Safer and healthier work at any age
Country Inventory: Bulgaria
Healthier and safer work at any age – Country inventory - Bulgaria

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Table of Contents

Abbreviations .......................................................................................................................................... 4
Introduction ............................................................................................................................................. 5
1 General context .................................................................................................................................... 7
  1.1 Facts & figures ............................................................................................................................. 7
  1.2 Institutional structure for health and safety at work ................................................................. 12
  1.3 Labour, OSH and anti-discrimination legislation ........................................................................ 15
  1.4 Pension system ........................................................................................................................... 16
2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers ........................................................................................................... 18
  2.1 Initiatives from government/ government-affiliated organisations ........................................... 18
  2.2 Initiatives from social partners ................................................................................................. 20
  2.3 Initiatives from other organisations/projects ............................................................................. 20
3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers .................................................................................................................................... 21
  3.1 The national system for the rehabilitation/return to work of sick/injured workers ............... 21
  3.2 Specific Initiatives or programmes ............................................................................................. 23
4 Conclusions ....................................................................................................................................... 25
5 References and further information ................................................................................................. 27

Tables

Table 1, Overview table of main indicators............................................................................................. 7
Table 2, Self-perceived health among employed in different age groups, 2012 ............................. 11
Table 3, Self-reported work-related health problems by workers in Bulgaria and EU-27 ............ 11
Table 4, Most serious work-related health problem during the past 12 months ............................... 12

Figures

Figure 1, Total population by age group and gender, 2010 and 2050 .................................................. 9
Figure 2, Employment rates per broad age groups, trend 2000-2013 .............................................. 9
Figure 3, Institutional structure for health and safety at work............................................................ 14
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>EA-GLI</td>
<td>Executive Agency General Labour Inspectorate</td>
</tr>
<tr>
<td>ENWHP</td>
<td>European Network for Workplace Health Promotion</td>
</tr>
<tr>
<td>ESC</td>
<td>Economic and Social Council of Republic of Bulgaria</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>EU-28</td>
<td>28 Member States of the European Union</td>
</tr>
<tr>
<td>Eurofound</td>
<td>European Foundation for the Improvement of Living and Working Conditions</td>
</tr>
<tr>
<td>EU-OSHA</td>
<td>European Agency for Health and Safety at Work</td>
</tr>
<tr>
<td>HR</td>
<td>Human resources</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>MSD</td>
<td>Musculoskeletal disorder</td>
</tr>
<tr>
<td>NEMB</td>
<td>National Expert Medical Board</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>NSSI</td>
<td>National Social Security Institute</td>
</tr>
<tr>
<td>NWCC</td>
<td>National Working Conditions Council</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation of Economic Cooperation and Development</td>
</tr>
<tr>
<td>OSH</td>
<td>Occupational Safety and Health</td>
</tr>
<tr>
<td>RTW</td>
<td>Return to work</td>
</tr>
<tr>
<td>TEMB</td>
<td>Territorial Expert Medical Board</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
Introduction

This report is part of the project ‘Safer and healthier work at any age’, initiated and financed by the European Parliament. 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 State’s 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 State’s 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, Liechtenstein 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 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 thus central to the project to collect data by age groups.
- Geographical coverage: In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

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

The objectives of the workshops were to:

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

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2 The activities carried out for the European Parliament’s pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).
The present report describes policies and strategies in Bulgaria, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Finland, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.
1 General context

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

1.1 Facts & figures

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

- “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.
- “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.

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

<table>
<thead>
<tr>
<th></th>
<th>Bulgaria</th>
<th>EU-28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age 2013 (2060)</td>
<td>43 (48)</td>
<td>42 (46)</td>
</tr>
<tr>
<td>Share of population aged 55 to 64 years (2013)</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Share of population aged 65+ (2013)</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Old age dependency ratio (65+/15-64) 2013 (2060)</td>
<td>28% (59%)</td>
<td>28% (50%)</td>
</tr>
<tr>
<td>Official Retirement age (2012)⁷</td>
<td>60(f)/63(m)⁸</td>
<td></td>
</tr>
<tr>
<td>Effective retirement age (2012)⁹</td>
<td>60.1(f)/61.8(m)¹⁰</td>
<td>60.9(f)/62.3(m)¹¹</td>
</tr>
<tr>
<td>Share of pensioners (50-69) who quit working for health or disability reason (2012)</td>
<td>10%</td>
<td>21%</td>
</tr>
</tbody>
</table>

---


⁵This 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.

⁶Break in time series

⁷See section 1.4 on Pension system

⁸This refers to the retirement age in 2011. The retirement age is to increase until 2021, see section 1.4 on Pension system.

⁹Source: OECD estimates on the “average effective age of retirement versus the official age, 2007-2012”

¹⁰Data for Bulgaria refers to 2011

¹¹These figures refer to the EU-27
Demographic developments

Similarly to the EU-wide development, the population in Bulgaria has been growing older since the 1960s. The median age has increased by around 13 years to reach 43 in 2013 (which is one year older than the median age of the EU population of 42 years).

The ageing of the population 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 (over 65) increased from 13% in 1990 to 19% in 2013 (EU-28: 18% in 2013); the share of the age group of 55 to 64-year-olds increased from 13% in 1990 to 14% in 2013 (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group “65+” will increase from 19% of the total population in 2013 to 32% in 2060. This ageing is also shown in the age pyramid below (Figure 1) which shows that between 2010 and 2050, the age group 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).

