

## FIT2WORK IN AUSTRIA: SUPPORTING RETURN TO WORK AFTER ILLNESS

### Introduction

The fit2work programme is a national Austrian programme that has been running since 2011, providing counselling, case management and reintegration support to workers and companies affected by illness or disability. It is underpinned by the Austrian Work and Health Law (Arbeit- und Gesundheit Gesetz, AGG), which mandates the establishment of tools to sustain work ability across the workforce.

In Austria, employers are legally obligated to provide paid sick leave, with the duration of salary continuation determined by the employee's length of service – that is, longer employment entitles workers to longer periods of full pay before any sickness benefits from health insurance apply. Beyond these obligatory provisions, there is also a voluntary 'part-time reintegration' instrument (Wiedereingliederungsteilzeit) through which employees recovering from illness after a sick leave period of at least six weeks can gradually return to work on reduced hours. Under this model, the employer only pays wages corresponding to an employee's actual working hours, while the statutory health insurance provides an additional financial benefit to the employee, creating an incentive for companies to support earlier and more flexible reintegration rather than waiting for full recovery. This has been especially attractive for highly educated workers, where companies benefit from retaining valuable expertise and avoiding contract termination.

The programme targets individuals at risk of losing their jobs because of health conditions, as well as companies wishing to improve reintegration practices and promote sustainable employability. Cardiovascular conditions are part of the programme's focus, alongside musculoskeletal and mental health disorders, all of which represent major causes of sick leave and early retirement in Austria (Austrian Federal Ministry of Labour and Economy, 2024).

This case study is part of a research project that aims to provide an overview of regulations, policies, strategies, initiatives and programmes for the prevention of work-related cardiovascular disease (CVDs).<sup>1</sup>

### Description of the case

The fit2work programme was established by the Federal Ministry of Labour, Social Affairs and Consumer Protection (Bundesministerium für Arbeit, Soziales und Konsumentenschutz, BMASK; today BMASGPK) and is coordinated by the Social Ministry Service (SMS), formerly the Federal Social Office (Bundesamt für Soziales und Behindertenwesen, BSB). The development of the programme was informed by the pilot project Fit for the Future (Fit für die Zukunft – Arbeitsfähigkeit erhalten, 2008–2012), which focused on primary prevention at the company level. Building on the pilot experience, the fit2work programme shifted its emphasis toward secondary and tertiary prevention, targeting workers already affected by health problems.

The programme, which is free of charge, provides individualised counselling and case management. Case workers support participants in communicating with employers and doctors, helping to maintain employability and prevent premature exit from the labour market.

Funding is provided jointly by several public bodies that benefit from reducing health-related unemployment. In 2026, roughly two thirds comes from the Ministry of Labour, Social Affairs, Health, Care and Consumer Protection (BMASGPK) and the Social Ministry Service (SMS). The remaining third comes from social insurance, including the Austrian Pension Insurance Fund (Pensionsversicherung,

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<sup>1</sup> The full report — *Work-related cardiovascular disease prevention: regulations, policies, strategies and initiatives* —, is available at: <https://osha.europa.eu/en/publications/work-related-cardiovascular-disease-prevention-regulations-policies-strategies-and-initiatives>

PV), which contributes two thirds of the remainder and the Austrian Workers' Compensation Board (Allgemeine Unfallversicherungsanstalt, AUVA) and the Austrian Health Insurance Fund (Österreichische Gesundheitskasse, ÖGK), which each contribute one sixth.

The Austrian Public Employment Service (Arbeitsmarktservice, AMS) also contributes to the fit2work programme by identifying and referring suitable participants and coordinating vocational reintegration measures that complement fit2work's health-oriented counselling and case management.

The fit2work programme is available to employees, unemployed persons and self-employed workers, with or without Austrian citizenship. Governance is ensured through a steering committee composed of ministries, the Austrian Public Employment Service and co-financing institutions, and an advisory board representing social partners and the labour inspectorates and rehabilitation organisations.

## Aims

The primary aim of the fit2work programme is to prevent the loss of employment due to health problems and to promote the long-term employability of individuals facing medical or psychosocial challenges. The programme is designed to provide early, coordinated and person-centred support that helps workers to maintain or regain their capacity to work after illness or disability. Its underlying objective is to strengthen labour force participation and reduce the financial and social consequences of health-related unemployment.

