

# Safer and healthier work at any age

## Country Inventory: Latvia

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## Abbreviations

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
ESF:	European Social Fund
GP:	General practitioner
HR:	Human resources
ILO:	International Labour Organization
LBAS:	Latvijas Brīvo arodbiedrību apvienība (Free Trade Union Confederation of Latvia)
LDDK:	Latvijas Darba devēju konfederācija (Employers' Confederation of Latvia)
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage points
RTW:	Return to work
VSAA:	Valsts Sociālās Aprdošināšanas Aģentūra (State Social Insurance Agency)
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 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 Latvia, 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 Latvia, 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 Latvia 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 Latvia 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 Latvia 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 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**

	Latvia	EU-28
Median age 2013 (2060)	42 (43)	42 (46)
Share of population aged 55 to 64 years (2013)	13%	13%
Share of population aged 65+ (2013)	19%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	28% (51%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	55% (+13 p.p.)	50% (+10 p.p.)
Official Retirement age <sup>6</sup>	62	
Effective retirement age (2012) <sup>7</sup>	64.5(f)/65.2(m) <sup>8</sup>	60.9(f)/62.3(m) <sup>9</sup>
Share of pensioners (50-69) who quit working for health or disability reason (2012)	26%	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> See section 1.4 on Pension system.

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

<sup>8</sup> Data refers to 2011

<sup>9</sup> These figures refer to the EU-27

	Latvia	EU-28
Pension expenditures (% of GDP) (2011*)		
All pensions		8.6%      13.0%
Old-age pensions		7.4%      9.5%
Disability		0.9%      0.9%
Pension expenditures (% of GDP) (2011*)		
All pensions		8.6%      13.0%
Old-age pensions		7.4%      9.5%
Disability		0.9%      0.9%
Life expectancy at 65 years, in years (2011)	16.6	19.7
Women		18.7      21.3
Men		13.4      17.8
Healthy life years at the age of 65 ( and 50) (2011)		8.6 (17.7)
Women		5 (13)      8.6 (17.9)
Men		4.8 (12.1)      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)	9.4%	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	9.2% (6.1%)	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	36.2% (26.5%)	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)	62%	60% <sup>11</sup>
Women		90%      64%
Men		35%      56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 <sup>12</sup> (2010)	58%	71% <sup>13</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>14</sup> (2013)	20%	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

<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> 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>12</sup> Source: European Working Conditions Survey 2010

<sup>13</sup> This Figure refers to the EU-27

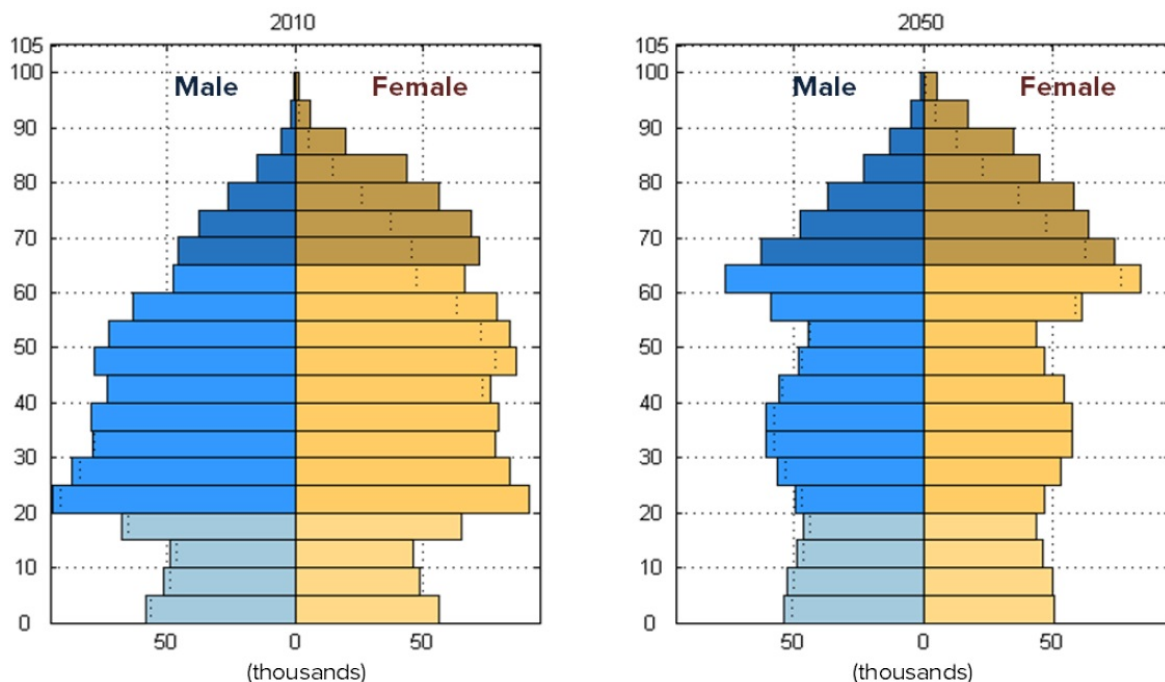
<sup>14</sup> Source: European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet on Latvia. Available at: [http://ec.europa.eu/public\\_opinion/flash/fl\\_398\\_fact\\_lv\\_en.pdf](http://ec.europa.eu/public_opinion/flash/fl_398_fact_lv_en.pdf) (accessed December 2014).



Latvia's population has been continuously ageing since 1970. From 34 years in 1970 the median age rose to 42 years in 2013. This was the same median age as the EU average in 2013<sup>15</sup>. 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 years and above) increased from 12% in 1990 to 19% in 2013 (EU-28: 18% in 2013). The share of the age group 55 to 64 years also increased from 12% in 1990 to 13% in 2013 (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group "65+" will increase from 19% of the total population in 2013 to 28% 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 (except for age group 60-65) 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, Latvia Country Implementation Profile<sup>16</sup>.

### Labour market participation

The employment rate of 55 to 64-year-olds in Latvia increased between 2000 and 2008 (in part because of the increase in retirement age). In 2008, it was even higher than the EU average rate for this group (59% in Latvia and 46% on EU average). However, between 2008 and 2010 this rate decreased (probably because of the economic slowdown) and has, since then, been recovering, but in 2013 was still only at 55%. This was still higher than the EU average of 50% in 2013.

