

Safer and healthier work at any age

Country Inventory:

Croatia

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Abbreviations

CEA:	Croatian Employers' Association
CEF:	Croatian Employment Fund
ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
HR:	Human resources
ILO:	International Labour Organization
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
UATUC:	Union of Autonomous Trade Unions of Croatia
WHO:	World Health Organisation

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament¹². The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

¹ Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404—Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29_02_2012-pbFXAL12056/ (Accessed December 2014)

² The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

The present report describes policies and strategies in Croatia, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Finland, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Croatia with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Croatia that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts & figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Croatia with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section³:

- “Median age” is the age that divides a population into two groups that are numerically equivalent.
- The “old age dependency ratio” is the ratio of the number of older people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- “Old age pension” is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of older persons⁴.
- “Healthy life years”, also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition⁵.

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

Table 1, Overview table of main indicators

	Croatia	EU-28
Median age 2013 (2060)	42 (48)	42 (46)
Share of population aged 55 to 64 years (2013)	14%	13%
Share of population aged 65+ (2013)	18%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	27% (52%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	38% (+10 p.p. ⁶)	50% (+10 p.p.)
Official Retirement age (2012) ⁷	67	
Effective retirement age (2012) ⁸	60.6 ⁹	60.9(f)/62.3(m)* ¹⁰

³ Definitions extracted from the Eurostat glossary (unless stated otherwise):

http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

⁴ Eurostat, *Methodologies and Working Papers, ESSPROS Manual and user guidelines, The European System of integrated Social PROtection Statistics (ESSPROS)*, p. 58. Available at: <http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0> (Accessed December 2014)

⁵ This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

⁶ break in series

⁷ Šarić, K., “Svake godine za mirovine treba izdvojiti 360 milijuna kuna više! Ministra Mrsića to ne brine, najavljuje da bi se s reformom možda moglo krenuti 2031.!?”, *Jutarnji List* (Daily journal), 27 August 2013. Available at: <http://www.jutarnji.hr/da-bi-se-mogle-isplacivati-sve-penzije-u-hrvatskoj-nedostaje-jos-milijun-radnika/1122462/> (Accessed December 2014, in Croatian)

⁸ OECD estimates on the average effective age of retirement versus the official age, 2007-2012. Available at: <http://www.oecd.org/els/emp/ageingandemploymentpolicies-statisticsonaverageeffectiveageofretirement.htm> (Accessed December 2014)

⁹ Eurostat 2013; this figure is from 2009, the latest year with published data for Croatia. No breakdown by gender available.

¹⁰ These figures refer to the EU-27

	Croatia	EU-28
Share of pensioners (50-69) who quit working for health or disability reasons (2012)	30%	21%
Pension expenditures (% of GDP) (2011*)		
All pensions	10.6%	13.0%
Old-age pensions	4.7%	9.5%
Disability	3%	0.9%
Life expectancy at 65 years, in years (2011)	17	19.7
Women	18.6	21.3
Men	15.1	17.8
Healthy life years at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	7 (16.3)	8.6 (17.9)
Men	7.3 (15.4)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	13%	11% ¹¹
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	9.1% (7.7%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	22.4% (14.3%)	33.3** (24.2**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months, 2007	61%	60% ¹²
Women	62%	64%
Men	59%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 ¹³ , 2010	58%	71% ¹⁴
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace ¹⁵ , 2013	31%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS).

*figure refers to 2011; ** estimated figures only (by Eurostat)

Demographic developments

Since 2002, the median age of Croatia's population increased by around two years and reached 41.7 years in 2012¹⁶ (close to the EU median age: 42 years in 2012)¹⁷.

This is reflected in the distribution of the population across the different age groups and their development between 2002 and 2013. The share of the oldest age group (65 years and above) increased between 2002 and 2013 from 16% to 18% (EU-28: 18% in 2013) and the age group of 55 to 64-year-olds increased from 11% to 14% (EU-28: 13% in 2013)¹⁸.

The population ageing is predicted to continue. The age group 65+ will almost double between 2013 and 2060, from 15% in 2013 to 29% of the total population in 2060. This ageing is also shown in the

¹¹ This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

¹² This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.

¹³ Source: European Working Conditions Survey 2010

¹⁴ This Figure refers to the EU-27

¹⁵ Source: European Commission, Flash Eurobarometer on Working Conditions, Fact sheet for Croatia. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_hr_en.pdf (accessed December 2014).

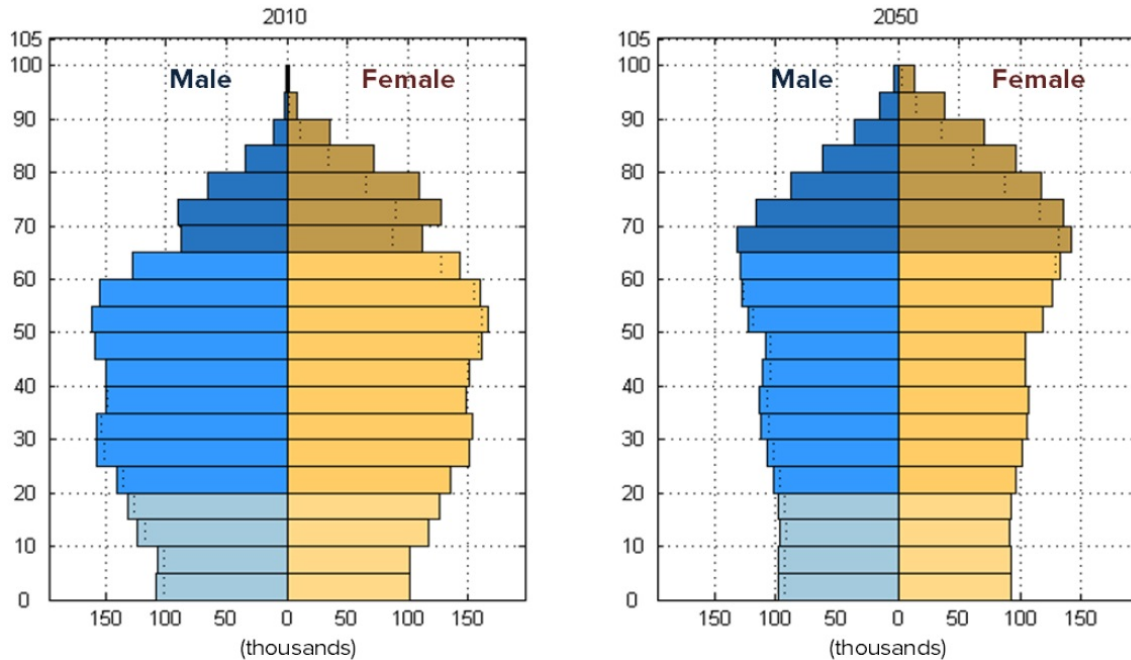
¹⁶ Eurostat population statistics 2013, structure indicators; figure for 2012 is provisional. Data on the median age of Croatia's population is only available from 2002 onwards.

