

Safer and healthier work at any age

Country Inventory: Greece

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Abbreviations

ΕΟΡΥΥ:	Εθνικός Οργανισμός Παροχής Υπηρεσιών Υγείας (National Provider of Healthcare Services)
ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
HR:	Human resources
ILO:	International Labour Organization
ΙΚΑ:	Ίδρυμα Κοινωνικών Ασφαλίσεων (Social insurance institution)
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
ΟΚΕ:	Οικονομική και Κοινωνική Επιτροπή της Ελλάδας (Economic and Social Committee)
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
SEPE:	Σώμα Επιθεώρησης Εργασίας (Hellenic Labour Inspectorate)
WHO:	World Health Organisation

1 Introduction

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

The project, which started in 2013,

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

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

Methodology

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

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

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

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

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

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;

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).

- 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.

Finally, in order to validate the findings of the desk research, EU-OSHA's network of **focal points** reviewed the country reports.

In Greece, the expert workshop "Safe and healthy workplace in the context of an ageing society" took place on 25-26 June 2014, with around 35 participants for both days. The General Directorate of Working Conditions and Health of Work at the Ministry of Labour and Social Protection, EU-OSHA's focal point, provided support for the organisation and execution of the workshop. The first day of the 2-day event looked at the issue of the occupational health and safety conditions of an ageing workforce while the second day focused on the question of the return to work of workers following an accident or a disease. Representatives from the European Agency for Safety and Health at Work (EU-OSHA), the Ministry of Labour and Social Protection, the Social Insurance Institution (IKA), the National Provider of Healthcare Services (EOPYY), the Special Secretary of the Labour Inspectorate (S.E.P.E), the Economic and Social Committee (OKE), as well as the social partners and academics gave presentations to introduce the topics for discussion. All relevant stakeholders for OSH discussions in Greece were represented at the workshop. A summary of the stakeholders' views is provided in the conclusions of this report.

The present report describes policies and strategies in Greece 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.

2 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Greece 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 Greece that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

2.1 Facts & Figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Greece 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.

Table 1: Overview table of main indicators

	Greece	EU-28
Median age 2013 (2060)	42 (50)	42 (46)
Share of population aged 55 to 64 years (2013)	12%	13%
Share of population aged 65+ (2013)	20%	18%
Old age dependency ratio 2013 (2060)	31% (61%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	36% (-6 p.p.)	50% (+10 p.p.)
Official Retirement age ⁶	62(f)/67(m)	

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.

⁶ See section 1.4 on Pension system. This figure refers to 2013.

Safer and healthier work at any age – Country inventory: Greece

	Greece	EU-28
Effective retirement age (2012) ⁷	60.3(f)/61.9(m)	60.9(f)/62.3(m)* ⁸
Share of pensioners (50-69) who quit working for health or disability reason (2012)	6%	21%
Pension expenditures (% of GDP) (2011*)		
All pensions	14.9% ⁹	13.0%
Old-age pensions	8.6%	9.5%
Disability	0.8%	0.9%
Life expectancy at 65 years, in years (2011)	19.8	19.7
Women	21.2	21.3
Men	18.2	17.8
Healthy life years at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	7.9 (19.2)	8.6 (17.9)
Men	9 (19.7)	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)	12.4%	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	3.7% (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	20.5% (11%)	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)	59%	60% ¹¹
Women	65%	64%
Men	55%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 ¹² (2010)	56%	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)	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)

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 Provisional data

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

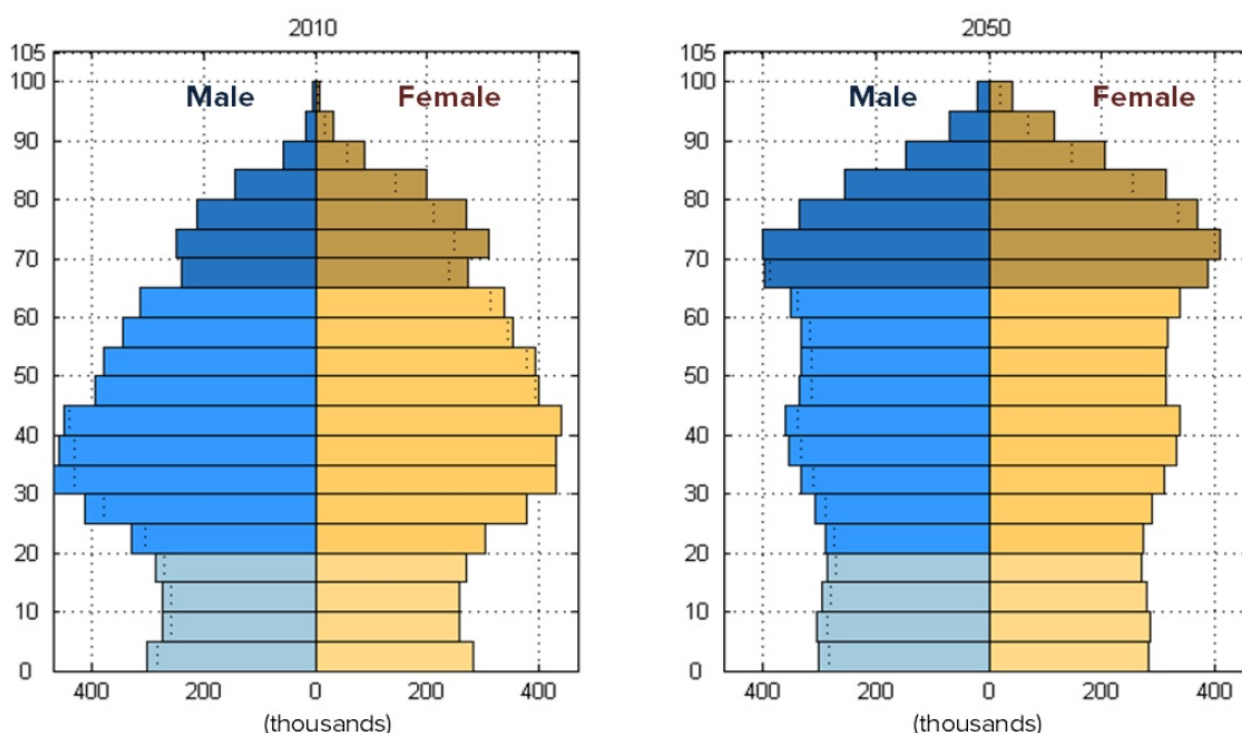
¹⁴ Source: European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet on Greece. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_el_en.pdf (accessed December 2014).

Demographic developments

Greece's population has been ageing since 1960, although the median age did not rise significantly until 1980. While the median age in 1960 was 31 years, in 1980 it was 34 years and in 2013 it was 42 years¹⁵. This is the same as the overall EU population's median age in 2013 (which was 42 years)¹⁶. 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) has increased significantly since 1990 from 14% to 20% in 2013 (EU-28: 18% in 2013). The group of 55 to 64-year-olds decreased from 13% in 1990 to 11% in 2000 and then increased again to 12% in 2013 (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group "65+" will significantly increase from 20% in 2013 to a projected 33% of the total population in 2060. This ageing is also shown in the age pyramid below (fig.1) which shows that between 2010 and 2050, the age group of 20 to 65-year-olds is predicted to decrease while the age group of 65+ is predicted to increase. This is also reflected in the old-age dependency ratio (see table 1).

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



Source: International Conference on Population and Development Beyond 2014, Greece Country Implementation Profile¹⁷.

