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Population ageing and its consequences in health, labour market and gender policies*

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Introduction

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Population ageing in the next few decades will result in a higher fraction of older people in European societies. In 2050, there will be close to half a million centenarians and approximately 130 million people over the age of 65 living in the EU (European Commission, 2020) with important consequences for economic growth, labour markets and social security. The on-going demographic changes pose key challenges to the sustainability of the health and long-term care (LTC) systems. However, they also yield opportunities for a longer and more active healthy life, as well as possibilities for economic participation in older age. To enable older people to fully participate in European societies, a re-evaluation of existing and implementation of new policies is needed.

Keywords: **active ageing, health, gender, labour market, long-term care, social security, Estonia, Germany, Hungary, Netherlands**

Policy initiatives have been outlined by the United Nations *Decade of Healthy Ageing* (2021-2030), a global collaboration aimed at improving the lives of older people, their families and communities (WHO, 2021a), and by the EU's Green Paper on Ageing, which highlights measures to promote healthy and active ageing (European Commission, 2021a). Additionally, it has been 20 years since the Madrid International Plan of Action on Ageing (MIPAA) was adopted with the goal of sustaining health in old age and ensuring supportive environments (UNECE, 2002). As a consequence in the UNECE Region, the Standing Working Group on Ageing (SWGA) was established to promote 'mainstreaming ageing' and to support the policy principles laid out in the MIPAA and its corresponding Regional Implementation Strategy (RIS). An important effort by the SWGA has been to raise awareness of the need for a Convention on the Rights of Older Persons in order to strengthen policy responses to population ageing and combat age discrimination (Sleap et al., 2020).

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Still, European states have implemented international initiatives and recommendations rather poorly and to different extents. This policy brief analyses the current limitations in ageing-related health, labour market and gender policies in Hungary, Estonia, Germany and the Netherlands. A second brief will discuss in detail long-term care policies, supportive resources for carers, and insufficiencies in public formal care. This diverse set of countries allows for both an East-West and cross-country comparison to identify national shortcomings in policies related to population ageing. The Netherlands often serve as a positive example of equality and universal healthcare policies within the EU. Germany does as well, despite the stalling of some necessary reforms. Estonia's digitised systems are an example of innovative policy improvement from Eastern Europe. Hungary is another example from Eastern Europe where the introduction of healthy and active ageing policies along with delayed retirement and training programmes can have a significant positive impact for older citizens, especially women. Collectively, each country provides insight into the limitations in current policies and the methods that can help address them.

Facets of population ageing in the areas of health, labour market and gender

This section will shed light on how population ageing affects health systems and labour markets, as well as the gender differences within them. General trends and opportunities are identified by comparing the situations in Hungary, Estonia, Germany and the Netherlands.

Health policies

Sustainable ageing policies must ensure access to health care

One cornerstone of a sustainable ageing strategy at the macro-level is constituted by policies to ensure health and access to healthcare services. Following the definition provided by the World Health Organisation, "*health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" (WHO, 2020). With the *Decade of Healthy Ageing* (2021-2030), the WHO provides a global policy platform through which it promotes policies that aim at fostering good health in older age. In addition, the WHO helps countries to improve care service provision to enhance the integration of health and social care via the *Framework for countries to achieve an integrated continuum of long-term care* (WHO, 2021b).

Within the European Union, Member States affirm the protection of their citizens' health. The Treaty on the Functioning of the European Union declares

in Article 168 that "*a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities*" (TFEU, 2008). However, the treaties overall limit the EU's competences in the area of healthcare to supporting and improving health systems in the Member States (European Parliament, 2021). Further, the (non-binding) principles 16 and 18 of the *European Pillar of Social Rights* outline the rights to timely, affordable, preventive and curative healthcare as well as affordable LTC services of good quality (European Commission, 2021b).

Apart from these intergovernmental efforts, most Member States have significantly improved ageing-related health outcomes over the past decades. Advancements in healthcare systems and medicine are key reasons why life expectancies have increased. Nonetheless, ageing continues to be linked to a higher individual risk of illness and disability (Crimmins et al., 2010). In addition, multimorbidity becomes more likely with older age (Marengoni et al., 2011), and unhealthy lifestyles contribute to an increase in non-communicable diseases like lung cancer, colon cancer and diabetes among European populations (Institute of Medicine & National Research Council, 2003). Both trends can further contribute to a higher number of individuals suffering from dementia, cardiovascular diseases, cerebrovascular disorders and disease of the respiratory tracts (Prince et al., 2015). The rate of such non-communicable diseases, which already account for 80% of the total burden of disease in EU countries and are the most important factor in preventable premature deaths, is expected to increase (European Commission, 2022; Vārpiņa, 2018).

Population ageing is experienced by all analysed countries

Population ageing is experienced by all analysed countries (and the EU more broadly), making it crucial to adapt health-related policies that prevent, treat and alleviate diseases that occur in older age. Early promotion of healthy lifestyles can stimulate sustainable changes in consumption and dietary habits and promote physical and social activity (European Commission, 2021a). This can help reduce obesity, diabetes, cardiovascular disease and cancer, which are among the main causes of preventable deaths among people under 75 years of age in Europe (Eurostat, 2021a). Supporting healthy ageing will extend healthy life expectancy and allow the older population to continue to participate in society while relying less on care (Kuruvilla et al., 2018).

Healthy ageing is defined as the lifelong process of optimising opportunities for the improvement and preservation of physical, social and mental wellbeing, independence to enable older people to take an active part in society without discrimination and to enjoy an independent, good quality of life (Peel et al., 2004). However, health in old age is distributed unequally within countries. It is connected to multiple factors, including socioeconomic and environmental

determinants over which individuals have limited control, such as access to healthcare, transport and infrastructure, housing and working conditions. Income, wealth and education constitute wider social determinants of health that greatly confound the aforementioned factors (Braveman et al., 2011).

