European Agency for Safety and Health at Work

Safer and healthier work at any age

Country Inventory: Switzerland and Lichtenstein

European Agency for Safety and Health at Work

Authors:

Andrea Bollmann-Stadler and Elena Fries-Tersch (Milieu Ltd)

Reviewed by Alice Belin and Claire Dupont (Milieu Ltd)

Project management: Katalin Sas, Boglarka Bola, Sarah Copsey, European Agency for Safety and Health at Work, (EU-OSHA)

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Abbreviations

BAG:	Federal Office of Public Health (Switzerland)
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
FCOS:	Federal Coordination Commission for Occupational Safety (Switzerland)
FSIO:	Federal Social Insurance Office (Switzerland)
HR:	Human resources
ILO:	International Labour Organisation
IV:	Invalidity Insurance (Switzerland)
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
SECO:	State Secretariat for Economic Affairs (Switzerland)
SUVA:	Swiss Accident Insurance Agency (Switzerland)
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[1][2]. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

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

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

Methodology

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

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

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

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

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

The objectives of the workshops were to:

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

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

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

The present report describes policies and strategies in Switzerland -Lichtenstein, 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 Switzerland and the Liechtenstein, 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 Switzerland and the Lichtenstein 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 Switzerland and the Lichtenstein 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

1.1.1 Switzerland

In this sub-section on facts and figures, a number of indicators introduce the current situation in Switzerland 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:[3]

- "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.[4]
- "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.[5]

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

[3] Definitions extracted from the Eurostat glossary (unless stated otherwise): http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

[4] Eurostat, Methodologies and Working Papers, *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)

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

Table 1, Overview table of main indicators (Switzerland)

	Switzerland	EU-28
Median age 2013 (2060)	42 (45)	42 (46)
Share of population aged 55 to 64 years (2013)	12%	13%
Share of population aged 65+ (2013)	17%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	26% (44)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	72 (+6p.p.)	50% (+10 p.p.)
Official Retirement age (2012)[6]	65	
Effective retirement age (2012) [7]	64 (f)/66 (m)	60.9(f)/62.3(m)*[8]
Share of pensioners (50-69) who quit working for health or disability reason (2012)	15.5%	21%
Pension expenditures (% of GDP) (2011*)		
All pensions	12.2%	13.0%
Old-age pensions	8.6%	9.5%
Disability	1.7%	0.9%
Life expectancy at 65 years, in years (2011)	21	19.7
Women	22.6	21.3
Men	19.2	17.8
Healthy life years[9] at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	12.8 (22.3)	8.6 (17.9)
Men	12.7 (22.8)	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)	NA	11%[10]
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	1.8% (1.3%)	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	40,2% (30.1%)	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)		60%[11]
Women	NA	64%
Men		56%
Share of workers above the age of 50 who think they could do their current job at the age of 60[12] (2010)	NA	71%[13]
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[14] (2013)	NA	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)

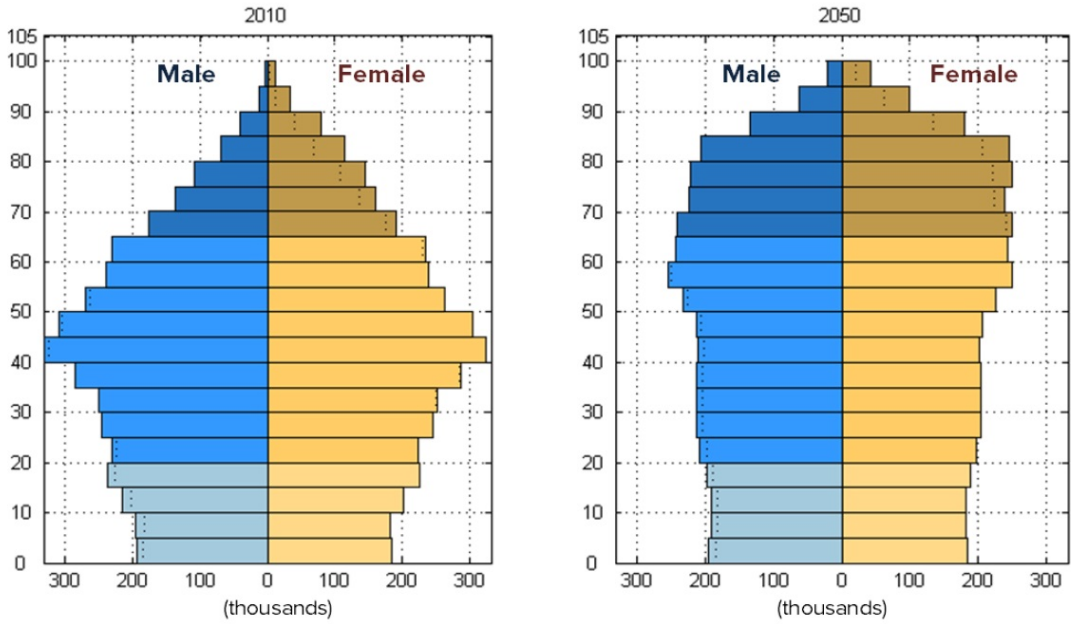
[6] See section 1.4 on Pension system
[7] Source: OECD estimates on the "average effective age of retirement versus the official age, 2007-2012"
[8] These figures refer to the EU-27
[9] Eurostat 2013 'Healthy Life Years (from 2004 onwards)'. For more detailed information, seehttp://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hlth_hlye_esms.htm.
[10] 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.
[11] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.
[12] Source: European Working Conditions Survey 2010
[13] This Figure refers to the EU-27
[14] Source: European Commission, Flash Eurobarometer on Working Conditions. No factsheet is available for Switzerland.

Demographic developments:

Switzerland's population has been ageing since 1965. The median age has been increasing since this year (from 32 years in 1965 to 42 years in 2013) to the same as the median age than of the overall EU-28 population.[15]

The ageing of the Swiss population is 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 15% to 17% between 1990 and 2013 (EU-28: 18% in 2013); the share of the age group of 55 to 64-year-olds increased from 10% to 12% (EU-28: 13% in 2013). 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.

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



Source: International Conference on Population and Development Beyond 2014, Switzerland Country Implementation Profile[16].

Labour market participation

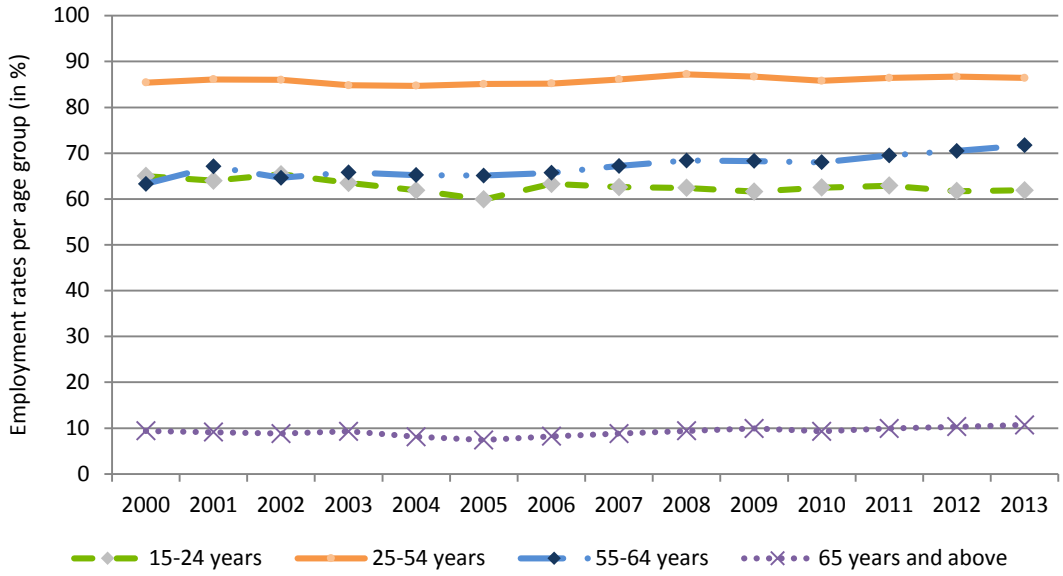
As outlined below (see text and figure 2), employment rates in Switzerland among all age groups have been much higher compared to the EU average throughout the last decade. Moreover, the economic crisis of 2008 had no impact on Swiss employment rates.