Labour market participation

As shown in the graph below (fig.2), the employment rate among the Greek population between 55 and 64 years slightly increased between 2000 (39.4%) and 2008 (42.8%), but then sharply decreased again until 2013 (36%). Therefore, in 2012 it was significantly lower than the EU average rate for this age group, which was 48.9%. The employment rate of the younger age groups followed a similar

¹⁵ Source: Eurostat population statistics 2013, structural indicators.

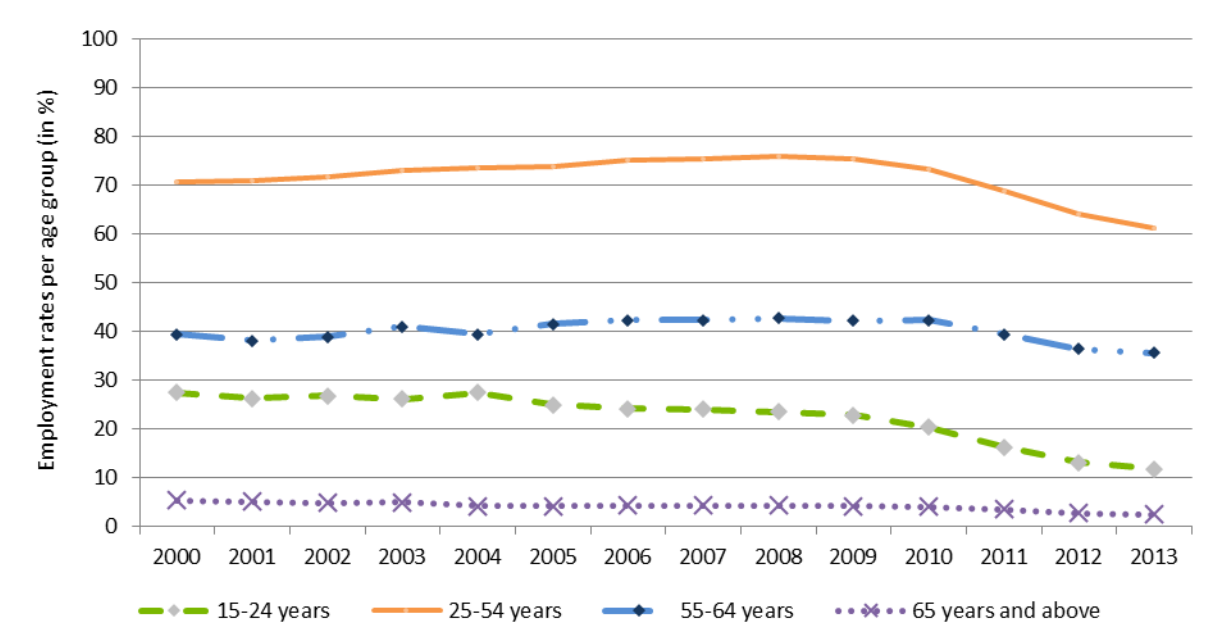
¹⁶ Source: Eurostat population statistics 2013, structural indicators.

¹⁷ International Conference on Population and Development Beyond 2014, Greece Country Implementation Profile. Available at: <http://icpdbeyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

evolution and the employment rate of both the 25-54 year olds and under-25 year olds were much lower than the EU average in 2012.

The only employment rate that was approximately at EU average for a longer time span was the one of the oldest age group (65 years and above): it stayed at around 4% until 2010, but then also dropped to 2.7% in 2012 (compared to an EU average of 5% for that year).

Figure 2: Employment rates per broad age groups, trend 2000-2013, residents in Greece, 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 2010¹⁸, the following conclusions can be drawn with regard to the working conditions of older workers (aged 50 and above) in Greece:

- The share of Greek older workers¹⁹ having to *carry heavy loads* for at least a quarter of their working time decreased between 2000 (59%) and 2010 (45%). However, this share was still higher than the EU average for older workers in 2010 (32%).
- The share of older workers in Greece which reported being in *tiring or painful positions* almost all of the time at work decreased from 56% in 2000 to 42% in 2010. Still, this share increased with age in Greece in 2010 and was much higher than for older workers across the EU (16% of older workers across the EU reported the same in 2010).
- The share of Greek workers who *work in shifts* decreases with age and is similar to EU average (15% and 14% respectively). Older workers in Greece were more exposed to *night work* than older workers across the EU in 2010 (22% in Greece compared to 16% across the EU).

¹⁸ 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)

¹⁹ 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 older workers in Greece which reported that their *working hours fitted well with their private life* increased from 53% in 2000 to 66% in 2010. However, this share was still considerably lower than the EU average in 2010 (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) decreases with age in Greece: 51% of young workers report that at least three external factors determine their work pace against 30% of older workers (which is higher than the EU-27 average of 27% of older workers).
- In Greece, a significantly lower share of workers from all age categories receive *on-the-job training* compared to the EU average. For older workers, this is 16% compared to 26% respectively.
- A much larger share of older workers in Greece (48%) than across the EU (27%) found that *work affected their health negatively*.
- In Greece, older workers were much less *satisfied with their working conditions* than older workers across the EU (56% compared to 84% respectively) in 2010.
- The share of Greek older workers who think that they will be *able to do the same job at the age of 60* decreased between 2000 (66%) and 2010 (56%). Furthermore, this share was considerably lower than the EU average in 2010 (71%).
- In Greece, 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). Four percent of those that responded did not know whether their workplace had been adapted to older workers²⁰.

Health

In 2011, estimations showed that Greek men of the age of 65 years had a *life expectancy* of around 18.2 additional years²¹ including 9 considered “*healthy life years*”²², which is similar to the EU average (life expectancy of 17.8 years including 8.6 “*healthy life years*”). The same observation can be made for women. Women of the age of 65 had a life expectancy of 21.2 additional years (21 years in the EU) including 7.9 “*healthy life years*” (compared to the 8.6 at EU level).

The *perceived health status* among employed persons in Greece worsens with age, as demonstrated in Table 2 below.

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

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	0.6%	1%	3.7%	7.6% ²³

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

As shown in Table 3, the share of Greek workers between the age of 55 and 64 who reported that they suffered from *work-related health problems* was slightly higher than the EU average for the same age group in 2007.

²⁰ European Commission, Flash Eurobarometer on Working Conditions, [fact sheet for Greece](#)

²¹ Eurostat 2013 'Life expectancy by age and sex' [demo_mlexpec]

²² Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye).

²³ This is for “bad” health status only, as figure for “very bad” health status is missing

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

EL 25-34 yrs	3%
EL 35-44 yrs	5%
EL 45-54 yrs	8%
EL 55-64 yrs	12%
Male	13%
Female	12%
EU-27* 55-64 yrs	11%

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]; 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 caution²⁴.

*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 countries – musculoskeletal disorders (MSDs) (Table 4).²⁵ However, compared to the EU average, the prevalence of cardiovascular disorders was also high in Greece whereas the prevalence of mental disorders (stress, depression, anxiety) is lower than on EU average. While the importance of physical illnesses (cardiovascular disorders and pulmonary disorders) as most serious work-related health problems increases with age, the importance of stress, depression and anxiety decreases.