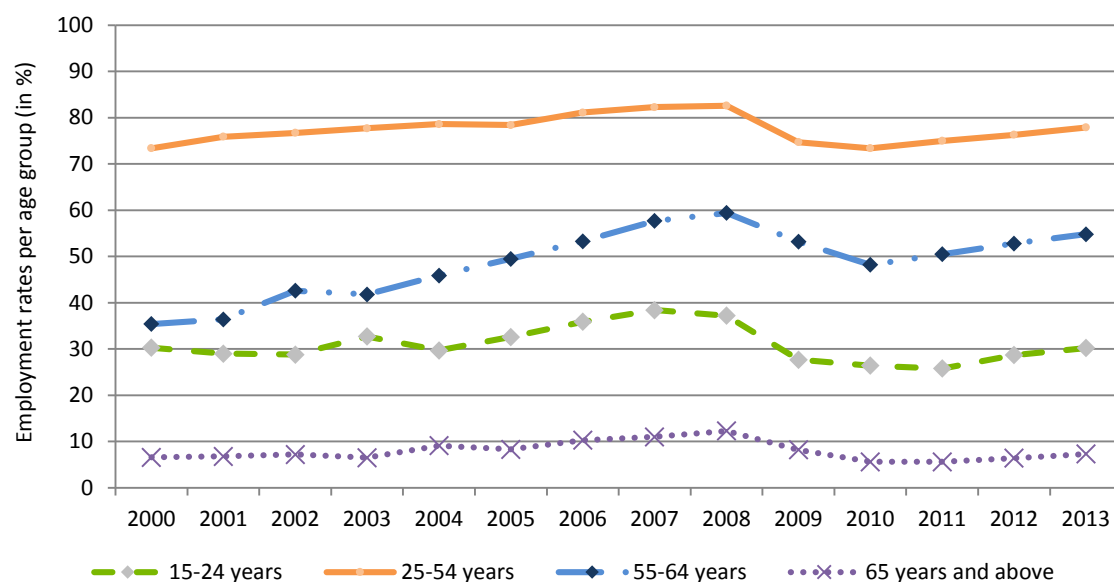
The employment rates of the other three age groups (15-24 years old, 24-54 years old and 65 years and above) all followed a similar evolution (rise until 2008, strong decrease between 2008 and 2010 and slight increase since), but the employment rate of 55 to 64-year-olds rose stronger than that of the other groups.

<sup>15</sup> Source: Eurostat population statistics 2013, structure indicators.

<sup>16</sup> International Conference on Population and Development Beyond 2014, Latvia Country Implementation Profile. Available at: <http://icpdbeyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

The employment rate of the oldest age group (65 years and above) rose to twice the EU average level (12% compared to 5% on EU level) in 2008, but in 2013 was only slightly higher (7% compared to 5% on EU average).

Figure 2, Employment rates per broad age groups, trend 2000-2013, residents in Latvia, 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 (5<sup>th</sup> EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,<sup>17</sup> the following conclusions can be drawn with regard to the working conditions of older workers<sup>18</sup> in Latvia:

- A higher share of older workers reported that they had to *carry heavy loads* at least a quarter of their working time in Latvia (38%) than across the EU-27 (32%) in 2010.
- The share of older workers who reported having to work in *tiring or painful positions* most of the time was higher in Latvia (20%) in 2010 than across the EU (16%).
- Latvian older workers are also more exposed to *shift-work* than older workers across the EU (21% in Latvia compared to 14% across the EU). The share of older workers who had to *work at night* once or more per month was higher in Latvia (21%) than across the EU (16%) in 2010.
- The share of older workers who reported that their *working hours fitted their private life well or very well* increased in Latvia between 2000 (72%) and 2010 (79%). However, in 2010, it was still slightly lower than on EU level (85%).
- 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) in Latvia decreased after the age of 50 years in 2010 and was lower than across the EU (23% of older workers in Latvia compared to 27% of older workers in the EU in 2010).
- In Latvia, a lower share of older workers receives *on-the-job training* compared to the EU average (23%, compared to 26% EU average).

<sup>17</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>18</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.

- The share of Latvian older workers who found that their *work affected their health negatively* was considerably higher than the EU average in 2010: In Latvia, this share was 56% while across the EU it was 27%.
- Older workers in Latvia are less *satisfied with their working conditions* than the average EU older workers. In 2010, 72% of Latvian older workers reported they were satisfied with their working conditions, while the EU average for this age group was 84%.
- The share of older workers who thought that they would be *able to do their current job at the age of 60* was higher in Latvia (77%) than across the EU (71%) in 2010.
- In Latvia, 20% 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). Six percent of those that responded did not know whether their workplace had been adapted to older workers<sup>19</sup>.

### Health

In 2011, estimations showed that Latvian men of the age of 65 years had a *life expectancy* of around 13.4 additional years<sup>20</sup>, which is substantially lower than the EU average – 17.8. Only 5 of these were estimated to be “*healthy life years*”.<sup>21</sup> Women of the age of 65 had a life expectancy of 18.7 additional years (21 years in the EU) but only 5 “healthy life years”. The number of “healthy life years” in Latvia is significantly lower than the EU average for both genders – 8.6 years.

The *perceived health status* among employed persons in Latvia 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
<b>Employed</b>	1.5%	6.1%	9.2%	12.4%

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth\_silc\_01]

As shown in Table 3, the share of Latvian workers between the age of 55 and 64 years who reported that they suffered from *work-related health problems* was similar to the EU average for the same age group in 2007.<sup>22</sup>

<sup>19</sup> European Commission, *Flash Eurobarometer on Working Conditions – Fact sheet for Latvia*, 2014. Available at: [http://ec.europa.eu/public\\_opinion/flash/fl\\_398\\_fact\\_lv\\_en.pdf](http://ec.europa.eu/public_opinion/flash/fl_398_fact_lv_en.pdf) (Accessed December 2014)

<sup>20</sup> Eurostat 2013 'Life expectancy by age and sex' [demo\_mlexpec]

<sup>21</sup> Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth\_hlye).

<sup>22</sup> 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 Latvia and EU-27, by age group**

LV 25-34 yrs	2%
LV 35-44 yrs	3%
<b>LV 45-54 yrs</b>	<b>5%</b>
<b>LV 55-64 yrs</b>	<b>9%</b>
<b>Men</b>	<b>11%</b>
<b>Women</b>	<b>8%</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>23</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.

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 **Error! Reference source not found.**).<sup>24</sup> Compared to the EU average, these are even more prevalent in Latvia, even though their importance decreases slightly with age. Stress, depression and anxiety disorder also decrease with age. It also appears that in Latvia there is a marked difference between disease prevalence among men and women.

**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>25</sup>**

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	<b>Total (EU-27*)</b>	4.2 (2.9)	65.9 (60.9)	20.6 (16.4)	:
	Women	5.8	56.5	28.6	:
	Men	:	90.1	:	:
45-54 yrs.	<b>Total (EU-27*)</b>	9.6 (6.2)	63.8 (61.3)	5.6 (13.5)	11.6 (4.7)
	Women	15.5	65.3	3.9	5.5
	Men	3.6	62.2	7.4	18.0
55-64 yrs.	<b>Total (EU-27*)</b>	4.3 (11.3)	61.9 (59.9)	5.8 (9.2)	7.3 (5.8)
	Women	4.7	90.0	:	3.5
	Men	3.9	35.3	11.3	10.9

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

<sup>23</sup> See Eurostat Evaluation Report AHM 2007, p. 26, available at:

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

<sup>24</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>25</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>

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.  
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**Definition of older workers**