Significant inequalities in healthy ageing persist within and between countries

Significant inequalities in healthy ageing persist not only within but also between European countries and are caused by differences in healthcare systems and policies. In terms of access to healthcare, a significant portion of European people report unmet needs for medical examination or treatment (Eurostat, 2021b). The most common reasons are high costs for medical treatment, far travel to the doctor or the existence of waiting lists (Eurostat, 2021b). Notably, the amount of people in need of LTC in the EU is expected to rise from 19.5 million in 2016 to 23.6 million in 2030 and 30.5 million in 2050. Under the current systems, many people will have to rely on informal carers, the majority of which will be female kin. The continued reliance on informal carers, who contribute extensively to the total care work in the EU, will, however, be less feasible in the future. Firstly, families have fewer children which reduces the overall ability of future generations to provide care. Secondly, the goal of gender equality which entails the equal participation of women in the labour market requires systemic changes to meet future care demands. Thus, ensuring the quality, affordability and access to LTC services will be a challenge for all EU Member States despite their different level of achievements (European Commission, 2021a).

The continued reliance on informal carers will be less feasible in the future

The table below provides financial and structural information on the characteristics of the healthcare systems of Hungary, Estonia, Germany and the Netherlands. It also compares the main healthcare inequalities, challenges and policy responses among the countries. While Germany spends more than any other EU Member State on their healthcare system, closely followed by the Netherlands, Estonia and Hungary expend far less as a share of GDP. This seems to result in citizens having to pay about twice as much out of pocket for healthcare services in relative terms. Health inequalities persist in all four countries, with low-income and low-educated groups being the most affected. In Central and Eastern Europe, countries are being challenged by a high outflow of healthcare professionals, to which they are responding by hiring non-EU professionals or by raising wages.

Table 1: Healthcare Systems and Policies

Indicators	Hungary	Estonia	Germany	Netherlands
Healthcare expenditure 2019				
% of GDP	6.4	6.8	11.7	10.0
Public spending	9%	13%	20%	16%
Health insurance	60%	66%	78%	76%
Out-of-pocket spending	28%	24%	13%	11%
Type of funding	Compulsory health insurance (CHI), publicly funded through a combination of payroll contributions and tax revenue transfers (government funding at 50% in 2017) bundled in a single health insurance fund.	CHI, publicly funded through solidarity based mandatory contributions (earmarked social payroll tax) plus co-payments for medicines and dental care.	CHI, publicly funded through mandatory payroll contributions (14.6% of gross income in 2018) equally shared between employer and employees. Alternative private scheme available.	CHI, publicly funded through mandatory contributions from citizens (72%) and general taxation (13% in 2013).
Health inequalities	Substantial and growing health inequalities (low education groups & male disadvantaged).	Largest EU health inequalities (groups with low education & rural disadvantaged).	Substantial health inequalities (low income groups & male disadvantaged).	Substantial health inequalities (low income groups disadvantaged).
Challenges	High EU outflow of doctors and care professionals to Western EU. Underfunding of the healthcare sector and lacking depth of benefit package.	Highest EU outflow of doctors and care professionals resulting in severe shortage of healthcare professionals and doctors. In addition, ageing health workers retire. Unmet needs for medical care are highest in the EU (2016).	Complex multi-level governance framework with shared federalist competences promotes incrementalism and complicates reform leading to delayed modernization of IT-infrastructure.	Marketisation of the healthcare system might be troubling for seamlessly provided LTC organised by municipalities that require harmony and mutual trust.

Indicators	Hungary	Estonia	Germany	Netherlands
Challenges	Policy responses: Pay rise of 120% for healthcare workers until 2023, consolidation of hospital debts, scholarships for nursing students and criminalisation of informal payments.	Long-term financial sustainability of the health system poses a continuous problem. Policy responses: Recruitment of non-EU health professionals.	Strong separation of ambulatory and inpatient care, bad coordination across sectors, fragmentary quality assurance and lack of integrated health information.	Lack of reliable quality indicators and fragmentation, inadequacy are further key concerns.

Sources: OECD, 2020; 2021; Tambor et al., 2017; Orosz & Kollányi, 2019; OECD & European Commission, 2020; The Estonian Ministry of Social Affairs, 2012; Lai & Leinsalu, 2015; Carey, 2002; Eurostat, 2021c; Hungary Today, 2020; About Hungary, 2020; Politico, 2017; Gaál et al., 2011; Habicht et al., 2018; Blümel et al., 2020; Kroneman et al., 2016.

The shared major and future challenge for all countries studied is the expected increase in demand for long-term care services. However, among the countries there are differences in the severity of barriers to realizing care and capacity to act (Spasova et al., 2018). Table 2 on the LTC systems in Hungary, Estonia, Germany and the Netherlands exemplifies this phenomenon. Germany's high share of older adults receiving LTC in institutions is caused by the overall comparatively older population of Germany and by the comparatively wider availability of care institutions. Moreover, the case of Germany points to the high demand for LTC professionals and to a bottleneck in supply, with heavy reliance on women providing informal care work. This shortage of LTC professionals is even more pronounced in Hungary and Estonia where LTC facilities and service provisions are lacking (Spasova et al., 2018). In contrast, Germany and the Netherlands spend a higher share of their GDP on LTC and have more financial leverage to attract care workers and uphold quality standards. This is reflected in the significantly lower level of unmet LTC needs in both Western European countries compared to the Central and Eastern European Countries with 12 and 24 percentage points more unmet LTC needs.

The Dutch system of task-shifting and advanced nursing practices, which creates a more attractive working environment, brings more people to the health profession compared to other EU countries. Despite these innovative policies and financial leverage, the LTC sector still faces shortages in personnel. Unless more far-reaching reforms are implemented, the trend towards informal care will accelerate, especially in countries with underdeveloped or lacking LTC facilities. This would worsen quality of provided LTC and have a particularly negative impact on women, who will be more restricted in their careers and independence (Spasova et al., 2018).

