

# OECD Health Statistics 2018

## Definitions, Sources and Methods

### Compensated absence from work due to illness

The number of compensated work days lost per year due to illness per employed person. It excludes maternity leave.

There are two main sources of data on absence from work due to illness:

- 1) **data from household surveys** (labour force, social or health surveys) providing estimates of self-reported absence from work due to illness, covering most if not all of the working population, regardless of whether the absence from work has been financially compensated or not; and
- 2) **data from administrative sources** (often social security and other insurance agencies) providing estimates of compensated absence from work due to illness, typically covering only certain segments of the working population.

Estimates from these two data sources are not directly comparable, and are therefore presented separately.

#### Sources and Methods

Administrative sources responsible for compensating absence from work due to illness (e.g., social security, public or private insurance agencies).

**i** Please note that differences in the coverage of the working population and in reporting systems limit the comparability of data across countries.

#### Australia

Data not available.

#### Austria

**Source:** **Hauptverband der österreichischen Sozialversicherungsträger**, Statistisches Handbuch der österreichischen Sozialversicherung (several issues).

**Methodology:** All days of sick leave in which a medical confirmation is sent to social security are taken into account (for all sick leave of more than three days, this confirmation is sent; for sick leave up to and including three days, a confirmation might be sent).

**Further information:** <http://www.sozialversicherung.at/>.

#### Belgium

**Source:** **SPF Social security**, based on data from the Office national de sécurité sociale.

**Methodology:**

- Data on assimilated periods covering the following: sickness (sickness, non occupational accident or preventive leave), guaranteed remunerated days of 2<sup>nd</sup> week of absence due to illness and compensated days of 3<sup>rd</sup> and 4<sup>th</sup> week of absence due to illness, and employment at the end of year (December 31)

**✂ Break in series in 2015** due to more complete coverage.

**Further information:** <http://www.socialsecurity.fgov.be/> and <http://www.rsz.fgov.be/fr/home.html>.

## Canada

Data not available.

## Chile

**Source: Health Superintendence** (“Superintendencia de Salud”, SUPERSALUD). The main sources are administrative institutions responsible for compensating absence from work due to illness: **Public Health Insurance (FONASA) and Private Health Insurances (ISAPRES)**.

**2011 onwards: Superintendency of Social Security (SUSESO), National Health Fund (FONASA) and Health Superintendency (SIS)**.

**From 2001:** Work days lost per employed person and per year due to illness (“Días pagados por cotizante de Licencias Médicas Curativas”). Updated data directly sent from the Studies Department of the SUPERSALUD.  
- The term “Licencias curativas” means healing medical leaves. Includes medical leaves that are produced by common diseases and not caused by an occupational disease or work accident (this also covers the Maternal Supplementary leave).

**1990-2000:** “Evaluación del subsidio por Incapacidad laboral por Enfermedad común en Chile 1990-2000” (Annexes: Table 7 and 10). For further information see [http://www.supersalud.cl/documentacion/569/articles-1057\\_recurso\\_1.pdf](http://www.supersalud.cl/documentacion/569/articles-1057_recurso_1.pdf) (in Spanish).

**Coverage:** Nationwide data include both the public and private sectors.


### Methodology:

**From 2001:** Data exclude maternal leave. Data include all kind of workers who pay Public or Private Health Insurance, dependents and independents.

**1990-2000:** Data include the Maternal Supplementary Leave (“Reposo Maternal Suplementario”), which corresponds to the extension of the prenatal rest, postnatal rest and prolonged illnesses caused by pregnancy.

- Data are reported only for workers for whom employers pay Public or Private Health Insurance.

- Data exclude “personal a honorarios”.

 **Break in time series in 2001:** Break due to a change in calculation method:

**From 2001:** Data report the mean of the “Días pagados por cotizante en Sector Privado (Isapres)” + “Días pagados por cotizante en Sector Público (FONASA)”.

**1990-2000:** Data report the mean of “Dias Licencia por cotizante FONASA” + “Dias de Licencia por Cotizante ISAPRE”.

## Czech Republic

**Source: Czech Statistical Office.** Calculation by the Institute of Health Information and Statistics of the Czech Republic.

### Methodology:

- Number of days lost per year on sick leave (including both illnesses and injuries) per illness-insured person.

- Data cover the entire illness-insured population in the Czech Republic (defined by national legislation).

### Notes:

- In 2013, a change in the current legislation on illness insurance came into effect, compensation provided by employers is reduced to first 14 days of sick leave.