---

**Table 1: Pension expenditures (% of GDP) (2011*)**

<table>
<thead>
<tr>
<th></th>
<th>Bulgaria</th>
<th>EU-28</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All pensions</strong></td>
<td>8.7%</td>
<td>13.0%*</td>
</tr>
<tr>
<td><strong>Old-age pensions</strong></td>
<td>6.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

**Life expectancy at 65 years, in years (2011)**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All pensions</strong></td>
<td>17.3</td>
<td>14</td>
</tr>
<tr>
<td><strong>Old-age pensions</strong></td>
<td>15.8</td>
<td>8.6 (17.7)</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>16.8</td>
<td>17.8</td>
</tr>
</tbody>
</table>

**Healthy life years at the age of 65 (and 50) (2011)**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All pensions</strong></td>
<td>9.7 (20.3)</td>
<td>8.6 (17.9)</td>
</tr>
<tr>
<td><strong>Old-age pensions</strong></td>
<td>8.6 (17.5)</td>
<td>8.6 (17.5)</td>
</tr>
</tbody>
</table>

**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)**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All pensions</strong></td>
<td>8.9%</td>
<td>11%*</td>
</tr>
<tr>
<td><strong>Old-age pensions</strong></td>
<td>4.9% (1.6%)</td>
<td>5.7% (3.8%)</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>16.8% (7.7%)</td>
<td>33.3%**</td>
</tr>
</tbody>
</table>

**Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All pensions</strong></td>
<td>40%</td>
<td>60%**</td>
</tr>
<tr>
<td><strong>Old-age pensions</strong></td>
<td>38%</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>64%</td>
<td>56%</td>
</tr>
</tbody>
</table>

**Share of workers above the age of 50 who think they could do their current job at the age of 60**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All pensions</strong></td>
<td>64%</td>
<td>71%*</td>
</tr>
<tr>
<td><strong>Old-age pensions</strong></td>
<td>23%</td>
<td>31%</td>
</tr>
</tbody>
</table>

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 and is for EU-27; ** estimated figures only (by Eurostat)
Figure 1, Total population by age group and gender, 2010 and projection for 2050

![Population Chart]

Source: International Conference on Population and Development Beyond 2014, Bulgaria Country Implementation Profile\(^9\).

**Labour market participation**

The employment rate of the 55 to 64-year-olds in Bulgaria has been almost constantly increasing since 2000, with a small decrease in 2009. Contrary to the other age groups, it has recovered quite well from the economic crisis, as the employment rate has been increasing again between 2010 and 2012 (see graph below).

Compared to the EU-28 average employment rate for the age group 55 to 64-year-olds, the Bulgarian employment rate was a lot lower (around 20 p.p.) in 2000, but in 2013 it is similar to the EU-28 rate, at around 50%.

Figure 2, Employment rates per broad age groups, trend 2000-2013, Bulgarian residents, all nationalities

![Employment Rate Chart]

Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) \([\text{lf}sa\_\text{ergan}]\)

Working conditions

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

- The share of workers who have to carry heavy loads at least a quarter of the time does not vary much with age in Bulgaria: it is around 36% for young workers, 35% among 30 to 49-year-olds and 34% among older workers (EU-27: 32%)
- In 2010, 21% of older workers reported working in tiring or painful positions (almost) all the time (compared to 15% of young workers and 23% of 30 to 49-year-olds). This is higher than the EU average (16%).
- In Bulgaria, exposure to shift work is lower for older workers (23%) than for young workers (30%), but significantly higher than the EU average for older workers (14%). The share of older workers exposed to night work was also higher in Bulgaria (21%) than across the EU (16%)
- In Bulgaria, satisfaction with work-life balance among older workers is slightly lower than on EU average: 81.1% of Bulgarian workers over 50 thought their working hours fit well or very well with their family and social commitments (84.5% at EU level).
- As in most other EU Member States, the number of people reporting three or more external constraints on their work pace (such as demand from people or production/performance targets) decreases with age in Bulgaria: 50% of young workers report this while only 29% of older workers do. This is slightly above the EU average for older workers (27%).
- In Bulgaria, a lower share of workers from all age groups receive on-the-job training compared to the EU average. For older workers, this is 15%, compared to 26% on EU average.
- 38% of older workers in Bulgaria believe that their work negatively affects their health. This is significantly higher than the EU-level figure (27%).
- However, satisfaction with working conditions among older workers has increased from 62% in 2000 to 75% in 2010 (although it remains lower than the EU average of 84%).
- There is a slightly lower share of older workers (around 64%) who think that they will be able to do the same job at 60 in Bulgaria than across the EU-27 employed population (around 71%).
- In Bulgaria, only 23% 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) (10% of the respondents did not know).

Health

In 2011, estimations showed that although Bulgarian men of the age of 65 years had a life expectancy of around 14 additional years (much lower than for the overall EU population – 17.8), 8.6 of these were considered ‘healthy life years’ (same as for the overall EU population). Women of the age of 65 had a life expectancy of 17.3 additional years (21 years in the EU) including 9.7 ‘healthy life years’
Healthier and safer work at any age – Country inventory - Bulgaria

(compared to the 8.6 at EU level). It is interesting to note that the figures for Bulgaria were lower in 2011 than in 2006.