Table 2: Long-term Care (LTC) Systems and Policies

Indicators	Hungary	Estonia	Germany	Netherlands
Share of Adults aged 65+ receiving LTC in Institutions	11.8% (in 2019)	10.8% (in 2019)	18.4% (in 2019)	11.9% (in 2018)
Share of care at home among LTC recipients (2019)	75%	52%	77%	65%
Unmet LTC needs among people 65+ (2019-2020)	52.7%	64.0%	40.7%	40.9%
Share of Informal Daily Carers among population aged 50 and over / share of women among these (around 2020 or latest available)	8% / N.A. 0.4 to 0.5 million family carers, mostly female (2019)	6% / 54% 0.06 million informal carers (2016)	9% / 64% 3.1 million informal carers, mainly relatives (2020)	7% / 55% 1.5 million informal carers, mostly over 65 years old (2012)
Expenditure on LTC (2019)	0.6% of GDP 3.9% of total health spending	0.7% of GDP 9.4% of total health spending	2.2% of GDP 18.9% of total health spending	4.1% of GDP 28.0% of total health spending
Workers	**Shortage of qualified healthcare professionals and (geriatric) doctors** (more pronounced in HU and EE compared to DE and NL with overall regional disadvantages of rural areas).			

Indicators	Hungary	Estonia	Germany	Netherlands
Challenges	Persistently underfunded LTC system with recent improvements. Declining number of professional LTC workers due to low wages. Many LTC professionals are about to retire as their average age is 50 years (2019).	Despite increased numbers of LTC facilities, they do not meet demand. The separation and bad coordination of healthcare funding and social services puts funding limits to the accessibility and quality of LTC services.	Comparatively low wages and high stress for care workers results in job change to sectors with better pay and working conditions. Growing expenditures for LTC as the number of beneficiaries has been broadened through a reform in 2017.	2015 LTC reform led to the shift from a government-centred to family-centred approach which went along with funding cuts and concerns for quality of future LTC services. Potentially destabilising responsibility sharing between municipalities and health insurers.

Sources: Gyarmati, 2019; The Estonian Ministry of Social Affairs, 2016; RKI & Destatis, 2015; OECD, 2021; Smits et al., 2014; Van Groenou, 2012. Gaál et al., 2011; Habicht et al., 2018; Blümel et al., 2020; Kroneman et al., 2016.

Labour market policies

Understanding Productivity and Social Security

In the context of an ageing workforce it is important to revisit the traditional perspective on productivity (van Grenou et al., 2006; Ilmarinen, 2009) and to understand the role of ageism in policy discourse and the labour market. Older people are often regarded as unproductive due to their chronological age only. This kind of ageism contributes to social and economic problems and belittles the importance of productivity as an element of older people's daily lives and self-esteem (Calvo-Sotomayor et al., 2019). Thus, gerontologists advocate for a more comprehensive postulation of productivity that involves anything producing goods, services, and benefits (Van Der Meer, 2006). This broad definition also incorporates work that is paid or voluntary, the provision of informal help, home maintenance and housekeeping, and self-care (Van Der Meer, 2006).

Furthermore, it is important to understand the role of social security mechanisms as an important determinant of labour market participation. Over the past few decades, governments, social partners and pension funds in the EU have focused their policies on extending working lives to increase the sustainability of

25% of pensioners exit the labour early because of health problems

pension systems, albeit with challenges for individual citizens as pensions have been cut or contributions were increased (Blackman et al., 2016). Measures like these can impact income distribution over generations, affect the efficacy of a pension or pressurise the disposable incomes earned (Dubois, 2019). Notably, 25% of pensioners aged 50-69 exit the labour early in the EU because of health problems, disabilities, or care commitments (OECD, 2018). With rising pension ages and less attainable early retirement gradually being introduced, more people are likely to leave the labour market through other routes; disability and illness as a reason for labour market inactivity among older people thus continues to be on the rise, while retirement on the grounds of reaching the retirement age is decreasing (Eurofound, 2016a; 2017). The increase in the retirement age also has varying effects on people depending on the sector in which they are employed, with factors such as the start of working age and degree of physical labour playing a role.

Social security systems in the four countries analysed in this brief are key to understanding how countries are trying to maintain the increased costs of an ageing population – though with distinct policies (see Table 3). The existing Statutory Retirement Age (SRA) and Early Retirement Age (ERA) for the Western European countries are higher than in Eastern Europe. The possibilities of postponing the SRA are more realistic in the Western countries and there is evidence of increased employment rates of older workers in Germany (Hess & Naegele, 2018). Such measures can also impact occupations differently. Lower educated workers are more likely to enter the labour force earlier than others and hence an extension in the SRA will mean longer periods of employment. This would not necessarily translate into increased pensions because lower-educated and lower-skilled workers more often employed in hazardous conditions that lead to health challenges (Ilinca et al., 2016), making it harder to stay employed in later working life.

Germany is a good example of how pension policies have changed over the past 50 years

Germany is a good example of how pension policies have changed over the past 50 years – from early retirement strategies in the 1970s and 1980s to reduce unemployment rates to an extension of working life since the 1980s to save the pension system and keep older workers in the labour market. However, postponing the SRA, together with other policies to avoid early retirement, has contributed to an increase in inequalities, with low-skilled and low-educated workers being forced to continue in unfavourable conditions of work (Becker, et al., 2018).

Table 3: Pension Systems and Other Social Security Benefits

Indicators	Hungary	Estonia	Germany	Netherlands
Statutory Retirement Age (SRA)	64 years and 6 months; increases to 65 in 2022.	64 years; will be increased to 65 by 2026.	65 years and 9/10 months; will be increased to 67.	66 and 4 months; will be increased to 67 in 2024.
Years of Contribution (YoC)	20 years for minimum pension and 15 years for partial pension.	At least 15 years; Flexible old-age pension based on actuarial neutrality.	At least 5 years.	Basic benefit is 2% of the full value for each year a worker lives or works in the Netherlands.
Basic (Minimum) Pension Amount[1]	EUR 80 per month in 2013	EUR 215.51 per month in 2020	EUR 410.28 per month in 2018	EUR 1,230.24 per month in 2020
Early Retirement Age (ERA)	For women regardless of age with eligibility period (service period with gainful activity or benefits from child raising or nursing).	Restrict-ed; Can be claimed up to 5 years before SRA if contribution for 40 years, if not then reduced by 4.8% per year. There are plans to change ERA from 3 to 5 years before SRA.	63 years and 4/6 months with an insurance record of at least 35 years.	Not possible.
Benefits of Postponing Retirement	Possibility of deferring the SRA. The statutory income received is increased by 0.5% per month for additional time.	In hazardous occupations with arduous work-ing conditions, there is a right to pension ten years before SRA if YoC is 20. Other occupations have the right to defer the SRA by 5 years with at least 25 YoC.	Increase in pension of 0.5% for each month worked after SRA.	Not possible to defer SRA; Possible to combine basic pension benefit receipt and income from work.

