

Safer and healthier work at any age

Country Inventory: Slovakia

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Abbreviations

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
MPSVR:	Ministerstvo práce, sociálnych vecí a rodiny (Ministry of Labour, Social Affairs and Family)
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
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 Parliament¹². The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

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

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

Methodology

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

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

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

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

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

The objectives of the workshops were to:

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

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

¹ Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404—Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29_02_2012-pbFXAL12056/ (Accessed December 2014)

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

The present report describes policies and strategies in Slovakia, 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 Slovakia, 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 Slovakia 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 Slovakia 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 Slovakia with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:³

- “Median age” is the age that divides a population into two groups that are numerically equivalent.
- The “old age dependency ratio” is the ratio of the number of older people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- “Old age pension” is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of older persons.⁴
- “Healthy life years”, also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.⁵

Table 1 on the next page 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

	Slovakia	EU-28
Median age 2013 (2060)	38 (52)	42 (46)
Share of population aged 55 to 64 years (2013)	13%	13%
Share of population aged 65+ (2013)	13%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	18% (66%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	44% (19 p.p. ⁶)	50% (+10 p.p.)
Official Retirement age ⁷	62	
Effective retirement age (2012) ⁸	58.7(f)/60.9(m)	60.9(f)/62.3(m) ⁹
Share of pensioners (50-69) who quit working for health or disability reason (2012)	17%	21%
Pension expenditures (% of GDP) (2011*)		

³ Definitions extracted from the Eurostat glossary (unless stated otherwise):

http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

⁴ Eurostat, Methodologies and Working Papers, *The European System of Integrated Social PROtection Statistics (ESSPROS), ESSPROS Manual and user guidelines*, 2012, p. 58. Available at: <http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0> (Accessed December 2014)

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

⁶ Break in time series

⁷ See section 1.4 on Pension system.

⁸ Source: OECD estimates on the “[average effective age of retirement versus the official age, 2007-2012](#)”

⁹ These figures refer to the EU-27

	Slovakia	EU-28
All pensions	8.3%	13.0% ¹⁰
Old-age pensions	5.8%	9.5%
Disability	1%	0.9%
Life expectancy at 65 years, in years (2011)	16.8	19.7
Women	18.4	21.3
Men	14.5	17.8
Healthy life years at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	2.9 (10)	8.6 (17.9)
Men	3.5 (10.2)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	9.8% ¹¹	11% ¹²
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	8.2% (4.1%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	31.3% (22.2%)	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	63% ¹³	60% ¹⁴
Women	65%	64%
Men	62%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 ¹⁵ (2010)	62%	71% ¹⁶
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace ¹⁷ (2013)	35%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS). *figure refers to 2011; ** estimated figures only (by Eurostat)

Demographic developments

Slovakia's population has been continuously ageing since 1960, with a strong increase since 1980. While the median age was 27.5 in 1960 and 28.7 in 1980, it was 38 in 2013¹⁸. This means, however, that Slovakia's population is still younger than the total EU population (median age in 2013 is 42)¹⁹. This

¹⁰ Provisional data

¹¹ Definition differs

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 using the aggregate figures without France.

¹³ Definitions differ

¹⁴ 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.

¹⁵ Source: European Working Conditions Survey 2010

¹⁶ This Figure refers to the EU-27

¹⁷ Source: European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet for Slovakia. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_sk_en.pdf (accessed December 2014).

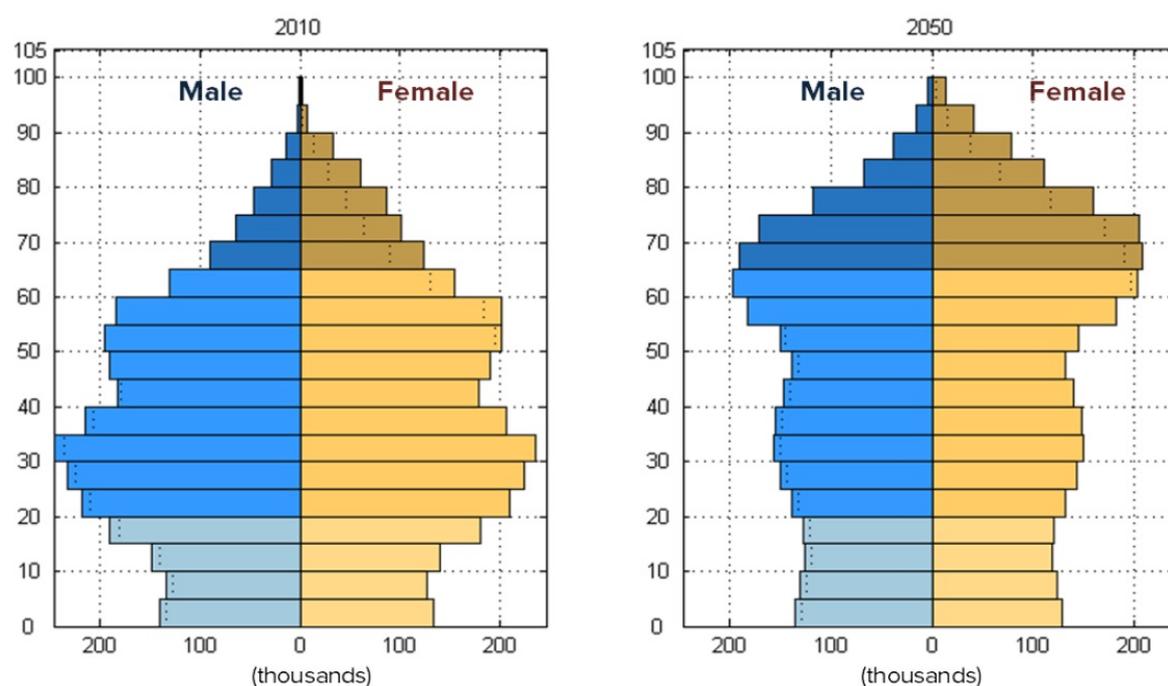
¹⁸ Source: Eurostat population statistics 2013, structural indicators.

¹⁹ Source: Eurostat population statistics 2013, structural indicators.

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 (65 and over) has increased from 10% in 1990 to 13% in 2013 (EU-28: 18% in 2013) and so has the share of the group of 55 to 64-year-olds from 9% in 1990 to 13% in 2013 (EU-28: 13% in 2013).

The population ageing is predicted to continue and will even do so at a dramatic speed. The age group “65+” will almost triple between 2013 and 2060, from 13% of the total population in 2013 to 35% in 2060. This ageing is also shown in the age pyramid below (Figure 2) which shows that between 2010 and 2050, the age group of 20 to 65-year-olds is predicted to decrease (except for age group 60-65) while the age group of 65+ is predicted to increase substantially. This is also reflected in the old-age dependency ratio (see **Error! Reference source not found.1**).

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



Source: International Conference on Population and Development Beyond 2014, Slovakia Country Implementation Profile²⁰.

