

STRATEGIC FRAMEWORK FOR THE PREPARATION FOR SOCIETAL AGEING 2021–2025

MINISTRY OF LABOUR AND SOCIAL AFFAIRS
OF THE CZECH REPUBLIC



MINISTRY OF LABOUR
AND SOCIAL AFFAIRS

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MINISTRY OF LABOUR
AND SOCIAL AFFAIRS


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2021–2025

MINISTRY OF LABOUR AND SOCIAL AFFAIRS OF THE CZECH
REPUBLIC

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Executive summary of the starting points and the vision of the Strategic Framework

Societal aging and demographic changes concern **all domains of human life**. In order to prepare for the future developments in the best possible way, we need to recall the most substantial facts about the situation of Czech senior citizens:

<p>Financial security</p>	<ul style="list-style-type: none"> - There are 2.393 million people receiving old-age pension. - The average old-age pension as of the end of 2020 was CZK 14 450. - There is a substantial gap between the average pension of men and women (men: CZK 15 868, women: CZK 13 203). - 14.9 % of all people receiving old-age pension live below the poverty line. <p><i>Vision: Ensuring decent and just financial security in old age, including for groups at risk (women, persons working in demanding professions).</i></p>
<p>Housing</p>	<ul style="list-style-type: none"> - The median cost paid by senior citizens for housing makes up 23.1% of all their costs (in economically active households it is 19% on average). - In EU-28, the housing costs are significantly lower (16.8 %). - 91.5% of senior citizens perceive this cost to be burdening. Around 45% of households receiving housing allowance include at least one person drawing a pension. In the case of housing supplements it is 16%. <p><i>Vision: Ensuring affordable and barrier-free housing for the elderly.</i></p>
<p>Health and prevention</p>	<ul style="list-style-type: none"> - Czech senior citizens live approximately 17 years on average with an ailment, for men it is 14.6 years, and for women 19.5 years. - There is a need to increase the availability of health care including specialised geriatric care, to prevent reductions of that care in rural areas. <p><i>Vision: Strengthening preventive health care, healthy life style, but also specialised geriatric care.</i></p>

<p>Support and care</p>	<ul style="list-style-type: none"> - In an international comparison, the Czech Republic (CZ) spends a lower share of GDP (18.6%) on social expenditure than the EU-28 average (19.2%). 80% of all care is provided by the family and close persons, mostly women, which projects into pay and pension inequalities. <p><i>Vision: Systemic setting of the social services financing, including support for informal caregivers.</i></p>
<p>Employment and lifelong learning</p>	<ul style="list-style-type: none"> - Compared to OECD countries, CZ has an above-average employment rate in the age category of 55-59 years. However, this employment rate significantly decreases with the growing age. - Apart from retiring, a substantial cause of the decreasing rate is the difficulty to find employment for older persons, health problems or lower motivation to work. <p><i>Vision: Improving labour market support for older persons and increasing their mobility.</i></p>
<p>Discrimination, abuse and exploitation, and consumer protection</p>	<ul style="list-style-type: none"> - 18.5 % of senior citizens living alone do not feel safe. - Approximately only every tenth person facing discrimination (which is most often due to age) resists it actively. - Senior citizens often receive and forward both true and false e-mails warning of hazards. This practice is carried out by up to 47% of people over 65 years of age. <p><i>Vision: Enhancing the feeling of safety and preventing abuse, fighting discrimination and misinformation.</i></p>

We must also realise that the above-mentioned trends will reflect in the functioning of the whole society even more strongly in the future, because the elderly population keeps expanding due to ageing. This trend will continue throughout the first half of the 21st century. In 2018, the 65+ age category covered 19.2% of the population (in 2019 it was 19.9%), in 2025 it will be 22.3% and **in 2050 already 29%** (nearly every third person).

The preparation for societal ageing has two basic dimensions: ensuring a dignified life of today's senior citizens, and adapting the society as a whole to demographic changes that will affect its life and stability in the next decades.

The Strategic Framework for the Preparation for Societal Ageing 2021-2025 responds to the above problems in line with the **Government's Statement of Policy** by proposing **Ten Fundamentals of the Preparation for Ageing**, which will be developed in an **action plan**:

1. Fair pensions
2. More accessible and quality social and health services
3. More accessible and barrier-free housing for the elderly
4. Supporting the sandwich generation and informal family caregivers
5. Preparing the state administration for societal ageing
6. Supporting the family and human relationships
7. Safe life of senior citizens, fight against discrimination, violence and so-called crooks, higher consumer protection
8. Lifelong learning, labour market and active ageing
9. Barrier-free public space
10. Awareness-raising and media coverage of ageing

1 Introduction

The Czech society is changing – **fewer children are born and life expectancy is rising**. The share of older people in the population is increasing and the society is ageing, same as in the majority of countries in the developed world. At present, there are **2.132 million senior citizens over 65 years of age** in CZ (about a fifth), of that **898 thousand men and 1.234 million women**¹. In 2025, it will be 2.34 million people, i.e. 22.3% of the total population. **In 2030, there will be 2.4 million senior citizens**, almost a quarter, and **in 2050 even 3 million**, i.e. nearly 30% of all persons living in CZ (the medium variant of demographic forecast of the Czech Statistical Office (CZSO) from 2018). Moreover, the **number of persons aged 85 and over** will triple by 2050 to nearly **0.5 million**, i.e. to nearly 2.5 times the current level, making up around 5% of the population². The **average old-age pension** as of 31.12.2020 was **CZK 14 450, CZK 13 203 for women and CZK 15 868 for men**. Out of all people receiving old-age pension, approximately 657 thousand people retired early, which is more than a quarter³.

“ In 2025, 22.3% of the population will be over 65 years of age and by the middle of the century, it will be close to 30% of the Czech population.

The changing age structure of the society has consequences for the society's arrangement and life in it. The changing life cycle leads to a shift of certain phases (e.g. postponing the labour market entry or delaying the start of a family) but due to the rapid transformation of the world around us, some life phases reiterate (e.g. learning, dependence on the care of others). The population ageing may also deepen the current inequalities, such as different life expectancies or the quality of ageing. That depends on the state of health and financial security in the productive age, same as on the quality of the previous life as a whole. When looking ahead, we must not omit other factors that will affect society in the 21st century – migration or technological development, climatic change and digitisation⁴.

Societal ageing is a phenomenon that requires a change in the understanding of **who a senior citizen is**. The ideas we have about ageing and people above a certain age are often out-of-date and do not reflect the fact that **today's senior citizens represent a very heterogeneous group of nearly two million people, and its diversity will grow in the future**.

The non-uniformity of the group is given not only by age, health status and the ever growing life expectancy, but also by income, education, place of residence (rural vs urban areas), social ties, own activity and life experience. CZ does not have a universal definition of a senior citizen.

For the purpose of this document, we define a senior citizen (also referred to as an older person or an elderly) as a person over 60 years of age. In some parts of the document, in particular due to data availability, we also use the threshold age of 65. However, in the context of the labour market, the limit is lower, i.e. 55 years. We are aware that the clear definition of who is a senior citizen and who is not is problematic, also with regard to the possible stereotyping and perception of age and ageing, or the legal definition of some entitlements that concern them but are not related to biological age.

The journey to a prospering and cohesive and long-lived society leads through a comprehensive approach and mutually interlinked public policies. The preparation for societal ageing **should be understood as a current societal topic** that cannot continue to be reduced to the issue of the pension system. **The demographic development requires much wider changes in the revenue of the state budget, in state administration, continuously affordable housing, financing and quality and local and time availability of social and health care, lifelong education, employment, recognition and reward of work in social services, protection of the rights of senior citizens or the functioning of the public space** (especially its barriers). The preparation for ageing must also include the creation of conditions for personal activity in old age, civic engagement and volunteering or the development of quality inter-personal and family relationships in general. **Active ageing should mean a continuing participation in the social, economic, cultural, spiritual and civic activity.** A substantial aspect of the preparation for ageing is boosting the birth rate and supporting family stability, e.g. through public services.

The previous document on population ageing

This Strategic Framework follows on from a previous ageing policy document, the National Action Plan Promoting Positive Ageing for the period 2013 – 2017. Both of the documents were commissioned by Government Resolution No 218 of 30 March 2015. In 2014, the National Action Plan was updated and chapter “Implementation of the policy of preparation

for ageing in the Czech Republic” was added so that the Plan could be implemented more effectively. Based on regular evaluation reports on the National Action Plan, the achieved goals can be summarised as follows:

Achieved

Preparation for ageing	Coordinators of the ageing policy established in ministries.
Income of senior citizens	Pension calculator published by the Czech Social Security Administration (CSSA).
Human rights of senior citizens	<p>Amendment to the Act on Victims of Criminal Acts</p> <p>Partial amendment to the Act on Volunteer Service</p> <p>Increased awareness raising subsidised by ministries on the theme of senior citizens</p> <p>Successful awareness-raising activities developed by the Directorate General of the Fire Rescue Service to support safety of senior citizens</p> <p>Establishment of a so-called consumer ombudsman at the Ministry of Industry and Trade in connection with product demonstrations</p> <p>Strongly enhanced checks of commercial events by the Czech Trade Inspectorate, a new Civil Code – a changed view of the issue of organised sales events, and commitments from contracts concluded outside sales premises</p>
Training and employment	<p>Increased number of places at universities of the third age</p> <p>Many projects of the Czech Labour Office supporting employment of older people</p> <p>Computer literacy courses as a standard part of the activities of many libraries</p>
Health and care	<p>Insured persons above 65 years of age have vaccination and the vaccine against pneumococcal infections paid from their health insurance</p> <p>Adoption of the National Action Plan for the Alzheimer Disease and Other Similar Diseases 2016 – 2019</p> <p>A new, long-term caregiving benefit paid from sickness insurance, proposed by the Ministry of Labour and Social Affairs, taking effect in 2018</p> <p>Increased contribution for care</p>
Housing	Ministry of Regional Development introduced new subsidy schemes – Community house of senior citizens, and Apartment buildings without barriers.

Not achieved, to be addressed in the upcoming period

Preparation for ageing	Insufficient financial resources for the ageing policy
Human rights of senior citizens	Insufficiently addressed issue of domestic violence against senior citizens and their abuse Intergenerational centres supported only partially The Volunteering Act amended only partially
Training and employment	Age management addressed only partially
Health and care	Long-term care system not solved Insufficient support for rehabilitation and follow-up care Insufficient support for the development of assistive technologies

This Strategic Framework

The purpose of this Strategic Framework is to formulate the strategic approach to the preparation of the society for ageing. It is by definition a cross-cutting agenda concerning various areas of life of the individual and the society, and thus of various areas of public policies. **This Framework should open a public debate and respond to problems that concern today's senior citizens as well as launch a discussion of the preparation for ageing of the society as a whole, and so include inhabitants of all age categories. The task of the Strategic Framework is to formulate such measures at the general level. The measures and their implementation will be specified in a follow-up action plan.** It must be borne in mind that populous generations that will soon enter old age live in the CZ already now and that we must prepare systematically for living in a long-lived society.