Table 4: Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of diseases²⁶

	Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs. Total (EU-27*)	3.9 (2.9)	50.8 (60.9)	8.8 (16.4)	6.7 (4.9)
Women	2.2	51.3	9.5	4.0
Men	5.0	50.5	8.4	8.5
45-54 yrs. Total (EU-27*)	7.5 (6.2)	56.4 (61.3)	8.4 (13.5)	5.1 (4.7)
Women	5.1	57.9	8.2	3.4
Men	8.9	55.6	8.5	6.2
55-64 yrs. Total (EU-27*)	16.6 (11.3)	59.1 (59.9)	4.3 (9.2)	6.5 (5.8)
Women	10.5	65.5	4.0	6.1
Men	20.2	55.3	4.6	6.7

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

*this figure is for 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.

²⁴ See Eurostat Evaluation Report AHM 2007, p. 26, available at:

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

²⁵ 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.

²⁶ 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>

Definition

There is no definition of an ageing worker in Greece, although some initiatives taken by government organisations are addressed to workers between the ages of 55 and 64.

2.2 Institutional structure for health and safety at work

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

Overall Structure

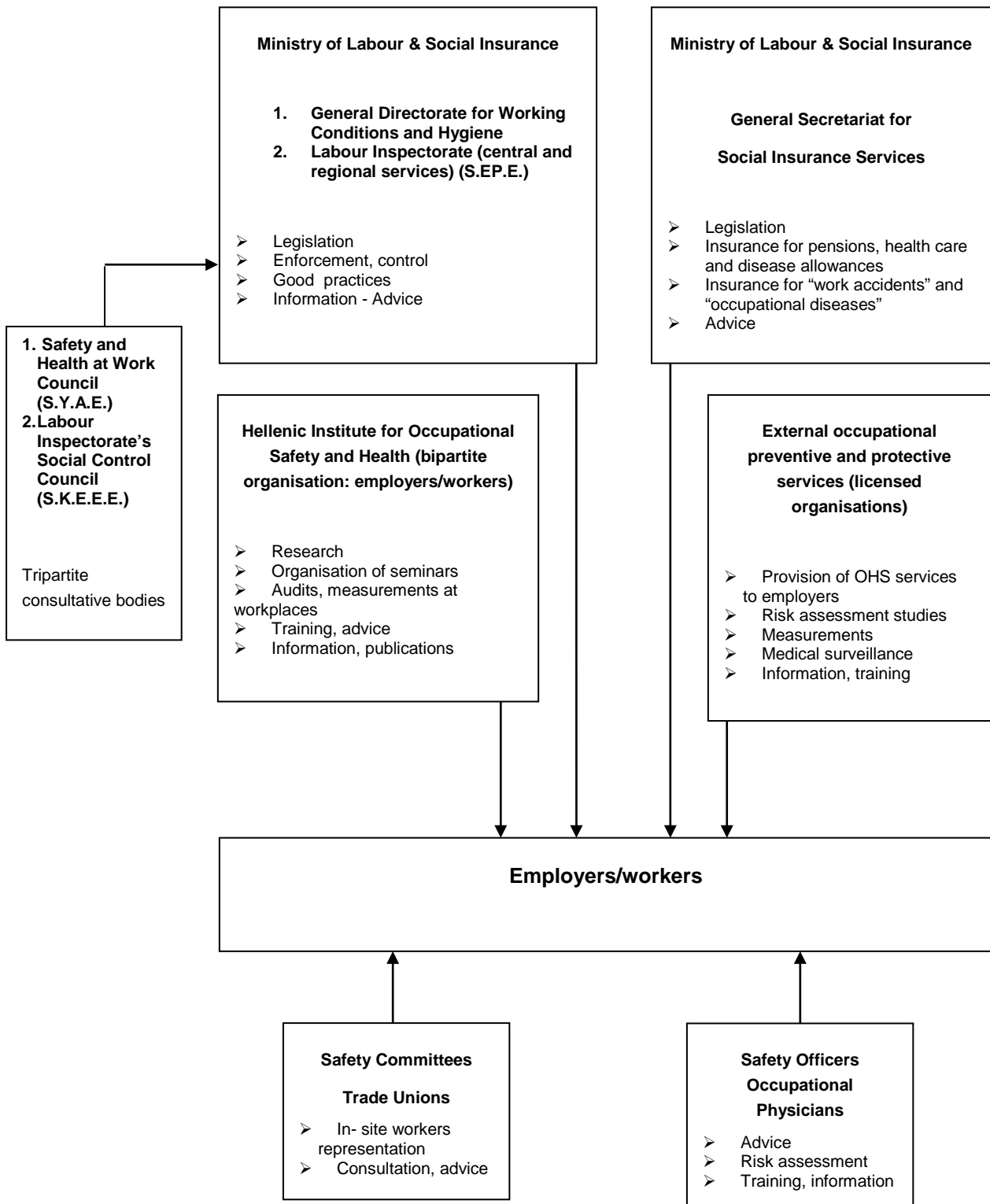
The **Ministry of Labour, Social Security and Welfare** (*Υπουργείο Εργασίας, Κοινωνικής Ασφάλισης & Πρόνοιας*) is the ministry competent for the labour market and social security. The Ministry includes a specialised department for occupational health and safety (OSH), the **General Directorate of Working Conditions and Health** (*Γενική Διεύθυνση Συνθηκών & Υγιεινής της Εργασίας*). The activities of this General Directorate include preparing draft legislation on OSH, circulars and technical guides to assist other OSH competent administrative authorities. Its institutional structure includes, inter alia, Departments for the prevention of occupational accidents and occupational diseases.

The **Supreme Labour Council** (*Ανώτατο Συμβούλιο Εργασίας, ΣΑΕ – SAE*) is a collective, advisory body, within the Ministry of Labour, Social Security and Welfare. The Supreme Labour Council includes the **Council for Health and Safety at Work** (*Συμβούλιο Υγείας και Ασφάλειας των Εργαζομένων, ΣΥΑΕ –SYAE*), a tripartite collective body established in 1985 that is required by law to provide opinions concerning all OSH issues, including draft legislation. It consists of representatives of other Ministries, (Ministry of Administrative Reform & e-Governance, Ministry of Health, Ministry of Finance, Ministry of Development and Competiveness), representatives of workers' and employers' organizations, as well as representatives of professional scientific organisations.

The **Hellenic Labour Inspectorate** (*Σώμα Επιθεώρησης Εργασίας, ΣΕΠΕ – SEPE*) of the Ministry of Labour is the main authority for inspecting working conditions in all industrial, craft, construction and commercial enterprises and/or activities, either on social matters (working time, wages, social security, occupational legality) or on the physical conditions of work (safety and health). It also investigates occupational accidents and imposes administrative sanctions and fines, in case of violations. The Inspectorate has undergone a reform (Law 3996/2011) aiming to reinforce its function and role. The **Council for Social Control of the Labour Inspectorate** (*Συμβούλιο Κοινωνικού Ελέγχου Επιθεώρησης Εργασίας, ΣΚΕΕΕ – SKEEE*) is a tripartite consulting body of the Labour Inspectorate which examines, evaluates and controls its policy and activities.

The **Social Insurance Institution** (*Ιδρυμα Κοινωνικών Ασφαλίσεων, ΙΚΑ*) is the largest (and more representative) social insurance organisation, where all workers, who primarily provide salaried work through private employment contracts, are compulsorily insured.

