Health and safety in transition

As Central and Eastern Europe adjusts to the market economy, working conditions there will largely be determined by the survival and growth of trade unions.

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Central and Eastern Europe: seventeen countries\(^1\) with a common history of planned economy followed by transition to a market economy over the past 10-12 years.

Changes in industry and in work organization may have taken place in other parts of the world, but in the transition economies the magnitudes have been or are exponentially greater. Industrial restructuring has had a direct effect on employment, firm size and industrial relations. These in turn have all influenced the way occupational safety and health is considered and solutions are sought in the region.

Within this commonality of background, however, there are significant variations in the political and economic transformation among countries. Thus, Hungary, Poland and the Czech Republic showed real GNP growth in the mid 1990s, and by 2000 equaled or exceeded their respective 1989 levels. In South East Europe, on the other hand, most countries continue to produce only 50-80 percent of their pre-transition output; and only the poorest country, Albania, has surpassed its pre-1989 level. Loss of employment has been a pervasive phenomenon across all the countries of the region, but losses in SE Europe are generally higher.\(^2\) Estimates suggest that the informal sector now accounts for a quarter to half of all economic activity in SE Europe. In Serbia, it is estimated at 70 percent.\(^3\)
Further East, Ukraine and Moldova have plunged into a decade of economic decline, where life consists of a constant struggle for basic security. According to recent ILO surveys in Ukraine\(^4\), the situation has deteriorated to the extent that the population has shrunk in the wake of a substantial decline in life expectancy.

So what does this mean in terms of occupational safety and health in the region? During the first years after the beginning of reforms, occupational safety and health was somewhat neglected in many countries. There seems to have been a silent acceptance that it was one of the inevitable prices workers had to pay in the course of transition.

Regrettably, these attitudes were also shared by large groups of workers who were under the double pressure of high job insecurity and low and irregular pay. Over the past few years there has been progress, however, and new legal frameworks and institutional arrangements dealing with safety and health at work have been set up in most countries. This has been most noticeable in the European Union candidate countries\(^5\), for which the process of accession involves the adoption of EU directives on occupational safety and health.

But still there are marked differences between the candidate countries and the EU. If we consider fatal occupational accident rates, for example, ILO estimates for the countries of former socialist Europe show a work-related fatality rate of 11.1 per 100,000 workers\(^6\). This compares most unfavourably with the calculated rate for EU countries of 5.89/100,000 in general, and even of 3/100,000 in some Nordic countries.

Similarly, in 2001 the European Foundation for the Improvement of Living and Working Conditions extended its EU-wide questionnaire-based survey on working conditions to the candidate countries for admission to the EU (CCs)\(^7\), and found that there are important structural differences which may have an effect on occupational safety and health between the candidate countries\(^8\) and the EU countries:

- A higher proportion of workers are engaged in agriculture (18 per cent vs. 5 per cent), but there are wide differences between countries (Romania 45 per cent,
Lithuania 18 per cent, Czech Republic 5 per cent). The proportion is reversed in the services sector (55 per cent vs. 66 per cent).

- A lower proportion of workers are in the high-skilled job categories (29 per cent employed in managerial, professional and technical jobs vs. 35 per cent in the EU).
- Women have a higher activity rate (47 per cent in CCs, and even 50 per cent in the Baltic states, vs. 42 per cent in the EU).
- The proportion of workers aged over 45 (46 per cent) and over 55 (16 per cent) is higher in the CCs than in the EU (34 per cent and 11 per cent respectively).
- More workers consider that their health and safety are at risk because of work (42 per cent of respondents compared to 27 per cent in the EU).
- Self-reported work-related health problems are higher in the CCs, particularly fatigue and musculo-skeletal disorders. The most frequently reported health problems were: overall fatigue (41 per cent), backache (34 per cent), stress (29 per cent) and muscular pains in the neck and shoulders (23 per cent).
- Exposure to physical risk factors, especially noise, heat and painful positions, is higher. Use of personal protective equipment is, on the other hand, more developed, particularly in Poland, Romania and Slovenia, indicating more collective means of prevention in the EU.
- Work organization is:
  - less client-driven;
  - less decentralized (workers have less responsibilities and autonomy);
  - more hierarchical.
- Job demands, although of a different nature, are high and job control lower.
- Working hours are longer (on average 43.61 hours per week compared with 38.25 in the EU), less gender-differentiated (female part-time work is low) and unsocial hours, such as shiftwork and nightwork, more frequent.
- Fewer workers receive training and work does not provide as many learning opportunities.
- Gender segregation is lower than in the EU and the dual workload is more gender balanced. Women in the CCs are more likely to be in a higher hierarchical
position than their EU counterparts (15 per cent of men report a woman as their boss, compared to 7 per cent in the EU).

