupational accidents and occupational diseases (for the private and public sector) with correct reporting to Eurostat.
- c) The close monitoring of the evolutions in scientific epidemiological research in terms of employees' exposure to health risks (new risks and adaptation of existing insights).
- d) Examining how a database about the exposure to occupational hazards as indicated among others in the reports of the prevention services can be created.
- e) Publishing biennial reports to be submitted to the High Council for the Prevention and Protection at Work in which the available data about occupational hazards are collated and compared along with analysis of the data.

This objective first and foremost assumes that the required (financial and other) resources are available for conducting this research and creating this database.

## 12) Qualitative regulations

Qualitative regulations are a necessity in order to facilitate the effective transposition of these rules in practice and guarantee the same high level of protection to all workers. Qualitative regulations are clear, transparent, easy to understand and effective. The current regulations on wellbeing are a patchwork of royal decrees and as a result, it is often difficult to understand these regulations if you are not familiar with them. This can be partly remediated by the **codification** of these regulations in one all-encompassing codex as well as by **updating** any legislation that no longer corresponds with the prevailing circumstances and needs.

Where possible, the idea is also to simplify the **administrative obligations** of the employers as much as possible. This may include abolishing certain notifications which have limited to no added value and allowing employers to submit notifications through one single, electronic procedure. We must also ensure that the Directorate General Surveillance of Wellbeing at Work can effectively follow up on these notifications. Any changes in legislation must guarantee the protection of workers while taking into account the obligations imposed by European directives.

## IV. The axis “Strengthening the prevention culture”

This axis has a supporting and dynamising function in the overall national strategy. Indeed, the development of a genuine culture of prevention requires a change in behaviour. It assumes that prevention is embedded in all the aspects of human action within the company. It means that employers must show leadership, that employee participation is really possible, that cooperation can be established between all the stakeholders, and that all employees contribute to this. In short, the idea is to develop actions to ensure that everyone on the workforce assumes their responsibility. We must raise the awareness of line managers as well as the employees and their representatives and continue to motivate them. In this respect, a number of the operational objectives listed here basically repeat what has been discussed in the other axes.

They include:

- a) Targeted actions aimed at SMEs;

- b) The target group policy that targets young people, older employees, women, men, unskilled workers, migrants, household helpers, child-minders, teleworkers, temporary workers, subcontractors;
- c) The integration of wellbeing at work in education and training programmes.

Besides this, it is also worth mentioning the following objective:

### **13) The integration of wellbeing at work in all government domains**

The government must set the example in terms of wellbeing at work. This means it must pay attention to this in its ***internal organisation*** and must provide adequate prevention structures and measures for its own personnel. In its ***public procurement*** procedures it must also add an obligation for suppliers or contractors with which it works, stating that they must comply with the legislation on wellbeing and that it will not work with contractors or suppliers who do not comply with these rules. This is part of a wider objective designed to incorporate attention to wellbeing in all government domains (mainstreaming).

## E. ACTIONS TAKEN IN 2016 AND PRIORITIES AND ACTIONS FOR 2017

### I. Introduction

In points C and D we discussed the various strategic and operational objectives of this national strategy as well as listing a number of important actions. In this chapter, we list a first series of actions that were already undertaken in 2016 or which commenced in this year as well as presenting *a number of priorities* for **2017**, which have been submitted to the High Council for Prevention and Protection at Work for an opinion. A proposal for the priorities for 2018, 2019 and 2020 will subsequently be submitted for an opinion to the High Council. Based on the High Council's opinion, these priorities can then be adjusted in order to develop a more specific and targeted action programme.

As far as the priorities for 2017 are concerned, the ***High Council for Prevention and Protection at Work*** is asked to combine these in a specific ***action programme***, in cooperation with the Directorates General for the Supervision of Wellbeing at Work and the Humanisation of Work. It must contain the following elements:

- The description of the action;
- The steps to be taken;
- The stakeholders;
- The proposed time frame;
- The indicator that indicates whether the operational objective was achieved.

## II. Actions

The following actions commenced in 2016 and are proposed for 2017:

### 1) Monitoring of the new tariff scheme for the services of external services for prevention and protection at work

Following the agreement of the social partners, a new tariff scheme was developed for the services of external services for prevention and protection at work. This tariff scheme took effect on 1 January 2016. As this tariff scheme is based on a new system, it is important to ensure that it can be correctly applied and does not result in discrepancies between the various sectors. In accordance with opinion no. 184bis of 13 July 2015, which the High Council published on its own initiative, the Standing Committee for Tariffs and Services (Vaste Commissie Tarieven en Prestaties) was founded.<sup>10</sup> It will develop a monitoring system, thereby facilitating the evaluation and possible adjustment of this new system.