¹⁷ Eurostat population statistics 2013, structure indicators. Numbers for the "total EU population" or "EU averages" in this section refer to the EU-27, since data for EU-28 is missing for a lot of years.

¹⁸ Eurostat 2013 population statistics, Milieu own calculations

age pyramid below (Figure 1) which shows that between 2010 and 2050, the age group of 20 to 65-year-olds is predicted to decrease while the age group of 65+ is predicted to increase. This is also reflected in the old-age dependency ratio (see Table 1).

Figure 1, Total population by age group and gender, 2010 and projection for 2050



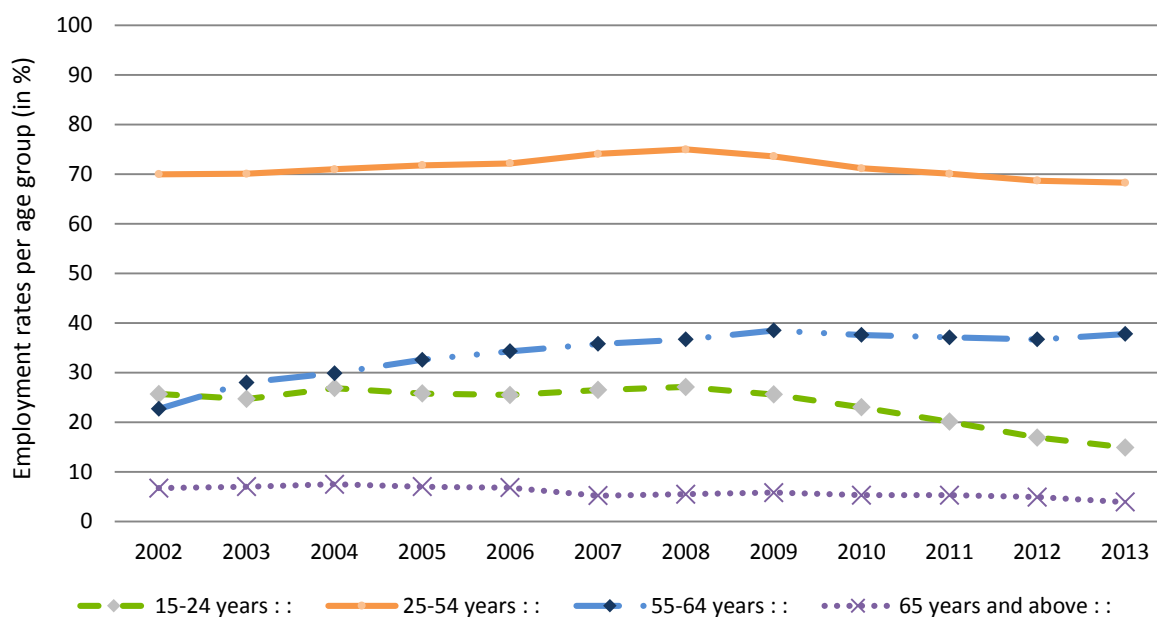
Source: International Conference on Population and Development Beyond 2014, Croatia Country Implementation Profile¹⁹.

Labour market participation

The employment rates in Croatia have been below the EU average throughout the last decade (except for the group of “65 years and above”). The employment rate of the main working-age population (25 to 54-year-olds) has stayed more or less stable over the past 10 years and was at 68% in 2013 (EU-28: 77%). The employment rate of 55 to 64-year-olds rose strongly between 2002 (23%) and 2009 (38.5%) and stabilised at 38% in 2013 (compared to an EU average of 50%).

¹⁹ International Conference on Population and Development Beyond 2014, Croatia Country Implementation Profile. Available at: <http://icpdbeyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

Figure 2, Employment rates per broad age groups, trend 2000-2013, residents in Croatia, all nationalities



Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010, the following conclusions can be drawn with regard to the working conditions of older workers (aged 50 and above) in Croatia²⁰:

- The share of workers who have to carry heavy loads at least a quarter of the time does not vary much with age in Croatia and even increases slightly with age: 38% among the young workers²¹, 40% among the 30 to 49-year-olds and 42% among the older workers report this (EU-27: 32%).
- In 2010, almost one third of older workers in Croatia (28%) reported working in *tiring or painful positions* (almost) all of the time (compared to 18% for young workers and 21% for 30-49 year olds). It is also higher than the share among older workers across the EU (16%).
- The share of workers who have to *work at night* once or more per month is only slightly higher for the age group 30 to 49 years (17%) than for older workers (14%) in Croatia. Although the exposure to *shift work* decreases with age the share of older workers having to work shifts is still larger in Croatia (30%) than across the EU (14%).
- Older workers find that their *working hours fit well or very well with their private commitments* to a larger extent (82%, EU-27: 85%) than workers aged 30 to 49 years (75%).
- As in most other EU Member States, the number of people reporting three or more external constraints on their work pace (such as demands from people or production/performance targets) decreases with age in Croatia²²: 34% of young workers report that at least three

²⁰ Unless otherwise mentioned, all of the following figures come from the European Working Conditions Survey, <http://eurofound.europa.eu/surveys/ewcs> (Accessed December 2014)

²¹ The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years.

²² The index measures if any of the following factors determine the worker's pace of work: work done by colleagues, demands from people, production or performance targets, speed of a machine, direct control of a boss. Shares refer to workers reporting that their work is determined by three or more of these factors.

external factors determine their work pace against only 28% of older workers (slightly lower than the EU-27 average of 27% of older workers).

- In Croatia, a lower share of workers from all age groups receive on-the-job training compared to the EU average. For older workers, this is 15%, compared to 26% on EU average.
- The share of older workers who found that *work affected their health negatively* was larger in Croatia (37%) than across the EU (27%). In addition, satisfaction with working conditions among older workers in Croatia decreased between 2005 (72%) and 2010 (68%) and was at a lower rate than at EU level (84% in 2010).
- The share of older workers who thought they would be *able to do their current job at the age of 60* was considerably lower in Croatia (58%) than across the EU (71%) in 2010.
- In Croatia, 31% of employed people and people with working experience indicated that measures to adapt the workplace for older people had been put in place at their workplace (same as EU-28)²³.

