



PUBLIC PREVENTION POLICIES FOR OCCUPATIONAL HEALTH IN COMPANIES

Public thematic report

December 2022

Executive Summary

Occupational health is a major issue with nearly one million accidents at work recorded each year, several hundred of which are fatal, and nearly 50,000 new cases of occupational diseases.

Under the Labour Code, companies are responsible for safeguarding the health of their employees, as they can adapt working conditions and production processes.

In order to finance the consequences of occupational health problems, companies pay around €14 billion each year, mainly to the accidents at work and occupational diseases (AT-MP) branch of the social security. These schemes compensate victims in the form of daily allowances, which are different from the allowances paid for sick leave, but also in the form of capital and annuities.

The human consequences of these accidents, the cost of compensation measures and the social cost for the whole community, including the companies concerned, justifies the public authorities strengthening and supporting the steps taken by companies through regulations and a prevention policy. This policy is therefore based both on intervention by public authorities and on that of various operators, in particular the occupational health and prevention services.

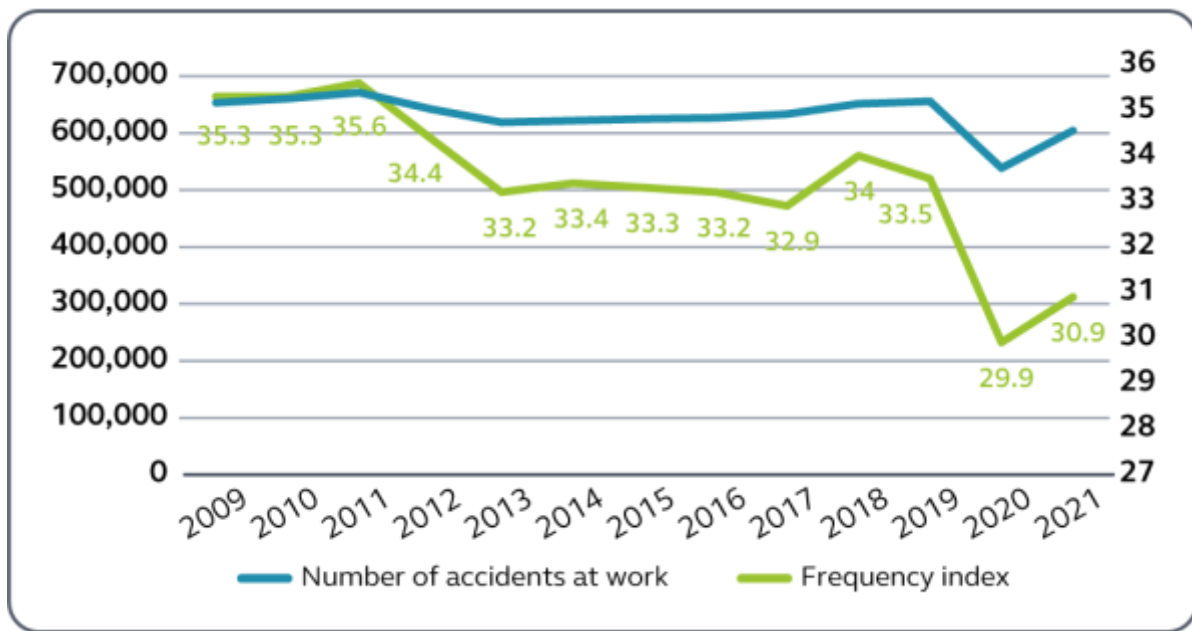
There are many stakeholders in this policy. Several authorities are involved at a national and decentralised level (in the fields of labour, health, agriculture and the environment), as well as social security bodies, namely the national health insurance fund (CNAM) and its network of primary funds (CPAM), the network of pension and occupational health insurance funds (CARSAT), and several public agencies, such as the national institute for scientific research (INRS). There are also a large number of monitoring or assessment bodies of varying status (non-profit organisations, public agencies) and, lastly, the 203 inter-company occupational health services, which are independent of each other.

The public authorities are trying to bring these stakeholders together in an area that has historically been marked by co-determination.

The apparent stagnation in claims masks very different situations that are sector-dependent

The data on claims in respect of accidents at work and occupational diseases shows, overall, a situation that has been stagnating since the beginning of 2010. This could be misinterpreted as a sign that the lowest level has been reached.

