AGE Position on the European Semester 2023

A timid restart among multiple crises

AGE Platform Europe Policy Statement
November 2023

Assessments of the Country-Specific Recommendations and Country Reports by AGE members for Austria, Belgium, Cyprus, Denmark, France, Germany, Hungary, Ireland, Italy, Malta, the Netherlands, and Poland
Executive Summary

- The European Semester is the annual process of coordination of fiscal, economic and social policies of the EU. It is charged to implement the fiscal convergence criteria, the post-COVID Recovery and Resilience facility and the European Pillar of Social Rights Action Plan.

- For the first time in three years, the 2023 Semester cycle formulates recommendations to Member States on structural reforms.

- AGE and its members have assessed the 2023 Spring Package regarding how it takes on the ambitions outlined in the recent years regarding the mainstreaming of ageing and various EU policies with relevance to older persons.

- Ageing is seen as a burden throughout the Semester process, mainly weighing on fiscal spending for social protection and reducing labour market supply.

- The Semester only partly harnesses the potential of ageing, by recommending increased training and job creation in the health and long-term care sectors. It does however not see older persons as a labour force resource with skills, experience and potential, nor does it focus on improving health or healthy life years. The low employment rates of older persons in the labour market and their causes are not addressed.

- Despite the EU Care Strategy (2022) and the Council recommendation on Long-Term Care (2023) affirming the role of the Semester in driving the implementation of the Strategy, little attention is paid to health and long-term care policies from a patient-centred perspective.

- The Semester aims to make support during the cost-of living crisis more targeted towards vulnerable groups, which is welcome in principle. However, it is not clear whether the lack of attention to older persons in the cost-of-living crisis observed in 2022 will be addressed.

- Persistently increasing poverty and social exclusion rates of older persons at the EU level remain unaddressed by the Semester.

- Despite a focus on life-long learning and skills, no mention is made of the low participation of older persons in adult education.

- Civil dialogue on the European Semester faces additional barriers since the preceding cycles and these are still not lifted.
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Assessment of the 2023 Semester from a European perspective

The European Semester implements the EU’s fiscal and debt objectives and is charged with implementing the European Pillar of Social Rights Action Plan, primarily its flagship objectives of reaching 78% employment rates, reducing poverty and social exclusion by 10 million and increasing participation in education and training to 60% for all adults by 2030. It also has a role in implementing the EU Care Strategy and other policies of the EU such as Re-power EU, the Recovery and Resilience Facility and others.

On top of the formulation of EU policies, the Member States have issued several documents, such as the Council conclusions on Mainstreaming Ageing or the Council conclusions on the human rights of older persons in the age of COVID-19. UNECE Member States also have committed to develop and heighten the priority for comprehensive ageing strategies during the 2022 Ministerial Conference ‘MIPAA+20: A sustainable World for All Ages’. These all point towards the direction of a better coordination and implementation of ageing policies at EU level, for which AGE suggested the creation of an EU Age Equality Strategy in the past.

The 2021 and 2022 European Semester editions did not issue recommendations to Member States, rather it was used to orient the Recovery and Resilience Plans. Therefore, the 2023 edition is the first that includes calls for structural reforms. AGE has asked its member organisations to analyse the Country Reports and proposals for Country-Specific Recommendations, and to check in how far these match the actual needs of older persons and of the European ambitions formulated in the above policy documents.

The major challenge of 2022 was the spike in inflation, driven by energy, food and other essential goods and services. While governments took strong measures to mitigate the impact of this spike, older persons were not always considered as a target group: AGE has assessed the impact of the cost-of living crisis and government measures in a separate report last year1.

The CSRs this year focus, for each Member State, on fiscal policy, implementation of the Recovery and Resilience Programmes, energy policy and ‘other policies’. Significant mentions of social policies in the accompanying Communication2 focus on the importance of developing digital skills and public services to increase competitiveness. To increase fairness, the Commission outlines that social protection systems need to be safeguarded and strengthened. Regarding ageing, there is a mention that this is a ‘burden’, linked to increased chronic diseases, new health demands and new technologies that require

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1 AGE Platform Europe, Keeping the energy – older persons in the 2022 inflation surge, October 2023.
creating more jobs in health and social care, and improving access to and quality of health and long-term care. In the area of education and training, focus is put on health and long-term care ICT and other sectors related to the green transition. It should be noted that the analysis only concerns ‘skills’ related to the labour market and not a broader concept of education along the entire lifespan. The Commission calls for increasing labour market participation of underrepresented and vulnerable groups, quoting some (persons with disabilities, people with migrant background, but not quoting older workers.

