

# Safer and healthier work at any age

## Country Inventory: Czech Republic

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## Abbreviations

ČSÚ:	Český statistický úřad (Czech Statistics Office)
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
MPSV:	Ministerstvo práce a sociálních věcí (Ministry of Labour and Social Affairs)
MSD	Musculoskeletal disorder
NGO:	Non-governmental organization
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
WHO:	World Health Organisation

## 1 Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament<sup>12</sup>. 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.

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<sup>1</sup> 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/](http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29_02_2012-pbFXAL12056/) (Accessed December 2014)

<sup>2</sup> 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 Czech Republic, 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 the Czech Republic, 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.

## 2 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in the Czech Republic 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 the Czech Republic 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.

### 2.1 Facts & figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in the Czech Republic 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 section:<sup>3</sup>

- “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 persons.<sup>4</sup>
- “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 condition.<sup>5</sup>

Table 1 on the next page 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**

	Czech Republic	EU-28
Median age 2013 (2060)	40 (46)	42 (46)
Share of population aged 55 to 64 years (2013)	14%	13%
Share of population aged 65+ (2013)	17%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	25% (50%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	52% (+10 p.p.)	50% (+10 p.p.)
Official Retirement age (2012) <sup>6</sup>	62-67	
Effective retirement age (2012) <sup>7</sup>	59.8(f)/63.1(m)	60.9(f)/62.3(m) <sup>8</sup>
Share of pensioners (50-69) who quit working for health or disability reason (2012)	7%	21%

<sup>3</sup> Definitions extracted from the Eurostat glossary (unless stated otherwise):

[http://epp.eurostat.ec.europa.eu/statistics\\_explained/index.php/Thematic\\_glossaries](http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries) (Accessed December 2014)

<sup>4</sup> Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS)*, *ESSPROS Manual and user guidelines*, 2012, 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)

<sup>5</sup> 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.

<sup>6</sup> Czech Social Security Administration, ‘Old-age Pension’: <http://www.cssz.cz/en/pension-insurance/old-age-pension.htm.%20> Retirement age varies depending on the date of birth, and will increase gradually to 67. See section 1.4 on Pension system. Member States (2008-2060)

<sup>7</sup> Source: OECD estimates on the [“average effective age of retirement versus the official age, 2007-2012”](#)

<sup>8</sup> These figures refer to the EU-27

	Czech Republic	EU-28
Pension expenditures (% of GDP) (2011*)		
All pensions	9.7%	13.0%
Old-age pensions	7.4%	9.5%
Disability	1.1%	0.9%
Life expectancy at 65 years, in years (2011)	17.6	19.7
Women	19.2	21.3
Men	15.6	17.8
Healthy life years at the age of 65 ( and 50) (2011)		8.6 (17.7)
Women	8.7 (18.4)	8.6 (17.9)
Men	8.4 (17.3)	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)	10.9% <sup>9</sup>	11% <sup>10</sup>
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	6.5% (5.2%) <sup>11</sup>	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	27.9% <sup>12</sup> (18.1%) <sup>13</sup>	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)	51%	60% <sup>14</sup>
Women	49%	64%
Men	52%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 <sup>15</sup> (2010)	70%	71% <sup>16</sup>
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 <sup>17</sup> (2013)	25%	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

The Czech population has been ageing since 1985. The median age increased from 35 years in 1990 to 40 years<sup>18</sup> in 2013 and is therefore around two years younger than the overall EU-28 population.

<sup>9</sup> Definition differs

<sup>10</sup> 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.

<sup>11</sup> Low reliability

<sup>12</sup> Low reliability

<sup>13</sup> Low reliability

<sup>14</sup> 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.

<sup>15</sup> Source: European Working Conditions Survey 2010

<sup>16</sup> This Figure refers to the EU-27

<sup>17</sup> Source: European Commission, Flash Eurobarometer on Working Conditions, 2014, fact sheet for Czech Republic. Available at: [http://ec.europa.eu/public\\_opinion/flash/fl\\_398\\_fact\\_cz\\_en.pdf](http://ec.europa.eu/public_opinion/flash/fl_398_fact_cz_en.pdf) (accessed December 2014).

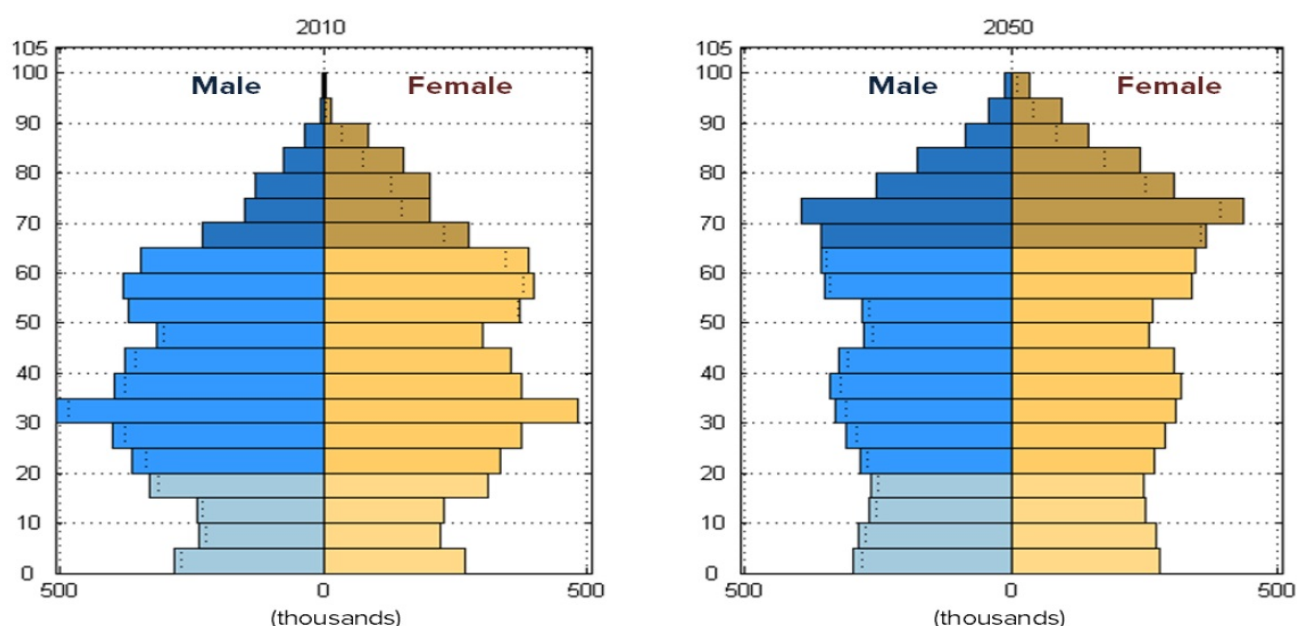
<sup>18</sup> The figure for 2012 is flagged provisional.