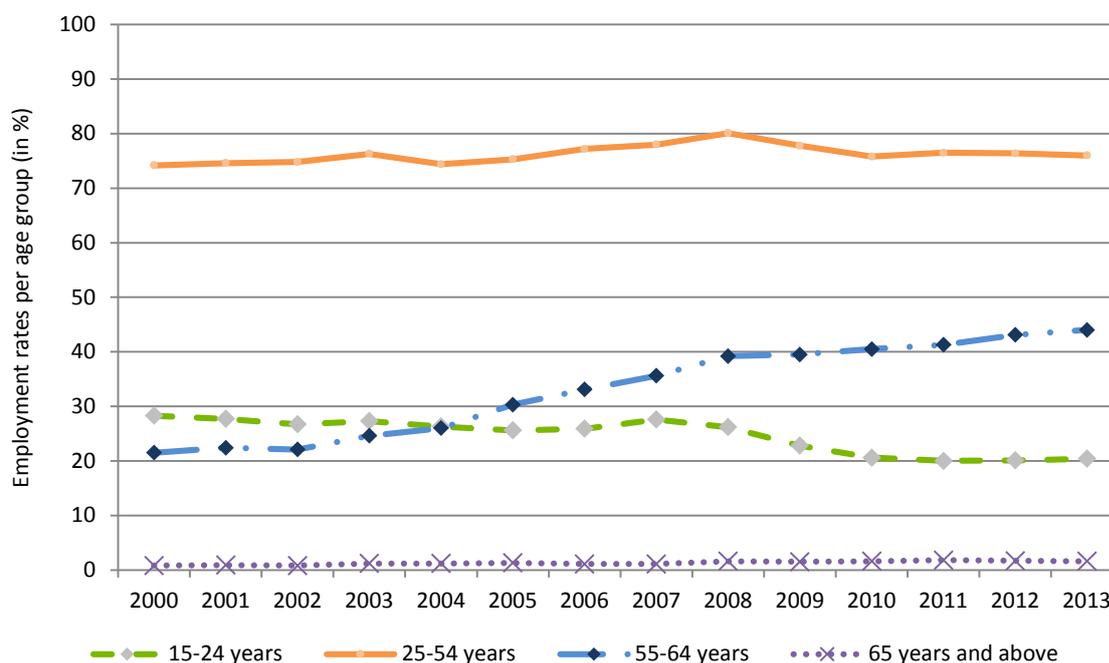
Labour market participation

The employment rate among the Slovak population between 55 and 64 years has sharply increased over the past decade – from 22% in 2000 to 44% in 2013. While this employment rate was still around 16 percentage points lower than the EU average in 2002, in 2013 it was only around 6 percentage points lower than the EU average rate (50%).

The employment rate of the oldest age group (65 years and above) has also increased, but only to a small extent (0.8 percentage points between 2000 and 2013). Furthermore, it has constantly been lower than the EU average (1.6% in Slovakia in 2013 compared to around 5% in the EU).

²⁰ International Conference on Population and Development Beyond 2014, Slovakia Country Implementation Profile. Available at: <http://icpdbeyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

Figure 2, Employment rates per broad age group, trend 2000-2013, resident in Slovakia, all nationalities



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

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,²¹ the following conclusions can be drawn with regard to the working conditions of older workers²² in Slovakia:

- The share of Slovak older workers having to *carry heavy loads* at least a quarter of the working time decreased between 2000 (39.6%) and 2010 (32.4%). Furthermore, this share also decreases after the age of 50: it is 38.8% for 30 to 49-year-old workers and 32.4% for workers over 50 (same as EU average).
- The exposure to *tiring or painful positions* at work among older workers in Slovakia has decreased slightly over time: while in 2000, 11% reported that their job involved tiring or painful positions (almost) all of the time, this share was only 7% in 2010 (16% at the EU level).
- A higher share of older workers in Slovakia is exposed to *shift work* than across the EU-27 (18.9% compared to 14% on EU average). However, a lower share of older workers is exposed to *night work* in Slovakia than across the EU-28 (13.8% compared to EU average of 16.2%).
- *Work-life balance* for older workers in Slovakia has improved slightly over time: while in 2000 80% reported that their working hours fit well with their private life, this share was 85% in 2010 (same as EU average).
- 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 Slovakia: 36% of young workers report that at least three external factors determine their work pace against only 29% of older workers (slightly higher than the EU-27 average of 27% of older workers).

²¹ Unless mentioned otherwise, the figures in this paragraph relate to the [EWCS from 2010](#).

²² 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.

- In Slovakia, a significantly higher share of workers from all age categories receive *on-the-job training* compared to the EU average. For older workers, this is 52% compared to 26% respectively.
- Around 28% of older workers in Slovakia think that their *work negatively affects their health*. The figure is similar for the other age groups in Slovakia and also for the EU average.
- *Satisfaction with working conditions* decreases after the age of 50 in Slovakia (2010): while 84% of workers aged 30 to 49 were satisfied with their working conditions, this share is only 75% among older workers (compared to 84% of older workers at EU level).
- The share of Slovak workers who think they will *be able to do the same job at the age of 60* rose with age in 2010: 45% of young workers, 49% of workers aged 30 to 49 years and 62% of older workers responded positively to this question (but still much lower than the EU average for older workers at 71%).
- In Slovakia, 35% 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 workers²³.

Health

In 2011, estimations showed that Slovak men of the age of 65 years had a life expectancy of around 14.5 additional years²⁴ but only 3.5 of these were considered “healthy life years”, which is substantially lower than the EU average (life expectancy of 17.8 years including 8.6 healthy life years).²⁵ The same observation can be made for women, especially for healthy life years. Women of the age of 65 had a life expectancy of 18.4 additional years (21 years in the EU) but only 2.9 “healthy life years” (compared to the 8,6 at EU level).

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

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

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	1.2%	4.1%	8.2%	5%* ²⁶

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 Slovak workers between the age of 55 and 64 years who reported that they suffered from *work-related health problems* was similar to the EU average for the same age group in 2007.²⁷

²³ European Commission, Flash Eurobarometer on Working Conditions – Fact sheet for Slovakia, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_sk_en.pdf (Accessed December 2014)

²⁴ Eurostat 2013 ‘Life expectancy by age and sex’ [demo_mlexpec]

²⁵ Eurostat 2013 ‘Healthy Life Years (from 2004 onwards) (hlth_hlye)’;

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.

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

HR 25-34 yrs	3%**
HR 35-44 yrs	6%**
HR 45-54 yrs	9%**
HR 55-64 yrs	10%**
Men	12%**
Women	8%**
EU-27* 55-64 yrs	11%

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution²⁸. *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. ** Definition differs

The *most serious work-related health problems* reported among the 55 to 64-year-olds were – as in most other countries – musculoskeletal disorders (MSDs) (**Error! Reference source not found.**)²⁹. However, compared to the EU average, the prevalence of cardiovascular and pulmonary disorders as most serious work-related health problems is also high in Slovakia. While the prevalence of physical illnesses (especially cardiovascular disorders) as most serious work-related health problems increases with age, that 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 diseases³⁰

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	Total	5.0**	61.0**	7.4**	8.7**
	(EU-27*)	(2.9)	(60.9)	(16.4)	(4.9)
	Women	3.8**	62.7**	6.3**	3.8**
	Men	6.2**	59.3**	8.5**	13.6**
45-54 yrs.	Total	11.9**	60.9**	4.3**	9.0**
	(EU-27*)	(6.2)	(61.3)	(13.5)	(4.7)
	Women	9.8**	63.4**	5.1**	8.3**
	Men	14.1**	58.4**	3.4**	9.7**
55-64 yrs.	Total	14.3**	63.3**	2.6**	8.3**
	(EU-27*)	(11.3)	(59.9)	(9.2)	(5.8)
	Women	16.6**	65.2**	2.4**	4.5**
	Men	12.5**	61.8**	2.7**	11.3**

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]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to

²⁸ See Eurostat Evaluation Report AHM 2007, p. 26, available at:

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

²⁹ 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.