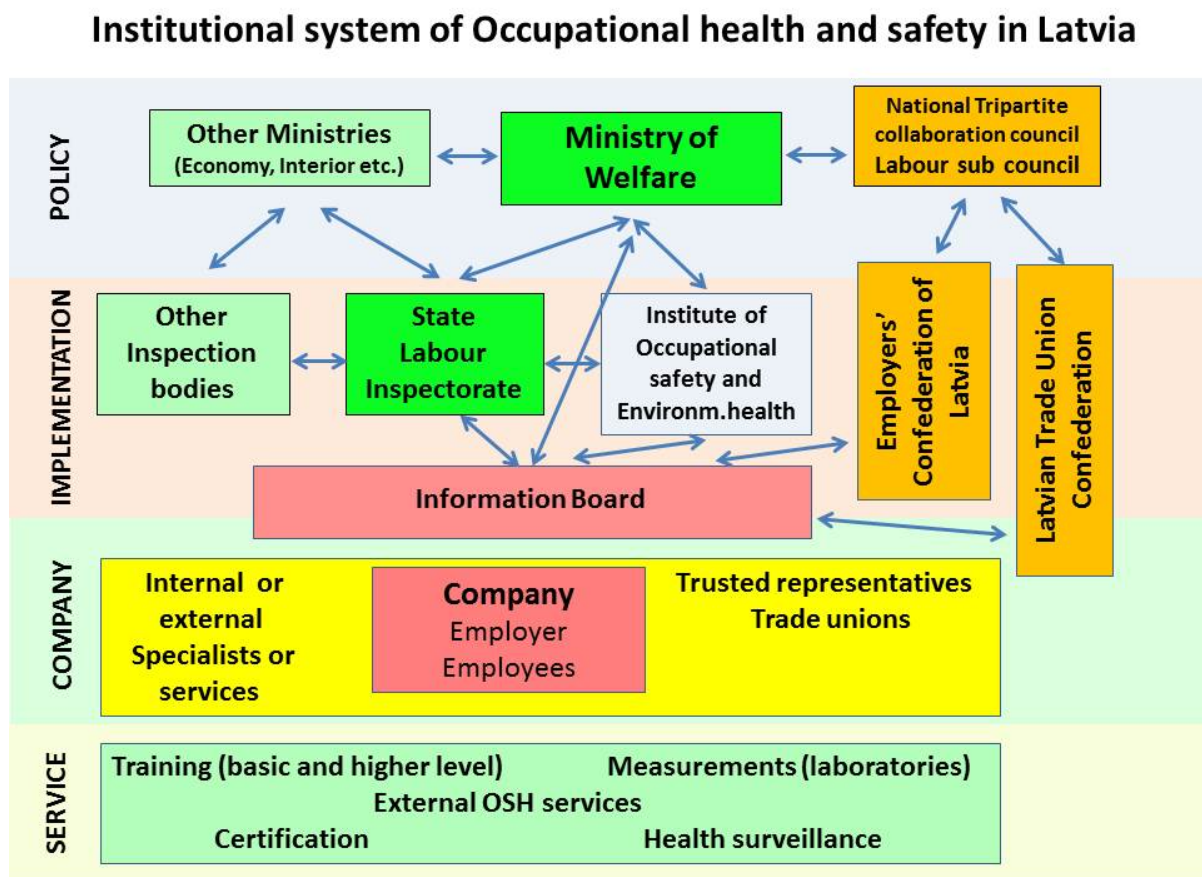
There is no comprehensive definition of ‘older worker’ in Latvia. Most documents refer to persons over the age of 50. For example, an initiative for older workers established by the Ministry of Welfare is accessible to workers over the age of 50 (details on the initiative are discussed below in section 2.1); a training scheme for older workers initiated by the IT company Lattelecom is also accessible to workers over the age of 50.

**1.2 Institutional structure for health and safety at work**

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

**Overall Structure**

Figure 3, The OSH infrastructure in Latvia on an implementation level



Source: EU-OSHA, OSH WIKI “OSH system at national level – Latvia”<sup>27</sup>

<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>

<sup>27</sup> EU-OSHA – European Agency for Safety and Health at Work, OSH WIKI, “OSH system at national level – Latvia”. Available at: [http://oshwiki.eu/wiki/OSH\\_systems\\_at\\_national\\_level\\_-\\_Latvia](http://oshwiki.eu/wiki/OSH_systems_at_national_level_-_Latvia) (Accessed October 2014)

- The **Ministry of Welfare** has the primary responsibility for health and safety at work and provides the strategic framework for OSH in Latvia. It is the Ministry's responsibility to formulate state policy in the field of labour protection and coordinate its implementation.
- The **Ministry of Health** is also relevant for OSH. The Ministry of Health is responsible for the provision of healthcare, including the rehabilitation of workers. More concrete competencies are delegated to the subordinate executive agency National Health Service (NHS) Latvia.
- The **State Labour Inspectorate** (SLI – Valsts Darba Inspekcija) supervises compliance with both labour protection law (the Latvian OSH legal act) as well as the labour law. Inspections regarding minimum standards at the workplace are also carried out by the regional offices of SLI. The legal status, function, tasks and the operational procedure of the State Labour Inspectorate are defined in the State Labour Inspectorate Law adopted on 19 June 2008<sup>28</sup>
- **State Social Insurance Agency** (Valsts Sociālās Aprdošināšanas Aģentūra –VSAA)<sup>29</sup> is the institution responsible for addressing questions about the pension system, including disability pensions; and is also responsible for organising compulsory insurance in respect to accidents at work and occupational diseases.
- **Institute for Occupational Safety and Environmental Health** (Darba drošības un vides veselības institūts)<sup>30</sup> at the Riga Stradiņš University is an academic, scientific and training institution. It is the only OSH institute in Latvia and also takes part in drafting legal acts and strategic documents. It is coordinating and organising OSH training at national level.
- **National Health Service Latvia** (Nacionālais veselības dienests) is an executive institution under the Ministry of Health. Relevant to rehabilitation/return to work, the NHS processes and returns the funds for rehabilitation if a worker has been eligible for the support.

### **Social Dialogue:**

Social dialogue at national, sectorial and company level has a long lasting history in Latvia; however social partnership, as an instrument of regulation for industrial relations lacks real efficiency and power. Social dialogue is mostly focused in areas such as social and economic policy and relations between employers and employees and only seldom extends to occupational safety and health<sup>31</sup>. Nevertheless, legal acts and strategic documents are drafted with the involvement of the social partners and the OSH Institute at Riga Stradiņš University.

The main organisations involved in the social dialogue at national level in Latvia, inter alia, include:

- **Employers' Confederation of Latvia** (Latvijas Darba devēju konfederācija, LDDK) is the main social partner representing the interests of employers and carries out negotiations on their behalf with the Latvian Parliament, the Government and the workers' confederation. The LDDK is involved in drafting legal acts and strategic documents.
- **Free Trade Union Confederation of Latvia** (Latvijas Brīvo arodbiedrību apvienība, LBAS) is the largest organisation in Latvia representing and protecting the interests of trade union members. It covers a wide range of activities such as elaborating and evaluating draft legislation and programmes, participating in working groups on improvement of working conditions, salaries etc.

The two main social partners have a formal agreement on cooperation and social dialogue since 2004, when the **National Tripartite Coordination Council** (Nacionālā trīspusējās sadarbības padome (NTSP)) was also established, but the tradition of cooperation predates the formal agreement. The NTSP coordinates the social dialogue between the government and the two main social partners. A sub-Council formation, the **Council of Trilateral Cooperation on Labour Matters** (Darba lietu trīspusējā sadarbības apakšpadome), deals with matters related to OSH. The main tasks of this sub-formation is to promote collaboration of state, employers and employees in the area of occupational safety and

<sup>28</sup> EU-OSHA, OSH WIKI, "OSH system at national level – Latvia", as above.

