



IntegrAGE project

D1.4.1 Analysis template for country personas

„COUNTRY PERSONA“

CLUSTER C

Slovakia, Croatia, Hungary



**Interreg
Danube Region**



Co-funded by
the European Union


IntegrAGE

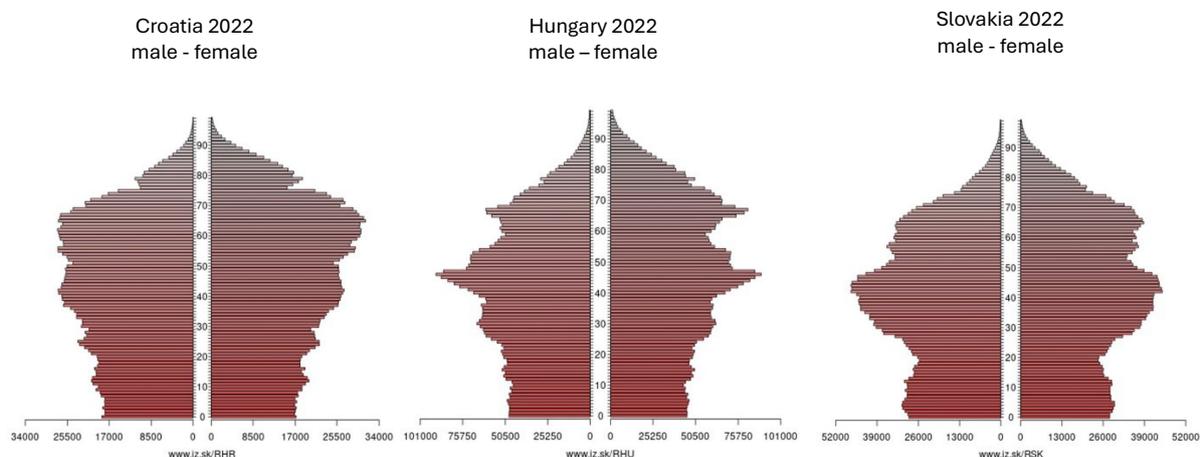
The country personas contain the common characteristics of the cluster formed by the country groups. Please fill in one country persona per cluster with the most typical data for the cluster. The country persona should be 8-12 pages.

1. DEMOGRAPHIC TRENDS (cc.2-3 pages)

- Ageing dynamics (e.g.the proportion of 55+ people in the total population, life expectancy at birth)
- Main common challenges/problems

The demographic trends of the cluster, which includes Hungary, Slovakia and Croatia, face similar challenges and are very similar to many other Central European countries. Low birth rates, the resulting declining and ageing population, and migration have a significant impact on population composition. The transformation is also reinforced by a gradual increase in life expectancy at birth.

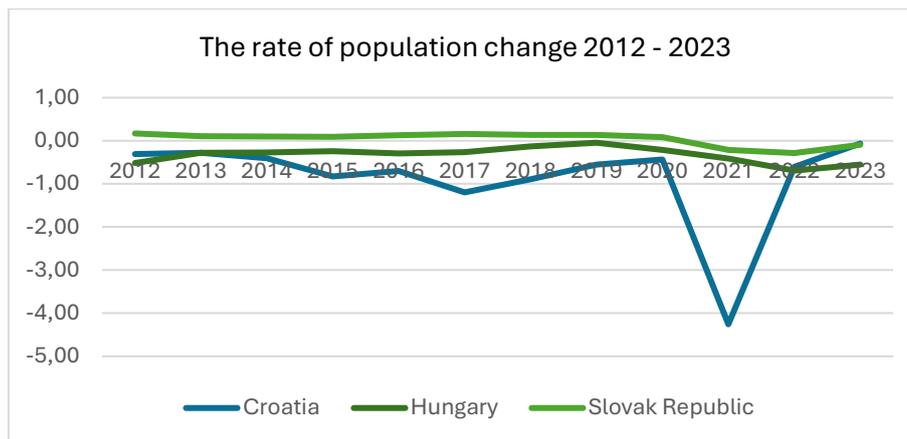
The combination of low birth rates and longer life expectancy leads to an increase in the proportion of older age groups (the proportion of people aged over 55 in the total population is constantly increasing), resulting in so-called 'demographic ageing'. The proportion of people aged over 55 in the total population is currently 32-36% in the cluster countries, but this proportion continues to increase. The figures below (age pyramids) illustrate this process very well.



The strong dynamics of ageing are driving major social and economic changes that pose numerous challenges to decision-makers in the countries concerned.

The main elements causing "demographic ageing".

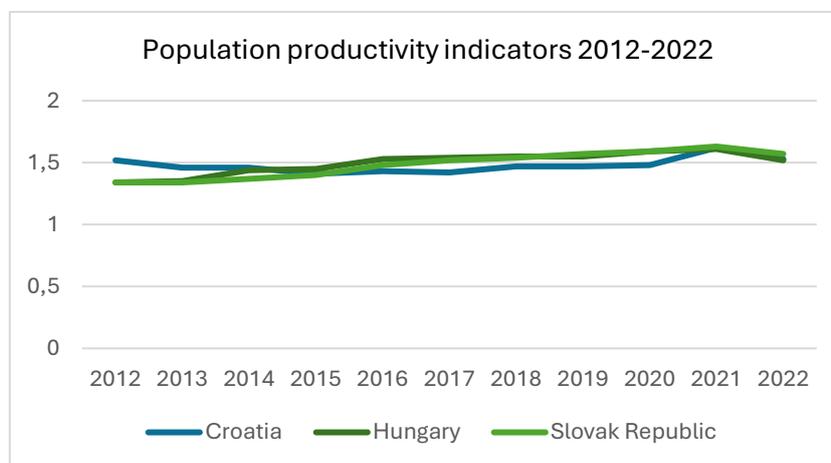
Population decline is now a trend in all three countries. In Croatia and Hungary, this has been a long-standing process, only the extent of it varied from year to year. The most critical decline has been observed in Croatia over the past decade. In Slovakia, on the other hand, the population did not decrease until recent years, but today the process has also been reversed, as can be seen on the chart.