The perceived health status among employed persons in Bulgaria 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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Employed 0.6%</th>
<th>16-44 years</th>
<th>45-54 years</th>
<th>55-64 years</th>
<th>65 years and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shares of age group reporting health status</td>
<td>1.6%</td>
<td>4.9%</td>
<td>4.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

* Figures are of low reliability

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

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

<table>
<thead>
<tr>
<th>Years</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BG 25-34 yrs</td>
<td>2%</td>
</tr>
<tr>
<td>BG 35-44 yrs</td>
<td>3%</td>
</tr>
<tr>
<td>BG 45-54 yrs</td>
<td>6%</td>
</tr>
<tr>
<td>BG 55-64 yrs</td>
<td>9% (same for both genders)</td>
</tr>
<tr>
<td>EU-27 55-64 yrs</td>
<td>11%</td>
</tr>
</tbody>
</table>

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]

*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

The most serious work-related health problems reported among the 55 to 64-year-olds were – as in most other countries – musculoskeletal disorders (MSDs) (Table 4). However, compared to the EU average, the prevalence of cardiovascular disorders was also high in Bulgaria, especially among women. While the importance of physical illnesses (cardiovascular and pulmonary disorders) as most serious work-related health problems increases with age, the importance of stress, depression and anxiety decreases.

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26 This is for “bad” health status only, as figure for “very bad” health status is missing.
27 EU LFS ad-hoc module 2007 on accidents at work and work-related health problems “Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]”; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.
28 EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.
Table 4. Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of diseases

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cardiovascular disorders</th>
<th>Musculoskeletal disorders</th>
<th>Stress, depression, anxiety</th>
<th>Pulmonary disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-44 yrs.</td>
<td>Total (EU-27*)</td>
<td>5.5</td>
<td>37.0</td>
<td>11.2</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>4.6</td>
<td>37.2</td>
<td>8.6</td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td>6.6</td>
<td>36.9</td>
<td>14.3</td>
</tr>
<tr>
<td>45-54 yrs.</td>
<td>Total (EU-27*)</td>
<td>13.6</td>
<td>35.8</td>
<td>9.7</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>9.8</td>
<td>34.3</td>
<td>12.3</td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td>17.5</td>
<td>37.3</td>
<td>7.2</td>
</tr>
<tr>
<td>55-64 yrs.</td>
<td>Total (EU-27*)</td>
<td>23.0</td>
<td>40.3</td>
<td>4.3</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>26.1</td>
<td>37.8</td>
<td>3.1</td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td>19.4</td>
<td>43.4</td>
<td>5.6</td>
</tr>
</tbody>
</table>

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]

**Definition**

There is no official definition of older worker in Bulgaria. Working age is defined as the age between 15 and 64 years. The Employment Agency monitors the ‘vulnerable’ group of older workers in the labour market, including persons above 50 years (some times, 50 years for women and 55 – for men). In the monitoring of the National Statistical Institute (NSI), the older workers’ group includes persons aged +.

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

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

#### Overall structure

The Council of Ministers bears the overall responsibility for health and safety at work. Main competencies and responsibilities for the elaboration and implementation of the policy related to health and safety are divided between the Ministry of Labour and Social Policy and the Ministry of Health.

**Ministries:**

- **Ministry of Labour and Social Policy** elaborates coordinates and implements the national policy related to health and safety at work; participates in drafting labour and OSH legislation; carries out integrated control through the General Labour Inspectorate-Executive Agency in all branches and activities. It is responsible for the activity of the National focal point of the EU OSHA.

- **Ministry of Health** manages and coordinates the activities related to preventive health and health promotion at work; responsible for: increasing of the work capacity; risk assessment;

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29 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
occupational health and labour medicine; registering and monitoring of the activity of occupational medicine services. Specialised institutions for monitoring and supervision within the MH are the Regional Health Inspectorates.

**Enforcement Authorities:**

- **Executive Agency General Labour Inspectorate (EA-GLI)** is responsible for the overall monitoring of labour legislation on the provision of health and safety at work and employment relations; and specialised control over the implementation of the Employment Promotion Law and Law for civil servants. GLI provides also assistance to employers to fulfil their legal duties.

- **National Social Security Institute (NSSI)** (through territorial branches) monitors the expertise of work ability; investigates accidents at work; maintains occupational accidents information system; administers the resources collected through employers’ contributions in the Occupational injury and occupational disease Fund.

**OSH Services:**

- Occupational health services set by employers alone or with other employers: Employers have to set up, in accordance with the Health and Safety at Work Law, an occupational health service in their company, an inter-company medical service with other companies, or to conclude agreement with Occupational Health Service registered with the Ministry of Health.

- Occupational health services set up by legal entities or individuals registered under the Commercial Law, Law for Cooperatives or Law for Non-profit organisations.

- Health establishments constituted as separate legal entities for servicing workers.
Other organisations and institutions with functions related to OSH:

- The **National Centre for Public Health and Analyses** (NCPHA) is a structure within the national healthcare system and carries out activities for protecting public health, promoting health and preventing diseases, providing analyses and information for healthcare management, including research and analyses related to OSH.

- The infrastructure of services for assisting employers in the implementation of their duties and obligations to provide health and safety at work includes also licensed public and private

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laboratories for the measurement of working conditions parameters, training and consultation centres on issues related to health and safety at work, etc.

- The **National Fund “Working Conditions”** is established to finance activities intended to improve the working conditions. The Fund resources are allocated for: projects for improving working conditions in enterprises; diagnostics of the occupational diseases; developing drafts of normative acts, rules, norms and requirements, organization and carrying out trainings, workshops and conferences.