Employment rates among older workers (55 to 64 years-of-age) were already very high in 2002 (65%, compared to 39% EU average) and further increased to 72% in 2013 (compared to 50% on EU average). Employment among the oldest age group (65 years and above) was almost twice as high, over the past ten years in Switzerland, compared to the EU average. Furthermore, in 2013 the employment rate among this age group was 11%, while the EU the average was 5%.

The main employment rate of 25-54 year olds in Switzerland was 7%-10% higher compared to the EU average throughout the past decade. In 2013, 86% of this age group were employed, while the EU average was 77%. Youth employment in Switzerland has also been much higher than the average EU rate since 2002. In 2013, the employment rate was 62% among Swiss youth, while the EU average was 32%.

[15] Source: Eurostat population statistics 2013, structure indicators.
[16] International Conference on Population and Development Beyond 2014, Switzerland Country Implementation Profile. Available at: http://icpdbeyond2014.org/about/view/19-country-implementation-profiles (Accessed December 2014)

Figure 2, Employment rates per age group, trends 2000-2013, residents in Switzerland, all nationalities



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

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010, the following conclusions can be drawn with regard to the working conditions of older workers (aged 50 and above) in Switzerland:[17]

- In 2005, the share of older workers[18] having to *carry heavy loads* at least a quarter of their working time was a lot lower in Switzerland (21%) than across the EU (31%).
- In 2005, older workers in Switzerland were less exposed to working in *tiring or painful positions*, than older workers across the EU: The share of older workers reporting that they had to work in tiring or painful positions at least ¼ of the time was 25%, while the EU average share of older workers reporting this was 30%.
- In Switzerland, exposure to *shift work* was lower in 2005 for older workers (10,5%) than for young workers (17%), and below the EU average for older workers (13,2% in 2005). The share of older workers exposed to *night work* in 2005 was slightly higher in Switzerland (17,4%) than across the EU (15,5%).
- The share of older workers who reported that their working hours fitted well with their their family and social commitments in 2005 was higher in Switzerland (91%) than across the EU (85%).
- As in most other EU Member States, the number of people reporting *three or more external constraints on their work pace* (such as demand from people or production/performance targets) in 2005 decreased with age in Switzerland:[19] 40.6% of young workers report this while only 21.6% of older workers do. This is below the EU average for older workers (28.8% in 2005)

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

[18] 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.

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

- In Switzerland, a significantly higher share of workers from all age groups received *on-the-job training* in 2005 compared to the EU average. For older workers, this is 39,7%, compared to 19,7% on EU average (2005).
- In Switzerland, a higher share of older workers was satisfied with their working conditions than across the EU (95% and 84%, respectively) in 2005.
- There is a lower share of older workers in 2005 (around 16%) who think that they *will not be able to do the same job at 60* in Switzerland than across the EU-28 employed population (around 30%).

Health

In 2011, estimations showed that Swiss men of the age of 65 years had a *life expectancy* of around 19 additional years[20], (higher than the overall EU population – 17.8), 13 of these were considered "*healthy life years*" (higher than the overall EU population:8,6).[21] Women of the age of 65 had a life expectancy of 23 additional years (21 years in the EU) including 13 "healthy life years" (compared to the 8.6 at EU level). At the age of 50 and 65 respectively, the number of healthy life years[22] the Swiss population could expect to live rose by 2 years – between 2008 and 2012.

The *perceived health status* among employed persons in Switzerland worsens with age as demonstrated in **Error! Reference source not found.** below.

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

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	0.9%	1.3%	1,8%	NA[23]

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

Data on reported work-related health problems was not available for Switzerland in the EU Labour Force survey.

Definition

In Switzerland, it is common to speak about 'older workers' for workers from the age of 50 years and older (Knutti, R. 2008).

[20] Eurostat 2013'Life expectancy by age and sex' [demo_mlexpec].
[21] Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye).
[22] Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye)'; The indicator of healthy life years (HLY) measures the number of remaining years that a person of specific age is expected to live without any severe or moderate health problems. For more detailed information, see http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hlth_hlye_esms.htm; data is available from 2008 onwards.
[23] This is for " bad" health status only, as figure for "very bad" health status is missing.

1.1.2 Liechtenstein

In this sub-section on facts and figures, a number of indicators introduce the current situation in the Lichtenstein 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:[24]

- "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.[25]
- "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.[26]

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

Table 3, Overview table of main indicators (Lichtenstein)

	Liechtenstein	EU-28
Median age (2013)	42	42
Median age (2060)	NA	46
Share of population aged 55 to 64 years (2013)	13%	13%
Share of population aged 65+ (2013)	15%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	21% (NA)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	NA	50% (+10 p.p.)
Official Retirement age (2012)[27]	64	
Effective retirement age (2012) [28]	NA	60.9(f)/ 62.3 (m)* [29]

[24] Definitions extracted from the Eurostat glossary (unless stated otherwise): http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

[25] 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://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-12-014/EN/KS-RA-12-014-EN.PDF (Accessed December 2014)

[26] 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.

[27] See section 1.4 on Pension system

[28] Source: OECD estimates on the "average effective age of retirement versus the official age, 2007-2012"

[29] These figures refer to the EU-27

	Liechtenstein	EU-28
Share of pensioners (50-69) who quit working for health or disability reason (2012)	NA	21%
Pension expenditures (% of GDP) (2011*)		
All pensions	NA	13.0%
Old-age pensions		9.5%
Disability		0.9%
Life expectancy at 65 years, in years (2011)	19.9	19.7
Women	21.8	21.3
Men	17.9	17.8
Healthy life years [30] at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	NA	8.6 (17.9)
Men		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)	NA	11%[31]
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	NA	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	NA	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)		60%[32]
Women	NA	64%
Men		56%
Share of workers above the age of 50 who think they could do their current job at the age of 60[33] (2010)	NA	71%[34]
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[35] (2013)	NA	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 population of Liechtenstein has been continuously ageing since 1975. While the median age in 1975 was 28 years, in 2013 it was 42 years.[36] This is exactly the same as the median age of the overall EU population in 2013.[37]

This ageing is also reflected in the shares of different age groups from the total population and their changes since 1990. The share of the oldest age group has increased since 1990 from 10%, to 15% in

[30] Eurostat 2013 'Healthy Life Years (from 2004 onwards)'. For more detailed information, seehttp://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hlth_hlye_esms.htm.

[31] 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.