World Bank Group data

The most significant cause of population decline is the decline in the number of births that no longer allows population reproduction.

The chart below shows the reproductive conditions of the population through changes in the productivity indicators of the countries concerned, and thus the expected longer-term evolution of the population size. The number of births and its change significantly shapes the age structure of the population, since besides the change in the number of the total population, it influences the ratio of age groups to each other. The birth rate is low in all three countries concerned and consequently the productivity of the population. Although there has been a positive shift in this area over the last decade, its rate is significantly below desirable everywhere, below reproductive levels in all three countries.

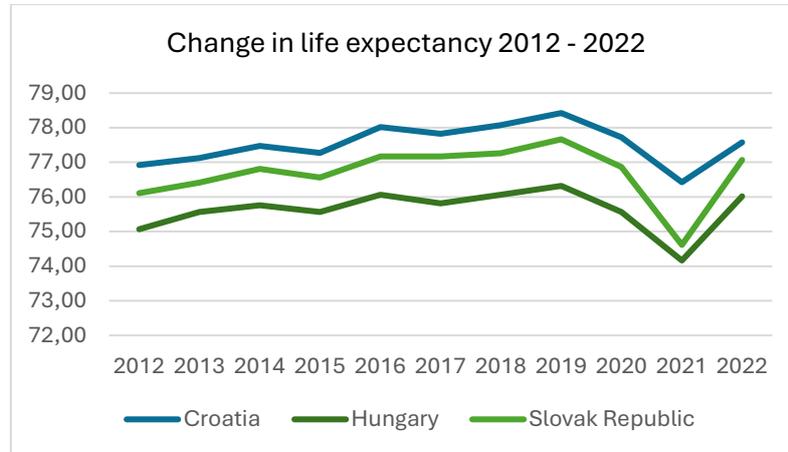


World Bank Group data

Taking into account the trends and research carried out in modern societies, this is not expected to increase to such an extent that it would ensure the natural reproduction of the populations of these countries in the long run.

Life expectancy at birth steadily increased until 2019, in line with the trend in European countries. The Covid 19 period halted this process, however, following the pandemic, the trend returned to the rise. This is certainly a positive development, but despite health improvements, the gap between men and women remains significant and life expectancy is still below the Western

European average. However, increasing age, for all its positive aspects, also strengthens the ageing process of society.



World Bank Group data

The most important challenges caused by the aging population

An ageing population poses several serious challenges that are being felt in different areas of society and the economy. Below are the main problems faced by these countries:

- 1. Pension system sustainability:** Ageing places a significant burden on pension systems. The number of active workers is decreasing, while the number of pensioners is increasing. This jeopardises the finance ability of pension systems, as fewer and fewer active workers' pay contributions to support an increasing number of pensioners. If this trend continues, serious reforms may be needed by raising the retirement age or increasing contributions.
- 2. Labour shortages:** A shrinking population and ageing leave fewer and fewer active workers, leading to labour shortages. This is particularly problematic for skilled workers and hampers economic growth. The emigration of younger generations, mainly to Western Europe, further aggravates this situation.
- 3. Health care system burdens:** The increase in the proportion of older people is putting increasing pressure on health care systems. Older people require more and longer-term healthcare, which increases healthcare costs and leads to capacity problems.
- 4. Economic growth slowdown:** Ageing has a negative impact on economic growth. Declining populations and labour shortages limit new job creation and investment, which weighs on economic activity in the long run. In addition, maintaining a pension system can reduce economic efficiency and reduce competitiveness.
- 5. Increased need for social services:** An ageing population requires more social support and care. This increases public spending on social services, especially nursing homes, home care and other social institutions.

The above challenges force cluster countries to develop long-term strategies to address population ageing, including labour market reforms, health care development, and ensuring the sustainability of pension systems.

2. RETIREMENT PATTERNS (cc. 1-2 pages)

- Official retirement age
- Pension system: *Types of pensions (state, private, mixed), access to pensions, amount of pension benefits.*
- Main common challenges/problems

In Slovakia, the official retirement age is set at 64 years for both men and women, with gradual adjustments being made according to life expectancy trends. The pension system is built on a three-pillar model: the first pillar is a state-funded pension supported through contributions from current workers (PAYG system), the second pillar is based on mandatory private savings, where a part of the worker's contributions is allocated to private pension funds, and the third pillar consists of voluntary private savings, enabling individuals to contribute extra for better future benefits. To be eligible for a pension, Slovak workers need to have contributed for at least 15 years. However, the system faces challenges, including the growing pressure of an aging population and relatively low pension replacement rates, which make it harder for retirees to maintain their living standards. This calls into question the long-term sustainability of the pension system.