Change in the frequency of accidents at work



Scope: general scheme. Restrictions on activity and furlough in 2020 and to a lesser extent in 2021 make the frequency index less representative than in previous years.

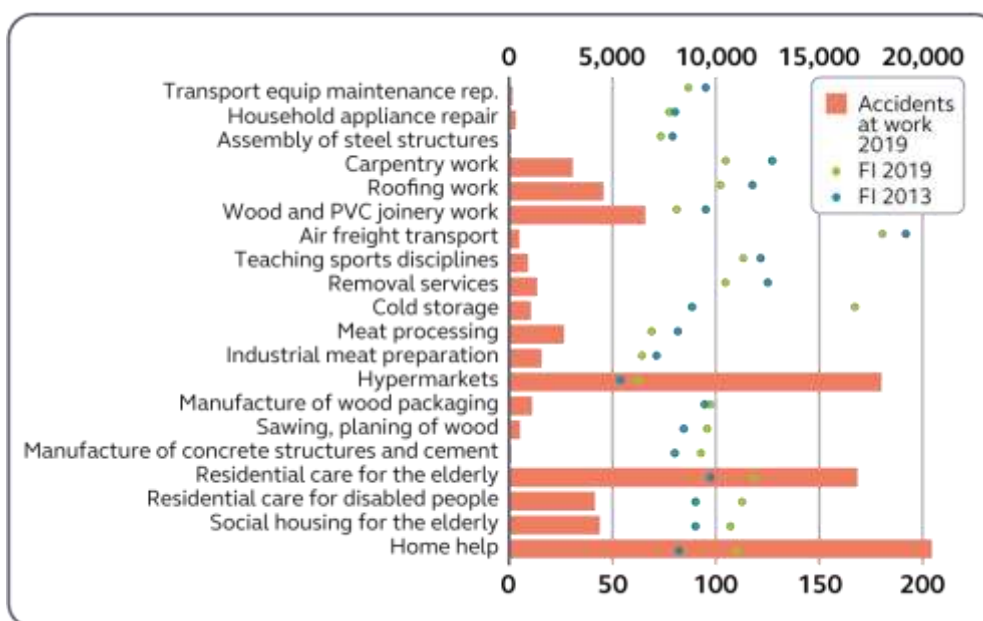
Source: Court of Accounts, according to CNAM-DRP

It appears that preventive actions are not part of the daily life of all employees and many companies admit that they are not involved in prevention. The available data also shows that working conditions are not improving and in some cases are worsening. Progress has been observed in certain sectors (in particular construction and public works) at the same time as significant deterioration in others (e.g. those in the care and personal assistance, cleaning and temporary work sectors). In other words, there is significant room for improvement.

In this respect, the rich and detailed data available makes it possible to clearly identify where the priorities of a prevention policy lie in terms of risk, the public and companies, depending on their size. Related data concerning inability to work, absenteeism and resignations, of which little is currently known or used for this exercise, should also help to refine knowledge and choose priorities as close as possible to the risks and activities. Initiatives in this direction, using the online employee information declaration ¹ (DSN), are beginning and must be continued.

¹ Since 2017, the DSN has combined the data from payroll and events (sickness, etc.) sent by companies to social security bodies via a monthly electronic transmission.