- In 2011, a change in the current legislation on illness insurance came into effect, compensation provided by employers is extended to first 21 days of sick leave.

- In 2009, new legislation on illness insurance came into effect, enforcing tougher conditions on granting sickness allowances. The compensation of work income relates only to working days and public holidays. The claim for the compensation starts the fourth working day after the beginning of the sick leave; compensation is provided by employers for the first 14 days.

- In 2008, a change in the current legislation on illness insurance came into effect, enforcing tougher conditions on granting sickness allowances. The claim for the compensation starts the fourth working day after the beginning of the sick leave. The protection period for which the person is insured after the employment is finished was shortened, and the percentage was reduced and graded.

- In 2004, new legislation on illness insurance came into effect, enforcing tougher conditions on granting sickness allowances.

- Until 1989, data refer to Trade Unions and members of producers' cooperatives; since 1990, all institutions/enterprises are covered.

**Further information:** <http://www.uzis.cz/en> and <http://www.czso.cz/eng/redakce.nsf/i/home>.

## Denmark

**Source:** Statistics Denmark.

### Methodology:


- All data include absence of less than one day. Data are compiled by full-time equivalent (FTE) persons. The number of days is determined as number of absence hours converted to full time.

1997-2005: Data are derived from two different sources with regards to absence in the private and the public sector respectively. One is a survey conducted by the Danish Employers Organisation which is based on self-reported absence from work due to illness from 47000 persons working in the private sector. The other source is a statistic of absence for state employees. Data from the two sources are weighted according to the number of employees in the private and public sector. The figures do not include absences due to children's illness, occupational injury and maternity or adoption leave. People in flexible jobs are not included.

### 2007 onwards:

- Data show absences from the employee perspective. In Denmark there is a general compensation for absence from work due to illness, which is paid by the employer. For hourly workers, where there are special rules, the government sometimes pays. The absence periods are connected to the job from which the person was absent. Information about the extent of the employment is found in the earnings statistics. In the governmental and municipal sector, all the employed are included while the private sector is described by a representative sample of about 2600 firms. The sample is selected from a population of enterprises with 10 or more employees. Chronically sick persons and persons in flexible or light jobs are not included.

- In the case of all three sectors, a number of jobs are excluded from the statistics of absence. This is the case for persons who have only worked for a very short period of time, persons who have only worked very few hours a week or persons for whom the number of hours worked are not known. Furthermore, some enterprises or institutions can be excluded from the statistics of absence if their response is missing or incorrect.

 **Break in time series in 2007** due to a change in methodology.

**Further information:** <http://www.statistikbanken.dk>.

## Estonia

### Sources:

**Estonian Health Insurance Fund (EHIF):** number of days compensated by EHIF and employers.

**Statistics Estonia:** number of employed persons, Labour Force Survey.

### Methodology:

- Data cover absence from work due to illness or accident, and taking care of an ill family member.

- Until July 2009, employees did not receive compensation for the first day of sickness, EHIF started paying compensation from the second day of sick-leave. Since July 1, 2009, due to amendments made to the legislation, compensation (to insured persons) starts generally from the fourth day of illness. Compensation from the fourth to eighth day of absence is covered by the employer, and by EHIF afterwards.

- As a result of an increase in the number of unemployed persons, the number of insured persons in employment decreased by 7% in 2010 compared to 2008. As a result of both the reduction of the number of insured persons in employment and the change in payment of benefits for incapacity for work, the number of certificates of incapacity for work decreased by 25% in 2010, and the number of certificates per insured person in employment decreased by 20%.

**Further information:** Estonian Health Insurance Fund at [www.haigekassa.ee](http://www.haigekassa.ee) and Statistics Estonia at [www.stat.ee](http://www.stat.ee).

## Finland

Data not available.

## France

**Source:** Caisse nationale de l'assurance maladie des travailleurs salariés (Cnamts).

### Methodology:

- Compensated days are granted from the 4<sup>th</sup> day following the work interruption. Generally, the maximum duration is three years, including the maximum payment of 360 compensated days. The number of compensated days within the French health insurance system does not include compensated days due to maternity leave or due to work-related illnesses.

- The number of compensated work days lost per person per year due to illness is calculated based on the following information:

- Data from the Caisse nationale de l'assurance maladie des travailleurs salariés (Cnamts).

- The percentage of the *Régime Général* in all *régimes*, calculated by the Institut de recherche et documentation en économie de la santé (Irdes).