In Croatia, the official retirement age for men is 65 years, while for women, it currently stands at 62.5 years, with plans to gradually raise it by six months each year until it reaches 65 by 2033. The Croatian pension system also follows a three-pillar model. The first pillar is a state pension funded by contributions from workers, the second pillar involves mandatory private pension funds, where part of the worker's contributions are invested, and the third pillar consists of voluntary private savings. To qualify for a pension, individuals need to have contributed for at least 15 years. Despite recent reforms, the Croatian pension system faces significant challenges, such as a high incidence of early retirement and the emigration of young workers, which puts additional strain on the system. Furthermore, the relatively low replacement rate, averaging around 40%, means that many retirees struggle with financial insecurity.

In Hungary, the official retirement age has been set at 65 years for both men and women, a threshold that was fully implemented by 2022. The Hungarian pension system consists of two pillars: the first is a state pension funded by worker contributions through the PAYG system, and the second pillar, which previously involved mandatory private savings, was abolished in 2010, returning to a predominantly state-based system. There is also a third voluntary pillar, where individuals can save additional funds to enhance their pensions. Full pension eligibility in Hungary requires 20 years of contributions, although partial pensions can be accessed with as few as 15 years. Hungary's pension system, like those in Slovakia and Croatia, faces considerable challenges, including an aging population and high levels of emigration among younger workers, which limits the pool of contributors.

Although pensions are linked to wage growth, many retirees face low income, raising concerns about the system's ability to provide adequate financial support for future retirees.

From all the above, we can conclude that the countries in this cluster are similar in their retirement patterns. All three countries have a similar retirement system, with the retirement age ranging from 64 to 65 years, as well as a similar pension system based on the three-pillar model in Slovakia and Croatia, while in Hungary, the second pillar was abolished in 2010. In addition to the first pillar, which includes the state pension, in Hungary there is also a voluntary pillar where individuals can save additionally to increase their pensions. Slovakia, Croatia, and Hungary also share the fact that partial pensions can be obtained with at least 15 years of contributions.

In Slovakia, Croatia, and Hungary, several common challenges emerge. All three countries are grappling with the consequences of an aging population, where an increasing number of retirees is being supported by a shrinking working-age population. This demographic shift places immense strain on the sustainability of the pension systems. Furthermore, the replacement rates—pensions compared to pre-retirement earnings—are relatively low, leading to financial hardship for many retirees. The emigration of younger workers, particularly in Croatia and Hungary, exacerbates these problems, as fewer contributors remain in the workforce. Early retirement practices, especially prevalent in Croatia, further reduce the number of active contributors, adding more pressure on the pension systems to meet their obligations. These issues highlight the need for continued reforms and sustainable solutions to ensure that these pension systems can meet the needs of future generations.

3. SOCIO-ECONOMIC SITUATION (cc. 1-2 pages)

- Income: average wages/pension and additional sources.
- Living costs: *Expenses on housing, healthcare, and basic needs.*
- Poverty: *Poverty rate among 55+.*
- Main common challenges/problems

- **Income: average wages/pension and additional sources**

Average wages:¹ In 2023, Slovakia's average gross salary was €1,520. Hungary had a slightly higher average gross salary of €1,600. Croatia, with the highest average gross wage of €1,700.

Pensions: The retirement age varies by country. In Slovakia, the normal retirement age is 62.8 years, with a reduction for women based on the number of children. In Hungary, the retirement age is 65 for men and 62 for women, while in Croatia, it is 65 for both genders. The pension

¹ Statistical Office of the Slovak Republic. (n.d.). Statistical data and reports. Retrieved from <https://slovak.statistics.sk>; Hungarian Central Statistical Office. (n.d.). Statistical data and reports. Retrieved from <https://www.ksh.hu>; Statistical Office of the Republic of Slovenia. (n.d.). Statistical data and reports. Retrieved from <https://www.stat.si>

systems in these countries reflect broader demographic and economic trends, including longer life expectancies and the need for sustainable income during retirement².

In 2021, the average gross monthly old-age pension expenditure per beneficiary within the relevant regions varied, ranging from €398 in Hungary, and €388 in Croatia to €386 in Slovakia, with the EU average standing at €1,224.³

- **Living costs: Expenses on housing, healthcare, and basic needs**

Housing Costs: Housing affordability is a common concern across these nations, despite significant differences in relative expenses. In 2022, Slovakia's housing costs were 82.2% of the EU average, while Hungary's were significantly lower at 59.4%. Croatia has the lowest price level with housing costs at 46.0%⁴.

The percentage of disposable income allocated to housing costs further illustrates affordability. Slovak households dedicate 15.2% of their income to housing, below the EU average of 19.6%. Hungary's figure is close to the EU average at 19.7%, while Croatia enjoys the lowest rate, with only 15.1% of income spent on housing⁵.

High homeownership rates in all three countries - 93% in Slovakia, 90.1% in Hungary, and 91.1% in Croatia—demonstrate a strong tradition of owning homes⁶.