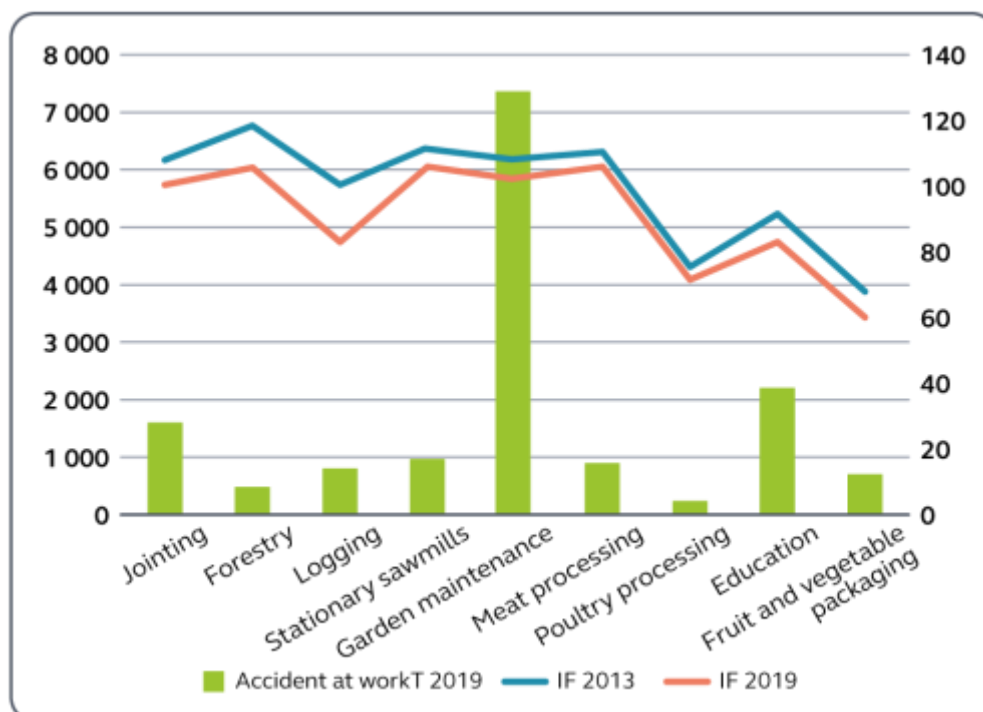
Activities with the highest frequency indices in their sector



Top scale: number of accidents in 2019; right scale: frequency index from 2013 and 2019. Interpretation: in 2019, within the construction and public works industry, the wood and PVC joinery sector recorded 6,586 accidents at work with a frequency index of 80.7 accidents per 1,000 employees (compared to 95.1 in 2013).

Source: Court of Accounts according to CNAM-DRP (sectors with at least 600 employees in the activity group)

Exposure of agricultural workers in sectors with a high frequency index



Left scale: number of accidents in 2019, right scale: frequency index, excluding non-representative data. Interpretation: in 2019, 7,339 accidents at work were recorded in the garden maintenance sector, i.e. a frequency index of 102.5 per 1,000 employees compared to 107.7 in 2013.

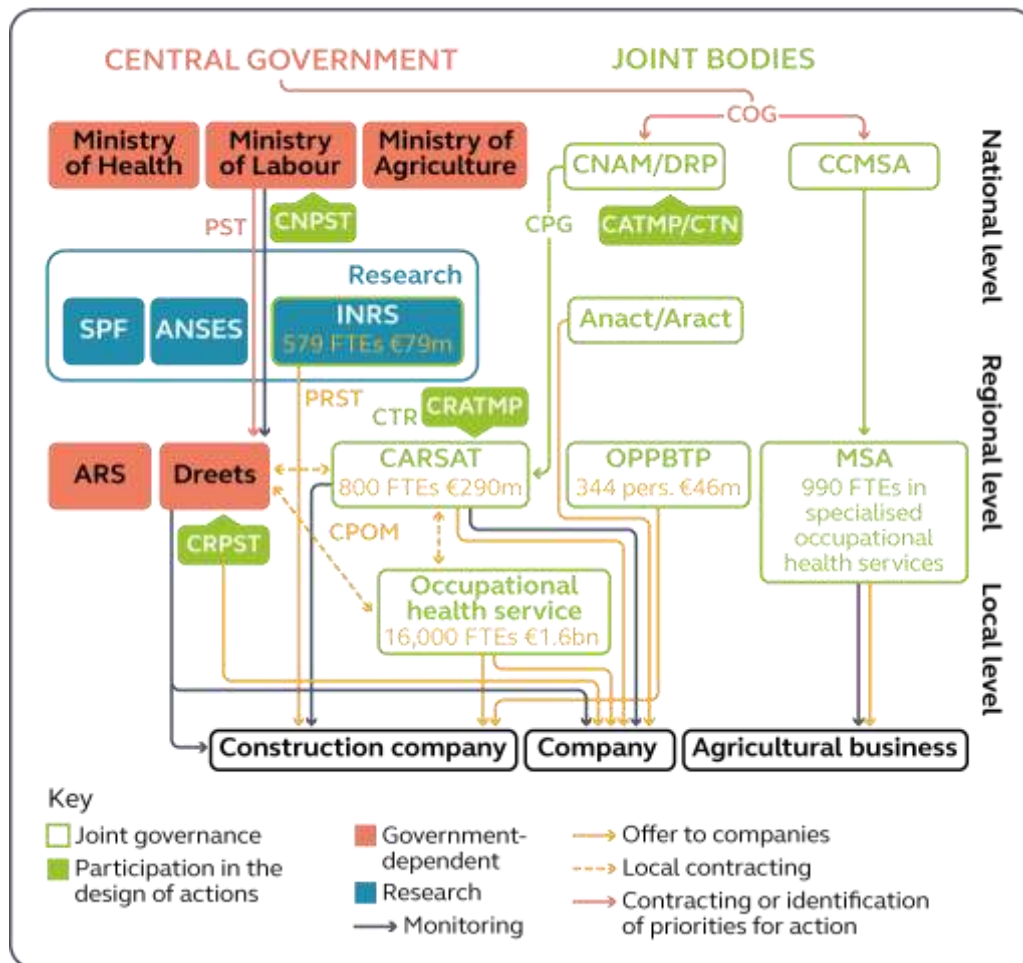
Source: Court of Accounts, according to CCMSA