Source: OECD, 2021. 1: This flat-base amount is a complement to the earnings-related pension requiring some minimum numbers of years of contribution. The basic pension amount too is subject to the years of contribution.

Skills and Life-long Learning

Skills are viewed as a major component of knowledge-based economies (Calvo-Sotomayor et al., 2019). On an individual level, skills can support labour market access and positively affect earnings and job satisfaction. A skill mismatch occurs when workers either do not meet the skills required at their workplace or possess higher skills than needed (Wilkinson, 2019). Generally older workers are thought to have better skills than younger workers (van Ours & Stoeldraijer, 2011) and considered to be more reliable, consistent, cautious, and conscientious. They have fewer accidents and less chances of quitting, thus reducing hiring costs. At the same time, there is also the perception that older workers are less productive (Blackman et al., 2016) because of lower flexibility in accepting new assignments and fewer incentives for training. One third of the older population from the ages of 55 to 65 have no computer skills or experience and only one in ten were assessed as having medium to good problem-solving skills in a technology-rich environment (OECD, 2014). Life-long learning can therefore play a major role in increasing employment during older age and addressing the challenges related to under-skilling (Eurofound, 2016a), but it has not been enacted by countries on a wider scale, largely due to a lack of commitment to implement and scale up broader (Hyde & Phillipson, 2014).

Life-long learning can play a major role in increasing employment during older age

Table 4: Overview of employment policies and life-long learning initiatives

Indicators	Hungary	Estonia	Germany	Netherlands
Financial Support Schemes	There are steps being taken to abolish early retirement programmes which are financed by the Labour Market Fund.	*The Estonian Unemployment Insurance Fund*: Provides services like coaching for working life, job clubs, work practice and trials, psychological counselling, debt and addiction counselling, and community work.	*Demography Funds*: Developed to provide age management measurements at the company level, for old-age pensions, work-time accounts, occupational disability insurance, and partial retirement schemes.	*Mobility Bonus*: For an employer hiring a person over the age of 50 years. *Work Bonus*: Discount for employers for retaining workers over the age of 61 years.

Indicators	Hungary	Estonia	Germany	Netherlands
	More than 250 events organised to encourage active ageing and intergenerational solidarity in 2012 during the European Year for Active Ageing and Solidarity between Generations.	*The Estonian Labour Inspectorate*: Organised campaigns on working with machinery (in 2017), on the right to instruction, on job contract negotiations and, with the European Agency for Safety and Health at Work (EU-OSHA) in 2016, on healthy workplaces for all ages.	*Riester-Rente*: Efforts at marketisation and privatisation through the strengthening of the second and third pillars of old age security with public subsidies for contributions.	444 age-awareness policy projects carried out by firms and branches over many sectors from 2004 to 2010. In almost half of the firms evaluated, the projects contributed to a more positive image of older workers and to a decrease of prejudices, especially among managers.
Anti-Ageism and Awareness Campaigns and Programmes	*Article XV of the Fundamental Act, 2011*: Prohibits discrimination on any grounds as a general principle. At the same time there are no policies for the integration of migrated communities (Roma communities).	*The Equal Treatment Act (ETA)*: To ensure protection of persons against discrimination on the basis of nationality, race, colour, religion, age, disability, or sexual orientation.	*Initiative 50 Plus*: Aimed at supporting the occupational integration of the older, long-term unemployed.	*Grey at Work*: Aimed at educating and informing the general public and employers about the benefits and expertise older workers can bring to the workplace.
	The Labour Code of 2012: Sets forth the provisions on equal treatment applicable in employment relationships, such as for work remuneration.	*The Occupational Health and Safety Act*: Employers must conduct risk assessments to identify workplace risk factors and evaluate any potential threat to the health and safety of older employees.		*The Temporary Subsidy Regulation to Stimulate Age-awareness Policies*: To raise awareness of the age element in employment practices in firms was initiated by the government in 2004.

Indicators	Hungary	Estonia	Germany	Netherlands
Other Training Programmes	Vocational training subsidies and a reduction in social security contributions are offered to employers.	*Adult Education Development Plan 2009-2013*: Activities were implemented to encourage adults aged 30 and above to participate in vocational or higher education.	*WeGebAU programme*: Targets to support the training of low-skilled and older workers to keep older workers at work for a longer period of time.	*"I Can: Experienced"*: Focus on the benefits of employees over 45 as they have lots of experience: extensive networks and can help train younger employees.

Sources: OECD, 2018c; Fund+, 2012; OECD, 2018a; Hess & Naegele, 2018; OECD, 2018b; OECD, 2014; 2018d.

Gender implications

The limitations in current healthcare and labour market policies expose gender inequalities in ageing societies

The limitations in current healthcare and labour market policies outlined above expose gender inequalities in ageing societies, mainly regarding pensions, access to healthcare and care work. The *Decade of Healthy Ageing* acknowledges that the intersection of ageism with other forms of discrimination against women can intensify income insecurity and poor health in old age. A lifetime of unequal opportunity in the labour force, often in the form of lower wages and the disproportionate shouldering of unpaid, informal care work, generally leads to lower pension benefits and less savings among older women (Ilinca et al., 2016). It is also more common for lower income groups to provide daily care for family members (Ilinca et al., 2016), as well as for older people from these groups to report higher rates of unmet healthcare needs (Hoebel et al., 2017) and have shorter healthy life expectancies (Jong et al., 2018) compared to those from higher income groups. In combination with their longer life expectancies and higher prevalence of non-fatal conditions (Schmitz & Lazarevič, 2020) – particularly in Central and Eastern Europe – these inequalities serve as a barrier to the healthy ageing and social inclusion of older women, particularly for those from lower socioeconomic groups.