This ageing is also reflected in the distribution of the population across the different age groups and their development between 1990 and 2013. The share of the oldest age group (65 and over) has increased between 1990 and 2013 from 12% to 17% (EU-28: 18% in 2013), while the share of the age group of 55 to 64-year-olds increased from 10% to 14% (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group 65+ will significantly increase from 17% in 2013 to 28% of the total population in 2060. This ageing is also shown in the 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



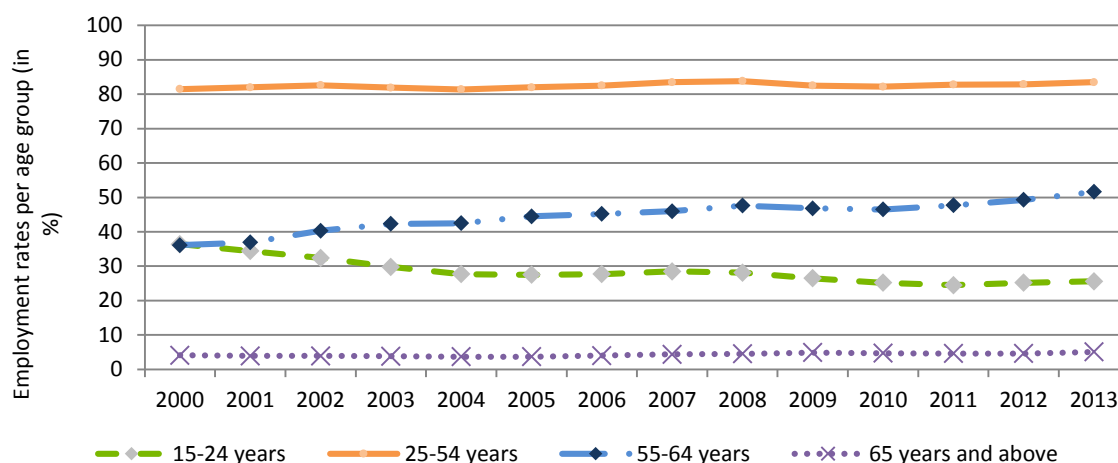
Source: International Conference on Population and Development Beyond 2014, Czech Republic Country Implementation Profile<sup>19</sup>.

### Labour market participation

The Czech employment rates of the different age groups and their development over the past 10 years are similar to the EU-average. The employment rate of the 55 to 64-year-olds has increased by around 10 percentage points (p.p.) to reach 52% in 2013 (compared to 50% in the EU overall). The employment rate of the 25 to 54-year-olds, and the population aged 65 and over, has stayed more or less stable, but the employment rate of the young (15 to 24 years) has decreased strongly since 2008.

<sup>19</sup> Czech Republic's country profile available at: <http://icpdbeyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

Figure 2, Employment rates of broad age groups, Czech Republic, 2000-2013



Source: Eurostat 2013, LFS detailed annual survey results, Employment rates by sex, age and nationality (%) [lfsa\_ergan]

### Working conditions

Based on the Fifth European Working Conditions Survey (5<sup>th</sup> EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010<sup>20</sup>, the following conclusions can be drawn with regard to the working conditions of older workers (aged 50 and above) in the Czech Republic:

- The share of workers having to *carry heavy loads* for at least a quarter of the time decreases after the age of 50 (39% of 30 to 49-year-olds and 29% of workers aged 50 and above – larger than across the EU, where the difference between the two age groups is only 1 p.p.).
- The share of older workers<sup>21</sup> reporting that their job involves *tiring and painful positions* (almost) all of the time is significantly lower than the EU average (5.8% compared to EU average of 15.5%).
- While in 2000 and 2005, older workers were those most likely to do *night work*, in 2010, they were the least likely (23% compared with 32% for the youngest workers). A much higher share of older workers are exposed to *shift work* in the Czech Republic than across the EU (25% and 14%, respectively).
- In the Czech Republic, satisfaction with *work-life-balance* among older workers is similar to the EU-average: in 2010, 85% of the older Czech workers felt that their working hours fit in well or very well with their family or social commitments outside work, while the EU-average was 84.5% for that year.
- 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 the Czech Republic: 35% of young workers report that at least three external factors determine their work pace against 25% of older workers (which is higher than the EU-27 average of 27% of older workers).
- The share of workers from all age categories who receive *on-the-job training* is the same as the EU average (32%). A larger share of the older workers in the Czech Republic receive on-the-job training compared to the EU average (29% compared to 26% respectively).
- The share of workers reporting that *their work affects their health negatively* increases with age, although the difference between the middle-aged group of workers and the older workers is not

<sup>20</sup> Unless mentioned otherwise, the figures in this paragraph relate to the EWCS from 2010. Available at: <http://eurofound.europa.eu/surveys/ewcs/2010/european-working-conditions-survey-2010> (Accessed December 2014)

<sup>21</sup> 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.

very large. Middle-aged and older workers in the Czech Republic are more satisfied *with their working conditions* than workers younger than 30. 81% of Czech workers above 50 are satisfied with their working conditions (compared to 84% of older workers in the EU).

- The share of Czech workers who think they will still be *able to do their current job at the age of 60* increases with age and reaches 70% of workers above 50 (similar to EU average).
- In the Czech Republic, 25% 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 (compared to 31% at EU-28 average)<sup>22</sup>.

## Health

In 2011, estimations showed that Czech men of the age of 65 years had a *life expectancy* of 15.6 additional years<sup>23</sup> which is lower than the EU average– 17,8. 8.4 of these years were considered '*healthy life years*'<sup>24</sup>, which is similar to the EU average (8.6). The same observation can be made for women. Women of the age of 65 had a life expectancy of 19.2 additional years (21 years in the EU) including 8.7 'healthy life years' (compared to the 8,6 at EU level).