Inability to handle unexpected expenses: Many people in these countries struggle with unexpected financial expenses. In Slovakia, 29.3% of the population reported this difficulty in 2023, lower than the EU average (31.2%). In Hungary, 31.5% of the population is unable to handle such costs, while Croatia faces a greater challenge at 41.4%.⁷

² OECD (2023), Pensions at a Glance 2023: OECD and G20 Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/678055dd-en>. Current early and normal retirement ages by type of pension scheme.2022 <https://stat.link/q1lofr>

³ <https://www.euronews.com/business/2024/05/31/pensions-in-europe-which-countries-are-best-and-worst-for-retirement>

⁴ Eurostat. (2023). Housing in Europe – 2023 interactive edition. Retrieved from <https://ec.europa.eu/eurostat/web/interactive-publications/housing-2023#housing-cost>

⁵ Eurostat. (2023). *Housing in Europe – 2023* interactive edition [Dataset]. Retrieved from <https://ec.europa.eu/eurostat/web/interactive-publications/housing-2023#is-housing-affordable>

⁶ Eurostat. (2023). Housing in Europe – 2023 interactive edition. Retrieved from <https://ec.europa.eu/eurostat/web/interactive-publications/housing-2023#how-we-live>

⁷ Eurostat. (2023). Key figures on Europe – 2023 edition. Source: Eurostat (online data code: ilc_md04). Retrieved from <https://ec.europa.eu/eurostat/>
https://ec.europa.eu/eurostat/databrowser/view/ilc_md04/default/table?lang=en

Inability to afford holiday⁸: In 2022, a significant proportion of the population in Slovakia (34%) and Hungary (41%) could not afford a week-long holiday, compared to the EU average of 28.6%. Croatia's situation was slightly worse, with 48% of the population facing this issue.

Healthcare Costs⁹: Healthcare costs also differ across these countries. In 2022, household expenditure on healthcare per inhabitant was less than €400 in Slovakia and Hungary, while Croatia ranged from €600 to €750. These figures highlight differences in healthcare affordability and access to services.

- **Poverty: Poverty rate among 55+ in 2023¹⁰**

Poverty rates among those aged 55 and older pose significant socio-economic challenges. In 2023, Slovakia's poverty rate for the 55–64 age group was 10.5%, a slight decrease from 12% in 2022. Hungary's poverty rate for this group was 13.4%, substantially improving from the 18.4% recorded in 2022. Croatia's poverty rate was 19.20%, higher its lower rate of 18.30% in 2022. Rising living costs and fixed incomes contribute to the vulnerability of older populations in these countries.

- **Common challenges**

With increasing life expectancy, ensuring adequate pension systems and sustainable healthcare for the elderly is a key concern.

While homeownership rates are high, many households face challenges in affording housing, especially younger or lower-income groups.

A significant portion of the population, particularly in Hungary and Croatia faces difficulties in managing unexpected expenses and affording holidays, signalling broader economic pressures.

The poverty rate among people aged 55+ continues to be a critical issue, exacerbated by fixed incomes, rising living costs, and insufficient social safety nets.

These socio-economic factors highlight the growing need for policy interventions to address the challenges faced by ageing populations, particularly in maintaining financial security and access to essential services.

4. LEVEL OF AGE MANAGEMENT (cc. 1-2 pages)

⁸ OECD. (2023). Current retirement ages. In Pensions at a glance 2023: OECD and G20 indicators. OECD Publishing. <https://doi.org/10.1787/9bf0cb7f-en>. Data source: Eurostat (online data code: ilc_mdcs02).

⁹ Eurostat. (2024). Key figures on European living conditions – 2024 edition [Data code nama_10_co3_p3]. Retrieved from <https://ec.europa.eu/eurostat>

¹⁰ Trading Economics. (n.d.). Slovakia - At-risk-of-poverty rate from 55 to 64 years - Eurostat data. Retrieved from <https://tradingeconomics.com/slovakia/at-risk-of-poverty-rate-from-55-to-64-years-eurostat-data.html>

- Implementation of strategies and the existence of key documents at the national level / presence at the company and NGO levels.
 - Policies: *Programs to support the employment of older workers.*
 - Work environment: *Workplace adaptations, flexible working conditions.*
 - Main common challenges/problems
-
- **Implementation of strategies and the existence of key documents at the national level / presence at the company and NGO levels.**

Each country has developed national strategies to promote active ageing and support older workers. For instance, Slovakia has introduced supportive legislation and educational initiatives, while Hungary's National Strategy for Ageing focuses on maintaining the productivity and employability of older individuals. The strategy for managing the ageing workforce in Croatia includes a range of measures aimed at integrating and retaining older workers in the labour market. There is a focus on increasing the flexibility of work arrangements, improving working conditions adapted for older workers, and encouraging continuous education and skill development.

The Slovak Republic has implemented several measures related to age management, both at the systemic level and on the practical level within non-profit organisations and mostly in international companies (corporations). The efforts to integrate age management practices into various facets of legislation, education, and counselling are emerging, encompassing supportive laws, educational initiatives, and counselling programs. NGOs such as SAAMS contribute to fostering favourable conditions for diverse entities and age management. Recognition initiatives like the Age Management Award commend companies for promoting active ageing. Since 2014, the Slovak Republic has been implementing ***The National Program for Active Aging***, the current Program is for the years 2021-2030.

Hungary: ***The National Strategy for Ageing*** plays a crucial role in managing the ageing workforce, with the country having increased the retirement age to 65 by 2022. Pensioner cooperatives provide a means for retirees to stay employed with tax incentives. NGO involvement supports ageing employees, focusing on employment rights and economic stability.

Croatia: developed the Strategy for managing the ageing workforce and a legislative framework that protects the rights of older workers.

- **Policies: Programs to support the employment of older workers**

The Slovak Republic currently lacks a systematic approach to ensuring the quality and financing of educational programs for older workers. The upcoming legislation on adult education, proposed in August 2024, is expected to create a unified accreditation system that will directly impact the financing of adult education. The proposed changes to the law on adult education aim to establish a unified accreditation system for adult education, which will also impact the financing of adult education and its quality.