Prevention policies for occupational health suffer from both a lack of management and multiple compartmentalisation.

The occupational health landscape remains fragmented among multiple stakeholders, with no real leadership. The mobilisation effort made by the Ministry of Labour, which is reflected in the joint adoption of occupational health plans, is welcome in order to create a shared culture and identify common priorities. However, it requires significant coordination at all levels in order to go beyond the mere juxtaposition of the actions of all participants. Assessing the impact of these plans has so far been difficult because they have not been planned for in advance. More fundamentally, the plans are an expression of agreement between the stakeholders concerned and are intended to formulate shared ambitions by listing the many actions envisaged. The attention given to their realisation appears to have taken a back seat. In this respect, the Court recommends that the plans, while retaining their unifying function, should emphasise the actions specifically requiring coordination and the expectations of each partner.

The governance of public occupational health policies places great emphasis on social partners, but they are unequally involved, especially at local level. The mobilisation of professional sectors is crucial to make progress, as their support is essential to convince companies to take part in the approaches proposed to them. However, some sectors are struggling to acquire the expertise needed; it is necessary to assess how to support them in this effort.

Public stakeholders in prevention



Source: Court of Accounts

Due to this fragmentation of the landscape of occupational health stakeholders and the limits of prevention officers² in government agencies, in 2019, radical streamlining of the institutional organisation by merging several entities, and closer supervision of inter-company occupational health services was considered. In the face of much reticence, the public authorities finally opted for institutional stability through the Law of 2 August 2021 in order to strengthen prevention in occupational health. They are trying to mobilise occupational health services more on prevention issues, not by creating the conditions for direct management of their action, but by formulating new requirements for the content of this action. In particular, occupational health and prevention services will have to put in place a minimum offering including preventive actions, known as the “base offer”. This offer will be subject to a new certification procedure and will have to comply with new data exchange standards. Part of the success of the implementation of the Law of 2 August 2021 depends on the capability of the inter-company occupational health and prevention services to carry out the planned actions. In any case, the decrees implementing the law will not be enough to immediately align occupational health services with common priorities. Consideration should therefore be given to the practice of contracting between representatives of the Ministry of Labour, CARSAT and occupational health services around specific objectives, drawing on the lessons learned from previous unsatisfactory experiences.

Occupational health research suffers from the same fragmentation and lack of leadership. Furthermore, it does not have sufficient links with the ecosystem of major research funding and must work to move closer to it.

Finally, the link between the fields of occupational health and public health remains very limited, even though a global approach to the health risks to which our fellow citizens are subjected in the workplace and in their daily lives is becoming possible. This broadening of perspective presumes, for example, not taking a narrow view of the cost of the risk, i.e. that borne solely by the branch for accidents at work and occupational diseases (AT-MP), but also taking into account the financial consequences of a deteriorated occupational situation, at least on the expenditure of the health branch.

It is also up to the public authorities to give greater impetus to a health monitoring and occupational health research policy that is likely to advance the understanding of known risks and anticipate emerging risks.