**Social dialogue**

The national policy for health and safety is elaborated and implemented mainly through consultation, coordination and cooperation in the established special statutory structures for tripartite and bipartite social partnership on OSH at national, branch, regional and enterprise level:

**At national/regional level:**

- The **National Working Conditions Council (NWCC)** is set up comprising representatives of the government and nationally representative employers organisations and trade unions at a parity basis. It is responsible for the elaboration and implementation of OSH policy at national level, including annual National Programme on Health and Safety at Work.
- The **Regional Working Conditions Council (RWCC)** coordinates the specific regional OSH issues.
- The **Economic and Social Council** comprising representatives of the social partners and the NGOs also discussed issues related to OSH.
- **Other tripartite bodies** where OSH is included in the social dialogue include the National Council for Tripartite Cooperation, the National Council on Labour Inspection, the managing board of the Working Conditions Fund and the supervisory boards of the National Social Security Institute and of the National Health Insurance Fund.

**At sector/branch level,** the **Sector/ Branch Working Conditions Council** is set up to deal with the specific branch issues related to OSH. Collective bargaining at sectoral/branch and enterprise level supports the improvement of working conditions. All surveys show that the presence of trade union at the workplace has a positive impact on occupational safety and health. At company level, in companies employing more than 50 workers, OSH matters are discussed in a **Working Conditions Committee** comprising equal number of representatives of employer and employees. In companies, employing between 5 to 50 workers a **Working Conditions Group** is set up.

Social dialogue on OSH at national level is well institutionalised and can be considered successful. The national policy for health and safety is elaborated and implemented mainly through consultation, coordination and cooperation in the established special statutory structures. However, at branch and enterprise level there are some shortcomings and not all branch and regional working conditions councils and working conditions committees/groups function adequately and some of them are not functioning at all. The hindering factors include the lack of capacity of some social partners’ representatives or the lack of financial resources for OSH improvement.

1.3 **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 **Health and Safety at Work Law (HSWL, 1997)**[31] fully transposes the Framework

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Directive 89/391/EC and settles the rights and obligations of the state, the employers and workers for ensuring healthy and safe working conditions for all. It applies to all enterprises and work places. However, it does not contain special provisions for different groups of employees, including older workers. Occupational health services for employees include: provision and maintenance of healthy and safe working conditions; promotion of health and work ability of workers in regard to their work, risk assessment, taking into account the needs of vulnerable workers (as per the EU requirement), investigation of the health status of employees, occupational diseases and occupational accidents.

- The Labour Code requires employers to promote healthy working conditions and to conduct, at their own expense, mandatory regular medical examinations of employees. The frequency of these examinations should be tailored to the workers’ age and other prerequisites such as the nature of work and working conditions.

Labour and employment legislation

- The Employment promotion Law and the annual National Action Plan for Employment provide for subsidised employment and training of unemployed over 50 years old and for people with disabilities aiming to ease their integration and return to employment.

Antidiscrimination legislation

- The Law on protection against discrimination (LPAD, 2003) transposed Framework Directive 2000/78/EC and introduced the principle of equal treatment in employment and training. It protects everyone from discrimination at work on different grounds, including age, disability and from multiple discriminations. Thus the legislation protects older people from discrimination at work and encourages employers to take positive action to support them and to mainstream of the older people needs in their overall policy.

- According to the Labour code, employers (in companies with more than 50 employees) are required to allocate between 4% and 10% of the work stations in the company for to workers with reduced working capacity and provide appropriate readjustments, unless the cost is excessive and would seriously burden the employer. The obligation to provide adaptation of the work station to people with disabilities also applies when the disability occurs after the person has been hired in the company.

- The amendments to the Labour code related to homework and telework also supported the employment of disabled people and ensuring of appropriate working conditions.

1.4 Pension system

The pension system in Bulgaria has undergone substantial structural reform in the transition period since the late 1990s.

Retirement age (pensionable and actual)

At the end of 2011, the official retirement age was 60 for women with 34 years of contribution and 63 for men with 37 years of contribution. Since the beginning of 2012, the retirement age and the required insurance period have started to increase gradually by 4 months per year until reaching the age of 65 for men and 63 for women in 2021. According to OECD, the effective retirement age in Bulgaria in 2011

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was 60.1 for women and 61.8 for men.\textsuperscript{35}

An amendment to the Labour Code, which came into force in 2012, targets the retention in employment of older employees who have reached retirement age. The employer may choose not to terminate the employment relation solely on the basis that the employee is entitled to retire. The current legislation allows working pensioners to receive both a wage and a pension in full. The pension legislation was also amended to introduce incentives for deferring the withdrawal from the labour market by giving more weight of length of insurance period in the pension formula. The measures adopted require relevant measures in OSH to respond to the older employees' needs. However, no such measures have been discussed till now.

\textit{Early retirement}

In general, \textit{early retirement} in Bulgaria is not an option. It is possible only for persons working under hazardous and very unhealthy working conditions and in some public sector structures (police, army and education). Since the beginning of 2012 the regulations for early retirement also tightened.

\textsuperscript{35} Source: OECD estimates on the \textquotedblleft average effective age of retirement versus the official age, 2007-2012\textquotedblright.
2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Bulgaria to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/ government-affiliated organisations

There are no special national strategies and programmes related to the occupational health and safety of older workers. Most of the policies and measures at national, regional and local level for older employees are employment driven and only indirectly relate to the working conditions of older workers. The unemployed individuals aged over 50 and people with disabilities are among the main target groups of the active labour market policy realised through the National Action Plan for employment, elaborated each year.

