



Republic of Bulgaria
ECONOMIC
AND SOCIAL COUNCIL

OPINION

ON:

Improving labour prevention accidents and occupational diseases

(developed by own-initiative)

**Sofia,
September 2022**

The Activity Plan of the Economic and Social Council includes the preparation of an own-initiative opinion on "Improving labour prevention accidents and occupational diseases".

The development of the opinion was assigned to the Commission on Labour, Income, Living Standards and Industrial Relations with the ESC. Svetlin Iliev from Group I and Dr. Ivan Kokalov from Group II.

At the meetings of the commission on 12.07.2022 and 07.09.2022, the draft opinion was adopted.

At its plenary session held on 20.09.2022, the Economic and Social Council approved this opinion.

ABBREVIATIONS USED

GDP	Gross Domestic Product
OSH	Occupational Safety and Health
OELV	Occupational Exposure Limit Values
EC	European Commission
EU	European Union
HSWC	Healthy and safe working conditions
EXMLI	Executive Agency "Main Labour Inspectorate"
IHD	Ischemic heart disease
ESC	Economic and Social Council
SDS	Safety Data Sheets
ILO	International Labor Organization
MSD	Musculoskeletal disabilities
NOI	National Insurance Institute
NSI	National Statistical Institute
OD	Occupational diseases
WHO	World Health Organization
CVD	Cardio Vascular Diseases
OMS	Occupation Medicine Service
WA	Work accident
COPD	Chronic obstructive pulmonary disease

1. Conclusions and Recommendations

- 1.1. The ESC insists that workplace health be accepted as a high priority by the responsible institutions, ensuring the implementation of the complex of legal norms regulating OSH, as well as commensurate human and financial resources to carry out the necessary actions in the context of the resolution to include a requirement for ensuring a healthy and safe working environment among the fundamental principles and rights in the field of labour, adopted on 10th June 2022 by the 110th session of the International Labour Conference.
- 1.2. The ESC recommends improving the prevention of occupational accidents (OAs) and occupational diseases (ODs) in line with the Zero Work-related Mortality approach (1), as work-related deaths continue to increase and are estimated to 2.78 million cases in 2017 worldwide, of which 203,946 cases in the European Union (EU), compared with 2.3 million in 2014 worldwide and 192,200 in the EU (2), as well as due to loss of ability to work, need for treatment and rehabilitation and suffering of the victims and their relatives. Disability due to WA or OA can affect individuals at the beginning of their working activity and implies much longer periods of incapacity and compensation compared to those from a general illness.
- 1.3. For the period 2000 - 2019 in Bulgaria, there are positive trends of an absolute decrease on an annual basis both in the total number of occupational accidents and those in the workplace, respectively by 56.8% and 58.5%. At the same time, the coefficients of frequency (number of occupational accidents per 1000 insured persons) and severity (lost calendar days from occupational accidents per insured person) of WA decreased from 2.87 to 0.81 and from 0.135 to 0.067, respectively, for the aforementioned period.
- 1.4. The implementation of effective measures to ensure OSH in Bulgarian enterprises, including those in the sectors and industries with a traditionally high risk for the health and work capacity of workers, along with the joint efforts of stakeholders in the labor process to improve working conditions are considered justified for key factors in establishing such a favorable trend in the long term.
- 1.5. The ESC notes with alarm that in Bulgaria, fatal accidents per 100,000 insured persons are at one of the highest levels among the member states and remain twice as high as the average levels for the EU, despite the fact that compared to 2019, the reduction of fatal accidents at the workplace in our country is about 4%, while the number of accidents under Art. 55, para. 1 of CSRs in 2020 with a fatal outcome are 70, and those leading to disability - 4.

- 1.6. In view of the above findings, the ESC recommends that adequate measures be taken by all interested parties, aimed primarily at reducing the number of deaths due to road accidents to the EU average in the coming years. In order to achieve this goal, according to the ISS, it is necessary to take decisive actions to ensure real OSH in Bulgarian enterprises, clearly define responsibilities and exercise effective control over the implementation of such initiatives.
- 1.7. The activity of the control bodies, including the coercive administrative measures imposed on enterprises by the Executive Agency "Main Labor Inspectorate" is a basic element of the mechanism for the prevention of OT in Bulgaria. Violations in the field of safety of work equipment and technological processes have been identified by the Labor Inspectorate in its annual activity report for 2021 as the most common cause of workplace accidents.
- 1.8. As a positive practice, the ESC highlights the inspection by the control bodies of the IA GIT for the causes of accidents at work in every case known to them, even if it is not fatal or could lead to disability. Thus, the proactive control activity carried out by the Labor Inspectorate is a key factor in the prevention of new TORs.
- 1.9. As two main groups of circumstances for occupational injuries, the ESC summarizes the causes related to: the attitude/behavior of the employer and officials, on the one hand, and the behavior and qualifications of the staff, on the other. For the neutralization of these groups of causes, which have a direct impact on the frequency and intensity of TK, ESC recommends the interested parties in our country, including enterprises, to use an integrated system for the prevention of occupational injuries and continuous improvement of occupational health and safety, which should include the following elements: periodic inspection of work equipment for technical safety; provision of OSH training; combining different instruments to modernize legislation; construction of a unified information system in the field of OSH; provision of economic incentives to employers to improve working conditions; cooperation between all participants in the labor process.
- 1.10. The ESC considers that the elements of the above-described integrated system for the prevention of OT should be detailed in a national plan and in sectoral action plans in fulfillment of the strategic and operational objectives of the National Program for Safety and Health at Work (NP OSH) 2022 - 2024, and it is necessary to actively involve all interested parties in the process.
- 1.11. The ESC considers that maximum efforts are needed to improve the prevention of occupational and work-related diseases, considering that worldwide 86% of all work-related deaths are due to diseases and 98% - in the EU (2) and are increasing both in

