



**WORLD Policy
Analysis Center**

Paid Leave for Personal Illness: A Detailed Look at Approaches Across OECD Countries

AMY RAUB
PAUL CHUNG
PRIYA BATRA
ALISON EARLE
BIJETRI BOSE
JUDY JOU
NICOLAS DE GUZMAN CHORNY
ELIZABETH WONG
DANIEL FRANKEN
JODY HEYMANN



We are deeply grateful for the support from Pivotal Ventures, executive office of Melinda Gates, which made this research possible.

We are deeply indebted to Arijit Nandi, Ilona Vincent, and Efe Atabay for their development of the longitudinal policy database used in this report. This report was also greatly enriched by Arijit Nandi and the full PROSPERED team at McGill University for their invaluable contributions in conducting a systematic review of the literature.

About the WORLD Policy Analysis Center

The goal of the **WORLD Policy Analysis Center (WORLD)** is to improve the quantity and quality of comparative data available to policymakers, citizens, civil society, and researchers around the world on policies affecting equity, development, human health, and well-being. Under the leadership of Dr. Jody Heymann, Dean of the UCLA Fielding School of Public Health, WORLD is committed to making its broad, globally comparative findings publicly accessible to inform and encourage improvements in legal and policy frameworks worldwide, allow nations to learn from the approaches taken in other countries, facilitate studies of the feasibility and effectiveness of laws and policies in critical areas, and support their efforts to hold decision-makers accountable.

© 2018 WORLD Policy Analysis Center
All rights reserved.

WORLD Policy Analysis Center
UCLA Fielding School of Public Health
650 Charles E. Young Drive South, 16-059 CHS
Los Angeles, CA 90095-1772
worldpolicycenter.org

CONTENTS

Overview of Paid Leave for Personal Illness	1
Duration of Paid Leave.....	1
Evidence on Supporting Health.....	1
Economic Feasibility	2
Providing Leave	2
Payment Level of Paid Leave.....	3
Poverty and Low-Income Workers	3
Economic Feasibility	4
Eligibility for Leave	4
Tenure Requirements	4
Self-Employed Workers	5
Employer Size.....	6
Flexibility in Leave.....	6
Methodology	7
Study Approach	7
Medical Review.....	7
Policy Measures	7
Analysis of Benefit Levels	8
Analysis of Economic Performance.....	8
Global Maps	9
References	10
OECD Maps, Figures, and Tables.....	12
Global Maps.....	27

OVERVIEW OF PAID LEAVE FOR PERSONAL ILLNESS

- **Availability of paid leave:**
 - o 32 of 34 OECD countries guarantee paid leave for personal illness.
 - o The United States and the Republic of Korea are the only OECD countries that do not guarantee paid leave for personal illness.
- **Duration of paid leave:**
 - o 28 of 34 OECD countries provide at least 6 months of paid leave for personal illness.
 - o 29 of 34 OECD countries provide at least 3 months of paid leave for personal illness.
- **Wage replacement rate of paid leave:**
 - o 19 of 34 OECD countries have a maximum wage replacement rate of at least 80% for paid leave for personal illness, which supports the needs of low-income workers.
 - o 28 of 34 OECD countries have a maximum wage replacement rate of at least 60% for paid leave for personal illness.

DURATION OF PAID LEAVE^a

Medical evidence on treatment and recovery times suggests that 6 months of paid leave is important to cover severe illnesses. Actual granted leave would depend on the severity of the illness and may often be significantly shorter. There is substantial evidence that providing at least 6 months of paid leave is economically feasible.

EVIDENCE ON SUPPORTING HEALTH

Below are examples of how recovery times might inform the amount of sick leave needed for different serious health conditions.

- ***Treatment and recovery for workers with some types of cancer***
 - o The amount of time needed for recovery from cancer varies greatly by type of cancer, stage, and treatment guidelines, and includes time needed for surgery, chemotherapy, radiation, and to manage the adverse effects of treatment.¹
 - o Median hospitalization times vary greatly by type of cancer; some require 2 weeks of hospitalization.

^aThis report focuses on severe illnesses. Paid leave is also needed to support health and recovery from more common health needs, such as the flu or stomach viruses. These health needs are important, and can affect disease treatment and spread, health, productivity, and earnings. However, they are commonly approached with employer-based paid sick days and are beyond the scope of this brief.

- o Radiation and chemotherapy treatment may last up to 6 months, although some workers may be able to return to work part-time or intermittently while undergoing treatments.^{2,3,4,5,6,7,8}
- *Treatment and recovery for workers after an acute myocardial infarction*
 - o Workers generally need to be absent from work for at least 4 weeks for hospitalization and acute recovery.
 - In a study of adults aged 18 to 55 who experienced a myocardial infarction, 50% of women and nearly 60% of men had returned to work after 1 month; nearly 75% of women and men had returned to work by 3 months.⁹
 - o The timeline for returning to work varies based on the type of work and the work environment; more physical jobs require a longer absence.¹⁰
 - o Follow-up appointments are needed for 6 months after the initial event to assess the quality of recovery.^{10,11}
- *The ongoing health needs and some complications for workers with diabetes*
 - o Employees with diabetes are at higher risk for cardiovascular disease and other major illnesses, and require increased maintenance appointments.¹²
 - o Hospitalization may be required due to diabetes and related complications and varies widely, ranging from days to several weeks.^{13,14,15,16}
 - o Follow-up care for this chronic disease is typically lifelong; the amount of time needed depends on the success of disease management and the number and nature of complications.¹³

ECONOMIC FEASIBILITY

- 28 of 34 OECD countries provide at least 6 months of paid leave for personal illness.
- 26 OECD countries have provided at least 6 months of paid leave for personal illness since 1995.
- OECD countries that provided generous paid leave for personal illness did not have consistently higher or lower labor force participation rates or unemployment among workers ages 25 to 54.
- OECD countries that provided generous paid leave for personal illness had no evident differences in GDP growth.

PROVIDING LEAVE

Most countries provide long-term paid leave through social security schemes with initial paid sick leave provided through employers. This approach is compatible with a strong national economy.

- *Providing paid leave for personal illness*
 - o With the exception of the United States and the Republic of Korea, all OECD countries provide paid leave for personal illness. 21 countries do so through a combination of employer liability and public funds.
 - o In 9 OECD countries, leave for personal illness is provided solely through social security or public schemes.
 - o In 2 OECD countries, employers are solely responsible for providing paid leave for personal illness.
 - o In countries where employers and governments share responsibility for providing leave, employers most often are responsible for providing an initial period of leave before government-provided leave begins.
 - 11 countries require employers to pay the first 1–2 weeks of leave, 6 countries require employers to provide the first 3–6 weeks of leave, and 2 countries require employers to provide an initial period of leave in excess of 7 weeks.
 - In France, employers are responsible for topping up benefits provided by the government.
 - In the Netherlands, employers are generally responsible for paid sick leave, but government benefits are available to people who do not qualify through their employers.
 - o All OECD countries that provide paid leave for personal illness do so for employees in small as well as medium and large firms.

PAYMENT LEVEL OF PAID LEAVE

A wage replacement rate of at least 80% helps to address poverty in leave-taking. Wage replacement rates of 80% are economically feasible.