<sup>29</sup> VSAA website in Latvian and English: <http://www.vsaa.lv/> (Accessed October 2014)

<sup>30</sup> Institute for Occupational Safety and Environmental Health website: <http://www.rsu.lv/eng/science-and-research/research-organisation/structure/institutes-and-laboratories/institute-for-occupational-safety-and-environmental-health> (Accessed October 2014)

<sup>31</sup> EU-OSHA, OSH WIKI, "OSH system at national level – Latvia", as above.

health, legal issues of labour relations and equal opportunities in the area of labour rights. It also provides information and training to employers and employees in OSH matters and works to facilitate cooperation at regional and sector level<sup>32</sup>.

Finally, the interests of pensioners are protected in Latvia by the **Latvian Pensioner's Federation** (Latvijas Pensionāru Federācija).

### 1.3 Labour, OSH and anti-discrimination legislation

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

In Latvia, instead of the commonly used term 'occupational safety and health', the term 'labour protection' is used to describe safety and health of employees at work. This vocabulary has remained in use still since the Soviet Union.

#### **Occupational health and safety legislation**

The overarching Latvian legal act directly dealing with OSH is the **Labour Protection Law** (first adopted in November 2003; current version from March 2010). Apart from transposing the EU Framework Directive 89/391, it constitutes the core of the OSH legislative framework in Latvia. There are more than 20 additional different Regulations, issued by the Cabinet of Ministers, that explain in more details the particular requirements that are foreseen by the Labour Protection Law, i.e. Regulation No 660 "Procedures for the Performance of Internal Supervision of the Work Environment"<sup>33</sup>. The primary responsibility for ensuring proper working conditions in a company is carried by the employer according to the Labour Protection Law. The employer has to provide an adequate OSH system at each undertaking with at least one employee. Risk assessment includes addressing hazards that any particularly sensitive groups may specifically face, as per the Framework Directive.

According to the Labour Law, a night worker has the right to undergo regular health examinations every two years, and once-a-year for night worker over the age of 50. Employers have to cover the expenditures related to those examinations<sup>34</sup>. Other age-specific requirements exist in relation to more frequent health examinations (e.g. electrocardiograms, eye exams, blood exams, etc.) for workers of a certain age, e.g. 40+, 55+, 60+, depending on the occupation (e.g. truck drivers) or exposure to specific risks (e.g. manual handling of loads, night work or stress).

#### **Labour legislation**

The Latvian **Labour Law** (first adopted in June 2006, current version October 2014) is the overarching legal act for employment and the labour market. The Labour Law includes certain provisions relevant to OSH, for example it establishes healthy working conditions as a principle of equal rights; lays down the duties and rights of employee representatives; deals with health examinations; vulnerable workers; breaks during working-time.

#### **Antidiscrimination legislation**

The **Labour Law** also transposes EU Directive 2000/78/EC (general framework for equal treatment in employment and occupation) which covers age and disability, including the provision of reasonable accommodation by employers for disabled workers. According to Article 91 of Satversme, the **Constitutional Law** of Latvia, all persons in Latvia are equal before the law and courts. Human rights shall be observed without discrimination of any kind. The Labour Law and the Constitutional Law allow for distinction made on the bases of age only if it can be objectively justified and/or is a result of a

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<sup>32</sup> For more information visit the website of the [Latvian Focal Point for the European Agency for Safety and Health at Work](#) (Accessed October 2014)

<sup>33</sup> EU-OSHA, OSH WIKI, "OSH system at national level – Latvia", as above.

<sup>34</sup> Labour Law, chapter 32 'Organisation of working time', Section 138, Night Work.

genuine occupational requirement.

## 1.4 Pension system

The Latvian pension system is based on the '**Law on State Insurance**' (first adopted in January 1998; current version from December 2014)<sup>35</sup>. More specific provisions are included in the 'Law on State Pensions'<sup>36</sup> and the 'Law on Private Pension Funds'<sup>37</sup>. The pension system is based on the amount of employer and employee contributions to the state pension fund (the higher the contribution, the higher the pension upon retirement).

According to the State Social Insurance Agency<sup>38</sup>, the legal retirement age in Latvia is 62 years of age (both for men and women), who have paid social insurance contributions for a minimum of 10 years. The retirement age will gradually increase until 65, by 1 January 2025. Until 31 December 2013, pensionable retirement age (for both men and women) is 60 (two years before actual) and will gradually increase till 63. According to the OECD, the effective retirement age in 2011 in Latvia is 64.5 for women and 55.2 for men<sup>39</sup>.

Working pensioners are entitled to a full (taxable) salary and a full pension. This has however been a matter for debate. In 2009, in the midst of the financial crisis, an amendment to the Law of State Pensions was introduced that effectively made people either retire or return to work, not giving them the right to simultaneous pay. The amendment reduced the pension of working pensioners by 70% and pensions overall by 10%. This amendment followed a wide debate on working pensioners with a view to reduce costs, whereas the underlying rationale was freeing up work places for younger workers. The debate revolved around the restrictions on the amount of pension pensioners were entitled to, after re-entering the workplace. In December 2009 this amendment was declared unconstitutional by the Constitutional Court and was revoked.

**Early retirement** is possible under specific conditions:

- For persons that have paid social insurance contribution for a minimum of 30 years.
- For persons that took part in the Chernobyl clean-up (from the age of 57).
- Under certain conditions, for persons employed in dangerous or harmful professions/working conditions (from the age of 57).
- Persons with disabilities.
- Persons who have brought up 5 or more children, or children with disabilities.

In 2009, early retirement pensions were cut from 80% to 50% of the value of a person's old-age pension to discourage early exit from the labour market. However, the share of early retirees remains high and even increased in 2009/2010<sup>40</sup> suggesting that the measure adopted did not address the causes pushing people to retire early.

<sup>35</sup>Latvian and English versions of the Law available at: <http://likumi.lv/doc.php?id=45466> (Accessed October 2014)

<sup>36</sup>Latvian and English versions available at: [http://likumi.lv/doc.php?id=38048&menu\\_body=KDOC](http://likumi.lv/doc.php?id=38048&menu_body=KDOC) (Accessed October 2014)

<sup>37</sup>Latvian and English versions available at: [http://likumi.lv/doc.php?id=44006&menu\\_body=KDOC](http://likumi.lv/doc.php?id=44006&menu_body=KDOC) (Accessed October 2014)

<sup>38</sup>VSAA website in Latvian and English: <http://www.vsaalv.lv/> (Accessed October 2014)

<sup>39</sup> Source: OECD estimates on the "[average effective age of retirement versus the official age, 2007-2012](#)"

<sup>40</sup> 'EEO review: Employment policies to promote active ageing', European Employment Observatory, 2012.



## 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 Latvia to address the issue of work sustainability and healthier working lives.

### 2.1 Initiatives from government/government-affiliated organisations

#### **Occupational health and safety policies**

*National Health and Safety at Work Strategy (2008-2013)*

The **Latvian Ministry of Welfare** has developed, since 2008, various strategic and policy documents in the context of the National Health and Safety at Work Strategy.

