Safer and healthier work at any age
Country Inventory: Lithuania
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Abbreviations

DCWS: Disability and Work Capacity Assessment Office
ENWHP: European Network for Workplace Health Promotion
EU: European Union
Eurofound: European Foundation for the Improvement of Living and Working Conditions
EU-OSHA: European Agency for Health and Safety at Work
HR: Human resources
ILO: International Labour Organization
LPSK: Lithuanian Trade Union Confederation
LR TT: Tripartite Council of the Republic of Lithuania
LVDK: Lithuanian Business Employers’ Confederation
MSD: Musculoskeletal disorder
MSSL: Ministry of Social Security and Labour
NGO: Non-governmental organisation
OECD: Organisation of Economic Cooperation and Development
OSH: Occupational Safety and Health
P.p.: Percentage point
RTW: Return to work
SODRA: State Social Insurance Fund Board
WHO: World Health Organisation
Introduction

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

The project, which started in 2013,
- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

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

Methodology

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

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

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

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

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

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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).
Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

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

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 Lithuania, 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.

The present report describes policies and strategies in Lithuania, 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.
1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Lithuania 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 Lithuania 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 Lithuania 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>Lithuania</th>
<th>EU-28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age 2013 (2060)</td>
<td>42 (41)</td>
<td>42 (46)</td>
</tr>
<tr>
<td>Share of population aged 55 to 64 years (2013)</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Share of population aged 65+ (2013)</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Old age dependency ratio 2013 (2060)</td>
<td>27% (46%)</td>
<td>28% (50%)</td>
</tr>
<tr>
<td>Employment rate of 55 to 64-year-olds (2013) (∆ since 2003)</td>
<td>53% (+6 p.p.)</td>
<td>50% (+10 p.p.)</td>
</tr>
<tr>
<td>Official Retirement age</td>
<td>61(f)/63(m)</td>
<td></td>
</tr>
</tbody>
</table>

1 Definitions extracted from the Eurostat glossary (unless stated otherwise):
2 Eurostat, Methodologies and Working Papers, The European System of integrated Social PROection Statistics (ESSPROS), ESSPROS Manual and user guidelines, 2012, p. 58. Available at:
3 This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.
4 See section 1.4 on Pension system. Figure refer to 2013. The retirement age will gradually increase in Lithuania in the coming years.
<table>
<thead>
<tr>
<th>Category</th>
<th>Lithuania</th>
<th>EU-28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective retirement age (2012)</td>
<td>61.7(f)/61.7(m)²</td>
<td>60.9(f)/62.3(m)²³</td>
</tr>
<tr>
<td>Share of pensioners (50-69) who quit working for health or disability</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>reason (2012)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension expenditures (% of GDP) (2011*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All pensions</td>
<td>7.7%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Old-age pensions</td>
<td>1%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Disability</td>
<td>1.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Life expectancy at 65 years, in years (2011)</td>
<td>17</td>
<td>19.7</td>
</tr>
<tr>
<td>Women</td>
<td>19.2</td>
<td>21.3</td>
</tr>
<tr>
<td>Men</td>
<td>14</td>
<td>17.8</td>
</tr>
<tr>
<td>Healthy life years at the age of 65 (and 50) (2011)</td>
<td>8.6 (17.7)</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>6.7 (16.4)</td>
<td>8.6 (17.9)</td>
</tr>
<tr>
<td>Men</td>
<td>6.2 (14.1)</td>
<td>8.6 (17.5)</td>
</tr>
<tr>
<td>Employed persons aged 55 to 64 years reporting one or more work-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>related health problems in the past 12 months in 2007 (% from all</td>
<td>6.3%¹⁰</td>
<td>11%¹¹</td>
</tr>
<tr>
<td>employed aged 55 to 64 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of employed people aged 55-64 yrs who perceive their health</td>
<td>8.3% (5.6%)</td>
<td>5.7% (3.8%)</td>
</tr>
<tr>
<td>as in being in a bad or very bad status (and 45-54 yrs), 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of employed people aged 55-64 yrs who have a long-standing</td>
<td>28.4% (15.7%)</td>
<td>33.3%**</td>
</tr>
<tr>
<td>illness or health problem (and 45-54 yrs), 2012</td>
<td></td>
<td>(24.2%***)</td>
</tr>
<tr>
<td>Share of people aged 55-64 yrs who report MSDs as their most</td>
<td>49%</td>
<td>60%¹²</td>
</tr>
<tr>
<td>serious work-related health problem during the past 12 months (2007)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>44%</td>
<td>64%</td>
</tr>
<tr>
<td>Men</td>
<td>54%</td>
<td>56%</td>
</tr>
<tr>
<td>Share of workers above the age of 50 who think they could do their</td>
<td>55%</td>
<td>71%¹⁴</td>
</tr>
<tr>
<td>current job at the age of 60¹³ (2010)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of employed people with working experience who report that</td>
<td>33%</td>
<td>31%</td>
</tr>
<tr>
<td>measures to adapt the workplace for older people have been put in place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at their workplace¹⁵ (2013)</td>
<td></td>
<td></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; ** estimated figures only (by Eurostat)