POVERTY AND LOW-INCOME WORKERS

Unpaid or low-paid leave is not affordable for those who need it most.

- *Unpaid leave*
 - o According to the 2012 Family and Medical Leave Act (FMLA) Employee Survey, 46% of employees who needed to take family or medical leave did not do so because they could not afford to take unpaid leave.¹⁷
- *Evidence from California's 55% wage replacement rate*
 - o Simulation models indicate that a single adult earning the minimum wage would fall even further below the poverty level while taking paid family leave in California. Meanwhile, higher-income families and dual-earner couples earning minimum wage would be able to stay out of poverty during paid leave.¹⁸

- *Evidence on a minimum bar from other OECD countries*
 - o Using detailed data on wage replacement rates and benefit calculation formulas from other OECD countries, we assessed the level of paid leave benefits that a wage and average wage earner would receive.
 - o Given the wages and salaries in many occupations, a wage replacement of 80% is necessary to keep families out of poverty. A wage replacement rate of 80% or more can also be important for middle-income families to be able to meet essential needs during paid leave, such as rent or mortgage payments.
 - o Higher wage replacement rates may be even more important in the U.S. context, where out-of-pocket medical expenses are high.
 - o A more detailed article addressing this issue is forthcoming.

ECONOMIC FEASIBILITY

- 19 of 34 OECD countries have a maximum wage replacement rate of at least 80% for paid leave for personal illness.
- 15 OECD countries have had a maximum wage replacement rate of at least 80% for paid leave for personal illness since 1995.
- Having a wage replacement rate of at least 80% is compatible with high labor force participation rates and low unemployment.
- Having a wage replacement rate of at least 80% is compatible with strong economic growth. Countries with high wage replacement rates had no evident differences in GDP growth.

ELIGIBILITY FOR LEAVE

In a time of increased job turnover and mobility, paid leave benefits should not be dependent on a person's length of time at an employer, the formality of employment, or the company's size. The availability of job-protected paid personal medical leave without an employer-specific tenure requirement is compatible with strong economic growth.

TENURE REQUIREMENTS

A majority of OECD countries with paid leave for personal illness do not require a minimum period of work with a specific employer to be eligible for benefits. Tenure requirements are not necessary for a strong national economy.

- 17 of the 32 OECD countries that provide paid leave for personal illness do not require employees to have worked for a minimum period of time with a specific employer.
- 15 OECD countries have employer-specific tenure requirements to qualify for full personal illness leave benefits. In 9 of these countries, tenure requirements are 1 month or less.
- 8 countries that require employer-specific tenure requirements provide benefits for a reduced duration or payment level for workers who do not meet the requirement.

- 8 OECD countries do not have employer-specific tenure requirements, but do require a minimum employment period or a minimum number of contributions to the system that finances paid leave benefits.
- In 2 of these countries, there is some form of paid benefit available to those who do not meet those requirements.
- 9 OECD countries do not require any minimum tenure or contributions to be eligible for paid leave for personal illness.
- *Economic feasibility*
 - o Employers in the U.S. often provide certain benefits, including paid leave, only when employees meet a “length of service” or tenure requirement. Their concern is that short or no tenure and contribution requirements could ultimately harm profitability.
 - o In some OECD countries, employees are required to have made a certain number of contributions to an insurance fund paid in the form of a tax on wages. Such contribution requirements are in place to ensure that there are adequate funds to cover benefits of current and future leave-takers.
 - o When individuals become sick prior to reaching the minimum requirement, they may come to work sick, affecting their health, productivity, and potentially the health of their coworkers.
 - o OECD data suggest that reducing or removing tenure and contribution requirements does not necessarily harm labor force participation, lead to unemployment, or reduce GDP growth. At the same time, such policies may potentially contribute to improved opportunities for vulnerable workers.
 - o Long tenure or contribution requirements limit the leave eligibility of workers who have needed to change jobs, been unemployed, seasonally or intermittently employed, or individuals recently finishing a period of education.

SELF-EMPLOYED WORKERS

Few OECD countries exclude self-employed workers entirely from paid leave benefits. However, many countries require employers to provide paid sick days or cover a waiting period before workers are eligible for paid leave through social insurance. Self-employed workers would not be entitled to these benefits.

- 8 of the 32 OECD countries with paid leave for personal illness guarantee the same benefits to self-employed workers as they do to other formal-sector employees who are entitled to leave. This means that leave is available for the same duration and at the same payment rate (either percentage of earnings/profits or flat-rate payment).
- 18 additional OECD countries make paid leave for personal illness available to self-employed workers, but for a shorter duration or at a lower benefit level than the average formal-sector employee would receive. In 16 of these countries, formal-sector employees are entitled to initial paid leave for personal illness through their employers that is not available to self-employed workers.

- Only 6 OECD countries exclude self-employed workers from paid leave for personal illness entirely.

EMPLOYER SIZE

Most OECD countries do not have separate provisions for small businesses.

- No OECD countries completely deny paid leave for personal illness benefits to workers based on employer size.
- 1 OECD country (Japan) allows businesses with fewer than 5 employees to opt out of insurance schemes for personal illness benefits. However, voluntary insurance is available so that employees are not left without access to coverage.

FLEXIBILITY IN LEAVE

- 12 of the 32 OECD countries with paid leave for personal illness explicitly permit this leave to be taken part-time.
- Many serious diseases involve both “acute” and “continuation” phases of treatment, along with regular follow-up appointments to assess the quality of recovery or provide additional treatment. Workers’ physical and mental health can benefit from the ability to work during the latter phases.
- Employers benefit when valued employees can return to work. For example, the introduction of partial medical leave in Finland, which enabled employees to work part-time while recovering, had a strong effect on workforce participation.¹⁹

METHODOLOGY

STUDY APPROACH

This study brings together a systematic review of the paid leave literature, a review of medical needs by medical experts, and a systematic analysis of the laws and policies in place in other OECD countries to synthesize the best available evidence on paid family and medical leave policies.

For the systematic literature review, more than 5,500 studies were identified as potentially relevant to paid parental, family medical, and personal medical leave in high-income countries. Studies that analyzed the impact of these policies on economic, health, and gender equality outcomes were selected. Using those criteria, an in-depth review of the methodology and findings of more than 100 studies was conducted to inform the summary of the literature.

For our review of medical needs, a team of medical experts reviewed the evidence on how paid leave can support health and recovery. They conducted a review of the medical literature to provide information on key health decision points.

Finally, we conducted a systematic analysis of the national laws and policies in place in other OECD countries to better understand what approaches have been feasible and effective in other countries. The methodology for this analysis is described in more detail below.

MEDICAL REVIEW

For our analysis of time needed to recover from serious illnesses, we selected the two leading causes of death in the U.S. according to the Centers for Disease Control and Prevention (CDC): heart disease and cancer. We also included diabetes, as researchers have found that mortality estimates under-attribute deaths to diabetes-related complications; if these were properly accounted for, diabetes would be the third leading cause of death in the U.S.²⁰

POLICY MEASURES

The WORLD Policy Analysis Center has systematically analyzed the national laws and policies, in place as of September 2016, that govern workplaces in 34 Organisation for Economic Co-operation and Development (OECD) countries, to create comparative databases on labor protections. This report also incorporates any additional policy changes that are known to have occurred. Latvia joined the OECD on July 1, 2016, but is not included in these reports due to the lack of available data.