Hungary: Pensioner cooperatives (established in 2017) incentivise retirees to continue working, while *the National Strategy for Ageing* supports the employability of older individuals through lifelong learning programs. These policies help mitigate age-related employment barriers.

Croatia: managing an ageing workforce involves a range of key stakeholders, including government agencies, business associations, educational institutions, and non-governmental organisations. These groups collaboratively work on developing and implementing policies that support older workers and adjust to demographic changes in the labour market. The ageing of the workforce in Croatia represents a challenge, it is necessary to adapt approaches in recruitment, retention, training, and employee development, ensure knowledge transfer, and promote health and safety at work. Older workers can use advisory services for information on labour market rights, pension rights, and opportunities for further education and professional development.

All three countries are raising the retirement age to retain older workers in the labour market and address labour shortages. E.g. many older workers in Croatia must work longer due to financial needs, often due to insufficient pensions or changes in the pension system, that have raised the minimum age for retirement.

All three countries understand the importance of reskilling older workers (mostly due to rapid technological changes) and provide programs focused on re-skilling older workers in sectors facing labour shortages or experiencing growing demand. The Croatian Employment Service offers a wide range of co-financing for education (support for upskilling, education of the unemployed, on-the-job training) including vouchers for education that specifically subsidise digital and green.

- **Work environment: Workplace adaptations, flexible working conditions**

All three countries encourage employers to offer part-time positions, flexible working hours, and telecommuting options to meet the needs of older workers.

In 2022, the average weekly working hours for people aged 55–64 were as follows: Slovakia (39.4 hours), Hungary (39.1 hours), and Croatia (39.4 hours) ^[11]. Part-time jobs for this age group remain uncommon.

All three countries implement certain measures to improve workplace ergonomics, prevent occupational diseases, and adapt work environments to the needs of older employees. Workplace flexibility and shorter work intervals are available in many companies, but they are not systematically implemented across all sectors.

Many employers are reluctant to offer phased retirement, flexible job roles, or less demanding jobs to older workers, often preferring immediate pensions. In all three countries, older individuals often face work conditions that are not adapted to their physical and health needs. It is necessary to introduce more flexible working hours, ergonomic workspaces, and options for working from home to improve their work efficiency and satisfaction.

The Employment Services Act in Slovakia provides assistance allowances for individuals with disabilities who want to work, and employers are considering customised job roles for older workers, such as offering larger keyboards or mobile devices.

- **Main Common challenges/problems**

Despite the existence of strategies to support older workers, Slovakia and Hungary face significant challenges in establishing comprehensive frameworks for consistent financing and quality implementation of adult education and employment policies.

A key issue is the lack of public and corporate awareness regarding age management, particularly around work-life balance and the benefits of involving older employees in lifelong learning and flexible work arrangements.

Shared Challenges and Approaches:

- **Ageing workforce:** Slovakia, Hungary, and Croatia recognise the pressing need to address the challenges posed by an ageing population and workforce. Key concerns include maintaining employability, combating age discrimination, and ensuring socio-economic stability.
- **Strategies for older workers:** Each country has implemented various measures to support older workers, reflecting a common understanding of their demographic shifts. These measures include financial incentives for employers to hire older workers, training programs to upskill them, and personalised job placement services to help them remain in the labour market.

Country-specific observations:

- **Slovakia:** In Slovak companies, particularly local ones, inclusion and age diversity programs are not widely known. Such initiatives are more common in foreign-owned firms. Additionally, there is no formal system for transferring knowledge from older to younger employees, leaving companies to establish such systems on their own.
- **Hungary:** Workers aged 40-45 and above report experiencing more unpleasant work situations compared to younger colleagues. Age discrimination worsens job prospects for individuals over 45, with many finding it increasingly difficult to secure employment, particularly after the age of 50. A lack of flexible employment options exacerbates this problem.
- **Croatia:** The challenges of employing those over 55 in Croatia are numerous and cover various aspects of the work environment and social conditions. These challenges require comprehensive strategies that include legislative changes, adaptation of workspaces, and the development of programs that promote lifelong learning. Healthcare and safety programs need to be adapted for older workers, considering specific health challenges. In Croatia, it is important to promote programs that address ergonomics, mental health, and preventive health screenings to minimize health-related risks in the workplace.

Age discrimination is a widespread concern in all three countries. Initiatives promoting awareness of the value of older workers and the benefits of age-diverse teams are ongoing, with efforts to create inclusive work environments that leverage the experience and expertise of older employees.

NGOs play a crucial role in advocating for the rights and well-being of older adults. In all countries, these organisations contribute to policy discussions, awareness campaigns, and the implementation of programs aimed at improving the social and economic status of older individuals.

Challenges in employment post-55: In Hungary and Slovakia, workers already over the age of 45 report that finding employment becomes increasingly difficult, with nearly impossible prospects after turning 50. These challenges highlight the urgency for continued policy reform and support to ensure older workers remain active participants in the labour market.

Conclusion

While Slovakia, Hungary, and Croatia face unique challenges related to their ageing populations, they share a common commitment to enhancing the employability, quality of life, and social inclusion of older workers. Through supportive legislation, educational initiatives, and collaborative efforts involving government, NGOs, and employers, these countries are striving to create more favourable conditions for their ageing workforce.