Some of these factors were investigated in detail in a survey developed and carried out by the ILO’s Bureau for Workers’ Activities (ACTRAV) in 1998 – 2000. The survey, which was carried out in eight countries, was aimed at studying the experiences, priorities and concerns of those directly exposed to risks at work – the workers. It was felt that this attitudinal approach, although subjective, could be used to add an important dimension to trade union policy development, which had so far focused mainly on structural, financial and institutional aspects. The survey, combined with follow-up seminars, came up with some interesting results concerning priorities and trends in the region, including industry-based differences between countries.

The most common safety hazards that were considered as problems of some degree – minor or serious – were falls, transport of materials and lifting, whilst the most common serious problems were electrical hazards, lifting and fire risk.

Similarly, the most common problems concerning health hazards were noise, eye strain and dust and fumes. Noise was experienced as a problem of some degree in an astounding 67 percent of workplaces surveyed, eye strain in 62 percent and dust and fumes in 58 percent. In this respect, the textile, clothing and leather industries in Lithuania and Bulgaria seemed to be burdened by health problems, and especially serious health problems, much more so than in other survey countries.

Concerning organizational problems, it is not surprising, given the high unemployment rates in the countries surveyed, that job insecurity and work overload were overwhelmingly the most common and serious concerns of workers. Job insecurity was experienced very differently between countries. In the mining industry, for example, 56 percent of Ukrainian respondents considered job insecurity as a serious problem, compared to only 7 percent of Slovakian respondents. In addition to the fear of losing their jobs, mining industry workers often suffered from work overload.
All these problems can give rise to health complaints, and the survey found that the most common symptoms from which workers were said to be suffering were tiredness, backaches, headache, high blood pressure, irritability and coughing. All of these symptoms were experienced in more than 60 per cent of the workplaces surveyed, and almost 30 per cent of the respondents said that tiredness and backache were frequent problems, followed by stress and irritability.

Health and organizational hazards were clearly related to the frequency of symptoms and diseases. For example:

- In workplaces where both job insecurity and work overload were serious problems, frequent suffering from tiredness, stress, irritability, depression and forgetfulness was more than double that in the whole sample. High blood pressure was also more common in these workplaces.
- In 21 per cent of those workplaces where noise was considered a serious problem, workers frequently suffered from deafness and ringing in the ears, and in 32 per cent from headaches.
- In 37 per cent of those workplaces where eye strain was a serious problem, workers frequently suffered from sore eyes, in 20 per cent from visual changes, and in 40 per cent from headaches.
- Most striking was the prevalence of symptoms and diseases from which workers suffered frequently in workplaces where irritants, dust and fumes and chemicals combined were serious problems. Frequent suffering from such disorders as reproductive problems and birth defects in offspring was eight times more common than in the whole sample. In addition, symptoms or diseases such as cancer and asthma were more than five times more common, and coughing, allergies, skin irritation, breathing difficulties, sore eyes and sore throat were three times more common.

The problems are indeed many and pervasive. They are, according to trade unionists in the region, mainly due to the expansion of the informal sector, unemployment, the
introduction of liberal models and the subsequent lack of a social dimension in the labour market, which have had an underlying effect on the general low standard of living and its impact on workers’ health and safety. It may be argued that these conditions are not so different from conditions elsewhere in the world, but it must be remembered that the changes in this region have been sudden and brutal. The changes have done away with the solid, even if low, basis for survival that people could rely on. They may have been underemployed and underpaid, but there was always some employment and some pay.\textsuperscript{12}

Coupled with this are the remnants of the inherited system of control and delivery of occupational health services which are still in flux. Not all aspects of the former system can be considered as bad. For example, it included a highly developed occupational health services component, an element that still dominates even if it has dwindled along with resources. But one aspect that is still characteristic of countries in Central and Eastern Europe and which does nothing to help prevent risks and protect workers is the institutionalized classification and certification of hazardous industries. This determines if a worker is entitled to extra pay, early retirement, shorter working hours and/or food and beverages to counteract the ill-effect of hazardous working conditions.