¹ Source: OECD estimates on the “average effective age of retirement versus the official age, 2007-2012”
² Data refers to 2011
³ These figures refer to the EU-27
¹⁰ Definition differs
¹¹ This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.
¹² This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.
¹³ Source: European Working Conditions Survey 2010
¹⁴ This Figure refers to the EU-27
Demographic development

Lithuania’s population has been continuously ageing since 1970. From 31 years in 1970, the median age rose to 42 years in 2013 (same as the EU-28 average in 2013)\(^{16}\). This population ageing is also reflected in the distribution of the population across the different age groups and their development between 1990 and 2013. The share of the oldest age group (over 65) strongly increased between 1990 (11%) and 2013 (18%) (EU-28: 18% in 2013). The share of the 55-64 year old group increased slightly from 11% in 1990 to 12% in 2013 (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group “65+” is projected to increase from 18% of the total population in 2013 to 26% in 2060. This ageing is also shown in the age pyramid below (Figure 1) which shows that between 2010 and 2050, the age group of 20 to 65-year-olds is predicted to decrease while the age group of 65+ is predicted to increase.

![Figure 1: Total population by age group and gender, 2010 and 2050](image)

Source: International Conference on Population and Development Beyond 2014, Lithuania Country Implementation Profile\(^{17}\).

Labour market participation

The employment rate of 55 to 64-year-olds in Lithuania increased between 2000 and 2008. In 2008, it was even higher than the EU average rate for this group (53% in Lithuania and 46% on EU average). However, between 2008 and 2010 this rate decreased, and has since then been recovering, but in 2013 was still only at 53%. This was still higher than the EU average of 50% in 2013.

The rates of the other age groups did not rise as strongly between 2000 and 2008 – the youth employment rate even decreased in between – and employment among all age groups decreased strongly between 2008 and 2010 and has been recovering since.

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\(^{16}\) Source: Eurostat population statistics 2013, structure indicators.

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 201018, the following conclusions can be drawn with regard to the working conditions of older workers19 in Lithuania:

- Lithuanian older workers are exposed to carrying heavy loads much more than older workers across the EU: While 42% of older workers in Lithuania reported having to carry heavy loads at least a quarter of the time in 2010, this share was only 32% among EU-27 older workers.
- However, Lithuanian older workers were slightly less exposed to tiring or painful positions than the EU average in 2010: 10% of Lithuanian older workers reported having to work in tiring positions almost always, while this share was 16% among older workers across the EU.
- In addition, a greater share of older workers was exposed to shift work in Lithuania (18%) than across the EU (14%) in 2010. However, the share of older workers who are exposed to night work is slightly lower in Lithuania (15%) than on EU average (16%).
- In Lithuania, older workers are far more satisfied with their work-life-balance than workers between 30 and 49 years: In 2010, 82% of older workers reported that their working hours fitted their private life well (close to EU average of 84.5%), while this share was only 72% among the workers of the younger age group.
- As in most other EU Member States, the number of people reporting three or more external constraints on their work pace (such as demands from people or production/performance targets) decreases with age in Lithuania: 35% of young workers report that at least three external factors determine their work pace against only 22% of older workers (considerably lower than the EU-27 average of 27% of older workers).
- In Lithuania, a slightly lower share of workers from all age categories receive on-the-job training compared to the EU average. For older workers, this is 24% compared to 26% respectively.

18 Unless mentioned otherwise, the figures in this paragraph relate to the EWCS from 2010. Available at: http://eurofound.europa.eu/surveys/ewcs/2010/european-working-conditions-survey-2010 (Accessed December 2014)
19 The term “older workers” in this section refers to workers aged 50 years and above, the term “young workers” refers to workers below 30 years.
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- A much larger share of older workers reported that their work affects their health negatively in Lithuania (38%) than across the EU (27%) in 2010. Satisfaction with working conditions has increased among Lithuanian older workers between 2000 (67% reported they were satisfied), 2005 (72% reported the same) and 2010 (73% reported the same). However, Lithuanian older workers were still less satisfied with their working conditions than the EU average (84% in 2010). The share of older workers who reported that they would be able to do their current job at the age of 60 was lower in Lithuania (65%) than across the EU (71%).

- In Lithuania, 33% 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). Eight percent of those that responded did not know whether their workplace had been adapted to older workers.

Health

In 2011, estimations showed that Lithuanian men of the age of 65 years had a life expectancy of around 14 additional years, which is significantly lower than the EU average – 17.8. 6 of these years were considered “healthy life years”. Women of the age of 65 had a life expectancy of 19.2 additional years (21 years in the EU) but only 7 “healthy life years”. The number of “healthy life years” in Lithuania is lower than the EU average (8.6 years for both genders).