³⁰ 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>

be interpreted with caution³¹. *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. ** Definition differs

Definition

There is no official definition for an older worker; an employee over 50 years of age is the norm.

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 Slovakia.

Overall Structure

Ministries:

Ministry of Labour, Social Affairs and Family (*Ministerstvo práce, sociálnych vecí a rodiny SR, MPSVR SR*): With primary responsibility for OSH issues in Slovakia, the Ministry develops legislation, policies and strategies in the area of working conditions, OSH and labour relations, and ensures the integration of the European and international OSH agenda in national legislation and programmes. The Ministry of Labour, Social Affairs and Family also deals with the issue of older workers through the National Programme for Active Ageing (2014-2020) and the National Strategy for OSH in the Slovak Republic – descriptions can be found in Section 2. The Ministry controls the activities of the National Labour Inspectorate (see below) as the enforcement body in the field of OSH, technical safety, working conditions and illegal work. It finances research in OSH through the Institute for Labour and Family Research including the issue of occupational safety and active ageing of employees.

Ministry of Health (*Ministerstvo zdravotníctva, MZ SR*): Secures the issue of occupational health protection. The Ministry does not have any direct competencies in OSH and older workers, but – as set out in its strategy – the Ministry supports public health among the general public, regardless of age. It controls the Public Health Authority of the Slovak Republic.

National Authorities:

National Labour Inspectorate (*Národný inšpektorát práce, NIP*): Supervises and oversees OSH, working conditions and labour relations, technical safety, illegal work, market surveillance and fulfilment of sectorial collective agreements. Additionally it focuses on anti-discrimination legislation and gender equality. Work around OSH and working conditions concentrates on working conditions of specific groups of employees (adolescents and young people, handicapped, women and also elderly employees). However, it has no specific control mechanisms for the work of elderly employees. The Authority does not have an annual work programme but coordinates its work under the supervision of the Ministry of Labour, Social Affairs and Family.

Public Health Authority (*Úrad verejného zdravotníctva, ÚVZ SR*), **Department of Preventive Occupational Hygiene**: The supervisory body in occupational health protection, which manages, controls and coordinates the execution of the state administration carried out by the regional public health offices. It supervises and ensures the protection of public health with a focus on all employees regardless of age. It does not have any specific mechanisms to inspect the work of elderly people. Apart from its supervision activities, the Authority also organises education and counselling activities for employees and citizens on health protection and healthy lifestyles, and performs research work in the areas of psycho-social risks, the ageing labour force and occupational health protection.

Research Institutes

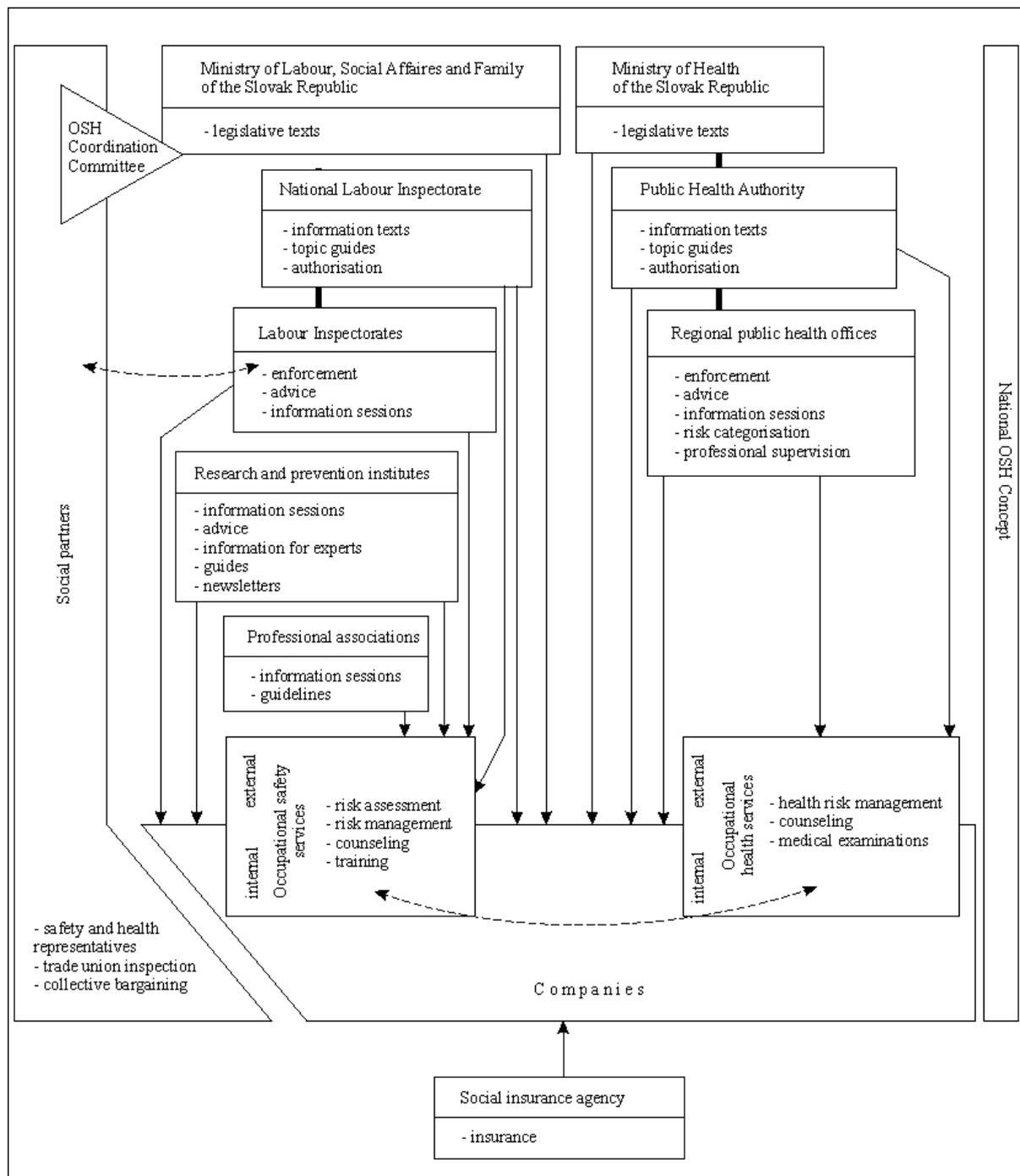
Institute for Labour and Family Research (*Inštitút pre výskum práce a rodiny, IVPR*): Conducts sociological research in the areas of labour market, employment, family, children, gender equality and

³¹ See Eurostat Evaluation Report AHM 2007, p. 26

OSH. Research focuses on older employees and on active ageing, and the Institute is currently implementing a research project called: “OSH and Risk Factors of 50+ Employees”.

Technical University Košice (*Technická univerzita, Košice*), **Machine engineering faculty, Department of safety and quality of production:** Conducts research focusing on new risks at work (psycho-social risks and the ageing labour force). It also implements projects on integrating safety as a prerequisite for the management of sustainable development and a corporate culture.

Figure 3, The OSH infrastructure in Slovakia on an implementation level



Source: EU-OSHA, OSHWIKI, “OSH system at national level – Slovakia”³²

Institute for Public Affairs (*Inštitút pre verejné otázky, IVO*): Conducts research in a wide range of areas (e.g. society, politics, economy, culture, etc). In 2012 and 2013 this private, non-governmental and not-for-profit institute implemented various research studies on active ageing, older employees and elderly people. These studies particularly focused on employment of older workers, pension reforms and the position of elderly people in society. The studies did not explicitly address OSH and labour conditions of elderly people.