Our OECD Adult Labor database captures national-level legislation. For countries where labor policies are set at the state or provincial level, such as the United States, we noted the lowest level of guarantee in our database. For example, we classified a policy as unpaid if not all jurisdictions guaranteed paid leave.

The information in this database was coded primarily from full-text legislation, in its original language whenever possible, or from a translation. Additional information was drawn from reliable secondary sources such as the Social Security Programs Throughout the World (SSPTW) reports, the International Labour Organization's Working Conditions Laws Database, the International Review of Leave Policies and Related Research, and country government websites. Two researchers independently analyzed each country, translating a wealth of qualitative information into a set of consistent, comparable policy characteristics.

ANALYSIS OF BENEFIT LEVELS

In order to assess the affordability of benefits received during paid leave, we matched data drawn from the WORLD OECD Adult Labor database with data on flat-rate payments and benefit ceilings as of November 2016, which we extracted from individual country websites. For countries with multiple paid leave schemes among which beneficiaries could choose, the option with the highest benefit amount was captured in the database. If it was necessary to specify, we used the benefit entitlements for a family consisting of a couple and one child. For countries where the nature of received benefits varied based on tenure at work, we calculated leave durations and payment levels for a worker who had been working with the same employer for 1 year.

To calculate benefits received for an average female wage earner and average male wage earner, the total average wages earned by full-time employees as of December 2015 were obtained from national statistics websites. In the absence of such data, the OECD Stats and Eurostat databases were used to search for the most recent wage data available. To calculate benefits received for a minimum wage earner, the minimum wage data for 2015 were taken from OECD Stats. In some OECD countries, minimum wages are established by collective bargaining. We were unable to obtain a lowest legal minimum wage for Finland, Italy, Sweden, and Switzerland.

Monthly wages were converted into weekly wages by dividing the amounts by 4.3. In cases where daily benefit levels or lengths were established, daily benefits were converted to weekly using conversions specified by the country. If a country did not specify a conversion, calendar days were assumed unless the legislation or national website referenced working days for payment of benefits. In these cases, we converted using a standard 5-day work week.

ANALYSIS OF ECONOMIC PERFORMANCE

Available data allow us to examine economic feasibility, but not to estimate the detailed economic benefits. The study examines the economic performance of countries with and without policies. We present the full data on policies compared to economic outcomes.

In our analyses of policies and outcomes, we used policy data from the year immediately prior to the earliest year from which economic data were drawn. When looking at economic indicators averaged over 2010 to 2015, we examined policies in place in 2009, using the PROSPERED project's longitudinal Adult Labor policy database at McGill University, which consists of a set of annual policy indicators from 1995 to 2015 for all 193 UN member states. In constructing this

database, PROSPERED researchers used the same sources and coding methods that were used to develop the WORLD 2016 OECD Adult Labor database described above.

Economic indicators

Data on economic performance from 2010 to 2015 were obtained from OECD Statistics and averaged to account for year-to-year variations in rates of GDP growth, labor force participation, and unemployment. For all analyses, we used rates of labor force participation and unemployment for workers ages 25–54.

GLOBAL MAPS

Global maps are included to show that paid leave policies are feasible in a range of economic settings and economy sizes. The data in the global maps reflect a systematic analysis of national laws and policies governing workplaces in 193 UN member states as of 2015. These data are supplemented with the detailed data on OECD countries as of September 2016 and other known policy changes that have occurred since the full review in 2015.

REFERENCES

- ¹ "Survivorship: During and After Treatment." American Cancer Society (ACS), 2015.
<http://www.cancer.org/treatment/survivorshipduringandaftertreatment.html>.
- ² Lowrance, William T., et al. "Comparative effectiveness of prostate cancer surgical treatments: A population based analysis of postoperative outcomes." *The Journal of Urology* 183.4 (2010): 1366-1372.
- ³ Caras, Ronald J., et al. "Laparoscopic radical prostatectomy demonstrates less morbidity than open radical prostatectomy: An analysis of the American College of Surgeons-National Surgical Quality Improvement Program database with a focus on surgical trainee involvement." *Journal of Endourology* 28.3 (2014): 298-305.
- ⁴ Bolenz, Christian, et al. "Cost comparison of robotic, laparoscopic, and open radical prostatectomy for prostate cancer." *European Urology* 57.3 (2010): 453-458.
- ⁵ McDevitt, Joseph, et al. "A population-based study of hospital length of stay and emergency readmission following surgery for non-small-cell lung cancer." *European Journal of Cardio-thoracic Surgery* 44.4 (2013): e253-e259.
- ⁶ Farjah, Farhood, et al. "Lung resection outcomes and costs in Washington State: A case for regional quality improvement." *The Annals of Thoracic Surgery* 98.1 (2014): 175-182.
- ⁷ Swanson, Scott J., et al. "Comparing robot-assisted thoracic surgical lobectomy with conventional video-assisted thoracic surgical lobectomy and wedge resection: Results from a multihospital database (Premier)." *The Journal of Thoracic and Cardiovascular Surgery* 147.3 (2014): 929-937.
- ⁸ Fox, Justin P., et al. "Hospital-level outcomes associated with laparoscopic colectomy for cancer in the minimally invasive era." *Journal of Gastrointestinal Surgery* 16.11 (2012): 2112-2119.
- ⁹ Dreyer, Rachel P., et al. "Return to work after acute myocardial infarction: Comparison between young women and men." *Circulation: Cardiovascular Quality and Outcomes* 9.2 suppl 1 (2016): S45-S52.
- ¹⁰ Qaseem, Amir, et al. "Management of stable ischemic heart disease: Summary of a clinical practice guideline from the American College of Physicians/American College of Cardiology Foundation/American Heart Association/American Association for Thoracic Surgery/Preventive Cardiovascular Nurses Association/Society of Thoracic Surgeons." *Annals of Internal Medicine* 157.10 (2012): 735-743.

¹¹ O'Gara, Patrick T., et al. "2013 ACCF/AHA guideline for the management of ST-elevation myocardial infarction: A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines." *Circulation* (2012): CIR-0b013e3182742c84.

¹² American Diabetes Association. "Standards of medical care in diabetes—2016 abridged for primary care providers." *Clinical Diabetes: A Publication of the American Diabetes Association* 34.1 (2016): 3.

¹³ Frazee, Taressa, et al. "Hospital Stays for Patients with Diabetes, 2008: Statistical Brief #93." Healthcare Cost and Utilization Project (HCUP) Statistical Briefs, Agency for Healthcare Research and Quality (U.S.). Rockville (MD). (2010).

¹⁴ Kumar, Victoria A., et al. "Hospitalization rates in daily home hemodialysis versus peritoneal dialysis patients in the United States." *American Journal of Kidney Diseases* 52.4 (2008): 737-744.

¹⁵ Lipsky, Benjamin A., et al. "Skin and soft tissue infections in hospitalised patients with diabetes: Culture isolates and risk factors associated with mortality, length of stay and cost." *Diabetologia* 53.5 (2010): 914-923.

¹⁶ Nirantharakumar, Krishnarajah, et al. "In-hospital mortality and length of stay in patients with diabetes having foot disease." *Journal of Diabetes and its Complications* 27.5 (2013): 454-458.