- ✓ This action contributes to achieving operational objective no. 8 – Optimising the functioning of the prevention services.

### 2) Examining the tasks of prevention counsellors

Originally the legislation on wellbeing at work only listed two disciplines with a legislative framework: the head of the department of health, safety and hygiene of the workplace on the one hand and the occupational physician on the other hand. The evolution of legislation has ensured that we now always refer to a prevention counsellor. The law also defines which expertise must be available in-house in every company and which external expertise can be hired. The introduction of legislation relating to the prevention of psychosocial risks means the role of the prevention counsellor for psychosocial aspects has become more important. Ergonomists and industrial hygienists also have an important role to play. The law, however, pays less attention on the role of the latter two disciplines.

The establishment of internal and external services for prevention and protection at work was designed to promote cooperation between experts in these different disciplines. The law

---

<sup>10</sup> MD of 2 June 2016 for establishing a Standing Committee for Tariffs and Services under the auspices of the High Council for Prevention and Protection at Work, *Belgian Official Gazette* 13 June 2016.

stresses the principle of “multidisciplinarity” after all. Joining forces only improves the quality of the prevention.

In practice, however, it has become clear that making these different disciplines work together and establishing a good ratio between what needs to be done in-house and what can be outsourced is far from evident. So we need to examine the tasks of the prevention counsellor(s) in more detail. This study will then show:

- a) which assignments and tasks the various prevention counsellors must carry out, also taking into account current needs and in light of current and future legislation;
- b) how the assignments and tasks of prevention counsellors can be defined more clearly;
- c) how these tasks can be better defined on the internal/external level, thus resulting in better support to SMEs and a better response to companies’ needs;
- d) which skills and expertise prevention counsellors must have for carrying out these tasks and assignments in order to better organise the training programmes for prevention counsellors;
- e) how the services of external services for prevention and protection at work can be stipulated in more detail, in order to ensure that a correct fee is paid for services rendered.

The High Council for Prevention and Protection at Work is tasked with examining the assignments and tasks of the prevention counsellor and submitting proposals related to at least the aforementioned comments.

- ✓ This action contributes to achieving operational objective no. 8 – Optimising the functioning of the prevention services.

### **3) The re-integration of disabled workers**

The right to work for all employees should be the ambition of every inclusive society. Anyone who is temporarily or permanently unfit for work or who no longer can do their original job is entitled to work, preferably and where possible for their original employer. That is why the High Council for Prevention and Protection at Work on 26 May 2016 published opinion no. 196 about the draft Royal Decree, that aims to review the procedure for the re-integration of workers who are unfit for work in order to transform it into an effective reintegration process that takes the work of the National Labour Council in the framework of the “Return to Work” platform into account.

- ✓ This action contributes to achieving operational objective no. 5 – Re-integration of disabled workers.

#### **4) Exposure to chemical agents**

Many workers are exposed to hazardous chemical agents at work. The protection of these workers continues to be a major concern. That is why a draft Royal Decree was submitted to the High Council for discussion, which supplements the Royal Decree on carcinogens and mutagens with reproductive toxicants. The administration will also examine how the existing legal framework for the protection of workers against asbestos can be refined, in order to take into account recent scientific evolutions and new technologies for the removal of asbestos. At last, the administration shall monitor closely the evolutions in relation to the establishment of binding thresholds values on the European and national level and shall pay attention to nanotechnology. The High Council for Prevention and Protection at Work will be regularly informed about evolutions in this respect.

- ✓ This action contributes to achieving operational objectives no. 2 - The continuous prevention of health problems caused by work, and no. 3. - Preventing or minimising new and emerging risks.

#### **5) Psychosocial risks (PSRs) and musculoskeletal disorders (MSDs)**

PSRS and MSDs continue to be an important point for attention, on the national and European level. In terms of MSDs, the administration will take further action to disseminate the available tools and raise the awareness of all the stakeholders. It will also check with the social partners which additional action is necessary. The developments on the European level will also be closely monitored.