Employment Institute (*Inštitút zamestnanosti, IZ Bratislava*): Conducts studies on (un)employment and the differences that exist between Slovak Regions, age groups and people with different qualification levels. The Institute, which is a non-governmental, not-for-profit think-tank, brings problems and difficulties of active labour market policies to light and puts forward life-long learning programmes and strategies.

Independent Public Offices:

Social Insurance Agency (*Sociálna poisťovňa*): The Social Insurance Agency is a statutory institution with a nationwide competency in the area of the sickness insurance, pension insurance, accident insurance, unemployment insurance, old-age and invalidity insurance, and guarantee insurance. As of April 2002, the Social Insurance Agency has taken over from the Slovak Insurance Agency employer’s liability insurance in the case of occupational accidents and/or occupational diseases. In January 2005 the Agency became responsible for the approval of contracts with Pension Asset Management Companies which administer pillar II of the pension system (see 1.5). The supervisory and auditing body of the Social Insurance Agency is the Supervisory Board; the Chairman of the Supervisory Board is the Minister of Labour, Social Affairs and Family of the Slovak Republic. The National Council of the Slovak Republic approves the Agency’s budget and its annual financial statement.

Social Dialogue

The main social partners in Slovakia include:

- The **Confederation of Trade Unions** (*Konfederácia odborových zväzov SR, KOZ SR*): Umbrella organisation of all trade unions in Slovakia. The trade unions associated with the Confederation oversee and ensure that OSH measures within companies and organisations are carried out in line with the Labour Code and Act on OSH. Activities conducted focus on the prevention of accidents and health injuries at work, counselling, assisting employers in dealing with occupational safety and health issues at the workplace and participation in the development and implementation of OSH inspection activities at the workplaces. The trade unions can provide occupational safety and health inspectors to assist employers to perform specific OSH tasks.

The trade unions in Slovakia play an important role in the social dialogue and maintenance of social peace between employers and employees. They have an important political role, which they use and apply through the tripartite negotiation on collective agreements and other important social and employment documents. There is a very active social dialogue on OSH in Slovakia; trade unions promote OSH issues at the highest political level as well as among employers, they frequently publish reports, and they organise educational activities in the field of OSH and labour legislation. It is interesting to note however that trade union density³³ has decreased significantly in Slovakia from 64.2% of all employees in 1993 to 16.8% in 2012 (as a comparison, trade union density in 2012 was 17.1% on average in OECD countries).³⁴ This is by far the strongest decrease of all OECD countries.

- The **National Union of Employers** (*Republiková únia zamestnávateľov, RÚZ*) and the **Federation of Employers’ Associations of the Slovak Republic** (*Asociácia*

³² EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, “OSH system at national level – Slovakia”. Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Slovakia (Accessed October 2014)

³³ Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics*). Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

³⁴ OECD (Online OECD Employment database: <http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union> (Accessed December 2014)

zamestnávateľských zväzov a združení Slovenska, AZZZ): Represent the employers and employers' associations. These bodies also focus on OSH and labour relations but often from a different standpoint compared to the trade unions. They understand the need of prevention of occupational accidents and occupational diseases, but mainly address the issue from an economic point of view (costs and losses).

The **Economic and Social Council of the Slovak Republic** is a consulting and concerting body of the Government and of the social partners at the national level. The Council has 21 members, and comprises of seven representatives appointed by the Government, seven representatives appointed by representative employers' associations and seven representatives appointed by representative associations of trade unions. During meetings of the Council, consultations are held concerning issues such as the drafting of new OSH legislation, and the development and production of strategic materials that touch upon aspects of the OSH policy.

At the moment, whenever the Ministry of Labour, Social Affairs and Family needs to draft policy documents or legislation concerning OSH, an **ad hoc OSH working group** is established on the specific topic, to support the development of the OSH policy documents or OSH legislation. Members of the working groups are representatives of relevant government bodies, e.g. the Ministry of Labour, Social Affairs and Family SR, the Ministry of Economy SR, the State Mining Authority, the National Labour Inspectorate, and representatives of employers' organisations (e.g. Federation of Employers' Associations of the Slovak Republic SR and the National Union of Employers), organisations of workers (e.g. the Confederation of trade unions SR) as well as representatives of selected professional associations (e.g. the Slovak Trade Unions).

1.3 Labour, OSH and antidiscrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions in relation to older workers.

Occupational health and safety legislation

Act on OSH: The Act of the National Council SR No. 124/2006 Coll. on occupational safety and health as amended does not regulate OSH and working conditions in relation to age. However, the employer is, according to §6 of the "General obligations of the employer", obliged to:

- offer employees work that is in line with their health status to ensure occupational safety and health, and taking into account their *ability to work, capabilities, age, qualifications and professional competence*.
- Conduct an assessment of individual physical abilities in case of manual handling of loads.

Regulation on Safety and Health Requirements: The Governmental Regulation SR No. 281/2006 Coll. on minimum safety and health requirements in manual handling of loads defines guideline weight values for carrying loads with both hands during a shift for men and women of different age categories. These values are also defined for the age category of 50-60 years of age.

Employment and labour legislation

There is no specific legal labour regulation in Slovakia that focuses on elder employees aged 50+. Older workers are subject to all requirements, rights and obligations resulting from the Labour Code and further labour legislation.

The Labour Code, Act No. 311/2002 Coll: The Labour Code does not define a certain age or pension age as a limitation for execution of activities (with an exception of e.g. rescuer in mines, which is work that should only be performed by employees aged 21-35 years), nor a reason for termination of an employment contract nor a specific mode of termination of the employment contract. In Article 1 of the Basic Principles as well as in §13, it imposes an obligation on the employer to maintain the principle of equal treatment in labour relations and prohibits any discrimination of employees on the ground of, among other things, age.

Act on Employment Services: The Act of the National Council SR No.5/2004 Coll. on employment services states in the §8 that a disadvantaged job seeker is also a citizen older than 50 years of age.

Public health legislation

The Act on Protection, Support and Development of Public Health: According to §30 of the Act of the National Council SR No. 355/2007 Coll. on protection, support and development of public health and on the modification and amendment of certain acts as amended, the employer is obliged to assess *the ability to work* for employees who carry out work classified in the category 3 or 4 (hazardous work) or who require a medical ability under special regulations (e.g. night work, drivers, railway workers, private security services, work with display units, work with loads, work at heights, etc.)

Anti-discrimination legislation

Act on Equal Treatment: According to the *Act of the National Council SR No. 365/2004 Coll. on equal treatment in certain areas and protection against discrimination and on modification and amendment of certain acts* (the Anti-discrimination Act), everybody has the same rights and cannot be subject to discrimination due to age. This also applies to disability. Under §7, employers have an obligation to provide workplace adjustments and accommodation to disabled employees, in view of removing barriers to equal rights. The specific obligations of employers towards people with disabilities are stipulated in Act No. 5/2004 Coll. on Employment Services and on Employing People with Disabilities. This Act also establishes quotas for the employment of people with disabilities.

1.4 Pension system

Since January 2005, the retirement pension system in Slovakia is built around three pillars. The first and second pillars represent the basic system of pension insurance for which citizens pay a premium or contribution that is legally laid down.