¹⁷ "Family and Medical Leave in 2012: Technical Report." U.S. Department of Labor, 2012, <https://www.dol.gov/asp/evaluation/fmla/fmla-2012-technical-report.pdf>.

¹⁸ Adema, William, et al. "Paid Parental Leave: Lessons from OECD Countries and Selected U.S. States." *OECD Social, Employment and Migration Working Papers*, OECD Publishing, Paris. (2015).

¹⁹ Kausto, Johanna, et al. "Effectiveness of new legislation on partial sickness benefit on work participation: A quasi-experiment in Finland." *BMJ Open* 4.12 (2014): e006685.

²⁰ Stokes, Andrew, and Samuel H. Preston. "Deaths attributable to diabetes in the United States: Comparison of data sources and estimation approaches." *PloS One* 12.1 (2017): e0170219.

Table 1: Paid leave for personal illness and labor force participation in OECD countries

<i>Country</i>	<i>3 months or more of paid leave</i>	<i>6 months or more of paid leave</i>	<i>12 months or more of paid leave</i>	<i>Labor force participation rate (%)</i>
Sweden	X	X	X	90.5
Slovenia	X	X	X	90.5
Switzerland				90.2
Iceland	X	X	X	89.6
Portugal	X	X	X	88.5
Czech Republic	X	X	X	88.4
France	X	X	X	88.1
Austria	X	X	X	87.9
Estonia	X	X		87.7
Denmark	X	X	X	87.7
Germany	X	X	X	87.6
Netherlands	X	X	X	87.4
Slovakia	X	X	X	87.1
Finland	X	X		87.1
Luxembourg	X	X	X	86.9
Norway	X	X	X	86.9
Spain	X	X	X	86.8
Canada	X			86.5
United Kingdom	X	X	X	85.5
Belgium	X	X	X	85.4
New Zealand	X	X	X	84.8
Poland	X	X		84.6
Japan	X	X	X	84.5
Greece	X	X		84.0
Hungary	X	X	X	83.2
Australia	X	X	X	83.0
Israel				81.8
United States				81.3
Ireland	X	X	X	80.9
Korea				77.4
Italy	X	X		77.1
Mexico	X	X	X	73.4
Turkey	X	X	X	63.8

Labor force participation refers to the percentage of the total working-age population (ages 25-54) that is either working (employed) or seeking work (unemployed), averaged from 2010 to 2015.

The table above reflects policies for paid sick leave in 2009. Since then, there have been no known policy changes. Data on the length of paid sick leave was not available in 2009 for Chile.

Durations of paid leave reflect the leave available to a worker with at least one year length of service.

Table 2: Paid leave for personal illness and unemployment in OECD countries

Country	3 months or more of paid leave	6 months or more of paid leave	12 months or more of paid leave	Unemployment rate (%)
Norway	X	X	X	3.1
Korea				3.2
Switzerland				4.0
Japan	X	X	X	4.1
Mexico	X	X	X	4.1
Australia	X	X	X	4.4
Austria	X	X	X	4.7
Luxembourg	X	X	X	4.8
Iceland	X	X	X	4.8
New Zealand	X	X	X	4.8
Netherlands	X	X	X	4.9
Germany	X	X	X	5.2
United Kingdom	X	X	X	5.5
Czech Republic	X	X	X	5.8
Israel				5.9
Sweden	X	X	X	6.0
Canada	X			6.1
Denmark	X	X	X	6.3
United States				6.6
Finland	X	X		6.8
Belgium	X	X	X	7.2
Poland	X	X		8.1
France	X	X	X	8.4
Slovenia	X	X	X	8.4
Hungary	X	X	X	8.8
Turkey	X	X	X	8.9
Estonia	X	X		9.5
Italy	X	X		9.8
Ireland	X	X	X	12.0
Slovakia	X	X	X	12.1
Portugal	X	X	X	12.8
Spain	X	X	X	21.6
Greece	X	X		21.7

Unemployment rate refers to the percentage of the total working-age population (ages 25-54) that is seeking work, averaged from 2010 to 2015.

The table above reflects policies for paid sick leave in 2009. Since then, there have been no known policy changes. Data on the length of paid sick leave was not available in 2009 for Chile.

Durations of paid leave reflect the leave available to a worker with at least one year length of service.

Table 3: Paid leave for personal illness and GDP growth in OECD countries

Country	3 months or more of paid leave	6 months or more of paid leave	12 months or more of paid leave	GDP growth rate (%)
Ireland	X	X	X	6.1
Turkey	X	X	X	5.2
Israel				3.9
Korea				3.6
Luxembourg	X	X	X	3.4
Estonia	X	X		3.3
Mexico	X	X	X	3.2
Poland	X	X		3.1
Slovakia	X	X	X	2.9
Sweden	X	X	X	2.7
Australia	X	X	X	2.6
New Zealand	X	X	X	2.4
Canada	X			2.3
United States				2.2
Germany	X	X	X	2.0
United Kingdom	X	X	X	2.0
Switzerland				1.7
Czech Republic	X	X	X	1.7
Iceland	X	X	X	1.7
Hungary	X	X	X	1.7
Norway	X	X	X	1.5
Japan	X	X	X	1.3
Belgium	X	X	X	1.3
Denmark	X	X	X	1.3
Austria	X	X	X	1.2
France	X	X	X	1.1
Netherlands	X	X	X	0.9
Slovenia	X	X	X	0.6
Finland	X	X		0.5
Spain	X	X	X	-0.2
Italy	X	X		-0.2
Portugal	X	X	X	-0.4
Greece	X	X		-4.2

GDP growth refers to the average annual percent change in gross domestic product from 2010 to 2015.

The table above reflects policies for paid sick leave in 2009. Since then, there have been no known policy changes.

Data on the length of paid sick leave was not available in 2009 for Chile.

Durations of paid leave reflect the leave available to a worker with at least one year length of service.

Table 4: Balancing of funding responsibilities if employers and governments share responsibility for sick leave

Australia	Employer responsible for first 2 weeks.
Austria	Employer responsible for first 6 weeks.
Belgium	Employer responsible for first 2 weeks.
Czech Republic	Employer responsible for first 2 weeks.
Denmark	Employer responsible for first 4 weeks.
Estonia	Employer responsible for first week.
Finland	Employer responsible for first 2 weeks.
France	Employer responsible for 40% of wages for first 30 days and 16% for next 30 days.
Germany	Employer responsible for first 6 weeks.
Hungary	Employer responsible for first 3 weeks.
Iceland	Employer responsible for first 2 days to 3 months depending on worker's tenure.
Luxembourg	Employer responsible for first 14 weeks.
Netherlands	Employer responsible for paid leave unless worker does not qualify, in which case social insurance pays.
New Zealand	Employer responsible for first week.
Norway	Employer responsible for first 2 weeks.
Poland	Employer responsible for first 5 weeks.
Slovakia	Employer responsible for first 2 weeks.
Slovenia	Employer responsible for first 5 weeks.
Spain	Employer responsible for first 2 weeks.
Sweden	Employer responsible for first 2 weeks.
United Kingdom	Employer responsible for first 28 weeks.