Health

In 2011, estimations showed that Croatian men of the age of 65 years had a life expectancy of around 15.1 additional years²⁴, which is lower than the EU average – 17.8. However, 7.3 of these were considered 'healthy life years'²⁵, which is lower than the EU average (8.6)²⁶. Women of the age of 65 had a life expectancy of 18.6 additional years including 7 'healthy life years', which is lower than the EU average (life expectancy of 21 years including 8.6 'health life years'²⁷).

The perceived health status among employed persons in Croatia worsens with age as demonstrated in table 2 below.

Table 2, Self-perceived health among employed in different age groups, 2012; shares of age group reporting 'very bad' or 'bad' health status

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	:	7.7%*	9.1%*	10.2%* ²⁷

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01]

* Figures are of low reliability

As shown in Table 3, the share of Croatian workers between the age of 55 and 64 years who reported that they suffered from work-related health problems was higher than the EU average for the same age group in 2007²⁸.

²³ European Commission, *Flash Eurobarometer on Working Conditions - Fact sheet for Croatia*, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_hr_en.pdf (Accessed December 2014)

²⁴ Eurostat 2013 'Life expectancy by age and sex' [demo_mlexpec]

²⁵ Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye); data for Croatia is only available for 2010 and 2011.

²⁶ Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye).

²⁷ This is for "very bad" health status only, as figure for "bad" health status is missing.

²⁸ EU LFS ad-hoc module 2007 on accidents at work and work-related health problems "Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]"; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.

Table 3, Self-reported work-related health problems by workers in Croatia and EU-27, by age group

HR 25-34 yrs	2%
HR 35-44 yrs	7%
HR 45-54 yrs	10%
HR 55-64 yrs	13% (same for men and women)
EU-27* 55-64 yrs	11%

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]

*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

The *most serious work-related health problems* reported among the 55 to 64-year-olds were – as in most other countries – musculoskeletal disorders (MSDs) (Table 4)²⁹. However, compared to the EU average, the prevalence of cardiovascular disorders was also high in Croatia, especially among women. While the importance of physical illnesses (cardiovascular disorders and musculoskeletal disorders) as most serious work-related health problems increases with age, the importance of stress, depression and anxiety decreases.

Table 4, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of diseases³⁰

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	Total (EU-27*)	4.2 (2.9)	47.5 (60.9)	29.4 (16.4)	4.3 (4.9)
	Women	14.1	43.2	23.7	6.5
	Men	:	49.3	31.9	3.4
45-54 yrs.	Total (EU-27*)	14.7 (6.2)	54.5 (61.3)	11.8 (13.5)	2.4 (4.7)
	Women	14.2	57.1	9.6	5.1
	Men	15.0	52.8	13.2	0.7
55-64 yrs.	Total (EU-27*)	15.7 (11.3)	60.6 (59.9)	7.8 (9.2)	3 (5.8)
	Women	23.3	62.4	1.4	3.7
	Men	8.8	59.0	13.5	2.4

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]

*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

Definition

There is no definition of an “older worker” in the Croatian legislation.

Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Croatia.

²⁹ EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.

³⁰ More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: <http://ec.europa.eu/eurostat/web/lfs/data/database>

Overall structure

The institutional competences in Croatia related to the field of occupational health and safety (OSH) in general are spread across three main authorities: The Ministry of Labour and Pension System (*Ministarstvo rada i mirovinskog sustava*), the Ministry of Health (*Ministarstvo zdravlja*) and the Ministry of Social Policy and the Youth (*Ministarstvo socijalne politike i mladih*).

The **Ministry of Labour and Pension System** is competent for, inter alia, the following:

- Employment policy;
- Regulation of labour relations;
- Pension system and policy;
- Social partnership and relations with unions and other employments associations in the field of labour law, labour market and employment;
- Improvement of the Labour safety conditions;
- International cooperation in the field of labour and employment.

Furthermore, the Ministry's area of activity covers the drafting of acts and other regulations concerning this field and cooperation with other line ministries, as well as supervision of the implementation of the Labour Act and other relevant legislation on behalf of the Labour inspection.

Inspection on implementation of all relevant OSH-related legislation is conducted by the labour inspectors in the first instance established in the five counties. In addition, at the state level, and within the **State Inspectorate**, a special *Service on the work inspection and safety at work* is in charge of the inspection and monitoring of all relevant legislation and measures, cooperation with all relevant stakeholders etc.

The **Ministry of Health** is responsible for administration and other activities pertaining to the health care system and health insurance. It particularly performs sanitary inspections of activities, buildings, rooms, areas, facilities and devices, which can have any type of harmful effects on human health.

The **Ministry of Social Policy and Youth** is competent for the protection of older persons as well as young and other "vulnerable" members of society (e.g. disabled persons, pregnant women, children, etc.) in relation to work. In particular, it is in charge of maternity and paternity leave, child allowances as well as in charge of developing, assistance and implementation of the rehabilitation and/or re-integration programmes (e.g. for ex drug users).