Table 5: Time spent in paid and unpaid work, by sex, 2020

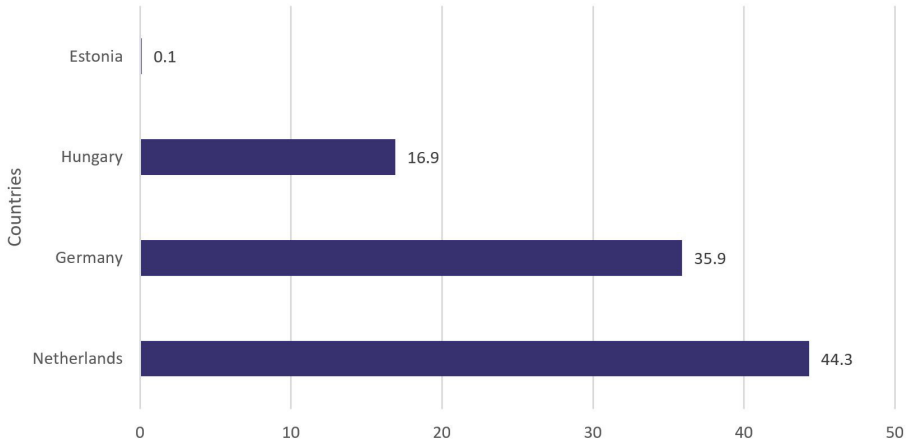
	Time spent in unpaid work, by sex		Time spent in paid work, by sex		Time spent in total work, by sex	
	men	women	men	women	men	women
	minutes per day		minutes per day		minutes per day	
Estonia	160	249	264	245	424	494
Germany	150	242	290	206	440	448
Hungary	162	294	273	203	435	496
Netherlands	145	225	285	201	430	426

Source: OECD (2021)

The unequal sharing of care work means women are more likely to work part-time or take leaves of absence from the labour force, resulting in less time spent in paid work

The over-reliance on women as unpaid care workers highlights the disparities in labour force participation between genders. As shown in Table 5, the unequal sharing of care work means women are more likely to work part-time or take leaves of absence from the labour force, resulting in less time spent in paid work. In Hungary, the majority of people aged 50 and older who have left paid employment due to care obligations have been women (Gyarmati, 2019). This is also true in Estonia and many other Member States, especially in Central, Eastern, and Southern Europe (Spasova et al., 2018). Women are often more likely to reduce employment hours due to care work, as well. In the Netherlands, an estimated 54.9% of women were employed part time in 2015 (Visser et al., 2016). This high rate of part-time work among women contributes to the high gender pension gap of 44.3% (Figure 1).

Figure 1: The Gender Pension Gap in 2018



Source: UNECE, 2020.

It is essential that policy initiatives address the structural challenges within ageing societies that intensify gender inequalities

It is, therefore, essential that policy initiatives address the structural challenges within ageing societies that intensify gender inequalities. The EU Directive 2019/1158 on work-life balance for parents and carers acknowledges the need to reduce inequalities in care work at home, as well as limit barriers to the re-entry of mothers into the labour force. Additional provisions for unpaid care workers, such as flexible working arrangements and care credits, have also shown positive effects on gender equality (EIGE, 2019). For example, Germany's "Perspective re-entry" programme is aimed at helping families – especially women – better achieve work-life balance (UNECE, 2020). Further, the 2015 Family Caregiver Leave Act entitles working caregivers to take time off in order to partake in caretaking responsibilities for family members, and both men and women are incentivized to take parental leave, though financial compensation is scarce. These family-friendly policies could help shrink gender differences in employment that lead to lower pension incomes and wages. However, to be fully effective these kinds of policies need to be combined with respective rights and the full closing of the gender pay gap.

Table 6: Percentage of people at risk of poverty or social exclusion by age and sex

	men	women	men	women
	aged 65 to 74		aged 75 and over	
Estonia	30.4	38.8	32.9	58
Germany	23.1	24.7	17.9	25.1
Hungary	18.6	21.7	17.7	15.4
Netherlands	10.3	10.8	14.3	14.7
EU27	16.1	20.4	17	24.5

Source: Eurostat (2020)

In addition to reintegration programmes and caregiver policies, it is possible that skills training for older women can also help mitigate gendered differences in the labour market. This is exemplified by the Estonian case, which has some of the highest employment rates for both men (16.8%) and women (12.8%) over the age of 65 (European Commission, 2020), but women still earn almost 26% less per hour worked compared to men (UNECE, 2020). Estonia also has one of the highest at-risk-of-poverty rates in the EU for older women (Table 6). Since part-time and women workers are more likely to be affected by technological change and the automation of jobs (Roberts et al., 2019), targeted digital skills training for ageing populations is a promising method to further address gender inequalities in ageing societies.

Policy recommendations

With population ageing, all analysed countries struggle with a shortage of workers and sustainable financing of the healthcare sector. While the ability to cope with these challenges is comparatively high in Germany and in the Netherlands, e.g. by attracting workers from Eastern Europe, this poses a greater challenge for Estonia and Hungary who have to rely on the recruitment of workers from outside the EU.

Training and higher wages are necessary

The limited number of LTC workers as well as over-reliance on women as informal carers often results in insufficient and under-skilled care for the older population. Incentives for working in the LTC sector as well as the provision of training for carers are needed to address this shortage in labour. In Central and Eastern Europe in particular, training and wage enticements for care work are also necessary to dissuade the current flight of workers to the West. Estonia's efficient digitised e-health and central healthcare system could serve as a model for countries to help limit rising costs of healthcare.

Moreover, to ensure social inclusion and good health of all older people, public policies need to tackle structural injustices, in particular gender inequalities, and provide environments that support healthy ageing and discourage ageism. Mainstreaming ageing to ensure social inclusion should lead to better integration of ageing issues across policy areas, thus creating a more comprehensive strategy, including a life-course approach to tackle accumulating and intersecting inequalities that affect employment in later life, health and happiness. Although life-long learning has been a much-advocated policy in this context, it still needs more efforts to enable all citizens to access respective programmes.