Table 5: Wage replacement rate (WRR) for paid sick leave and labor force participation in OECD countries

<i>Country</i>	<i>Any paid leave</i>	<i>At least 60% of wages</i>	<i>At least 80% of wages</i>	<i>Labor force participation rate (%)</i>
Sweden	X	X	X	90.5
Slovenia	X	X	X	90.5
Switzerland	X	X	X	90.2
Iceland	X	X	X	89.6
Portugal	X	X		88.5
Czech Republic	X	X		88.4
France	X	X	X	88.1
Austria	X	X	X	87.9
Estonia	X	X	X	87.7
Denmark	X	X	X	87.7
Germany	X	X	X	87.6
Netherlands	X	X		87.4
Slovakia	X			87.1
Finland	X	X	X	87.1
Luxembourg	X	X	X	86.9
Norway	X	X	X	86.9
Spain	X	X		86.8
Canada	X	X	X	86.5
United Kingdom	X			85.5
Belgium	X	X	X	85.4
New Zealand	X	X	X	84.8
Poland	X	X	X	84.6
Japan	X	X		84.5
Greece	X	X	X	84.0
Hungary	X	X		83.2
Australia	X	X	X	83.0
Israel	X	X		81.8
United States				81.3
Ireland	X			80.9
Chile	X	X	X	78.9
Korea				77.4
Italy	X	X		77.1
Mexico	X	X		73.4
Turkey	X	X		63.8

Labor force participation refers to the percentage of the total working-age population (ages 25-54) that is either working (employed) or seeking work (unemployed), averaged from 2010 to 2015.

The table above reflects policies for paid sick leave in 2009. Since then, 3 countries have passed legislation changing the wage replacement rates shown in this table: Greece, Israel and Portugal.

Table 6: Wage replacement rate (WRR) for paid sick leave and unemployment in OECD countries

<i>Country</i>	<i>Any paid leave</i>	<i>At least 60% of wages</i>	<i>At least 80% of wages</i>	<i>Unemployment rate (%)</i>
Norway	X	X	X	3.1
Korea				3.2
Switzerland	X	X	X	4.0
Japan	X	X		4.1
Mexico	X	X		4.1
Australia	X	X	X	4.4
Austria	X	X	X	4.7
Luxembourg	X	X	X	4.8
Iceland	X	X	X	4.8
New Zealand	X	X	X	4.8
Netherlands	X	X		4.9
Germany	X	X	X	5.2
United Kingdom	X			5.5
Chile	X	X	X	5.8
Czech Republic	X	X		5.8
Israel	X	X		5.9
Sweden	X	X	X	6.0
Canada	X			6.1
Denmark	X	X	X	6.3
United States				6.6
Finland	X	X	X	6.8
Belgium	X	X	X	7.2
Poland	X	X	X	8.1
France	X	X	X	8.4
Slovenia	X	X	X	8.4
Hungary	X	X		8.8
Turkey	X	X		8.9
Estonia	X	X	X	9.5
Italy	X	X		9.8
Ireland	X			12.0
Slovakia	X			12.1
Portugal	X	X		12.8
Spain	X	X		21.6
Greece	X	X	X	21.7

Unemployment rate refers to the percentage of the total working-age population (ages 25-54) that is seeking work, averaged from 2010 to 2015.

The table above reflects policies for paid sick leave in 2009. Since then, 3 countries have passed legislation changing the wage replacement rates shown in this table: Greece, Israel and Portugal.

Table 7: Wage replacement rate (WRR) for paid sick leave and GDP growth in OECD countries

<i>Country</i>	<i>Any paid leave</i>	<i>At least 60% of wages</i>	<i>At least 80% of wages</i>	<i>GDP growth rate (%)</i>
Ireland	X			6.1
Turkey	X	X		5.2
Chile	X	X	X	4.2
Israel	X	X		3.9
Korea				3.6
Luxembourg	X	X	X	3.4
Estonia	X	X	X	3.3
Mexico	X	X		3.2
Poland	X	X	X	3.1
Slovakia	X			2.9
Sweden	X	X	X	2.7
Australia	X	X	X	2.6
New Zealand	X	X	X	2.4
Canada	X	X	X	2.3
United States				2.2
Germany	X	X	X	2.0
United Kingdom	X			2.0
Switzerland	X	X	X	1.7
Czech Republic	X	X		1.7
Iceland	X	X		1.7
Hungary	X	X	X	1.7
Norway	X	X	X	1.5
Japan	X	X		1.3
Belgium	X	X	X	1.3
Denmark	X	X	X	1.3
Austria	X	X	X	1.2
France	X	X	X	1.1
Netherlands	X	X		0.9
Slovenia	X	X	X	0.6
Finland	X	X	X	0.5
Spain	X	X		-0.2
Italy	X	X		-0.2
Portugal	X	X		-0.4
Greece	X	X	X	-4.2

GDP growth refers to the average annual percent change in gross domestic product from 2010 to 2015.

The table above reflects policies for paid sick leave in 2009. Since then, 3 countries have passed legislation changing the wage replacement rates shown in this table: Greece, Israel and Portugal.

Table 8: Tenure and contributions requirements in OECD countries that provide paid leave for personal illness (in months)

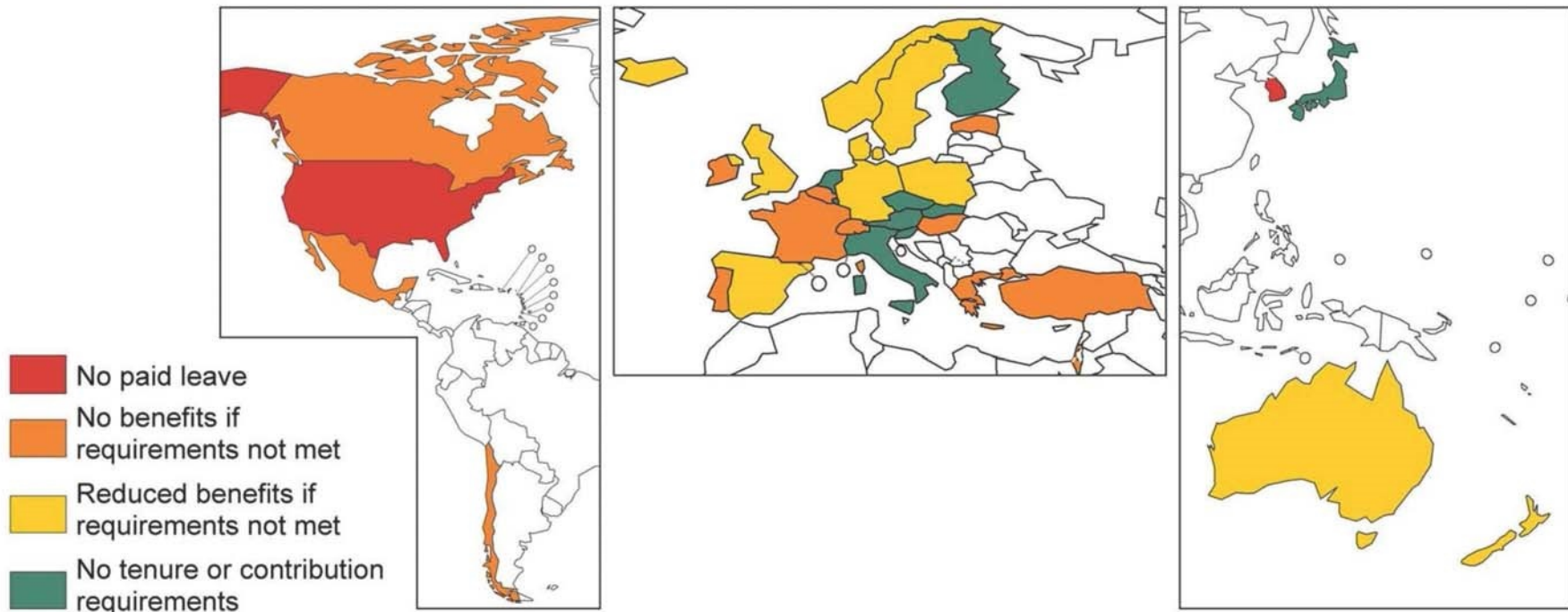
Country	Tenure (in months)	Contributions (in months)
Australia	12	-
Austria	-	-
Belgium	1	4
Canada	3	3
Chile	-	3
Czech Republic	-	-
Denmark	2	1
Estonia	<1	-
Finland	-	-
France	12	-
Germany	1	-
Greece	-	5
Hungary	1	1
Iceland	1	-
Ireland	-	24
Israel	1	-
Italy	-	-
Japan	-	-
Luxembourg	-	-
Mexico	-	1
Netherlands	-	-
New Zealand	6	-
Norway	1	-
Poland	-	1
Portugal	-	6
Slovakia	-	-
Slovenia	-	-
Spain	-	6
Sweden	<1	6
Switzerland	3	-
Turkey	-	3
United Kingdom	1	-

