

**EPSU/HOSPEEM Conference**  
**of 25 March 2015 on MSD**  
*(Musculoskeletal disorders)*

Ladies and Gentlemen,

We have therefore come to the end of this first Conference on musculoskeletal disorders. This is a first milestone in the priorities of our Work Plan 2014-2016, which we defined and adopted together at the Sectoral Social Dialogue Committee.

This Conference is one of several actions, such as that already carried out by the Occupational Health and Safety Committee, namely our Joint Statement of HOSPEEM and EPSU of December 2013 on the new EU Occupational Safety and Health Policy Framework 2014-2020.

The European strategy identifies three key challenges:

1. To improve the prevention of work-related diseases,
2. To take account of the ageing of the EU's workforce,
3. To improve implementation of existing health and safety rules.

To recap, at European level, MSD are mentioned as one of the two most prevalent risks and the human and economic costs associated with these diseases are enormous.

I wish to raise a few important points made in this statement, which are entirely in keeping with the main theme of today.

I quote: *“An improved coordinated strategic framework at EU level is indeed needed to contribute to tackle key challenges faced by the healthcare sector, made more difficult by the pressure on healthcare budgets resulting from the economic crisis. Another element here is the increase in the number of older health workers in combination with the increasing demand for healthcare services.”*

*“EPSU and HOSPEEM share the opinion that OSH measures and safer work places will support workers to have more healthy and productive years of their professional careers or careers with reduced risk of suffering impairment to their health and well-being.”*

Concerning the role of the Social Dialogue and the social partners in the field of health and safety at work, we declared, and I quote:

*“HOSPEEM and EPSU are firmly convinced that a model involving social partners in the formulation and implementation of OSH policies and supporting the actions and agreements in the health and safety field arisen from their own initiative is a winning model.”*

Therefore let us play a full role and actually put our words in this statement into practice. This first Conference will assist us to do so. There are a large number of lessons to be learnt from this. We must get to grips with them for the continuation of our work in our Social Dialogue Committee.

Lessons on the perception of the existing regulatory framework, on compliance with it and on its implementation in the various States, which is unfortunately still lacking in some of them.

More concrete lessons, as this is what constitutes the bread and butter of professionals, the input on the practices described by the United Kingdom, Sweden and France.

Or again the approach, the ergonomic resources which can contribute to reducing risks of musculoskeletal disorders.

And, finally, the question of the instruments for staff training, as well as the awareness-raising campaign materials.

In various speeches, we also received confirmation of a finding which we have raised on various occasions, namely that of the transformation of the workplace, a trend which has been gathering pace throughout Europe and which is no longer confined purely to healthcare establishments. This refers to homecare assistance. We shall have to take it into account in our future work.

To ensure effective prevention of MSD, and more broadly, to work towards a reduction in exposure to health risks, there is a need in healthcare establishments to arrive at the logic of prevention taking priority over that of compensation at European, State and local levels.

Whether it is at the heart of strategic investment choices, in the fields of training, organisation of work, the number of staff or purchases of equipment.

Succeeding in demonstrating that in the long term it is an advantage which is both economic and conducive to better quality of services, well-being and quality of life at work for professionals and guarantees safety for the patients who use them.

We could possibly envisage the possibilities of future work with the European Agency for Safety and Health at Work (EU-OSHA) on the subject of the cost-benefit analysis of a policy of investment in prevention.

The final lesson from this Conference which I would like to highlight is the key role of the Social Dialogue, the backbone for the success and effectiveness of any action.

Of the necessary participation of employees who should be involved at all stages of the process.

Of introducing times and places for exchanges between the employers and the professionals.

Of using the means already available in this field of working conditions, such as the occupational health and safety committees.

That together, employers and professionals can have a joint perception of this problem and make a shared diagnosis. This stage is essential so that then, together, they define levers for action.

The issue of musculoskeletal disorders (MSD), its management and the actions needed for reducing it cannot be dissociated from the subject of our second Conference, which is to be held in Helsinki next November, on psycho-social risks and stress at work.

Following these two Conferences, all this work must enable us to draw up possible recommendations, an agreement, or even a directive on the prevention, recognition and management of musculoskeletal disorders and psycho-social risks in the healthcare sector.

At present, at all levels, it must be concluded that the social dialogue is used more in speeches than in practice. Therefore, let us demonstrate together, and I have no doubts about bringing to life and our capacity to generate initiatives to promote occupational health and safety at the workplace.

Thank you all.