The perceived health status among employed persons in Lithuania 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>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>Employed</td>
<td>1.6%</td>
<td>5.6%</td>
<td>8.3%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hth_silc_01]

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

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21 Eurostat 2013 ‘Life expectancy by age and sex’ [demo_mlexpec]
22 Eurostat 2013 ‘Healthy Life Years (from 2004 onwards)’ (hth_hlye).
23 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.
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Table 3: Self-reported work-related health problems by workers in Lithuania and EU-27, by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Lithuania %</th>
<th>EU-27* %</th>
</tr>
</thead>
<tbody>
<tr>
<td>LT 25-34 yrs</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>LT 35-44 yrs</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>LT 45-54 yrs</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>LT 55-64 yrs</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>EU-27* 55-64 yrs</td>
<td>11%</td>
<td></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]; according to Eurostat, ‘minor wording, conceptual, or cultural differences were identified’ for data from this country; therefore, comparability with other countries has to be interpreted with caution.

*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 and pulmonary disorders was also high in Lithuania, especially among women. While the importance of physical illnesses as most serious work-related health problems (cardiovascular disorders and musculoskeletal disorders) increases with age, the importance of stress, depression and anxiety decreases.

Table 4: Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of 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*) 7.4 (2.9)</td>
<td>43 (60.9)</td>
<td>6.3 (16.4)</td>
<td>18.5 (4.9)</td>
</tr>
<tr>
<td>Men</td>
<td>11.4</td>
<td>42.2</td>
<td>:</td>
<td>23.2</td>
</tr>
<tr>
<td>Women</td>
<td>2.3</td>
<td>44.1</td>
<td>14.3</td>
<td>12.5</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>Total (EU-27*) 12.6 (6.2)</td>
<td>44.6 (61.3)</td>
<td>0.8 (13.5)</td>
<td>12.4 (4.7)</td>
</tr>
<tr>
<td>Men</td>
<td>18.8</td>
<td>40.4</td>
<td>0.5</td>
<td>13.5</td>
</tr>
<tr>
<td>Women</td>
<td>6.5</td>
<td>48.7</td>
<td>1.1</td>
<td>11.4</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>Total (EU-27*) 15.8 (11.3)</td>
<td>48.7 (59.9)</td>
<td>4.1 (9.2)</td>
<td>15 (5.8)</td>
</tr>
<tr>
<td>Women</td>
<td>18.0</td>
<td>44.0</td>
<td>3.7</td>
<td>17.5</td>
</tr>
<tr>
<td>Men</td>
<td>13.5</td>
<td>54.0</td>
<td>4.6</td>
<td>12.2</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]

*This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

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25 EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.

26 More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: [http://ec.europa.eu/eurostat/web/lfs/data/database](http://ec.europa.eu/eurostat/web/lfs/data/database)
**Definition**

According to Lithuanian health statistics an “older” worker is defined as a person over 50 years old. In more recent publications, the age limit used for older workers is 55 years old. There is no definition for older workers in occupational health and safety legal acts.

**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 Lithuania.

**Overall Structure**

- The **Ministry of Social Security and Labour** (Socialinės apsaugos ir darbo ministerija – MSSL) carries out state governance functions in the areas of social security and labour (including occupational safety and health, OSH) and implements the national policy in these areas.
- The **State Labour Inspection** under the MSSL prevents the violation of acts regulating OSH (including the prevention of accidents at work and occupational diseases) and labour relations in enterprises by controlling compliance with these acts and by providing consultations to employees, representatives, employers and OSH services and committees. Since 2013 it is mandatory for all employers to prepare and submit a Declaration on occupational safety condition in enterprises to the State Labour Inspectorate. The **Regional labour inspectorates** (Vilnius, Kaunas, Klaipėda, Šiauliai,Panevėžys, Utena, Alytus, Marijampolė, Tauragė, Telšiai) deal with health and safety issues at the local level. The regional inspectorates monitor the application of laws and other normative legal acts related to OSH of people under 18, pregnant women, new mothers, breastfeeding women and disabled workers. All other employees, from 18 to retirement age, are subject to the same regulatory and statutory health and safety guarantees. Regional inspectorates monitor whether or not employers comply with the requirements of collective agreements in relation to contract award, execution, and completion. It also includes looking for discrimination related to older and disabled workers and equal opportunities for development.
- The **State Social Insurance Fund Board (SODRA)** under the MSSL is a key institution administering the public social insurance fund, responsible for the coordination, management and control of the territorial offices. The main function of SODRA is to ensure the enforcement of legal acts for the regulation of the state social insurance, including compensation of sick or injured workers.
- The **Ministry of Health’s** (Sveikatos apsaugos ministerija) goals include strengthening the health of the population, prevention and control of diseases. Improvement of public health care activities in compliance with the requirements of EU legal acts.
- The **Institute of Hygiene** is an institution under the Ministry of Health. The Occupational Health Centre and Registry of Occupational Diseases are the main departments of the Institute of Hygiene acting on occupational health. In one of its 2013 publication, “Darbingumas: ilgo ir kokybiško darbingo amžiaus link” (Work ability: towards long and high-quality working-age), the Institute of Hygiene analyses work ability in a broad sense. Namely, it is seen as a balance between personal resources of worker and work requirements. The Occupational Health Centre (Profesinės sveikatos centras) is responsible for research, training, expertise, consultation and information in the field of occupational health in Lithuania. Research activities of the Occupational Health Centre are aimed at producing new scientific knowledge to be used for the improvement of work environment and promotion of workers’ health.
- The **Central Commission of the Occupational Health Experts** establishes the diagnoses in controversial cases of occupational diseases and is responsible and accountable to the Minister of Health.
Social Dialogue