The *perceived health status* among employed persons in the Czech Republic seems to worsen with age as can be seen in Table 2 below (data for people aged 65 and above is only partial).

**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
<b>Employed</b>	1.7%*	5.2%*	6.5%*	3.9%* <sup>25</sup>

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 Czech workers between the age of 55 and 64 who reported that they suffered from *work-related health problems* was the same as the EU average for the same age group in 2007.

**Table 3, Self-reported work-related health problems by workers in the Czech Republic and EU-27, by age group**

CZ 25-34 yrs	6%**
CZ 35-44 yrs	8%
<b>CZ 45-54 yrs</b>	<b>11%</b>
<b>CZ 55-64 yrs</b>	<b>11%</b>
<b>Men</b>	<b>12%</b>
<b>Women</b>	<b>10%</b>
<b>EU-27* 55-64 yrs</b>	<b>11%</b>

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]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution<sup>26</sup>.

\*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.

<sup>22</sup> European Commission, Flash Eurobarometer on Working Conditions, [fact sheet for the Czech Republic](#)

<sup>23</sup> Eurostat 2013 'Life expectancy by age and sex' [demo\_mlexpec]

<sup>24</sup> Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth\_hlye).

<sup>25</sup> This is for "bad" health status only, as figure for "very bad" health status is missing.

<sup>26</sup> See Eurostat Evaluation Report AHM 2007, p. 26, available at:

<http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf>

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)<sup>27</sup>. Compared to the EU average, the prevalence of pulmonary disorders was high in the Czech Republic, especially among women. Stress, depression and anxiety, on the other hand, are far less common. The importance of physical illnesses as most serious work-related health problem seems to increase with age, whereas that of depression, stress and anxiety appears to decrease.

**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 diseases<sup>28</sup>**

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	<b>Total</b>	3.2	39.6	3.5	11.7
	<b>(EU-27*)</b>	(2.9)	(60.9)	(16.4)	(4.9)
	Women	3.0	34.7	4.3	13.6
	Men	3.3	45.3	2.6	9.5
45-54 yrs.	<b>Total</b>	4.3	50.1	3.0	10.7
	<b>(EU-27*)</b>	(6.2)	(61.3)	(13.5)	(4.7)
	Women	3.2	47.7	4.3	11.9
	Men	5.7	53.3	1.4	9.2
55-64 yrs.	<b>Total</b>	10.7	51	2.1	13.8
	<b>(EU-27*)</b>	(11.3)	(59.9)	(9.2)	(5.8)
	Women	5.8	49.5	2.6	15.2
	Men	15.4	52.4	1.7	12.5

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]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution.<sup>29</sup>

\*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 specific definition of older workers based on age. However, the legislation does mention at various places the age group 50+/55+ as a particularly vulnerable group. Labour Offices, for example, provide financial benefits for those employing groups that are at a higher risk of unemployment. 'Older workers' are defined as such a group. In the previous version of this legislation, the criterion of age 50+ was explicitly defined. Unemployment benefits are also automatically higher for people over the age of 50.

## 2.2 Institutional structure for health and safety at work

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

<sup>27</sup> 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

<sup>28</sup> 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>

<sup>29</sup> See Eurostat Evaluation Report AHM 2007, p. 26, available at: <http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf>

### **Overall structure**

In the Czech Republic, issues of occupational safety and working conditions fall primarily within the competence of the **Ministry of Labour and Social Affairs** (Ministerstvo práce a sociálních věcí – MPSV). The MPSV is also responsible for social policy, collective negotiations, wages, equal opportunities etc. The MPSV works in cooperation with other partners – mainly the **Ministry of Health**, which is responsible for national public health policy, including the protection of occupational health (see below).

The **Government Council for Health and Safety at Work**, chaired by the Minister of Labour and Social Affairs, is a tripartite advisory body to the Czech Government on issues of OSH. It was established in 2003 and counts 28 members. It is responsible for developing the national action plan in the field of OSH, the most recent of which was put forward for years 2013-2014, and for its monitoring and evaluation.

The control and enforcement standards of safety and labour conditions are in the competence of the **State Labour Inspection Office**. There are eight regional Labour Inspectorates enforcing compliance with occupational safety and health requirements and setting standards for working conditions. The status and competences of the State Labour Inspection Office are regulated by the Act N. 251/2005.