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

In Denmark, time spent receiving unemployment counts towards tenure requirements.

There are 2 OECD countries (not shown) that do not provide paid leave for personal illness: Korea and the United States.

Figure 1: Are workers required to meet tenure and contribution requirements to receive full paid leave for personal illness benefits in OECD countries?



Reduced benefits means workers are entitled to shorter leave, lower cash benefits, or both.

Source: WORLD Policy Analysis Center, OECD Adult Labor Database

Table 9: Benefits available for workers that do not meet tenure or contribution requirements in OECD countries that provide paid leave for personal illness

<i>Country</i>	<i>No paid leave</i>	<i>Full paid leave, financed by employer</i>	<i>Reduced duration</i>	<i>Reduced payments</i>
Australia			X	
Belgium	X			
Canada	X			
Chile	X			
Denmark			X	
Estonia	X			
France	X			
Germany			X	
Greece	X			
Hungary	X			
Iceland			X	
Ireland	X			
Israel	X			
Korea	X			
Mexico	X			
New Zealand			X	
Norway			X	
Poland			X	
Portugal	X			
Spain			X	
Sweden				X
Switzerland	X			
Turkey	X			
United Kingdom			X	
United States	X			

In Denmark, time spent receiving unemployment counts towards tenure requirements.

There are 2 OECD countries (not shown) that do not provide paid leave for personal illness: Korea and the United States.

Table 10: Length of tenure and contribution requirements for paid leave for personal illness and labor force participation in OECD countries

Country	No requirements	Less than 6 months	6 to 11.9 months	12 months or more	Labor force participation rate (%)
Sweden			X		90.5
Slovenia	X				90.5
Switzerland		X			90.2
Iceland		X			89.6
Portugal			X		88.5
Czech Republic	X				88.4
France				X	88.1
Austria	X				87.9
Estonia		X			87.7
Denmark		X			87.7
Germany		X			87.6
Netherlands	X				87.4
Finland		X			87.1
Slovakia	X				87.1
Luxembourg	X				86.9
Norway		X			86.9
Spain			X		86.8
Canada		X			86.5
United Kingdom		X			85.5
Belgium			X		85.4
New Zealand			X		84.8
Poland		X			84.6
Japan	X				84.5
Greece				X	84.0
Hungary				X	83.2
Australia				X	83.0
Israel		X			81.8
United States					81.3
Ireland				X	80.9
Chile			X		78.9
Korea					77.4
Italy	X				77.1
Mexico		X			73.4
Turkey		X			63.8

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Labor force participation rate refers to the percentage of the total working-age population (ages 25-54) that is either working (employed) or seeking work (unemployed), averaged from 2010 to 2015.

The table above reflects policies for paid leave for personal illness in 2009. Since then, there have been no known policy changes.

Table 11: Length of tenure and contribution requirements for paid leave for personal illness and unemployment in OECD countries

Country	No requirements	Less than 6 months	6 to 11.9 months	12 months or more	Unemployment rate (%)
Norway		X			3.1
Korea					3.2
Switzerland		X			4.0
Japan	X				4.1
Mexico		X			4.1
Australia				X	4.4
Austria	X				4.7
Luxembourg	X				4.8
New Zealand			X		4.8
Iceland		X			4.8
Netherlands	X				4.9
Germany		X			5.2
United Kingdom		X			5.5
Chile			X		5.8
Czech Republic	X				5.8
Israel		X			5.9
Sweden			X		6.0
Canada		X			6.1
Denmark		X			6.3
United States					6.6
Finland		X			6.8
Belgium			X		7.2
Poland		X			8.1
Slovenia	X				8.4
France				X	8.4
Hungary				X	8.8
Turkey		X			8.9
Estonia		X			9.5
Italy	X				9.8
Ireland				X	12.0
Slovakia	X				12.1
Portugal			X		12.8
Spain			X		21.6
Greece				X	21.7

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Unemployment rate refers to the percentage of the total working-age population (ages 25-54) that is seeking work, averaged from 2010 to 2015.

The table above reflects policies for paid leave for personal illness in 2009. Since then, there have been no known policy changes.