- Employed population data provided by the Institut national de la statistique et des études économiques (Insee).

🔪 **Breaks in time series in 1973 and 1996:** For the periods 1970-1972 and from 1996 onwards, only the number of daily illness allowances taken care of by the Régime général is available. From 1973, data include the number of daily allowances for illnesses from all systems.

#### **Further information:**

- Data on compensated absence from work due to illness: Cnamts, *Statistique mensuelle décembre 2015* (<http://www.ameli.fr/l-assurance-maladie/statistiques-et-publications/analyse-des-depenses/depenses-les-remboursements-depuis-1-an/les-statistiques-mensuelles-du-regime-general.php>), file "Résultats à fin décembre 2016.xls", tab "Cumul\_maladie\_nbre".

- Data on active population ("population en emploi/occupée"): Insee, <https://www.insee.fr/fr/statistiques/2841321?sommaire=2841366> tab PTOT 01.

## **Germany**

**Source:** Federal Ministry of Health, KM1 Statistics (statutory health insurance: members and number of obligatory members reported sick, as an annual average), KG2 Statistics (statutory health insurance: including services and times of inability to work); Bundesministerium für Gesundheit, Ergebnisse der GKV-Statistik KM1 (Gesetzliche Krankenversicherung: Mitglieder, mitversicherte Angehörige und Krankenstand Jahresdurchschnitt 2016), and KG2 (Gesetzliche Krankenversicherung: u.a. Leistungsfälle und -zeiten von Arbeitsunfähigkeit 2016).

#### **Methodology:**

- Data refer to work absenteeism due to illness of public sickness fund members (PSF). It should be noted that such cases have to be recorded only if their duration exceeds three workdays. Therefore, the figures are an underestimation. Results are extrapolated on the basis of data collected for 12 sample workdays, which are annually monitored with the respective absenteeism rates projected onto an annual average.

- The number of days of inability to work per member of the Statutory Health Insurance is based on the following calculation: Days of inability to work divided by the annual average number of members of the Statutory Health Insurance of the respective group of insured persons (employees obligatorily insured in the Statutory Health Insurance without pensioners, students, practical trainees and persons in early retirement).

**Further information:** <http://www.bmg.bund.de> and <http://www.gbe-bund.de>.

## **Greece**

**Source:** Social Insurance Institute, Annual Statistical Report 1998-2008.

**Coverage:** Data cover half of the workers and employees in Greece.

## **Hungary**

**Source:** Hungarian Central Statistical Office (KSH), Statistical Yearbook.

#### **Methodology:**

- According to the Act on Labour Code, an employee is eligible for 15 work-days (10 work-days between 1992 and 1995) of sick-leave due to illness. The employer bears the expenses of sick-leave. After utilisation of the sick-leave days, the employee may receive sick-pay. The 56/1987.(XI. 6.) MT decree on the execution of social insurance entered into force in 1988, ruling that sick-pay should be paid for each day of incapacity for work including days off, weekly resting days and legal holidays. Sick-leave and sick-pay provide supplementary wages for the days of the period of incapacity.

- Compensated absence is calculated as follows: (sick-pay days + sick-leave days (by working days)) / persons entitled to sick-pay.

- Sick-leave data include only data of employers operating social insurance pay-office.

**Further information:** [www.ksh.hu](http://www.ksh.hu).

## Iceland

Data not available.

## Ireland

**Source:** Department of Social Protection and Central Statistics Office.

**Methodology:**

- Data on numbers of employed persons come from the Quarterly National Household Survey conducted by the Central Statistics Office.
- Numbers of employed persons, excluding the self-employed, for a given year are calculated as the average of four calendar quarters.

**Coverage:**

- Data on number of compensated workdays lost refer to the number of claim paid days for which Illness Benefit claimants were compensated. Illness Benefit is not paid for the first three days of illness. Illness Benefit is paid for up to a maximum of two years.
- The figure used excludes self-employed persons as Illness Benefit is not available to self-employed individuals.
- It should be noted that over half of the recipients are long-term recipients, i.e. those who have been in payment for over one year.

## Israel

Data not available.

## Italy

Data not available.

## Japan

Data not available.

## Korea


Data not available.

## Latvia

Data not available.

## Luxembourg


**Source:** General Inspectorate of Social Security (IGSS).

 **Methodology:**

**Nominator:** All reported compensated days of absence from work due to illness from employees covered by the statutory social security scheme working in Luxembourg.