A key goal of fit2work is to prevent premature exit from the labour market, particularly through invalidity pensions and early retirement caused by chronic disease. The programme's counselling and case-management services help affected individuals to regain health, adapt their work situation and continue their professional activity wherever possible.

Another aim is to support reintegration after illness by coordinating the relationship between the worker, employer, healthcare providers and social insurance institutions. The fit2work programme acts as a bridge between the medical system and labour market, ensuring that individuals recovering from illness do not fall into long-term unemployment. Where a return to the previous job is not possible, fit2work assists in finding alternative occupational pathways through vocational re-orientation or retraining.

At the company level, fit2work aims to enhance organisational prevention capacity by helping employers to identify health risks, improve workplace design and strengthen return-to-work processes. The programme supports enterprises, especially small and medium-sized ones, in developing internal policies that preserve employees' working ability and promote well-being.

On a systemic level, fit2work seeks to coordinate resources among the Federal Ministry of Social Affairs, Health, Care and Consumer Protection, the Federal Social Office, social insurance funds and the Austrian Public Employment Service. The programme's design contributes to Austria's active labour-market policy goals, which prioritise sustainable employment and social inclusion.

## What was done and how

The fit2work programme is implemented as a structured, multi-stage counselling and case-management service that can be accessed voluntarily through several entry points, including a national hotline, the online portal,<sup>2</sup> and referrals from physicians, social insurance institutions or the Public Employment Service (Arbeitsmarktservice, AMS).

**There is a five-step participation process for the worker (or client).** The first step is an initial assessment and provision of general information during the first contact (Basisinformation). The second step is the initial consultation (Erstberatung), which includes an assessment of the current situation (resources and problem areas). If needed, support and information on part-time reintegration (Wiedereingliederungsteilzeit) can be provided. The third step is the basic check (Basischeck), which includes an assessment of the client's health status (occupational health and/or occupational psychology assessment) and recommendations for rehabilitation. This step provides an initial assessment of whether short-term advice or more intensive case management is required. Fourth is case management, where concrete measures to maintain working ability are developed and referrals are made to existing support measures. A case manager provides close support to the client throughout the process. Depending on the severity of the case, there are three different case management

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<sup>2</sup> [www.fit2work.at](http://www.fit2work.at)

pathways: (1) short-term intensive counselling (Intensivberatung) lasting 2–4 months for clients with high self-help potential; (2) normal case management lasting up to 6 months for clients with lower self-help potential; and (3) case management plus (CM+) for clients with severe health problems who have been on sick leave for about one year or more (vom Krankengeld ausgesteuerte Personen). For the third group, counselling lasts up to 14 months. Cases identified as straightforward proceed with short, targeted counselling and referral to existing support measures. Where more complex health or employment issues are identified, participants enter a structured case management process. Each case is overseen by a fit2work case manager who develops a personalised reintegration plan in collaboration with the worker and the employer. The plan may combine medical or vocational rehabilitation, retraining, psychological counselling and workplace adaptation measures (including a reduction in working hours or part-time reintegration agreements). If no psychological counselling is available in a timely manner through the health insurance fund, fit2work can provide clients with up to 10 sessions of counselling to help them through the waiting period until a regular appointment becomes available. After completing the case management, the final step is a feedback session between fit2work and the client. Not every client completes the entire five-step process, and it is possible to exit at any stage.

**At company level, the fit2work programme** offers two consulting services. First, it provides integration counselling (Eingliederungsmanagement) to support companies in reintegrating employees with health issues and after periods of sick leave. Initial consultations determine individual needs. Then suitable modules and measures are offered. Depending on the company's needs, support is provided to help implement a reintegration process. For this purpose, fit2work provides 16 hours of consultancy services. Companies can also receive four hours of consultancy on the Austrian part-time reintegration scheme. Second, the fit2work programme offers an occupational health management assessment (BGM Standortbestimmung). Depending on the outcome of the assessment, the company is directed to the most suitable consulting service offered by partner institutions. The BGM Standortbestimmung survey is suitable for companies of all sizes and assesses company measures in the fields of employee protection, workplace health promotion and workplace integration management.