Social dialogue at the national level is held at the Tripartite Council of the Republic of Lithuania (LRTT). The LRTT comprises the representatives from employees’ and employers’ organisations and the government (not more than 21 members in total), including as permanent members the representatives of the trade unions (LPSK, “Solidarumas”, LDF), the employers’ organisations (the Lithuanian Confederation of Industrialists [Lietuvos pramonininkų konfederacija, LPK] and the Lithuanian Business Employers’ Confederation [Lietuvos verslo darbdavių konfederacija, LVDK]) and

the Government (Ministry of Finance, Ministry of Economy, Ministry of Education and Science, Ministry of Social Security and Labour, and Ministry of Agriculture). The LRTT is formed on the basis of equal tripartite partnership to settle social, economic and labour problems by means of inter-agreements. The social partners periodically discuss the idea of a national collective agreement, but so far it has not yet been implemented in practice.

According to data from the Statistics Department of Lithuanian, only about 10% of all employees are members of a trade union. The influence of the trade unions is mainly exercised through their participation in various tripartite or bipartite councils or commissions.

The tripartite participation system in Lithuania includes a number of other tripartite councils and commissions as well, such as the Commission on Safety and Health of Employees (OSH). This Commission comprises of 15 members, with an equal number of state institutions and establishments, employers' and workers' organisations and their representatives. Employers' organisations and trade unions' representatives are appointed by resolutions of their collegial bodies. The OSH Commission has an advisory role to the Ministry Social Security and Labour, the Ministry of Health, and other state bodies and institutions. If necessary, it makes appropriate proposals to public authorities on the necessity for developing new occupational safety and health legislation and for amendments or additions to the existing legislation. The OSH Commission also considers the state of work safety and implementation of labour laws report prepared by the State Labour Inspectorate, examines occupational safety and health conditions, and offers the means and techniques to improve occupational safety and health to the Ministry of Social Security and Labour, the Ministry of Health, other state bodies and institutions, employers’ organisations, trade unions and undertakings.

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**

In Lithuania, health and safety at work is mainly regulated through the Labour Code and the Law on health and safety at work, which transposes the European OSH Framework Directive 89/391. These are supported by a number of regulations covering different sub-areas of occupational safety and health.

Older workers do not constitute a separate/specific worker group in the Law, and there is no specific disposition for older workers. They are covered by the employers’ general duties to introduce measures to control identified risks. However, risk assessment includes addressing hazards that any particularly sensitive groups may specifically face, as per the Framework Directive.

**Labour and employment legislation**

The Lithuanian Labour Code (Article 129) states that age cannot be a legitimate reason to terminate the employment relationship, unless the employee is already entitled to the full old-age pension, or is already benefitting from it. Article 2 of the Labour Code also sets as the principle of equal employment rights for all, regardless of, among others, age.

**Antidiscrimination legislation**

The Law on Equal Opportunities prohibits discrimination, among others, on grounds of age and disability and provides for the possibility to introduce “positive” discrimination (differentiation). In this way, “positive” discrimination can be applicable based on age, through specific measures on health
protection, occupational safety, employment, and the labour market. According to this law (Art. 7 of clause 9) the employer shall take appropriate measures to ensure that disabled people are able to obtain a job, work, career, or education, including adaptation of premises, provided that such measures are not disproportionate burden on the employer.

1.4 Pension system

The State Social Insurance System is a key player in the pension system in Lithuania since social insurance benefits include pension for old age. The social insurance system is based on a pay-as-you-go principle. From 1 January 2004, a portion of the social insurance contributions was legitimized and now allows for accumulation as a basis for the funded pension scheme.

Retirement age

In 2013, retirement age was 60 years and 8 months for women, and 62 years and 10 months for men. It was decided to gradually increase retirement age by annually adding 4 months for women and 2 months for men starting in 2012. As a consequence, the retirement age for both sexes would reach 65 years by 2026. According to OECD, effective retirement age in Lithuania is 61.7 for both genders.

Early retirement

According to the Lithuanian pension law, early retirement is granted to those meeting the following conditions:
1. Fewer than 5 years before retirement age;
2. No less than 30 years of state social pension insurance (with some exceptions for mothers who have stayed home and for parents with disabled children);
3. Do not receive other benefits paid from the state budget and state social security fund;
4. Do not work either under an employment contract, nor as self-employed;
5. Must meet other conditions specified in the law.

According to the Labour Code of the Republic of Lithuania, legitimate reasons to terminate an employment relationship cannot be the age of the worker, unless the employee is already entitled to the full old-age pension. It does not oblige an employer to dismiss an employee, but only makes this possible. However, the dismissal of an employee of retirement age is only possible when there are important reasons and circumstances related to the employee’s qualifications, professional skills and behaviour at work.