Figure 3: The OSH infrastructure in Greece on an implementation level



Source: EU-OSHA, OSH WIKI “OSH system at national level – Greece”²⁷

²⁷ EU-OSHA – European Agency for Safety and Health at Work, OSH WIKI, “OSH system at national level – Greece”. Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Greece (accessed October 2014)

Social dialogue

Since the guarantee of collective bargaining by the Constitution of 1975, Greece has developed a tradition in social dialogue that is also reflected in the gradual creation of specific institutional frameworks and structures for bipartite and tripartite collaboration. The most important third-level cross sectoral social partners in Greece are:

- **GSEE** (Γενική Συνομοσπονδία Εργατών Ελλάδος – ΓΣΕΕ)²⁸ is the General Confederation of Greek Workers. GSEE has also established a **Labour Institute (INE GSEE)** aiming to provide information and advice to workers, with emphasis on areas of social insurance, labour relations and employment.
- **ADEDY** (Ανώτατη Διοίκηση Ενώσεων Δημοσίων Υπαλλήλων – ΑΔΕΔΥ) is the Civil Servants' Confederation.
- **SEV** (Σύνδεσμος Ελληνικών Επιχειρήσεων και Βιομηχανιών – ΣΕΒ)²⁹ is the Hellenic Federation of Enterprises, representing the Greek Industry (employers' organisation).
- **GSEVEE** (Γενική Συνομοσπονδία Επαγγελματιών, Βιοτεχνών και Εμπόρων – ΓΣΕΒΕΕ)³⁰ is the Confederation of Small and Medium Enterprises in Greece.
- **ESEE** (Εθνική Συνομοσπονδία Ελληνικού Εμπορίου – ΕΣΕΕ)³¹ is the National Confederation of Hellenic Commerce.

The main social partners (along with other, lower-level or sectoral organisations) cooperate on issues relating to OSH within the abovementioned, tripartite structures; the Council for Health and Safety at Work (SYAE) for legislation and policy issues and the Labour Inspectorate's Social Control Council (SKEEE) for issues concerning the Inspectorate's policy and activities (see above). According to the OECD, trade union density³² has decreased in Greece from 35.4% of employees in 1993 to 21.3% in 2012 but is still higher than the average across OECD countries (17.1% in 2012).³³

Social dialogue also takes place on a broader range of issues that can also include OSH, within the **Economic and Social Committee of Greece** (Οικονομική και Κοινωνική Επιτροπή της Ελλάδας, ΟΚΕ) that issues opinion either on its own initiative, or during the legislative procedure, on draft bills.

In general, there are only very few collective agreements that adopt OSH-related measures that go beyond the existing national legislative framework. Therefore, the exception of the National General Collective Agreement of 1988 (as modified by that of 1991-92) should be highlighted. Through it, the social partners (GSEE, SEV, GSEVEE and ESEE) have established a bipartite, non-profit organisation, the **Hellenic Institute for Occupational Health and Safety** (Ελληνικό Ινστιτούτο Υγιεινής και Ασφάλειας της Εργασίας, ΕΛΙΝΥΑΕ – ELINYAE)³⁴ that consists of four Centres:

- The Occupational Safety Centre deals with safety issues and ergonomic aspects; performs safety audits and ergonomic analysis, and can provide expertise in cases of occupational accidents.
- The Occupational Health and Hygiene Centre, comprising a department of occupational medicine, a Laboratory of Industrial Hygiene and a Laboratory of Biochemistry and Analytical Toxicology, has developed sampling and analytical methods for the detection of chemical, physical and biological hazards in the work environment.
- ELINYAE includes a Documentation and Information Centre and a Vocational Training Centre³⁵.

²⁸ GSEE website: <http://www.gsee.gr/> (Accessed October 2014)

²⁹ SEV website: <http://www.sev.org.gr/online/index.aspx?lang=en> (Accessed October 2014)

³⁰ GSEVEE website: www.gsevee.gr (Accessed October 2014)

³¹ ESEE website: <http://www.esee.gr/Profile.aspx> (Accessed October 2014)

³² Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics*). Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

³³ OECD, Online OECD Employment database: <http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union>

³⁴ ELINYAE website: <http://www.elinyae.gr/el/index.jsp> (Accessed October 2014).

³⁵ EU-OSHA, OSH WIKI, "OSH system at national level – Greece", as above.

2.3 Labour, OSH and anti-discrimination 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.

Occupational health and safety legislation

The modernisation of the legislative framework for occupational health and safety began with the enactment of *Law 1568/1985 on Health and Safety of Workers*. With Law 1568/85, an important change was attempted and criteria for considering working conditions with more consistency and completeness were established, broadening the narrow interpretation of safety and occupational health. Law 1568/1985 gives priority to prevention instead of rehabilitation and is focused on dealing with health and safety aspects from an initial stage of workplace design.

The Framework Directive 89/391/EEC and Directive 91/383/EEC on temporary workers were transposed into Greek law with the *Presidential Decree 17/1996 On Measures for the Improvement of Safety and Health of Employees during their Work Activities*. As in most areas of legislation in Greece, there is a plethora of scattered legal acts related to OSH. Recently, the general (institutional) arrangements for occupational health and safety were consolidated by Law 3850/2010 *Ratification of the Code of laws for the health and safety of workers* that repealed and replaced several of the pre-existing provisions.

Some requirements set by this law could potentially address the needs specifically linked to older workers, i.e. article 43 on the employer's obligation to have a written assessment of the existing occupational health and safety risks, including those concerning groups of workers exposed to special risks, and article 18 on health surveillance that states that the occupational physician assesses the suitability of a given worker in relation to the tasks assigned.

Employment and labour legislation

No particular provision has been identified in the general employment legislation of Greece related to the working conditions of older workers.

Antidiscrimination legislation

The present economic recession has increased the possibility of discrimination against vulnerable groups like older people by expanding the already broad socio-economic inequality in Greek society.

Currently, however, the existing general legislation Law 3304/2005 *Application of the principle of equal treatment irrespective of racial or ethnic origin, religion or belief, disability, age or sexual orientation* refers to age discrimination in employment and of course in occupational health and safety matters. The Law adopts general rules for no discrimination between different groups of workers and permits general exceptions (e.g. age limits for employment protection), but does not include specific measures for ageing workers (e.g. adaptation of work equipment). Article 10 of this Law sets the general obligation of employers to take all appropriate measures to ensure that people with disabilities have access to employment, are able to perform and progress at work and also have the opportunity to receive vocational training.

2.4 Pension system

In Greece during the last two years, the pension system has been under constant review and reform. The objective is to create three main insurance organisations: for civil servants, for workers with a private employment contract and for the self-employed.

Following the implementation of fiscal reform measures, new legislative provisions have been adopted by Law 3863/2010 *New Insurance System and related provisions, regulations on industrial relations*, Law 3996/2011 and Law 4093/2012. The changes focus on reducing pensions and increasing age limits. The official retirement age from 2013 has been set to 62 for women and 67 for men combined

with a certain period of contribution to receive a full pension. Effective retirement age in Greece according to the OECD was 60.3 for women and 62 for men in 2013.

Generally, the current legislative framework for pensions includes many special arrangements, since it changes the prerequisites of the already insured workers according to the new principles, aiming at expanding working life and reducing pension costs. A contradictory arrangement is the worker's "voluntary termination of service" (*εθελούσια έξοδος*), which allows workers to retire early, a policy that was adopted by several organisations (e.g. railway, telecommunications), bank groups and other private companies.