The ageing policy and preparation for demographic changes in the society concern various actors: **the overall framework and conditions for the preparation for ageing are governed by the state, but the absolutely key role in implementing the framework is borne by other actors, mainly regions and municipalities as well as employers, the non-profit sector, academia or the media.** The preparation for ageing is not just a matter of societal institutions but also of individuals as such. Every one of us should grow up,

mature and live knowing that we will age in a long-lived society, and based on that we should make decisions and prepare for old age. The role of the state and of local authorities should lie in ensuring such environment that will enable quality life and autonomy regardless of age or state of health.

2 Socio-economic and demographic analysis

A. Demographic changes in the Czech Republic

In 1989, there were 1.87 children born per woman in the Czech Republic. By 1999, that number fell sharply to 1.13 children. After 2003, the fertility rate grew again (except for the period 2009-2011) and in 2018, there were 1.71 children per woman⁵. In 2019, the rate stagnated at the level of the previous year 2018⁶. Thus, CZ follows, with some delay, a similar trend in the EU where, **after a sharp decrease, the average fertility rate started to grow slowly again**: in 2003, there were 1.47 live births per woman (the difference against CZ is a fifth) and in 2015 it was 1.58 births (the difference against CZ is negligible). Since 2017, the decrease has been regular to 1.56 in 2018^{7,8}. These changes can be explained mainly by the changing lifestyle connected with a change in the socio-political situation (e.g. the opportunities of education, travel, self-realisation, professional growth) that reflected in the reproduction behaviour of the Czech society.

Life expectancy indicates how many years a person of a given age is expected to live on average provided that the current mortality rates remain the same for the rest of the person's life. The typically used indicator is **life expectancy at birth**, indicating how many years a person just born will live on average. For men in 2002 in CZ it was 72.1 years, in 2017 it was 76.1 years, i.e. an increase by 4 years (see Chart 1). In 2019, it was 76.3 years (+4.2 years). The life expectancy at birth for Czech women in 2002 was 78.7 years, in 2017 it was 82 years, up by 3.3 years. In 2019, it was 82.1 years (+3.4 years). In 2017, the difference in life expectancy at birth between men and women was 5.9 years and in 2019 it was 5.8 years⁹.

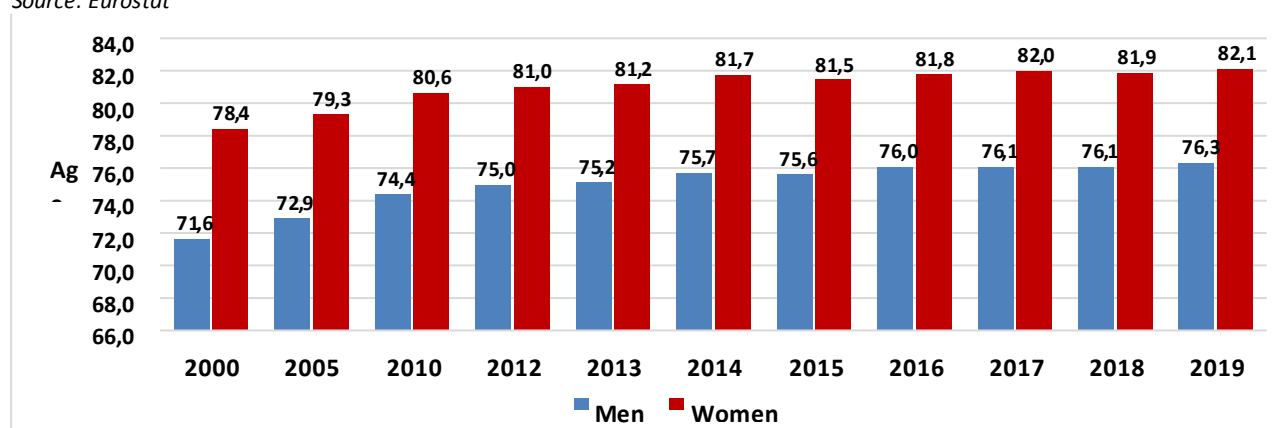
“ For **men**, life expectancy in 2002 was 72.1 years, in 2017 it was already **76.1 years**, i.e. an increase by 4 years (+4,2 years in 2019). For Czech **women**, life expectancy at

birth in 2002 was 78.7 years, in 2017 it was already **82 years**, i.e. 3.3 years more (+3.4 years in 2019).

The data for any specific age are also illustrative of population ageing, e.g. for today's sixty-year-olds, i.e. people approaching retirement age. In 2018, a sixty-year-old Czech man had life expectancy of another 19.8 years, and a sixty-year-old woman of 23.9 years¹⁰.

Chart 1: Life expectancy at birth for men and women in CZ (1992–2019)

Source: Eurostat¹¹



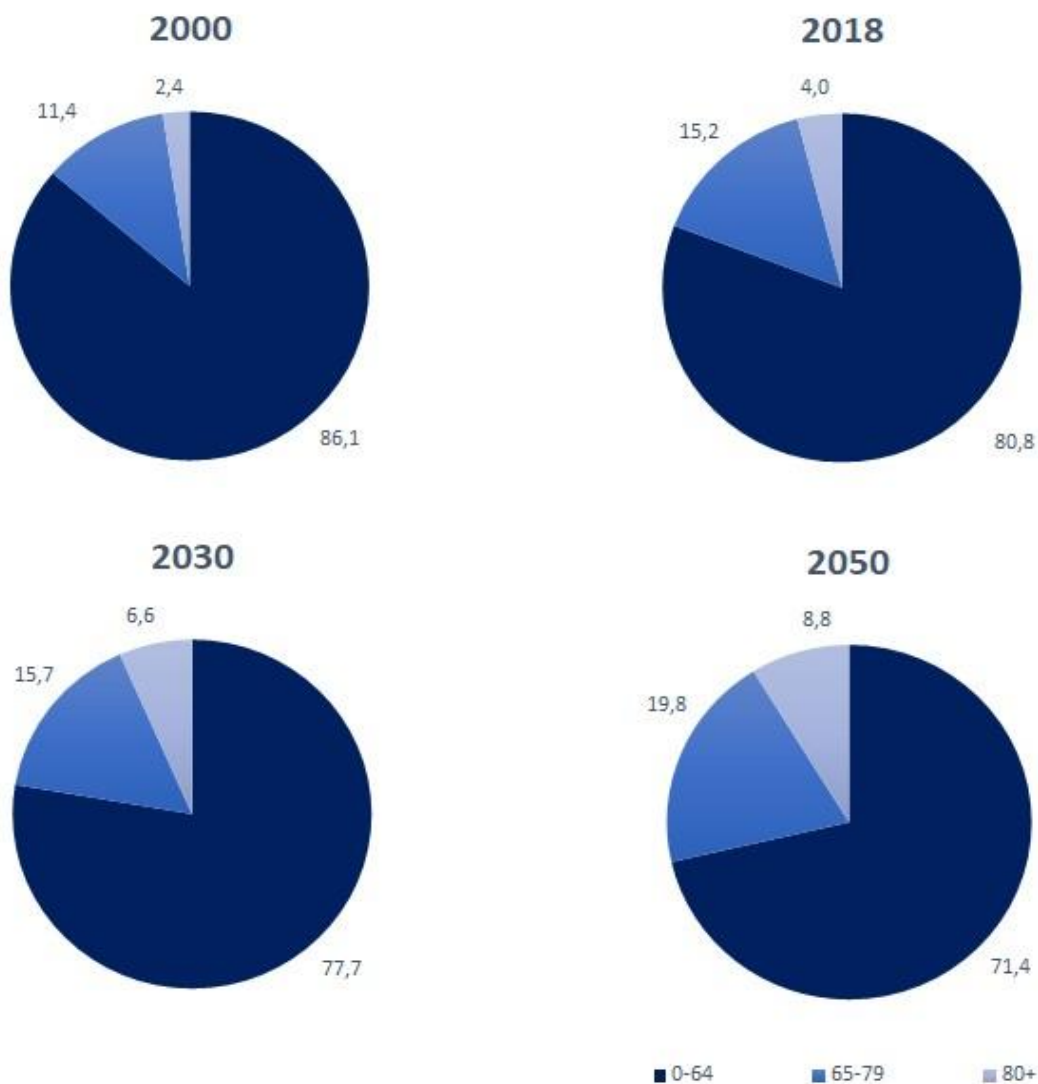
“ In 2050, **nearly three out of ten** CZ inhabitants will be in the **65+** age category and **every eleventh** CZ inhabitant will be in the **80+** age category.

According to the medium variant of the CZSO prognosis of the Czech population developments until 2100 (see Chart 2), CZ population will increase from 10.6 million in 2018, or 10.7 million in 2019¹², to 10.8 million in 2030. Then it will decline again to 10.7 million by 2050. Out of that, the population in the 65+ age category was 2.0 million in 2018 (in 2019 it was 2.1 million) but it will grow to 2.4 million by 2030 and to 3.1 million by 2050. In relative numbers this means that while in 2018 there were 19.2% of the population in the 65+ age category (in 2019 it was 19.6%), in 2030 it will be 22% (i.e. every fourth to fifth person) and in 2050 it will be 29% (nearly three out of ten people). Still in 2001, the share of the 65+ age category in the total CZ population was 13.8%, in 2018 it was already 19.2% and in 2019 it was 19.6%.

In EU-28¹³, the share of the 65+ age category in the total population was 19.7% in 2018 (20.0% in 2019¹⁴), i.e. more than in CZ.

In 2018, the share of the 80+ age category in CZ population was 4.03%, in 2019 it was 4.06%, in 2030 it will be 6.6% and in 2050 it will be 8.8%. This share in the EU-28 changed from 3.3% to 5.6% in 2018, and to 5.7% in 2019. In both cases, the share of population over 80 years of age is growing quite rapidly¹⁵.

Chart 2: Projection of the CZ population developments in the age categories 0-64, 65-79, 80+ in % (2000–2050)



Source: CZSO¹⁶

B. Financial security in old age

Financial security in old age and sustainability of the pension system does not concern only persons who will retire in the future but also today's senior citizens. Therefore, an analysis of the situation of the current old-age pension recipients is a necessary part of all discussions on a fair and dignified setting of income in old age.

Financial security of senior citizens today

The dominant source of income of today's elderly persons is the old-age pension. Specifically in 2017, **in households without working members, the pension made up 94% of gross monetary income¹⁷ on average and in 2020 it was 90%**. The average old-age pension as of 31.12.2018 was CZK 12 418¹⁸ and in 2019 it was raised by CZK 1 050 to CZK 13 468 and in 2020 to CZK 14 450 (up by CZK 982¹⁹). There are 2.410 million persons receiving old-age pension and in 2020 it was 2.393 million²⁰. Of that, men received CZK 13 683 and women CZK 11 281 (see Table 2). In 2020, it was CZK 15 868 and CZK 13 203. The lowest possible pension assessed in 2018 was CZK 3 470²¹. Since 2005, the difference between the average pension of men and women has been constantly around 18% and in 2020 it was 16.8%. This is partly due to the current system of calculating old-age pension, which is levelling.