What can be done to reduce inequalities in informal care work without overwhelming healthcare and LTC systems?

Yet, questions remain when it comes to the potential opportunities in ageing societies. What can be done to reduce inequalities in informal care work without overwhelming healthcare and LTC systems? How far will wage incentives be successful in attracting more workers to the healthcare and LTC sector? Which policies are needed to increase the labour supply in this area while fostering gender equality and curbing over-reliance on women as informal carers? How can life-long learning policies be enhanced, and participation rates increased, e.g., by creating better access for those groups with lower basic education?

References

About Hungary (2020). Government to increase wages and offer scholarships to boost nurse numbers. https://abouthungary.hu//news-in-brief/government-to-increase-wages-and-offer-scholarships-to-boost-nurse-numbers

Becker, E. P., Schütz, J., & Zimmermann, A. (2018). *Ageing Workforce, Social Cohesion and Sustainable Development.* https://population-europe.eu/research/discussion-papers/discussion-paper-no-9-ageing-workforce-social-cohesion-and-sustainable

Blackman, S., Matlo, C., Bobrovitskiy, C., Waldoch, A., Fang, M. L., Jackson, P., Mihailidis, A., Nygård, L., Astell, A., & Sixsmith, A. (2016). Ambient Assisted Living Technologies for Aging Well: A Scoping Review. *Journal of Intelligent Systems*, 25(1), 55-69. https://doi.org/10.1515/jisys-2014-0136

Blasszauer, B., & Hazafi, K. (1994). Hungary as an ageing society. *Central European Journal of Public Health*, 2(2), 115-117.

Blümel, M., Spranger, A., Achstetter, K., Maresso, A., & Busse, R. (2020). Germany: Health System Review. *WHO - European Observatory on Health Systems and Policies. Health systems in Transition*, 22(6): pp.i-273.

Braveman, P., Egerter, S., & Williams, D. R. (2011). The Social Determinants of Health: Coming of Age. *Annual Review of Public Health, 32*(1), 381-398. https://doi.org/10.1146/annurev-publhealth-031210-101218

Broese Van Groenou, M., Glaser, K., Tomassini, C., & Jacobs, T. (2006). Socio-economic status differences in older people's use of informal and formal help: A comparison of four European countries. *Ageing and Society*, 26(5), 745-766. https://doi.org/10.1017/S0144686X06005241

Broese Van Groenou, M. I. (2012). Informele zorg 3.0: schuivende panelen en een krakend fundament. Vrije Universiteit.

Calvo-Sotomayor, I., Laka, J. P., & Aguado, R. (2019). Workforce Ageing and Labour Productivity in Europe. *Sustainability*, 11(20). https://doi.org/10.3390/su11205851

Carey, D. (2002). *Coping with Population Ageing in the Netherlands*, OECD Economics Department Working Papers, No. 325, Paris: OECD Publishing. https://doi.org/10.1787/572041741017

Crimmins, E. M., & Beltrán-Sánchez, H. (2011). Mortality and morbidity trends: Is there compression of morbidity? *The Journals of Gerontology. Series B, Psychological sciences and Social Sciences, 66*(1), 75-86. https://doi.org/10.1093/geronb/gbq088

Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU. ELI: http://data.europa.eu/eli/dir/2019/1158/oj

Dubois, H. (2019). Extending working lives through flexible retirement schemes. In: Barslund, M. (Ed.), *Policies for an Ageing Workforce: Work-life balance, working conditions and equal opportunities, Report of a CEPS – NIESR – FACTAGE and Eurofound conference* (pp. 32-37). Centre for European Policy Studies. https://www.ceps.eu/wp-content/uploads/2019/11/Policies-for-an-ageing-work-force-1.pdf

Eurofound (2016a). Extending working lives through flexible retirement schemes: Partial retirement, Luxembourg: Publications Office of the European Union.

Eurofound (2017). Reactivate: Employment opportunities for economically inactive people, Luxembourg: Publications Office of the European Union.

European Commission (2020). Ageing Europe: Looking at the lives of older people in the EU: 2020 edition. Statistical Office of the European Union. Publications Office. https://data.europa.eu/doi/10.2785/628105

European Commission (2021a). Green Paper on Ageing. Fostering solidarity and responsibility between generations. https://ec.europa.eu/info/sites/default/files/1_en_act_part1_v8_0.pdf

European Commission (2021b). The European Pillar of Social Rights in 20 principles. https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

European Commission (2022). Public Health – Non-communicable diseases – Overview. https://ec.europa.eu/health/non-communicable-diseases/overview_en#documents

European Institute for Gender Equality. (2019). Gender Equality Index 2019: Work-life balance. https://eige.europa.eu/publications/gender-equality-index-2019-report/flexible-working-arrangements

European Parliament (2021). *Public Health - Fact Sheets on the European Union*. https://www.europarl.europa.eu/ftu/pdf/en/FTU_2.2.4.pdf

European Social Fund Plus (2012). *Elderly in the Estonian Labour Market*. https://www.sm.ee/sites/default/files/content-editors/Ministeerium_kontaktid/Uuringu_ja_analuusid/Toovaldkond/vanemaealised_executive_summary.pdf

Eurostat (2020). *People at risk of poverty or social exclusion by age and sex.* http://appsso.eurostat.ec.europa.eu/nui/show.do?lang=en&dataset=ilc_peps01

Eurostat (2021a). *Preventable and treatable mortality statistics.* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Preventable_and_treatable_mortality_statistics

Eurostat (2021b). Unmet health care needs statistics. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Unmet_health_care_needs_statistics

Eurostat (2021c). Population projected to decline in two-thirds of EU regions. https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210430-2

Gaál, P., Szigeti, S., Gaskins, M., Panteli, D. (2011). Hungary: Health System review. *WHO - European Observatory on Health Systems and Policies, Health Systems in Transition* 13(5):1-266

Gyarmati, Andrea. (2019). Ageing and Care for the Elderly in Hungary: General Survey and Problems. https://library.fes.de/pdf-files/bueros/budapest/15482.pdf

Habicht, T., Reinap, M., Kasekamp, K., Sikkut, R., Laura Aaben, L., van Ginneken (2018). Estonia: Health system review. WHO - European Observatory on Health Systems and Policies, *Health Systems in Transition*, 20(1): 1-193.