Sources

- D1.1.2 Comprehensive analysis of work-life balance factors for 55+ employees. 2024. Project: InterAGE
- D1.1.1 Country analyses to identify individual challenges of 55+ employment. 2024. InterAGE

[1]

Eurostat. Average number of usual weekly hours of work in main job, by sex, age, professional status, full-time/part-time and economic activity (from 2008 onwards, NACE Rev. 2). Available online [cited May 4, 2024]. Available from:

https://ec.europa.eu/eurostat/databrowser/view/lfsa_ewhun2_custom_10523293/default/table?lang=en

[2]

https://ec.europa.eu/eurostat/databrowser/view/lfsa_epgais_custom_11805579/default/table?lang=en

5. LABOR MARKET CONDITIONS (cc. 1-2 pages)

- Employment Rate for Older Adults (% aged 55+)
- Unemployment: *Unemployment rate of 55+*
- Educational background of 55+ at risk of being / becoming unemployed
- *Sectors with high and low representation of older workers.*
- Career development: *Opportunities for retraining and education.*
- Main common challenges/problems

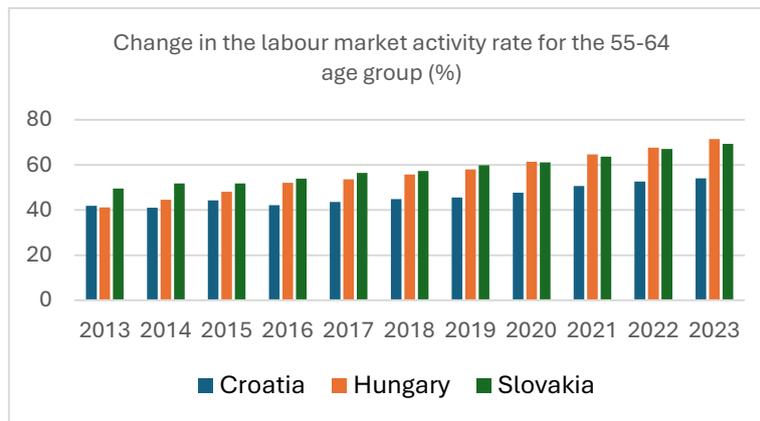
Employment, unemployment and sectoral participation

In the three countries, the labour market situation of the older age group is changing steadily. There have been very positive trends in employment, with employment rates gradually rising in

recent years in these countries. This trend also holds for the 55-64 age group, although their activity rate is still significantly lower than that of younger age groups.

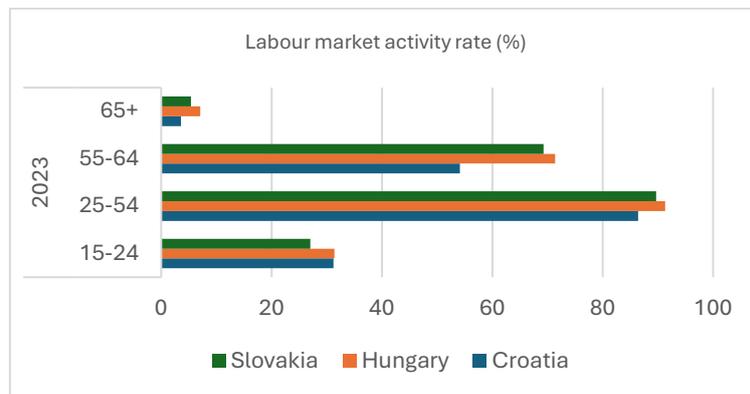
The increase is largely the result of the gradual increase in the retirement age and the growing demand for labour in the labour market as the economy strengthens. To a lesser extent, economic incentives may also have had a positive influence.

However, finding suitable jobs for ageing workers and labour market flexibility remain challenges. If they become unemployed, they find it very difficult to adapt to a rapidly changing environment.



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1. Diagram



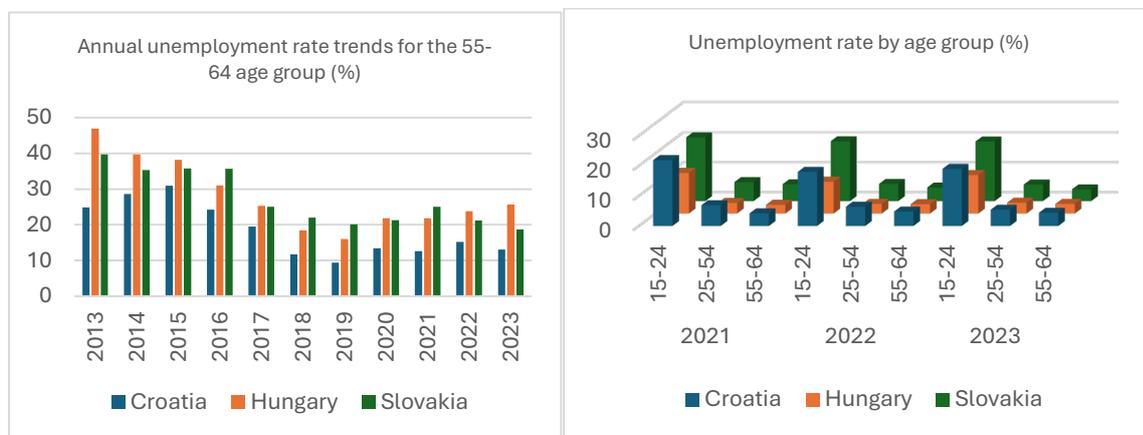
ILO

2. Diagram

In all three countries, the educational qualification of the age group concerned is lower than that of the younger generation, as in most European countries. This is largely due to historical and economic factors. Older generations have generally had less access to formal education than younger generations today, which has an impact on their employment prospects. The lower level

of education and the difficulty in acquiring the new skills needed for professional qualifications puts them at a competitive disadvantage.