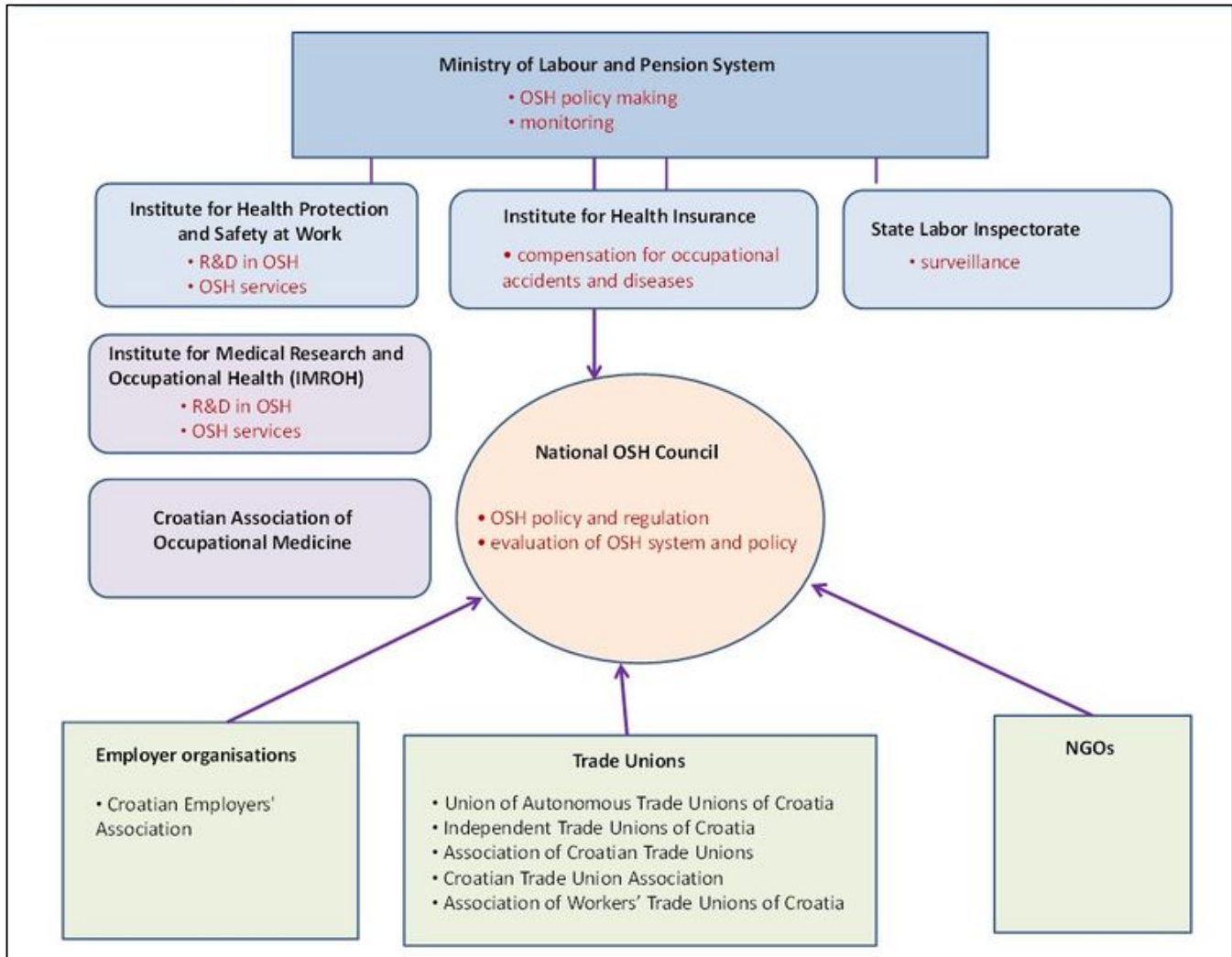
It is noteworthy that, below the national/ministry level, there are numerous state administration offices established at the regional (County) and/or local levels.

Other relevant governmental institutions include:

- **Croatian Institute for Health and Safety Protection at Work** (*Hrvatski zavod za zaštitu zdravlja i sigurnost na radu*); a public institution, working under the Ministry of Health, in charge of development and improvement of health and safety at the work (see more details in Section 1.3);
- **Fund for Professional Rehabilitation and Employment of Disabled Persons** (*Fond za profesionalnu rehabilitaciju i zapošljavanje osoba sa invaliditetom*); a public institution with the purpose of promoting professional rehabilitation and employment of disabled persons, financing or co-financing of the programmes, projects and institutions implementing professional rehabilitation including the monitoring the implementation of measures;
- **Croatian Employment Fund** (*Hrvatski zavod za zapošljavanje*); a public institution which aims to facilitate, in the broadest sense, all issues related to unemployment; it became a part of EURES network on the date of Croatian Accession to the European Union;
- **Croatian Pension Insurance Fund** (*Hrvatski zavod za mirovinsko osiguranje*); a public institution in charge of all issues related to the implementation and development of the policy related to the obligatory pension system and insurance based on the principle of the intergeneration solidarity;
- **Croatian Health Insurance Fund** (*Hrvatski zavod za zdravstveno osiguranje*); a public institution in charge of all issues related to the implementation and development of the policy related to the obligatory public health insurance and protection;

- **Agency for Vocational Education and Training and Adult Education** (*Agencija za strukovno obrazovanje i obrazovanje odraslih osoba*); a public institution, in charge of developing an accessible, flexible system of vocational education and adult education, based on competences in function of individual needs and society, supporting the development of the Croatian economy and higher employment.

Figure 3, Institutional structure for health and safety at work



Source: EU-OSHA, OSHWIKI, "OSH system at national level – Croatia"³¹

Social Dialogue

The Government of Croatia established the **National Council for the Protection of Work**³² in 2000. It is composed of 13 members, five representatives from the state, two representatives of employers, two representatives of workers and four experts in the field of the labour market. This Council is in particular in charge of the following:

- regularly monitoring the legislation relevant to safety and health protection of workers, proposing amendments, monitoring the status of compliance of relevant Croatian legislation with the international legislation and standards;
- monitoring the implementation of OSH legislation;

³¹ EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Croatia". Available at: http://oshwiki.eu/wiki/OSH_system_at_National_Level_-_Croatia (Accessed December 2014)

³² By its Decision on establishment of the National Council for the Protection on the Work (O.J. No 99/00, 47/03 and 91/11)

- giving opinions on proposals for new legislations in the field of OSH;
- monitoring and assessing OSH policies and systems;
- proposing measures for the improvement of OSH systems or policies.

Social partners in Croatia are the following:

Employers

- **Croatian Employers' Association (CEA)** is the biggest employer association in Croatia with 29 branches (branch unions) representing different industries, sectors and structures. The organisation promotes OSH to its members and keeps them regularly informed about relevant OSH laws. It has two representatives in the National Council for the Protection of Work and also represents employers in the Economic and Social Council (see below)³³.

Trade unions

- **Union of Autonomous Trade Unions of Croatia (UATUC)** (*Savez Samostalnih Sindikata Hrvatske*) is a voluntary interest trade union organisation working on improving the quality of jobs, working and living standards. Currently this union represents the most organised and efficient trade union in Croatia. It is noteworthy that this union has established a separate body, the *OSH Coordination*, with the task of warning the workers on dangers they are facing on a daily basis and that might result in severe injuries, via their safety representatives.

Other trade unions include:

- the Croatian Trade Union Association – CTUA (*Hrvatska Udruga Radničkih Sindikata*);
- the Independent Trade Union of Croatia – ITUC (*Nezavisni hrvatski sindikati*);
- the Association of Croatian Trade Union of Public service – MATICA (*Matica Hrvatska*);
- the Workers Trade Unions Association of Croatia – WTUAC (*Udruga radničkih sindikata Hrvatske*).

