

EU Enlargement**More Bread for the World (of Work)****- A short debate on health and competitiveness in the enlarged Union -**

Pooh, the Bear, when asked if he preferred his bread with jam or honey, once replied: "with jam and honey, but no bread". Some employers are experiencing similar feelings, and will be casting an eye after the 1st May towards the acceding countries where, although milk

and honey do not flow, the temptation of low wages and motivated workers is most alluring. They are making Eastern Europe a most attractive place in which to invest and move production. On the middle and long term however, questions about competitive advantage and productivity of the labour potential in the neighbouring countries will need to be faced again. There is consensus among the experts that future economic growth will depend heavily not only on cheap but also on healthy workers. Without better health at the workplace companies will have to bake smaller loaves in terms of efficiency and productivity. Of course, there are considerable differences between Malta, Slovakia, the Czech Republic, Cyprus, Poland, Hungary, Estonia, Latvia or Slovenia. Taken as a group however, not only are wages lower there than in the 15 old EU-States. In some cases the standards of occupational health and safety are considerably lower as well, which in the long term could impede economic growth.



Foto: EU

In 2002, the International Labour Organisation ILO calculated that the rate of work-related fatal accidents in the Accession Countries is approximately three times higher than in the 15 EU-States. And the same applies to the proportion of work-related sickness ab-

sence. Again in 2002, a similar sober balance was drawn by the European Union and the World Health Organisation in a Community report on the general state of health in the Central and Eastern European Accession and Candidate countries.¹ A large-scale survey carried out by the European Foundation for the Improvement of Living and Working Conditions, also revealed differences in the health risks at the workplace between the old and new Member States.² The survey found that in comparison with their colleagues in the existing countries, employees in the Accession countries,

- consider that their health and safety is jeopardised by their work (40%). In the "old EU" it is only 15%,
- are exposed more frequently to risk factors such as hazardous substances,
- are faced with longer working hours. They work an average of 44,4 hours a week, compared to 38,2 hours in the "West". 38 % of employees in the Accession countries work more than 45 hours a week. In the old

Union it is only 21%. Anti-social working hours such as night or shift work are much more common in the Accession countries,

- are less satisfied with their working conditions

The reason why the Accession countries compared poorly can of course be put down to the generally more inferior conditions there in the economic and health systems. In almost all these countries, the resources available for health are much lower and chronic health problems are much more common.³ The higher proportion of workers employed in industry in the Eastern countries also has a bearing on the factors influencing workplace health. For example, employees in the agricultural sector in the East consider their working conditions to be much poorer than in the service sectors which are more predominant in the West.

The transition from planning to market economy after 1989 still plays a role in the research on the causes. The pioneering period of the fortune-seekers brought not only economic growth and development, but also unemployment and an element of social insecurity. In terms of alcohol or tobacco consumption, high blood pressure, lack of exercise or poor nutrition, the lower levels of health indicators compared with the old countries can also be attributed to concerns about employment. The fundamental importance of occupational safety and health that has developed in the Western countries and is now firmly established in the general consciousness, has yet to be fully accepted in the Eastern societies.

The gold digging atmosphere prevailing after the fall of the iron curtain,

tended to conceal rather than reveal the need to "catch up" on issues of health protection at the workplace. Even the relevant EU-legislation (e.g. 89/391/EC), which has now been adopted by the new countries paints a deceptive picture. As in other political areas, it is more important to apply these regulations and to fill the legal framework with action also in the field of health. Requirements and reality are still miles apart in the new Member States.

In the long term there is a threat of further health risks that will influence the efficiency of employees, enterprises and the national economy in the East. A study conducted by the Dublin Foundation revealed that the numbers of employees suffering from stress have already reached the same level as in the old Member States. By present standards, the disproportionate number of older employees will affect the Accession countries more dramatically than the 15 old EU-States. The proportion of older people in the population as a whole still remains lower than in the Western countries, but since the 1990s, life expectancy has risen and death rates are sinking. At the same time during this period, birth rates have fallen, the net emigration rates (particularly relating to the mainly healthy, highly qualified) is continuing to rise. All in all this has resulted in a drop in population rates, and particularly to the proportion of the population of working age.⁴ A further exodus of employees after the agreed transfer deadline could increase this trend. Against this background, one of the main tasks facing the new Member Countries will be to maintain the ability to work.

The health inequalities described here should not of course disguise the fact

that the new and old States still share many problems. In the globalisation process all the Members States are "transition countries" and face new health challenges. The EU-Charter of basic rights that was adopted at the summit in Nice in December 2000, provides every employee in the Union with the right to working conditions that respect his health. But this is not enough. Solutions need to be found that strengthen risk prevention and promote health potential in the EU. According to the Commissioner for Health, David Byrne, it is the health inequalities in the Union that make it clearly necessary to invest in people's health to guarantee the continuation of economic growth.

In a project that has been applied for at the EU- Commission on European Health Monitoring (WORKHEALTH II), the BKK in conjunction with partner institutes will aim to document the status of Workplace Health Promotion (WHP) in the Accession countries. The BKK Federal Association also supports the secretariat of the European Network for Workplace Health Promotion, which works to increase the dissemination of WHP in Europe. More information from:

Dr. Thomas Theuringer
ENWHP / BKK-BV
+49-201-179-1297
theuringert@bkk-bv.de
www.enwhp.org

¹ European Communities and World Health Organisation 2002: Health Status Overview for Countries of Central and Eastern Europe that are Candidates for Accession to the European Union.

² European Foundation for the Improvement of Living and Working Conditions, 2003,
<http://www.eurofound.ie/publications/files/EF0306EN.pdf>

³ European Commission: http://europa.eu.int/comm/health/ph_enlargement/candidates_de.htm

⁴ European Communities and World Health Organisation 2002.