Their unemployment characteristics tend to be similar in Hungary, Slovakia and Croatia. Unemployment is often severe for older workers, as it is more difficult to re-enter the labour market as they age. Nevertheless, in recent years, the unemployment rate for this age group has been lower than for other age groups, but this does not give a complete picture. This age group has a significantly higher rate of withdrawal from the labour market and lower activity. The main reasons for this are lack of motivation or opportunity to retrain, lack of adequate basic skills, health problems, etc.



ILO

ILO

3. Diagram

4. Diagram

Their participation in the labour market is influenced by a number of factors, such as the nature of the sector, the skills required and the flexibility of the job. In general, people aged 55 and over are more typically employed in sectors where longer work experience is required and less typically in sectors where physical exertion is required.

A significant proportion work in public services, particularly education and health. These sectors often offer stable employment and experience is particularly valued. Public administration also tends to be dominated by older workers, as these jobs require a higher degree of stability and less physical work.

Social work, low-skilled service activities (e.g. cleaning, waste management), clerical and administrative activities, financial functions, insurance are also typical employment sectors.

Among the sectors that employ fewer older people or are declining in this area is construction, where the physical strain means that employment of people aged 55 and over is lower. Although older generations in rural areas have traditionally worked in agriculture in large numbers, the proportion of people aged 55 and over is gradually declining.

Opportunity, potential and generational challenges of training

Retraining and upskilling opportunities for people aged 55 and over are an important issue in Hungary, Slovakia and Croatia in addressing the ageing labour market. For older workers, lifelong learning is key to remaining competitive, especially in the context of technological development and economic restructuring. Nevertheless, in all three countries there are serious gaps in the retraining and skills development of older workers.

In all three countries, opportunities for retraining and upskilling in the labour market for people aged 55 and over are limited. The labour market organisations provide opportunities mainly through various EU project funds, but to a very limited extent. In the case of Hungary, adult education opportunities provided by Vocational Training Centres are also available for them, but these courses do not take much account of the specificities of the age group. Training courses funded by employers and some social organisations (chambers of commerce, NGOs) offer the most opportunities for this age group. Unfortunately, ad hoc solutions are predominant. Smaller, larger projects and periodic programmes are launched to help this age group catch up, develop their skills and retrain them. However, these are not typically systemic, not universal and not permanently available.

Challenges and general trends in all three countries

1. Motivation and access: older workers tend to be less willing to participate in training programmes. In many cases, lack of digital skills, time conflicts between work and training, health problems, lack of adequate social support make it difficult to take advantage of training opportunities.
2. Technological development: rapid technological change is a particular challenge for older generations who lack IT knowledge and digital skills. Digital skills development for all, accessible to all, on an ongoing basis, is essential.
3. Funding and support: funding for training programmes is typically inadequate and not available on an ongoing and local basis. Initiatives based on EU funding are important but not sufficient on their own. They do not reach older workers in all areas and do not ensure continuity.

6. HEALTH CARE (cc. 1-2 pages)

Access to Health Care: Availability and Affordability of Medical Services

In Slovakia, Croatia, and Hungary, the availability and affordability of medical services vary, impacting the overall access to healthcare. Each country has a blend of public and private healthcare providers, with the public sector playing a significant role in offering basic health services to the majority of the population. However, disparities exist in service quality, wait times, and access to specialized care.

Slovakia features a mixed healthcare system that encompasses both public and private providers, with healthcare services generally recognized for their good standards and high medical expertise. The system is primarily funded through mandatory health insurance

contributions from employers and employees, so public healthcare is available to all citizens and residents. Co-payments are common for various services, including pharmaceuticals and emergency care. However, private healthcare facilities are usually better equipped and staffed, offering quicker access and improved quality of care at significantly higher costs.

In **Croatia** the healthcare system is publicly funded, and all citizens are entitled to healthcare services through a national health insurance scheme. While healthcare is generally accessible, disparities exist in service quality and availability, particularly in rural areas where public facilities may be understaffed or lacking essential equipment. Patients can choose between public and private healthcare services. Although public healthcare is free at the point of use, wait times can be lengthy, leading many to seek private care healthcare services for providing shorter waiting periods and more advanced treatment options but can be expensive and are not covered by the national insurance.

Hungary provides universal health coverage through the National Health Insurance Fund, which is funded by employer and employee contributions. While basic healthcare services are widely accessible, the system is plagued by inefficiencies, including long waiting times and outdated infrastructure. Many Hungarians turn to private healthcare providers to circumvent these issues, but the high costs associated with private care limit access for lower-income groups. Additionally, out-of-pocket payments for pharmaceuticals and dental care can be significant, posing financial challenges for many citizens.

Quality: The Standard of Medical Care Provided

The quality of medical care in Slovakia, Croatia, and Hungary varies significantly across regions and between public and private sectors.

In **Slovakia**, the quality of medical care in public hospitals is often criticized for its outdated facilities and equipment, and understaffing. However, efforts are being made to modernize healthcare infrastructure and improve service delivery. Private healthcare providers generally offer higher quality care, with better facilities and shorter waiting times, but at a higher cost. The healthcare payment system in Slovakia consists of public health services largely financed through taxes and national health insurance contributions. Additionally, the private sector includes clinics and hospitals that operate on a fee-for-service basis, offering specialized treatment options.