In general, all trade unions in Croatia are recognised as relevant social partners of the Government of the Republic of Croatia and the Croatian Employers Association. In addition, most of them participate in the work of the Economic and Social Council. According to the Labour Act, the **Economic and Social Councils** may be established, primarily at national but also at county or city level, for defining and carrying out coordinated activities for the protection and promotion of economic and social rights and interests of employees and employers, fostering the conclusion and application of collective agreements and harmonising these agreements with the measures of economic, social and development policies.

1.2 Labour, OSH and anti-discrimination legislation

The area of safe and healthy work and sustainable working conditions is governed by the following legislation:

- Labour Act (Zakon o radu)³⁴;
- Law on Health and Safety Protection at Work (Zakon o zaštiti na radu);
- Healthcare Protection Act (Zakon o zdravstvenoj zaštiti)
- Law on Pension Insurance (Zakon o mirovinskom osiguranju)³⁵;
- Law on Obligatory Health Insurance (Zakon o obaveznom zdravstvenom osiguranju – see Section 3.1)³⁶;
- Antidiscrimination Act (Zakon o suzbijanju diskriminacije)
- Law on the Professional Rehabilitation and Employment of Disabled Persons (Zakon o profesionalnoj rehabilitaciji i zapošljavanju osoba s invaliditetom)

³³ Croatian Employers' Association (CEA) website (in English): <http://www.hup.hr/en/about-us.aspx> (Accessed December 2014)

³⁴ O.J. No. 149/09, 61/11, 82/12, 73/13 (*Zakon o radu*), Chapter XXII Articles 285 and 286

³⁵ O.J. No. O.J. No. 102/98, 127/00, 59/01, 109/01, 147/02, 117/03, 30/04, 177/04, 92/05, 43/07, 79/07, 35/08, 40/10, 121/10, 130/10, 139/10, 61/11, 114/11, 76/12, 112/13 (*Zakon o mirovinskom osiguranju*)

³⁶ O.J. No. 80/13 (*Zakon o obaveznom zdravstvenom osiguranju*)

Occupational health and safety legislation

The 1996 **Law on Health and Safety Protection at Work** (*Zakon o zaštiti na radu* – referred to as the OSH Act)³⁷ is the framework law in Croatia regulating safety and health measures, based on the EU OSH framework directive. The OSH Act obliges the employer to take measures to protect the health and safety of workers. It sets out workers' rights and obligations, and regulates the provision of occupational health services and the duties of the providers of such services. In particular, it regulates the following areas of OSH:

- Material elements of work (including workplace design, protective equipment, traffic roads)
- Maintenance and testing of working tools and equipment
- Adapting work to the gender, age, and psychical and mental capacities of the workers
- OSH Training and information for workers
- Co-operation between employers and workers
- Protection of workers, their representatives and OSH specialists from being discriminated against or disciplined due to their taking action on OSH.

The OSH Act also has provisions for vulnerable groups (young workers, women, and those with a reduced working capacity) but these do not cover specifically older workers.

Public health legislation

The **Healthcare Protection Act**³⁸ (*Zakon o zdravstvenoj zaštiti*) provides the legal basis for the work of the Croatian Institute for Health and Safety Protection at Work (see section 1.2). In particular, the Institute is responsible for:

- Planning, proposing and implementing measures to maintain and improve the health of workers.
- Providing expert opinion in the case of occupational disease and assessment of work ability,
- Monitoring safety conditions at work, exploring the risks in respect of accidents at work and occupational diseases and conducting surveys.
- Establishing the criteria and procedures regarding the organisation of work adapted to the workers.
- Providing technical assistance to employers' associations, trade unions, institutions, companies and individuals authorised to conduct activities of health and safety at work.

The Healthcare protection Act also determines the conditions for the provision of occupational medicine services by a network of contracting partners in occupational medicine, as per the rules established by the Croatian Institute for Health and Safety Protection at Work.

Labour and employment legislation

Apart from the rules in the Labour Act applicable to all workers, Croatia does not have any specific, secondary employment legislation related to the health and safety of older workers.

Antidiscrimination legislation

- The **Antidiscrimination Act** (*Zakon o suzbijanju diskriminacije*) defines working relations and workplaces as the first field/area for the implementation of this Act and prescribes that any form of discrimination, including age-based discrimination, is prohibited³⁹. It is not considered as an instance of age discrimination whenever it is considered reasonable to set up age limits (both minimum and maximum age limits) or years of working experience as conditions for employment

³⁷ O.J. No. 71/14 (*Zakon o zaštiti na radu*)

³⁸ O.J. NN 150/08, 71/10, 139/10, 22/11, 84/11, 154/11, 12/12,35/12, 70/12, 144/12, 82/13, 159/13, 22/14 (*Zakon o zdravstvenoj zaštiti*) (Available at: <http://www.zakon.hr/> - Accessed December 2014)

³⁹ Articles 1 and 5 of the Antidiscrimination Act, O.J. No. 85/08, 112/12.

and when this decision is in line with other public, social, economic, health-related and labour market-related goals⁴⁰.

- The **Law on the Professional Rehabilitation and Employment of Disabled Persons** (*Zakon o profesionalnoj rehabilitaciji i zapošljavanju osoba s invaliditetom*) of 22 November 2002⁴¹, as amended in December 2013, reflects the provisions from the relevant EU Directives related to the discrimination of people with disabilities, and in particular, determines the rights of disabled persons regarding their employment on the job market and measures ensuring reasonable adaptation of workplaces and the establishment and operation of institutions for professional rehabilitation.

1.3 Pension system

The current pension system in Croatia, as prescribed by the **Law on Pension Insurance** from 2008, which is currently in force, is based on the 'pay-as-you-go' principle.

Related to the question of age, Croatia currently has the following types of pensions:

- Old-age pension (65 for men and 60 years of age for women with 15 years of qualifying period/contribution); and
- Anticipatory pension (60 for men/55 years of age for women with 35 years for men /30 years for women of qualifying period/contribution).

The 2008 reform of the pension system in Croatia had a major impact on the current higher employment rates among older workers. Results showed that the effective retirement age of Croatian workers increased by three to five years in the period covered by the pension reform, depending on gender and type of retirement. In the case of old-age retirement, the effective retirement age increased from 59 years for men and 57 for women in 2000 to 64 years for men and 60 for women in 2007^{42,43}. As for early retirement, the average age increased from 57 to 61 years for men and from 51 to 55 years for women between 2000 and 2007.

From 2 July till 1 August 2013, a public consultation was conducted on the Proposal for a **new Law on Pension Insurance**, introducing amendments to the existing pension system. The new law entered into force on 1 January 2014. The major novelties proposed by this law are changes in the retirement age for both men and women from 65 to 67, as well as the introduction of an interim period for entering retirement. In that respect, anyone born in Croatia after 1964 may reach full retirement as of 67 years old or 41 years of full working years. At the moment, the system has twice more expenditure than income and a dependency ration of 1:18 worker per person in retirement⁴⁴.