Indeed, the ACTRAV survey found that hazard pay was still widespread in the region and very common in Bulgarian and Lithuanian workplaces, with at least some workers receiving hazard pay in almost 90 per cent of Bulgarian workplaces surveyed, and \textit{all} workers receiving it in 25 per cent of workplaces. This was not the case in Hungary, on the other hand, where it was found that “only” 25 per cent of the workplaces surveyed had any means of hazard pay. The Hungarian Occupational Safety and Health Act of 1993 specifically states that “the employer may not replace compliance with the requirements of healthy and safe working conditions with monetary or other inducements to the employee”.

Hazard pay and other benefits for working in dangerous conditions are obviously deeply rooted in the region, but as the experience in Hungary shows, this can be rethought. This is not just a question of reviewing and reforming legislation but also of changing deeply
entrenched attitudes. Because employers and workers have come to expect and depend on this form of compensation, the system is proving difficult to change. One approach to providing the incentives involves establishing risk-based premiums for employment injury benefits, since this rate structure provides a direct financial motivation to enterprises to clean up and ensure safe work. However, there are technical challenges to setting up such systems and little progress has been made so far.

But overall, the period of transition is precisely that – the former system is gradually giving way as many countries develop new legislation based on the provisions of ILO Conventions and European Union Directives. Many countries are modernizing their labour inspection services into a state system\textsuperscript{13} which integrates health and safety responsibilities. The development of a totally different industrial relations system is also having an effect on the way improvements concerning health and safety at work are negotiated. The long tradition of trade union expertise in the area is being joined by autonomous employers’ organizations in tripartite and bipartite decision-making in occupational safety and health.

Firstly, it is appropriate to mention the need to address the current state of legislation, as providing the appropriate legal base is an essential element for a successful transition to a market economy. In this respect, the desire for membership of the EU determines greatly the new occupational health and safety legislation and policy of the countries in transition. However, in terms of their socio-economic development and their administrative capabilities, the countries continue to differ significantly\textsuperscript{14}.

Creating health and safety legislation is one thing, actually implementing it is another. As elsewhere in the world, the recent proliferation of small and medium-sized enterprises means that many workplaces will fall outside the scope of understaffed and underfunded enforcement agencies. But added to this is the general upheaval caused by restructuring of labour inspection services from the domain of trade unions in the former socialist economies. In many cases, the new state-run inspection services are still fragmentary, falling under the responsibilities of two or more ministries. While general or state labour
inspectorates have been set up, accompanied by regional inspectorates, it is still standard practice in most countries to rely on the Ministry of Labour for regulation of safety and employment aspects of compliance with legislation, and the Ministry of Health for health-related aspects, including monitoring of hazardous agents. The aim is a rationalization of labour inspection services through integration of occupational safety and occupational hygiene responsibilities under a single central authority to promote a holistic view, primary prevention, one-stop shop concepts, etc.\textsuperscript{15}

In addition to occupational safety and health legislation, it is necessary to mention the current state of labour law in each country as well as the underdeveloped social dialogue between employers and employees at enterprise, sectoral, regional and local levels in many of the CEE countries. But in this context, there has been a fundamental change in industrial relations and in the trade unions.

Trade unions, as one of the groups of actors in occupational safety and health, are in difficulties in the region. They have seen their membership decline and their role change drastically - even break down - in health and safety, as in other areas, with transition. They are now facing up to being involved in decision-making and collective bargaining from a negotiating standpoint with employers in the privatised industries.

However, before 1989 no separate employer/worker functions were officially recognised, and there were no employer associations involved in the conduct of labour relations. This situation is changing as employers are emerging as a significant autonomous group, and promise to get stronger with the emergence of a larger number of bigger private enterprises.

Bargaining in the region remains quite diverse - it may be central, controlled and coordinated by national unions, or it may be sectoral across a particular industry. But increasingly the trend is to decentralise to individual enterprises. This is a global shift, not just restricted to privatised industries, but not a shift that makes it necessarily better.\textsuperscript{16}
Few countries in the region can really claim to have set a pattern for future industrial relations systems, and although enterprise bargaining is the most common form, local bargaining is often complemented by sectoral and, to a lesser extent, national coordination\textsuperscript{17}. Local bargaining on health and safety has the obvious advantage of being closest to the realities of the workplace where the agreement should be implemented and specific conditions taken into account. However, from the point of view of solidarity and of broader interests of national economy, social protection and legislation, national coordination is vital for participation in shared responsibility for each country's basic problems.

