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| Negotiating return to work in the age of demographic change through industrial relations (VS/2019/0075) |  |
| **Romania** |
| **General indicators for work incapacity, industrial relations and chronic disease\***  |
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| ***Expenditure on social protection[[1]](#footnote-1)******(% of GDP)*** | ***Collective bargaining coverage (%)*** | ***Chronic morbidity (people having long-standing illness or health problems)[[2]](#footnote-2) (%)*** |
| **Policy framework and key issues for return to work** |
| * Labour Code (Law 53/2003)
* Law 263/2010 (the unitary system of public pensions)
* Emergency Ordinance 158/2005 (temporary work incapacity and social health insurance)
* Government Decision 355/2007 (employees’ health monitoring)
* Law 448/2006 (on the rights of people with disabilities)
* Law 319/2006 (health and safety at the workplace)
 | * The policy contains general guidelines, in relation to benefits, eligibility and the period of entitlement
* There is no specific policy framework on return to work
* The main roles in return to work are allocated to health professionals and only marginally to employers and the local public employment agency
* Provisions for work capacity recovery, the regulations regarding the fit note
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| ***Policy framework*** | ***Key policy issues*** |
| **Involvement of social partners in return-to-work policies** |
| * Central and Eastern European neoliberal, decentralised type of industrial relations, tripartite social dialogue (main body: Tripartite National Council for Social Dialogue)
* Weak culture of social dialogue and low unionisation rate since the reform of social dialogue in 2011
* Main actors in return to work are the state-level institutions
 | * Return to work is largely not included in collective agreements
* There is little involvement in return to work by social partners at the company level
* Employee representatives are perceived as having equal or more potential than trade unions
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| ***National level*** | ***Company level*** |
| **Policy recommendations**  |
| **Recommendations for policymakers*** To elaborate a specific policy framework on return to work, which allows flexibility for employers and includes trade unions/employees’ representatives as key actors
 | **Recommendations for social partners*** To include return to work in collective bargaining agreements and discussions
* More involvement of social partners at all levels in return to work, even without a guiding policy framework
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| **Further information** |
| References \*Sources: Data on collective bargaining coverage are taken from the OECD. Data on expenditure on social protection and chronic morbidity are taken from the Eurostat. |

1. The categories of social protection: sickness, disability, survivors, unemployment, social exclusion, old age, family and children, housing, R&D social protection. [↑](#footnote-ref-1)
2. The concept is operationalised by a question asking if the respondent suffers from any long-standing (of a duration of at least six months) illness or health problem. [↑](#footnote-ref-2)