Some AGE members have tried to establish in contact with national governments regarding the development of National Reform Programmes or discussing on the Country-Specific Recommendations. It should be stressed that participative governance of the European Semester has significantly eroded since the 2010s, when progressively governments and EU institutions made the process more accessible to civil society organisations. AGE continues to call for publication of Country Reports ahead of the drafting of Country-Specific Recommendations and for a requirement for national governments to consult with national civil society on National Reform Programmes and RRP implementation during the process.

Reduced inclusion of civil society in the European Semester
As the European Semester was charged with the setting up and implementation of national Recovery and Resilience Programmes from 2020 onwards, without fostering structural reforms, the place for civil society was severely altered. Throughout the 2010s, civil society had increased its space through persistent calls for its inclusion, with national governments sometimes consulting on National Reform Programmes and European Commission representations organising seminars on the Country Reports. The European Commission seems to continue this good practice, but the Country Reports are no longer published ahead of the Country-Specific Recommendations, making it hard for civil society organisations to take a stance in time to provide constructive feedback for the formulation of Recommendations. In turn, interlocutors within national governments changed, as the theme of the Semester shifted towards directing investments in specific sectors. Employment and social affairs ministries, with which a constructive relationship was sometimes achieved by AGE members, were no longer in charge and the reins handed over to finance ministries.

In the two years without Country-Specific Recommendations, civil society found it therefore harder to use the European Semester in the national context and to see its voice called for and included. In 2023, this did not change much: at the EU level, the Country Reports are again published only later together with the already-established draft Country-Specific Recommendations. At the national level, habits of consulting with civil society have been lost or eroded.
It is urgent that for the next Semester cycle, the European Commission actively encourages Member States to seek dialogue again, asking them to conduct consultation processes on the NRP and to explain these processes in National Reform Programmes. The organisation of national seminars with civil society on the Country Reports, organised by the Commission representations, should continue, and be expanded. Finally, country Reports should be published earlier in the process to allow for positioning and formatting of civil society’s input.

**Is the EU Care Strategy on the Semester’s radar?**

The Commission and Member States have raised the priority of long-term care policies by the adoption of the EU Care Strategy in September 2022 and the Council Recommendation on access to affordable quality long-term care in December to respond to the challenges in the sector in terms of lack of options for care, prevalence of a paternalistic/dependency-creating culture in care, lack of social protection and funding, as well as untenable working conditions and reliance on unpaid informal care. These challenges have worsened in the recent crises, starting with COVID-19, but also the energy cost crisis due to the war against Ukraine, which drove up the costs for care.

The Country-Specific documents to underline some of the shortcomings of the health and care sectors in Member States, mainly in terms of access to care services and shortages in the care workforce. To a lesser extent, adequacy and access to different forms of care are also addressed. However, this concerns only a limited number of Member States. Where care policies are identified as an issue, the analysis does not go far enough and stays at a very general level. AGE has put forward, during the adoption of the EU Care Strategy, the required vision to trigger a rights-based approach in long-term care.

It is evident from AGE members’ assessments and from the 2021 Joint Commission-SPC Report on Long-Term Care that current long-term care systems do not match the ambition of providing adequate, affordable quality care to all persons in need of care and support, especially not against the background of increasing longevity. The Recovery and Resilience Programmes are expected to invest in improving health and long-term care services, a reason put forward to explain why there are only few recommendations in this domain despite its supposed priority. However, many of the issues in long-term care are not only linked to a lack of resources and the scarcity of services, but also to the way the sector is organised: segmentation (e.g. exclusion of dementia patients from palliative care in Poland; need for private funding for home-based services vs. subsidised services in hospitals/care homes), lack of staff, systems that do not sufficiently prevent and fight abuse and neglect, and sometimes choices that disregard the choices that a person in need of care would make. The principles of the Council recommendation on access to affordable, quality long-
term care³ should be better streamlined and reflected in the Country-Specific Recommendations.