“ The average old-age pension as of 31.12.2018 was CZK 12 418 (in 2019 an increase by CZK 1 050 and in 2020 by CZK 982)²², there are around 2.4 million persons receiving old-age pension²³. **Men** received on average **CZK 13 683** and **women CZK 11 281 (in 2020 a year-on-year increase by CZK 1 085 and CZK 926 respectively)**.

The average old-age pension in 2013 corresponded to 43.8% of an average gross monthly wage of an employee (Table 1). In 2018, this decreased to 38.7% and in 2019 there was a slight increase to 39.5%.

Table 1: Average old-age pension compared with an average wage

Year	2010	2013	2018	2019
Average old-age pension (in CZK)	10 123	10 970	12 418	13 468
Average gross monthly wage (in CZK)	23 864	25 035	32 051	34 111
Comparison of the average old-age pension and the average gross monthly wage (in %)	42,4%	43,8%	38,7%	39,5%

Source: CZSO and MLSA²⁴

Table 2: Structure of old-age pensions in CZ

Indicator/gender	Men	Women
Average old-age pension (in CZK) – as of 31.12.2020	15 868	13 203
Number of persons receiving old-age pension – as of 31.12.2020	955 838	1 436 866

Old-age pension below CZK 6 000 (persons) – as of 31.12.2020 ²⁵	2 008	7 391
Average duration of receiving old-age pension (years) – as of 31.12.2019 ²⁶	19,31	28,22
Number of persons over 85 years of age, receiving old-age pension – as of 31.12.2020 ²⁷	59 080	143 032
Average pension of persons over 85 years of age, receiving old-age pension (in CZK) – as of 31.12.2020 ²⁸	16 292	15 723

Share of temporarily or permanently cut old-age pensions in the total number of old-age pensions (including the combination of old-age + survivor's pension)	2000	2005	2018	2019	2020
Share (in %)	10,10%	17,00%	26,20%	26,70%	27,30%

Source: CSSA and MLSA

Although CZ is doing well overall in terms of a European comparison of the risk of poverty, there are groups mainly in the age interval of 50-64 years that are more threatened despite the otherwise egalitarian system of calculating old-age pension.

It is apparent that there are large differences in the risk of poverty between women and men. Persons whose dominant source of income is the old-age pension are at risk of poverty in 14.2% and in 2020 it was already 14.9%²⁹. While in the age category of 50-64 years, 9.2% of women (98 thousand persons) were at risk of poverty, for men this was 8.3% (80 thousand). In the age of 65 to 74, there was a risk of poverty for 12.4% of women (83 thousand persons), and for only 5.4% of men (28 thousand persons). In the age **category of 75 years and more**, the gender gap was even more pronounced – **poverty threatened 19.3% of women (85 thousand persons) and only 3.9% of men (11 thousand persons)**³⁰. In the higher age, this can be the result of widowhood, as widows' pensions are not capable, at their current setting, of compensating the loss of the second income while the costs of securing basic life necessities (housing, food, medicines etc.) remain comparable. The reasons for the difference between men's and women's pensions, described above, are twofold: the first is the lower age of retirement (this factor makes up a third and will gradually disappear) and the second is the generally lower income during the working career, mainly due to care for children or dependants. **The difference in the income of men and women was 21.1% in 2017 (as opposed to 16% of the EU-28 average)**³¹. In 2019, this was around 18.9% in CZ and 15.0% in the EU-28. Within the EU, CZ ranks among countries with the highest difference in remunerating women and men. The reasons are both structural (women hold rather lower paid positions, both horizontally and vertically), and individual (personal preferences or career paths). An important role is

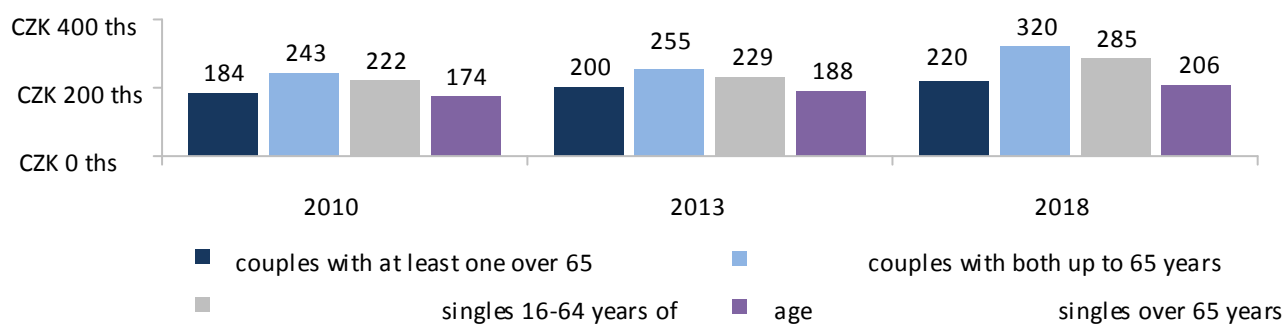
played by the family policy setting, including in the past, affecting the current female pensioners.

“ In the age category of 75+ years, the gender gap was significant – 19.3% of women (85 thousand persons) were at risk of poverty, while for men it was 3.9% (11 thousand persons).

Another group at risk are persons retiring early, often due to deteriorated health, long-term unemployment or a necessity to care for close persons (often parents or partners). In 2018, the share of early retirements was 26.2% of all old-age pensions paid, in 2019 it was 27.3% (Table 2).

A great topic of the public debate in recent years has been the growth of income. But if we look at the income of households of the elderly in the period 2010-2016³², we see that their income grew more slowly than income of households composed of persons under 65 years of age (Chart 3). The income of all households exceeded the income of the senior citizens' households throughout that period. According to CZSO, the general basis of assessment for 2018, estimated in March 2019, was CZK 32 590.

Chart 3: Development of the average net annual income of CZ households by composition of the household (without children) – per person in CZK thousands a year (2010 – 2018)



Source: Eurostat ³³

The net income of all households including those without working members grew in total in 2020 against 2018 more rapidly than the net income of households of the elderly. While in single-member households with working members, the increase in 2020 against 2018 was CZK 44 960 (men CZK +48 138 and women CZK +41 660), in single-member households of the elderly the increase was only CZK 20 512 (men CZK +20 993 and women CZK +19 569). The highest growth against 2018 was identified in households with working

members in total (14.8%), in households without working members it was 14.5%. In the age group of 50-59 years it was even 14.9% and in the age group of 70-74 years 10.7%.

The structure of consumption expenditure of the elderly population differs markedly from that of the economically active population. **Senior citizens spend significantly more on securing basic life necessities – housing, food and medical supplies.** While the households of employees³⁴ spent in 2016 on average per person per year on housing and utilities 18.6% (i.e. CZK 24 175, monthly around CZK 2 015), the households of the elderly spent 27.9% (i.e. CZK 34 063, monthly around CZK 2 839).

In 2019, the households of employees³⁵ (Table 3) spent 21.9% (in 2017 it was 21.5%) on average per person per year on housing and utilities, the households of pensioners spent 30.5% (in 2017 it was 29.6%). The cost of food was 18.2% for employees (in 2017 it was 18.4%) and for pensioners 22.8% (23.9% in 2017).

The informative value of those numbers is, however, reduced by the fact that some persons own their flat and pay only the utilities while others also pay the rent. The cost of food in 2016 used up 18.3% of income for employees (i.e. CZK 23 854, monthly around CZK 1 988), for pensioners it was 24% (i.e. CZK 29 244, monthly CZK 2 437). So, **despite their lower income overall, the households of pensioners pay around 31 p.p. more for food than the households of employees. To cover health needs, the households of pensioners spend 1.68 times more than households of employees.** In 2019, pensioners' households paid around 1.25 times more for food than employees' households (in 2017 it was 1.30%). To cover health needs, pensioners' households spent 1.58 times more than employees' households (1.82 times in 2017).

Table 3: Family accounts – the structure of consumption expenditure in 2019 (in %)³⁶

Consumption expenditure	Employee	Self-employed	Pensioner
Food and non-alcoholic beverages	18,2	18,2	22,8
Alcoholic beverages, tobacco	3,0	2,2	3,7
Clothing and footwear	5,2	5,6	2,6
Housing, water, energy, fuels	21,9	21,0	30,5
Furnishings, household maintenance	6,6	5,5	5,9
Health	2,4	2,8	3,8
Transport	11,5	9,7	6,7
Postal and communications services	4,3	4,4	3,8
Recreation and culture	10,6	12,2	9,4
Education	1,4	2,2	0,1
Hotels and restaurants	7,8	8,1	3,7
Other goods and services	7,2	8,0	7,1

Source: CZSO

Sustainability of the pension system

Apart from the fair setting of the pension system, the issue of sustainability of the pension system is of particular importance at the time of population ageing. The Czech pension system was in surplus of CZK 22 bil. in 2018, in 2019 it was CZK 18.64 bil. In 2020, there was a deficit of CZK 40.55 bil. According to the current MSLA predictions, the revenue of the pension scheme will exceed the expenditure on pensions until 2026. From 2027 on, the pension expenditure will exceed the income from the pension scheme contributions. The deficit of the pension scheme will grow gradually, as forecast by MLSA, and in 2050 it will reach 4.3% of the GDP.

“ The Czech pension system was in surplus of CZK 22 bil. in 2018, but in 2020 it was already in a deficit of CZK 40.55 bil. According to the current MLSA predictions, the revenue of the pension scheme will exceed expenditure on pensions until 2026.

The sustainability of the pension scheme depends on complex changes to the revenue of the pension system, including changes to its overall architecture. One of the options is a change in the structure of the pension system revenue, for example, to finance a part of the pension system from direct taxes, indirect taxes or corporate taxation. The financing of a part of the pension system from corporate taxation would, moreover, be in line with the continuing digitisation in the labour market. A higher involvement of direct and indirect taxes would correspond to the fact that approximately a quarter of the old-age pension of an average pensioner does not depend on that pensioner's previous career.

There are many options of changing the pension system financing, and the choice of the optimal measure or a mix of optimal measures is a highly professional issue where manifold impacts of such changes have to be considered. For that reason, a Fair Pensions Committee was established in the second half of 2019 to discuss the pension system architecture and the options of increasing the system's revenue.

C. Housing

One of the main problems of Czech senior citizens are the relatively **high costs of housing**, which also represent a significant share of the total expenditure of their households. There is also a very low offer of rental housing that would be affordable and barrier-free at the same time.