- *Early retirement under the "Heavy and Health-hazardous Occupations" framework:* Specific occupations are included in the list of Heavy and Health-hazardous Occupations (*Βαρέα και Ανθυγιεινά Επαγγέλματα – ΒΑΕ*), which is adopted by all Social Insurance Organisations, following a Decision of the Minister of Labour and Social Insurance (Ministerial Decision of 2 December 2011)³⁶. The latest list³⁷ identifies 61 areas of employment as "heavy and health-hazardous" as well as the groups of workers concerned. In addition, another 38 specific jobs are included in the list regardless of the employment area. A worker employed in areas of occupations included in the list is entitled to full pension *five years* earlier than the general retirement age.
- *Pensions' rights for 55-64 years old workers:* Article 74 par.4 of Law 3863/2010 addresses the need to ensure pension rights for workers between 55 to 64 years old in case of dismissal. In that case, the dismissed worker has the *right of self-insurance* within two months of the date of termination of the employment contract. The employer participates in the cost of self-insurance as follows:
 - Age of the worker 55 to 60 years, 50% of the cost
 - Age of the worker 60-64 years, 80% of the cost.

The above cost recovery plan can be applied up to three years. The remaining 50% or 20%, as appropriate, may be covered by the Manpower Employment Organisation (OAED) of the Ministry of Labour. Moreover, the number of dismissed workers aged 55 to 64 cannot exceed 10% of the total number of dismissed workers.

- *Restrictions to combining work and pension:* In addition, although there are no direct restrictions for pensioners to re-enter the labour market, there are some economic disadvantages. Restrictions are set³⁸ to the employment of people receiving old-age pension: a) under the age of 55, the payment of the pension is suspended, b) after the age of 55, the pension they receive³⁹ is reduced by 70%. These counter motives have been introduced because of the high unemployment of young people.

³⁶ Article 20§1 of Law 3790/2009 O.G. 143/ A/2009.

³⁷ Adopted by Ministerial Decision No. F10221/oik.26816/929/2.12.2011 O.G. 277/B/2011.

³⁸ Article 16 of Law 3863/2010 and additions by Article 42 Law 3996/2011.

³⁹ Gross primary pensions or the sum of gross primary pensions exceeding thirty day-wages of unskilled workers, as they are formed each time and are in force on 31 December of the previous year.

3 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 Greece to address the issue of work sustainability and healthier working lives.

3.1 Initiatives from governmental/government-affiliated organisations

Occupational health and safety

The (first) **National Strategy for Safety and Health at Work 2010-2013**⁴⁰ was based on the EU Strategy 2007-2012 and the ILO Convention No 187. The basic aims of the Strategy are:

- to promote a prevention and safety culture;
- to minimise and efficiently address risks (especially new and emerging);
- to reduce occupational accidents and diseases; and
- to enhance workplace health promotion in SMEs.

In the context of the strategic target to support and promote research on new and emerging risks, it is noted that research outcomes on changes in the labour market should be utilised i.e., new forms of employment, *older workers* etc. General goals to promote prevention and workplace health promotion also contribute to making work sustainable.

Employment policies

The Operational Programme "**Human Resources Development**" (O.P.-H.R.D.)⁴¹, co-financed by Greece and the European Social Fund, finances activities, inter alia, to prevent and reduce unemployment and enhance social inclusion of vulnerable groups. Within the framework of this Programme, the Ministry of Labour and the Manpower Employment Organisation have developed several programmes that focus on ageing workers, for example:

- "A two-year programme for the promotion of employment by subsidising of the social insurance employer's contributions for the recruitment of 25,000 unemployed": when a company hires a person belonging to specific groups of unemployed, including long-term unemployed women and *over 45 years old*, the subsidy is defined as the amount corresponding to 80% of the monthly insurance contributions (employers and employees) for both years. At the end of the subsidy, companies are obliged to continue employing the person for another 12 months, without subsidy.
- "Subsidy Programme of companies of the first and second degree regional authorities (Municipalities and Regions) for the recruitment of 5,000 unemployed aged *55 to 64 years*": Programme beneficiaries are companies of the first and second degree regional authorities (i.e. companies that are established and directed by the municipalities or the regions but are not considered as "public sector"), in order to employ short-term and long-term unemployed people aged 55-64 years.

⁴⁰ National Strategy (in Greek), available at: <http://www.ypakp.gr/uploads/docs/4516.pdf> (Accessed October 2014)

⁴¹ Operational Programme "Human Resources Development" website: <http://www.epanad.gov.gr/default.asp?pid=13&la=1> (Accessed October 2014)

3.2 Initiatives from social partners

As mentioned above (section 1.2) the **Greek Economic and Social Committee (OKE)** is based on tripartite cooperation. There are several initiatives carried out by OKE in the broader area of employment, active ageing, human resources etc.

- In 2006, within the EQUAL programme, OKE conducted a study, together with the GSEE Labour Institute (INE GSEE). It was a '*Quantitative investigation of ageing workers' position in the labour market in Greece: developments and prospects*'⁴². Through the analysis of the main features concerning the demographic outlook up to 2025, the study highlighted the inevitable increase in the share of older people in the working age population.
- Also as part of the EQUAL initiative, OKE along with other organisations, adopted a proposal entitled '*Innovative approaches for Social Dialogue Applications. The case of active ageing management*' and established the Development Partnership Centre and the "EXPERIENCE" Observatory. The aim of this project that ran during 2006-2007 was to test innovative practical measures and propose corresponding institutional measures to contribute to the integrated management of the problem of active ageing, i.e. the support and maintenance of employment of ageing workers in Greece.
- Furthermore, OKE implements a relevant project under the Operational Programme 'Human Resources Development', NSRF 2007-2013. The Project is entitled 'Development of specific innovative policies and practices in Business Administration, Strengthening the Social Dialogue and Support of Social Partners aiming at the Innovative Policy Proposals for the Issue of Active Ageing Management in Greece'. Five studies have been delivered together with a '*Roadmap of active ageing in Greece 2012-2020*'⁴³ (November 2012). The Roadmap was developed as an easy to use navigation tool for active ageing management practices for human resource administrations of the relevant field bodies and the business world in general.

3.3 Initiatives from non-governmental organisations

The non-governmental organisation **50 SYN ELLAS (ageism)** collaborates closely with international organisations such as the Age Platform Europe and the International Federation on Ageing (IFA) to promote a new international human rights legal instrument, suitably designed to provide a comprehensive and systematic framework for the *protection and promotion of the rights of older people*. In Greece, all citizens have the same rights enshrined in the Constitution, but the economic recession has increased the possibility of discrimination against vulnerable groups like older people, by expanding the already broad socio-economic inequality in Greek society.

⁴² Available on OKE website (in Greek): http://www.oke.gr/empeiria/stud/1_1el.pdf (Accessed October 2014).

⁴³ Available on OKE website (in Greek): http://www.oke.gr/docs/stud_1_1_78.pdf (Accessed October 2014).

4 Overview of policy, strategy 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 Greece, rehabilitation mainly focuses on medical treatment, either within the public health system or through private care, and the provision of financial support (benefits and pensions) and not so much on early recognition and occupational rehabilitation.

The following chapter first describes the institutional system in Greece 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.

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

The legal and policy framework

There is no single legislative framework governing the Greek social security scheme, but rather numerous and various types of legal provisions that regulate competencies of the main actors, requirements to establish a right to pension, categories of benefits and employment issues.

As mentioned above (section 1.3), Law 3304/2005 on the **Application of the principle of equal treatment irrespective of racial or ethnic origin, religion or belief, disability, age or sexual orientation** sets the general obligation of employers to take all appropriate measures to ensure that people with disabilities have access to employment, are able to perform and progress at work and also have the opportunity to receive vocational training.