Are labour markets becoming more age inclusive?
The European Pillar of Social Rights Action Plan aims to reach 78% of employment rates by 2030. It is apparent that, given the ageing of the EU’s workforce, this is not achievable without significantly improving the employment rates of older persons. Employment rates of older persons (55–64 years) continue to progressively increase in the EU-27, reaching 62.3%⁴ in 2022, up about 15 percentage points in a decade. Employment rates of older persons still lags behind the overall populations’ (74.6% for 20–64-year-olds) by more than ten percentage points and the gender gap remains the highest of all age groups (12.5 percentage points). Employment rates of older women are particularly low in Romania, Luxembourg, Greece, Malta, Poland (which has 60 years as a pension age for women), Croatia, Italy, Serbia, Austria (highlighting Member States with employment rates below 50%).

For older persons of all genders, this concerns Luxembourg, Romania, Croatia, Greece, Malta, Serbia, Italy (employment rates below 55%). In none of the country-specific documents, actions specifically favouring the employment of older workers are mentioned.

A significant part of employability is education and training, which has its own objectives in the EPSR Action Plan of reaching 60% participation in education and training by all adults every year by 2030. No new numbers seem to have been published on this since 2016, when 43.7% of 25–64-year-olds participated in education and training vs. 31.6% for 55–54 year-olds:

³ Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care, COUN 2022/C/476/01.
⁴ Eurostat, Employment and activity by sex and age – annual data, retrieved on 28 August 2023
an age gap of 12 percentage points.\(^5\) Data for training and education within a four-weeks timespan\(^6\) shows a very slow improvement by two percentage points for the largest population group disaggregated (25-64 years) over the past 7 years. The age gap is apparent here as well, as 19.2% of 25–34-year-olds claim to have participated in training vs. 6.7% of 55–64-year-olds and 6% of 50–74 year-olds. It seems that employers and education systems do not support and promote education and training to older persons. Many EU initiatives, such as the Upskilling Pathways recommendation or the individual learning accounts recommendation take the right approach to changing towards a life-long learning culture, however none of these particularly take into account age as a factor creating exclusion from education and training. The European Semester documents also show no focus on older persons in the (otherwise numerous) recommendations on education and life-long learning.

\(^5\) Eurostat, Participation rate in education and training by age, retrieved on 28 August 2023.
\(^6\) Eurostat, Participation rate in education and training (last 4 weeks)– by sex and age, retrieved on 28 August 2023.
Are we halting the increase of poverty and social exclusion of older persons?
The European Pillar of Social Rights Action Plan also includes the aim to attain a reduction of the number of persons living at-risk of poverty and social exclusion by 15 million (5 million of which children) by 2030, from the baseline of 2019 (91 million). While children and youth show the highest rates of poverty and social exclusion, persons between 55 and 64 as well as persons 75+ are the next-most vulnerable groups. The group of 65–74 years is relatively shielded from poverty and social exclusion compared to other population groups. Still, about one in five older persons is at risk of poverty and social exclusion. Over time, one can see an increase in the risk of poverty and social exclusion of older persons of pension age (groups of 64–74 and 75+) since 2015, while working-age poverty and social exclusion declined. Numbers are currently available until 2020 and thus do not include yet the impact of the record-high inflation driven by basic goods and services in 2022.

A gender analysis shows that women continue to be much more exposed to the risk of poverty and social exclusion, with gender gaps increasing with age: 3.3pp (55–64), 4.2pp (65–74) and 7pp (75+) versus 1.8 pp for the total population.

Against this background, there has been very little attention to these groups at risk of poverty and exclusion: only some country-specific documents mention issues relating to the adequacy of pension systems, and some only project them into the future. Regarding the group of 55–64-year-old, the issues raised in the chapter on employment policies above apply to them, and even more so to women in this age group: for them, policies to support adequate and affordable care to relatives are especially important to allow them to participate in the labour market rather than providing unpaid, informal care.