According to CZSO data³⁷ from 2016 on persons aged 65+ living alone, 69% of CZ elderly had the advantage of home-ownership (65.6% in the EU-28), 15.5% of the senior citizens paid the market rent (19.7% in the EU-28) and the remaining 15.5% paid reduced rent (14.8% in the EU-28). Based on CZSO data³⁸ for 2020, 45.5% of two-member households of pensioners **lived in their own house** (40.3% of households with working members), and 35.4% of single-person households (21.6%). In the case of personal ownership, it was 31.8% of pensioners in single-person households (33.5% of households with working members). 15.9% of single-person households of pensioners lived in a rented flat (31.8% of those with working members). **Rent is not paid** by 90.3% of two-member households of pensioners (82.1%) and by 84.1% of single pensioners (68.2%). Market rent was paid by 13.7% of single pensioners (31.2%) and by 9.0% of married couples (17.2%). Reduced rent covers only 2.2% (0.6%) of single pensioners and 0.7% (0.7%) of married couples.

The cost of housing of pensioners was covered in 2020 by a higher share of the net monetary income than in the families of employees and the self-employed (around 20% vs 13.0% and 11.8%). While in 2018, the share was higher by 7.9 p.p. compared to employees and 8.8 p.p. compared to the self-employed. In 2019, it was even by 9.0 p.p. for the self-employed. In 2020, the cost of housing of pensioners demanded a 7.2 p.p. higher share of the net income than for employees, and 8.4 p.p. higher than for the self-employed. The highest part of the housing cost paid by pensioners in 2020 was formed by electricity (around 26%), then rent or the pay for using the flat (around 25%). Pensioners also pay a higher share of their housing costs for gas from a remote source than employees and the self-employed (about 3.3 p.p. and roughly 1.6 p.p.). There is also expenditure on solid and liquid fuel. In 2020, this was supplemented with higher payments for heating and hot water (+0.1 p.p. and +3.3 p.p.).

The median, i.e. the mean value, of the share of the housing costs in the total household costs was above the EU-28 average which is **16.8%** for **persons over 65** years of age while **in CZ it is 23.1%**. For men it was 21% (the EU-28 median was 15.6%), and for women it was 24.8% (the EU-28 median was 18%)³⁹. The housing costs therefore represent a heavier burden for women than for men, even in the EU-28 context.

“ The median, i.e. the mean value, of the share of the housing costs in the total household costs was above the EU-28 average which is 16.8% for persons over 65 years of age while in CZ it is 23.1%. The housing costs are a heavier burden for women.

In this respect, it is also important to compare the subjective assessments of the burden. The housing costs were a burden in 2017 for **91.5% of pensioners' households**. 26% of the households could not afford an unexpected expense in 2020 (for employees it was 18.9% and for the self-employed 11.0%). For 17.8% of them, housing costs were a large burden (14.1% and 10.3%). Also 4.3% of pensioners' households had difficulties to make ends meet with their income (2.4% and 1.5%).

The high level of housing costs is also demonstrated by data on the **housing allowance and housing supplement**. In 2018, CZ spent CZK 7.7 billion on the housing allowance, in 2019 it was nearly CZK 7.1 billion and in 2020 CZK 7.0 billion (a year-on-year decrease by 1.8%). CZK 1.9 billion⁴⁰ was paid out as the housing supplements in 2018. In 2019 it was CZK 1.6 billion, the year-on-year increase in 2020 was 1.4%.

D. Health and prevention

With the growing number of older persons, the concept of the **quality of life** (well-being) is growing in importance. For that concept, a significant factor is not the life expectancy alone but also the **healthy life years**, i.e. the state of health in which people live their prolonged life.

“ Czech men live for 13.4 years with an ailment, women, who live longer in general, 18.1 years. So all people spend around a fifth of their lives in not a full health.

The life expectancy for men in CZ in 2017⁴¹ was 76.1 years, but only 62.7 healthy life years, i.e. a difference of 13.4 years. So **a man in CZ lives 82% of his life in good health**. The life expectancy for women in CZ was 82.1 years in 2017, but only 64 years in good health, i.e. a difference of 18.1 years. **A woman in CZ lives 78% of her life in good health**. In 2019, the life expectancy for men was 76.3 years, of that 61.7 healthy life years, that means that men lived only 80.9% of their lives in good health. For women, the life expectancy was 82.1 years, of which 62.6 healthy life years, so women lived only 76.2% of their lives in good health. The expected healthy life years at the age of 65 were in 2010 for men 8.5 years and for women 8.8 years. In 2019, it was 8.0 years for men and 8.2 years for women. A substantial topic in terms of health care, not only for the elderly but for the whole society, is the **accessibility of health care**, mainly local. Older people face the adverse impacts of **medical practitioners closing** their practice in rural areas, closures of

in-patient wards in smaller hospitals and a lack of general practitioners and dentists. This trend can be expected to worsen with the changing demographic structure.

In recent years, the overall share of healthcare expenditure in GDP has been decreasing (see Table 4), although CZ keeps its position around the EU-28 average of 7.2%⁴² (in 2005, CZ spent 7.0% of GDP, in 2011 it was 7.5% but in 2019 only 7.3%)⁴³.

Table 4: Share of social and health expenditure in GDP in CZ and in absolute numbers (1990–2019)

Indicator / year	1990	1992	1998	2000	2005	2011	2014	2017	2019
Social and health expenditure in absolute terms (CZK bil.)	112,3	161,5	372,2	425,8	574,5	770,0	824,9	917,3	1 053,2
Social expenditure in absolute (CZK bil.) ⁴⁴	82,3	115,8	240,2	279,0	355,7	481,8	513,0	558,3	640,0
Healthcare in absolute terms (CZK bil.)	30,0	46,0	132,5	146,8	218,8	287,8	311,8	359,0	413,3
Pension expenditure in absolute (CZK bil.)	45,6	63,7	161,8	181,9	241,2	359,0	376,7	404,6	460,7
Social and health expenditure (share in GDP, %)	17,9	19,2	18,7	18,8	18,4	20,1	19,1	18,2	18,6
Social expenditure (share in GDP, %)	13,1	13,7	12,0	12,3	11,4	12,6	11,9	11,1	11,3
Healthcare (share in GDP, %)	4,8	5,4	6,6	6,5	7,0	7,5	7,2	7,1	7,3
Pension expenditure (share in GDP, %)	7,3	7,6	8,1	8,0	7,7	9,4	8,7	8,0	8,2

Source: Research Institute for Labour and Social Affairs⁴⁵

The expenditure on health care grows regularly year on year⁴⁶. The highest increase by 11.8% was identified in 2018 (in 2019 only 10.0%). This was mainly medical treatment (14.4%), followed by long-term care (11.0%) and rehabilitation (10.6%). In 2019, the highest year-on-year increase was recorded in rehabilitation care (14.2%). Since 2016, preventive care has been gaining in importance after a year-on-year fall in 2015 (by 21.0%) and it has been increasing year-on-year by 5.8% on average. After a stagnating year-on-year growth by 7.6% in the period 2015-2017, the share of healthcare expenditure rose to 8.3% in 2019.

Integration of health and social care

One of the key topics in the health area is the integration of social and health care. At present, CZ has the competences divided at the national level between the Ministry of Health and the Ministry of Labour and Social Affairs, at the regional and local level between the regions, municipalities, health insurance companies and the households themselves. Long-term care for older people is provided in CZ as formal (residential, out-patient or in-home supportive services) and as informal (within the family or community).

The fragmentation is caused mainly by the ambiguous legislation that insufficiently defines the various competencies in social and health care and its staffing and financing in connection with the client's needs. Patients or clients with a similar health status may be placed both in healthcare and social facilities, as well as receive the care in their home and each of those options is financed in a different way and, moreover, significant inequalities arise in the care for clients with comparable needs⁴⁷. **Therefore, it is necessary to unify the manner of financing the nursing care in residential facilities of social services and the nursing care on long-term care beds in health facilities and the in-home nursing care.** In general, we need to focus on an overall interconnectedness of health and social care of various types. An indispensable part of the care is the **palliative** care.

Support for disease prevention and specialised geriatric care

At present, older people live approximately 15 years with a form of health limitation⁴⁸, which affects the quality of their lives in general. **A key topic that will have to receive special attention in connection with the health of an ageing population is the specialised geriatric care including comprehensive diagnostics.** Simply put, this means viewing health and disease in old age holistically so that physical, mental, social and spiritual problems are perceived at one time and as part of the overall quality of the senior citizen's life. It will be necessary to ensure a sufficient number of physicians-geriatricians, to support education in this field and development of geriatric care as such. That development involves providing more information to health workers about functional geriatric diagnostics and, in general, about **geriatric syndromes, mainly fragility**.

An increasingly important topic related to population ageing is the growing number of persons with dementia. The most frequent cause of dementia is considered to be the Alzheimer's disease. The main tasks in this area are ensuring a timely diagnosis and sufficient prevention – both are related to the need to strengthen services. This topic is detailed in the specialised National Action Plan for the Alzheimer's Disease and Other Similar Diseases 2020-2030⁴⁹.

“ At present, older people live approximately 15 years with a form of health limitation, which affects the quality of their lives in general.

In the health area, an important role is played by prevention that focuses on various aspects of health throughout the human life. **In 2014, CZK 11.4 bil. was allocated to prevention in general, which is CZK 1.4 bil. more than in 2010. In 2015, it was only CZK 9 bil⁵⁰. In 2019, the number grew again to CZK 11.3 bil⁵¹.** Prevention should target chronic, mainly neurodegenerative, cardiovascular and oncological diseases, musculoskeletal disorders and mental illnesses, which are strongly determined by lifestyle and social factors of health (poor diet, lack of exercise, smoking, addictions including alcohol, stress, etc.). Health care should also systematically target higher effectiveness of drug therapy. For persons who have undergone medical procedures, it is important to place more emphasis on high-quality and specialised (geriatric) follow-up care, rehabilitation and community services in order for the person to return to their home as soon as possible and remain there as long as possible, as well as ensuring long-term care through a complex of services supporting independent living of older persons in their homes.

The issue of health care financing also projects into the accessibility of the care. Older persons are adversely affected by the cancellations of in-patient wards in smaller hospitals and the lack of general practitioners and dentists, mainly in rural areas.

Health and prevention also have their gender aspects that must not be overlooked, as we know from abundant domestic and foreign experience. The promotion of a healthy lifestyle for men must take into account the fact that men's lower life expectancy is partly due to the consumption of alcoholic beverages, smoking or poor diet, which can give rise to a whole number of diseases. In those aspects, men have worse habits and in general are less willing to deal with their health and visit health facilities. For women, attention must be paid to cardiovascular diseases, some of which have different symptoms than in men. That may apply to a larger number of diseases because some have been researched more on the male population. Due to their previous professional and care-giving focus, men and women respond differently to retirement, which reflects in their mental health, among other things. Any reflections on the health of older persons and on prevention, and all awareness-raising activities, should take into account the specificities of the gender aspects of health and prevention.

In order to enable older people to remain in their own environment, maintain their safety and independence, it is necessary to develop **assisted living services** more intensively.

Such services may increase the quality of life of the elderly and help them remain active in work or in community. The services also have an **important respite function for the older person's family and close ones, as well as systemic potential** that can be used to coordinate community services and support. The public is not sufficiently informed about such services. The number of their users in CZ is very low. Information and communications technologies and assisted living services for the elderly can significantly extend the time lived by older persons in their home environment and so contribute to a higher quality of their lives.