⁴⁰ Article 9. paragraph 8 of the Antidiscrimination Act.

⁴¹ Law on the Professional Rehabilitation and Employment of Disabled Persons (*Zakon o izmjenama i dopunama Zakona o profesionalnoj rehabilitaciji i zapošljavanju osoba s invaliditetom*), Narodne novine, Official Gazette, Croatia. Available at: http://www.ilo.org/dyn/natlex/natlex_browse.details?p_lang=en&p_country=HRV&p_classification=08.01&p_origin=SUBJECT (Accessed December 2014)

⁴² Croatian Fund on Pension Insurance (*HZMO*), *Izvešće o radu i poslovanju Hrvatskog zavoda za mirovinsko osiguranje za 2007*, Hrvatski zavod za mirovinsko osiguranje, Zagreb, 2008a

⁴³ According to Eurostat, effective retirement age was 60.6 for both genders in 2009 – see Table 1.

⁴⁴ Šarić, K., "Svake godine za mirovine treba izdvojiti 360 milijuna kuna više! Ministra Mrsića to ne brine, najavljuje da bi se s reformom možda moglo krenuti 2031.!", *Jutarnji List* (Daily journal), 27 August 2013. Available at: <http://www.jutarnji.hr/da-bi-se-mogle-isplacivati-sve-penzije-u-hrvatskoj-nedostaje-jos-milijun-radnika/1122462/> (Accessed December 2014, in Croatian)

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Croatia to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/government-affiliated organisations

Occupational health and safety

In December 2008 the Ministry in charge of labour adopted the **National Programme on Health Protection and Safety at Work for the period 2009-2013**⁴⁵. According to this document the main goals to be achieved are the following:

- reducing the quantity of occupational injuries,
- reducing the quantity of occupational illness and work related illnesses,
- prevention related to health of the workers, and
- reducing economic loss caused by the inability to work as a result of occupational injuries and sickness and resulting in sick leaves, invalidity pensions and early retirements.

In order to achieve the goals set up by this Programme, all relevant stakeholders in Croatia should implement a number of measures including improving protection of special categories of workers such as, inter alia, older workers and workers with disabilities. Apart from this brief mention, no specific measures are foreseen for the health and safety of older workers.

The State Directorate adopted in May 2012 the **Strategic Plan for State Directorate for the period 2013-2015**. This document sets the objective to improve OSH measures with the aim of reducing mortality caused by work. The Plan has not elaborated or envisaged any specific measures or activities related to the issue of older workers.

No other relevant documents on occupational health and safety have been identified in Croatia at the moment.

Employment

Currently in Croatia, several initiatives/measures at governmental level have been identified, which relate primarily to the employment of older workers, gathered in one framework package of measures that is called in general '**Experience is important**' (*Važno je iskustvo*). The Ministry of Labour and Pension System is the main responsible body, whereas the Croatian Employment Fund (CEF) is the competent authority for approving, implementing and financing all measures within this package. This package of measures has been created in order to reduce and/or prevent unemployment of special groups of workers, i.e. groups usually targeted as 'more sensitive' including aged 50 and over employed and unemployed workers and long-term unemployed persons with disabilities. According to the CEF, these measures are easily communicated, well known to Croatian employers and frequently and effectively implemented.

Measures focusing on encouraging the employment of older workers include, inter alia:

⁴⁵ Available in Croatian at: http://sociojalno-partnerstvo.hr/wp-content/uploads/2013/04/NACIONALNI_PROGRAM_171.pdf (Accessed December 2014)

- The employment subsidy for persons over 50 '**Half-half**' (*Pola- Pola*)⁴⁶, in place since 15 January 2013, amounting to up to 50% of the annual gross salary amount, is awarded to employers who employ persons over 50 years old and who have been registered as unemployed for a period of 12 months.
- The self-employment subsidy for persons over 50 years old '**Your initiative – your workplace**' (*Tvoja inicijativa – tvoje radno mjesto*)⁴⁷ also in place since 15 January 2013, is similar to the 'Half-Half' subsidy as it consists of a subsidy amounting to up to 50% of the annual gross salary amount awarded to older unemployed persons who decide to start their own business for a period of 12 months.

No specific measures in this framework package relate to the occupational health and safety of older workers. However, one measure can be seen as a measure for transition between employment and permanent unemployment or retirement:

- The '**Shared workplace subsidy**' (*Dijeljeno radno mjesto*), amounting to up to 75% of the annual gross salary, is awarded to an employer for employing a part-time older worker for a period of 12 months (four hours daily). This measure does not have an OSH perspective; however it is designed to promote half-time employment, especially of older workers and workers with disabilities, likely to become permanently unemployed and/or socially excluded.

One provision in the Law on the Encouragement of Employment regulates **temporary work** in agriculture (seasonal work). In that respect, employers can employ a worker via daily vouchers that would pay for workers benefits and taxes on a daily basis, up to 90 days per year (working days do not have to be executed in continuum). Article 11 of this Act specifically prescribes that if a worker is registered either as retired or is employed under the above mentioned conditions, this type of temporary employment will not interrupt in any way their rights and benefits arising from the status of retired worker. In practice this promotes the unretirement of older workers who are able to work temporarily without losing their retirement benefits. However, it is noteworthy that no specific provision is foreseen for the health and safety or working conditions of retired workers taking advantage of this possibility.

Along the same lines, the Ministry of Labour and Pension System is planning a draft of the **new Act on Temporary Jobs** in order to, among others, improve and promote employment of older and retired workers in temporary jobs⁴⁸.

2.2 Initiatives from social partners

At the moment, in Croatia, the social partners, individually or together within the National Council for the Protection of Work or the Economic and Social Council, have not developed any initiatives (in the recent past, ongoing or in the pipeline) related to the occupational health and safety of older workers.

2.3 Initiatives from other organisations

At the moment, in Croatia, there are no initiatives (ongoing or in the pipeline) relating to the occupational health and safety of older workers at the non-governmental level.

⁴⁶ Internal procedures for the implementation of measures of active employment policy from the National Employment Promotion Plan, official website of CEF (www.hzz.hr), official website of the Ministry of Social Policy and Youth (www.mrms.hr) (Accessed December 2014)

⁴⁷ As above.

⁴⁸ Information provided by the Ministry of Labour and Pension System.