7 All AROPE figures are from Eurostat. Persons at risk of poverty or social exclusion by age and sex – EU 2020 Strategy, data for 2020, retrieved on 28 August 2023.
The Council Recommendation on Adequate Minimum Income for Active Inclusion⁸ is a key policy to support older persons and prevent poverty and social exclusion, yet Member States can still decide on their own whether they include pensions as a form of minimum income into the scope of the recommendation, and how exactly to define adequacy. It seems necessary to make explicit that minimum pensions should be coherent with the aim of ‘ending poverty’ (Sustainable Development Goal 1): this means they should be fixed at least at 60% of median incomes. Similarly, the erosion over time of the poverty-preventing effect of pension systems that can be seen for the age group 65-74 compared to people 75+, particularly in the context of high inflation, underpins the need to have automatic, adequate and regular pension indexation rules that keep in track with the increase in living costs and incomes. None of these issues seem to be addressed by the country-specific documents.

In recent years, inequality in terms of the distribution of wealth seems to have increased. The Country Reports do look at inequality measured as the distribution across income quartiles. A similar analysis should be done also based on wealth quartiles and on disaggregation of different sources of income, namely pensions.

In 2024, the next edition of the joint SPC-Commission Pension Adequacy Report will be published. AGE hopes that it will contain an analysis and a call for action against a further deterioration of the poverty risk of older persons.

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⁸ Council Recommendation of 30 January 2023 on adequate minimum income ensuring active inclusion, 2023/C/41/01.
Assessment of National Country-Specific Recommendations and Country Reports

Austria
Contributor: Pensionistenverband Österreich

- Ageing is mentioned as a long-term risk, in particular in the field of long-term care and health systems.
- Debts related to the response to COVID-19 and the energy crisis are mentioned as a risk.
- The burden of tax and social contributions on wages is mentioned as a burden. Pensioner’s associations do not share this assessment, as social contributions are essential to fund social protection systems, and in particular pensions. The reductions on wage costs have already weighed on the funding of social protection, its budget has decreased by 1.7 billion € in 2023. This reduction must be funded through general tax to avoid reductions in services.
- The CSRs call for more efforts to get people into employment, which is very important. These should be focussed especially on women, migrants, low-educated workers, and older workers.
- There is a problem with the increase in pension ages, as about half of all women retire from unemployment, rather than retiring from a job. It would be more important to focus on increasing the sustainability of employment through measures for life-long learning, job support, fighting discrimination and supporting work-life balance.

Belgium
Contributor: OKRA (referring partly to Flanders only)

Several issues are not mentioned in the Country Report nor in the Country-Specific Recommendations:

- There is a serious shortage of nursing staff in ordinary hospitals, as well as in global health care and long-term care. The result is that the patients often do not get the quality care that is required. This applies in particular to care services for older persons. This problem is partly due to the very low remuneration, but also to the lack of interest among young people to work in care for older persons.
- Discrimination based on age in disability policy: an old problem that has not yet been tackled and for which Belgium should be reprimanded by Europe. Persons under the
Age of 65 who suffer from a disability receive financial support from the Flemish Agency for Persons with Disabilities. Anyone who becomes disabled after the age of 65 cannot receive this support. This is definitely discrimination based on age.

- Specifically on mental health:
  - A desperate problem are the very long waiting lists in mental health care for children and young people. Even in crisis situations, children and young people with mental problems do not receive appropriate help; as a result, they are sometimes placed in psychiatric institutions for adults. This is partly due to the insufficient investment in child and youth care and the lack of adequate personnel (for example, in Flanders there are only 300 child psychiatrists available).
  - Residential care centres for older persons have no experience or expertise to provide the right care for older people with psychiatric problems.
  - In prisons there are inhumane conditions for prisoners with a psychiatric problem. They also often receive no adapted care at all.
  - There is also the problem of the mentality of the population: people are not inclined and not open to talk about mental problems with each other (that is completely different in the Netherlands). As a result, people too often continue to walk around alone with their problems and miss adapted support or care.
  - Here too, the shortage of skilled personnel and a lack of investment is a major problem.

Cyprus

*Contributor: PASYDY*

- Neither the Country Report nor the Country-Specific Recommendations specifically address older persons
- The main issues are linked to long-term and palliative care. Palliative care is not affordable to many persons who need it.
- Mental health care is insufficient: beyond a system for children, there is not enough support for prevention and mental health care for adults. Specifically mental health care for persons with dementia should be improved.
- There is a lack of supported adaptive housing for persons in need for care or who need to hospitalise.
- A good practice is that many older persons are employed while retrieving their pensions, which can be fully combined.
- Cyprus has a good practice of providing almost-free training and education to pensioners.
• There is a minimum pension for women who took time to take care of the family rather than being employed. There is however an issue for women who are employed and reduced their working hours, they also have much lower pensions than men.