**The part-time reintegration scheme** (Wiedereingliederungsteilzeit) allows employees recovering from illness with more than six weeks of sick leave to return gradually to work by reducing their hours by up to 50 % for a defined maximum period of nine months. The fit2work case manager supports and guides both the worker and the employer to find the appropriate arrangements, and leads in the creation of the personalised reintegration plan, which has to be mutually agreed between the worker and the employer. Employers pay wages corresponding to the hours actually worked, while the employee receives an additional allowance from the social insurance system to compensate for any reduced income. The mechanism provides a strong financial and organisational incentive for companies to retain staff rather than terminate employment and it supports a smoother, more sustainable return to work for affected employees.

The fit2work programme coordinates across relevant institutions, including the Austrian Pension Insurance Fund (Pensionsversicherungsanstalt, PVA), the Workers' Compensation Board (Allgemeine Unfallversicherungsanstalt, AUVA), health insurance providers and the Public Employment Service. This coordinated approach bridges the health and labour market systems, ensuring continuity of care and facilitating a sustainable return to work.

Funding for the fit2work programme is regulated under the Austrian Work and Health Law through a fixed financing formula that is reviewed annually according to programme utilisation. In 2026, funding is allocated as follows: 56.61 % from the labour-market policy budget, 37.04 % from social insurance funds and 6.35 % from the Social Ministry Service (Ausgleichstaxfonds). In 2024, total expenditure amounted to approximately EUR 27.76 million. The cost-sharing arrangement reflects the joint responsibility of labour-market and social insurance institutions for preventing health-related job loss and promoting long-term employability (Austrian Federal Ministry of Labour and Economy, 2024).

Quality assurance and evaluation are integral parts of the fit2work framework. Statistics Austria conducts regular monitoring and impact evaluations using a quasi-experimental design to compare participants with statistically matched non-participants. Evaluations focus on process quality, reintegration efficiency and system coherence. Insights from the evaluations inform ongoing adjustments to implementation methods and outreach. In recent years, fit2work has enhanced its proactive outreach through personalised letters, direct telephone contact and digital campaigns to encourage earlier participation and reach workers before health-related problems lead to prolonged absence.

## What was achieved

According to the latest available evaluation report (Statistics Austria, 2024), the fit2work programme supported 27,214 individuals and 727 companies between 2020 and 2023. During the same period, 22,775 cases involved initial advice, 5,632 cases involved part-time reintegration agreements and 6,778 included structured case management. In 2024 the largest group of clients suffered from mental health issues (29.1 %), followed by diseases of the musculoskeletal system and connective tissue (26.3 %) and circulatory diseases (8.1 %) (Austrian Federal Social Ministry Service, 2025). Previous evaluations highlighted the value of early intervention and coordinated support but also noted challenges in follow-up and standardisation (Statistics Austria, 2024).

The programme is legally required to undergo regular evaluations, and impacts are measured through comparisons between programme users and similar groups not enrolled in fit2work. Positive impacts have been demonstrated, as participants in fit2work return to employment faster and have shorter sickness absences than individuals who do not participate. While the evaluations include individuals with CVDs, the data are not broken down by disease type. The programme does track participants after completion of support provided over a period of 540 days. The evaluation shows that one day before the start of fit2work, only around 11 % of fit2work participants are in employment, whereas the proportion of fit2work participants in employment stands at around 33 % at 180 days after completion. By 540 days after completion, the employment rate among fit2work participants is around 39 % (approximately 6 points higher than the control group), with a further 26 % registered with the AMS (these people are unemployed and looking for jobs) and around 14 % on sick leave. Also, only 5 % of participants had retired, whereas the figure was 17 % in the control group (Statistics Austria, 2024). A comprehensive scientific evaluation for 2025–2029 is now planned to assess both individual and company-level services (L&R Social Research, 2024).

## Success factors and challenges

Several elements have contributed to the success of the fit2work programme. **One of the most important is its focus on early intervention.** As one of the interviewed stakeholders emphasised, the programme seeks to ‘approach workers earlier, this is why we have new dissemination methods, including the use of social media’. Early contact allows health-related difficulties to be addressed before they escalate into chronic conditions, preventing long absences and premature exit from the labour market. The programme also reaches out actively to individuals through letters and personal calls, demonstrating that proactive dissemination efforts are essential to ensuring wider engagement.