[32] 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. See: TNO, *Health and safety at work – Results of the Labour Force Survey 2007 ad hoc module on accidents at work and work-related health problems*, 2009, p.61. Available at: http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/documents/Evaluation_report_AHM_2007.pdf (Accessed December 2014)

[33] Source: European Working Conditions Survey 2010

[34] This Figure refers to the EU-27

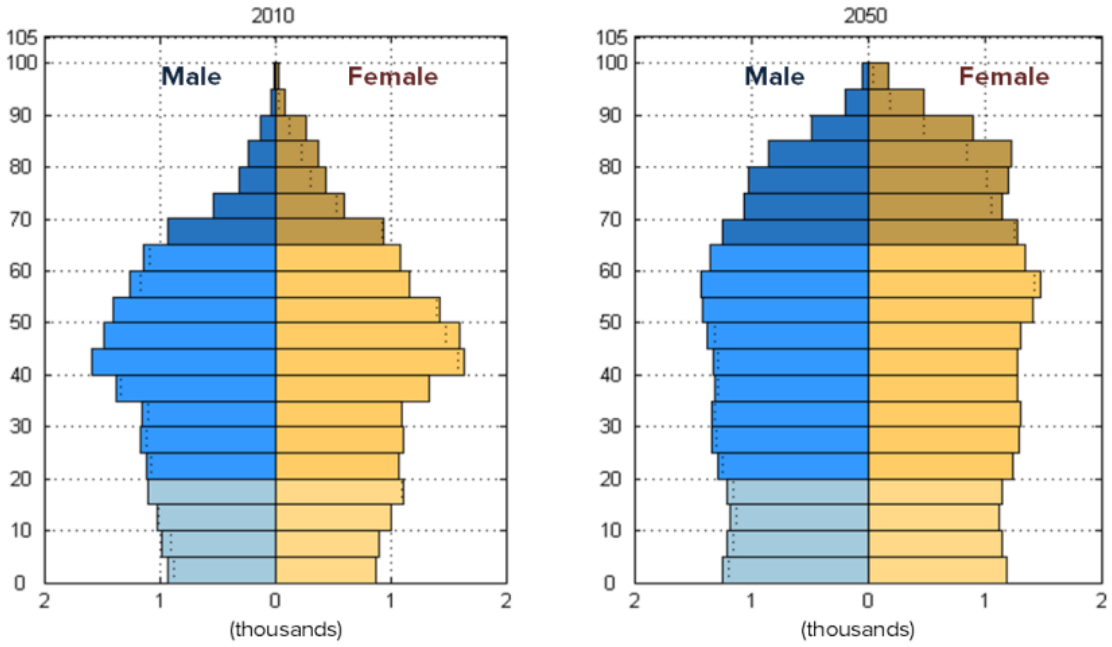
[35] Source: European Commission, Flash Eurobarometer on Working Conditions. No factsheet is available for Lichtenstein.

[36] Source: Eurostat population statistics 2013, structural indicators. Data of Lichtenstein for 2012 is provisional.

[37] Source: Eurostat population statistics 2013, structural indicators.

2013. The group of 55-64 year olds has increased from 8% in 1990 to 13% in 2013. This population ageing is also shown in figure 3 below.

Figure 3, Total population by age group and gender, 2010 and projection for 2050



Source: International Conference on Population and Development Beyond 2014, Liechtenstein Country Implementation Profile[38]

Data on labour market participation, working conditions and workers' health in Liechtenstein has not been published by Eurostat and Eurofound.

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 Switzerland and the Lichtenstein.

1.2.1 Switzerland

Overall structure

As explained in Section 1.3, occupational health and safety in Switzerland is mainly regulated by two federal laws: the Accident Insurance Act (UVG), primarily its Accident Prevention Regulation (VUV), and the Labour Act (ArG). The control of compliance of the Acts falls under the supervision of separate federal departments:[39]

Labour Act (ArG):

- The **State Secretariat for Economic Affairs** (SECO), under the Federal Department of Economic Affairs, Education and Research (EAER), supervises the implementation of the Labour Act, directly for Federal Government employees and by coordinating the activities of the Cantonal Labour Inspectorates in other enterprises. The Working Conditions division of

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

[39] EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Switzerland". Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Switzerland (Accessed October 2014)

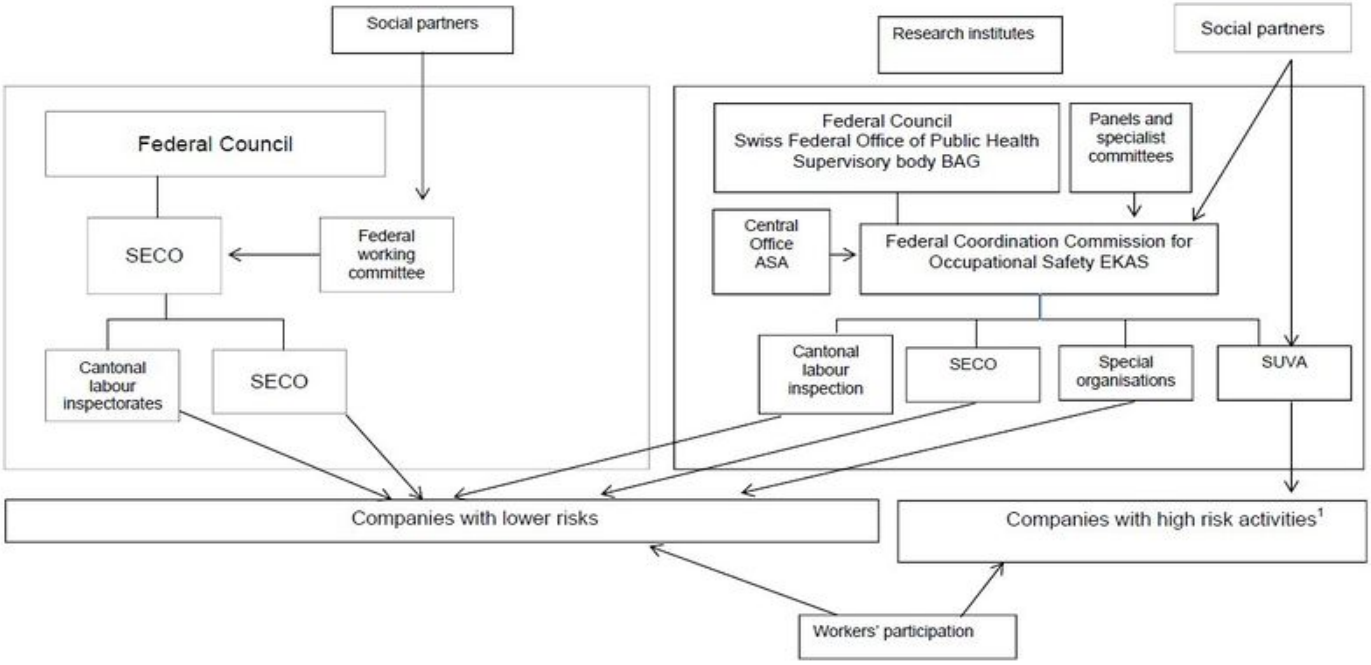
SECO coordinates and supervises employee health and safety and product safety issues. It is also responsible for drafting statutory provisions and it supports the Cantonal Inspectorates regarding the efficient and uniform enforcement of legislation throughout Switzerland.

- The **Cantonal Labour Inspectorates** are responsible for enforcing Labour Law legislation within their area of jurisdiction. Their activities also include advising companies, employers and employees on good practice. The **Intercantonal Association for Employee Protection** (IVA) is the umbrella organisation of the Cantonal Inspectorates. It operates as a platform for exchanging OSH ideas and experiences.

Accident Insurance Act:

- The **Federal Office of Public Health** (BAG) supervises the Accident Insurance Act and is responsible for the enforcement bodies and legislation dealing with the prevention of occupational accidents. BAG is part of the Federal Department of Home Affairs (EDI) and its aim is to promote and maintain health and safety in Switzerland. It is responsible – together with the 26 cantons – for public health and the development of national health policy. This includes the management and development of the social healthcare and accident insurance system.
- The **Swiss Accident Insurance Agency** (SUVA) is the main accident insurance authority and holds a state monopoly for the insurance of dangerous industries, but there are other approved accident insurance companies operating in non-dangerous industries. It has sole responsibility for overseeing the prevention of occupational diseases. SUVA along with the Cantonal Labour Inspectorates (non-dangerous industries) and the State Secretariat of Economic Affairs (federal government employees) oversee the implementation of the Accident Insurance Law.
- The **Federal Coordination Commission for Occupational Safety** (FCOS) has the task of overseeing and financing the Accident Insurance Law inspection system and coordinating preventive measures to ensure the uniform application of the rules by all the enforcement bodies (SUVA, SECO and Cantonal Labour Inspectorates).