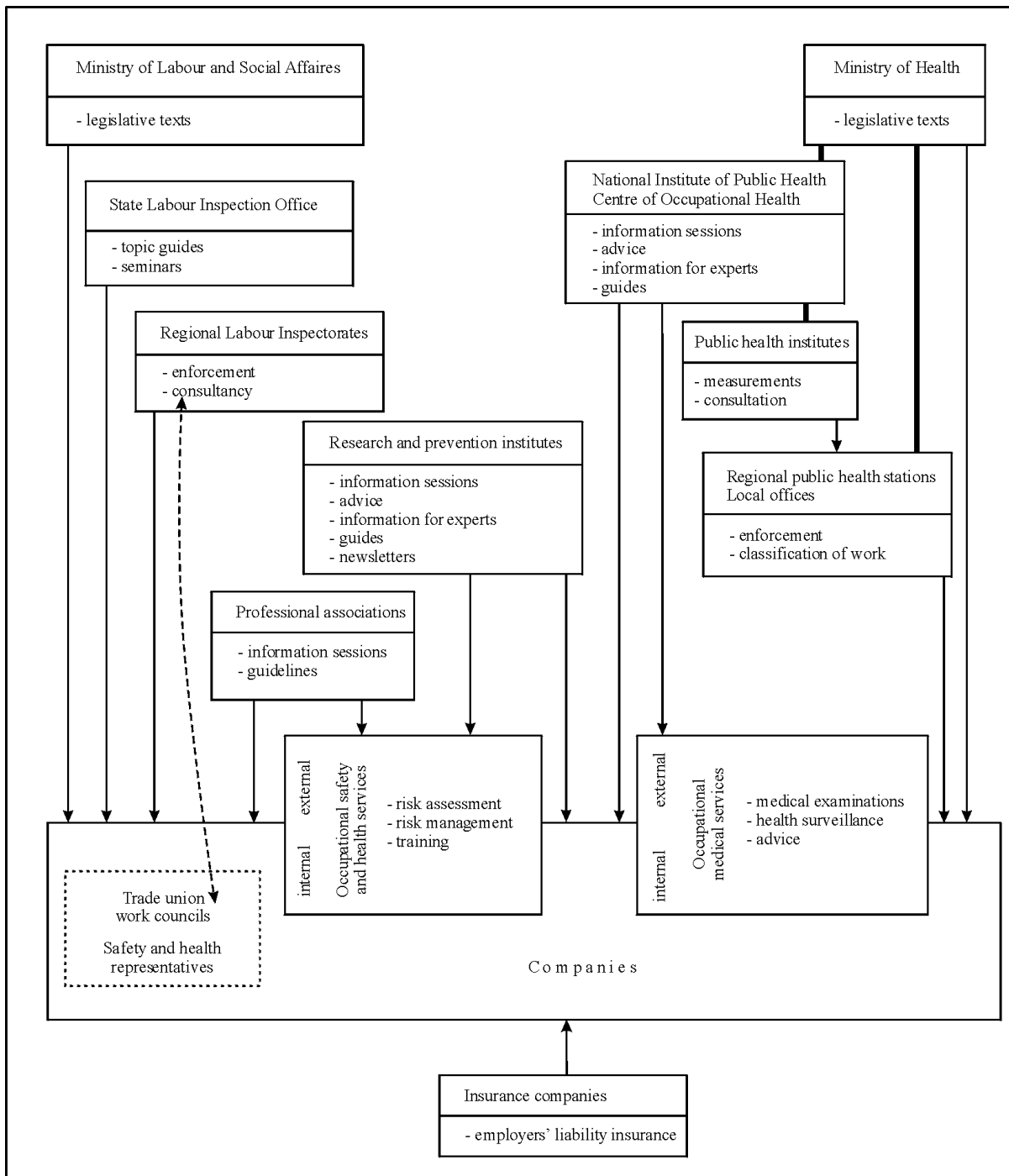
The control and enforcement standards of protection of health at work are the responsibility of the **Ministry of Health** and 14 Regional Public Health Authorities that are involved in the enforcement of occupational health legislation in the Czech Republic through occupational health inspections. The establishment of **Regional Public Health Authorities** is based on the Act on Public Health (No. 258/2000 Coll. – see Section 1.3) which determines the scope of their activities and empowerment.

**The National Institute of Public Health** is a budgetary organisation of the Ministry of Health that is responsible for national public health policy, health promotion and protection and monitoring related to public health. The institute is authorised to collect personal health-related data on individuals – e.g. data concerning safety and well-being at work, and to carry out research.

Research in the field of Czech OSH is in the competence of the **Occupational Safety Research Institute**, governed by the Ministry of Labour and Social Affairs. One of the key activities of the institute is risk prevention relating to health and safety at work. The institute also focuses on education and promotion of OSH.

Finally, **health insurance companies** have an important role in the promotion of healthy working conditions and the organisation and implementation of preventive programmes, targeting both employers and employees.

Figure 3, The OSH infrastructure in the Czech Republic on an implementation level



Source: EU-OSHA, OSHWIKI, 'OSH system at national level – Czech Republic'<sup>30</sup>

<sup>30</sup> EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Czech Republic". Available at: [http://oshwiki.eu/wiki/OSH\\_system\\_at\\_national\\_level\\_-\\_Czech\\_Republic](http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Czech_Republic) (Accessed December 2014)

## Social dialogue

The main trade unions in the Czech Republic are:

1. The **Czech-Moravian Confederation of Trade Unions** is the biggest organisation of trade unions in the Czech Republic. It brings together 29 trade unions<sup>31</sup>.
2. The **Association of Independent Trade Unions** (*Asociace samostatných odborů – ASO*)<sup>32</sup> is the second largest trade union confederation in the Czech Republic.

It should be noted that according to the OECD, trade union density<sup>33</sup> has decreased significantly in the Czech Republic from 51.5% of all employees in 1993 to 13.4% in 2012 (as a comparison, trade union density in 2012 was 17.1% on average in OECD countries)<sup>34</sup>.

Employers and entrepreneurs are represented by the following main bodies:

1. The **Confederation of Industry of the Czech Republic** (*Svaz průmyslu a dopravy ČR – SP ČR*)<sup>35</sup> is a voluntary, non-political and non-governmental organisation that represents a significant part of the Czech employers.
2. The **Confederation of Employers' and Entrepreneurs' Associations of the Czech Republic** (*Konfederace zaměstnavatelských a podnikatelských svazů ČR – KZPS ČR*)<sup>36</sup>, the second largest confederation, represents seven employers' associations from various sectors.

The Czech tripartite body – the **Council of Economic and Social Agreement** – includes representatives of the largest trade union organisations (7), of the main employers' organisations (7) and of the government (7). It largely fulfils an advisory function and its influence is rather limited in policy formulation. OSH policies are part of the agenda of the Council, including through the work of its Task Force for occupational health and safety. However, OSH-related issues have been rather marginalised in recent years in the Council's discussions. Over the last years there has been tension between the government and the main trade unions, especially due to the too close interconnection between unions' representatives and the Czech Social Democratic party. In April 2012, trade union representatives left the tripartite body opposing the decision-making style of the government (no longer in power).

## 2.3 Legislative framework

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions in relation to older workers.

Legal initiatives specifically targeting older workers are not widespread in the Czech Republic. The legislation targets older workers mainly as one amongst several other vulnerable groups and pays no special attention to their possible specific working and health needs.

### Occupational health and safety legislation

- The OSH legal framework, as set out in the **Labour Code** (Act No. 262/2006 Coll.), emphasises the responsibility of the employer to ensure a safe and healthy working environment, the general principle of risk prevention and ongoing risk assessment. No special attention is paid to older workers.
- Act No. 258/2000 Coll. on **Public Health Protection** regulates the protection of health at work and defines four categories of professional activities according to the occurrence of occupational

<sup>31</sup> ČMKOS website: <http://www.cmkos.cz/> (Accessed December 2014)

<sup>32</sup> ASO website: <http://www.asocr.cz> (Accessed December 2014)

<sup>33</sup> Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics*). Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

<sup>34</sup> OECD (Online OECD Employment database: <http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union> (Accessed December 2014))

<sup>35</sup> SP ČR website: <http://www.spcr.cz/en> (Accessed December 2014)

<sup>36</sup> KZPS ČR website: <http://www.kzps.cz/> (Accessed December 2014)



disease and exposure to risk factors<sup>37</sup>.