Finally, the public authorities have the task of finding ways of encouraging companies to invest in the prevention of accidents at work: by including a section on the prevention of occupational risks in training courses, by the action of public operators in this field to support companies in their prevention efforts, by positive or negative financial incentives, and by audits and sanctions.

² The term prevention officer refers to the decentralised staff of the health insurance scheme in the pension and occupational health insurance funds (CARSAT) and the staff of the prevention and occupational health services responsible for supporting companies in their prevention efforts.

Levers for progress in the implementation of occupational health policies

Occupational health policies are not only a matter of strategy and institutional coordination. They also require concrete implementation, which assumes striking a balance between incentives and sanctions, and between support on the ground and self-service tools for businesses. Several levers for progress can be mobilised in this area.

Firstly, it is important to ensure that the measures put in place by all stakeholders are in line with their stated priorities. From this point of view, the reality of the efforts made by these stakeholders to respond to the challenges of professional burnout and arduous working conditions, the number of accidents among temporary workers and the prevention of occupational exclusion, have not been equal to these challenges for a long time.

Secondly, prevention organisations need to better target the companies to be contacted. In particular, while it is important for employers to willingly enter into certain types of approach, the national health insurance fund and the labour inspectorate need to develop a more coordinated approach to situations in which this willingness is lacking. In the same vein, the incentivising instruments that involve varying the level of contributions to the AT-MP branch according to the claims are not used enough, as already pointed out by the Court.

In terms of business support, the balance between self-service methodological tools and support on the ground is clearly unbalanced in favour of the former. The large number of public and semi-public stakeholders as well as the diversity of sectors, companies and groups of salaried employees lead to an abundance of prevention tools which are often redundant due to the lack of a system to capitalise on them. Their suitability for the needs of very different groups of people, depending on the sector of activity or the size of the company, is insufficiently taken into account upstream and insufficiently assessed downstream.

In this respect, efforts to evaluate the results should be continued in two directions: the economic interest of prevention for the companies themselves and the impact of the measures taken on the accident rate. In both cases, methodological progress is being made, which evaluators must take on board.

As regards the budgets devoted to prevention (totalling around €2 billion), it is difficult to consider them as insufficient until more convincing and robust work than that carried out to date demonstrates the effectiveness of preventive actions. In any case, a direct link between additional preventive effort and a decrease in compensation costs should be demonstrated.

Audit recommendation

Improve management, decompartmentalise occupational health

1. In occupational health plans, emphasise actions that require coordination between the institutional stakeholders concerned and strengthen the management of these actions (*Ministry of Labour*).
2. Take better account of the high number of accidents specific to certain sectors and populations in order to integrate them fully into the targeting of national preventive action guidelines (*Ministry of Labour, CNAM-DRP*).
3. Define a strategy for targeted data sharing between occupational health and public health for better prevention (*Ministries of Labour and Health, CNAM, Santé Publique France*).
4. Define prevention priorities in terms of risks and targeted companies, taking into account the financial impact of claims on all social security branches (*Ministry of Labour, CNAM-DRP*).
5. Ensure greater continuity of the timetable and objectives of the agreement on objectives and management of the accidents at work-occupational diseases branch between central government and CNAM and those of the occupational health plan, so as to enable a full evaluation of the plan (Ministries responsible for social security and health, CNAM-DRP).
6. Emphasise the section on the development of prevention activities in companies as part of the contracting of services of the Ministry of Labour and CARSAT with the prevention and occupational health services (*Ministry of Labour*).

Refine tools, ensure implementation of priorities

7. Make the pricing system more incentivising to prevent accidents at work by increasing the contribution rates when the company has an abnormally high number of accidents in its field of activity (*CNAM-DRP, reiterated audit recommendation³*).
8. Continue evaluation work to assess the effectiveness of prevention programmes in a robust manner (*Ministry of Labour, CNAM-DRP, CCMSA, Santé Publique France*).
9. Make support for returning to work more effective through early intervention with employees, in conjunction with their GP, and by involving the employer and occupational health services during the period of absence from work (*Ministry of Labour, CNAM, reiterated audit recommendation⁴*).
10. Implement without delay a programme to monitor employers' compliance with their obligations relating to the occupational prevention account (*Ministry of Labour, CNAM-DRP*).