

## Vladimír Špidla, European Commissioner for Employment, Social Affairs and Equal Opportunities

### Opening speech

Thank you very much. I, too, would like to extend my welcome to all of you gathered here in the Euskalduna Conference Centre. Like me — and the Commission — you are all committed to tackling the problem of musculoskeletal disorders in the workplace.

As you heard Jukka Takala say this morning already, MSDs are, indeed, the most common work-related health problem in Europe. In my own country, the Czech Republic, MSDs account for one-third of all occupational diseases. Tackling MSDs is therefore a priority for the EU if we are to create more and better jobs in Europe. It is essential if European workers are to enjoy not only better quality jobs but a better quality of life and a higher standard of living.

MSDs bring pain and distress to millions of workers in the European Union every year. But they also impose a heavy financial penalty on workers. In the most chronic cases, the treatment of and recovery from MSDs are often unsatisfactory – the result could be permanent disability and loss of employment for the worker.

MSDs also exact a toll on businesses and governments. In some Member States, 40% of the costs of workers' compensation is due to MSDs and up to 1.6% of gross domestic product (GDP) is lost because of them. So tackling MSDs is not only a safety and health issue, but also an economic necessity.

The very real dangers of MSDs are recognised throughout the European Union:

- Our Lisbon strategy objectives include the creation of more and better jobs in Europe. Tackling MSDs would contribute to the achievement of this objective.
- Our Community strategy 2002-06 on occupational safety and health at work already identified MSDs as a priority area for preventing occupational illnesses. And Social Partners in their position papers on the new Community occupational safety and health strategy which runs from 2007 to 2012 have again stated that MSDs should be a priority.
- Legislation, such as the Framework, Manual Handling, and Display Screen Equipment (DSE) Directives, are already in place and helping to address the problem of MSDs.
- And right now, new initiatives are under development at EU level in the area of prevention of work-related musculo-skeletal disorders. Based on the results of the 2nd phase consultation of the European social partners, different regulatory and non-regulatory options are currently under discussion in the framework of the preparatory work for an extended social and economic impact assessment, which will support and form part of any future Commission initiative in this area.

- Finally, many Member States have identified a number of ergonomic risk factors, such as manual handling and repetitive work, as occupational safety and health priorities.

Over the past year, the 'Lighten the Load' campaign, has brought focus to the EU's many and varied actions to tackle MSDs. It has also highlighted the importance of prevention, both for workers and employers. The 'Lighten the Load' campaign was very much in line with the new Community strategy for health and safety at work (2007–2012) which as well as targeting occupational ill health also aims at cutting by a quarter work-related accidents across the EU. This Strategy has now been endorsed and strengthened both by the Council of Europe and by the European Parliament.

When I launched this campaign in Brussels last June, I said that we needed a holistic approach to MSDs that integrates both primary prevention and the return to work of those who suffer MSDs. We need to help those in work to stay in work, and help those without work back into work. Company management is in a key position. Management systems need to better tackle factors that in the long term cause such disorders and diseases. Disability and early retirements are not our solutions.

These words remain true almost a year later. Tackling MSDs means taking action in the workplace. Prevention is the best method, but for workers who are already suffering from MSDs, the challenge is to help them remain in work and, if necessary, reintegrate them into the workplace.

Employers need to find ways of rehabilitating those who have suffered MSDs and help them to return to work — quickly. The evidence shows that timely and appropriate reintegration strategies increase the likelihood of return to work after illness or an accident.

For back pain for example, it is important for workers to stay active and return to ordinary activities as early as possible. And, combining actions — such as providing clinical management, rehabilitation programmes and early workplace intervention — is more effective than taking any action on its own.

Today in Bilbao, experts in MSDs from around the world —including some of the winners of the Good Practice Awards —will be sharing their knowledge with us. We need to listen carefully to what they say and put it into practice if we are to tackle MSDs effectively.