- I. The first pillar represents pension insurance managed by the Social Insurance agency, according to the Act No 461/2003 Coll. on Social Insurance. This pillar is a 'pay as you go' system and is based on mandatory contributions of all employers and employees which are continuously redistributed to current pensioners. The first pillar includes an old-age pension and accident insurance (see Section 3).
- II. The second pillar represents old-age pension savings in the personal account of each participant and is performed by the pension funds management companies (PFMC), according to the Act No. 43/2004 Coll. on Retirement pension saving.
- III. The third pillar represents supplementary pension savings performed by supplementary pension companies, according to the Act No. 650/2004 Coll. Participation in this pillar has been optional and supplements either the first pillar or a combination of the first and second pillars.

Retirement age

At present, the retirement age in Slovakia is 62 years for both men and women. However, a lower retirement age applies to the following categories:

- Men born before 1946;
- Women born before 1962;
- Women who raised a high number of children.

Early retirement / Partial retirement

People are entitled to receive the early old-age pension if they have completed at least 15 years of pension insurance, are within two years of retirement age and satisfy the condition of reaching the pension amount equal to 1.2 multiple of the subsistence minimum level for one person by the date of claiming the benefit.

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

2.1 Initiatives from government/government-affiliated organisations

2.1.1 National level

Occupational Health and Safety

Strategy on Health and Safety at work in the Slovak Republic until 2020, and Action Plan for its implementation from 2013 to 2015 with an outlook until 2020 (*Stratégia bezpečnosti a ochrany zdravia pri práci v Slovenskej republike do roku 2020 a program jej realizácie na roky 2013 až 2015 s výhľadom do roku 2020*): The Strategy is the main policy document for state policy in the field of occupational safety and health in Slovakia. It briefly reviews the state of progress in the field of OSH in Slovakia, and formulates national level priorities and tasks. This Strategy sets out the objectives, priorities and fundamental tasks around occupational safety and health to support employers in Slovakia for the period 2013-2015 with an outlook until 2020.

The Action Plan is a detailed breakdown of the steps required for the implementation of the OSH Strategy. It includes a work plan for the years 2013, 2014 and 2015. The plan also describes the duties and obligations of the ministries and state authorities, representatives of workers and employers, the universities and educational institutions. The ageing of the workforce is only addressed in Part 9, Section F of the document, which focuses on research of new risks and support of activities for the protection of older employees: “Enforce among other things research on an ageing workforce”. No other mention is made of older workers or sustainable working conditions.

The OSH Strategy and the action plan will be updated for the period of 2016 – 2020.

Active Ageing

National Programme for Active Ageing 2014-2020: As a result of a Manifesto of the Government of the Slovak Republic (*Narodny program Aktivneho starnutia na roky 2014 – 2020*), the government adopted in December 2013 a National Programme to support active ageing of people 50+ and to protect older people. This key policy document has been developed under the auspices of the Ministry of Labour, Social Affairs and Family of the Slovak Republic. One of the priorities of the National Programme is to support employment and employability of older people. A separate chapter within the non-discrimination section has been dedicated to safe working conditions and also focuses on OSH and older workers. It covers three objectives:

- **Objective 1:** Increase the safety of employees above the age of 50 in their working environment and ensure their health protection through thorough inspections conducted once every two years. These inspections will be dedicated to ensuring that legislation in the area of OSH is complied with. The targeted inspections will be focused on the 50+ working population and will first be carried out in 2014, and then continue in 2016, 2018 and 2020. The inspections’ main aim will be the control of the OSH of this population with the objective of improving the working conditions, improvement of their work stations taking into account their health, stress levels etc.
- **Objective 2:** prevent discrimination of older workers by effective measures undertaken by the authorities. Trainings should be organised for inspectors, with support from the ESF, in order to effectively discover when discrimination at work takes place.

One of the sources for the Active Ageing strategy has been the report on “Health and Safety and risk factors of employees +50 – older people in working process and the measurements on the sector and company level” of the **Institute for Labour and Family Research**. The report presents results from an analysis of documents dealing with the situation of older workers from various perspectives including legal, health, functional and work ability, working conditions, occupational accidents and identification of risks and threats at workplaces. It identifies problems in the OSH and working conditions of older employees. It also provides results of a survey on working conditions and attitudes towards active ageing and employment of the 50+ generation, which was carried out in 2013 in enterprises by the regional labour inspectorates. The conclusion includes proposals for actions and measures for active ageing and improving the OSH of 50+ workers³⁵. One such proposal relates to the need to increase the protection of older workers in the pre-pension age, e.g. through the prohibition of termination of employment or increasing the length of notice in the few years before retirement age. Another proposal relates to encouraging businesses to create plans for active ageing which would include creating better work conditions for older workers (e.g. adaptation of their working time), considering their physical and mental abilities, providing trainings to increase their skills and competences. Finally, another proposal relates to incentives to employer who hire older (50 or 55+) workers through e.g. tax deductions, co-financing of further training.

National Work Programme for the European Year of Active Ageing and Solidarity between Generations: Adopted in 2011, this national work programme describes the current state in selected areas of life as well as the priorities of the Slovak government in the areas of Active Ageing and Solidarity between generations. For instance, in the area of employment, the government describes that it has set a priority to prepare the national strategy for active ageing (see above).

National Programme for Protection of Elderly People (*Národný program ochrany starších ľudí*): This programme, adopted in 1999, focuses on the protection of elderly rather than active ageing as such. The document indirectly relates to the health and safety of older workers.

Employment

Document setting out the (financial) priorities of the Ministry of Labour, Social Affairs and Family for the years 2012-2015 (*Hlavné priority Ministerstva práce, sociálnych vecí a rodiny SR v oblasti výskumu bezpečnosti a ochrany zdravia pri práci a spôsob ich financovania na roky 2012 až 2015*): Priority 2 on the coordination of research in OSH includes the integration of specific groups of the population into employment (ageing population, young novice workers, people with disabilities, migrants and long-term unemployed). There is, however, no further description of any related action plan or activity related to this priority. These main priorities were discussed in the national Parliament on July, 9 2012 and approved by the Ministry of work, social affairs and family.

The National Action Plan on Social Inclusion 2004 – 2006: programme of the Ministry of Labour, Social Affairs and Family of the Slovak Republic, to prevent poverty and social exclusion. It focuses on concepts such as social inclusion, poverty, unemployment and national minorities. It does not directly address the issue of elderly employees but talks about employees in general.

Public Health

National Programme for Promotion of Health: This programme is implemented under the auspices of the Ministry of Health and the Office of Public Health of the Slovak Republic. The programme is updated each year and focuses on the promotion of public health and healthy lifestyles, the prevention of diseases and health education. It does not specifically focus on elderly people and older employees.

³⁵Kordošová M, *Health and Safety and risk factors of employees +50 – older people in working process and the measurements on the sector and company level* (BOZP a rizikové faktory zamestnancov 50+, VÚ 2341), Institute for Labour and Family Research.

2.1.2 Regional/local level

Employment

Self-governing regions are responsible for the preparation and implementation of human resource development strategies (HRDS), which do not focus solely on active ageing but can include measures related to health and safety of older workers. For example, the **Human resources development strategy HRDS of the Košice self-governing Region for the years 2006-2013** contains a section on regional priority 5.1: Improving availability and attractiveness of job opportunities for employees and job applicants older than 50.

2.2 Initiatives from social partners

None identified.

2.3 Initiatives from other organisations

None identified.