Main actors and steps in the rehabilitation process

Since 2010, the Greek Social Security System (pension schemes and health services) has undergone major structural changes as a result of the crisis. In the past, there were separate insurance funds per sector/category of employment (e.g. employees in the private sector, employees in the public sector, farmers, lawyers, doctors, etc.). Those separate insurance funds, operating under the Ministry of Labour, were responsible both for healthcare of the insured employees and self-employed and for pensions.

In 2011, a new public entity was established⁴⁴, the **National Provider of Healthcare Services** (Εθνικός Οργανισμός Παροχής Υπηρεσιών Υγείας – ΕΟΠΥΥ – ΕΟΡΥΥ)⁴⁵. ΕΟΡΥΥ was created through the merging of the healthcare divisions of most of the pre-existing funds, while the funds maintained responsibility for pensions. ΕΟΡΥΥ is now the umbrella organisation for all the national healthcare system services in Greece and is the organisation which provides sickness benefits in kind and expenses related to these treatments (sickness benefits in cash are still provided by the insurance funds). It operates under the Ministry of Health. It also incorporates the Centre for Occupational

⁴⁴ With Law 3918/2011.

⁴⁵ ΕΟΡΥΥ website: http://www.eopyy.gov.gr/Home/StartPage?a_HomePage=Index (Accessed October 2014).

Diagnosis and Medicine of IKA (Κέντρο Διάγνωσης και Ιατρικής της Εργασίας του ΙΚΑ-ΕΤΑΜ)⁴⁶.

The **Social Insurance Institution, IKA**, (mentioned above in section 1.2) is the country's largest employees' insurance fund, responsible for the administration of the Social Insurance Scheme, mainly for providing pensions and benefits in cash. In general, the Greek Social Insurance System is strongly oriented towards financial benefits and Greece is among the OECD countries that are most focused on compensation (although the levels of compensation are actually quite low in comparison to other countries).⁴⁷ Employers may choose to provide preventive medical care services, rehabilitation or health promotion services to their employees (carried out by private service providers) within the framework of additional "private insurance schemes" but IKA has no authority to develop specific rehabilitation programmes. Positive steps for the prevention of work-related health problems include (a) the creation of the Centre for Occupational Diagnosis and Medicine of IKA and (b) the new regulation on occupational diseases with the Presidential Decree No. 41/2012 "National list of occupational diseases".

There are no established initiatives or requirements concerning rehabilitation and return to work following an accident or illness (whether occupational or not).

Workers with a health problem consult their **GPs or specialists**, who may issue a sick note and refer them to specific medical treatment. However, it is acknowledged that in Greece, most GPs have limited appreciation of the vocational or occupational dimension of health problems (in particular MSDs) and limited knowledge of occupational medicine. In consequence, there is no dialogue between the GPs and the employers and IKA does not play a coordinating role between the two. According to *Fit for Work Europe*, many GPs in Greece decide for or against the return to work of their patients without a very clear view of the demands of the job, the extent to which adjustments to the job can be made or whether return-to-work could have positive psychological (and economic) benefits. On the other hand, employers rarely challenge a sick note or ask for another opinion on the possible return to work of one of their worker⁴⁸.

Any advice or support to the employers and/or workers is offered on a case-by-case basis, depending on the services provided by the **occupational health and safety experts**, which Greek companies are obliged to contract under the general OSH legislative framework in Greece i.e., safety officers and occupational physicians, depending on the size of the company and the type of business activity. In general, every company must use the services of a safety officer, while companies with more than 50 employees must use the services of an occupational physician, whose role includes preventive, periodic medical examination. In companies with less than 50 workers, the role of the occupational physician can be fulfilled by a physician from the insurance organisation IKA.

Workers coming back after a long-term absence because of an illness are treated on a case-by-case basis. In this context, following the opinion of the occupational physician or the physician of the insurance organisation, the worker is assigned a job that is appropriate to his/her health status. If this is not possible, then she/he follows the procedures for receiving a disability pension (see below for information on disability pensions). In practice, this is the most common situation. The vast majority of disability pensions and sickness benefits relate to non-occupational diseases or accidents.

Currently, there are no multidisciplinary services to assist early return to work following illness and no cooperation between different public authorities/ministries in this regard.

Support to employers

No financial incentives have been identified to support employers to get their employees back to work or to support workers' rehabilitation.

⁴⁶ Circular IKA 8/27.01.2012 (in Greek). Available at: <http://www.taxheaven.gr/laws/circular/view/id/13342> (Accessed October 2014)

⁴⁷ OECD, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of findings across OECD countries*, 2010, p86.

⁴⁸ McGee, R., Bevan S., Quadrello, T., *Fit For Work? Musculoskeletal Disorders and the Greek Labour Market*, the Work Foundation, December 2010, p50. Available at: http://www.fitforworkeurope.eu/Downloads/Website-Documents/ffw_Greece.pdf (Accessed October 2014)

Compensation

The Social Insurance Institution (IKA) is mainly concerned with benefits and covers both work- and non-work-related problems.

Compensation system for sickness absence

In case of *sickness (non-work-related)*, the benefit is 50% of the per diem salary, as calculated by IKA itself. The employer covers the rest, according to the work contract. This benefit is provided only if the beneficiary was employed for 120 days during the past year or the last 15 months, without calculating the three months before the sickness occurred; in this case the benefit is provided for up to 182 days. Stricter requirements are set for receiving this benefit after the 182nd day and up to 360 days. After 360 days, the benefit is provided only under the stringent requirements that are set for receiving a disability pension⁴⁹. The employer's contribution lasts from 13 up to 26 days per year, depending on the worker's employment duration (less or more than one year). If the accident or sick leave lasts, the worker receives only the benefit and not the employer's contribution. Sickness benefit is paid from the fourth day. If in the same calendar year the insured person is again found to be unable to work due to the same or another illness, the benefit is paid from the first day⁵⁰.

Occupational accidents and diseases are not covered by a separate branch of insurance. Compensation is provided to persons that, in accordance with the IKA sickness regulations, develop an officially recognised *occupational disease* that occurs after a certain time working in specific occupations.⁵¹ The occupational disease must be certified by the Centre of Certification of Disability (KEPA). In case of occupational accident, persons insured with IKA are entitled to a financial benefit, irrespective of days of previous employment⁵².

Compensation system for disability or reduced capacity to work

- *Invalidity benefits:* There are several categories of invalidity for which an invalidity benefit is granted (inter alia blindness, deafness, severe mental deficiency, thalassemia, haemophilia – AIDS, paraplegia, quadriplegia, amputation). These allowances are granted through social assistance mechanisms and are intended to provide for persons with invalidities. They constitute non-contributory allowances financed through municipal resources and are granted regardless of any income criteria. The requirements for the beneficiaries vary according to each programme and include mainly social security status criteria and granting of any other invalidity benefits⁵³.
- *Disability pension:* Within the new legislative framework governing the Greek social insurance system, the procedures for disability pensions have also been revised. Since September 2011, the Certification Centre of Disability of the Directorate of Disability and Occupational Medicine of IKA (*Κέντρο Πιστοποίησης Αναπηρίας ΚΕΠΑ – ΚΕΡΑ*)⁵⁴ is the sole competent body to certify disability with a view of granting pensions. The aim was to ensure uniform health judgment in terms of determining the degree of disability of all potential beneficiaries, including the civil servants and the uninsured, who require certification of disability.
- To be entitled to an *invalidity pension for non-occupational health problem*, the insured person must be assessed by KEPA as having an invalidity of 50% or more and have the required period of insurance contributions. For an *invalidity pension due to an accident at work* the person must be assessed by KEPA as having a permanent invalidity of 50% or more and have completed at least one day of work after registering with IKA, regardless the insurance period, whereas for an *invalidity pension due to an occupational disease*, the person has to meet the general conditions as for non-occupational illness and have already completed the minimum insurance period required by IKA's sickness insurance regulations covering this specific occupational disease⁵⁵.