• Automatic pension indexation of pensions has stopped in 2013. Its reintroduction is currently being discussed, but the reference value for indexation is under discussion.

**Denmark**
*Contributor: DanAge*

• Denmark has a favourable situation as public debt levels and unemployment are low.

• Still, inflation had a strong impact. Generally, the Danish pension system functions well, and public pensions are indexed to wages, which in the long term is better than indexing to prices. With the sharp rise of inflation, however, pensioners (and other recipients of social benefits) are in difficulties because the **increase in pensions is delayed by 2 years.** In 2022, pensions were indexed by 1.2% vs. 8.5% of inflation, and 70% of pensioners did not benefit from other additional measures. Regarding disability pensions, the increase in 2022 was only 0.15 %. In 2023-2024, a collective agreement foresees a wage increase of 10 % to catch up with inflation, however, pensioners will benefit from this increase only one year later.

• The Commission underlines that ‘a range of social benefits target older people’, however, this targeting has not been very accurate. Additional measures to support older persons in the energy crisis are special supplements of DKK 2.500 in 2022 and 7.500 in 2023, depending on income and liquid assets of the person. There is a group who have more liquid assets than the maximum, but a low income – they have received no extra help. This group constitutes about 30% of pensioners.

• The Country Report comments on the **high level of rents**, given that for 15.5% of households. Housing costs represent more than 40% of their disposable income. There are generous housing subsidies, reducing the cost of housing from 38% to 16% for the average single pensioner. High levels of rent may be linked to the fact that young people in Denmark tend to desire housing independently from their parents at a younger age than in many other EU member States.

**France**
*Contributors: Union Française des Retraités, Union des Anciens de BP*

• All of the issues mentioned in the Country-Specific documents, namely energy supply, inflation, distribution of competences among policy levels, shortage of skills and workforce are relevant and important. Government initiatives to increase
productivity and skills go into the right direction, but there is no focus on older persons.

- Both inflation and the sourcing of energy are improving, and energy subsidies will be phased out by the end of the year normally, alleviating the public deficit. Further improvements are possible in the decarbonisation of energy.
- Given France has a relatively low CO2 footprint as much electricity is generated by nuclear power, so there is less pressure to change the energy supply to renewables. This makes more funding available for investing in health, education and other domains.
- Priorities for investment would be to deal with the dramatic deterioration of the health system, the education system and public order, competitiveness and social cohesion.
- In the field of palliative care, it is important to improve the journey of patients through the health and care system as well as to strengthen treatments for alleviating persons at the end of their lives. Patients should receive better information about their rights and care workers should be better trained to accompany patients. There is a need for more interdisciplinary teams for palliative care and to develop palliative care at home. A new plan should be developed in 2024 so that there are no départements left without adapted palliative care services.
- Although shortage of candidates and skills is mentioned, the country-specific documents do not refer to the employment of older persons as an important source of an experienced workforce. Reaching the Porto declaration’s objective of 78% employment rate will not be possible without employment of older persons, as unemployment is historically low (for France) at 7%. Despite this, employment rates are 3 percentage points below of what would be needed to balance the pension system. Focus should be put on activating the inactive. The major pension reform, which was finally adopted, is an opportunity to improve policies for older persons’ employment.
- In particular, improving work-life balance for informal carers and improving working conditions are major areas where improvements can be made, in particular with a view of employment of older persons.
- On top of integrating older workers better into the labour market, special attention should be given to young people who are NEETs (not in employment, education or training), in particular for providing skills needed for the green transition. The education system as a whole can be largely improved and needs more dedicated efforts.
- Life-long learning and training policies are not reaching many older persons although they could benefit from them. However, training for persons in employment has significantly improved.
• **Digitalisation of private and public service creates barriers to many people**, including older persons. Some do not have the necessary equipment or even the necessary connection facilities, some do not have the know-how to use digitalisation in all circumstances (moreover, digital processes change very quickly) and last but not least digitalisation often reduces human contact.

**Germany**

*Contributor: BAGSO (Federal Organisation of Senior Citizens’ Organisations)*

• The costs of long-term care that have to be borne by persons in need of care have risen due to the recent inflation. There are some legal measures to limit these private care costs, however these remain limited in scope.