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33 Source: OECD estimates on the “average effective age of retirement versus the official age, 2007-2012” (Accessed October 2014)
2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

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

2.1 Initiatives from government/government-affiliated organisations

**Occupational health and safety policies**

By resolution of the Government of Lithuania (No. 669, 25/06/2009), the *Occupational Safety and Health Strategy for 2009-2012* was approved. Its implementation occurred in two phases; a first plan of measures was approved for 2009-2010 and a second plan for 2011-2012. The plans covered in particular:

- company occupational safety and health services, which should contribute to health maintenance and enhancement; and
- the development of occupational safety and health research on accidents at work and occupational diseases prevention.

These plans were only indirectly related to the health and safety of older workers and did not contain specific elements related to the health and safety of older worker. Objective 3, enhancing the effectiveness of preventive health care for employees, is probably the most relevant to sustainable work, and covers: increasing the contribution of bodies for safety and health at work to the strengthening and preservation of workers’ health; quality improvement in employee healthcare; continuous professional development of employee healthcare staff. The Strategy also emphasised OSH education throughout working life\(^\text{36}\). The Strategy has not been renewed since 2012.

**Employment policies**

The Resolution of the Government of the Lithuanian Republic No. 878 of 25 September 2013 adopted the *Programme on employment growth during the 2014-2020 period*\(^\text{37}\). This programme is intended to encourage older people to stay longer in the labour market, that is to say to create *favourable conditions for working beyond retirement age* (paragraph 11.2). It also aims to increase *participation of disabled people in the labour market* (paragraph 11.4).

The *Lithuanian Labour Exchange* has created in 2006 the “Senior Bank” system\(^\text{38}\), which aims to enable older workers and retired people to find an appropriate occupation and for employers to receive information concerning job seekers of retirement age. This new system has been adopted to reduce mass unemployment among older workers. It introduces a new perspective, aiming at *maintaining older workers longer in the active population*. This measure has become popular among older workers: between 2007 and 2012, the project involved over 1,600 people, of which over 25% have been employed according to the Labour Exchange statistics.

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\(^{38}\) Lithuanian Labour Exchange – webpage on Senior Banks: [http://www.lkb.lt/Informacija/Patarimai/Patarimai%EskantiemsDarbio/Puslapiai/senjoru_bankas.aspx](http://www.lkb.lt/Informacija/Patarimai/Patarimai%EskantiemsDarbio/Puslapiai/senjoru_bankas.aspx) (Accessed October 2014)
Health policies

The Lithuanian public health policy Framework for Health System Development in 2011–2020, emphasised health promotion and health education, but there are no explicit links to the workplace.39

2.2 Initiatives from social partners

Whilst there have been no projects from the social partners dedicated to sustainable work, two initiatives are relevant to older workers.

- The Lithuanian Trade Union Confederation (LPSK) has implemented a project, funded by the European Community Initiative EQUAL, which aims to develop and implement the re-integration of older people into the labour market model. The essence of the project is to reduce older workers' social exclusion by employing them. This is done by including protective provisions into collective agreements, organising training of pre-retirement age persons and creating new techniques for adult learning. This project is the first serious attempt of LPSK to not only identify the problems of older workers, but also to raise the attention of state representatives, employers and the public to this issue and provide possible solutions.

- The project “Support Network for Reintegration into the Labour Market in the Regions of Utena and Vilnius” involving trade unions, employers, public organisations and vocational schools, is the first serious attempt to draw attention of government representatives, employers and the society to the problems of older people at the labour market and to offer solutions. The project addressed policies and initiatives which would encourage employees to participate in the life-long learning processes and which would reduce age-based discrimination and social exclusion of persons at pre-retirement age. The project analysed existing collective agreements and showed that currently many companies and organisations do not have any policies or programmes in place that address professional education of employees, improvement of qualifications, re-skilling and the related guarantees and benefits.

2.3 Initiatives from other organisations

Since 2006, Lithuania has implemented trainings for OSH professionals based on training courses programme on Ergonomic Risk Factors Assessment and Psychosocial Risk Factors Assessment approved by the Minister of Health and adapted by the Vilnius Gediminas Technical University. These courses focus on fitting the work system components (work equipment, used tools, environment) to the individual, particularly with regard to older workers’ abilities in order to preserve their employability throughout their working lives.42 In 2013, the Lithuanian Ergonomics Association has implemented a new version of Ergonomic Risk Factors Assessment programme, which includes new ergonomic research methodologies and techniques.

The Equal Opportunities Development Centre, the Lithuanian Centre of Human Rights, the Lithuanian Ergonomics Association and other non-governmental organisations carry out educational work in Lithuania regarding discrimination against older workers, well-being at work and workplace adaptation to individual abilities. For example, several manufacturing companies “Yazaki Wiring Technologies Lietuva”, “Kauno Kranai”, “Mars Lietuva” and others invited experts in ergonomics to visit the company and to assess the existing situation at the workplace. The experts carried out an ergonomics training for engineering and management professionals.

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39 European Social Charter, 10th National Report on the implementation of the European Social Charter, as above.
41 Order No.V-12, 04/01/ 2006
43 Website of the association: http://www.ergonomikosasociacija.lt (Accessed October 2014)
3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers

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

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

In Lithuania, the vocational rehabilitation system to a large extent is focused on the rehabilitation / return to work of workers with a work capacity reduced by at least 25% as determined by the Disability and Work Capacity Assessment Office.