Hess, M. & Naegele, L. (2018). Older Workers' Employment Rate and Active Ageing in Germany. In: Becker, P., Schütz, J. & Zimmermann, A. (Eds.): *Ageing Workforce, Social Cohesion and Sustainable Development: Political Challenges within the Baltic Sea Region.* Discussion Paper 9/2018 of Population Europe, pp. 17-20.

Hoebel, J., A. Rommel, S.L. Schröder, J. Fuchs, E. Nowossadeck, and T. Lampert. (2017). "Socioeconomic Inequalities in Health and Perceived Unmet Needs for Healthcare among the Elderly in Germany." *International Journal of Environmental Research and Public Health 14*, (1127), 1-18.

Hungary Today (2020). Ministry: Health-care Workers to See 72% Pay Rise by 2022. https://hungarytoday.hu/ministry-health-care-workers-to-see-72-pay-rise-by-2022/

Hyde, D. M., & Phillipson, P. C. (2014). How can lifelong learning, including continuous training within the labour market, be enabled and who will pay for this? Looking forward to 2025 and 2040 how might this evolve? *Future of an Ageing Population: Evidence Review*, Government Office for Science, 34.

Ilinca, S., Rodrigues, R., Schmidt, A., and Zolyomi, E. (2016). *Gender and Social Class Inequalities in Active Ageing: Policy meets Theory.* Vienna: European Centre for Social Welfare Policy and Research.

Ilmarinen. (2019). From Work Ability Research to Implementation. *International Journal of Environmental Research and Public Health, 16*(16), 2882. https://doi.org/10.3390/ijerph16162882

Institute of Medicine and National Research Council (2003). *Fulfilling the Potential for Cancer Prevention and Early Detection*. Washington, DC: The National Academies Press. https://doi.org/10.17226/10263

Jong, B. M., Wynia, K., & Geluk-Bleumink, A. (2018). Ageing Better in the Netherlands. In G. D'Onofrio, A. Greco, & D. Sancarlo (Eds.), *Gerontology*. IntechOpen. https://doi.org/10.5772/intechopen.74748

Kroneman, M., Boerma, W., van den Berg, M., Groenewegen, P., de Jong, J., van Ginneken, E. (2016). The Netherlands: Health System Review. *WHO - European Observatory on Health Systems and Policies, Health Systems in Transition*, 18(2),1-239.

Kuruvilla, S., Sadana, R., Montesinos, E. V., Beard, J., Vasdeki, J. F., Araujo de Carvalho, I., Thomas, R. B., Drisse, M. B., Daelmans, B., Goodman, T., Koller, T., Officer, A., Vogel, J., Valentine, N., Wootton, E., Banerjee, A., Magar, V., Neira, M., Bele, J., Worning, A. M., & Bustreo, F. (2018). A life-course approach to health: synergy with sustainable development goals. *Bulletin of the World Health Organization*, *96*(1), 42-50. https://apps.who.int/iris/bitstream/handle/10665/272223/PMC5791871.pdf?sequence=1&isAllowed=y

Lai, T. & Leinsalu, M. (2015). *Trends and inequalities in mortality of noncommunicable diseases. Case study for Estonia.* Tallinn: World Health Organization, https://www.euro.who.int/__data/assets/pdf_file/0020/316154/Trends-inequalities-mortality-NCD-case-study-Estonia.pdf

Marengoni, A., Angleman, S., Melis, R., Mangialasche, F., Karp, A., Garmen, A., Meinow, B., & Fratiglioni, L. (2011). Aging with multimorbidity: a systematic review of the literature. *Ageing Research Reviews*, *10*(4), 430-439. https://doi.org/10.1016/j.arr.2011.03.003

OECD (2014). *Ageing and Employment Policies: Netherlands2014, Working Better with Age.* OECD. https://doi.org/10.1787/9789264208155-en

OECD (2005). OECD urges Germany to help older people to remain active. https://www.oecd.org/newsroom/oecdurgesgermanytohelpolderpeopletoremainactive.htm

OECD (2018a). Key policies to promote longer working lives, Country Note 2007 to 2017 Estonia. *Ageing and Employment Policies.*

OECD (2018b). Key policies to promote longer working lives, Country Note 2007 to 2017 Germany. *Ageing and Employment Policies.*

OECD (2018c). Key policies to promote longer working lives, Country Note 2007 to 2017 Hungary. *Ageing and Employment Policies.*

OECD (2018d). Key policies to promote longer working lives, Country Note 2007 to 2017 Netherlands. *Ageing and Employment Policies.*

OECD (2020). Focus on public funding of health care. https://www.oecd.org/health/Public-funding-of-health-care-Brief-2020.pdf

OECD (2021a). Health at a Glance 2021: OECD indicators. Paris: OECD Publishing. https://doi.org/10.1787/ae3016b9-en

OECD (2021b). Pensions at a Glance 2021: OECD and G20 Indicators. OECD. https://doi.org/10.1787/ca401ebd-en

OECD & European Commission (2020). Health at a Glance: Europe 2020: State of Health in the EU Cycle. Paris: OECD Publishing. https://ec.europa.eu/health/system/files/2020-12/2020_healthatglance_rep_en_0.pdf

Orosz, É. and Kollányi, Z. (2019). Health status, health inequalities in international comparison. *Health Status*. https://tarki.hu/sites/default/files/2019-02/237_257_Orosz-Kollanyi.pdf

Peel, N., Bartlett, H. and McClure, R. (2004). Healthy ageing: how is it defined and measured? *Australasian Journal on Ageing*, 23: 115-119. https://doi.org/10.1111/j.1741-6612.2004.00035.x

Politico (2017). The EU exodus: When doctors and nurses follow the money. https://www.politico.eu/article/doctors-nurses-migration-health-care-crisis-workers-follow-the-money-european-commission-data/