E. Support and care

The share of social and health expenditure in GDP in CZ has been decreasing in recent years, with a slight improvement in 2019 (see Table 4). **While in 2011, the amount spent on social and health expenditure corresponded to 20.1% of GDP, in 2017 it was only 18.2 % of GDP and in 2019 it was 18.6%.** In an international comparison, CZ spends a lower share of GDP on social expenditure than the EU-28 average, which is currently 19.2%⁵², in CZ it is 11.3% (see Table 4). The expenditure on social and health care does not grow as fast as the GDP.

“ While in 2011, the amount spent on social and health expenditure corresponded to 20.1% of GDP, in 2017 it was only 18.2 % of GDP but in 2019 it grew slightly to 18.6%.

As the demands of the system will grow due to population ageing, the **system of financing the care is at risk of being unsustainable** and so we must find a systemic solution to this issue, either as an insurance or non-insurance system. MLSA is preparing an overall change of the financing of social services as part of an amendment to the Social Service Act that is to take effect on 1 January 2022. The main change is establishing the subsidy for social services as mandatory expenditure of the state and the uniform participating shares of the self-governing units in that MLSA subsidy, determining the unit costs, the personnel and material-technical standard, or provision of multi-year subsidies, as well as unification of the processes of planning the social services development.

The problem is not only the low expenditure on providing social and health care but also the **annual and competitive form of financing the social services** (applicants for the subsidy compete for it in a state programme, the subsidy is not granted to them automatically), which causes financial uncertainty for the providers and, as a result, they cannot, for example, plan their staffing for a longer period ahead. According to an analysis

of the Association of Providers of Social Services⁵³, all types of social services will require in 2030 approximately 45 thousand employees, with the highest share to be in the residential type services. It is 11 thousand employees more than at present.

The vast majority of people prefer to stay in their home environment as long as possible, if their health condition allows it. The ideal for the future is shared care, i.e. a combination of care provided by close persons with the assistance of available social and health services. Emphasis will, therefore, have to be placed on developing in-home and out-patient services.

Institutional care

Institutional care for older persons is provided in CZ in social services mainly in retirement homes and in homes with a special regime (mainly for older people with dementia and other mental disabilities). As shown in Table 5, the number of beds in the retirement homes has not changed substantially over the years, the number of beds in homes with a special regime is growing. Apart from that, the number of unsatisfied applications for a place in retirement homes is increasing. But the long-term goal is not to increase the capacity of large-capacity residential services but to build community-type social services that correspond more to living in one's own environment.

Table 5: Development of the number of facilities, beds and clients in selected long-term care facilities 2012-2019⁵⁴

Indicator – number of facilities, beds, clients/ year	2014	2015	2016	2017	2018	2019	2020*
Retirement homes – facilities	500	496	514	519	525	524	542
Retirement homes – beds	37 327	37 200	37 247	37 037	37 048	36 688	36 499
Retirement homes – clients	35 882	35 944	35 829	35 501	35 489	35 275	-
Homes with a special regime – facilities	263	276	307	322	341	349	381
Homes with a special regime – beds	14 354	15 494	17 784	18 853	20 075	20 904	22 315
Homes with a special regime – clients	13 668	14 783	16 856	17 856	18 954	19 833	–

Source: CZSO, MLSA

*Data on the total number of clients for 2020 will be available after 30.06.2021 when collection of data on social services ends (reports pursuant to Section 85 par. 5 of the Social Services Act).

Informal care

As there is not a shared definition of informal care, it is not possible to specify exactly the proportion of the Czech population that provides informal care. The number of informal care-givers can be partially estimated based on the number of care allowance recipients⁵⁵. Table 6 indicates their annual increase. With regard to the demographic trends we can expect that the number of care allowance recipients and, in connection with that the informal care-givers, will continue to grow.

“ Women prevail among the care-givers, they make up 62%.

According to a survey of the Further Education Fund, every fifth adult Czech (21.5%) is at least minimally involved in care for a close person who needs assistance due to disability, long-term illness or old age. Of that, 400 thousand persons provide complete care in a joint household, which has a significant impact on their own lives. Another 600 thousand people help 16 hours a week on average, although the care is not complete and in a joint household. **Women prevail among the care-givers, they make up 62%** of care-givers. Their care is more demanding, they form 75% of persons providing intensive care. The most frequent negative impacts of care include deterioration of the financial situation, physical and mental health, relationships with the family and limitation to or departure from the care-giver's job. The negative impacts of care increase with the care intensity⁵⁶.

Table 6: Development of the number of care allowance recipients 2010–2019

Indicator/ year	2010	2011	2012	2013	2014	2015	2016	2017	2019
Number of recipients	310 153	303 967	314 765	318 095	332 445	340 122	350 238	356 152	366 064
Registered provider not indicated	222 250	215 767	223 400	225 800	239 404	245 502	252 655	256 736	262 745

Source: MLSA

Once the care has significant negative impacts for the care-giver and/or the care-receiver, which they can no longer cope with at the individual level, the care-giver turns to the state administration for assistance, which brings about **increased demands on the whole, mainly social and health system, the state administration and self-governing units.** To pay increased attention to informal care and to formulate the relevant measures means to **prevent unnecessary costs and reduce the pressure on the state and its finance.**

The problem is mainly the **insufficiently developed network of social services**⁵⁷, in particular the supportive ones such as short-term respite services, counselling and personal assistance. Although the **care-receiver wishes to stay in their home environment and the care-giver is motivated to care**, there is often no other solution than to turn to **institutionalised care**. Care-givers are currently also not recognised as a target group of social services.

The number of clients of nursing services mostly decreased year on year in the reference period, the greatest fall was in 2017 by 4 702 persons. In 2019, after a regularly diminishing decrease, the number grew by 1 346 clients. The second most demanded service is the respite service that, after a drop in 2017, gradually accelerated its year-on-year growth to 874 clients in 2019. The interest in personal assistance rose year on year in 2018 by 973 and in 2019 by 407. There is a high demand for emergency care where the number of clients has been rising quickly since 2017 (by 1 129 persons in 2019).

Another **negative externality of insufficient support for informal care is, also for the state, problems of the care-givers on the labour market during the care or when returning to work** after ending the care. The problems include reduced income from employment and from the system of social protection, a loss of contact with the professional environment and lowered qualification. Although the care allowance is not intended to pay for the care in full and is really designed as a contribution, the care-giver often has no opportunity to earn extra money during the care. 22% of the care-givers are fully dependant on the allowance alone, 48% of them on the income of their life partner. Only 23% of care-givers consider their own personal income to be the largest source of finance⁵⁸.

Many care-givers find themselves on the verge of poverty and again require additional aid from the state, e.g. in the form of social benefits. The drop in their income may be long-term because it will reflect not only in their wage or salary, but also in the size of their pension.

“ To pay increased attention to informal care and to formulate the relevant measures means to improve the quality of life of both the care-receives and care-givers and to prevent unnecessary expenditure of the social-health system and reduce pressure on the state and its finance.

In most cases, the care-givers are women. Because of the necessity to care for close older persons they do not earn an income and often retire early and because of that their old-age pension is reduced until the end of their lives and so they face poverty more frequently in their old age. The burden of informal care is one of the causes of the one-fifth difference between the average old-age pension of men and women.

Care allowance

Apart from social services, an important financial tool to support the provision of care is the care allowance. **Over the last 5 years, it has been increased twice, first by 10% for all levels in 2016, and then in 2019 for persons not using residential services in level III of dependence until 18 years of age to CZK 13 900 and for over 18 years of age to CZK 12 800; in level IV to CZK 19 200.** At the end of 2018, it was drawn by nearly 358 thousand people, of that 246 thousand were persons over 65 years of age⁵⁹. In 2019, it was paid to 362 thousand persons and in 2020 to 363 thousand. In 2018, a new benefit was introduced, the so-called long-term caregiving benefit, intended to secure the care-givers and the care-receivers in the event of an acute deterioration of the health condition and provide an opportunity to the family to prepare for such new situation and ensure the needed care. In 2018, the long-term caregiving benefit was paid for 1 494 care-receivers and there were 3 206 payments, i.e. for 2 months on average. Care-givers do not use the option of taking turns very much, 2 persons alternated in the care in 40 cases and 3 persons only in 2 cases. The care is predominantly provided to persons over 70 years of age (59% of the total number of care-receivers)⁶⁰.

The process of deciding on granting the care allowance is divided between two administrative authorities (the Labour Office and the Czech Social Security Administration) where one assesses the cases and the other decides. The administrative period for both subordinate authorities is a maximum of 135 days in sum. The higher the level of individualisation, the longer the period used to assess the evidence that must be collected by the administrative authority and dealt with. The approach to the efforts to speed up and shorten the whole process must be comprehensive.

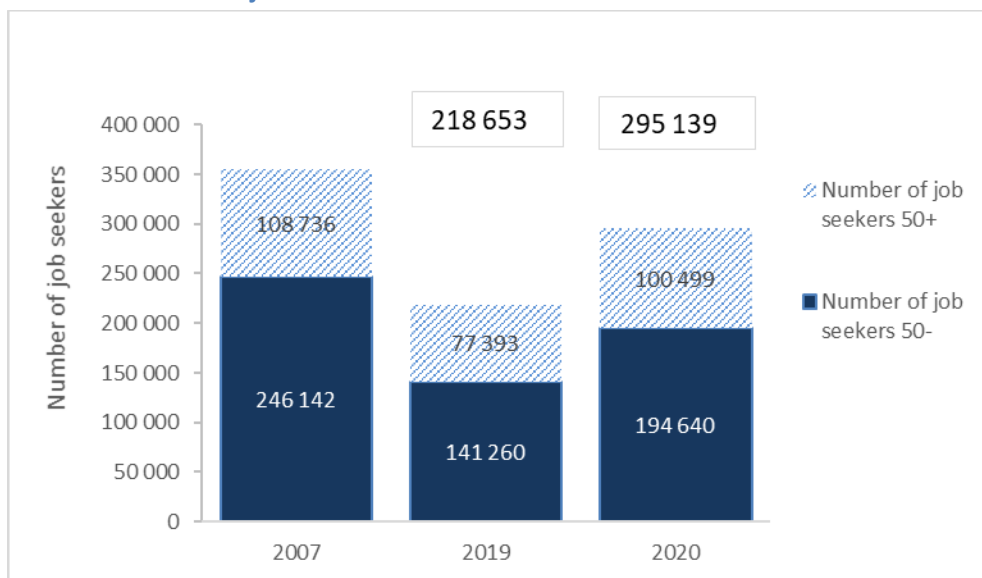
F. Employment and lifelong learning

Participation of older persons in the labour market has several characteristics – activity in the labour market in the pre-retirement age, which is, despite the structural obstacles, relatively high, and non-activity that comes with retirement.