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

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

The legal and policy framework

The Law on State Social Insurance from 2011 provides details of the various types of social insurance available in Lithuania (Art. 3):

1) Pension social insurance (including old-age pensions, disability and work incapacity pensions – see below);
2) Sickness and maternity social insurance, including sickness, maternity and vocational rehabilitation benefits;
3) Unemployment social insurance;
4) Social insurance of occupational accidents and occupational diseases;
5) Health insurance, covering health care services and compensations;

As mentioned earlier, the Law on Equal Opportunities (see Section 1.3) dealing with employment antidiscrimination requires employers to adapt the workplace for people who have developed disabilities, provided that such measures are not a disproportionate burden on the employer.

The Development Strategy of Vocational Rehabilitation Services 2007 – 2012 has been approved by the Minister of Social Security and Labour in June 2007. The main objective of the strategy is the improvement of the legal, economic and organisational framework of vocational rehabilitation, its quality and variety, to ensure better integration of person with disabilities in the open labour market. Each year, the Minister of Social Security and Labour approves the action plan for the implementation of the strategy. One of the main actor for the implementation of the Strategy is the Valakupiai Rehabilitation Centre (see below). 

Main actors and steps in the rehabilitation process

In Lithuania, occupational rehabilitation is managed by the Disability and Work Capacity Assessment Office (DCWS) and the Lithuanian Labour Exchange at the Ministry of Social Security and Labour, in accordance with the Regulations on Requirement for Occupational Rehabilitation Services Criteria.

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as well as the Rules of Delivery and Financing of Occupational Rehabilitation Services.

The State Social Insurance System also plays a key role in rehabilitation since its main goal is to guarantee income to the insured persons in the case of work incapacity due to occupational and non-occupational diseases or accidents and disability as provided for in the Law on State Social Insurance47. Within the existing rehabilitation/RTW system in Lithuania, when a worker gets sick or injured, he/she receives the necessary medical treatment from the public health care system. Medical rehabilitation services are provided by certified health institutions and occupational health physicians (diagnosis of occupational diseases). Curative rehabilitation services are paid by the territorial Health Insurance Fund under the Ministry of Health. In certain large enterprises, with in-house services, the occupational health specialist’s team can include general physicians, ophthalmologists and other specialists, whose services are paid by the State Health Insurance Fund. Curative rehabilitation services are not regulated by specific Acts.

Following medical rehabilitation, in case the worker does not recover from his/her injury or disease, he/she can apply to the DCWS for an assessment of the vocational rehabilitation service needs. In this case, his/her work capacity is assessed at the territorial division of the DCWS. If the expected work capacity is 0-25% and the employee cannot visit the DCWS, the examination is performed at the employee’s home or in the hospital. The assessment of work capacity is based on documents supplied by the medical doctors treating the individual, specialists of vocational rehabilitation and other specialists. The assessment of work capacity is done by assessing the individual’s medical condition and ability to perform work – in line with the qualification available and without requiring professional re-qualification after all medical and vocational rehabilitation, as well as special assistance measures, have been used. The DCWS then issues a certificate – the Conclusion on the Assessment of the Need for Vocational Rehabilitation Services.

The work capacity is set as a percentage value48:

a) If the person is recognised as having only 0–25% of work capacity, he/she is deemed to be unable to work or unable to work under usual conditions, i.e., can work only in a working environment adapted to the type of disability;

b) If the person is recognised as having 30-55% of work capacity, he/she is deemed to be partly capable to work, i.e. he/she can work under usual working conditions, subject to fulfilling the recommendations provided for in the Conclusion on the Assessment of the Need for Vocational Rehabilitation Services;

c) If the person is recognised as having 60-100% of work capacity, he/she is deemed to be capable to work. In this case, the employer must take the employee’s health status into account and, if necessary, adapt the workplace.

If the DCWS decides that an occupational rehabilitation programme should be offered to the employee (in the ‘Conclusion on the Assessment of the Need for Vocational Rehabilitation Services’), the following services are being provided: a) Assessment of occupational skills; b) Occupational guidance and counselling; c) Rehabilitation or development of new occupational skills; d) Job placement support.

Within 3 working days from the date of receiving the Conclusion, the individual applies to the local Labour Exchange according to the place of residence. The local Labour Exchange concludes an agreement with the individual for the financing of the vocational rehabilitation services and issues the vocational rehabilitation certificate to the individual, as well as a reference to an institution providing vocational rehabilitation services. The individual should visit the institution providing vocational rehabilitation services no later than within 3 working days since the date of the referral. The institution providing vocational rehabilitation services (Lithuania has a network of public institutions providing vocational rehabilitation services49) develops an individual vocational rehabilitation programme for the person. Upon completion of the vocational rehabilitation programme (which includes receiving a notification from the local Labour Exchange on the successful completion of the programme), the person contacts the DCWS for an assessment of his/her capacity to work. The duration of the vocational rehabilitation programme is 46-220 days and is paid by the Lithuanian Labour Exchange. Vocational rehabilitation services aim to develop or restore the working capacity of individuals and

49 The list of institutions and programmes is available at http://www.ndnt.lt/index.php?1065812532 (Accessed October 2014)
increase their employment opportunities. Vocational rehabilitation programmes offered by the Vocational Rehabilitation institutions are selected depending on the nature of the disability (physical or mental, movement, sensory, intellectual disabilities), as well as the degree of working capacity. The procedure for the return to work of workers who have developed non work-related diseases (such as chronic diseases or cancer) is the same as that for workers suffering from occupational health problems. In the case of specific diseases, the Lithuanian Labour Exchange specialists analyse documents for treatment of the disease and incapacity documents during the preparation of the rehabilitation programme and closely communicate on these points with the worker.