• **Health and care** do not play a role in the country-specific documents for Germany, even though there is a significant labour shortage in this field. The ongoing separation between in-patient and out-patient care sectors continues to be a great issue.

• BAGSO has published [policy brief on improving care and support](#) for older persons which is available in English. In particular, there should be a **mandatory municipal responsibility for planning ahead to provide sufficient care and support services**.

**Hungary**

*Contributor: Gerontology Science Coordination Centre, University of Debrecen*

• The **Country-Specific Recommendations do not address the issues of health and care** directly. There are references to access to care for disadvantaged groups such as Roma, but older persons or long-term care are not mentioned. However, the state has reduced its responsibility to provide social care recently. Persons over 65 constitute 20.8% of the population and the need for health and long-term care will increase, so it is essential to increase the state funding and responsibility, capacity and human resources for these sectors.

• The **Country Report describes an adequate analysis of the sector**: funding has decreased in the last years, wages are very low in comparison. Certain social problems such as homelessness are criminalised or presented as being of the individual’s fault. Health and social care do not have an own ministerial competence, but are subordinated to the Ministry of the Interior.

**Ireland**

*Contributor: Active Retirement Ireland*
Active Retirement Ireland has conducted an important members’ survey (Press release on care | press release on pensions) between February and May 2023, sketching out the important issues to older persons:

- **Three in five respondents (58%)** felt that State pension is not enough to participate in life as much as they would like. 90% of respondents **favoured a state pension** of at least 34% of the average wage (currently 28%, on a falling trend since 2021) in order to better support older persons.

- They also supported the principle of a ‘**triple lock**’ on state pensions, aligning their increase with inflation and wage growth. In particular, **small, ad-hoc amount increases during budget negotiations should stop** and be replaced by a statutory, automatic system.

- **One in five people 65 and more live at risk of poverty and social exclusion**, according to SILC 2022.

- Respondents are **concerned by their financial situations, access to health and care, the need for comprehensive positive ageing frameworks and the independence of the Commissioner for Older People in Ireland**.

- **The national positive ageing strategy of 2013** has not been implemented and will be replaced by a Commission on care. While care is important, other policy areas that are of great importance to positive ageing are left out: **housing, transport, environment, enterprise, infrastructure, communications**.

### Italy

**Contribution by Associazione Nazionale Anziani e Pensionati Confartigianato and Older Women’s Network Europe (Italian member)**

In the Country Report and in the specific Recommendations for Italy, the issues of older persons are not adequately addressed or are even ignored. They focus mainly on the macro-economic situation, avoiding heavy public debt burdens and fostering productivity. However, as the increase of public spending is related to ageing, leaving out older persons from the Recommendations is counterproductive.

The main issues on which the EU institutions should focus its attention and give recommendations to Italy are the following.

- **Italy is one of the countries in the world with the highest share of older people in relation to the total population**, so policies should be adopted to make better use of the active contribution that the older person can give to society and at the same time preserve the their participatory status. However, this does not happen and adequate policies for active aging are not implemented. Nor are training policies
implemented to be able to better use the knowledge and contributions of the older persons in the final part of working life or after retirement.

- The automatic pension indexation system is not adequate and pensions, especially in the current period of high inflation, are losing purchasing power. The number of pensioners who are below the poverty line and those who are unable to afford daily expenses for services, housing, food and health is increasing.

- In Italy, the public health service is in great difficulty due to public funding which is reduced in relation to GDP, the shortage of medical personnel and nurses, and the long waiting lists to carry out visits or diagnostic services. The alternative is to turn to private facilities, but often the older persons, if they have a low income, have to give up treatment. There is lack of funding and action on preventive health policies.

- The COVID-19 pandemic has exposed the shortcomings of the Italian healthcare system in providing local assistance. It is necessary to invest resources in healthcare facilities and personnel.

- There are also shortcomings in the care of people suffering from degenerative mental illnesses, such as dementia or Alzheimer's.

- Italy has a big problem in long-term care and assistance to non-self-sufficient older people and it is one of the countries in which there is still no specific and organic law on the subject. A reform law was passed in March 2023, but it lacks funding.

### Malta

*Contributor: National Association of Pensioners*

**General considerations**

- The country documents do not highlight many measures that affect older persons specifically. However, some proposals affect older persons as consumers.