**Denominator:** Total number of working days of employees covered by the statutory social security scheme during a year working in Luxembourg.

- Data include cross-border workers.
- Data cannot be generalised for the entire population as civil servants and employees of public administration, self-employed persons as well as people working for international institutions are not included.

 **Break in time series:** Until 2006, statistics based on financial compensation provided by the 'Caisse de maladie des ouvriers'. From 2006, data refer to all employees covered by the statutory social security scheme.

## Mexico

**Source:** Memoria Estadística del Instituto Mexicano del Seguro Social. Administrative records.

**Methodology:** Data show the average number of days lost per person for the first absence from work due to illness within the year. Thus, subsequent absences from work due to illness within the same year are not included.

## Netherlands

### Sources:

From 1993: Statistics Netherlands.

1970-1992: NIPG (Dutch institute for prevention and health, now known as TNO quality of life).

### Methodology:

- Data are calculated as the sickness absence rate multiplied by the standard number of working days (260).

Until (and including) 2004: Absence beyond one year was not included in the calculation of the sickness absence rate and the average duration of absence. From 2005, absence up to and including two years is included, as the law has been adjusted requiring employers to pay the wages for the first two years of sickness absence.

Starting in 2004: The sickness absence rates for 2004 and 2005 only apply to the following sectors: agriculture and fishery, care, education and financial institutions. This is the consequence of the liberalisation of occupational health and safety services from 1 July 2005.

2002 and later: Data refer to private and public sectors; data from the Nationale Verzuimstatistiek (national sick leave statistics). The changes in the system have resulted in a sickness absence rate that is around 0.5 of a percent point lower than the rates previously published for 2004 regarding the private sector.

1993-2001: Data refer to private sector only and are based on a sample survey of businesses.

1970-1992: Data refer to private sector only.

**Notes:** The recession of the early 1980s caused a high unemployment rate. At the same time, more pressure on the remaining workforce caused the drop in the sickness rate, in addition to the use of the disabilities act to deal with some of the redundant workforce (hidden unemployment).

Moreover, the pressure on the fund for sickness benefits had led to several changes in the legislation, increasingly strict rules for employees. Furthermore, in the mid-1990s, employers were obliged to pay the first full year of sickness absence instead of the first weeks. This change in policy was accompanied by other changes regarding occupational safety and health (OSH (private) enterprises were set up to help the private (and public) sector companies with the new obligations and to keep the sickness rate as low as possible. This policy has been sharpened further in the last decade.

**Further information:** <https://www.cbs.nl/en-GB/>.

## New Zealand

Data not available.


## Norway

**Source:** Statistics Norway. Statistics on sickness absence.

**Methodology:** Quarterly files. Central statistics on sickness absence consist of two parts: Self-certified sickness absence and doctor-certified sickness absence.

Doctor-certified sickness absence: The **Sick Leave Register** and the **Employee Register** are the main sources of information for doctor-certified sickness absence. The **Norwegian Labour and Welfare Administration (NAV)** is responsible for both registers. The Sick Leave Register is based on the local NAV office registrations of medical certificates ("Sykmeldingsattest IA") as part of its sickness benefits routine. These registrations cover all doctor-certified absences due to a person's illness. The Employee register contains all employees between 16 and 69 having a salaried activity scheduled to more than four hours a week and lasting more than six days. The date for the start and stop of the salaried activity and position percentage are the most important variables for the sickness statistics. Different registers are used to add variables to the salaries activities found in the Employee register, e.g. education and industry.

Self-certified sickness absence: The statistics on self-certified sickness absence are based on data reported by a survey of establishments.

 **Break in time series in 2015:** From 2015 onwards, data are based on the A-message, which is capable of identifying a higher number of employment relationships.

**Further information:** [http://www.ssb.no/sykefratot\\_en](http://www.ssb.no/sykefratot_en).

## Poland

Data not available.

## Portugal

**Source: Minister of Labour, Solidarity, and Social Security.** Informatic Institute of Social Security.

**Coverage:** Data are collected from administrative sources. Only the population covered by Social Security Schemes is included: employees, self-employed workers and workers covered by a voluntary social insurance scheme. Civil servants are not included.

**Further information:** <http://www.seg-social.pt/ii-ip-instituto-de-informatica-ip> and [http://www.seg-social.pt/documents/10152/141536/Subsídio\\_Doença/132521b6-278f-48e8-a7de-c5e216865f23](http://www.seg-social.pt/documents/10152/141536/Subsídio_Doença/132521b6-278f-48e8-a7de-c5e216865f23).