Despite these efforts, one recurring challenge is that many workers come to the programme only after prolonged sick leave, which limits the effectiveness of early intervention. One interviewed stakeholder noted that ‘people come to fit2work rather late, after having been sick for many days and having problems with work already’. This reflects on both the benefits and weaknesses of the programme’s voluntary nature: on one hand, allowing workers to access support autonomously encourages their engagement and protects their choice; on the other hand, it means that timely uptake is not guaranteed, as individuals must initiate contact and the company or state cannot enrol them on their behalf.

**Another strength lies in the programme’s integrated approach,** which deliberately involves both the employer and the individual worker. According to the interviewed stakeholder, **the design was ‘a positive approach of approaching both employer and individual – working together’**, which she sees as critical to build sustainable solutions. This cooperative dimension is reinforced by the use of external experts, ensuring impartial counselling and support. Confidentiality and the voluntary nature of participation are also central. As one stakeholder noted, fit2work is ‘easily reachable, free of charge, voluntary’, and its accessibility helps encourage workers to engage with the programme without fear of stigma or pressure from employers. The programme also demonstrates flexibility in tailoring support to the individual. Interventions can range from a single conversation to long-term support, depending on the worker’s needs and circumstances, highlighting the personalised nature of the programme.

**The programme’s governance model is another success factor.** The steering committee, advisory board and financing institutions provide a platform for coordination across different sectors and interests. One stakeholder explained that ‘the steering committee, advisory board and financing institution connect all of these’, creating legitimacy and continuity in the programme’s strategic direction.

Additionally, given the programme being rooted in the Austrian Work and Health Law,<sup>3</sup> this ensures cooperation between organisations and obliges them to finance the programme.

Despite these strengths, **there are systemic obstacles**. Data protection rules hinder information exchange between social security branches, health systems and employment services. One interviewed stakeholder acknowledged this as a limitation, stating that while they want 'to improve data exchange with the social security branch (health, pensions) and public employment, to identify people earlier and contact them, (this) raises the question of data privacy'. Other challenges include the need to increase awareness among doctors and employers, who are not always sufficiently informed about the available reintegration schemes. To tackle this challenge, an online public awareness campaign is being run in 2026, targeting doctors and employers and informing them about the Austrian part-time reintegration scheme (Wiedereingliederungsteilzeit).

In addition, structural issues affect implementation. Labour inspectorates are not always clearly recognised by companies as partners in prevention. Raising awareness and ensuring smooth coordination across multiple stakeholders is an ongoing process.

## Transferability to other EU Member States

The fit2work programme offers a strong model for transferability. Its design combines individual support with company-level interventions, it is free and voluntary, and it is based on cooperation between government, social partners and insurance bodies. The programme's focus on small and medium-sized enterprises (SMEs) may facilitate its transfer to countries where, as in Austria, SMEs dominate the market. The tools and materials developed, such as the BGM check, can be adapted for other contexts.

The initiative also addresses a wide target group, including employees, unemployed persons and self-employed workers, with or without Austrian citizenship, making it particularly relevant for Member States that face diverse labour market challenges. The programme's integrated approach aligns with EU priorities for sustainable work and prevention of chronic disease, including cardiovascular conditions.

A successful transfer would require legislative backing, adequate funding and stakeholder engagement. Adjustments may be necessary to account for differences in company size, sectoral composition and national labour legislation, or where occupational rehabilitation frameworks differ from the Austrian model. Nevertheless, the Austrian experience demonstrates that a well-coordinated, inclusive and preventive approach can yield measurable benefits for workers, companies and social insurance systems alike.

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<sup>3</sup> See: <https://www.sozialministerium.gv.at/Themen/Arbeit/Arbeitsmarkt/Arbeit-und-Gesundheit.html> (in German).

*In this case study, interviews were carried out with the following key stakeholders:*

- Head of Group III/A – International Labour Market Policy, AMS Services, Budget at the Federal Ministry of Labour and Economic Affairs
- Project Manager of fit2work (nationwide programme)

Further information is available on the official website [www.fit2work.at](http://www.fit2work.at). Contact persons and materials for companies and individuals are accessible online, alongside detailed guides and reports.

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