Figure 4, The OSH infrastructure in Switzerland on an implementation level



Source: EU-OSHA, OSHWIKI, "OSH system at national level – Switzerland"[40]

[1]In addition, SUVA provides compulsory insurance for the Federal administration, Federal agencies and Federal organisations

[40] EU-OSHA, OSHWIKI, "OSH system at national level – Switzerland", as above.

Social insurance:

- The **Federal Social Insurance Office** (FSIO) is the national centre of expertise on policies related to old-age, invalidity and the family. It plans, manages and monitors the corresponding social insurance systems to ensure that they function effectively. The FSIO also initiates and coordinates reciprocal social security agreements with other countries.

Social dialogue

Social partners in Switzerland have a strong influence in the development and implementation of legislation for health and safety at work. Tripartite dialogue and the inclusion of social partners in relevant boards (e.g. of SUVA) are systematic in the legislative process. In particular, the social partners are represented by non-voting delegates in the Federal Coordination Commission for Occupational Safety (FCOS) and voting delegates in the Federal Commission for Labour.[41]

The main trade union associations are:

- The Swiss Federation of Trade Unions (SGB
- Travail Suisse

The main employer associations are:

- The Swiss Employers Association (SAV),
- The Swiss Union of Trades and Small and Medium Sized Enterprises (Schweizerischer Gewerbeverband),
- The Association of Swiss Businesses, economiesuisse.

1.2.2 Liechtenstein

In Liechtenstein, health and safety at work is supervised by the **Office of Economic Affairs** (Amt für Volkwirtschaft) under the National Administration of Liechtenstein, which is subordinated to the Government of Liechtenstein. In particular, the Office of Economic Affairs implements the Government's economic policies in many areas, including OSH.

1.3 Labour, OSH and antidiscrimination legislation

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.

1.3.1 Switzerland

Occupational safety and health is mainly governed by two laws in Switzerland:

- On one hand, the **Labour Act** (Arbeitsgesetz ArG, 1964) covers working hours, health protection, workplace building standards and the protection of personal integrity. The law is accompanied by five sets of regulations on working time and OSH (VO1, VO2, VO3, VO4, and VO5). VO3 in particular deals with health protection. Art. 44 of the Regulation 1 to the Labour Law is the only article that explicitly mentions older workers; it says that employees working on 25 or more nights per year have a right to medical examination every year after the age of 45 and every second year below the age of 45 (Knutti, R. 2008).

- On the other hand, the **Federal Law on Accident Insurance** (Bundesgesetz über die Unfallversicherung UVG, 1981) covers the prevention of occupational accidents and diseases which are caused predominantly by work (occupational diseases).

[41] Ibid.

There are also other legal acts dealing with occupational safety and health including the **Product Safety Act** (PrSG), the **Chemical Act**, as well as the **Code of Obligations** and the **Workers Participation Act**.[42].

There is no specific anti-discrimination legislation in Switzerland in respect to the private employment of workers on the basis of age or disability. According to the Federal Constitution government agencies are not permitted to practice age-discrimination or disability discrimination.

1.3.2 Liechtenstein

Health and safety at work is regulated in Liechtenstein through the **Labour Code**, which aims to prevent occupational accidents and diseases and work-related health problems. It regulates among others general health and safety at work as well as working hours and rest periods and the protection of vulnerable groups of workers (pregnant and nursing workers and young people). Various regulations complement this legislation.

1.4 Pension system

1.4.1 Switzerland

The Swiss retirement system is based on the three pillar principle:

- Pillar 1 consists of Old-age and Survivors' Insurance, Invalidity Insurance (IV) and supplementary benefits insurance. The 1st pillar is compulsory and aims to cover basic living expenses. It is financed by monthly deducted rates on salaries paid by the employees and employers as well as through the government. The compulsory disability insurance (IV) is part of the 1st pillar. The goal is to ensure work reintegration of insured persons and to finance existential living costs with contributions to disabled people (see Section 3).
- Pillar 2 consists of an occupational pension (pension fund), which is also compulsory. It should cover what goes beyond existential living costs and should secure one's life standard. The occupational pension is financed by the employees and the employers.
- Pillar 3 is a voluntary private pension open to everyone. It is tax deductible until a certain amount of contributions.

Retirement age (official and actual)

The current "**Reform Altersvorsorge 2020**"[43] focuses on the 1st and 2nd pillars together as a whole and aims to adjust benefits and financing. It should encourage employees to work until the statutory retirement age of 65 but having a flexible solution adapted to the individual. In the following, measures from the "Reform Altersvorsorge 2020" include:

- Increase the statutory retirement age of women from 64 (today) to 65 (as the one for men is already today)
- Increase earliest possible retirement age from 58 to 60
- Flexible entry into the retirement in terms of part-time retirement, adaption of conditions in first and second pillar to enable early and late retirement smoothly.

In addition, the Reform allowed to implement the following actions:

- Under the 10th revision of the Federal Law on Old-age and Survivors' Insurance of 2006, persons are exempt from paying contributions on income earned from gainful employment after legal retirement age if the income is lower than 16'800CHF per year.
- The 2009 Revision of the Federal Law on Occupational Retirement, Survivors' and Disability Pension Plans allows persons to choose to pay more in contributions towards their end-of-career pension or to postpone the payment of their pension until the age of 70.

[42] EU-OSHA, OSHWIKI, "OSH system at national level – Switzerland", as above.

[43] Federal Social Insurance Office website: http://www.bsv.admin.ch/altersvorsorge_2020/03257/index.html?lang=de (Accessed November 2014)

Early retirement pension[44]

With regard to the first pillar, people may withdraw their old-age pension 1 or 2 years ahead of time, however this will reduce their pension by 6.8% (for 1 year) or by 13.6% (for 2 years). Concerning the second pillar, people have the option to retire early only if the pension fund's regulations expressly provide for early retirement and under the conditions set by the pension. The minimum age for early retirement is set at 58 and in this case a person will only receive the second pillar pension until he/she has reached the statutory retirement age.

1.4.2 Liechtenstein

The official retirement age for men and women is 64. The Liechtenstein retirement system is based on the three pillar principle:

- Pillar 1 consists of Old-age and Survivors' Insurance (AHV) and Invalidity Insurance (IV), and supplementary benefits insurance (EL). The 1st pillar is compulsory and aims to cover basic living expenses. It is financed by monthly deducted rates on salaries paid by the employees and employers as well as through the government. It should cover the minimum basic living costs.
- Pillar 2 consists of an occupational pension (pension fund), which is also compulsory. It should cover what goes beyond basic living costs and secures one's living standard. Until 23 years-of-age, contributions cover only the risk of death and invalidity. From the age of 24 and until retirement, contributions will also accrue to retirement benefits. The occupational pension is financed by the employees and the employers. In contrast to pillar 1, everyone will access his own contributions once retired.
- The 3rd pillar is a voluntary private pension open to everyone. It is tax deductible until a certain amount of contributions.

[44] Swiss confederation website, page on early retirement: https://www.ch.ch/en/retirement-age/ (Accessed November 2014)

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 Switzerland to address the issue of work sustainability and healthier working lives. No initiatives have been identified in Liechtenstein.

2.1 Switzerland

2.1.1 Initiatives from government/government-affiliated organisations

In this section, initiatives from governmental organisations are presented. Only initiatives that are carried out at the national level have been identified.

Occupational health and safety

A national OSH Strategy does not exist in Switzerland. However, a number of governmental bodies have launched initiatives and run a range of programmes on health and safety at work.

- The **Federal Coordination Commission for Occupational Safety (**FCOS**)** established the **SAFE AT WORK** website and label for companies to promote safety in the workplace. It supports the "Vision 250 Leben" programme with tailor-made campaigns to prevent accidents.[45] Nevertheless the topics of ageing workers, age management or sustainable work are not being addressed.