Financial support to employers is provided by the Labour Exchange for workers undergoing the vocational rehabilitation programme, to make workplace accommodations after a long-term sick leave or to retain workers at work. The subsidy may not exceed two minimum monthly salary and depend on the degree of work capacity of the worker.

The Valakupiai Rehabilitation Centre ⁵⁰ is a non-governmental organisation and is the most experienced provider of vocational rehabilitation services in Lithuania. It provides vocational and medical rehabilitation services for people with severe and moderate physical disabilities. As part of a multifaceted model to promote employability, the services it offers include the assessment of workplaces, i.e. evaluation of the requirements for a specific workplace activity, and counselling on the adjustment of the workplace. This service is offered to working-age people and employers. The service can cover: assessment of workplace and/or requirements of work activities; preparation of recommendations for workplace adaptation; guidance for employers; specialists providing occupational therapists, physical therapists, social workers, employment (recruitment) consultants. As a Methodological Centre for Vocational Rehabilitation it cooperates with other stakeholders. It promotes best practice examples and provides methodological material for vocational rehabilitation for specialists and employers. The centre is a member of Workability Europe and the European Platform for Rehabilitation (EPR). It also cooperates in projects in the field of social integration of people with disabilities, although none at present relate to sustainable work.

**Compensation system**

**Compensation for sickness absence**

For the first two calendar days of sick leave (other than nursing a family member or organ donation), the employer shall pay an allowance of between 80-100% of the employee's average salary ⁵¹. From the third day of sick leave to the seventh (inclusive), 40% of the wage size (as determined in accordance with arrangements approved by the Government) will be paid by the State Social Insurance Fund, and from the eighth day of sick leave onwards, 80% of the reimbursed wage size will be paid by the State Social Insurance Fund. The State Social Insurance Fund, “SODRA”, operates under the Ministry of Social Security and Labour. The benefit payment period is no longer than 180 calendar days.

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

Work incapacity pensions are granted to people who have lost 45–55 % of their work ability (pensions for Group 3 invalids) and have contributed to a minimum number of years with the state social pension insurance. It is interesting to note that work incapacity pension can be paid even if the pension receiver works and receives an income. ⁵²

### 3.2 Specific initiatives

As discussed above, vocational rehabilitation according to the Disability and Work Capacity Assessment Office means restoring or developing individual's working capacity, professional competency and ability to participate in the labour market by educative, social, psychological, rehabilitation and other measures of influence.

Employers representing socially responsible businesses, social enterprises and other businesses that are ready to contribute to unemployment among the disabled and social exclusion can take advantage of the support provided by the Labour Exchange.

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⁵¹ Calculated according to the Government Decree No.650 of 27 May 2003.

⁵² European Social Charter, 10th National Report on the implementation of the European Social Charter, as above.
of state support for the disabled employment. Employers employing persons with disabilities are subject to the advantages associated with wage or part of the workplace establishing reimbursement to the employer. Subsidized employment is governed by the implementation of the Law on Support of Employment53.

The **Occupational Health Centre** (Profesinės sveikatos centras)54 of the Institute of Hygiene is responsible for research, training, expertise, consultation and information in the field of occupational health. Its research activities aim at enhancing scientific knowledge on improving the work environment and on promoting workers’ health55. The Centre is implementing the project "Professional Patient History and Physical Health Problems in Interface with the Work" in order to draw attention to the patient's health status in relation to its working conditions56. The aim is to: 1) prevent the development of disability and to maintain the patient's ability to work, to extend the working life; 2) to assess the factors that may complicate the course of the disease and is a serious obstacle to recover; 3) timely recognition of occupational disease and report to the procedures.

A group of scientists from various academic institutions (the Institute of Hygiene, the Lithuanian Ergonomics Association, the Vilnius University, the Kaunas University of Technology, the Vilnius Gediminas Technical University, the Aleksandras Stulginskis University, the Lithuanian University of Health Sciences and the Institute of Labour and Social Research) is carrying out research in areas such as ensuring working capacity throughout working life, adaptation of the work place to individuals, older people and young people in the labour market, rehabilitation and return to work. As a result, the researchers of the **Health Sciences University** developed the “Methodical recommendations on how to adapt the working conditions, work and rest schedule for older people”.

As mentioned, the **Valakupiai Rehabilitation Centre** cooperates in projects in the field of social integration of people with disabilities, although none at present relate to sustainable work. It is, currently, only involved in two specific projects. One involves young people with disabilities "We are Able to Work 2020", and the other involves the development of technologies to assist the employment of people with severe hand disabilities, together with an ICT training programme aimed at people with the most severe motor disabilities.