In April 2008, the Cabinet of Ministers adopted the *Strategy for the development of the labour protection field 2008-2013*<sup>41</sup>, based on some of the requirements of the EU strategy 2007-2012<sup>42</sup>. The main objective of the strategy was a safe and healthy work environment that would promote job retention, the improvement of economic conditions and an increase of the level of welfare. More precisely, the four core objectives of this Strategy were to:

- Improve the planning of labour protection policy by involving the National Institute of Work Environment,
- Enhance the state monitoring and control mechanism,
- Establish a preventive culture for OSH mainly through awareness raising,
- Certify that economic incentives offered to employers by the state contribute to the improvement of the work environment and working conditions<sup>43</sup>.

One specific feature of the strategy was describing the situation and setting general objectives for the period of 2008-2013. The Cabinet of Ministers also adopted two supportive documents that aimed to provide more details on the basis of the Strategy; a more detailed programme for the 2008-2010 period, and a detailed plan for the 2011-2013 period. Neither the *Programme for development of labour protection field 2008-2010*<sup>44</sup>, nor the *Programme for development of labour protection field 2011-2013*<sup>45</sup> explicitly mentioned 'older workers'. MSDs were recognised occupational diseases and psychosocial risks as an emerging and increasingly important risk.

The Programmes incorporated early intervention and the enhancement of a preventive culture, including workplace health promotion, but did not directly refer to age management, nor address rehabilitation. *Work ability* was mentioned in the context of explaining the penalty system in Latvia regarding violations of occupational health and safety regulations; ensuring the ability to work was a general and overarching objective of the strategy and OSH policy. One of the aims of the facilitation of the 'preventive culture', as written in the 2011-2013 plan<sup>46</sup>, was to enable a *longer working life*. In the 2011-2013 plan, new emphasis was given to the ability to work as an overarching objective, in the context of extending working life.

<sup>41</sup> Strategy for the development of the labour protection field 2008-2013, adopted on 17.04.2008. by Cabinet of Ministers, available in English at: [http://www.lm.gov.lv/upload/legislation/leg\\_health\\_1.pdf](http://www.lm.gov.lv/upload/legislation/leg_health_1.pdf) (Accessed October 2014)

<sup>42</sup> Depending on the translation, the Strategy is commonly also referred to as 'Common Guidelines for Facilitation of Safety at Work 2008-2013' - both refer to the same policy document. The 2008-2013 strategy is preceded by a strategic document covering the 2001-2006 period.

<sup>43</sup> EU-OSHA, OSH WIKI, "OSH system at national level – Latvia", as above.

<sup>44</sup> Programme for development of labour protection field 2008-2010, adopted by Cabinet of Ministers, available in Latvian at: [http://www.lm.gov.lv/upload/darba\\_tirgus/darba\\_aizsardziba/lmprog\\_pienemta.doc](http://www.lm.gov.lv/upload/darba_tirgus/darba_aizsardziba/lmprog_pienemta.doc) (Accessed October 2014)

<sup>45</sup> Ibid.

<sup>46</sup> Work protection development plan 2011-2013., p. 8

### *Institute of Occupational Safety and Environmental Health*

The **Institute of Occupational Safety and Environmental Health** at the Riga Stradiņš University does not have a dedicated strategy/work programme. The website of the Institute outlines the main functions and aims of the institute. The main objectives of the institute are to: study and improve the working environment; early diagnosis of occupational diseases; *rehabilitation and return return-to to-work* of the affected individuals; improvements in health conditions, *ability to work, and quality of life* of the working population<sup>47</sup>. There is no concrete explanation on how these objectives will be achieved in practice. The institute plans to achieve these objectives through: research; education of students, workers and employers; awareness raising campaigns; participation in EU-funded relevant projects; participation in relevant government-funded projects; keeping and updating a database on occupational diseases and health and safety risks. The Institute is the National Contact Office for the European Network for Workplace Health Promotion.

Since 2006, the Institute is carrying out surveys on '*Working conditions and risks in Latvia*', with co-financing from the ESF. The surveys have been conducted in 2006, 2010 and 2013 and involved each time about 2500 interviews of workers. The 2012-2013 survey<sup>48</sup> concluded that, while the situation in the field of labour protection improved between 2006 and 2010, a number of key indicators of labour protection (such as the number of fatal occupational accidents or the rate of risk assessment in companies in dangerous sectors) have been stagnating or have even regressed since 2010. Although age aspects are not specifically analysed, data is available by age. For instance, the survey shows that 52% of 55-64 year olds have long-term health effects (> 6 months) that influence their everyday life; out of these, 55% report that these effects are consequences of working conditions.

### **Public health policies**

Other related strategic documents include the *Public Health Strategy* and its *Action Plan for 2004-2010*<sup>49</sup>, and the subsequent *Public Health Strategy for 2011-2017*<sup>50</sup>, a comprehensive policy document that was prepared by the **Ministry of Health** and adopted by the Cabinet of Ministers in October 2011. The enhancement of healthy work conditions throughout a person's working life is promoted through the 'preventive culture' approach. Both documents introduce OSH in sections on problem definition as a health determinant; and then refer and divert to the OSH-specific documents discussed above.

### **Employment policies**

#### *Active labour market policies*

In the 2007-2013 period, 'Equal opportunity regardless of age' has been included as a horizontal priority for the use of **EU structural funds**. The objective of this priority has been to increase the participation of older workers in the labour market. In all stages of implementation of EU structural funds there is a criterion for benchmarking the labour market participation of older people. According to the Eurofound 2013 report on the '*Role of governments and social partners in keeping older workers in the labour market*', the success of this instrument has been impaired by the fact that older workers form only a minor share (6%) of all project beneficiaries in the use of structural funds. Information was not available on whether or not and how OSH for older workers is considered, and to date no formal evaluation of the initiative has been carried out.

Latvia tries to facilitate the inclusion of older workers into the job market by providing direct wage subsidies for employers recruiting older workers. For example, with co-financing from the European Social Funds (ESF), the Latvian Government directly supports the wages of previously unemployed individuals in Latvian enterprises for a period of up to 12 months (in the range of 100-200% of the statutory minimum wage). Older workers were one of the eight main target groups; and more than one-

<sup>47</sup> The website of the institute: <http://www.rsu.lv/petnieciba/petniecibas-organizesana/struktura/instituti-un-laboratorijas/darba-drosibas-un-vides-veselibas-instituts/par-institutu> (Accessed October 2014).

<sup>48</sup> SIA "TNS Latvia" & RSU DDVVI, *Work conditions and risks in Latvia, 2012–2013*, Riga, 2013. Available at: <http://osha.lv/lv/research/work-conditions-and-risks-in-latvia-2012-2013.pdf/> (Accessed May 2015)

<sup>49</sup> Available in Latvian at: <http://polsis.mk.gov.lv/view.do?id=1193> (Accessed October 2014)

<sup>50</sup> Available in Latvian at: [http://www.vm.gov.lv/lv/aktualitates/sabiedribas-veselibas\\_pamatnostadnes\\_20112017/](http://www.vm.gov.lv/lv/aktualitates/sabiedribas-veselibas_pamatnostadnes_20112017/) (Accessed October 2014)

third of the beneficiaries of this support were people over the age of 50.