- In 2009 the **State Secretariat for Economic Affairs (SECO***)* launched an inspection campaign along with the Cantonal Labour Inspectorates and SUVA aimed at increasing compliance with laws related to the *prevention of musculoskeletal disorders*, which is the most common cause of disability leading to early retirement in Switzerland. In 2014 the subject of the inspection campaign was changed in psychosocial risks as these are a widespread problem in different sectors. They also published the *Work Ability Index (WAI)* that was originally developed by the Finnish Institute for Occupational Health (FIOH). This is an occupational medicine measuring tool which aims to identify in time the risks to workers, who are at risk of going into early retirement.

- The **Swiss Accident Insurance Agency (SUVA)** established '**Essential safety rules**' for all high risk sectors and the same will be done for other sectors. '**Vision 250 Leben**'[46] aimed to prevent 250 fatal accidents and 250 severe accidents within a ten-year period. An interactive programme to combat risks from asbestos has also been developed. No initiatives focus however on the ageing workforce or sustainable work.

In addition, in 2011-2012, the **Federal social insurance office (FSIO)** prepared two studies on the consequences for the world of work of current demographic changes:

- The 2011 study "Konsequenzen des demografischen Wandels: Vielfältige Lebensstile im Alter" (Consequences from demographic change: diversity of older people's lifestyles),[47] which in relation to working conditions concluded that:
    - Workers with higher qualification levels and less physical work are more likely to stay longer at work, including beyond the legal retirement age

[45] EU-OSHA, OSHWIKI, "OSH system at national level – Switzerland", as above.
[46] SUVA, "Leben bewahren mit «Vision 250 Leben» und «Asbest»", available at: http://www.suva.ch/startseite-suva/praevention-suva/arbeit-suva/vision-250-leben-suva.htm (Accessed November 2014)
[47] Report available (in German) at: http://www.ebp.ch/forschung-entwicklung/projekte/konsequenzen-des-demographischen-wandels.html (Accessed November 2014)

- Companies will have to adapt working conditions to the worker's age, allow new career model and more flexible transition periods to retirement and manage better knowledge transfer.
- Measures should also be put in place to fight against age discrimination on the labour market.
- Lifelong training is essential to ensure that older workers keep up-to-date with the necessary technological changes.

- The 2012 study "Altersrücktritt im Kontext der demografischen Entwicklung" (Retirement and demography) aimed to determine what factors at the workplace were most influential in the decision of workers above 58 years old to retire and what incentives would keep people at work. The study showed that people are retiring later and later but that 40% of the active population still retires before the legal retirement age. After 58, the motivations to stay at work include good health, good working conditions and interesting tasks. Good working conditions cover good work atmosphere, good work-life balance and flexible working time.

Employment policies

During 2003-2005, the **OECD** reviewed employment policies across Europe in relation to older workers. For Switzerland, three broad areas were identified as necessary to be reformed and for which policy actions have to be taken:

a) Strengthening financial incentives to carry on working,
b) Improving conditions of employment for older workers,
c) Improving the employability of older workers.

The first area where policy actions were required was identified because the pension system was, and still is, not flexible enough for workers who are motivated to work longer and too many financial incentives existed that made it attractive for workers to take early retirement. Revisions of federal laws and the "Reform Altersvorsorge 2020" have tried to address this issue (see Section 1.4).

Studies on the evolution of retirement age (1991 – 2011) have shown a positive development in the past couple of years. Since 2006, there has been an increase in the number of active male workers reaching retirement age.[48] In accordance, the average age of starting retirement has increased to 64.1 years for men and to 62.6 years for women for 2008-2011. Despite this development, still 40% of the workers take retirement before official retirement age. In particular, areas where higher than average wages are paid are concerned by this phenomenon (Kolly, M., 2012).

The following policy actions were taken to address the third area **"Improving the employability of older workers"**:

- Activate federal and cantonal benefits for older long-term unemployed persons: Job training grants paid to employers for recruiting unemployed persons rose from 6 to 12 months if the person is over 50 years old.
- Regional employment offices have been made aware of the problems of older workers.
- The validation of skills acquired from experience (VAE) has been standardized nationally.
- Strengthening the enforcement of the laws regarding *prevention of musculoskeletal disorders*.

The *State Secretariat of Economics (SECO)*, under the supervision of the Federal Department of Economy, launched in 2011 the initiative **"Qualified workers for Switzerland"**, which aims to address the potential shortage in qualified workers because of demographic changes. One of the areas for action is the working conditions of the older population with the objective to develop a strategy to create good employment conditions until retirement and also after retirement age has been reached.[49] The following general actions were adopted in May 2013 as part of that strategy:[50]

[48] There has always been an increase in the number of active female workers before retirement age because of the recently modified laws, especially the one of the increase of the retirement age of women to 64 years.
[49] More information on the website of the Federal Department of Economy: https://www.wbf.admin.ch/fr/themes/formation-recherche-innovation/davantage-de-personnel-qualifie/ (Accessed November 2014)
[50] Note: As per today, only very general information about these actions is available.

- Research and studies about the working conditions of older workers (discriminations, long term unemployment risk determinants of early retirement, incentive of social insurances, etc.)
- Identify incentives for employment after retirement
- Strengthen and encourage work ability of older workers and their motivation to stay employed: the confederation and the cantons will be encouraged to set an example and create working conditions that are adapted to age that enable employees to continue working after the legal retirement age.
- Raise awareness among organisations about enhancing the employment of older workers

2.1.2 Initiatives from the regional (canton) level

The **Canton of Aargau** has launched in 2011 a policy for the ageing population consisting of 12 guiding principles, some of which relate to the employment of older people:[51]

- The experience and competences of older people are valued
- Employers recognise the value of their older employees
- The ageing policy is cross-cutting policy

In particular the principle that employers should acknowledge the value of their older employees is particularly relevant for the Canton of Aargau, in which the share of unemployed people over 50 has increased by a third since 2000. A 2-year campaign called “Potenzial 50plus” accompanied the implementation of the policy in order to raise awareness of employers and the general public with regard to the issue of the employment of older people[52].

2.1.3 Initiatives from social partners

While there are no social partner agreements in this area, there are some relevant individual initiatives.

Employers organisations

The **Swiss Employers Association** has been working on the issue of the consequences of demographic change in companies since 2006, when it launched its “Strategy for the employment of older people”. Recommendations in the Strategy include, among others:

- A focus on lifelong learning and vocational trainings
- The adaptation of the working station and the promotion of health in companies
- Career changes and opportunities for promotion
- Attitude changes towards older workers

As part of this strategy, the association produced a booklet called “**Altersstrategie**”. It is a written guidance document which explains in broad terms what it means to get older (consequences, advantages and adaptations that are required to make at the workplace). It provides guidelines for companies but also helps the general audience understand what ageing is about. Good practice examples for age management that have been implemented by Swiss companies are quoted.

As part of the governmental initiatives on the shortage of qualified workers, in 2014, the association launched a new initiative called “**Labour Market 45plus**” which aims to provide incentives to employers to hire workers over 45 and to provide incentives for workers to stay longer at work, including beyond the legal retirement age.

[51] More information in the report by Health Promotion Switzerland on “Der demografische Wandel bewegt die Schweizer Arbeitswelt” (the demographic change affects the Swiss world of work), August 2014. Available (in French and German) from: http://gesundheitsfoerderung.ch/newsletter-gesundheitsfoerderung-schweiz/fokustexte/der-demografische-wandel-bewegt-die-schweizer-arbeitswelt.html (Accessed November 2014)

[52] Campaign website: www.ag.ch/potenzial50plus (Accessed November 2014)

In addition a number of sectoral business organisations have been working on this issue, including:[53]

- The Swiss engineering, electrical and metal industry association, SWISSMEM, has formed a working group "Swissmem BestPractices 50+" which has proposed a number of interventions in its member organisations related to stereotypes, knowledge and training and health targeting workers over 50.
- The Swiss timber association, HolzbauSchweiz, has been investigating ways of retaining older people in the timber business. The age structure at sectoral level reveals that many people leave the sector early for fear of occupational diseases and accidents. The sectoral organisation has therefore launched in 2013 a health promotion programme Holzbau Vital in cooperation with SUVA, which addresses OSH risk assessment and management, career planning and awareness-raising measures.