54 Occupational Health Centre (OHC): [http://www.hi.lt/content/prof_sveik_centras.html](http://www.hi.lt/content/prof_sveik_centras.html) (Accessed October 2014)

55 Information on OHC webpage: [http://www.hi.lt/content/prof_sveik_inovaciju_skyrius.html](http://www.hi.lt/content/prof_sveik_inovaciju_skyrius.html) (Accessed October 2014)

4 Conclusions

General context

Facts and figures

- Lithuania’s population has been continuously ageing since 1970 and the median age in 2012 rose to 42 years (same as EU average). The ageing of the Lithuanian population is predicted to continue and the old-age dependency ratio will increase from 27% in 2012 to 46% in 2060.
- Both life expectancy and the estimated ‘healthy life years’ at the age of 65 in Lithuania were lower than those at EU level in 2011. In particular the life expectancy and ‘healthy life years’ expectancy of Lithuanian men were substantially lower than the EU average.
- The employment rates of 55 to 64-year-olds was constantly higher than EU-wide until 2008, when it started to decrease. However, in 2012 it remained higher than at EU-level (52% compared to 49%, respectively).
- Lithuanian workers report a comparable situation as EU workers when it comes to working conditions (in some aspects they fare worse but in others better). However a larger share of older workers in Lithuania report that their work affects their health negatively than in the EU and fewer are satisfied with their working conditions (73% in 2012 compared to 84% at EU level for the same year). Consequently fewer older workers in Lithuania than in the EU believe they will be able to do the same job at the age of 60.
- Retirement age was 60 for women and 62 for men in 2013 but will gradually increase to reach 65 by 2026. Early retirement is possible in Lithuania under certain conditions of years of contributions.

Legal and institutional framework

With regard to the legal framework, there are no specific dispositions in the OSH legislation for older workers. As per the European directives, OSH legislation includes general provisions to introduce measures to reduce risks for all workers, with attention to the hazards faced by particularly sensitive groups, and employment legislation covering anti-discrimination requirements for employers to make workplace accommodations for people with disabilities. In addition, according to the Labour Code, legitimate reasons to terminate an employment relationship cannot be age, unless the employee is already entitled to the full old-age pension.

Social dialogue on health and safety issues is very limited. Increase of wages and work relations issues are still the most predominant topics on the agenda of social partners and little attention is paid to the question of sustainable work, older workers or disabled workers.

At workplace level, the role of OSH services for early detection of work-related health problems (and early intervention) needs to be strengthened. For example, research 57 shows an alarmingly small number of occupational physician’s (3.6%) in OSH services staff.

OSH of older workers

The policy programmes developed in Lithuania over the past 10 years have been more focused on the need to increase the employment rate of 55-64 year olds than on their working conditions. Employment policy, in general, recognises the need to support workers working longer and also seeks to increase the participation of disabled workers. However, there appears to be a lack of concrete programmes to support this.

The OSH strategy, whilst having no specific objective related to older workers, contains several objectives that support the maintenance and improvement of health in general and, therefore, sustainable work. The Public Health policy does not link with occupational health.

Social partners have been involved in projects related to employability, but these have mainly focused on skills development and education to assist re-insertion into employment. Some projects, by non-governmental organisations, have dealt with the elements related to work ability and employability.

**Rehabilitation/return-to-work**

In Lithuania, the vocational rehabilitation system is acting under three main actors, i.e. the Disability and Work Capacity Assessment Office (for the assessment of the individual vocational rehabilitation needs, including recommendations for workplace adaptations), the Labour Exchange (for financial support to individuals for their rehabilitation and subsidies to assist employers in making workplace adaptations) and institutions providing vocational rehabilitation services. The vocational rehabilitation system to a large extent is focused on the rehabilitation/return to work of workers with a work capacity reduced by at least 25% as determined by the Disability and Work Capacity Assessment Office. When workers have a work capacity of more than 60%, the responsibility falls on the employer to adapt the work station.

It is necessary to emphasise the lack of links between medical and vocational rehabilitation because they are under different institutional subordination, and because of the lack of good inter-institutional cooperation. In this way, the rehabilitation system’s efficiency cannot be optimal even though medical and vocational rehabilitation services are provided by the same institutions.

The non-governmental Valakupiai Rehabilitation Centre sees vocational rehabilitation in a holistic way and works with a number of stakeholders, offering support services to employers. However, it focuses only on moderately-to-severely disabled people. Furthermore, the Institute of Hygiene is involved in research on the interface between physical health and work and also working capacity throughout working life.

**General conclusions**

In general, Lithuania has not addressed sustainable working conditions in OSH policy or employment policy, although some non-institutional actors have started paying attention to the question of work ability and employability of older workers. The system for rehabilitation and return-to-work is quite well developed in Lithuania but focuses on workers with a recognised reduced working capacity. There is a lack of a cross-policy approach to support early intervention to retain workers who develop health problems in their existing employment. Nevertheless, there are elements taking place that could be built upon.
5 References and further information

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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 1996 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-27 Member States and beyond.

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