#### *Longer and better working lives*

In 2014-2016, the **Ministry of Welfare** will carry out the project “*Latvia: Developing a Comprehensive Active Ageing Strategy for Longer and Better Working Lives*”, which aims to develop an evidence-based and comprehensive active ageing strategy in Latvia that would facilitate *longer and better working lives* taking into account the considerable demographic challenges that the country is currently facing. Among others, the project will aim to identify the main obstacles, incentives and disincentives for the 50+ population to stay in the labour market and identify good practices and policy measures needed to support better health outcomes for the 50+ working population.<sup>51</sup>

#### *Career management and vocational training*

The **Ministry of Welfare**, together with the **Latvian State Employment Agency**, fund temporary public employment services for unemployed people. The initiative ‘Measures for specified groups’ is co-financed by the ESF. In 2003, persons over the age of 50 were included as a specific group to facilitate the return to work of older workers. In 2008, an in-work training component was introduced. Persons over the age of 50 have to meet specific criteria to be eligible for the programme. Between 2008 and 2012 overall 1033 persons started the programme, 741 completed the programme and 590 were able to retain the placement on a permanent basis.<sup>52</sup> In the first half of 2012, 47% of the beneficiaries of the public works scheme were older workers.<sup>53</sup> The initiative lasted until the end of June 2014. No information was found on how OHS for older workers is considered in the initiative.

Apart from the vocational training programmes mentioned above, the Ministry of Welfare initiated measures to support the career development of older workers. The State Employment Agency provides careers consultations to job-seekers or workers under high risks of unemployment, to assist them in assessing their needs in terms of career development and training. In 2012, 21% of participants to this programme were workers over 50<sup>54</sup>.

#### *Cross-generation programmes*

Latvia does not currently have a formal programme promoting the transfer of experience between generations. However, the **National action plan of the 2012 European Year for Active Ageing and Solidarity between Generations** promotes communication and cooperation between generations. The plan included notably education measures to encourage the exchange of experience and the transfer of skills between younger and older workers, such as intergeneration events, or voluntary work<sup>55</sup>. Measures developed under the National action plan of the 2012 European Year for Active Ageing addressed the global issue of stereotypes and discrimination towards older workers, which is a major cause for early exit of the labour market in Latvia<sup>56</sup>. For instance, the Ministry of Welfare created an award for ‘senior-friendly companies’<sup>57</sup>.

Latvia is also part of the project ‘**Best Agers**’, partly financed by the European Union Baltic Sea Region Programme 2007-2013, in which cross-generation working groups were established to promote transfer of experience (see section 2.3).

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<sup>51</sup> More information about the project on the website of the Ministry of Welfare (in English): <http://www.lm.gov.lv/text/2739> (Accessed May 2015)

<sup>52</sup> Karnite, R., *Latvia: The role of governments and social partners in keeping older workers in the labour market*, Eurofound 2013, pp. 25-26

<sup>53</sup> *Ibid.*, p. 24

<sup>54</sup> Karnite, R., *Latvia: The role of governments and social partners in keeping older workers in the labour market*, as above.

<sup>55</sup> *Ibid.*

<sup>56</sup> *Ibid.*

<sup>57</sup> Pasākums "Senioram draudzīgs uzņēmums": <http://www.senioriem.lv/raksti/2012/10/23/pasakums-senioriem-draudzigs-uznemums/> (Accessed October 2014)

## 2.2 Initiatives from social partners

The **Employers' Confederation of Latvia** (LDDK) and the **Free Trade Union Confederation of Latvia** (LBAS) have implemented projects aiming at improving working conditions and reducing occupational risks. None of these projects however are targeting specifically older workers. The ESF-funded project *Practical Application for Labour Relations and Health and Safety Regulation in Enterprises and Branches*<sup>58</sup>, managed by LDDK provided assistance and tools for companies to support risk assessment. At the end of 2013, the LDDK, in collaboration with the Occupational Safety and Environmental Health Institute, launched a survey on occupational risks and working conditions in Latvia (see more details about the survey in section 2.1 above).

LDDK and LBAS, under the above project, have established OSH consultation centres in five regions of Latvia. The project ran throughout 2013<sup>59</sup>.

## 2.3 Initiatives from other organisations/projects

**CONNECT Latvia** is an organisation that links entrepreneurs to establish innovative companies in Latvia. CONNECT Latvia is a partner in the *'Best Agers project'* financed by the Baltic Sea Region Programme 2007-2013. CONNECT Latvia is in the process of developing a 'senior experts' network, in the form of a web-based tool, where the knowledge and experience of older workers and experts is harnessed to help younger entrepreneurs to move forward their commercial activity. The rationale of the initiative is to help older experts to actively engage and participate in economic activities in advisory roles. The initiative took place between 2012 and September 2013<sup>60</sup>.

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<sup>58</sup> Further information available at: <http://www.lddk.lv/projekts/darba-attiecibu-un-darba-drosibas-normativo-aktu-praktiska-piemerosana-nozares-un-uznemumos/> (Accessed October 2014)

<sup>59</sup> Cardiff University, *The NERCLIS Project: Volume 2 – Annex I*, p. 225

<sup>60</sup> 'Best Agers' website: <http://www.best-agers-project.eu/BestAgers/tabid/922/Default.aspx> (Accessed October 2014); CONNECT Latvia web-site: <http://www.connectlatvia.lv/pub/> (Accessed October 2014); contact person Elmārs Baltiņš +371 670 891 78

### 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 Latvia, rehabilitation/return-to-work support programmes focus on people who have suffered from an occupational injury or disease or people with a recognised degree of disability (or loss of work ability).

The following chapter first describes the institutional system in Latvia 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 of sick or injured workers

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

The following pieces of legislation and policies are the main instruments for rehabilitation/return-to-work in Latvia:

- The **Law on Compulsory Social Insurance in respect of Accidents at Work and Occupational Diseases**<sup>61</sup> (adopted January 1997) determines the duties and rights of the employees and employers relevant to accidents at work and occupational diseases including the compensation for disability resulting from an occupational disease or accident at work.
- The **Law on Disability**, as amended in 2010,<sup>62</sup> defines the rehabilitation process for people with disabilities. The law addresses both people with disabilities and people with a 'predictable disability', defined as 'a limited functioning caused by a disease or trauma which, in the case of the required medical treatment and rehabilitation services not being provided, may be a reason for determining disability'.
- In 2006, the Ministry of Welfare adopted the **Main Policy Statement for Diminishing Disability and its Consequences 2005-2015** and the follow-up **Action Plans for Implementation** (from 2007 to 2010).<sup>63</sup> The objective of the plan was to develop disability prevention and facilitate the employment of people with disabilities. In order to achieve this, the Ministry aims to improve the rehabilitation system by providing a good quality and timely intervention to reduce the risk of a worker becoming disabled. This included improving the work of the State Medical Examination Commission of Health and Capacity for Work and developing vocational education programmes for people with disabilities, as well as increasing the number of workplaces that are adjusted with technical aids to allow the person with disability to work.<sup>64</sup> The result of this work was the adoption of an amended Law on Disability in 2010.

<sup>61</sup> Latvian and English versions available at: <http://likumi.lv/doc.php?id=26020> (Accessed October 2014)

<sup>62</sup> Disability Law, as amended on 16 December 2010. Official translation of State Language Centre available at: [http://www.vvc.gov.lv/export/sites/default/docs/LRTA/Likumi/Disability\\_Law.doc](http://www.vvc.gov.lv/export/sites/default/docs/LRTA/Likumi/Disability_Law.doc) (Accessed October 2014)

<sup>63</sup> Academic Network of European Disability experts, *ANED country report on equality of educational and training opportunities for young disabled people*. Available at:

<http://www.disability-europe.net/content/aned/media/LV%20social%20inclusion%20report.pdf> (Accessed October 2014)

<sup>64</sup> EU-OSHA, *Ageing workers prevention report*, Section II - Policy actions on occupational safety and health and ageing workers, unpublished, 2006.