The following section presents an inventory of the national policies that may, directly or indirectly, have an impact on the health and safety of older workers:

Occupational health and safety

The National Strategy for Health and Safety at Work 2008-2012, is in line with the EU Strategy for Health and Safety at Work goals. The Strategy aims at reducing on-the-job accidents and providing a working environment supportive of good health and well-being at work, to allow for retention at work until old age and provide personal satisfaction with the work done. Most of the priorities, provisions and measures in the Strategy apply to all workers regardless of age. However, the Strategy considers the challenge of population ageing and acknowledges that specific measures for improving health and safety at work for both the young people and people aged 55-64 years are very important for extending working lives.

The Strategy also prioritises the elaboration and implementation of sector programmes, covering the following areas: prevention of health hazards by increasing the effectiveness of monitoring; measures for rehabilitation and reintegration of employed who are forced to change or lost their jobs as a result of accidents at work; alignment with social and demographic change. It is considered that “An adequate policy of safety and health at work at sector/branch level can help meet the challenges of demographic change of the workforce, mainly with better adaptation on the job to the individual needs and better application of ergonomic principles to the concept of workplaces and organization of work. Regardless of the fact that the needs of an ageing active population should be met, the situation of the younger workers should not be overlooked, particularly those who are vulnerable to risks at work”.

The aim of the National Programme on Safety and Health at Work 2013 is prevention of work-related illnesses, diseases, occupational diseases and accidents at work. The overall concept of the programme is aimed at “prevention before rehabilitation and rehabilitation before early leaving the labour market”. According to the Programme, statistics show that musculoskeletal disorders are one of the main concerns of employees and psychosocial risks associated with work are emerging as a growing problem. Adding to these findings the ageing of the workforce, there is a risk the deteriorating working environment to become an obstacle to achieving higher employment and economic growth. Therefore, through holistic approach to the prevention of occupational risks the workers and employers


need to be convinced of the enormous benefits of a good working environment. However none of these documents pays special attention to specific issues related to the OSH of older employees.

The General Labour inspectorate (GLI) is not carrying out any specific activities targeted at older workers. Regarding general activities which are of relevance to older workers, it is implementing a project ‘Prevention for Safety and Health at Work’ in the framework of the Operational Programme Human Resource Development 2008-2013, co-funded by the European Social Fund (ESF), which aims at improving of the working conditions, occupational and health status of the workforce in enterprises.

The Agency for people with disabilities provides financing for: projects for ensuring accessible workplaces for people with disabilities; for health and safety measures and adaptation of the workplaces; and for special equipment. Eligible for such financing are employers that hire people with disabilities.

The National Fund ‘Working Conditions’ resources are allocated for: projects for improving working conditions in enterprises; diagnostics of the occupational diseases; OSH training.

Employment

The Updated Employment Strategy 2013-2020 also contain strategic priorities and goals which directly and indirectly relate to active aging and improvement of the OSH for aging workers. The older employees are considered as a priority target group of the policies and measures in the National action plan for employment 2013. In these documents increasing employment levels and prolonging people’s working lives are important objectives. The policies and measures under the heading ‘Activation of unemployed from vulnerable groups for integration in the labour market’ include “developing and improving incentives for individuals and businesses for extension of working life and postponing exit from the labour market, promotion of age diversity in enterprises through appropriate measures, wider implementation of flexible forms of employment to ensure a smooth transition from work to retirement, dissemination of the experience and good practice of employers, using the possibilities of preventive medicine for the preservation and maintenance of good work ability and adaptation of working conditions, etc.”

According to the Employment Promotion Act employers who hire unemployed from 50 to 64 who have acquired professional pension for early retirement may receive subsidy for wages and social security contributions. Subsidised employment and vocational training is provided also for unemployed aged 50+, and for disabled people registered in the labour offices.

Demography

In 2012, Bulgarian government adopted two important strategic documents with a horizon of 2030 outlining guidelines for developing horizontal policies on demographic issues and adjusting sector policies to demographic changes.

The Updated National Demographic Strategy of the Republic of Bulgaria (2012-2030) prioritizes the need to overcoming the negative consequences of population ageing and improving the human capital quality, achieving social cohesion and creating equal opportunities for valuable social and productive life for all, but this is a general strategy which has no specific links to OSH.

The National Conception for Promotion of Active Ageing (2012-2030) identifies specific areas for action aimed at promoting and prolonging active working life in good health, including age management policies, adaptation of the working environment to the needs of older employees, overcoming negative attitudes to hiring aged individuals, etc.

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**Human resources**

A number of schemes targeting older persons in the 55-to-64 age bracket are implemented within the Operational Programme ‘Human Resource Development’ 2007-2013 (OP HRD) co-financed by the European Social Fund and the national budget. The measures under OP HRD allow the involvement of employed persons aged 55 or more. Examples of OSH-related schemes developed under this programme include:

- ‘Safe Work’ scheme, the first wave of which was implemented in 2012. About 240 companies took advantage of this scheme aiming to modernise equipment and to improve working conditions for all workers. More than 1100 applications have been submitted for the second wave of the scheme. There is no public information about the overall results.

