|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Negotiating return to work in the age of demographic change through industrial relations (VS/2019/0075)** | | |  | |
| **Slovakia** | | |
| **Indicators for work incapacity, chronic disease and collective bargaining\*** | | | | | | | |
|  |  | | |  | | | |
| ***Public spending on incapacity (% of GDP)*** | ***Collective bargaining coverage (%)*** | | | ***Chronic morbidity (% persons with chronic illness or health problems)*** | | | |
| **Policy framework and key issues for return to work** | | | | | |
| * Limited dedicated policy framework for return to work after chronic disease, policies essentially target only persons with a formally recognized status of disability * Support for two basic categories: recipients of invalidity benefit and people with a severe health disability status * Some general policy measures and legislation supportive in the return-to-work process * Key legal documents: Labour Code (Act No. 311/2001), Sickness benefit (Act No. 462/2003), Social Insurance (Act No. 461/2003) | | 1. Vocational rehabilitation support 2. Income compensation - temporary work incapacity 3. Prohibition of notice during temporary work incapacity 4. Sickness and invalidity benefit system 5. Stakeholders’ support to workers returning to work remains isolated (patient organizations, medical professionals, employers, NGOs, etc.) 6. Lack of stakeholder cooperation to facilitate return-to-work after chronic disease | | | | | |
| ***Policy framework*** | | ***Key policy issues*** | | | | | |
| **Involvement of social partners in return to work policies** | | | | | | | |
| * System of tripartite and bipartite social dialogue, but return-to-work after chronic illness not a priority area * Peak-level employers’ associations and trade unions can file proposals to RTW policy amendment via tripartism and membership in various bi- and tripartite committees * Low actual capacity of social partners to improve the RTW policy and implementation * Lacking cooperation between stakeholders (e.g. social partners, government, NGOs), improvement desired | | * Collective bargaining at sectoral/company level – opportunity to stipulate return to work provisions * Employers’ involvement perceived as sufficient, but demand for more trade union action * Workers expect trade unions to address health-related issues and facilitate return to work remedies vis-à-vis employers * Unclear responsibility and control of the return to work procedure is a barrier for more systemic approach to sustainable return to work policies | | | | |
| ***National level*** | | ***Workplace level*** | | | | |
| **Policy recommendations** | | | | | | | |
| **Recommendations for policymakers**   * Policy to clearly distinguish between people with and without a formal disability status * Policy alignment between various governance levels (national, sector, workplace) * Systematic data collection on persons with chronic diseases returning to work | | **Recommendations for social partners**   * Systematic approach to return to work at workplaces * More active role for trade unions in return to work * Closer cooperation of involved stakeholders * Learning from good practices in other countries | | | | |
| **Further information** | | | | | | | |
| Project details: <https://www.celsi.sk/en/projects/detail/64/>, contact: Central European Labour Studies Institute ([adam.sumichrast@celsi.sk](mailto:adam.sumichrast@celsi.sk))  \*Sources: Data on public spending on incapacity and collective bargaining coverage is taken from the OECD. Chronic morbidity is taken from the Eurostat. | | | | | | | |