The new PSR legislation took effect some time ago. The main point is now to give this legislation all the opportunities, while also taking further action to raise awareness and make available tools to employers, employees and prevention services. The administration will also map the psychosocial risks in the age group of 25 to 45 years in a study and search for possible solutions to this.

- ✓ This action contributes to achieving operational objectives no. 2 - The continuous prevention of health problems caused by work, and no. 4. - Sustainable work for everyone

## 6) Developing and promoting tools for SMEs

The OIRA (Online Interactive Risk Assessment) <sup>11</sup> tool is a practical tool that allows companies to carry out an efficient risk analysis quickly as well as establishing subsequent preventive measures. This tool is mainly useful for SMEs and microenterprises, where the correct implementation of the regulations on wellbeing is not always evident. This tool can increase the self-sufficiency of these enterprises. A Belgian OIRA tool has already been developed for hairdressers and the wood and construction industries. Currently an OIRA is being developed for the catering and cleaning industries. The administration will discuss with the social partners in the High Council for which other sectors this tool must be made available first of all. The effective development of this tool will be done in close consultation with the social partners of the respective sectors.

There are other tools available for a thorough risk analysis, which may be needed to develop more specific solutions and implementing actions. The SOBANE strategy for managing occupational risks and the Déparis guide for the participatory identification of risks in various industries (bakeries, hairdressers, the construction industry, butchers, etc.) exist for example.

In the case of MSDs, practical brochures have been published about the prevention of these disorders, for employees of the various industries. A new tool that specifically focuses on PSRs in SMES is also available.

These tools will also be further developed and distributed.

- ✓ This action contributes to achieving operational objective no. 6. - Emphasising the employer's responsibility for the prevention policy, especially in SMEs.

## 7) The integration of wellbeing at work in education and training programmes

The integration of wellbeing at work in education and training programmes is also an important priority. When young people enter the workplace, who have already gained an insight in prevention and the correct application of the right preventive measures during their training, this is a genuine asset for employers. Management programmes should also pay more attention to wellbeing at work as management is also responsible for the wellbeing of employees. This contributes to the retention of human capital in the company as well as increasing the

---

<sup>11</sup> Online Interactive Risk Assessment.

company's productivity. This obviously applies to occupational safety and health, but especially and above all to the prevention of PSRs, where the employer and line management play a very important role.

With a view to this integration, we will consult with the French community to conclude a covenant that can help better embed wellbeing at work in education. The administration will continue to cooperate with the Flemish Community, the VDAB, Forem and Actiris and this in accordance with the covenants concludes with those instances.

The administration will also examine how the Royal Decree of 3 May 1999 about the protection of young people can be adapted to take better account of the reality of young people who receive part of their training on the workfloor.

- ✓ This action contributes to achieving operational objective no. 4. - Sustainable work for all workers, and no. 7 - The integration of wellbeing at work in management.

## **8) Data mining**

Increasingly governments are starting from the idea that legislation should be scientifically underpinned. It is also becoming increasingly important to have correct data about the exposure of employees to the various hazards. The project about the optimum collection of data and access to these data will be continued. The administration relies on the constructive cooperation of all the partners who have such data at their disposal for this.

- ✓ This action contributes to achieving operational objective no. 11 - Better access to the available exposure data

## **9) Optimising the inspection for the surveillance of wellbeing at work**

A law stands or falls with its actual implementation. It is important to have inspection services that have been properly trained. Where possible, these inspection services must act in an advisory and facilitating manner. Where necessary, they must also act repressively. It is important that we strengthen the capacity of these inspection services. So we will have to examine how the inspection for the surveillance of wellbeing at work can be strengthened, preferably by increasing the number of employees. The available resources must also be used more efficiently by conducting targeted sectoral and local inspection campaigns and by making a contribution to the European initiatives relating to the functioning of inspection services.

- ✓ This action contributes to achieving operational objective no. 10 - Optimising the functioning of the labour inspection services.

## 10) Qualitative regulations

One of the main challenges today is making legislation clearer, more transparent, more efficient and more effective without reducing the level of protection for workers. The development of a codex about wellbeing at work, which was discussed by the High Council, was a first, modest step in this process.

The legislation on control physicians will also be revised in order to handle appeal procedures against irregularities committed by these physicians more effectively. Finally, a draft Royal Decree shall be submitted to the High Council, which revises the system of notifications to the labour inspection.

- ✓ This action contributes to achieving operational objective no. 12. - Qualitative Regulations.