- The **National Development Plan 2014-2020**<sup>65</sup>, approved in December 2012, by the Latvian Government, includes an objective 'Healthy and Fit-for-work'. One of the strategic goals is to adopt 'measures of medical and social rehabilitation maintaining and restoring working ability, including for persons after accidents, illness and injuries at work' and should be implemented under the overall direction of the Ministry of Health. It has not been possible to identify information related to the activities that should be carried out to implement this objective.

### **Main actors and steps in the rehabilitation process**

The **Ministry of Welfare** (see Section 1.2) is generally responsible for developing and implementing state policy on social insurance and state social benefits. It manages the insurance of occupational accidents and diseases, compensation for loss of work ability and social rehabilitation. The **Ministry of Health** (see Section 1.2) is responsible for national health policy and the overall functioning of the health system<sup>66</sup>. The reimbursement of healthcare services and medical rehabilitation falls in its remit.

The **State Social Insurance Agency** (Valsts sociālās apdrošināšanas aģentūra – VSAA, see Section 1.2)<sup>67</sup> provides social insurance benefits, including sickness cash benefits and benefits in case of occupational accident or disease. In the case of occupational accidents and diseases, the compulsory social insurance scheme covers medical treatment, and vocational rehabilitation of the insured worker, including vocational training or retraining. The insured worker is responsible for making use of the training programme<sup>68</sup>. The **Ministry of Welfare** has issued explanatory materials on the conditions that have to be fulfilled to receive reimbursements for rehabilitation expenses; and where to turn for further information and help<sup>69</sup>.

Workers facing long-term illness (but not an occupational disease) that require treatment fall within the responsibility of the Ministry of Health and its executive agency, the **National Health Service Latvia**.

The **State Medical Commission for Expert-Examination of Health and Working Ability** establishes the loss of work ability upon referral of a medical institution or a doctor. If, as a result of a disease or accident a person has lost the ability to work, the State Social Insurance Agency grants the person a compensation that is then paid by the state on a monthly basis, on the basis of the diagnosis made by the State Medical Commission.

The State Medical Commission can on a case-by-case basis refer people with disabilities or functional disorders to the **State Employment Agency** (Nodarbinātības valsts aģentūra – NVA)<sup>70</sup> and the **Social Integration State Agency** (Sociālās integrācijas valsts aģentūras – SIVA)<sup>71</sup>, which provide professional rehabilitation services, including professional adequacy and job simulation tests, assistance in job search and placement, vocation training programmes, psycho-social assistance, driving lessons and car adaptation for people with disabilities. SIVA proposes social rehabilitation programmes for people with functional disorders, aiming at improving their functional capacity and inclusion in society.

### *Return to the workplace*

In cases where a worker has, to an extent, lost the ability to work and is recognised as having a disability, and is hired or re-hired, the employee as well as the employer receives a tax advantage, determined on a case-by-case basis<sup>72</sup>. The law does not specify uniform mechanisms and support structures for returning to work after an accident or disease where there is no recognised loss of ability to work. However, the Labour Law requires employers to make workplace adaptations or other adjustments to support employees with long-term illness or injury. In spite of the obligation, labour inspections have shown that few managers are pro-active in making the necessary adjustments. It has been demonstrated that in Latvia, return-to-work is not considered as a clinical outcome of the medical

<sup>65</sup>National Development Plan for Latvia for 2014-2020, 2012':

[http://www.pkc.gov.lv/images/NAP2020%20dokumenti/NDP2020\\_English\\_Final.pdf](http://www.pkc.gov.lv/images/NAP2020%20dokumenti/NDP2020_English_Final.pdf) (Accessed October 2014)

<sup>66</sup> European Commission, *Your social security rights in Latvia*, 2013.

<sup>67</sup> State Social Insurance Agency website: <http://www.vsaa.lv/en/> (Accessed October 2014)

<sup>68</sup> Law on Compulsory Social Insurance in Respect to Accidents at Work and Occupational Diseases, Section 18, Article 6.

<sup>69</sup> Available in Latvian at: [http://www.lm.gov.lv/upload/darba\\_nemejiem/arodsl\\_tiesibas.pdf](http://www.lm.gov.lv/upload/darba_nemejiem/arodsl_tiesibas.pdf) (Accessed October 2014)

<sup>70</sup> NVA website: <http://www.nva.gov.lv/index.php> (Accessed October 2014)

<sup>71</sup> SIVA website: <http://www.siva.gov.lv/aktualitates.html> (Accessed October 2014)

<sup>72</sup> State Revenue Service website: <https://www.vid.gov.lv/> (Accessed October 2014)

treatment when someone suffers from an accident or disease.<sup>73</sup>

### **Compensation system**

#### *Compensation for sickness absence*

Sickness benefit is paid by the employer for the first ten days. From the 11<sup>th</sup> day of sickness, the State Social Insurance Agency (VSAA) grants a sickness benefit equivalent to 80% of the worker's salary. Sickness benefit is paid up to 26 weeks. Based on a recommendation of the State Medical Commission for the Assessment of Health Condition and Working Ability, the benefit payment can be extended up to 52 weeks.

Similar rules apply for *occupational accidents and diseases*. If the accident is due to the fault of the employer, and the employee has suffered serious body injury, then the employer is obliged to pay the employee the amount of one monthly salary<sup>74</sup>. If the insured person has developed an occupational disease, the compensation in the amount of 80% of the average monthly salary is paid by the State Social Insurance Agency, starting from the day when a medical commission has determined the occupational disease, until the day of recovery, or until it is determined that there has been some level of permanent loss of ability to work. To receive occupational disease benefit, a worker must have been insured against accidents at work and occupational diseases for at least three years. Generally, every employee who is legally employed is insured against occupational accidents and diseases as small part of social tax is paid into special social insurance budget.

#### *Compensation for disability or reduced capacity to work*

Persons are eligible for a disability pension if they:

- have been paying social contributions to the pension fund for no less than three years;
- reside in Latvia;
- have been acknowledged to be disabled (except in cases when disability has resulted from an occupational disease or accident after 1 January 1997 – see below);
- the person has not yet reached retirement age.

Since 1 January 1997, when the relevant amendment to the law became operational, the compensation for disability resulting from an occupational disease or accident at work is determined by the 'Law on Compulsory Social Insurance in respect of Accidents at Work and Occupational Diseases', which has created a specific compensation for the loss of ability to work after an occupational accident or disease.

## **3.2 Specific initiatives or programmes**

A limited number of initiatives have been identified. One of the reasons could be the lack of knowledge on sickness absence and poor diagnosis of chronic diseases. In Latvia, sickness absence because of occupational diseases and accidents at work is underreported. There is no data on the first ten days of absence (that the employer pays) and shorter absences<sup>75</sup>.

Particular attention has been given to MSD in Latvia. **Fit for work Latvia** launched an initiative in 2012 with the aim of provide recommendations for a national MSD management plan<sup>76</sup>, collecting data on MSD in Latvia, and designing a model for early diagnosis and treatment of arthritis.