3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Croatia, rehabilitation activities are provided only to people with a disability, to help them find work. There is no institutionalised system in place to support the return-to-work of workers who have been on long-term sickness absence, apart from the legal obligation of employers to find a position suited to the worker's abilities upon their return-to-work.

The following chapter first describes the institutional system in Croatia for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work (RTW) of sick/injured workers

The legal and policy framework

Several pieces of legislation (also mentioned in Section 1.3) are particularly relevant for rehabilitation and return-to-work in Croatia.

The **Labour Act** regulates the return-to-work process and the obligations of the employers in relation to workers returning to work with reduced capacities, such as adaptation of work stations (more details below);

The **Law on the Obligatory Health Insurance**, adopted in 2013, stipulates that all employees should be covered by compulsory insurance against occupational diseases and accidents at work, including the army and police, students and trainees, as well as self-employed. Insurance and compensation for occupational diseases and accidents have been regulated by previous legal acts, amended by the new Law on Compulsory Health Insurance. In particular the **Act of 13 July 2006 on health insurance in relation to health protection at work** provides for specific health protection for workers, occupational accidents and diseases, insured persons, rights in the event of occupational accident or disease, procedure for assessing occupational accident or disease, and compensation of damages.

The **Healthcare Protection Act** regulates the work of the Croatian Institute for Health and Safety Protection at Work in particular with regard to the provision of expert opinion for the assessment of work ability.

The **Act on the professional rehabilitation and employment of persons with disabilities**⁴⁹, requires the reasonable adaptation of workplaces, as per the requirements of the relevant EU antidiscrimination directives, and the establishment and operation of institutions for professional rehabilitation, such as the **Fund for the Professional Rehabilitation and Employment of Disabled Persons** (see below).

Currently in Croatia, no policies or programmes have been identified in relation to the rehabilitation of workers. Neither the National Programme on Health Protection and Safety at Work for the period 2009-2013, nor the Strategic Plan for State Directorate for the period 2013-2015 discuss the issue of rehabilitation or return-to-work.

⁴⁹ See section 1.3.

Main actors and steps to rehabilitation

With regard to return-to-work, the Labour Act (see Section 1.3) provides basic rules on this issue and is applicable as the *lex generalis* in the following manner:

An employee, who is temporarily unable to work due to an injury or an injury at work, a disease or an occupational disease, is obliged to inform their employer of their temporary inability to work as soon as possible, and should provide the employer, no later than within three days, a medical certificate about their temporary inability to work and its expected duration. Only an authorised physician can issue a valid medical certificate to the employee. Employers are entitled to request control and monitoring from the Health Insurance Fund on the employee's temporary disability to work (control of the medical records, medical institutions, including house visits).

After treatment or recovery (medical rehabilitation), an authorised person or body (such as an occupational physician) should establish that the employee is able to work again. The employee then has the right to return to the job he or she previously performed. If the post of the employee does not exist anymore in the company, the employer should offer him/her another appropriate job in the company.

In addition, according to the Labour Act, the authorised person or body (as above) may establish that the employee's work ability is not the same as before or that he/she is in immediate danger of disability. In such a case, as per the Labour Act, the employer, taking into consideration the expert report and opinion of the authorised person or body, has an obligation to offer the employee a job which matches his/her ability and which must, to the greatest possible extent, correspond to the job previously performed by the employee. The employer can appeal to the expert's opinion and ask for a second opinion to the **Croatian Institute for Health and Safety Protection at Work** (see section 1.2). In order to provide such a job, the employer shall adjust the work to the abilities of the employee (e.g. alter the schedule of working hours), and do his/her very best to provide an appropriate job to the employee.

However, the same Act regulates that the employer may dismiss an employee who has an inability to work or who is in immediate danger of disability, with prior consent of the works council. The works council shall give the employer consent to cancel an employment contract if the employer proves that he or she has done his or her very best to provide an appropriate job to the employee or if the employer proves that the employee has refused an offer to take a job, which matched his or her abilities, in accordance with the expert report and opinion of the authorised person or body.

If the works council refuses to give its consent to a dismissal or if no works council has been established at the undertaking and there is no shop steward benefitting from all the rights and obligations normally pertaining to a works council, such consent may be replaced by a judicial decision or arbitration award.

In case the employee is unable to work, even after conducting medical treatments and rehabilitation, and his/her health status is not improving or permanent disability to work has occurred, or temporary disability continues for longer than 12 months for the same health issue, a medical and diagnostic check-up must be ordered by the accredited doctor for the purpose of determining permanent invalidity/disability to work. The assessment of temporary or permanent disability is carried out by the medical teams of the Croatian Institute for Health and Safety Protection at Work.

Support to employers

It is noteworthy that in Croatia, no incentives have been identified for employers to stimulate their employees' return to work, when employees are not recognised as disabled. Also, besides the refunds from the Health Insurance Fund under conditions as prescribed by the Law on Obligatory Health Insurance, employers do not receive any kind of support from external services for a return to work.

As per the Act on the professional rehabilitation and employment of persons with disabilities, the **Fund for the Professional Rehabilitation and Employment of Disabled Persons** (*Fond za profesionalnu rehabilitaciju i zaposljavanje osoba sa invaliditetom* – see Section 1.2) provides funding for programmes, projects and institutions implementing professional rehabilitation for people with disabilities and provides financial incentives to employers to hire people with disabilities (such as tax incentives and reduced contributions for workers with disabilities).

Compensation system

In cases of inability to work for *non-work-related health reasons*, the relevant rules are prescribed by the Law on the Obligatory Health Insurance (see above). These include general rules relating to the rights of the workers to health protection and financial remuneration during sick leave, including:

- Workers unable to work for the reason of health protection have a right to salary compensation for the period he/she is not working, usually equal to the monthly salary in the preceding three months. Salary compensation is, in general, paid to the employee on behalf of the employer for a maximum period of 42 days of sick leave;
- After that period, the Health Insurance Fund either
 - a) takes over paying for the salary compensation, or,
 - b) refunds the salary compensation paid to the employer (upon request), or,
 - c) pays in total from the first day of the inability to work (for example in cases of temporary disability to work related to already an acknowledged occupational injury, if the employer is responsible for a contagious disease, complications during pregnancy or child-birth etc.)

In respect of severances pay in a case of *occupational accident or disease*, the Labour Act prescribes the following:

- An employee who has suffered an occupational accident or disease and who has not returned to work after the completion of medical rehabilitation, has the right to severance pay for an amount of at least double what he or she would otherwise be entitled to (i.e. for non-occupational accidents/diseases)
- However, an employee who has unjustifiably refused to accept jobs offered as referred to above, does not have the right to severance pay of a double amount.
- In addition, it is prescribed that an employee who suffers an occupational accident or disease is to be given precedence for occupational training and schooling organised by the employer.