- Act N. 373/2001 Coll. on **Specific Health Care Services**, and Decree N. 79/2013 Coll. on **Occupational Health Services** regulate occupational health care services, which are provided by qualified and approved medical specialists. In addition to the primary providers, there are specialised hospital departments and clinics responsible for recognition of occupational diseases that are approved by the Ministry of Health. Primary occupational health service may be provided to companies by private general practitioners and occupational health specialists, either as external contracted providers or as in-house preventive care units, within the frame of the Czech public health system or as a private company. Among others, their tasks include the *promotion of work ability, promotion of adaptation of work to the individual worker, assessing fitness-for-job, participation in workplace health promotion and focusing special preventive care on vulnerable groups of workers*<sup>38</sup>.

### **Employment and labour legislation**

- Legislation on employment and/or pensions is covered mainly in the **Labour Code** (N. 262/2006 Coll.) and the **Employment Act** (N.435/2004 Coll.), which ensures special assistance to risk groups (such as older workers and people with disabilities) in their search for employment.

### **Antidiscrimination legislation**

- Specific **antidiscrimination legislation** (N. 198/2009 Coll.) enacted in 2009 refers to the need to pay special attention to age discrimination and discrimination of people returning to the labour market after a period of illness. The need to include age antidiscrimination in the law came as an outcome of an evaluation of the situation of older workers on the Czech market carried out in 2007<sup>39</sup>. With regard to workers with disabilities, the law stipulates that employers with more than 25 employees are obliged to employ individuals with disabilities to the proportion of 4% of the total number of employees. Fines should be paid to the State in case the quota is not fulfilled.

## **2.4 Pension systems and retirement age**

### **Retirement age (pensionable and actual)**

The **retirement age** has been gradually increasing since 1996 with particular emphasis on the unification of the statutory retirement age for women and men. In the previous pension system, the pensionable age of women and men differed significantly due to legislation that defined a woman's retirement age based on the number of her children. In 2008, legislation was adopted that aimed to unite and increase the retirement age for both men and women to 66 and 8 months old until 2041 (which means that the retirement age of women is now increasing more rapidly). The new legislation also calculates the age of retirement based on the insurance contributor limits. In 2012, an insured person was entitled to old-age pension if he/she had paid insurance contributions for at least 28 years. The number of years will gradually increase to 35 for those reaching retirement age after 2018.

The average effective age of exit from the Czech labour market was 59.6 for women and 61.3 for men in 2010 (ČSÚ – Czech Statistical Office 2013)<sup>40</sup>.

### **Early retirement**

**Early retirement** is frequent in the Czech Republic (and often encouraged by companies), despite the fact that one's pension is reduced in such cases. The basic condition that has to be fulfilled in the case of early retirement is an accumulation of the required period of insurance. In 2011, 22% of those entering

<sup>37</sup> EU-OSHA, OSHWIKI, "OSH system at national level – Czech Republic, as before

<sup>38</sup> Ibid.

<sup>39</sup> Krynska, E., Szukalski, P., *Active ageing measures in selected European countries – Final Report*, University of Lodz, 2013, p211.

<sup>40</sup> Information from the Czech Statistical Office (ČSÚ): [http://www.czso.cz/csu/2012edicniplan.nsf/t/F000369269/\\$File/141312557.pdf](http://www.czso.cz/csu/2012edicniplan.nsf/t/F000369269/$File/141312557.pdf) (Accessed October 2014).



retirement did not reach the statutory retirement age (ČSSZ 2013)<sup>41</sup>. New pension system reforms, however, limit the possibility to opt for early retirement.

**The reform of the pension system** is a subject of ongoing debate in the Czech Republic. New reforms were recently introduced. The retirement age is gradually increasing. The pension system is mostly based on the mandatory Pay-As-You-Go scheme and supplementary current Czech schemes with state contribution. At the end of 2011 a new second pillar was introduced that utilises privately managed pension funds. Entry into the second pillar is voluntary. These reforms still remain the subject of strong criticism (mainly due to low interest of Czech citizens in entry into the second pillar) and will probably be modified in the future.

There is a possibility for workers to receive a full or partial pension benefit while being employed on a long-term contract. This provision enables older workers to **benefit from their pension and simultaneously continue in their working career**. The system entered into force in 2010 and is enforced by the Ministry of Labour and Social Affairs<sup>42</sup>. This system replaced the former system that enabled those who reached retirement age and were receiving old-age pension benefits to only gain a fixed-term contract from their employees for a maximum one-year period. The previous system intensified the risk of unemployment and the precarious working condition of older workers. The statistics mapping the impact of the reform are not yet available. However, we can suggest that the reform could impact upon a considerable number of older workers. For example in 2007 56% of employees with a short part-time contract were old-age pensioners or people with a disability pension.

### 3 Overview of policy, strategy 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 active ageing and ensure that workers reach pension age in healthy conditions. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations to address the issue of job sustainability and healthier working lives throughout the working life, in the fields of health and safety at work primarily but also in other policy areas such as employment, public health, education, etc.

#### 3.1 Initiatives from government/government-affiliated institutions

##### *Occupational health and safety and active ageing*

In 2006, the government established an advisory body, **the Government Council for Senior Citizens and Population Ageing**. Representatives of different ministries, members of trade unions, NGOs and employers are appointed as Council members. The Council's main aim is to:

- promote both healthy and active ageing and anti-discriminatory policies;
- increase older people's employability and their involvement in society; and
- improve the condition of older people's health.

The Council can initiate and propose legislative and non-legislative measures to address important issues related to older persons and the ageing of the population. It also monitors documents from the European Union and international organisations that are relevant for issues related to ageing and older persons.

The Council prepared the **National Programme for the Preparation to Ageing for the years 2008-2012** and the **National Programme for Support to Active Ageing for the years 2013-2017**. Currently, these are the two conceptual documents defining strategies and social policy in the areas of health and safety and older workers in the Czech Republic.

<sup>41</sup> Czech Social Security Administration website: <http://www.cssz.cz/cz/o-cssz/informace/media/tiskove-zpravy/tiskove-zpravy-2013/2013-03-13-podil-predcasnych-starobnich-duchodu-z-celkoveho-poctu-starobnich-duchodu-cinil-22.htm> (Accessed October 2014).