- The scheme ‘Social innovation in enterprises’, implemented in 2011-2013 targets older employees in the broader context of working conditions. The scheme aims at increasing productivity and adaptability of employees aged 55+. It aims to help implement innovative strategies for human resource development in enterprises, to stimulate the introduction of various flexible forms of employment (flexible working time, job rotation, etc.). It includes measures to ensure sustainable employment for persons over 55 years, while using their expertise to conduct workplace training and capacity building of young employees in enterprises. The scheme supports improvement of OSH and building of social welfare facilities (canteens, facilities for child care, rest rooms) in companies. In 2012, due to increased interest the government increased the financing of activities related to social infrastructure of the companies. The planned outcomes included: on the job training for 20,000 workers, training of trainers for at least 250 workers over 55+, 21,200 workers included in flexible employment (job rotation, flexible working time, etc.) As yet, there is no official assessment of the results.

2.2 Initiatives from social partners

In general, the OSH of older employees has not featured prominently on the agenda of social partners. In their programme documents they do consider the challenge of population aging for the labour market and social security systems, but do not propose any initiatives related to improving OSH for the older workers. Their priorities include general improvement of health and safety at work and of the legislative OSH framework.

The Economic and Social Council of Republic of Bulgaria (ESC – see Section 1.2) has been more and more active in discussing and proposing measures on active aging. In its Opinion ‘Active ageing and solidarity between generations’ the ESC proposed to follow an integrated approach to population aging and to consider measures and policies in few main areas (including encouraging employment, adjusting workplaces to the specific capacities and needs of older workers, promotion of health prevention and healthy life style, better age management at the workplace, etc.) However, up to now these proposals have not resulted in concrete activities.

2.3 Initiatives from other organisations/projects

No other initiatives and projects related to health and safety of older workers and sustainable working lives have been identified. However in the last years some NGOs have implemented projects with EU funding focusing on increasing employability of older workers and maintaining them in the active life, namely through lifelong learning.

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

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Bulgaria, the rehabilitation process takes place in several uncoordinated steps, from medical rehabilitation within the general healthcare system to the return to work coordinated by the employer on the basis of the assessment of the worker’s abilities by the Territorial Expert Medical Board. The National Social Security Institute (NSSI) has put in place a Programme for Prevention and Rehabilitation but it mostly focuses on financial compensation and benefits. It is however accessible to all insured workers (whatever the cause of their health problem).

The following chapter first describes the institutional system in Bulgaria for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

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

Legal and policy framework

Legislative provisions related to work-related accidents and diseases compensation and rehabilitation are set up mainly in the Labour code, Social security code, Law for health, the Ordinance on medical expertise, and the Ordinance for work reassignment.

The Law on the integration of people with disabilities, codified in the Labour Code, is relevant for the adaptation of the working environment to the needs of people with reduced capacities.

Employers in economic activities presenting an employment injury risk that exceeds the national average are obliged to insure their employees against the risk ‘work accident and occupational disease’.

Main actors and steps in the rehabilitation process

The main actors involved in the rehabilitation/return to work are the employers, the occupational health services, the Territorial and National Medical Boards, the National Social Security Institute (NSSI), the Agency for people with disabilities and the medical and rehabilitation establishments.

When a worker gets sick or is injured, he/she can get a leave of absence for temporary incapacity to work by means of a sick leave paper issued by the authorities responsible for assessing working capacity (TEMC/NEMB – see below). The sick leave paper is issued on the day of the establishment of the incapacity, whereas the leave may begin the previous day, the same day, or the day following the examination. The sick leave paper shall indicate the type of incapacity, the need, and type of treatment and the duration of the leave. The sick leave paper must be submitted to the employer or the latter should be informed about it immediately after its issue, in any case, no later than two business days thereafter.

The Territorial Expert Medical Board (TEMB) or the National Expert Medical Board (NEMB) are
responsible for the assessment of the working ability of the worker who gets sick or is injured and of defining the degree of the disability (if there is disability). They decide if the person can return to work and what kind of work he/she is able to do, whether he/she needs to reassigned to another job or needs adjustments to be able to carry out its current job.

To receive medical treatment, the worker would first visit their general practitioner (GP). In Bulgaria, evidence shows that GPs are not well-equipped to offer early intervention, which would avoid a long sickness absence to the worker and would allow him/her to return to work quicker. In addition, the number of referrals a GP can make to a specialist has been restricted by a monthly quota introduced by the National Health Insurance Fund in an attempt to regulate specialised outpatient services. The situation in relation to MSDs in particular has been thoroughly investigated by the Fit for Work coalition45.

According to the Labour code (see Section 1.3), employers have an obligation to reassign employees returning to work after an occupational disease or accident if they have suffered from a loss of work ability (or have a recognised degree of disability) but can still work under certain conditions (as prescribed by the relevant health authorities in the Territorial Expert Medical Commissions – see above). They should either provide adjustments to their previous work position to allow the employee to work in conditions that do not affect his/her health or they should reassign them to another position in the company. However, it has been shown that in Bulgaria few people work part-time due to financial constraints (3% of the population in 2006) and flexible working is not yet widespread. In a survey conducted by the NSSI only one in four people altered their start or end times to their working day 46.