3.2 Specific initiatives or programmes

Currently in Croatia, no relevant initiative has been identified on the issue of vocational rehabilitation and/or return to work of sick/injured workers.

One initiative identified in relation to people with disabilities is the **Institution for professional rehabilitation and employment of persons with disabilities (URIHO)**⁵⁰, established as per the requirements of the Act on the professional rehabilitation and employment of persons with disabilities (see section 3.1). It runs a number of rehabilitation programmes for people with disabilities, such as a work centre and a virtual enterprise (training firm) for unemployed persons with disabilities, apprenticeships for young persons with disabilities, creative rehabilitation workshops, etc. The objective of the vocational rehabilitation provided is to allow a person with disabilities to secure and maintain a suitable employment. URIHO, in collaboration with the Croatian Employment Service, the Fund for Vocational Rehabilitation and Employment of Persons with Disabilities and local communities, has developed a model to enhance the employability of unemployed persons with disabilities by improving their career management skills using tailor made work-related and social activities.

⁵⁰ Institution for professional rehabilitation and employment of persons with disabilities (URIHO) webpage (in English): <http://www.vr-radimoucimo.hr/en/virtual-workshop-about-us/about-us> (accessed December 2014)

4 Conclusions

General context

Facts and figures

- The *demographic situation* in Croatia is very similar to that of the overall EU population with a similar median age (41.7 years). Ageing of the Croatian population is predicted to continue and the old-age dependency ratio will increase from 27% in 2012 to 52% in 2060. This means that, whereas in 2012 there were three active persons for every 65 year old, in 2060 there will be only two.
- Both *life expectancy* and the estimated '*healthy life years*' at the age of 65 were lower in Croatia in 2011 than in the rest of the EU.
- The *employment rate* of 55-64 year olds decreased between 2008 and 2012 (along with all the other working age groups) (whereas that of the EU kept increasing despite the economic difficulties). In 2012, the employment rate of 55-64 year olds was substantially lower than the EU average, with 36.7% compared with 48.9% for the EU.
- Satisfaction with *working conditions* among older workers in Croatia decreased between 2005 (72%) and 2010 (68%) and was at a lower rate than at EU level (84% in 2010). In addition the share of older workers who thought they would be able to do their current job at the age of 60 was considerably lower in Croatia (58%) than across the EU (71%) in 2010.

The legal and institutional framework

In this context of demographic change, the pension system in Croatia is suffering from the following issues:

- pension system as a refuge for unemployment problems,
- drastic increase of the old-age dependency ratio,
- low retirement age (old-age pension 60 for men/55 for women, early retirement 55 for men/50 for women),
- too broad a definition of invalidity and related pension rights.

In contrast, the existing institutional framework is assessed to be sufficient to deal with health and safety at work, with a clear division of competencies and a good level of coordination between all relevant institutions at national level. An efficient social dialogue exists between competent governmental institutions and other relevant social partners. In particular, intense social dialogue related to OSH issues exists within separate multi-stakeholder bodies such as the National Council for the Protection of Work or Economic and Social Councils.

As in many other countries, Croatia does not have any specific OSH legislation for older workers, with a regulatory framework for OSH addressing all workers without distinction. The Croatian legal tradition was, and still is, more focused on employment and the rights and protection of all workers as prescribed in the Labour Act and Law on the Health and Safety Protection at Work (with an exemption on special protection envisaged for employed children and maternity issues) and almost none related to older workers. However, it also does not have any legislation related to the employment conditions of older workers (for instance in relation to working time or transition to retirement), which is considered as a problem by all stakeholders/ social partners. Finally, the antidiscrimination legislation foresees the possibility to set (minimum and maximum) age limits as a condition for employment when this decision is in line with public social, economic, health protection or labour market goals. This opens quite broadly the possibilities for age discrimination.

OSH and older workers

The policy framework in Croatia falls significantly behind in addressing the issue of the OSH of older workers and of sustainable working lives. The adoption of the package of measures to promote the employment of older workers can be seen in light of the decrease in the employment rate of older workers during the crisis and the problems encountered in the current pension system. Some of these measures can be seen as supporting the transition of persons over 50 years old between employment

and retirement, but they have no relevant OSH perspective. The National Programme on Health Protection and Safety at Work for the period 2009-2013 mentions older workers as part of the vulnerable categories of workers in need of greater protection but does not include any more detailed, concrete measures in this regard.

The absence of a policy on the health and safety of older workers should be seen in the light of the war and the following the long-term economic depression. At the moment in Croatia, the first priority is to raise the overall employment rate of all workers, including older workers, whereas OSH and working conditions issues are much less addressed. Therefore at the moment in Croatia no strategies, policies, programmes or initiatives have been identified, either at governmental or non-governmental level, that relate to OSH issues of older workers, to sustainable working lives or to safer and healthier work at any age.

Rehabilitation/ return-to-work

In respect to the rehabilitation/return to work of sick/injured workers, the situation is similar. A strong legal system exists in Croatia to ensure that workers with a health problem can go back to work, even with a reduced work ability, but the system focuses entirely on the duties of the employer (e.g. to accommodate the workplace).

In addition, the Labour Act allows employers to dismiss an employee who has an inability to work, if the works council gives its consent (under the condition that the employer has done his or her very best to provide an appropriate job and the employee has refused).

There is no overall coordination body for the rehabilitation process in Croatia and very limited support is provided to the employer or the employee to facilitate this process. The Health Insurance Fund only provides financial refunds to employers under certain conditions indicated in the law but this support is very limited. For workers recognised as disabled, the Fund for the Professional Rehabilitation and Employment of Disabled Persons provides financial incentives to employers to stimulate the employment of workers with disabilities and funding for professional rehabilitation projects.

In line with this, vocational rehabilitation programmes identified are mostly focused on the rehabilitation of people with disabilities in long-term unemployment.

General conclusion

In Croatia, the current policy framework is not sufficient to promote safer and healthier work at any age or the rehabilitation of workers with a health problem, despite a strong legal foundation for OSH in general. This is mostly due to the strong focus of strategies and policies of the government on employment (in the sense of fighting against unemployment), at the moment of writing this report, rather than on health and safety at work and working conditions. The conditions for the existence of policies promoting more sustainable working lives, including more efficient return-to-work policies, are however present in Croatia.

5 References and further information

European and international sources:

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