Workers organisations

Travail.Suisse, one of the main trade union associations, has been campaigning for the revision of the legislation on vocational training in order to better take into account the needs of ageing workers and better *promote vocational training* among this age group. The basis for this campaign is to enhance the employment of older unemployed workers rather than to promote a more fulfilling working life for older employees. However the end result would benefit both groups.[54] The association proposes to amend Article 55 of the current law on vocational training. Currently, the law offers the possibility to support, in specific fields, training projects of public interest, targeting two groups of people:

- Ensure that those whose job is experiencing structural changes can remain in employment; and
- Support those who need professional rehabilitation following a temporary break in their working lives

Travail.Suisse proposes therefore to add a third category:

- Maintain and improve, through appropriate measures, the *capacity of older workers*.

2.1.4 Initiatives from non- governmental organisations

Between 2004 and 2008, the "*Agence pour le développement et l'évaluation des politiques publiques de santé*" (Agency for the development and evaluation of public health policies) in Geneva implemented a programme called "**Programme santé 50+**".[55] It was financed by the "*Conference latine des affaires sanitaires et sociales*" (confederation of public health departments from the French- and Italian-speaking cantons) and "*Promotion Santé Suisse*" (an awareness-raising institution on public and occupational health). The programme was drafted in 2003 and focused on three axes: work, unemployment and retirement. The programme aimed to promote a number of measures/activities to improve the situation of 50+ workers in each of the three areas.[56] Next, 12 pilot projects were implemented in the French- and Italian-speaking cantons in order to test the measures promoted and developed in the programme. Four projects were of particular interest as they were all looking at a specific aspect of OSH and older workers (mental health, best practices, workplace health promotion, and transition to retirement). Results and assessments are available for each of the 12 pilot projects. The evaluation reports in particular mention that the following goals have been fulfilled: promotion of a

[53] Information collected from the report of Health Promotion Switzerland on "The demographic change affects the Swiss world of work", see above.
[54] Travail.Suisse website: http://www.travailsuisse.ch/themes/formation/formation_professionnelle (Accessed November 2014)
[55] Programme santé 50+ website: www.50plussante.ch (Accessed November 2014)
[56] Programme santé 50+, « Promotion de la sante chez les personnes agées de 50 ans et plus », September 2013. Available at: http://www.50plussante.ch/DocUpload/doc_prog50plussante_080904.pdf (Accessed November 2014)

healthy work environment and strengthening the resources and competences of older workers. But the main result was the increased awareness about the topic.

The **"Generation Plus Foundation"** (Stiftung generationplus) supports activities targeting ageing people through the attribution of the "**Eulen" award**, which rewards innovative practices in the field of vocational reorientation of people aged 50 and above.[57]

Health Promotion Switzerland (Gesundheitsförderung Schweiz) is a partly-autonomous, public foundation that works on projects to initiate, evaluate and disseminate workplace health promotion[58]; it proposes analytical tools to companies that are interested in a complete age management approach, for example:

- A *check list* to ensure that the work and staff policy implemented in the company is still relevant when the proportion of older workers increases. The check list is a tool particularly for HR managers. It allows giving a general idea of possible measures to manage changes in the age structure of the company.[59]
- A workshop organised following the guidelines "**Quality work – healthy into retirement**" produced by INQA (the German initiative New Quality of Work), consisting in group discussions with experts, employers and older employees.[60]
- The analytical tool "**SME – Demography**" ("demografix") which supports small and medium enterprises with age management by analysing their future demographic issues and where measures should be taken.[61]

The **Demographic Forum**[62] brings together *companies and offers a platform for networking, providing feedback, sharing knowledge and discussing common solutions related to ageing at work.*

The **Demography Network of Switzerland**[63] also provides information and aims to raise awareness and encouragement of managers to act concerning ageing. Companies that are part of the demography network of Switzerland commit to a non-discriminatory, age-neutral staffing policy, for a well-balanced age distribution amongst employees, a holistic promotion of health and the transfer of knowledge between different generations.

2.2 Liechtenstein

The only initiative identified in Lichtenstein related to the OSH of older workers or sustainable working conditions is by the Office of Economic Affairs. On its website, a section is included on older workers under the topic "Protection of workers more exposed to risks". The page provides basic information about changes throughout the working life and the need to adapt older workers work habits to ensure that they stay at work up to retirement age.

[57] Stiftung generationplus website: http://www.stiftung-generationplus.ch/home-de.xhtm (Accessed November 2014)
[58] Gesundheitsförderung Schweiz website: http://gesundheitsfoerderung.ch/ (Accessed November 2014)
[59] The checklist (in German): http://gesundheitsfoerderung.ch/assets/public/documents/1_de/d-ueber-uns/2-agenda/2-bgf-tagung/tagung-2014/Praesentationen/Praesentation_Symposium_01_-_Zoelch.pdf (Accessed November 2014) and the report *Betriebliches Gesundheitsmanagement – Wettbewerbsvorteil Generationenmanagement* (Health management in companies - Competitive advantage of managing generations), December 2013. Available at (in German): http://gesundheitsfoerderung.ch/assets/public/documents/1_de/d-ueber-uns/5-downloads/Arbeitspapier_014_GFCH_2013-12_-_BGM_-_Generationenmanagement.pdf (Accessed November 2014))
[60] From German INQA website (www.inqa.de) (Accessed November 2014)
[61] Demografix website: www.demografix.ch (Accessed November 2014)
[62] Demographic Forum *website:* www.demographieforum.ch (Accessed November 2014)
[63] Demography Network of Switzerland website: www.wdaforum.org/kooperationen/ddn-schweiz (Accessed November 2014)

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 Switzerland, the main actor in terms of rehabilitation and return-to-work is the Invalidity Insurance (I.V) which covers workers with recognised disabilities/invalidity. The worker has access to a set of rehabilitation measures and individual follow-up provided by the I.V. The motto of the I.V. is "rehabilitation before compensation".

The following chapter first describes the institutional system in Switzerland and the Liechtenstein 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/injured workers

3.1.1 Switzerland

Legal and policy frameworks

- According to the **Labour Code** (ArG Art. 6), employers are responsible for the safety and health of their employees. Employers need to take all known measures to prevent accidents and occupational diseases. There are no provisions in the Swiss law that obliges the employer to adapt the workplace to people with a reduced ability work.

- The **Federal Law on Sickness Insurance** (Bundesgesetz über die Krankenversicherung KVG, 1994) regulates health insurance and covers diseases (non-occupational), accidents (if no other insurance can cover them) and maternity.

- The **Federal Law on Accident Insurance** (Bundesgesetz über die Unfallversicherung UVG, 1981) deals with compensation and prevention of all types of accidents and occupational diseases. It regulates compulsory accident insurance (as per the Compulsory Accident Insurance Regulation – UVV), accident prevention and the prevention of occupational diseases (as per the Accident Prevention Regulation – VUV).

- The **Federal Law on Invalidity Insurance** (Bundesgesetz über die Invalidenversicherung IVG, 1959) provides financial and in-kind benefits for people with disabilities, including disability pensions and disability assistance benefits, as well as support for rehabilitation. In 2008, the 5th Revision of the Federal Law on Invalidity Insurance introduced two instruments to encourage rehabilitation of disabled workers: early detection of persons unfit for work and early intervention to enable disabled persons to keep their job or change to find a more adapted job.

- The **Federal law on the general part of social insurance law** (Bundesgesetz über den Allgemeinen Teil des Sozialversicherungsrechts, ATSG, 2000) is the overall social security law coordinating the various social security schemes (e.g. sickness, insurance, pensions) and orchestrating the social security benefits.