The National Social Security Institute (NSSI) provides financial compensation to follow medical rehabilitation or social rehabilitation programmes, in the case of occupational accident or disease. The funds come from the employers’ contributions to the Fund for occupational accidents and disease. They include compensation in case of emergency medical examinations, tests and treatments, funding for prevention and rehabilitation, funding for technical support equipment related to disability, disability pension. People suffering from non-work-related health problems are also entitled to cash benefits – provided that they have been contributing to the insurance scheme for at least 6 months – for rehabilitation programmes, as prescribed by the general practitioner. The funding is also provided from the NSSI. According to NSSI in 2012 more than 60% of beneficiaries were older employees and about 63% suffered from MSD.

The NSSI has put in place a Programme for Prevention and Rehabilitation, which offers cash benefits to insured persons in need of medical rehabilitation (as prescribed by their GP). People with disability pensions are also eligible provided that they are under retirement age and are not in employment. These benefits are granted once a year for a maximum of 10 days and include funds for a maximum of four major diagnostic and therapeutic procedures per day, support for food and accommodation. Due to financial constraints, the coverage of the programme is limited to about 40,000 persons annually.

The National Employment Service put in place programmes for subsidised employment and vocational training for unemployed people with a recognised degree of disability, including support for subsidized employment for people over 50 years

The employer can apply to the Agency for People with Disabilities for grants for the provision of access to the work place, adaptation of, or equipment for, the work station of people with disabilities. After receiving the grant the employer must hire people with permanent disabilities for a period of no less than 3 years. Financial incentives for employers to hire people with disability include:

- 30% of the social security contributions for workers with disabilities are reimbursed to the employers (50% for employers of specialised social enterprises).
- Special enterprises, cooperatives and separate production units, which are members of the National Federation of employers of people with disabilities, do not pay corporate income tax. The emitted funds are used for investments in OSH, rehabilitation and social integration of people with disabilities.

46 Dimitrova, S., Quality in work and employment – Bulgaria, European Foundation for the Improvement of Living and Working Conditions (Eurofound), Available at: http://www.eurofound.europa.eu/ewco/studies/tn0612036a/bgg0612039q.htm (Accessed December 2014)
Compensation system

Compensation for sickness absence

Compensation for sick leave is based on the social insurance contributory scheme providing earnings-related benefits for economically active persons (employed and self-employed).

- Employers pay the cash compensation for the first three working days of the temporary incapacity. The amount of the compensation is 70% of the average daily gross contributory income.
- Afterwards, the benefit is 80% of the contributory income in case of non-work-related health problem and 90% in case of occupational accident or disease. It is paid by the National Social Insurance Institute (NSII).

The sickness benefit is paid for a maximum of 180 days. Sanatorium medical treatment is also covered, provided that it is prescribed by relevant health authorities (general practitioner, hospitals, etc.) Cash benefits (depending on whether the health problem is occupational or not) are provided for the whole stay (including up to three calendar days for travel).

Reassignment benefit is paid when an insured person is reassigned to a lower paying job because of a temporarily reduced working capacity consequent to occupational or non-occupational health problem. The benefit is equal to the difference between the average daily earnings received within the 18 months prior to reassignment and the daily wage after reassignment and is paid for the duration of the reassignment.

Compensation for disability or incapacity to work

After 180 days of sick leave, the person can get either a pension for incapacity to work or a disability pension if they have lost more than 50% of their work capacity. The pension for incapacity to work is slightly lower in case the incapacity originates from a non-occupational health problem.

Disability pensions are payable to insured persons who have lost more than 50% of their ability to work due to both occupational and non-occupational accidents or diseases. The disability pension is granted for the period of duration of the disability (i.e. until full recovery of work capacity if possible) and the pensioner has to present him-/herself for re-certification. In addition, workers with a recognised degree of disability receive monetary benefits for social integration, including transport, training, and communications.

In the 2000s, the disability pension was generally considered an alternative to retirement when a person failed to meet the requirements for an old-age pension. With the financial crisis, new increases in the number of disability pensioners were noted in 2010. For this reason, a more stringent monitoring of disability pensions through random medical reassessment of disability pensioners by NSSI medical commissions has been introduced.

3.2 Specific Initiatives or programmes

There are no specific initiatives of social partners that target rehabilitation and return-to-work policies for all workers. However they participate in the elaboration of legislation, strategies and policies related to rehabilitation and reintegration of workers with disabilities through the National Council for Tripartite Cooperation, the National Council for Integration of People with Disabilities and other social partnership bodies.

Some initiatives related to rehabilitation and labour market integration of people with disabilities are implemented by the National Federation of employers of people with disabilities (social enterprises).47

The project Innovative measures in the field of occupational rehabilitation, guidance, training and employment for people with disabilities 48, co-funded by the European Social Fund under the Operational programme Human Resource Development relates to all ages. Through the exchange of

existing good practices from Bulgaria and Belgium it aimed at improvement of the labour market situation, social inclusion and return to work of the disabled people (many of which are older persons) through rehabilitation, training, ensuring appropriate employment and working environment adapted to their needs. It is implemented by a partnership between NGOs, municipalities, private business, and employment offices. The actors involved are the National Federation of employers of disabled people – Bulgaria, Knowledge Centre Social Europe – Belgium, Association “Horizons” – Bulgaria, municipalities, employment offices. It ran from May 2012 to April 2013 including collection of good practices, study visits in Belgium, workshops to present the practices.
4 Conclusions

General context

Facts and figures

- The process of population ageing in Bulgaria is similar to with the ageing of the overall EU population, with a similar age structure compared to the EU-27 average, although the share of children in 2012 was smaller in Bulgaria (13%) than in the EU overall (16%). Population ageing is predicted to continue and old-age dependency ratio will go from 28% in 2013 to 59% in 2060.