<sup>42</sup> MPSV (Ministry of Labour and Social Affairs): Public service portal: <http://portal.gov.cz/portal/obcan/situace/183/184/4411.html#obsah> (Accessed October 2014)

The **National Programme for Support to Active Ageing for the years 2013-2017**<sup>43</sup> is a strategic document of the Czech government relating to issues of an ageing workforce. It is based on a holistic approach to ageing and refers to the idea of positive ageing as a lifelong process including all generations. It stresses the need to pay attention to the specific characteristics of people in different phases of their life (life-course approach). The document defines the participation of older people in the labour market, life-long learning and stresses the importance of prioritising the processes of improving one's health and quality of life. It highlights health promotion in every phase of life as a prerequisite to positive ageing - however, health promotion is conceptualised mainly in terms of personal life-style and no specific attention is paid to Workplace Health Promotion.

The National Programme points out the heterogeneity of the senior population, especially with respect to the impact of gender and health condition on the life-experience and inequalities in old age. However, no special attention is paid to the impact of different working conditions on health inequalities in old age. Participation of older people in the labour market is defined as one of the main priorities. The document stresses the need to develop *flexible work conditions* to support the employment of older workers<sup>44</sup>. The need to further develop the idea of '*age management strategies*' in Czech companies is mentioned among the 'specific aims' of the Czech government with respect to the ageing workforce<sup>45</sup>. The strategy includes quantitative targets.

The **National Action Plan for Health and Safety at Work for the years 2013-2014**<sup>46</sup> does not take into consideration age as a factor relevant to OSH thus an agenda for OSH and ageing workers is still missing. There is no specific strategy work programme for State Labour Inspection. The Inspection refers mainly to the National Action Plan for Health and Safety at Work as one of their reference points.

In the context of the European year of Active Ageing, the Ministry of Labour and Social Affairs and the 'Business for society' platform created the **Awards for companies employing age management and OSH good practices**<sup>47</sup> (Award for a Companies Sensitive to all Generations, Award to Senior-Friendly Company). In particular the 'Award to senior-friendly company' -part of the larger project 'Responsible Company'- promoting good practices in Czech companies, is given to companies which carry out projects supporting intergenerational cooperation among employees (e.g. mentoring), re-employment of senior employees and age-management practices. A list of awarded companies is published online along with a detailed description of their projects. The award represents one of the few possibilities for promoting good practices in Czech companies. The aim of the award is to support such good practices and to motivate companies to further improve their working conditions. According to the web page of the initiative, the number of companies registered for the award is rising every year. Škoda Auto was awarded as the senior-friendly company in 2012. In parallel, the Czech government is sponsoring a number of pilot projects aimed at raising awareness and disseminating information about age management with HR policies in companies<sup>48</sup>.

## Employment

The programme '**Jobs of social importance**'<sup>49</sup> represents a subsidised employment programme which also aims to stimulate employers to hire older workers. It is based on an agreement between the Labour Office and employers who hire long-term unemployed older workers. In such cases, the Labour Office may pay a financial benefit for the creation of such jobs. The programme was introduced as a part of Active Politics of Employment and is followed by other tools (such as programmes of requalification) for groups of higher risk of unemployment (i.e. people with disabilities, older workers). The programme is frequently used. For example in the first semester of 2012, 5,592 jobs of social importance were created

<sup>43</sup> MPSV, *Národní strategie podporující pozitivní stárnutí pro období let 2013 až 2017* (National Programme for Support to Active Ageing for the years 2013-2017), 2012.

Available at: [http://www.mpsv.cz/files/clanky/14540/III\\_vlada\\_Akcni\\_plan\\_staruti.pdf](http://www.mpsv.cz/files/clanky/14540/III_vlada_Akcni_plan_staruti.pdf) (Accessed December 2014)

<sup>44</sup> Ibid., pp.17-24

<sup>45</sup> Ibid., pp. 21-22

<sup>46</sup> *Národní akční program bezpečnosti a ochrany zdraví při práci pro období 2013-2014* (National Action Plan for Health and Safety at Work for years 2013 – 2014) 2012, Available at: <http://www.bozpinfo.cz/priloha/nap-bozp-2013-2014>

<sup>47</sup> Website of the project: <http://www.topodpovednafirma.cz/firma-vstřicna-seniorum-2013.html> (Accessed December 2014).

<sup>48</sup> Krynska, E., Szukalski, P., *Active ageing measures in selected European countries – Final Report*, University of Lodz, 2013, p214.

<sup>49</sup> MPSV (Ministry of Labour and Social Affairs): Public service portal: <http://portal.mpsv.cz/sz/zamest/dotace/apz>.

and 8,227 workers were supported by the programme (MPSV 2012)<sup>50</sup>.

### Public Health

The document **Long-term Programme for the improvement of the Health Status of the Population in Czech Republic – Health for All in the 21<sup>st</sup> Century**, which implements in the Czech Republic the WHO strategy ‘Health for All in the 21<sup>st</sup> Century’ was adopted by the government in October 2002. The document refers, in particular, to people with disabilities and chronically-ill persons. The Health 21 document formulates two targets that are relevant for the older population and sustainable working lives:

- Target 5 on “Healthy Ageing” focuses on the health status of people over 65
- Target 13 on “Setting for Health” requires companies to commit to the promotion of safer and healthier working conditions for all employees, including through addressing the needs of the older worker and promoting Workplace Health Promotion.

One of the objectives for the implementation of Health 21 is intersectoral cooperation of different policy areas to promote health and prevent illnesses<sup>51</sup>.

## 3.2 Initiatives from social partners

Czech trade unions have paid increased attention to the issues of an ageing workforce in recent years. They have carried out, mainly with the support of the European Social Fund, several projects targeting the needs of older workers. In 2012, the Czech trade unions also elaborated an **age management guide for employers** (*Zaměstnanec a věk, aneb age management na pracovišti*)<sup>52</sup>.

Representatives of trade unions, NGOs and employers’ organisations also participate in the Government Council for Senior Citizens and Population Ageing.

## 3.3 Initiatives from other organisations

The Association of Adult Education Institutions in the Czech Republic has developed in 2012 a guide entitled **Age management to work with 50+workers – methodological guide** (*Age management pro práci s cílovou skupinou 50+. Metodická příručka*), as part of the project ‘Age management strategies in the Czech Republic’ funded by the European Social Fund<sup>53</sup>.