Although unemployment in CZ is very low currently, it is people over 50 years of age who are significantly threatened on the labour market. Based on MLSA statistics, this category makes up the highest share of job applicants. **At the beginning of 2019, it was more than one third of all job applicants** (see Chart 4), i.e. **77.4 thousand out of the total 218.7 thousand**, with the highest share of applicants being between 55 and 59 years⁶¹. In 2020, it was 34.1%, with the share of the 55-59 age category keeping at 39.8%. Those statistics have not changed much over the last ten years⁶². Nevertheless, the number of the unemployed aged over 50 years continues to grow slowly. The loss of employment and long-term unemployment of persons over 50 years of age is often a reason for early retirement. If persons over 50 lose their job, it is usually complicated for them to find a new one.

“ According to data of the Labour Office as of 31.01.2019, **77 thousand people aged over 50 years were registered among job seekers, and their share in the total unemployment was 35.4%**. At the end of 2020, it was around 34%.

Chart 4: Number of jobs seekers



Source: MLSA (aged 50+ light blue, 50- dark blue)

While **employment in the 55-59 age category in CZ is above-average among OECD countries and grows rapidly** (CZ 81%, OECD 69.6% in 2016, CZ 83.6% in 2017), in the age groups of 60-69 years it is well below average (in the 60-64 group CZ 38.3%, OECD 46.3%, in the 65-69 group CZ 12%, OECD 20.9% in 2016; in the 60-64 group CZ already 43.1% in 2017)^{63,64}. The employment rate at the age of 15+ was 58% in 2020, which is down by 1.1 p.p. against 2019 (in 2018, there was still a year-on-year growth by 0.6 p.p.)⁶⁵.

The employment rate in the age of 50-54 years was 91.4% (year-on-year decrease by 0.9 p.p.). A year-on-year decrease was identified in the age group 55-59 years (by 0.5 p.p.) and 65+ (by 0.3 p.p.). The age category of 60-64 years, where the employment rate is only 50.2%, 2020 saw a year-on-year growth (by 2.7 p.p.).

That is partially caused by the lower retirement age, mainly for women, which is perceived as a natural transition line from labour market activity to inactivity.

Employment of older women is in CZ substantially lower in an international comparison (unlike for men) than the OECD average. The employment rate of Czech men aged 55-64 years is high, reaching 71.7%⁶⁶, which is higher than the EU-28 average of 63.7%⁶⁷. In this respect, Czechia stands out among the other post-communist countries that are well behind the EU-28 average. For example in Slovakia, only 56.6% of men at that age work, in Poland it is a little more: 58.3%⁶⁸.

The employment rate of women aged 55-64 years is 53% in CZ⁶⁹. The currently high employment rate of women at this age is driven by the very low unemployment. Despite that, women after a maternity leave and at a higher age show a lower employment rate and are more threatened by unemployment. The reasons are manifold, there are many factors associated with the setting of the family policy (long parental leave, lack of flexible and part time jobs and lack of places in pre-school facilities) and the traditional division of labour in the family between men and women.

According to data of the Labour Office as of 31.01.2019, **89 thousand people aged over 50 years** were registered among **job seekers**, and their share in the total unemployment was **36.2%**⁷⁰. The **unemployment rate** at the age of 15+ was 3.0% in 2020 and grew year on year by 1.0 p.p. The same growth was seen in the age group of 60-64 years where the unemployment rate was 2.5%. In the 65+ category, the increase was by 0.7 p.p., with the unemployment rate being only 1.3%. In the age groups of 50-54 and 55-59 years, the growth against 2019 was 0.1 p.p., with the unemployment rate being 1.8 and 2.2% respectively.

The share of older people among job seekers is increasing because older people find employment with more difficulty despite the currently favourable development than the other age groups, but it must be borne in mind that the share of older persons in the population is rising in general, which reflects in their growing proportion among the

unemployed, and that the retirement age is rising, which also contributes to the growing number of older unemployed.

The future of the world of work will be significantly influenced by the processes of digitisation and robotisation, which will affect the structure of jobs in CZ. In a European comparison, CZ faces a slightly above-average risk, **mainly the low share of jobs that are only little threatened by digitisation is problematic**⁷¹. This is a substantial difference between CZ and developed economies. With regard to the ageing of the population as a whole, it will become necessary for employers to intensify support of older workers and of retaining them at the pre-retirement and retirement age.

Lifelong learning

Learning plays a key role in adapting to changes in one's environment, civic and personal competences, flexibility on the labour market and participation in further development and growth in the course of life, same as maintaining independence and good health in old age. The notion that education is the domain of childhood and youth should already be overcome. **The duration of education is extending but the obtained knowledge becomes out-of-date fast due to innovation, technological changes and growing global competition.** We must research what educational paths people choose and how the paths form their lives including the working life. This concerns e.g. gender segregation where women make stereotypical choices of education and as a result usually remain in professions with lower financial remuneration, and consequently have lower pensions and face a risk of poverty at a higher age. When considering education and lifelong learning, it is necessary to break down gender stereotypes and develop talent based on individuality, not gender. That can be achieved e.g. by gender-sensitive career counselling or by training teachers in the area.

At present, senior citizens are educated in CZ through several institutions. These are **universities of the third age**, offering a wide range of traditional education, activation programmes and animation activities, and **academies of the third age** where senior citizens are given the opportunity to learn systematically and at the academic level about the latest scientific findings, or **virtual universities of the third age** where the topics of the courses are related to accredited study programmes of the given school. Students who, for various reasons, cannot attend in-person study, can visit so-called consulting centres (at local authorities, at schools, libraries, information centres etc.). This form of

education has an invaluable benefit of bringing education to small municipalities. Other education is offered by private education agencies, libraries, cultural centres, leisure learning centres for children and youth, and senior citizens' clubs. The system of lifelong learning is not entirely developed in the Czech Republic and so it insufficiently supports the basic civic or information competences that are substantial for maintaining autonomy at a higher age.

G. Prevention of social isolation, support of inter-generational relationships and barrier-free accessibility

Social isolation and loneliness of elderly persons is a cross-cutting theme encompassing other factors – mainly the overall approach of the society to old age and ageing, but also the state of health, barriers in the public space and the transforming composition and structure of households.

Social isolation partly results from the transformation of the family composition. According to CZSO data⁷², the **average size of households is decreasing** (in 1961, one household was formed on average by 3.00 persons, in 2017 it was only 2.37⁷³ persons). The highest share in total households is made up by two-member families, their share decreased from 32.7% in 2018 to 32.2% in 2020. Among the households of pensioners, the highest share is held by single-person households, rising from 47.7% in 2018 to 48.7% in 2020. The number of incomplete families grew, with roughly every other marriage ending in divorce – in 2018, 54.5 thousand couples married but 24.1 thousand divorced⁷⁴. The most frequent reason for a divorce has long been the incompatibility of personalities, opinion and interests⁷⁵. The number of single-person households is on the rise. Out of the total number of 4 375 122 households in 2011, single persons lived in 1 422 147 of them, i.e. nearly a third⁷⁶. The CZSO⁷⁷ data for 2019 show a markedly lower dynamics of **marriages**, recording a year-on-year growth only by 0.7% while it was 3.6% in the previous year. The number of divorced men reduced its year-on-year dynamics of growth in 2019 to 0.6% and of women to 0.9%. The number of married men and women regularly reduces its decrease. Apart from that, the number of single men and women grows year on year (by 1.0% and 0.9% respectively) and widowed men by 0.6%.

“ According to the 2011 population and housing census, full families (married or cohabitating without marriage) formed 48% of the total number of households, but single-person households represented 32.5%, a half of which are households of widowed

women, mostly pensioners. In 2020, the highest share of households were occupied by two-member families, while among pensioners it was single-person households.

The reason for solitude may be widowhood that affects women to a greater extent because they live longer than men. “The share of widows among women aged 60-64 years is 15% but among women over 80 years of age it is more than 80%, while “only” 39% of men aged 80+ are widowers”⁷⁸.

However, the marriage rate has had a rising trend since 2013, also among widowed or divorced persons⁷⁹.

In terms of the preparation for societal ageing, it is also crucial to support family stability. Expenditure on family policy in CZ in 2007 amounted to 2.5% of GDP, which corresponds to the average of OECD countries. In 2015 in CZ, that share was 2.9% and in OECD countries 2.4%. Support for families with children is strongly concentrated in tax discounts but it lags behind in the pillar of direct support and public services⁸⁰.

The Family Policy Concept⁸¹, approved in September 2017, takes into account international recommendations⁸² that family policies should provide more support towards financial security of families with small children, provide high-quality, locally available and affordable public services of childcare, support the sharing of childcare and care for other dependent family members among women and men, support legislative and non-legislative measures to secure equal opportunities between women and men, and develop flexible forms of work⁸³. All of those measures are in place in countries that have long showed the highest birth rates within the OECD as a whole. These are the Scandinavian states, France or Germany.

An interesting indicator of social isolation can be the way of spending free time. **Television watching takes up around 40% of free time of elderly persons over 65 years of age, while spending time with family and friends makes up around 10% of the total volume of free time.** But research shows that the quality of life and satisfaction of older people are increased by activities associated with participation in the life of the community, which are perceived as meaningful. But when participating in social life, senior citizens often encounter ageism and discrimination⁸⁴. So Czech elderly persons spend their free time in a rather passive way. But activity has greater benefit both for them and for the society. Active ageing can prevent not only social isolation but also deteriorating health. **The word “active” should mean continuing participation in the social, economic,**

cultural, spiritual and civic life. An important role is played by volunteering. At present, activities of senior citizens are shaped by movements or clubs of senior citizens or a number of interest organisations and civic associations. Older people find self-realisation within their family or in mutual aid between neighbours. Community is essential mainly for abandoned elderly people that are not in contact with their family. For the elderly, it is very important to share experiences and transfer experience to the other generations. One of the solutions is establishing inter-generational centres that effectively address the issue of inter-generational dialogue.

Active ageing can prevent not only social isolation but also deteriorating health. According to a CZSO analysis⁸⁵, the share of actively sporting population in the age group of 55-64 years grew from 19% in 2014 to 23% in 2019, at the age of 65-74 years from 13% to 17% and at the age of 75+ it stagnated at 6%. The number of hours spent in sports in a typical week in 2019 in the age group of 55-64 years corresponded to 12% against 11% (2 hours and more, and maximum 2 hours), at the age of 65-74 it was 9% against 7%, and at the age of 75+ it was 4% against 2%. The share of persons using a bicycle for transport in 2019 was 21% in the age group of 55-64, and 9% at the age of 75+.

For older people living in rural areas, one of the barriers can be the reducing accessibility of services. This includes the post office, pharmacy, grocery, general practitioner and dentist etc. Apart from problems with the offer of services, an important topic is the spatial mobility of elderly people (owning a car, a driver's licence and readiness to drive as well as a developed public transport and community support of mobility).

“ If senior citizens want to leave their flat, 84% of them must overcome at least several stairs. For indisposed elderly people, this impossibility to go outside means social isolation.