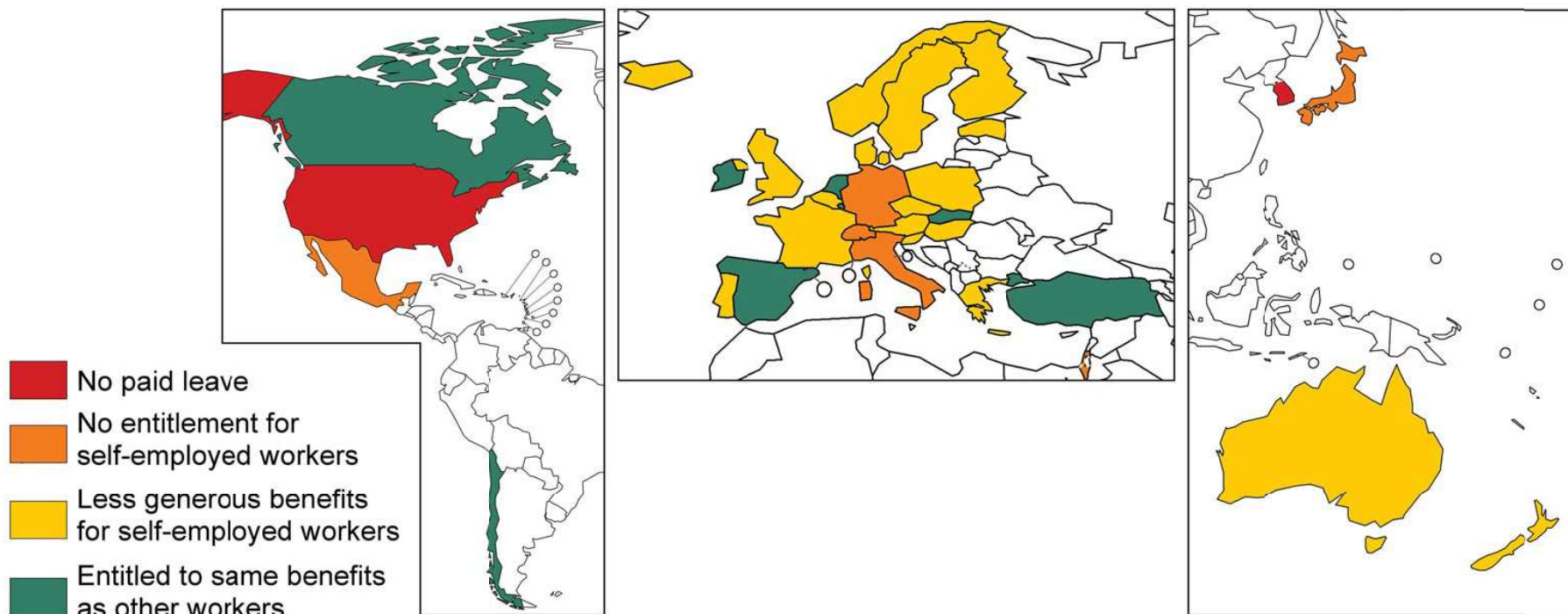
Table 12: Length of tenure and contribution requirements for paid leave for personal illness and GDP growth in OECD countries

Country	No requirements	Less than 6 months	6 to 11.9 months	12 months or more	GDP growth rate (%)
Ireland				X	6.1
Turkey		X			5.2
Chile			X		4.2
Israel		X			3.9
Korea					3.6
Luxembourg	X				3.4
Estonia		X			3.3
Mexico		X			3.2
Poland		X			3.1
Slovakia	X				2.9
Sweden			X		2.7
Australia				X	2.6
New Zealand			X		2.4
Canada		X			2.3
United States					2.2
United Kingdom		X			2.0
Germany		X			2.0
Czech Republic	X				1.7
Iceland		X			1.7
Hungary				X	1.7
Switzerland		X			1.7
Norway		X			1.5
Japan	X				1.3
Denmark		X			1.3
Belgium			X		1.3
Austria	X				1.2
France				X	1.1
Netherlands	X				0.9
Slovenia	X				0.6
Finland		X			0.5
Italy	X				-0.2
Spain			X		-0.2
Portugal			X		-0.4
Greece				X	-4.2

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

GDP growth rate refers to the average annual percent change in gross domestic product from 2010 to 2015. The table above reflects policies for paid leave for personal illness in 2009. Since then, there have been no known policy changes.

Figure 2: Are self-employed workers entitled to paid leave for personal illness benefits in OECD countries?



Less generous benefits means that self-employed workers are entitled to a shorter period of leave or lower payment level than formal sector employees. Same benefits means that paid leave for personal illness is available for the same duration and at the same payment rate (either percentage of earnings/profits or flat rate payment) as formal sector employees.

Source: WORLD Policy Analysis Center, OECD Adult Labor Database, 2016

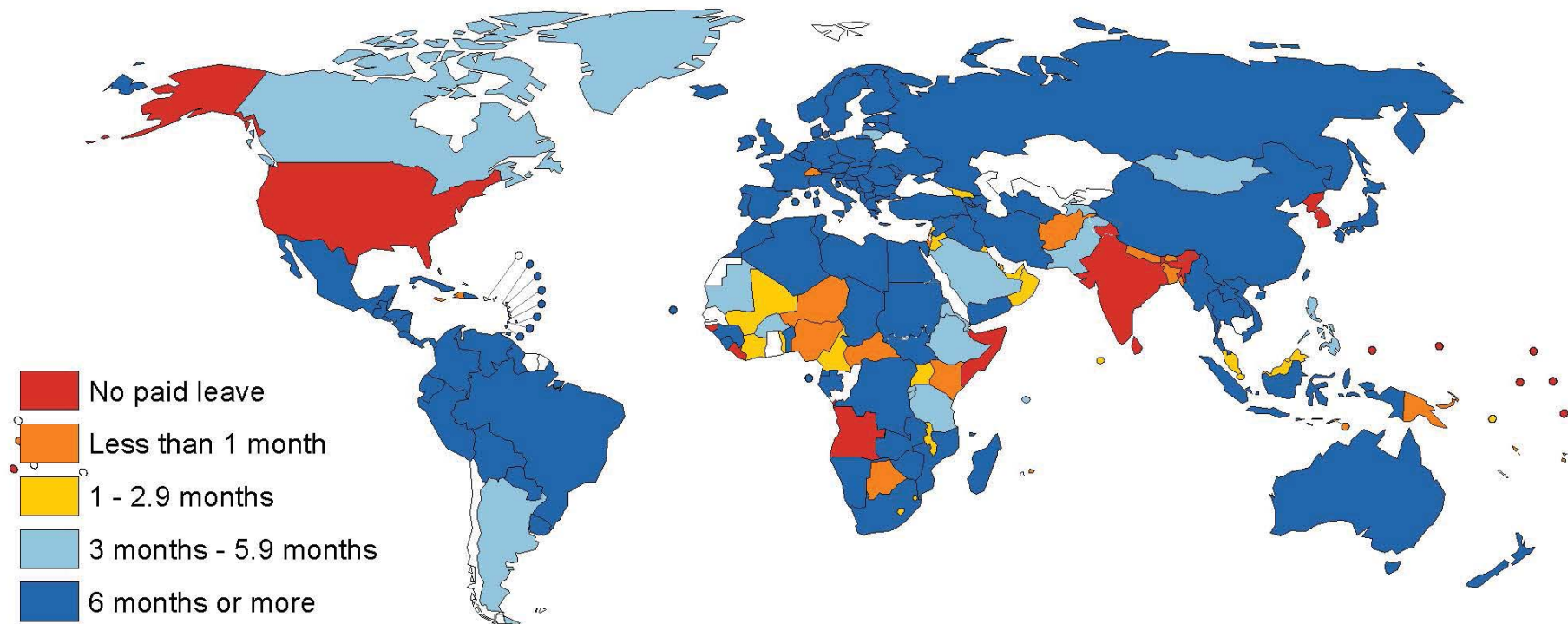
Table 13: Flexibility in taking paid leave for personal illness in OECD countries

Country	Part-time available	Employer consent required for part-time leave
Australia		
Austria		
Belgium	X	
Canada	X	
Chile	X	
Czech Republic		
Denmark	X	
Estonia		
Finland	X	X
France	X	
Germany		
Greece		
Hungary		
Iceland		
Ireland	X	
Israel	X	
Italy		
Japan		
Luxembourg		
Mexico		
Netherlands		
New Zealand	X	
Norway	X	
Poland		
Portugal		
Slovakia		
Slovenia	X	
Spain		
Sweden	X	
Switzerland		
Turkey		
United Kingdom		

Workers in Ireland can receive part-time sickness benefits after receiving full sickness benefits for 6 months.