It provides an overview of the situation of older workers in the Czech Republic, discusses the risk factors (also in relation to health) that have to be taken into account with respect to age and work ability/working conditions and examples of best practices. The guidance is targeted especially to labour office counsellors and HR personnel and contains practical educational activities.

<sup>50</sup> [http://portal.mpsv.cz/sz/politikazamest/trh\\_prace/rok2012p1/anal2012p1.pdf](http://portal.mpsv.cz/sz/politikazamest/trh_prace/rok2012p1/anal2012p1.pdf) (Accessed December 2014).

<sup>51</sup> Boukal, C., Meggeneder, O., *Healthy Work in an Ageing Europe – A European Collection of Measures for Promoting the Health of Ageing Employees at the Workplace*, 5<sup>th</sup> initiative of the ENWHP, p68.

<sup>52</sup> Available at [http://www.cmkos.cz/data/articles/down\\_3531.pdf](http://www.cmkos.cz/data/articles/down_3531.pdf) (Accessed December 2014).

<sup>53</sup> AVID, *Age management pro práci s cílovou skupinou 50+. Metodická příručka*, 2012.

Available at: [http://www.aivd.cz/sites/default/files/metodicka\\_prirucka\\_-\\_web.pdf](http://www.aivd.cz/sites/default/files/metodicka_prirucka_-_web.pdf) (Accessed October 2014)

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

The question of longer healthy working lives is tied in to the question of the return to work of sick or injured workers. Promoting the rehabilitation of workers who are suffering from a health problem, in particular in the older age groups, can help maintain a number of people in employment who may otherwise have chosen early retirement or needed a disability pension.

People with disabilities and people returning to work after a long period of illness represent one of the most vulnerable groups of the labour market in the Czech Republic and therefore, programmes for the occupational rehabilitation of workers are focused on these categories of people, with a strong emphasis on disabled workers.

The following chapter first describes the institutional system in the Czech Republic 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. 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.

### 4.1 The national system for the rehabilitation/return to work of sick/injured workers

#### **Legal and policy framework**

The Czech healthcare system is based on a **social health insurance system**, with mandatory insurance for the whole population. There were major reforms of the healthcare system in 2011 increasing the role of direct payments by patients (in the form of regulatory fees, co-payments, etc.). In addition, the sick-pay leave system was also reformed in 2011, which raised the obligation of employers with respect to sickness benefit payments. Employers are now responsible for paying the sickness benefit for a period of time (see ‘Compensation system’ below).

A reform of the **disability benefits/pensions** took place in 2010. The former two-level system was replaced by a new classification of three levels of disability. The new system significantly changed the criteria of evaluation of the level of disability and led to the decrease in the number of persons receiving those benefits. The reform was highly criticised by NGOs as well as by the National Council of Persons with Disabilities (especially due to changes in the criteria of evaluation of the level of disability that have excluded many of those who were receiving disability benefits in the previous system). In the current system, disability is classified into three levels and financial benefits differ for each level of disability.

The **Employment Act** N. 435/2004 Coll. (see 1 Section.3) sets out the basic principles for the provision of vocational rehabilitation to people with disabilities, who are classified in the legislation as a group that should receive a higher degree of protection in the labour market. Vocational rehabilitation is organised by local Labour Offices and mainly consists of vocational guidance.

The **National Action Plan for Health and Safety at Work for the years 2013-2014** (see Section 2) stresses the need to develop a new systematic approach to the return to work of people suffering a work injury, disability and long-term illness as its fifth priority<sup>54</sup>. The national action plan was approved by the Government Council for Health and Safety at Work in December 2013.

#### **Main actors and steps to rehabilitation**

All **employers** must be covered by statutory insurance for their responsibilities for any damage to their employees caused by work-related injuries or work-related illnesses. Employers are, according to the Czech legislation, responsible to *accommodate work conditions in response to the worker's abilities* and health competence or offer a different job position in case of *long-term disability proven by medical certificate*. In cases where the medical certificate proves an employee's inability to perform the previous job description, the employer is responsible to provide him/her with a new position. The medical

<sup>54</sup> MPSV, *Národní strategie podporující pozitivní stárnutí pro období let 2013 až 2017* (National Programme for Support to Active Ageing for the years 2013-2017), as before, pp 4-5.

certificate must be provided by *an occupational health specialist*. There are, however, no employers' obligations with respect to the provision of rehabilitation.

As mentioned, vocational rehabilitation for people with disabilities can be provided and financed by the **Labour Office** upon personal application. An individual plan is compiled in cooperation with a person with a disability and the Labour Office. The aim of the plan is to analyse the personal situation of the worker, his/her working limitations/potential and specific needs. Upon an agreement with the Labour Office, initial training for a suitable job can be negotiated with the employer. The training lasts for a maximum of 24 months and may be performed with an assistant's support. The Labour Office may cover all expenses related to the vocational training.

### **Compensation system**

Substantial changes in sick leave took place in 2011. The aim of the reforms was to shift the payment of sick leave in cases of short-term illnesses from the state to employers. An employee does not receive any compensatory benefits in the first three days of the sick leave. After this period the employer is obliged to pay 60% of the employee's salary in the first 21 days of illness. From the 22<sup>nd</sup> calendar day of duration of a temporary inability to work, sick leave is paid by the state.

In the case of a work-related injury or illness, the employer is obliged to pay the financial compensation in the amount of the employee's full salary. The compensation is paid also during the first three days of the sick leave that are not covered by the compensatory benefits in case of non work-related injuries and illnesses.

## **4.2 Specific initiatives or programmes**

There are several local NGOs that offer individual services supporting the process of rehabilitation and employment of people with disabilities. The focus is more on reinsertion into employment through skills development etc. although they may offer support and guidance with workplace adaptations<sup>55</sup>. Those NGOs often closely cooperate with Labour Offices (and in many ways substitute or further develop the process of Vocational rehabilitation and training for a job).

Other activities are also aimed mainly at getting people with disabilities and older workers back into employment but not at rehabilitation aimed at the retention of workers with health problems.

The project **Corporate social responsibility (CSR) of companies with respect to the employment of people with disabilities** (*Sociální pilíř konceptu společenské odpovědnosti firem, ve vztahu k zaměstnanosti OZP na volném trhu práce*)<sup>56</sup>, led by the Centrum vizualizace a interaktivity vzdělávání, s.r.o., aims to implement the concept of *Corporate Social Responsibility and Diversity Management* into Czech companies. The project focuses on those who are disadvantaged in the labour market (people with disabilities, people aged 50+, long-term unemployed people, etc.). A manual for employers on how to involve and increase the employment of such people should be elaborated together with foreign partners and national experts. The aim is to develop a system of tools for the incorporation of the idea of diversity management into Czech companies.