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 Slovakia, occupational rehabilitation programmes focus solely on workers who have suffered an occupational accident or disease. Workers who suffer non-work-related ill-health are not covered by the employer's accident or disease insurance and thus do not receive the benefits provided by this insurance, including occupational rehabilitation. A number of programmes also exist for the vocational rehabilitation of people with disabilities.

The following chapter first describes the institutional system in Slovakia 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 rehabilitation/return to work of sick/injured workers

Legal and policy framework

There are not many acts in Slovakia which regulate the rehabilitation/return to work of sick/injured workers. There is no integrated legal framework but rather an assembly of different acts, which regulate various aspects of employment and working conditions:

As per the **Act on OSH**, as described in Section 1.3, employers have an obligation to offer their employees work conditions that are in line with their health status and ability to work. In addition, this Act regulates the employer's registration obligations in case of an occupational accident.

Act No.462/2003 Coll. on **Income compensation** regulates what compensation employees receive during their sick leave (or temporary incapacity to work, as signed off by the general practitioner) (see below "Compensation").

Act No. 461/2003 Coll. on **Social Insurance** regulates the employer's obligation to subscribe to an insurance in the event of injury or death due to occupational accident or occupational disease. Occupational injury insurance is mandatory for any employer employing even one worker and must cover all employees. The Social Insurance Agency carries the accident insurance for an employer and provides benefits from it.

In addition, in Slovakia, several programmes exist for the rehabilitation and integration in the labour market of people with disabilities. These programmes constitute a possibility for people who have suffered a health problem that is not work-related but has left them with a disability to benefit from rehabilitation support.

The **National Programme for Development of Living Conditions of People with Disabilities** (*Národný program rozvoja a životných podmienok občanov so zdravotným postihnutím*), adopted in 1999, focuses on rehabilitation and improving the quality of life of people with disabilities and after occupational accidents. People with disabilities are entitled to receive several social benefits and compensations, in particular:

- Financial benefits,
- Financial benefits for care,
- Social services and social care,
- Support of employment of people with disabilities.

This programme has also launched the creation of sheltered workshops and sheltered workplaces. It also promotes the adaptation of work organisation and creating a barrier-free access to the workplace.

Main actors and steps to rehabilitation

Benefits in kind for people who are sick or injured are provided by the three **Health Insurance Agencies**, and in particular the largest one the General Health Insurance Agency (Všeobecná zdravotná poisťovňa), under the responsibility of the Ministry of Health. The compulsory health insurance system covers treatment in health care institutions and certain medicines. The actual provision of health care is entrusted to community health centres, hospitals, polyclinics, sanatoria and spas, which is where workers suffering from a health problem come first to get treated. However, no information has been found on specific programmes to promote the return to work of patients and considering work as part of the clinical outcome of the treatment.

As mentioned above, the **Social Insurance Agency** provides social insurance and therefore is in charge of compensation for workers who are temporarily incapacitated (see below “Compensation”). The Agency also provides rehabilitation services to employees with reduced working capacity due to occupational accidents which have occurred and have been declared by the employer. The decision to enter a rehabilitation programme is taken by a medical officer on the basis of an assessment of the possibility of reintegrating the workplace. These services are not provided to workers who have work incapacity because of non-occupational reasons. Very limited information is publicly available on these services.

The services are of two types: financial and guidance.

- Guidance services include providing advice with regard to medical rehabilitation. Medical rehabilitation takes place in external medical facilities as the Social Insurance Agency does not have its own rehabilitation facilities. Medical rehabilitation services are generally provided by the rehabilitation facilities of the state (under the supervision of the Ministry of Health). For example, the **National Rehabilitation Centre in Kováčová** (a specialised hospital) offers treatment and rehabilitation services – only medical rehabilitation to patients with spinal cord injuries, polytraumatism, amputations and major surgery on the musculoskeletal system. Other material services offered by the Agency include providing advice for retraining in case the person needs to change jobs.
- Financial benefits include rehabilitation benefits (to someone going through medical rehabilitation), retraining benefits (for people going through retraining), pain compensation, compensation for difficulties with social reintegration, compensation for medical expenses. When an application for rehabilitation or retraining is approved, entitlement to the corresponding allowance is automatic. These benefits are allocated by decision of the Agency.

The number of people making use of the benefits for medical rehabilitation or retraining is very low as employees prefer financial benefits.

In general, people who are (severely) injured after an occupational accident tend to be more interested in applying for early retirement or disability retirement (financial compensation) than in following medical rehabilitation programmes and receiving material compensation. Therefore, there is little interest among employers to set up rehabilitation services and programmes. Even though legal conditions have been put in place which oblige the employer to provide the employee the most favourable working conditions, taking into account his/her health conditions, this often does not happen in practice (as per the Act on OSH).

The **National Council of Persons with Disabilities in the SR** (*Národná rada občanov so zdravotným postihnutím v SR NROZP in Slovakia*) is an umbrella organisation that represents disabled people in the Slovak Republic and that brings together around 20 organisations. It is the civic association of organisations formed by citizens with various types of disabilities: deaf, blind, disabilities due to chronic mental or emotional illness, physical disabilities, visual impairments, but also with other disabilities. The Council acts as an independent partner to the Slovak Government on disability policy and is, since 2004, a member of the European Disability Forum (EDF) and an honorary member of Inclusion Scotland.

Compensation system

Compensation system for sickness absence

If an employee has suffered health damage during the performance of work, the liability for damage incurred lies with the employer with whom the employee had an employment relationship at the time of the occupational accident. The employer is obliged to compensate an employee who suffers harm at least to the extent to which he/she is liable for the harm.

During an employee's temporary incapacity for work, the employer pays an income compensation for the first 10 days of an employee's temporary incapacity for work, and the Social Insurance Agency provides the employee sickness benefits from the 11th day of his temporary incapacity for work. This temporary incapacity to work is declared by the general practitioner. The *sickness benefit*, which employees receive from the Social Insurance Agency, is calculated as follows:

- Employees: 55% of the assessment base (daily earnings calculated on the basis of the previous year, monthly ceiling 1.5 times the national average monthly wage) from the 11th day of incapacity for work.
- Self-employed and voluntarily insured: during the first three calendar days of incapacity for work, 25% of the assessment base, then 55%.
- Only 50% of the benefit is paid if the sickness has been a consequence of alcohol or drug abuse.
- No benefit is paid if the sickness has been a consequence of the insured person's voluntary malfunctioning.
- In case of non-compliance with the treatment, the entitlement is suspended for 30 calendar days.
- Maximum duration of benefit: 52 weeks.

Compensation system for disability or reduced work capacity

In addition, the employee who sustains an injury is entitled to *injury annuity payments* if, as a result of an occupational accident or disease, his/her work ability has been diminished by more than 40%. The injured employee is entitled to a *lump sum compensation* if, as a result of an occupational accident or disease, his/her work ability has been reduced by not more than 40%, but more than 10%. Other benefits are available to workers who have suffered an occupational accident or disease. The *injury surcharge benefit*, for instance, is a cash benefit paid to persons unable to work as the result of an accident at work or occupational disease. The amount of this benefit is the difference between the sickness benefit and any income replacement paid to the victim, and his/her net pay before the accident or illness.

Finally, workers may receive a *disability pension*. The qualifying conditions to receive a disability pension are (1) a reduction of work ability due to a long-term, unfavourable health condition (longer than one year) by more than 40%, (2) achieving the required insurance period as of the day of invalidity occurrence, and (3) not being qualified to receive the old-age pension, or the early old-age pension. The duration of the pension insurance period does not play a role, with the condition that the invalidity occurred due to the working injury or an occupational disease.