The process of European integration will also have some influence on collective bargaining in the countries of the region that are seeking membership in the European Union. Already some international agreements are being made to involve unions from the region in the work of European Works Councils which cover the operations of a multinational employer in different countries.

It can be argued that improved working conditions in the region will be largely determined by the survival and growth of trade unions and the role of collective bargaining.

Interestingly, this premise was corroborated by the ACTRAV study\textsuperscript{18}, which also looked at the measures and structures available at the workplace to improve working conditions. It showed that a trade union presence at the workplace had a positive impact on a number of occupational safety and health issues. In the first place, improvements at the workplace were more likely if the results of monitoring of exposure levels were given to the union. Secondly, giving health examination results to the union also had a positive impact on whether or not improvements were made afterwards.

The extent to which trade unions were involved in occupational safety and health at the workplace depended on the trade union membership level of that workplace. For example, results of monitoring were given to the union much more often in workplaces
where the trade union membership level was high. Some health and safety structures were also positively correlated with trade union membership level at the workplace, especially the presence of a union health and safety committee. Union rights to receive information from management, consult with management and participate in joint decision-making concerning occupational health and safety and environmental matters were also more common in workplaces with a high trade union membership level.

It was also shown that in some matters, the disadvantages of smaller workplaces were compensated by the presence of trade unions. For example, while management-run training was more common in larger workplaces, training carried out by unions was more common in smaller workplaces, with unions really filling a gap in those small enterprises where where the management did not carry out training at all.

Resolution of problems in Central and Eastern Europe will require a great deal of commitment, responsibility and vision on the part of the “new” social partners in the region, especially, as the ACTRAV survey so amply confirms, among the union leaders and activists.

Notes

1 The seventeen countries of Central and Eastern Europe referred to in this paper are Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, FYRO Macedonia, Moldova, Poland, Romania, Slovak Republic, Slovenia, Ukraine and FR Yugoslavia.

2 Economic Survey of Europe, 2001 No. 1, Appendix Table B.5


5 EU candidate countries from the region are Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovak Republic and Slovenia.


7 The survey was identical to the Working Conditions Surveys carried out in the EU in 1990, 1995 and 2000 (see Pascal Paoli and Damien Merllié, Third European survey on working conditions 2000, Office for Official Publications of the European Communities, L-2985 Luxembourg, 2001). This allows some comparisons to be made between the EU countries and the candidate countries. Obviously, possible structural differences should be kept in mind when comparing individual countries or groups of countries. Overview given to the author. The report of the survey Working Conditions in Candidate Countries and in the European Union (2001) is in publication.

8 In addition to the 10 candidate countries of Central and Eastern Europe, the survey included the other two candidate countries of Cyprus and Malta.
Bulgaria, Czech Republic, Estonia, Hungary, Lithuania, Russian Federation, Slovak Republic and Ukraine.

Annie Rice and Paula Repo, *Health and safety at the Workplace – Trade Union Experiences in Central and Eastern Europe*, ILO-CEET, Budapest, 2000. The report, national reports and seminar reports are also available on CD-ROM, ILO-CEET.

Conclusions from four sub-regional OSHE experts seminars for trade unions carried out by the Bureau for Workers’ Activities, ILO. See previous reference.


Control of occupational safety and delivery of occupational health services were administered before transition by the trade unions.

Regular reports on each candidate country’s progress in accession to the EU can be found at the European Union’s website: [http://europa.eu.int/comm/enlargement/report2001/index.htm#Regularreport](http://europa.eu.int/comm/enlargement/report2001/index.htm#Regularreport)

An ILO tripartite seminar on “Reform and Modernization of Labour Inspection Services”, held in Cyprus in March 2001, identified as one of the major obstacles to reform and modernization of labour inspection services the separation of occupational safety and occupational hygiene inspection responsibilities. It called on the international community, namely the ILO and the WHO to develop clear guidelines on the issue. Conclusions for the seminar can be obtained from ILO-CEET.


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