Prince, M. J., Wu, F., Guo, Y., Gutierrez Robledo, L. M., O'Donnell, M., Sullivan, R., & Yusuf, S. (2015). The burden of disease in older people and implications for health policy and practice. *Lancet*, London: England, 385(9967), 549-562. https://doi.org/10.1016/S0140-6736(14)61347-7

RKI & Destatis. (2015). *Welche Auswirkungen hat der demografische Wandel auf Gesundheit und Gesundheitsversorgung?* https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsGiD/2015/09_gesundheit_in_deutschland.pdf?__blob=publicationFile

Roberts, C., H. Parkes, R. Statham, and L. Rankin (2019). *The Future is Ours: Women, Automation and Equality in the Digital Age.* London: Institute for Public Policy Research. https://www.ippr.org/files/2019-07/the-future-is-ours-women-automation-equality-july19.pdf

Schmitz, A., & Lazarevič, P. (2020). The gender health gap in Europe's ageing societies: Universal findings across countries and age groups? *European Journal of Ageing*, 17(4), 509-520. https://doi.org/10.1007/s10433-020-00559-6

Sleap, B. et al. (2020). T*ime for a UN Convention on the Rights of Older Persons: How the COVID-19 pandemic has shown the need to protect our rights in older age.* AGE Platform Europe. https://www.age-platform.eu/sites/default/files/Discussion_Paper_COVID-19_Time_for_a_UN_Convention-Aug2020.pdf

Smits, C. H., van den Beld, H. K., Aartsen, M. J., & Schroots, J. J. (2014). Aging in the Netherlands: state of the art and science. *The Gerontologist*, 54(3), 335-343. https://doi.org/10.1093/geront/gnt096

Spasova, S., Beaten, R., Coster, S., Ghailani, D., Pena-Casas, R. & Vanhercke, B. (2018). Challenges in long-term care in Europe. A study of national policies. *European Social Policy Network (ESPN)*, European Commission. https://ec.europa.eu/social/BlobServlet?docId=20225&langId=en

Tambor, M., Domagała, A., Zabdyr-Jamroz, M., Kowalska-Bobko, I., Sowa, A., Sowada, C., Golinowska, C. & Baji, P. (2017). Health promotion for older people in Hungary: The need for more action. *Zdrowie Publiczne i Zarządzanie, 15*(1). Kraków: Institute of Public Health Faculty of Health Sciences, Jagiellonian University Medical College. https://doi.org/10.4467/20842627OZ.17.010.6236

The Estonian Ministry of Social Affairs (2016). Report on the follow-up to the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing in Estonia. https://unece.org/DAM/pau/age/country_rpts/2017/EST_report.pdf

The Estonian Ministry of Social Affairs (2012). National Health Plan 2009-2020. https://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Tervis/Aruanded/rta_2009-2020_2012_eng.pdf

Treaty on the Functioning of the European Union - part three: Union Policies and Internal Actions - Title XIV: Public Health - Article 168 (ex Article 152 TEC). (2008). OJ C 115, p. 122-124.

UNECE (2002). The Madrid International Plan of Action on Ageing. https://unece.org/population/ageing/mipaaris

UNECE (2020). Policy Brief on Ageing No. 23. https://unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE_WG-1_34.pdf

UNECE (2021). Guidelines for Mainstreaming Ageing. https://unece.org/sites/default/files/2021-03/ECE-WG.1-37_Guidelines_for-Mainstreaming_Ageing_1.pdf

Van Der Meer, M. (2006). Productivity among older people in The Netherlands: Variations by gender and the socio-spatial context in 2002–03. *Ageing and Society*, 26(6), 901-923. https://doi.org/10.1017/S0144686X0600523X

Van Ours, J. C., & Stoeldraijer, L. (2011). Age, Wage and Productivity in Dutch Manufacturing. *De Economist*, *159*(2), 113-137. https://doi.org/10.1007/s10645-011-9159-4

Vārpiņa, Z. (2018). Countries of old men?
Demographic challenges in Estonia, Latvia and Lithuania. FES.
https://baltic.fes.de/fileadmin/user_upload/documents/FES_Countries_of_old_men_final.pdf

Visser, M., Gesthuizen, M., Kraaykamp, G., & Wolbers, M. H. J. (2016). Inequality among Older Workers in the Netherlands: A Life Course and Social Stratification Perspective on Early Retirement. *European Sociological Review*, *32*(3), 370-382. https://doi.org/10.1093/esr/jcw013

Wilkinson, D., Stokes, L., Cebulla, A., & Hudson-Sharp, N. (2019). Skill mismatch among older workers and workplace performance in Britain. In: Barslund, M. (Ed.), Policies for an Ageing Workforce: Work-life balance, working conditions and equal opportunities, *Report of a CEPS – NIESR – FACTAGE and Eurofound conference* (pp. 38-43). Centre for European Policy Studies.
https://www.ceps.eu/wp-content/uploads/2019/11/Policies-for-an-ageing-work-force-1.pdf

World Health Organization (2020). Basic documents (49th ed). World Health Organization.
https://apps.who.int/iris/handle/10665/339554

World Health Organization (2021a). UN Decade of Healthy Ageing. 2021-2030
https://www.who.int/initiatives/decade-of-healthy-ageing

World Health Organization (2021b). Framework for countries to achieve an integrated continuum of long-term care. https://www.who.int/publications/i/item/9789240038844

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Policy Labs are part of the MA curriculum of the Department of Public Policy at the Central European University. They give an opportunity for small teams of students to work for or with external clients by producing and presenting policy relevant research that can be used for advocacy, assessment and development. Clients are civic organisations, donors, research centres and international organisations. The Policy Lab with the *European Centre for Social Welfare Policy and Research* focusing on ageing societies was mentored by Andrew Cartwright and Márton Leiszen from the CEU Department of Public Policy. Kai Leichsenring, Magdi Birtha, and Eszter Zólyomi were the lead contact persons from the *European Centre for Social Welfare Policy and Research* to provide feedback and support on two policy briefs resulting from this project.

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