3.2 Specific Initiatives

No specific initiatives have been identified that relate to the rehabilitation or return to work of workers following a health problem.

One institute should be mentioned in relation to people with disabilities. The **Institute for occupational rehabilitation of people with disabilities in Bratislava** (*Inštitút pre pracovnú rehabilitáciu občanov so zdravotným postihnutím v Bratislave, IPR*) ensures occupational rehabilitation of people with disabilities (children, students and adults). It covers a comprehensive occupational and social rehabilitation and partial health and medical rehabilitation. They have a secondary vocational school for students with disabilities, a centre for social and occupational rehabilitation (counselling in job seeking, selection of a suitable profession considering the health conditions, etc.) and a section for health care and medical rehabilitation (nutrition, counselling, rehabilitation, exercises).

4 Conclusions

General context

Facts and figures

- The Slovak population has been ageing for the past 40 years but is still younger than the overall EU population with a *median age* in 2012 at 38 years (compared to 42 at EU level). The ageing of the Slovak population is predicted to continue and even quite dramatically as the old age dependency ratio (OADR) will go from 18% to 66% in 2060, more than 15 percentage point higher than the EU OADR.
- Both *life expectancy* and the estimated “*healthy life years*” at the age of 65 were much lower in Slovakia in 2011 than that of the EU population in general.
- The *employment rate* among the Slovak population between 55 and 64 years has sharply increased over the past decade – from 22% in 2000 to 43% in 2012 but was still 6 p.p. lower than the EU average rate in 2012 (49%).
- Slovak older workers report a similar situation as EU older workers with regard to many aspects of their *working conditions* (such as carrying heavy loads, tiring or painful positions, work-life balance, etc.) In addition, they receive more on-the-job training than EU older workers on average. Surprisingly, however, satisfaction with working conditions is lower among Slovak older workers than among EU older workers on average and the share of older workers who think they will be able to do the same job at the age of 60 is also much lower in Slovakia.
- The official *retirement age* in Slovakia is 62 for both men and women but the effective retirement age is 59 for women and 61 for men. Early retirement is possible in Slovakia under certain conditions of age and contribution years.

Legal and institutional framework

The institutional framework in Slovakia for OSH is centred on the Ministry of Labour, Social Affairs and Family, supported by the Labour Inspectorate for enforcement of legislation, and the Ministry of Health for matters related to occupational health, with the Public Health Authority as enforcing body. Social dialogue is strong in discussions related to health and safety at work but it should be noted that Slovakia is the OECD country which has experienced the strongest decreased in trade union density since 1993.

The legal framework in Slovakia should allow for the accommodation of sustainable working conditions since, according to the Act No. 124/2006 Coll. on OSH, employers are obliged to accommodate work and working conditions to workers according to their age, work ability, health, etc. However, it is unsure to what extent these dispositions are practised. It is foreseen that the National Labour Inspectorate will conduct a national review of OSH and working conditions of older workers in 2014.

OSH and older workers

A number of governmental strategies focus on the needs of the older population through the specific angle of active ageing. This includes priorities related to the work environment and the improvement of working conditions for older workers. In particular, the *Strategy on Health and Safety at work in the Slovak Republic until 2020* includes as an objective to strengthen research related to an ageing workforce, while the *National Programme for Active Ageing 2014-2020* aims to improve the employability of older workers, including through the improvement of their working conditions. However, no concrete initiative has emerged from these very recent national strategies.

The social partners do not work on specific initiatives for older workers, as they have an interest in protecting the rights of all groups of workers. In addition, they do not have initiatives related to the concept of sustainable of working conditions either.

Rehabilitation and return-to-work

The two sides of the process following a worker's accident or disease, medical treatment and return to work, are very separated in Slovakia and little links seem to exist between the public health side and the social insurance side.

Accident insurance for occupational accidents and diseases is provided by the Social Insurance Agency, to which all employers have to subscribe. The Social Insurance Agency does not have its own rehabilitation facility and uses external facilities for medical rehabilitation and for retraining of workers. Rehabilitation measures aimed at the return to work of the person (i.e. not medical rehabilitation) are provided only to workers who have suffered from an occupational accident or disease. In addition, they mostly focus on medical rehabilitation (carried out in specific rehabilitation medical centres) or the provision of financial benefits, including to pay for vocational trainings. There seems to be very little coordination between the Social Insurance Agency and other bodies providing vocational rehabilitation services.

This means that most workers who have suffered a severe health problem and have lost much of their work ability prefer to apply for early retirement or invalidity pensions rather than go through rehabilitation and risk losing their job.

On the other hand, a national programme exist to improve the living and working conditions of people with disabilities but its work component is focused quite heavily on sheltered workplaces and does not pay much attention to the question of the return to work of workers following a severe health problems that have left them with a more limited work ability.

Conclusion

In conclusion, the support for sustainable employment and healthy and safe working conditions for all ages is partly covered by the Slovak legislation, as well as by certain policy programmes and measures for enterprises. But the concept in practice in companies is seldom applied. The awareness of employers and employees on this issue is low.

5 References and further information

European and international sources:

- Central Europe – Ageing Platform, *Country fiche of the Slovak Republic on demographic change and ageing*, published in May 2011. Available at: http://www.ce-ageing.eu/index.php?option=com_content&view=article&id=40&Itemid=119
- EU-OSHA – European Agency for Safety and Health at Work, *Work-related musculoskeletal disorders: Back to work report*, Luxembourg, Office for Official Publications of the European Communities, 2007. Available at: <https://osha.europa.eu/en/publications/reports/7807300>
- Eurofound – European Foundation for the Improvement of Living and Working Conditions, *Fifth European Working Conditions Survey*, 2012, Publications Office of the European Union, Luxembourg. Available at <http://www.eurofound.europa.eu/pubdocs/2011/82/en/1/EF1182EN.pdf>
- Eurostat, *Active ageing and solidarity between generations, A statistical portrait of the European Union 2012*, Publications Office of the European Union, Luxembourg, 2011.

National sources:

- Balogová, B., *Seniori v spektre súčasného sveta*, Akcent Print, Prešov, 2009, 103 s. ISBN 978-80-89295-19-7
- Bednárík, R., *Socio-ekonomická situácia starších ľudí na Slovensku*, SŠPR, Bratislava, 2004
- Bednárík, R., Repková, K., *Riešenie odkázanosti na pomoc inej osoby vo vybraných zariadeniach sociálnych služieb*, SŠPR, Bratislava, 2004
- Bednárík, R., *Analýza podmienok a práce pracovníkov vo vybraných zariadeniach sociálnych služieb*, Bratislava, Inštitút pre výskum práce a rodiny, 2008
- Bodnárová, B., *Starnutie populácie ako dôsledok demografického vývoja v spoločnosti v povojnovom období*, Bratislava, Prognostický ústav SAV, 2001. 33 s.
- Bodnárová, B., Filadelfiová, J., Gerbery, D., *Výskum potrieb a poskytovania služieb pre rodiny zabezpečujúce starostlivosť o odkázaných členov*, Bratislava, Stredisko pre štúdium práce a rodiny, 2005
- Brichtová, L., Repková, K. *Sociálna ochrana starších osôb a osôb so zdravotným postihnutím. Vybrané aspekty*, Bratislava, EPOS, 2009
- Butková, Z., *Age management“ – identifikácia a analýza príkladov dobrej praxe na Slovensku*, diplomová práca, Fakulta sociálnych a ekonomických vied Univerzity Komenského, Bratislava, 2011
- Bútorová, Z. ed., *Ženy, muži a vek v štatistikách trhu práce*, IVO, Bratislava, 2007. Available at: <http://www.ivo.sk/4852/sk/aktuality/zeny-muzi-a-vek-v-statistikach-trhu-prace>
- Bútorová, Z. a kol., *Ona a on na Slovensku. Zaostreň na rod a vek*, IVO, Bratislava, 2008. Available at: http://www.ivo.sk/buxus/docs/Plus_pre_zeny_45/Ona_a_on.pdf
- Filadelfiová, J. *Ženy, muži a vek v štatistikách trhu práce*, Bratislava, Inštitút pre verejné otázky, Bratislava, 2007
- Filadelfiová, J. a kol., *Starší vek a ľudské práva – silnejšia participácia, menej diskriminácie*, záverečná správa z výskumu – pramenná publikácia, IVO, Bratislava, 2012
- Hetteš, M., *Starnutie v spoločnosti : vybrané kapitoly sociálnej práce so seniormi*, Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety, Bratislava :, 2011. – 191 s., ISBN 978-80-8132-031-6
- Hrozenská, M., *Kvalita života starších ľudí v priestore spoločenských vied*, Effeta, Nitra, 2011, 155 s. ISBN 978-80-89245-24-6