⁴⁹ Information available on IKA website: <http://www.ika.gr/gr/infopages/asf/benefits/money/asth.cfm> (Accessed October 2014).

⁵⁰ European Commission, *Your social security rights in Greece*, 2013.

⁵¹ Information available on IKA website: <http://www.ika.gr/gr/infopages/asf/benefits/money/epagasth.cfm> (Accessed October 2014)

⁵² Information available on IKA website: <http://www.ika.gr/gr/infopages/asf/benefits/money/atix.cfm> (Accessed October 2014).

⁵³ European Commission, *Your social security rights in Greece*, 2013.

⁵⁴ IKA website: <https://www.ika.gr/gr/infopages/kepa/home.cfm> (Accessed October 2014).

⁵⁵ European Commission, *Your social security rights in Greece*, 2013.

- In general terms, for heavy disability (80% and over), full pension is granted for ordinary disability (between 67% and 79.9%), the amount of pension granted amounts to $\frac{3}{4}$ of the full pension, whereas for partial disability (between 50% and 66,9%) it amounts to half of the full pension. Greater amounts are granted in cases of full and partial disability due to psychiatric problems.

4.2 Specific initiatives or programmes

At the moment in Greece, no relevant initiative on rehabilitation/return-to-work has been identified. The **National Confederation of Disabled People (ESAmE)** ⁵⁶ is the association of unions of people with disabilities and expresses the opinions of the disability movement in Greece. ESAmE, within the Operational Programme, funded by the European Social Fund, "Health – Welfare" 2000-2006, Measure 3.2. "Gradual Rehabilitation of individuals with special needs in socioeconomic life and promotion of an independent life", has implemented the project entitled "Accessible Routes for the Social Integration of Disabled People".

Under the second cycle of implementation of the EQUAL Project 2004-2006, the competent Advisory Committee has approved the project submitted by the ESAmE entitled "Integrated Intervention for equal participation of people with disabilities at work", supported by 11 other organisations. It includes Measure 1.1 on "Facilitating access and return to the labour market". The objective of this initiative is to develop and promote innovative methods, services and practices to facilitate the integration of people with disabilities in the labour market.

⁵⁶National Confederation of Disabled People (ESAmE) website: <http://www.esaea.gr/> (Accessed October 2014)

5 Conclusions

General context

Facts and figures

- Greece's population has been ageing since 1960; a noticeable increase in *median age* can be observed since the 1980s – from 34 to 43 between 1980 and 2012, placing Greece slightly above the overall EU population's median age. Ageing of the Greek population is predicted to continue and the old-age dependency ratio will increase from 31% in 2012 to 61% in 2060 (much higher than on EU average – 50% in 2060).
- Both *life expectancy* and the estimated "*healthy life years*" at the age of 65 in Greece were relatively similar to those at EU level in 2011 (with some gender differences in Greece contrary to the EU level).
- The impact of the crisis is evident in the sharp decrease of *employment rates* in all age groups between 2008 and 2012. The employment rate of 55- to 64-year-olds decreased from 42.8% to 36% between 2008 and 2012 and is consistently lower than the EU average which was 48,9%.
- The share of Greek older workers who think that they will be able to do the same job at the age of 60 decreased from 66% to 56% between 2000 and 2010, and this share was considerably lower than the 71% EU average in 2010. In addition, Greek workers reported a much worse situation than on EU average in several aspects of *working conditions* (carrying heavy loads, tiring positions, work-life balance). Consequently, older workers in Greece were much less satisfied with their working conditions than older workers across the EU in 2010.
- *Retirement age* is set at 62 for women and 67 for men but the effective retirement was lower in 2013. The 'voluntary termination of service' legal provision effectively encourages workers to leave the labour market early and in addition, restrictions exist for workers to combine old-age pensions and work-related income.

Legal and institutional framework

The *Ministry of Labour, Social Security and Welfare* is primarily responsible for the formulation of OSH-related policies and legislation, supported in this task by the Council for Health and Safety at Work. It should be noted that in Greece, preventive OSH policies – and their practical implementation, are not directly connected with the national health and insurance system. While direct correlation is required between working conditions and the overall morbidity records, there is no reliable system for recording and monitoring of occupational accidents and occupational diseases.

Social dialogue is present in the formulation of policies and laws at national level in Greece and social partners have created the Hellenic Institute for Occupational Health and Safety, a bipartite organisation, which performs research, audits and provides advice and support in the field of OSH.

The general *OSH legal provisions* (Law 3850/2010) cover all ages, including ageing workers. The obligation of employers to prepare a written occupational risk assessment (focusing on specific age groups), as well as their obligation to provide health surveillance and assessment of capacity for work (again, including ageing workers), provide a starting point for positive coverage. Anti-discrimination legislation requires employers to make reasonable adaptations at work for workers who develop disabilities.

The overall reform of the *pension system* following the economic crisis included increasing the retirement age, in order for older workers to remain at work. However, a contradictory legal provisions gives the possibility of 'voluntary termination of service', which is used quite frequently in sectors going under restructuring (e.g. banking, telecommunications), and the conditions for combining work and pensions are very limited in comparison to other EU Member States. These counter motives have been introduced because of the high unemployment of young people.

OSH and older workers

The Greek labour market has experienced unprecedented upheavals during 2010-2012, which radically changed the framework of industrial relations and overturned norms. According to the Report of the Independent Expert of the UN Human Rights Council after a Mission to Greece (22 – 27 April 2013), the impact of the new measures has been particularly severe on the most vulnerable: the poor, older persons, pensioners, persons with disabilities, women, children and immigrants⁵⁷.

With unemployment rates constantly rising during this continuous recession period, ageing workers in particular have often not been treated as a priority group, with negative results as far as encouraging their employment is concerned. In a few cases, policies and regulations address the issue, but rather to discourage it than encourage it. In order to comply with EU/IMF/ECB austerity recommendations, current policies and interventions can be said to run counter to the promotion of the employment of older workers and could even result in the loss of the achievements made in this field so far.

Moreover, because of the economic crisis, any employment policies for older workers aim primarily at enhancing budgetary discipline and reducing social expenditure without any synergy or complementarity. The way the employment system and the labour market are structured in Greece today still favours early retirement (e.g. entering in “voluntary termination of service” schemes because of restructuring needs of some sectors of the economy - *εθελούσια έξοδος*), despite proclamations to the contrary. The existing government policies for the employment of older people are scattered and not integrated into a broader context for a coherent strategy dealing with the important demographic issue of ageing in a multidisciplinary way.

Consequently, there is no specific OSH policy, strategy or programme in Greece which is directly related to the health and safety or working conditions of older workers, although the OSH strategy 2007-2012 did recognise them as a new and emerging risk. Indirectly, within the broader meaning of worker protection, there are activities/programmes that could be used for the benefit of ageing workers. In addition, the EU EQUAL programme has been used to develop some projects to support age management in companies.

Views of the stakeholders⁵⁸

All stakeholders note that in periods of economic recession and restructuring, unemployment rises for all age groups, not only older workers, and therefore actions and commitments should refer to all age groups, in a spirit of solidarity, since there is no conflict of interests among them. However, workers representatives further argue that voluntary retirement schemes implemented in sectors under restructuring (e.g. banking, telecommunications) constitute a short-sighted policy, and that the added value of having a more mature workforce for younger workers should be better promoted to businesses (and even financially encouraged). However, most stakeholders also agree that the current period of economic recession, having adversely influenced all facets of society, does not provide the right timing for an objective study and dialogue of the issue under discussion.