<sup>55</sup> For example NGO FOSA o.p.s (<http://www.fosaops.org/>) or NGO Asistence o.s. (<http://www.asistence.org/novinky>) that provide, requalification and work training for people with disability living in Prague and in Central Bohemia Region as well as assistance for their employers (websites accessed December 2014).

<sup>56</sup> Website of the project: <http://www.spcsr.cz/> (Access December 2014).



## 5 Conclusions

### General context

#### Facts and figures

- The process of population ageing in the Czech Republic shares very similar features with the overall EU population. The Czech Republic has a very similar age structure compared to the EU-27 average, with a slightly lower share of the older age group (65+). Ageing of the Czech population is predicted to continue and the old-age dependency ratio will increase from 25% in 2012 to 50% in 2060. This means that, whereas in 2012 there were four active persons for every 65 year old, in 2060 there will be only two.
- While life expectancy is lower in the Czech Republic than in average in the EU (by two years), the number of 'healthy life years' of Czech men and women at the age of 65 was, in 2011, close to the EU average.
- The Czech employment rates of the different age groups and their development over the past 10 years are similar to the EU-average. The employment rate of older workers (55-64) has mildly increased in the past three years and is slightly higher (51.6%) than the EU-27 average.
- Satisfaction with working conditions among older workers in the Czech Republic is higher among older workers than among younger workers although the share of workers reporting that their work affects their health negatively increases with age.
- The average age of exit from the Czech labour market was 59.6 for women and 61.3 for men in 2010 (ČSÚ 2013)<sup>57</sup>. Early retirement is still frequent in the Czech Republic (22% of people entering retirement in 2012 did not reach the statutory retirement age) despite the penalty for early retirement that was recently tightened.

#### The legal and institutional context

The responsibilities for occupational health and safety in the Czech Republic are shared between the Ministry of Labour and Social Affairs (more focused on occupational safety and issues related to wages, employment, social security, etc.) and the Ministry of Health (responsible for occupational health and the promotion of health at the workplace).

While social dialogue generally contributes to an improvement of working conditions, the main tripartite body, the Council of Economic and Social Agreement, seems to have been neglecting discussions on OSH-related matters over the past few years.

Legal initiatives specifically targeting older workers are not widespread in the Czech Republic. The legislation targets older workers mainly as one amongst several other vulnerable groups and pays no special attention to their possible specific working and health needs.

### OSH and older workers

Several significant reforms took place recently in the Czech Republic in response to the ageing of the population. Those initiatives, however, focused mainly on the longer and more intensive *participation of older workers on the labour market* without the emphasis on the quality of working condition or health aspects. Reforms of the pension system increased the statutory retirement age and eliminated some of the barriers to working after retirement age. Some of the measures that intensified the precarious working condition of older workers (especially the inability to gain long-term contracts and simultaneously receive pension benefits) were eliminated. Overall, initiatives related to older workers are more oriented towards *promoting their employment and fighting age-discrimination*. The possible specific working and health needs of older workers represent only a minor topic in the discussion concerning the issues of ageing in the Czech Republic.

The Government Council for Senior Citizens and Population Ageing, established in 2006, prepares a

<sup>57</sup> Information from the Czech Statistical Office (ČSÚ): [http://www.czso.cz/csu/2012edicniplan.nsf/t/F000369269/\\$File/141312557.pdf](http://www.czso.cz/csu/2012edicniplan.nsf/t/F000369269/$File/141312557.pdf) (Accessed October 2014)

specific national programme on the issue of ageing for every four years. The existence of the Council and the periodic evaluation of the national programmes indicate the growing attention paid to the issues of ageing in the Czech Republic. Compared to the previous version of National programmes, the current *Programme for the Support of the Positive Ageing for years 2013-2017* pays more attention to OSH matters and stresses the need to develop flexible work conditions for older workers. In addition it promotes the adoption of a “life-course approach”, paying attention to the person at all different stages of life.

In recent years, awareness of the importance of *age management policies* has increased significantly among employers and trade unions in the Czech Republic. The idea of age management is, however, mainly conceptualised as a form of policy that is focused on the promotion of a longer and more active employment of older workers and the emphasis on the holistic approach to specific needs of individual employees in different phases of their life is accented only partially.

In conclusion, the idea of diversity management has a rather short tradition in Czech society and more practical support may be needed to introduce such policies in their complexity.

### **Rehabilitation/return-to-work**

The Czech Republic is rated by the OECD as one of the countries with comparatively underdeveloped rehabilitation policies, making it a compensation-oriented system rather than a rehabilitation-oriented system<sup>58</sup>. Vocational rehabilitation can be provided and financed by the Labour Office upon personal application and is often supported by local NGOs that offer individual services supporting the process of rehabilitation. In the Czech Republic, rehabilitation in general is conceptualised mainly as a social security issue in terms of the *reemployment of people whose disability is proven* by medical certificate. Unfortunately, it is quite customary for Czech employers to prefer to pay a financial penalty to actually employing people with disabilities, which is why support to vocational rehabilitation is greatly needed for people with disabilities. One of the reasons could be the lack of information and awareness concerning the advantage and practice of diversity management.

Initiatives focused on the sustainable return to work of sick/injured workers are still missing in the Czech Republic. Little seems to have been done in this area in recent years. The Labour Code defines employers' responsibilities only in cases of work-related injuries or illnesses. In that case employers have to accommodate work conditions in response to worker's abilities and health competence or offer a different job in case of long-term disability proven by medical certificate. Comprehensive policies and programmes focused on the process of rehabilitation and return to work for all workers are still missing in the Czech Republic.

### **General conclusion**

In the Czech Republic, there is a limited policy framework in place to promote safer and healthier working conditions for older workers and age management despite an important push in the recent years to increase their employment rate. Similarly, support for rehabilitation/return-to-work is provided to a limited number of people, those with a recognised disability, and there is a lack of programme supporting workers who have suffered an injury or disease to go back to work quickly.

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<sup>58</sup> OECD, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010, p89.

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**The European Agency for Safety and Health at Work (EU-OSHA)** contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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