absolute number to 200,207 in 2017 compared to 187,500 in 2014 and in relative share to 98.2% in 2017 from 97.6% in 2014.

- 1.12. The ESC recommends that attention should be focused as a priority on the prevention of occupational malignancies and cardiovascular diseases, as the share of deaths from occupational malignancies is the largest and is estimated at 52% of all work-related deaths in 2017 (2), followed by cardiovascular diseases (CVD) (24%), CVD (2%) and others (22%). Malignancies have a multifactorial etiology, but occupational exposures should not be overlooked. Epidemiological studies show that occupational risk factors are responsible for 5.3 - 8.4% of all new cases of malignancy and in men 17 - 29% of all deaths due to lung cancer (3, 4). According to data from the International Labor Organization (ILO) and the European Commission (EC), the European Union (EU28) leads the world in mortality from occupational cancers, 7.5% of mortality from malignant diseases, or 106,300 deaths in 2017 and occupational cancer deaths are expected to reach 182,500 in the EU28 by 2035 (4).
- 1.13. ESC proposes to pay attention to the prevention of musculoskeletal disorders, which take second place with 15% in terms of years of life lost in total as a result of fatal accidents and injuries and incapacity for work in the EU (disability-adjusted life years - DALY), following malignancies (25%) and ahead of CVD (12%), CVD (12%) and others (37%) (2). The data calculated for Bulgaria show a higher share of years of life lost in total from malignant diseases of 33% and similar for musculoskeletal disorders (MSD) (14%), CVD (12%), CVD (14%) and others (26%).
- 1.14. The ESC insists that measures be taken to increase the disclosure and registration of PW, the level of which in Bulgaria is significantly lower than in the EU countries (5), which is of important importance for controlling risk factors in the workplace, improving diagnosis and prevention of occupational diseases, training of specialists in occupational medicine and occupational safety and health (OSH), and in some countries also for compensation.
- 1.15. The ESC proposes to take actions to improve the interaction between the occupational health care of workers and the health system, especially with regard to the prevention of socially significant diseases, such as malignant diseases and CVD. Bulgaria remains with the highest standardized coefficient for total mortality (1601.8‰) among the EU countries, and premature mortality (the relative share of people who die under the age of 65 from the total number of deaths) is high - 20.5%. In the structure of mortality by causes in recent years, diseases of the circulatory organs (60.6%) and neoplasms (14.9%) continue to be leading in our country (6).

- 1.16. The ESC considers that to improve the prevention of occupational accidents and diseases, it is necessary to increase the quality of occupational health care, confirm good practices and increase the qualification of medical and non-medical specialists working in the field of OSH.
- 1.17. The shortage of doctors with acquired specialty "occupational medicine" is worrying, it is a practice for one doctor to work in more than one OMS. In this regard, and in view of the staffing of the OMS, coordinated actions should be taken by the interested parties to prepare specialists with such a profile, as well as hygienists, psychologists, ergonomists, toxicologists, administrative staff, etc., which will ensure quality implementation of the activities of OMS.
- 1.18. ESC recommends that attention be paid to existing problems in risk assessment and control, as in some cases the assessment is formal and adequate health risk prevention measures are not taken, insufficient attention is paid to psychosocial risks (7), there are difficulties in risk assessment of biological agents (8), as well as in small businesses and the agricultural sector (9). Preventive examinations and tests must be tailored to the established risk factors at the workplace.
- 1.19. The ESC insists on differentiated and greater care for vulnerable groups, such as young workers, pregnant and lactating women, women of childbearing age, workers with disabilities, chronic diseases, returning to work after a long illness.
- 1.20. Raising the awareness of employers and workers about the risks in the workplace, especially with exposure to carcinogens, as well as about the cumulative effect of different exposures, should be based on the latest scientific evidence. Health promotion at the workplace should include the interaction between occupational and behavioural risks and contribute to the promotion of a healthy lifestyle.

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PRESIDENT OF THE ECONOMIC AND SOCIAL COUNCIL