For senior citizens with impaired health, activities outside their home may be accessible with great difficulty. **If senior citizens want to leave their flat, 84% of them must overcome at least several stairs**⁸⁶. For indisposed elderly people, this impossibility to go outside may mean social isolation. One of the keys to combating social isolation are building modifications but **reconstruction may be unaffordable for senior citizens**, also because the subsidy schemes have insufficient capacity⁸⁷.

Solutions to the problematic accessibility are hindered also by the fact that legislation covers comprehensively only the barrier-free accessibility of the public space, public and

residential buildings, while a systemic solution to barrier-free public transport, both urban and inter-city, is lacking in CZ.

As senior citizens grow older, **they spend increasingly more time in their immediate surroundings**, i.e. mainly in urban environment. **29% of persons aged 60-69 spend the majority of their time in their surroundings. Among persons aged 80+, it is 65% of them**⁸⁸. Despite that, there is still a certain percentage of people who travel out of their home even to more remote destinations.

Persons over 60 years of age use urban public transport very often, nearly a quarter of them every day and another 41% at least every week. The same applies in rural areas to regional public transport in general. Legislation on barrier-free transport, specifically legal anchoring of barrier-free vehicles in both urban and inter-urban public transport appears entirely inadequate. In this area, only partial measures have been adopted, mostly concerning the marking of barrier-free vehicles⁸⁹, the scope of barrier-free accessibility⁹⁰, the methods of transporting persons with reduced mobility and orientation⁹¹, the design of barrier-free rail vehicles and the marking of barrier-free rail stations and urban public transport stops⁹² or of barrier-free access to platforms or spaces for passengers⁹³. Barrier-free means of transport are key because they can increase the motivation to travel for persons who spend the majority of their time in the surroundings of their homes.

The Building Act contains very important provisions on barrier-free accessibility, as it defines a barrier-free use of buildings as public interest⁹⁴. Barrier-free accessibility is partly anchored in the Electronic Communications Act, but it only focuses on barrier-free access to selected public automated machines⁹⁵. The issue of barrier-free buildings is quite comprehensively addressed in Decree of the Ministry of Regional Development No 398/2009 Col. on general technical requirements ensuring barrier-free use of buildings. The barrier-free access to spa buildings is addressed in special legislation⁹⁶.

The problem is rather in applying the regulations, as requirements arising from other regulations (typically the design of local roads) lead in practice to solutions unsuitable for elderly and disabled persons – long distances for crossing roads, grade-separated crossings etc⁹⁷. Structures or their modifications should meet not only the requirements of accessibility but also of certain comfort for the movement of persons with reduced mobility and orientation. It is also necessary to modify buildings built before Decree No 398/2009

Col.⁹⁸ was adopted. A prerequisite for including the functionally disadvantaged persons in the life of the town is the permanent emphasis on universal design and adequate modification of the public space in the spirit of the European Accessibility Act⁹⁹.

H. Discrimination, abuse, exploitation and consumer protection

A basic principle of a democratic society is the dignity of all persons. An integral part of that is respect for old age and for human rights arising both from national legislation (mainly the constitutional acts)¹⁰⁰, and from international commitments (mainly the legally binding international conventions and other documents)¹⁰¹.

People of all age categories most frequently encounter discrimination in seeking and performing paid work, in purchasing goods and services, as patients in healthcare, in means of public transport, on the street or in public places, or when handling matters with authorities. When this concerns older persons, it is related to many stereotypes and negative perceptions of old people as useless and burdensome for the society, slow, with deteriorated cognitive functions, with deteriorated health, dependent on care and assistance of others, not knowing modern procedures and e.g. digital and communications technologies. Older people perceive negatively also the various shades of media communication or the tone of the societal debate on population ageing and on the growing expenditure on pensions.

“ Discrimination of older persons is connected with **many stereotypes and negative perception of old people** as useless and burdensome for the society, slow, with deteriorated cognitive functions and state of health, dependent on the care and assistance of others, not knowing modern procedures and e.g. digital and communications technologies.

Only a very small portion of people (approximately every tenth person) who felt discriminated have reported their experience to any authority or organisation. In most cases, discrimination may look as a seemingly harmless act (a negative comment from a close person or in the public, stereotypical framing of text in newspapers) but in sum can have a substantial impact on the mental and emotional state of the person, on their self-perception and self-confidence and so on the overall quality of their life. In terms of more pronounced acts of discrimination, the people who never reported their case state their reasons most often as lack of trust in the relevant institutions being able to solve the case,

lack of evidence, not knowing who to ask for help, fear of negative consequences, or considering their case to be trivial¹⁰². **In this context, we must break down the prejudices and stereotypes concerning age and ageing as well as increase the self-confidence and awareness among older people of their rights and options of defence.**

The more difficult situation of senior citizens is reflected in some partial legislative measures. This includes Act No 45/2013 Coll. on victims of criminal acts, as amended¹⁰³, which defines a specially vulnerable victim as a person of high age for whom the high age can, with regard to the circumstances of the case and the situation of that person, prevent the person from full and effective engagement in the society, compared to the other members of the society. (So not every senior citizen is automatically a specially vulnerable victim). Similarly, age is taken into account in the amendment to the Consumer Protection Act – Act No 378/2015 Coll., amending Act No 634/1992 Coll. on consumer protection, as amended.

The amendment mainly covers the prohibition of unfair commercial practices in relation to elderly people, i.e. applied due to their age or credulity and subsequent reduced possibility to defend themselves against the unfair practices in court or in out-of-court negotiations. A commercial practice is unfair if the conduct of the entrepreneur towards the consumer is in conflict with requirements of professional care and is capable of substantially influencing the consumer's decision-making that will lead to a trading decision that the consumer would otherwise not make. This phenomenon is most often associated with sales trips and aggressive procedures of the sellers¹⁰⁴. Despite a high media coverage of the problem, elderly people continue to visit product demonstrations or surrender to the offer of sellers either over the telephone or in personal contact. **“The decision of older people to take part in the product demonstrations is largely influenced by their loneliness.** The three most frequently stated reasons why senior citizens decide to visit product demonstrations are a trip (43%), the company of peers (16%) and learning about new technologies (10%). **Only 0.53% of the elderly people indicated that they went on the trip to buy something.** Which is in sharp contrast with the fact that 72% of the older people have bought something at a product demonstration and the value of the goods ranged in the order of CZK thousands and tens of thousands for 83% of the elderly”¹⁰⁵.

Still, there are pressing problems that do not have sufficient legislative backing for their solutions. The formulation of strategic priorities and the setting of effective measures in this area are also hindered by a lack of relevant data. **In CZ at present, there is no sociological research that would comprehensively capture the issue of discrimination against the elderly and their abuse**¹⁰⁶. This does not concern only discrimination e.g. in access to services or on the labour market but also the quality of life of elderly LGBT+¹⁰⁷.

“ Experts warn that ageism, discrimination, abuse and exploitation of senior citizens are little visible but extensive problems for which we do not have sufficient data.

The non-profit organisation Život 90 (Life 90) defines violence against senior citizens as: ...”coercive behaviour used by one person to control another person or persons. It can have various forms. A characteristic feature is repetitiveness over a long period and nearly everyday presence. It takes place both in the home and in institutions”¹⁰⁸. The older people trust that environment and that increases their vulnerability. Precise data are not available because many victims never report such acts¹⁰⁹. The reason for not reporting may be the shame of the abused person, their isolation and dependence on the care of the aggressor. If the aggressor is from the family, the old person may feel guilty for raising their children wrong. Mistreatment of senior citizens is not easily detected.

Especially for older persons bedridden at home, a key role can be played by the physician who is often the only person with access to the older person from outside of the situation. The physician can observe obvious manifestations of physical violence or other forms of ill-treatment¹¹⁰.

The mistreatment of the elderly by the family, which can be understandably due to exhaustion or burnout of the caregivers as a result of the care, institutions and the society, leads to the old people not feeling safe. The feeling of safety is influenced also by who the elderly lives with or whether the elderly lives alone. A data analysis¹¹¹ has proven that **18.5% of senior citizens who live alone do not feel safe. Older people living with relatives or their family feel the safest (84.3%)**. Many senior citizens do not leave their home because of fear of criminality or of getting injured or they do not feel safe due to their current state of health (37.5%). Four out of ten elderly respondents consider the non-adaptable fellow citizens to be the reason for the feeling of reduced safety or fear of

threatening behaviour¹¹². Other reasons include traffic (freight traffic – trucks) (37%) and inadequate design of pavements and pedestrian crossings (27%), but also the behaviour of vulgar, noisy youths (34%), homeless people (34%) and drunk people (33%). Persons aged 65+ are also the largest group among those who have committed suicide (in 2016, this was 357 persons aged 65+ out of the total number of 1 316 persons, of that 1 059 men and 257 women)¹¹³. In the age group of 65-69 years, **intentional self-harm** was identified in 110 cases in 2017, and 105 cases in 2019. A year-on-year decrease in cases was found also in the age group 80-84 (by 18) and 85-89 (by 19 cases). On the contrary, there is a regular year-on-year growth in the age of 70-74 and 90-94 by 19 and 9 cases respectively¹¹⁴.

Internet and security of older people

A new phenomenon that concerns the whole Czech society but has specific aspects for the elderly population is the online risk-taking behaviour. This includes credulity and insufficient security in dating, shopping, use of internet banking, as well as media awareness, spreading, search for and consumption of information. Older people as well as other age groups take part in spreading misinformation and false news. Senior citizens are active in spreading unsolicited e-mails – with a growing age, the users spread such e-mails substantially more than younger users. The unsolicited mail includes both true messages and disinformation, untrue information, false news etc. **E-mails that warn against danger (e.g. migration, Islam) – both false and true – are spread by 35% of persons aged 55-64 and by 47% of persons aged over 65 years – that is four times more than among younger people (35 years old).** True and false news about political issues is spread by senior citizens six times more often than by younger persons¹¹⁵.