Main steps and actors in the rehabilitation process

In Switzerland, everyone has an obligation to take up sickness insurance in the health insurance organisation that they want. When a worker suffers from a non-work-related disease, he/she is treated by the **public health institutions** (GPs, hospitals, etc.) for medical rehabilitation and is covered by his/her **health insurance** (there are 67 health insurance organisations – or Krankenkassen / caisse maladie – overall in Switzerland). No specific scheme regarding rehabilitation for people suffering from non-work-related diseases has been identified. However, it is possible that some of the private health insurance companies offer support for rehabilitation.

All employees in Switzerland, including teleworkers, apprentices, trainees and voluntary workers, are covered by their employers for occupational accidents and occupational diseases. Also, non-work-related accidents are covered if the employee has a working contract of 8 hours per week or more. Therefore in the case of an accident (occupational or not) or an occupational disease, the injured or sick worker is covered by the obligatory accident insurance. As already mentioned, the **Swiss Accident Insurance Agency (SUVA)** is the largest accident insurance organisation. Article 66 of the Accident Insurance Act divides the areas of activity between SUVA and the other insurance companies[64].

In relation to rehabilitation and return-to-work, **SUVA** provides a number of virtual and non-virtual training courses to employers on managing sickness absence and proposes to analyse the situation of a company on the ground before defining an action plan, with measures, roles and responsibilities and the definition of success indicators.

People with a disability are covered for financial and in-kind benefits by the **Invalidity Insurance (IV)**. It is also the first point of contact for the occupational rehabilitation of people with a disability or with reduced ability. It is accessible for all persons with a recognized disability, unrelated to the cause of the disability. The assessment of disability is done in the regional IV offices (canton). It is part of the first pillar in the pension system (see chapter 1.4). “Invalidité” (disability) is defined in the 2000 Federal law on the general part of social insurance law (in force since 2003) as “temporary or permanent, total or partial, earning incapacity”.

Disabled persons, or persons who are likely to become disabled, have access to rehabilitation measures that allow them to maintain, restore or improve their work capacity. Those measures can be:

- Medical measures to treat a congenital disability (awarded until the age of 20) or a more or less stabilised medical condition, insofar as these measures contribute to a permanent and real improvement in the person's earning capacity
- Supply of appliances necessary for maintaining or improving disabled people's earning capacity or their ability to perform day-to-day tasks.
- Occupational rehabilitation measures and accompanying benefits, such as career advice, re-training, vocational training, job placement, daily cash benefits, reimbursement of travelling expenses, and capital grants.

The primary objective of the IV is to bring the employee partially or completely back to work in his profession or in another profession. These measures are implemented before the person can benefit from disability benefits. Disability benefits are provided only if rehabilitation is not possible because of health reasons.[65] The latest reforms of the Invalidity Insurance have put a strong emphasis on early intervention (people can benefit from rehabilitation measures even when they are “likely” to become disabled) and on “rehabilitation before pension”.

Compensation system

Compensation system for sickness absence

[64] EU-OSHA, OSHWIKI, “OSH system at national level – Switzerland”, as above.

[65] Federal Office of Social Insurances website: http://www.bsv.admin.ch/themen/iv/00021/00737/index.html?lang=fr (Accessed November 2014)

In case of an accident (whether occupational or not), the compulsory accident insurance (see above) covers for 80% of the costs for the loss of wages from day 3 after the accident for a certain period of time. Up to day 3, the employer has the obligation to cover the 80% of the salary cost to its employee.

In case of occupational disease, the employer has the obligation to pay for sick leave for at least 3 weeks if the employee has been working for at least 3 months in the company. The duration of the payment of the salary during sick leave also varies from Canton to Canton. For example, the courts of the Canton of Zurich apply the following rules:[66]

- First year of service (above three months): 3 weeks
- Second year of service: 8 weeks
- Third year of service: 9 weeks
- Fourth year of service: 10 weeks [and so on]

In case of non-occupational diseases, sickness benefits are paid by the sickness insurance based on tax and income contributions.

Compensation system for disability or reduced work capacity

An invalidity pension is paid in Switzerland only when the person cannot be rehabilitated and reintegrated into the labour market. The recent reform of the invalidity insurance has put in place a number of incentives and supporting measures for employers to ensure that the largest possible number of people with reduced capacity to work return to work.

To receive an invalidity pension, the person must have lost at least 40% of work capacity during one uninterrupted year. The amount of the pension depends on the degree of invalidity: 40% of invalidity gives right to 25% of the maximum amount available for a pension, while 70% of invalidity gives right to a full pension.

3.1.2 Liechtenstein

In Liechtenstein, the **accident and occupational diseases insurance (OUFL)** covers Liechtenstein employees for work accidents (BU), occupational diseases and non-work accidents (NBU). Every employee is covered for the work accidents and the occupational diseases, the premiums are paid by the employer. Employees that are working more than 8 hours a week are also covered for non-work accidents. Non-professional accident premiums are paid by the employer. The accident insurance is hold by private insurance companies.

The **Invalidity Insurance** in Lichtenstein is very similar to the Swiss Invalidity Insurance and is part of the first pillar of the pension system (see chapter 1.4.2). It is the main actor on rehabilitation and return-to-work but focused only on people with a recognised disability. The invalidity insurance provides two services: rehabilitation measures like vocation trainings or appliances and the payment of disability pensions. The main principle is to first implement rehabilitation measures before the disability pension is being paid out.

No further information on rehabilitation measures could be found, however, one can assume that the system and processes are similar to Switzerland but in a smaller context.

3.2 Specific Initiatives or programmes

3.2.1 Switzerland

In this section, an overview of policies, strategies and programs linked to the rehabilitation and return to work of older workers in Switzerland is presented. Findings are listed as detailed as available on the internet.

[66] ,CMS von Erlach Henrici, *Swiss Employment Law*, 2012. Available at: http://www.cms-vep.com/Hubbard.FileSystem/files/Publication/39aacb5d-7a6d-4241-8036-3826bc60b543/Presentation/PublicationAttachment/ebc9a822-c335-45de-8529-389830930601/CMS_Arbeitsrecht_January%202011.pdf (Accessed November 2014)

The **Invalidity Insurance** has issued a '**Guide for professional rehabilitation'** addressed to employers, describing the main steps of the rehabilitation process, the services proposed by the IV at all steps, and the procedures to benefit from these services[67].

Following the latest reform of the Invalidity Insurance (2008), **rehabilitation pilot projects** can be funded by the Federal Social Security Office (OFAS)[68]. In particular, projects aiming at creating job positions for invalid workers or encouraging the return to work of workers benefiting from a pension. Funded project are to test innovative measures, instruments or innovative ways of organizing work, to eventually be integrated in the rehabilitation policy of the Invalidity Insurance[69].

In 2009, **SUVA** and **the Invalidity Insurance** (IV) developed the "**Initiative Berufliche Reintegration**" (Professional reintegration)[70]. It aims at reintegrating workers that have had an accident and are unable to return to their old workplace and who are not entitled to occupational redeployment through the invalidity insurance scheme. In that case, the new employer trains the employee in the new employment field for a period up to 24 months, whilst SUVA pays for daily allowances during the training phase and a contingency fee of maximum 10,000CHF.

Fitforwork-Swiss was implemented in May 2010. Like Fitforwork Europe, it aims to encourage the better management of people affected by musculoskeletal disorders in order to maintain or improve their work capacity. Among others, the association has published a report "**Return-to-work**", which presents a number of case studies on possible measures to be taken for people with MSDs.[71] It is also taking part in a number of projects with insurance companies where fitforwork plays the role of the facilitator between the worker and the insurance company.

The health insurance organisations, in coordination with the regional authorities (the canton), manage **Health Promotion Switzerland** (see Section 2.1). However, no initiative by Health Promotion Switzerland related to rehabilitation or return-to-work has been identified.

3.2.2 Liechtenstein

No initiatives have been identified in Liechtenstein.