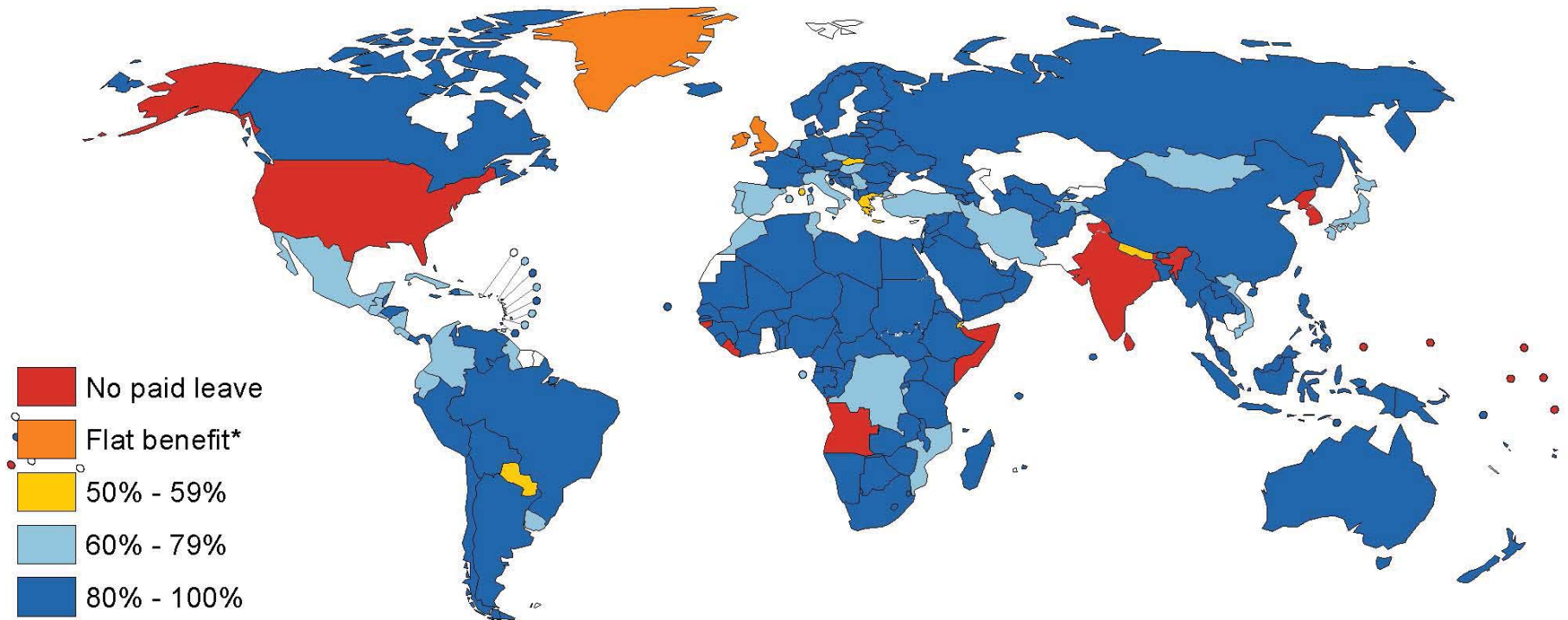
There are 2 OECD countries (not shown) that do not provide paid leave for personal illness benefits: Korea and the United States.

Map 1: What is the length of paid leave for personal illness for workers with one year of tenure?



Source: WORLD Policy Analysis Center, Adult Labor Database

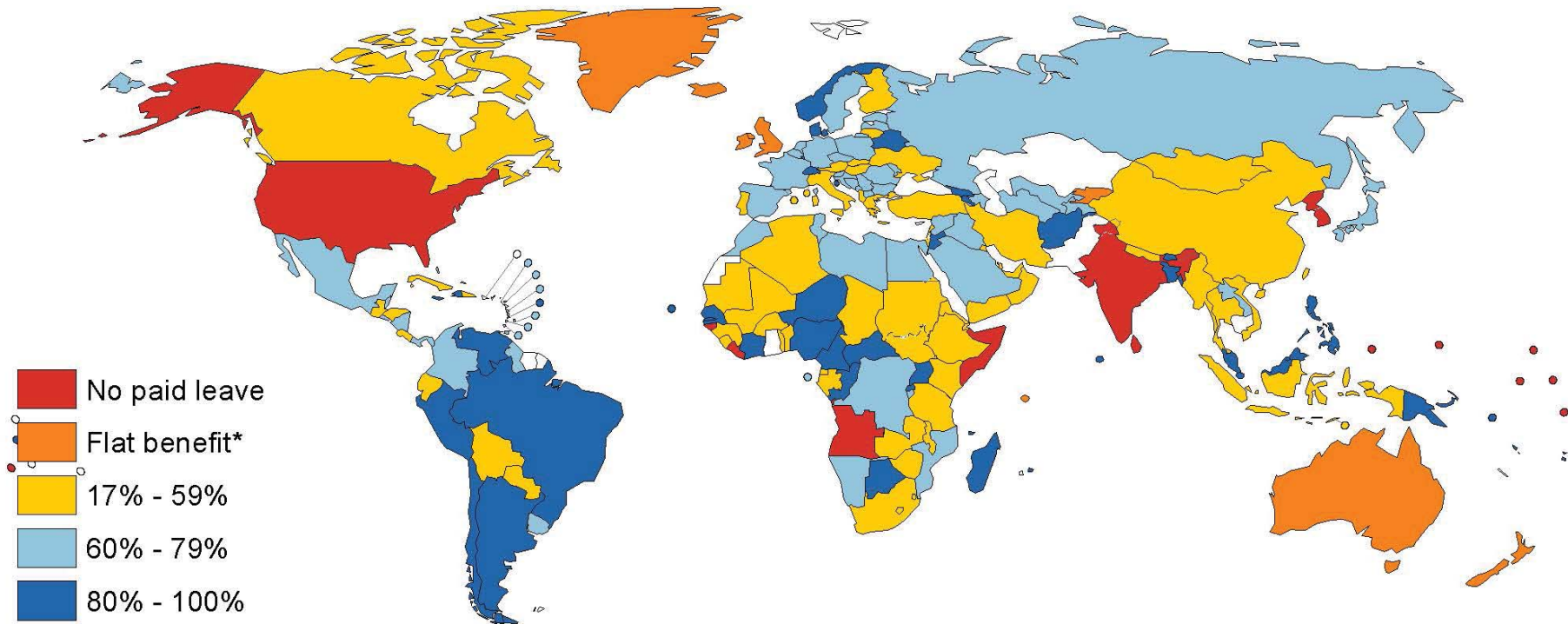
Map 2: What is the maximum wage replacement rate of paid leave for personal illness?



*A flat benefit means all workers receive the same amount while taking paid leave, regardless of previous salary.

Source: WORLD Policy Analysis Center, Adult Labor Database

Map 3: What is the minimum wage replacement rate of paid leave for personal illness?



*A flat benefit means all workers receive the same amount while taking paid leave, regardless of previous salary.

Source: WORLD Policy Analysis Center, Adult Labor Database