3 Ten Fundamentals of the Preparation for Ageing

TEN FUNDAMENTALS		Responsible body	Estimate of financial costs
1. Fair pensions	Preparing a proposal for earlier retirement of employees in demanding professions	MLSA	Billions

	Identifying and promoting measures to reduce the gap between pensions of men and women, including measures to reduce the remuneration gap, also in connection with the role of caregivers who are more often female, that affects the pension calculation.	MLSA	Billions
	Assessing the functioning of widow and widower pensions and proposing corrective measures as appropriate.	MLSA	Billions
	Identifying additional revenue of the state budget for financing the pension system to ensure its long-term financial stabilisation and sustainability. Considering the introduction of multi-source financing of the pension system.	MF, MLSA, MoH	Revenue of tens of billions
	Introducing a system of informing citizens about the future amount of pensions on their 40 th , 50 th and 60 th birthday, and also a system of automatic warning of any missing records in the CSSA record system.	MLSA	Within existing resources of the ministry
	Gradually adjusting old-age pensions so that the average old-age pension is at least 40% of the average wage.	MLSA	Billions
2. More accessible and quality social and health services	Supporting quality, timely, locally available and affordable social services in a composition required by clients. Emphasis will be placed on the development of social services that enable clients to live independently in a home environment as long as possible, on continual stability of the financing of the social services as part of the annual preparation of the mid-term framework of budget expenditure. Expanding the options of multi-source financing of social services.	MLSA	CZK 3 bil. (annually)
	Creating an accessible and financially sustainable system of interlinked social and health services, hospice care, palliative care and psychiatric care. Ensuring sufficient capacity of services caring for persons with dementia. Interconnecting and increasing systemic cooperation of social and health services at the local level in cooperation with municipalities	MoH, MLSA, health insurance companies	CZK 1 bil. (the reform alone)
	Taking measures, including preparation of a stable financing model, to adequately pay the staff of social and health services and so that the capacity growth matches the demographic development in CZ.	MLSA, MF	Within existing resources of ministries

3. More accessible and barrier-free housing for the elderly	Increasing the funding in the MoRD subsidy scheme for barrier-free housing to at least CZK 500 mil. a year. Preparing a new subsidy scheme for barrier-free modifications of existing flats in line with the universal design principles.	MoRD	CZK 500 mil. per year
	Supporting the construction of housing for older people in rural areas, e.g. as community type homes providing accommodation as well as leisure and educational activities.	MLSA, MEYS	CZK 2 bil. per year
4. Supporting the sandwich generation and informal family caregivers	Including informal caregivers as a target group of social services and strengthening the in-home and respite services and expanding the basic activities of social services so that they can provide support to informal caregivers in caring for a dependant, exercising their rights and legitimate interests, rest and mental hygiene. Considering the option of establishing centres specialised in support of informal caregivers. Analysing the possibilities of including notional remuneration in the calculation of old-age pension for the period of provided long-term informal care.	MLSA	CZK 400 mil. a year
	Supporting the harmonisation of private and working life with the caregiver duties, e.g. by supporting families and guaranteeing a job.	MLSA	Within existing resources of the ministry
	Analysing the options of promoting higher involvement of men in care.	MLSA	Within existing resources of the ministry
5. Preparing the state administration for societal ageing	Mapping the impacts of societal ageing on the components of state administration and self-government – ensuring the basic functions of the state, i.e. assessing the lack of physicians, paediatricians, medical assessors, the staff of social services, teachers, police persons, firefighters etc. as well as the capacities of housing or services in line with demographic changes. After the mapping, solutions should be proposed for building the capacity of the needed professions. Considering the possibilities of reducing population ageing impacts through migration and birth rate boosting.	All ministries, health insurance companies	Within existing resources of ministries

6. Supporting the family and human relationships	Supporting counselling activities and primary prevention services for people aged 50+, the elderly and families who face problems related to care for a dependent elderly etc. through subsidy schemes for NGOs or public administration, contributory organisations, trade companies etc. Implementing measures of the Family Policy Concept to increase birth rates, harmonise family and working life and support the quality of life of families in general.	MLSA, cooperating actors: trade unions, employers, NGOs	See the Family Policy Concept
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	Analysing the counselling services and primary prevention services for people aged 50+, the elderly and families caring for a dependent elderly and propose improvement measures.		
	Expanding the upcoming Concept of Volunteering Development in CZ with support for the family, intergenerational dialogue and positive ageing, and revising the legislation on volunteering (or volunteer services) based on the needs and knowledge from practice (e.g. by simplifying the administration), with a clear definition and enactment of benefits for volunteering and, together with other measures of the Concept, facilitating further development of volunteering in CZ.	MoI, MLSA	Within existing resources of ministries
7. Safe life of senior citizens, fight against discrimination, violence and so-called crooks, higher consumer protection	Supporting the services of crime prevention, focused on the elderly population and on intergenerational cohabitation.	MoJ, MoI	Within existing resources of ministries
	Cooperating with the media, municipalities, libraries, NGOs and other actors to increase awareness among older people of their human and consumer rights, enhancing their resilience to unfair commercial practices and hoaxes or discriminatory practices, and informing about the risks arising from illegally provided social services or informing about the risks arising from receiving social services from an unauthorised provider. Combating discrimination against the elderly by raising awareness, including legal.	MLSA, MIT, MoA, MoI, MoC	Within existing resources of ministries
	Analysing age discrimination and the related obstacles.	OG/ Government Commissioner for Human Rights in cooperation with MLSA, MoJ and the ombudsman	Within existing resources of ministries

	<p>Analysing the legal framework and the factual situation in the care and treatment of older people in terms of prevention and protection against undignified treatment, abuse and neglect.</p> <p>Analysing the possibilities of effectively addressing physical and psychological violence against older people.</p>	<p>MLSA, MoJ, MoI and OG CR/ Government Commissioner for Human Rights, in cooperation with the National Committee for Crime Prevention, the MLSA Research Institute and the ombudsman</p>	
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<p>8. Lifelong learning, labour market and active ageing</p>	<p>At all education levels, supporting competences needed for future employment also in higher age (support for schools and libraries as Lifelong Learning Centres for intergenerational learning and training of older people). Supporting and developing the use of existing forms, methods and tools of lifelong learning (e.g. the National Qualifications System) across the age spectrum, with an emphasis on activities that prepare for active ageing. Creating conditions for expanding the offer of training courses within lifelong learning for persons aged 65+, which promote civic competences. Increasing the qualification of lecturers in working with specific target groups, e.g. through the professional qualification Lecturer of Further Education. Teachers, lecturers and career advisors should take into account the currently different educational and professional paths of men and women.</p>	<p>MEYS, MLSA, MoC</p>	<p>Within existing resources of ministries</p>
	<p>Supporting the introduction and development of flexible forms of work such as work from home or flexible working hours, and other age management measures or e.g. intergenerational programmes at the workplace so that employers are motivated to employ older people and older people are motivated to remain in the labour market as long as possible. Emphasis will be placed on such forms of flexible work that do not mean precarious work.</p>	<p>MLSA</p>	<p>Without financial costs</p>

	<p>With the progressing industrial revolution (Labour 4.0), preparing a set of measures covering more significant, targeted and specific support for sustaining the employment of older persons in the form of new AEP tools or state measures that will lead to their retention in an active labour-law relationship on the labour market (changing the target group of 55+ to 60+, legislative anchoring of the gradual shortening of the working time for older people, introducing job sharing, a training account paid by the employer etc.).</p>	MLSA	<p>State revenue from taxes and insurance contributions, expenditure on new AEP tools in CZK millions</p>
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<p>9. Barrier-free public space</p>	<p>Adopting measures to ensure consistent application of existing regulations and the gradual shift to barrier-free public transport, i.e. long-distance, regional and urban public transport. This means:</p> <ul style="list-style-type: none"> - Barrier-free access to the means of public transport, - Transport of passengers with reduced mobility and orientation and wheel-chair users - Mandatory purchase of solely barrier-free vehicles when renewing and expanding a fleet at an extent specified in legislation and in public service contracts. <p>Explicitly emphasising the needs of the elderly in all strategic documents on public transport development.</p>	<p>MoT, cooperating actors: regions, municipalities</p>	<p>Hundreds of millions</p>
	<p>Based on an analysis of municipal needs, reviewing and increasing the funds for the subsidy scheme “Barrier-free Municipalities”, intended currently for reconstructions of existing public buildings, to provide support for building barrier-free public space from CZK 20 mil. to 30 mil.</p>	<p>MoRD</p>	<p>CZK 30 mil.</p>

10. Awareness-raising and media coverage of ageing	In cooperation with other actors (libraries, NGOs, employers, trade unions etc.) implementing awareness-raising and media campaigns to prepare the society for ageing and pointing out population ageing as a challenge for the society and the individual, as well as problems faced by the elderly, and how to prepare for old age as a person in active age (around 40+) (financial security, physical and mental health), incl. educational and information activities in municipalities targeting older people and caregivers, and activities to recruit volunteers for the care for the elderly and to support mutual aid between neighbours. Implementing an ongoing campaign motivating older persons capable of active work to work and employers to employ such persons, and highlight the benefits. Systematically collecting data divided by age groups, mainly in areas where such data are missing (e.g. abuse of the elderly).	MLSA, MoH, MoI, MoT, cooperating actors: NGOs, MoJ, MoC, trade unions, representatives of employers	Within existing resources of ministries
	At all levels of the education system, explaining the position of senior citizens in the society, their needs and the approach to them based on the principles of equality and non-discrimination, including preparation of educators for teaching that topic.	MEYS, MLSA	Within existing resources of ministries
	Every year, organising a public awareness conference on the occasion of the International Day of Older Persons (1 October) to support mobilisation of the whole society to confront the challenges of population ageing.	MLSA	Within existing resources of the ministry
	Every year, on the occasion of the International Day of Older Persons, organising a meeting of the CZ Government with national senior citizen organisations to discuss and address the socio-economic position and the quality of life of the elderly population in CZ.	MLSA	Within existing resources of the ministry

4 List of abbreviations

AEP – Active employment policy
CZK – Czech koruna – Czech currency
CTI – Czech Trade Inspectorate
CZ – Czech Republic
CZSO – Czech Statistical Office
CSSA – Czech Social Security Administration
EU – European Union
EUROSTAT – Statistical office of the European Union
FEF – Further Education Fund
DG FRS – Directorate General of the Fire Rescue Service
GDP – Gross domestic product
LGBT – Persons with a minority sexual orientation as opposed to the heterosexual orientation, and persons with a minority sexual or gender identity
UPT – Urban public transport
MoT – Ministry of Transport
MF – Ministry of Finance
MoC – Ministry of Culture
MoRD – Ministry of Regional Development
MLSA – Ministry of Labour and Social Affairs
MIT – Ministry of Industry and Trade
MoJ – Ministry of Justice
MEYS – Ministry of Education, Youth and Sports
MoI – Ministry of the Interior
MoH – Ministry of Health
MoA – Ministry of Agriculture
NGO – Non-governmental, non-profit organisation
OECD – Organisation for Economic Cooperation and Development
LO CR – Labour Office of the Czech Republic
U3A – University of the third age
OG CR – Office of the Government of the Czech Republic
IHIS – Institute of Health Information and Statistics of the Czech Republic
RILSA – Research Institute for Labour and Social Affairs

5 Explanatory notes, references and links

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Implementation of the Policy of Ageing
Reg. No. (CZ.03.2.63/0.0 /0.0 /15_017/0006207)

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THE IMPLEMENTATION PROJECT OF THE POLICY OF AGEING
AT THE REGIONAL LEVEL ACCOMPLISHED BY THE MINISTRY OF LABOUR
AND SOCIAL AFFAIRS

A project supporting and expanding ageing policy across the Czech Republic, 2017-2020.

The aim of the project is to integrate the agenda of preparation for ageing into the existing
strategic and development regional documents and, at the same time, to assist in their
implementation.

Project: Implementation of Ageing Policy at Regional Level
CZ.03.2.63/0.0./0.0./15_017/0006207



European Union
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