- The Commission pinpoints insufficient targeting of energy subsidies. They should indeed be targeted to the most vulnerable households or companies. They should be degressive and take into account the number of persons in a household or company size.

- The public expenditure linked to pensions is at 7.1% GDP and expected to remain stable until 2045, and then increase to 10.9% of GDP by 2070, while expenditure for health is expected to increase from 5.4% currently to 8%, and for long-term care from 1% GDP to 3% GDP by 2070 respectively.
Health, long-term care and age-friendly environments

- The Commission is right to call for more investments that add value, including in the health domain.
- The Commission’s call for better reliability of public transport and safe infrastructure to active mobility users is supported by older persons.
- Issues with staff shortages in the health system might be relieved as there is a plan to better integrate foreign health workers and more investment foreseen in the sector.

Employment policies

- The labour markets are not sufficiently inclusive to persons with disabilities and to women between 55 and 64.

Adequate income and poverty

- One in three persons of 65 and over (29.9%; 32.3 % for women 65+, 33.4% for persons with disabilities 65+) is at risk of poverty and social exclusion, an increasing number from the previous years. The earnings gap between the highest and lowest quintile increased from 4.2 to 5, above the EU average.
- The gender gap in pensions is high, at 46% as a consequence of lower labour market participation of women in the past. A comparison based on the pension revenue of women and men relative to the hours worked would be interesting.

Netherlands

**Contributor: Older Women’s Network Netherlands**

- The country-specific documents do not mention informal care, life-long learning, work-life balance and this hinders progress in the Netherlands.
- **Pensions:** pensioners had no indexation in the past years due to fiscal constraints, therefore pensions have been eroded by some 20%. The now acting government has made big changes in pension funds that were welcomed by the EU Commission; however, the reforms put the interest of current pension premium payers over the ones of current beneficiaries.
- **Life-long learning:** there is budget for life-long learning, however this is not available for persons over 65. However, many people are still working until 67 and should be able to benefit from public support for life-long learning and training.
- **Long-term care:** There is a contradictory situation in the Netherlands. At the one hand, there is a call to further develop part-time work to bring more women into the labour market. On the other hand, the Ministry of Health makes a policy that...
increases the burden to informal carers in place of formal care. This will drag more women out of the labour market and into unpaid, informal care.

**Poland**

*Contributor: Alzheimer Poland*

- The Country Report outlines the correct challenges regarding Poland, but there are no considerations for the health and care sector in the Country-Specific Recommendations. The Country Report underlines increases in public spending on pensions and health.

- The Country Report outlines ageing as a challenge, in particular pointing out the relatively low retirement age of 60 for women and 65 for men, which reduces incentives to work in older age.

- The Country Report also outlines a challenge of pension adequacy, with a large proportion of pensioners at risk of poverty and social exclusion. The Recommendations to aim to increase employment in older age and to reform pension systems to prevent old-age poverty and social exclusion seem valid but should be complemented by recommendations that target sustainable employment and empowerment of older workers.

- Health and care however are entirely missing from the recommendations, despite important issues: legal barriers relating to access to long-term care and the need to improve the geriatric care system.
  - **Legal barriers**: too often, persons with dementia and persons with intellectual disability are incapacitated by court, preventing them to express their wishes and access adequate care in a context where the family wants them to integrate institutional care. The existing legal instruments in the Polish Civil/Family law need to be revised to implement supported decision and advance directive/living will.
  - **Access to palliative care**, especially hospice services, need to be improved for persons with dementia. Currently, access is based on a list of diseases, this should be replaced by the actual need for palliative care instead.
  - **Labour shortages and geriatric care**: there are currently only 560 geriatricians for almost 10 million people, and 50% are aged 50 or more. There need to be many more geriatricians trained to increase the capacity and prevent erosion of the workforce. In comparison, there are over 15,000 paediatricians for 7.5 million children, and this number is also believed to be too low. Similarly, there is a lack of nurses. **Labour shortages in health and care are not mentioned** by the country-specific documents.
- **Access to health and care in the regions**: equal access to health and care services needs to be ensured especially in rural areas. While the RRP is including reforms in health care, these should be intensified.

- **Affordability of long-term care** is far from being guaranteed to all those who need care.