<sup>73</sup> Fit for Work Europe, *Fit For Work? Musculoskeletal Disorders and the Latvian Labour Market*, 2012: [http://www.fitforworkeurope.eu/latvia\\_eng2203.pdf](http://www.fitforworkeurope.eu/latvia_eng2203.pdf) (Accessed October 2014)

<sup>74</sup> Law on Compulsory Social Insurance in Respect to Accidents at Work and Occupational Diseases, Section 7, Articles 1(5) and (6)

<sup>75</sup> Fit for work Europe, *Fit-for-work? Musculoskeletal Disorders and the Latvian Labour Market*, as above, p38.

<sup>76</sup> Ibid.

## 4 Conclusions

### General context

#### Facts and figures

- Latvia's population has been continuously ageing since 1970 and the median age has reached 42 in 2012, which is the same as the EU median age. The ageing of the Latvian population is predicted to continue and the old-age dependency ratio will increase from 28% in 2012 to 51% in 2060 (similar to the EU average).
- Both *life expectancy* and the estimated "*healthy life years*" at the age of 65 in Latvia were much lower than those of the EU population in general in 2011.
- The *employment rates* of 55 to 64-year-olds was considerably higher than EU-wide until 2008, when it started to decrease. In 2012, it was still 3 percentage points higher than the EU rate (53% compared to 50% respectively)
- Latvian workers reported a slightly worse situation than on EU average in several aspects of *working conditions* (carrying heavy loads, tiring positions, working shifts, work-life balance, on-the-job training). In addition, the share of older workers who reported that their work affects their health negatively was also considerably higher than the EU average in 2010. Consequently, older workers in Latvia were less *satisfied with their working conditions* than the average EU older workers but surprisingly, the share of older workers who thought that they would be *able to do their current job at the age of 60* was higher in Latvia than across the EU in 2010.
- *Retirement age* was 62 in 2012, but is set to increase to 65 by 2025. Early retirement is possible, but the pension received was reduced in 2009 in view of restricting the use of early retirement schemes. This however did not really discourage people and early retirees are still quite numerous in Latvia. The possibility to combine work revenues and pensions still exists in Latvia despite recent attempts to restrict this in order to free up the labour market for younger workers.

#### Legal and institutional framework

As per the European OSH Directives, OSH legislation in Latvia includes general provisions to introduce measures to reduce risks to all workers, with attention to hazards faced by particularly sensitive groups. Additionally, employment legislation covering anti-discrimination requires employers to make workplace accommodations for people with disabilities.

#### OSH and older workers

General OSH programmes and strategies for the period 2008-2013 put forward an objective to maintain the **work ability for longer working lives**, although concrete measures have not been identified. There is also a focus on MSDs and stress. The Public Health Strategy 2011-2017 makes a link to the OSH strategy – recognising healthy working conditions throughout a person's working life as a health determinant.

Since 2008, with support from the European Social Fund, Latvia has introduced **active labour policy** measures, mostly aimed at facilitating the access to the labour market of categories of workers subject to long-term unemployment. Although older workers represent a large share of the participants, and is one of the priority groups of the State Employment Agency, none of these programmes can be considered as an age-specific policy. Older workers are considered as a distinct group only in diversity policies, and discrimination based on poor performance and competences of older workers remains strong in Latvian companies<sup>77</sup>.

During the Year of Active Ageing, in 2012, the focus was placed on fighting stereotypes, valuing the experience and knowledge of older workers, and promoting the transfer of experience between generations. However, motivation mechanisms for staying longer in employment introduced in the

<sup>77</sup> Kadefors, R., Weiske, J., 'Perceived employment situation of Best Agers in the Baltic Sea Region: an interview study', Best Agers project, 2012: <http://www.best-agers-project.eu/Portals/18/Interview%20study%20report%20WP3%20Final.pdf>



pension system are directed to employees, not to employers<sup>78</sup>, who have little incentive to promote age management.

Although measures promoting vocational training and career counselling exist, there is not yet, in Latvia, a formal policy on career management. Essentially directed to unemployed people or workers with high risks of unemployment, these measures are not meant to help workers anticipating and preparing career change, but rather to support an additional active labour market policy. Most importantly, the improvement of working conditions and health at work is not part of measures related to older workers.

The social partners do not appear to have actively addressed this area yet. Their projects have been focusing on general OSH conditions, awareness-raising, training and provision of OSH support.

Finally, in recent years, an increasing number of companies have started paying attention to workplace health promotion. The State Labour Inspectorate and the Institute of Occupational Safety and Environmental Health are starting to disseminate good practice examples, through guidelines and seminars, and carry out awareness raising activities to support companies. However, these activities are not yet systematic and are not based on any national policy level document.

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

Rehabilitation services are in place for workers who suffer an occupational disease or accident. In this case, medical and occupational (e.g. training) rehabilitation are compensated by the social insurance system. Other occupational rehabilitation programmes are essentially for people with a recognised degree of disability. No return-to-work/rehabilitation procedure is in place for workers suffering from non-occupational accidents and diseases. These workers can, however, access medical rehabilitation services through the national health system. In addition, according to general OSH provisions and disability discrimination provisions, their employer has a responsibility to adapt the workplace to their abilities. However, no support is offered to employers to do this.

The National Development Plan 2014-20 includes a “health and fit-for-work” objective which covers medical and social rehabilitation to maintain and restore working ability. The Plan also shows that Latvia is developing a cross-sector approach to policy.

When it comes to maintaining people with chronic diseases or MSD in employment, Fit for Work Latvia mentions that, currently, the Latvian health system is essentially focused on recovery, treating patients only when they already have reduced capacity, and does not enable enough early diagnosis and early treatment. However, there is some awareness of this as an issue. Fit-for-work Latvia has launched an initiative in 2012 with the aim of providing recommendations for a national MSD management plan that includes designing a model for early diagnosis and treatment of arthritis. Currently, however, a coordinated multiservice approach to rehabilitation in practice is lacking.

### ***General conclusions***

In the decade 2000-2010, the ageing workforce was not a policy priority in Latvia, notably because the employment rate of 55 to 64-year-olds in Latvia increased considerably between 2000 and 2008, and in 2008, was considerably higher than the EU average rate for this group (59% in Latvia and 46% on EU average).

Post 2008, this rate remained higher than the EU average, although it decreased significantly to 53% in 2012. With the beginning of the economic crisis, unemployment sharply increased, and high unemployment levels among older workers created the need for more policy support for older workers looking for jobs. The problems of an ageing workforce were consequently tackled only from an employment perspective, in terms of reinsertion of the unemployed to the workforce.

Recently, Latvia has implemented active labour market policies, targeting, among other groups, older workers. While lacking in concrete activities, the OSH strategy until 2013 included the objective of maintaining work ability for a longer working life. However, the concepts of age management and sustainable work are not yet an integral part of employment and rehabilitation policies in Latvia. In addition, no comprehensive framework for rehabilitation exists for all workers. Nevertheless, there is

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<sup>78</sup> European Employment Observatory, EEO review: Employment policies to promote active ageing: Latvia, 2012.

potential for building a comprehensive approach, including on the basis of the outcomes of the 2014-2016 project “Latvia: Developing a Comprehensive Active Ageing Strategy for Longer and Better Working Lives”.

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