[67] AI, *Guide de la réadaptation professionnelle*, 2012: Available at: https://www.ahv-iv.ch/Portals/0/Documents/Extranet/Arbeitgeber%206a/AHV_Leitfaden_fr_WEB.pdf (Accessed December 2014)

[68] Federal administration in charge of the Invalidity Insurance, survivors' pension, supplementary benefits, occupational pension, maternity and family allowances: http://www.bsv.admin.ch/index.html?lang=en (Accessed December 2014)

[69] Federal Social Security Office (OFAS) website: http://www.bsv.admin.ch/themen/iv/00023/03205/index.html?lang=fr (Accessed December 2014)

[70] Webpage of the initiatives: http://www.suva.ch/startseite-suva/unfall-suva/berufliche-reintegration-suva.htm (Accessed December 2014)

[71] Report available on the website of Fitforwork-Swiss: http://www.fitforwork-swiss.ch/fr/projets/retourautravail.html (Accessed December 2014)

4 Conclusions

4.1 Switzerland

General context

Facts and figures

- The demographic situation is Switzerland is very similar to that of the overall EU population with a similar *median age* (42 years in 2012) and similar shares of the different age groups.
- Although *life expectancy* is similar to the EU average, the number of *healthy life years* that Swiss men and women can expect to live at the age of 65 (13) are significantly higher compared to the EU average (8.6). At the age of 50 and 65 respectively, the number of healthy life years the Swiss population could expect to live rose by 2 years – between 2008 and 2012.
- The *labour participation* numbers among all age groups are also much higher in Switzerland compared to the EU-27. The employment rates among workers 55 to 64-years-of-age as well as 65 years and above were almost twice as high during the past decade.
- Self-reported *working conditions* in Switzerland for older workers are better than the EU average, as a higher percentage of older workers in Switzerland indicated that they were *satisfied with their working conditions* and the share of workers older than 50 years who reported that they *would be able to do their current job at the age of 60* was significantly higher in Switzerland (88%) than across the EU (71%). In addition, the percentage of older workers reporting having to *carry heavy loads* at least a quarter of their working time and the percentage older workers who have to work in *tiring or painful positions* are lower compared to the EU-27 average.
- *Retirement age* is set at 65. The effective retirement age is very close to the statutory retirement age (64 for women, 65 for men).

Legal and institutional framework

There is no specific legal disposition regarding older workers except one law that states the right of older workers to a yearly medical exam for nightshifts. They are covered by the general OSH regulations. Regarding access to employment of older workers and workers with reduced capacity or disability, it is interesting to note that in Switzerland anti-discrimination is enshrined in the constitution

OSH and older workers

There is no national OSH strategy or policy in Switzerland, but several initiatives and programmes have been developed and implemented. Interest in the topic of the working conditions of older workers and more general sustainable working lives has been growing in Switzerland, as is demonstrated by a number of initiatives taken by governmental organisations on demographic changes and OSH prevention to avoid disability and early retirement. The OSH initiatives relevant to sustainable work have also focused on musculoskeletal disorders and on the promotion of the Work Ability Index.

Switzerland has also been focusing strongly on employment policies for older workers as a direct result of the review of employment policies in Switzerland by the OECD. The review concluded that Switzerland should focus on strengthening financial incentives to carry on working, improving the employability of older workers and improving conditions of employment for older workers. Following the OECD recommendations, Switzerland has initiated policies to improve the employment rate of older workers. Moreover, revisions of the pension system have been initiated during the past few years in order to increase its viability.

The different initiatives are standing mostly on their own and are coordinated by various actors rather than one umbrella body (e.g. federal department). Nevertheless, one very general common goal can be identified across most of the initiatives, which is to raise awareness about the topic of older workers. Most of the initiatives for the employment of older workers take into account their working conditions and try to adapt the workplace so that older workers are able to continue working until their retirement.

Social partners have also been initiating different initiatives for the OHS for older workers and support actively the process of law amendment concerning that topic. There are also various non-governmental initiatives to support awareness raising and provision of guidance and tools on a healthy workplace and age management.

Rehabilitation/return-to-work part

Switzerland has been moving towards a rehabilitation approach which is focused on return-to-work, is multidisciplinary, and is a joined-up approach to prevention and rehabilitation. Rehabilitation is provided through the invalidity insurance (IV) mainly to workers with recognised invalidity/disability and therefore workers with long-term or chronic health problems are not necessarily well supported yet. However, a recent reform of the invalidity insurance legislation has put more emphasis on early intervention (working with people who are "likely" to become disabled), potentially broadening the scope of its interventions.

As mentioned, the invalidity insurance is the main actor in terms of rehabilitation and return-to-work for workers with disability. The worker has access to a set of rehabilitation measures and individual follow-up provided by the I.V. It works closely together with the employer of the disabled person as well as several other services like the unemployment insurance, physicians, SUVA, etc. in order for the return-to-work process to be successful. Only where rehabilitation is impossible is a disability pension will be allowed.

In Switzerland, the costs of the I.V. have been rising enormously during the last decades as more disability pensions were being allocated. As a response, as mentioned before, reforms of the system have been undertaken in January 2012, which focus on new measures to help newly disabled workers to return to work. Additionally, it focuses on measures to support people returning to work in case they have been unemployed for a long time while receiving a disability pension. The main focus today compared to a couple of years ago is on measures that enable the rehabilitation of the disabled workers and to return to work instead of paying live long disability pensions.

There are a handful of programmes related to rehabilitation in Switzerland focusing on prevention or reintegration measures for all workers, and not only workers with disability, in order to support the return to work. In all of the cases, the measures go beyond only medical treatments and also take into account the workplace, the working conditions and specific non-medical measures in order to enable the person to go back to work.

General conclusion

Despite the high employment rates of older workers in Switzerland (compared to the EU average), the policy agenda and related initiatives have only recently started to focus on the topic of health and safety at work for workers above 50 years-of-age. Before, employment policies were the priority, mainly due to the outcomes of a review by the OECD ten years ago. This might be changing now, as several programmes and initiatives have been introduced and implemented that relate to sustainable working conditions. However, most programmes and policies are at the beginning stages and mainly focus on awareness-raising among employers and companies on the issue of the OSH of older workers and on the issue of rehabilitation/return-to-work, rather than on implementing integrated and sustainable approaches. Moreover, the programmes are rarely evaluated and follow-up measures and actions often do not exist. The initiatives take place on a rather ad-hoc basis and the coordination of one overarching body (e.g. federal level) would therefore be welcome.

4.2 Liechtenstein

General context

- In Liechtenstein the overall population has been ageing in a way that is similar to the overall EU average. The *median age* rose from 28 years in 1975 to 42 years in 2012 (same as EU average).
- *Life expectancy* in Liechtenstein is similar to EU average.

- The *employment rates* of the 55-64 year olds increased more quickly compared to the EU-27 population (5 p.p. compared to 2 p.p. respectively).

OSH and older workers

Older workers are covered by the general OSH legislation. The only initiative identified in the framework of this report is the Ministry's website providing some information on OSH and older workers.

Rehabilitation/return-to-work

In Liechtenstein, as in Switzerland, the invalidity insurance is the main actor on rehabilitation and return-to-work focusing on workers with a recognised invalidity. It offers rehabilitation measures like vocation trainings and finances disability pensions. The main principle is to first implement rehabilitation measures before the disability pension is being paid out. No further information on rehabilitation measures could be found, however, one can assume that the system and processes are similar to Switzerland but in a smaller context.

General conclusion

Liechtenstein is a small country which is closely linked to Switzerland. No examples of policies or initiatives could be identified that focus on OSH and older workers and/or rehabilitation, but it is likely that the different initiatives and programmes undertaken by Switzerland are also applied to some extension in Liechtenstein.

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European Agency for Safety and Health at Work

Gran Vía 33, 48009 Bilbao, Spain
Tel. +34 944794360
Fax +34 944794383
E-mail: information@osha.europa.eu

http://osha.europa.eu

Publications Office