Rehabilitation/ return to work

Since May 2010, the Government of Greece has been implementing an economic adjustment programme as a condition for securing financing from the International Monetary Fund, the European Commission and the European Central Bank. The programme consists of stringent policy measures that entail, inter alia, deep public spending cuts and structural reforms aimed at reducing the country's fiscal deficit and debt to a ‘sustainable’ level; these measures have deeply affected the national social security and healthcare system and level and quality of services available to the Greek population. In particular, requirements for granting disability pensions have become more stringent.

In Greece, rehabilitation mainly focuses on medical treatment, either within the public health system or through private care, and the provision of financial support (benefits and pensions) and not so much on early recognition and occupational rehabilitation. After a structural change in 2011, the Social

⁵⁷ A/HRC/25/50/Add.1, Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights, Cephias Lumina, 7 March 2014.

⁵⁸ These views were expressed during the national expert workshop on “Safer and Healthier Work at Any Age”, which took place on 25-26 June 2014 (more details provided in the introduction to this report).

Insurance Institution (IKA) remains responsible for the administration of the Social Insurance Scheme, mainly for providing pensions and benefits, while healthcare services that could potentially include rehabilitative healthcare fall under the competence of the National Provider of Healthcare Services (EOPYY).

The roles and activities of national organisations involved in the rehabilitation and return to work (EOPYY, IKA, general practitioner, OSH services) are incomplete and scattered, lacking efficient coordination, cooperation and communication of objectives, policies and results. Both the insurance scheme and the national health system are strongly oriented towards medical treatment. The preventive health care services, rehabilitation and health promotion are provided only occasionally, despite universal recognition that they conserve resources and constitute a fundamental social need. At an enterprise level, the relevant actions are fragmented and there is no coordination between the occupational physician and the general practitioner, in charge of deciding the duration of the sick leave. Rehabilitation needs are considered on a strictly individual basis.

In this context, despite every employee's obligation to pay insurance premiums, the burden of rehabilitation is essentially undertaken by the worker suffering from an injury or illness and his/her family, which is undeniably a very heavy load.

Views of stakeholders

As for the OSH of older workers, stakeholders are of the opinion that the current period of economic recession, having adversely influenced all facets of society, does not provide the right timing for an objective study and open dialogue on the issues of disability pensions, rehabilitation and return-to-work. Despite acknowledging the need to change mentalities of all parties involved (doctors, workers and employers) regarding the promotion of return-to-work as an outcome of rehabilitation, many stakeholders recognise that without solid rehabilitation processes and structures in place in Greece, which would be financially supported and linked to occupational risk insurance schemes, there is a need to maintain disability benefits and pensions because they are necessary for the survival of people who cannot re-enter the labour market for reasons independent of their will.

General conclusions

In the present political and social situation, the dynamic is limited to a wide range of political declarations that do not encourage any kind of change. In general, all relevant government policies lack internal coordination; without an effective communication channel, it is not easy to prioritise and harmonise any implementing actions. However, the existing OSH provisions, the insurance regulations, the general health framework as well as the existing training and retraining schemes, may provide a starting base, but political will, coordination and social dialogue are fundamental requirements. In addition, analysis and findings coming from academia and research and immediate monitoring and evaluation of the results of any measures are imperative.

6 References and further information

European and international sources:

- EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, “OSH system at national level – Greece”. Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Hungary
- EU Commission – DG Employment, Social Affairs and Inclusion, *Your Social Security Rights in Greece*, July 2013. Available at: http://ec.europa.eu/employment_social/empl_portal/SSRinEU/Your%20social%20security%20rights%20in%20Greece_en.pdf
- Eurofound – European Foundation for the Improvement of Living and Working Conditions, *Sustainable work and the ageing workforce, A report based on the fifth European Working Conditions Survey*, Publications Office of the European Union, Luxembourg, 2012. Available at: <http://www.eurofound.europa.eu/pubdocs/2012/66/en/1/EF1266EN.pdf>
- Eurostat, *Active ageing and solidarity between generations, A statistical portrait of the European Union 2012*, Publications Office of the European Union, Luxembourg, 2011. Available at: http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-EP-11-001/EN/KS-EP-11-001-EN.PDF
- McGee, R., Bevan S., Quadrello, T., *Fit For Work? Musculoskeletal Disorders and the Greek Labour Market*, the Work Foundation, December 2010. Available at: http://www.fitforworkeurope.eu/Downloads/Website-Documents/ffw_Greece.pdf
- OECD, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010

National sources:

- Angelaki M, *Active ageing in the context of social dialogue*, Scientific Society for Social Cohesion and Development (EP.E.K.S.A.), Athens 2007.
- IKA – Ίδρυμα Κοινωνικών Ασφαλίσεων, *Bulletin of Occupational Accidents of the year 2007*, December 2010.
- IKA – Ίδρυμα Κοινωνικών Ασφαλίσεων, *Statistical Bulletins of IKA*, Directorate of actuarial studies and statistics. Available at: http://www.ika.gr/gr/infopages/stats/stat_report.cfm
- IKA – Ίδρυμα Κοινωνικών Ασφαλίσεων, *Occupational Diseases 2009 and retrospective data 2003-2009*, Athens, September 2010.
- IKA – Ίδρυμα Κοινωνικών Ασφαλίσεων, *Monthly employment data, November 2012*, Athens, 2013.
- IKA – Ίδρυμα Κοινωνικών Ασφαλίσεων, *Statistical Bulletin of the Year 2008*, Athens, June 2012.
- INE GSEE – Labour Institute of the GSEE, *The Greek economy and employment. Annual Report 2013*, Athens, August 2013.
- OAED – Manpower Employment Organisation, “Progress of Programs implementation”, Press Release of the OAED Management, Athens, 27-8-2012.
- OKE – Οικονομική και Κοινωνική Επιτροπή της Ελλάδας, *Roadmap of active ageing in Greece from 2012 to 2020*, Athens, November 2012. Available at: http://www.oke.gr/esp_a_0.html
- OKE – Οικονομική και Κοινωνική Επιτροπή της Ελλάδας, *Synthesis report-study on the parameters that determine the effectiveness of the tool-guides and procedures for the management of active ageing*, Athens 2006. Available at: <http://www.oke.gr/empeiria/stud.htm>

- ΟΚΕ – Οικονομική και Κοινωνική Επιτροπή της Ελλάδας, *Methodology framework and tools of field research for representatives of social partners about themes and forms of social dialogue in the field of active ageing*, Athens (ESC) 2007.
- ΟΚΕ – Οικονομική και Κοινωνική Επιτροπή της Ελλάδας, *Report of action plan fundamental elements for adapting the statutory text of human resource management of large enterprises to the demands of active ageing*, Athens 2007.
- ΟΚΕ – Οικονομική και Κοινωνική Επιτροπή της Ελλάδας, “Exploitation of the working population with outage Exclusion”, Workshop on “Active Ageing”, Athens, 11 March 2013.
- Theodoridou N., *The OAED contribution with measures of active and passive employment policies in Active Ageing*, OAED – Manpower Employment Organisation, Athens, 2-3-2012.
- Sarafopoulos N., "Review and prospects for the occupational health and safety", *Labour Law Review*, Issues 16-17, August 2006.

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