Hvozdíková, V., *Starnutie populácie ako globálny fenomén – ekonomické a sociálne súvislosti perspektívy vývoja svetovej a slovenskej ekonomiky v podmienkach demografického prechodu*, dizertačná práca, Bratislava, Ekonomická univerzita, Fakulta medzinárodných vzťahov, 2008. 166s

Inštitút zamestnanosti- *Strieborná ekonomika*. Available at: <http://www.iz.sk/sk/projekty/strieborna-ekonomika>

Ivančíková, Ľ a a kol., *Obyvateľstvo Slovenskej republiky v kontexte Európskeho roku aktívneho starnutia*, Štatistický úrad SR, Bratislava, 2012 ISBN 978-80-8121-144-7. Available at: http://portal.statistics.sk/files/stari-ludia-09_11-ev-1-5.pdf

Kešelová, D., *Analýza špecifík zamestnávania jednotlivých skupín ekonomicky aktívneho obyvateľstva vrátane analýzy príčin nerovností v prístupe, resp. návrate na trh práce Analysis Specifics in Employment of Economically Active Population Groups. Inequalities in Access (Return) to the Labour Market and Their Cause*, IVPR, Bratislava, 2008. Available at: <http://www.sspr.gov.sk/IVPR/images/IVPR/vyskum/2008/Keselova/Keselova.pdf>

Kol.: *Trendy sociálneho vývoja v Slovenskej republike*, Štatistický úrad SR, 2012, ISBN 978-80-8121-057-0

Kostolanský, R., *Starnutie populácie ako činiteľ sociálneho vylúčenia (SV) v podmienkach integrácie SR do EÚ*, Bratislava, Prognostický ústav SAV, 2002. 26 s.

Kostolná, Z., *Aktívne starnutie v kontexte trhu práce SR : Stratégia aktívneho starnutia ako nástroj zvýšenia zamestnanosti starších pracovníkov*, Záverečná správa VÚ č. 2131, Inštitút pre výskum práce a rodiny, Bratislava. 2008. 55 s.

Available at: <http://www.sspr.gov.sk/IVPR/images/IVPR/vyskum/2008/Kostolna/Kostolna.pdf>

Kostolná, Z., *Postavenie starších osôb na trhu práce vo svetle výskumných zistení*. - In: Rodina a práca. - Roč. 2/2009, s. 27-56. - ISSN 1336-7153.

Kvetan, V., Páleník, V., Mlýnek, M., Radvanský, M., *Starnutie, zdravotný stav a determinanty výdavkov na zdravie v podmienkach Slovenska*, Výskumná štúdia, č. 1, Bratislava, Ekonomický ústav SAV, 2007. 58 s.

Ministerstvo práce, sociálnych vecí a rodiny SR, *Návrh súhrnnej správy o realizácii Národného programu ochrany starších ľudí za roky 2007-2008*. Available at: <http://www.employment.gov.sk/index.php?SMC=1&id=>

Ministerstvo práce, sociálnych vecí a rodiny SR, *Národný program ochrany starších ľudí*. Available at: <http://www.er2012.gov.sk/narodny-program-ochrany-starsich-ludi-1999/>

Národná správa o stratégiách sociálnej ochrany a sociálnej inklúzie na roky 2008-2010. Available at: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovakia_sk.pdf

Národný program rozvoja životných podmienok občanov so zdravotným postihnutím vo všetkých oblastiach života (2000).

Available at: <http://www.employment.gov.sk/index.php?SMC=1&id=799>.

Národný akčný plán sociálnej inklúzie 2004 – 2006. Available at: <http://www.rokovanie.sk/Rokovanie.aspx/BodRokovaniaDetail?idMaterial=6981>

Národný program aktívneho starnutia na roky 2014 – 2020. Available at: <http://www.rokovania.sk/Rokovanie.aspx/BodRokovaniaDetail?idMaterial=23062>; <http://www.employment.gov.sk/files/ministerstvo/konzultacne-organy/rada-vlady-sr-ludske-prava-narodnostne-mensiny-rodovu-rovnost/narodny-program-aktivneho-starnutia-roky-2014-2020.pdf>

Páleník, V. in Buchláková, L., *Starnutie ľudí je príležitosťou pre ekonomiku*, Pravda, 22.6.2012. Available at: http://spravy.pravda.sk/starnutie-ludi-je-prilezitostou-pre-ekonomiku-frz-sk-ekonomika.asp?c=A120622_144930_sk_ekonomika_p60

Páleník, V., *Strieborná ekonomika ako možné exportné zameranie slovenskej ekonomiky Aktuálna situácia a potenciál*. Available at: <http://www.iz.sk/download-files/sk/strieborna/WP16-palenik-2009.pdf>

Páleník, V., *Strieborná ekonomika ako možné exportné zameranie slovenskej ekonomiky, aktuálna situácia a potenciál*, ISSN 1337–5598 (elektronická verzia).

Available at: <http://ekonom.sav.sk/uploads/journals/WP16.pdf>

Páleník, V., *Strieborná ekonomika v slovenskom, európskom a svetovom kontexte*, ISSN 978-80-7144-205-9, Bratislava, Ekonomický ústav SAV, 2012

Repková, K., a kol. *Dlhodobá starostlivosť o starších ľudí na Slovensku a v Európe (1) Neformálna starostlivosť Kvalita*, Inštitút pre výskum a WHO na Slovensku, Bratislava, 2010, ISBN: 978-80-7138-130-3, p.324.

Available at: <http://www.sspr.gov.sk/IVPR/images/IVPR/Interlinks/Interlinks1kniha.pdf>

Stratégia politiky BOZP v Slovenskej republike na roky 2013 až 2015 s výhľadom do roku 2020.

Available at: <http://www.rokovania.sk/Rokovanie.aspx/BodRokovaniaDetail?idMaterial=22602>

Vagač, L., *Trh práce, Rizikové skupiny – Diskriminácia, teória, legislatíva a prax*, INEKO, 2011.

Available at:

http://www.ineko.sk/file_download/631/Diskrimin%C3%A1cia%2C+te%C3%B3ria%2C+legislat

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