## Slovak Republic

**Sources: Statistical Office of the Slovak Republic (SOSR), Social Insurance Agency (SIA).**

2007-2017: Data from administrative source from the Social Insurance Agency in the Slovak Republic.

2005-2006: Data from statistical record Nem Ur 1-01 (SO SR).

## Slovenia

**Source: National Institute of Public Health.**

**Methodology:**

- The number of compensated work days lost per year due to illness and injury per employed person. It excludes maternity leave.

- Administrative data are from national Register on Legitimate Sickness Absenteeism from Work where certificates for compensation are collected. Work force in all NACE sectors with compulsory health insurance at state Institute of Health Insurance is covered. Absences from the first day of sick leave and care of family members are included.

**Further information:** <http://www.njz.si/en>.

## Spain

**Sources:**

Since 2000: **Instituto Nacional de Estadística (INE)**, Encuesta Trimestral de Coste Laboral (Quarterly Labour Cost Survey).

Up to 1999: **Ministerio de Empleo y Seguridad Social** (Ministry of Employment and Social Security), Encuesta de Coyuntura Laboral (Labour Short-Term Survey).

**Methodology:**

Since 2000:

-The Quarterly Labour Cost Survey (QLCS) is a short-term statistics whose main objective is to know the evolution of the average labour cost per employee and per hour worked.

- The unit used is the "account of contributions". It is an administrative concept that companies use to pay the social contributions of their employees and usually coincide with the local unit. The population is formed by all local units (the accounts of social security contribution) with independence of their size, included in the General Regime of the social security, in the Special Regime of the Mining of the Coal and in the Special Regime of the sea workers related to maritime transport. The sample frame is the General Social Security Register (Business Register). Within each account, all the employees associated with the account are investigated (employees with obligation of contributing at least one day in the reference period, with independence of the type of contract and the length of the working day).

- The coverage by economic activities excludes Agriculture, Forestry and Fishing and activities of extraterritorial organisations and bodies.

- The sample is composed of around 28000 units which will be interviewed each quarter. This sample is distributed in three monthly sub-samples along of the quarter, of such form that the first sub-sample will be interviewed all the first months of each quarter, the second sub-sample will be interviewed the second month of each quarter and the third sub-sample the last month of each quarter. This way each sub-sample is interviewed four times per year. The results of the survey are monthly averages of each quarter.

- The variable in the survey is temporary disability: number of natural days not worked per employee due to illness or accident. Annual data has been calculated as follows: the annual average of the quarterly data is the monthly




average of the days not worked per employee during the year; this result multiplied by 12 months in a year is the number of days not worked per employee due to illness or accident during the year.

Up to 1999:

- The Short-Term Labour Survey (Encuesta de Coyuntura Laboral, ECL) is a quarterly sample survey of local units. It is included in the National Statistical Plan, and its participation is compulsory. The target of the ECL is to obtain information about employment from enterprises every quarter. The main objectives are to obtain information about employment, labour flows (affiliation registrations and cancellations) and working time, as well as to find out the employers' opinion in other matters.

- The sample frame is the General Social Security Register (Business Register). The sample includes units with one or more employees. The coverage by economic activities excludes Agriculture, Forestry and Fishing Public Administration, Defense and Social Security and activities of extraterritorial organisations and bodies.

- The variable in the survey is temporary disability: number of natural days not worked per worker due to illness or accident.

 **Break in time series in 2000** due to a change in methodology.

## Sweden

**Source:** The Swedish Social Insurance Agency (Försäkringskassan).

**Methodology:** Sick leave rate in Sweden. The rate is based on the number of compensated gross sick days. That means absence part of a day due to illness is counted as one day regardless of the percent of absence (25%, 50% or 75%) that day.

**Further information:** <http://www.forsakringskassan>.

## Switzerland

Data not available.

## Turkey

Data not available.

## United Kingdom

**Source:** Confederation of British Industry (CBI), Annual Absence and Labour Turnover Surveys.

**Methodology:**

- Data come from HR directors.

- Working days lost per capita per year, UK. Survey is not weighted by UK sectoral employment.

- Data include days lost from work due to causes other than illness absence such as special leave or home and family responsibilities.

**Further information:** <http://www.cbi.org.uk/pdf/20100607-cbi-pfizer-absence-report.pdf>.

## United States

Data not available.

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<http://www.oecd.org/health/health-data.htm>