- Although the life expectancy of Bulgarian men is much lower than that of the overall EU population, the number of ‘healthy life years’ at the age of 65 was the same as for the rest of the EU in 2011. For Bulgarian women, estimates show a higher number of ‘healthy life years’ at the age of 65 than for the rest of the EU.

- The employment rate of older workers (55-64) in Bulgaria has greatly increased from 2000 to 2012 and is now similar to the EU-27 rate (around 50%).

- Bulgarian older workers report a slightly worse situation than the EU average in many aspects of working conditions (carrying heavy loads, working in tiring positions, working shifts or at night) and report receiving much less on-the-job training than on EU average. Consequently, more older workers report that their work negatively affects their health and fewer are satisfied with their working conditions than on EU average.

- The average effective retirement age in 2011 was 60.1 for men and 61.8 for women. The official retirement age will increase to 65 for men and 63 for women by 2021. Early retirement is in general not an option in Bulgaria and is possible only for those working under hazardous and very unhealthy working conditions.

Legal and institutional framework

The legislative and institutional framework of the OSH system in Bulgaria is well developed. It follows the EU regulations and directives. The policies and activities of the different actors are conducted in a coherent and cooperative way and provide for ensuring health and safety at work for all ages. The country follows a holistic approach to OSH and the legislation and strategic goals in this respect aim at providing better health and safety for all ages. The labour legislation also do not provide for special focus on OSH for older workers.

Social dialogue on OSH at national level is well institutionalised and can be considered successful. However, at branch and workplace level there are shortcomings and not all branch and regional working conditions councils and working conditions committees/groups function adequately, some of them not functioning at all. The hindering factors include the lack of capacity of some social partners’ representatives or the lack of financial resources for OSH improvement.

OSH and older workers

In times of crisis the national policies’ focus and priorities are in the field of employment. Investments in OSH are reduced. Overall, initiatives related to older workers have an employment perspective rather than a health and safety focus and are part of a general employment policy. Most of these initiatives and measures do not consider also the concept of sustainable working lives.

Following the Country specific recommendations set up in the framework of the European semester related to increasing the financial stability of the pension system, the government introduced some measures aiming to reform the pension system. Legislative provision in social security relate to increasing retirement age, tightening early retirement and disability pensions provision. Legislative provisions are also adopted for promoting longer working lives.

The existing national strategies on health and safety, on active ageing, on demographic development consider the challenge of population ageing and acknowledge that specific measures for improving health and safety at work for people aged 55-64 years are very important for extending working lives. However there is a problem with the implementation of appropriate measures. As a rule, measures for older workers are incorporated into general OSH activities. However, while recognising the challenges...
related to population ageing, the strategies related to other policy areas of the working life than OSH (e.g. employment, HR) rarely mention the need to link with OSH policies.

The issues related to OSH for older workers are also not high on the agenda of the social partners. In their programme documents, they consider the challenge of population ageing for the labour market and social security systems, but do not propose any initiatives related to improving OSH for the older workers. Their priorities include general improvement of health and safety at work and of the legislative OSH framework.

The funding from European funds, namely by the ESF has a very positive impact on improving OSH in enterprises and for retaining and inclusion of older workers into the labour market. Operational programmes co-funded by the ESF support also the integration of the people with disabilities.

**Rehabilitation/return-to-work**

It is worth mentioning that except the provision of reassignment of people after sickness, there are no special strategies, programmes and measures for retaining or returning back to work of people with general and chronic diseases. The focus of most political documents and existing policies is on integrating into the workforce people with disabilities who are not currently employed, rather than retaining, reintegrating and rehabilitating workers who have suffered from work related injury or diseases.

Rehabilitation services are in place in Bulgaria to support people after sick leave to return to work and there is a long-standing tradition of providing medical rehabilitation such as physiotherapy both through inpatient and outpatient services, as well as through spa-like resorts. However the focus is on medical rehabilitation and there are no links with the individual’s return to work. While there is some indication that patients are encouraged to return to work as soon as possible following treatment, there is also some indication that doctors view work as an extra burden for ill patients.

From the employers’ side, experts suggest that few Bulgarian employers think about employee’s health as a factor in higher productivity. Only a few large and foreign-owned organisations may have sufficient resources for an in-house occupational service but OSH in SMEs and micro-sized organisations is virtually non-existent. In addition, the possibilities of part-time employment or flexible work time schedules or vocational training at the workplace when returning to work after sick leave are rarely taken up by employees.

Due to the scarce finances the national programme for prevention and rehabilitation of the National Social Security Institute (NSSI) has limited coverage. There are no specific strategies and programmes at national level, which relate to the rehabilitation/return to work of older workers.

**General conclusion**

The concept of sustainable work is not included in the general policy framework for employment, prevention and rehabilitation. The link between policies related to older employees and to OSH is missing. There is a serious gap that must be overcome with the engagement and shared responsibilities of all institutional actors in the field of OSH.

5 References and further information

**European and international sources:**


**National sources:**


Economic and Social Council of the Republic of Bulgaria, Opinion on "Active ageing and solidarity between generations" (Own-initiative opinion), 2012. Available at: http://www.esc.bg/en/activities/opinions


National Plan 2011 for implementation of the National Strategy for Demographic Development. (in Bulgarian). Available at: http://www.mlsp.government.bg/bg/docs/demography/demograph.htm


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