Croatia faces similar challenges, with public healthcare facilities often underfunded and overburdened. The quality of care can be inconsistent, with significant differences between urban and rural areas. Accessibility varies across the country, with better access to facilities in urban areas compared to remote regions and islands. Overall, the standard of healthcare is considered satisfactory, meeting European standards, and there are functional hospitals in all major cities and towns. The rise of private healthcare facilities, including specialized polyclinics, has also provided more options for patients, complementing the public healthcare offerings. Private health care providers are known for their superior services and facilities, attracting those who can afford to pay out-of-pocket or have supplementary private insurance.

In **Hungary**, the public healthcare system struggles with issues of underfunding, leading to substandard care in some areas. Long waiting times and a lack of modern medical equipment are common complaints. There has been a growing trend of Hungarians opting for private healthcare services, influenced by various factors including accessibility, quality of care, and waiting times in the public system. Efforts to improve the quality of care in the public sector include increasing funding, modernizing facilities, and training healthcare professionals, but progress has been slow.

Health Insurance: Public vs. Private Insurance, Coverage Extent, Co-pays

Health insurance systems in Slovakia, Croatia, and Hungary rely heavily on public insurance, with varying degrees of private insurance penetration.

Slovakia operates a mandatory public health insurance system, funded by contributions from employees, employers, and the state. This system covers a comprehensive range of healthcare services, but co-pays and additional fees for certain medications and treatments are common. Private health insurance is available and typically used to cover services not included in the public system or to access faster and higher-quality care.

Croatia has a similar public health insurance system, with mandatory contributions ensuring broad coverage. However, co-pays and supplementary payments for medications, specialist consultations, and hospital stays are often required. Private health insurance is less common but offers advantages such as reduced wait times and access to better facilities and specialists.

Hungary's public health insurance is funded through the National Health Insurance Fund, providing extensive coverage for a wide range of services. Co-pays and out-of-pocket expenses for certain treatments and medications can be significant. Private health insurance is increasingly popular, offering access to care and higher-quality services, but it remains an option primarily for higher-income individuals.

In all three countries, the interplay between public and private health insurance reflects broader issues of healthcare accessibility and quality. While public insurance provides a safety net, the limitations in service quality and availability often push those who can afford it toward private insurance and care, highlighting disparities in the healthcare system. Efforts to address these disparities include policy reforms aimed at increasing funding for public healthcare, improving the quality of services, and expanding access to private insurance options.

7. WELL-BEING (cc. 1-2 pages)

- Physical well-being: Prevalence of chronic illnesses, physical activity levels, nutrition
- Mental well-being: Stress levels, prevalence of mental health disorders, access to mental health services.
- Social well-being: Quality of social networks, community engagement, support systems

- Economic well-being: Financial health, income stability, employment security, Job market conditions, social security systems, economic policies

Physical well-being

Chronic diseases (cardiovascular diseases, diabetes, cancer) represent the primary risk for elderly workers in all three countries. Smoking, sedentary lifestyle, alcohol consumption and unhealthy diet also contribute to the high incidence rate of chronic diseases.

Long working hours and passive ways of spending free time are problematic. Opportunities for physical activity at workplaces are limited, many over-50s do sedentary work. The level of physical activity among Hungarians is lower than the European average. Interest in sports is growing, but still few older people do sports regularly. According to Eurobarometer data (2023) only 20% of 50+ people in all three countries exercise regularly.

Consumption of processed foods, high-fat and sugary foods has increased, while consumption of fruits, vegetables and whole grains has decreased. Obesity is becoming a growing problem. More than half of Hungarians aged 15 and older are overweight or obese, and fruit and vegetable consumption is low, especially among younger age groups (Ivonyi 2017).

Mental well-being

Modern lifestyles, social expectations, economic uncertainty and the effects of the pandemic have significantly increased stress level among older workers. Workplace overload often results in a lack of work-life balance. Most people in their 50s belong to the sandwich generation, with many having responsibilities for both their children and parents.

The incidence of depression and anxiety is increasing in all three countries. Access to mental health services has slightly improved in recent years (KSH 2019), but waiting lists for access to psychologists and psychiatrists are long for all age groups. The number of prevention programs is still low. Social stigma surrounding mental illness continues to hinder patient care and help seeking.

Social well-being

The quality of social networks and the level of community involvement vary. Initiatives have been launched to strengthen social cohesion, but social exclusion and poverty remain a challenge (Eurofound 2021).

The quality of social networks is closely related to social capital. In recent decades, the level of social capital has decreased in Hungary, which can be explained by the weakening of community relations and the appreciation of individual interests. The family is still the most important support system, but family structures and functions are changing, which creates challenges. Family and friendship ties are strong in all three countries, but the degree of involvement in formal communities varies. Traditions and holidays play an important role in community life.

The social networks emerging in the digital space are playing an increasingly important role in each country. Their impact on mental health and social cohesion is both positive and negative. The characteristics of social networks and the intensity of community life are different in rural and urban areas. In all three countries, the type of settlement in which workers over 50 live is decisive, because the access options are different and there is no equal opportunity. Access to social services and the quality of these services also show significant regional and social differences. Due to the growth of social inequalities, the rate of access to support systems is deteriorating.

Civil organizations play a significant role in social life, but they struggle with financing and operational difficulties. The tools of participatory democracy are still rarely used, but community planning is getting more and more attention.

Economic well-being

Income stability in the region shows an improving trend, but income inequality remains high. Employment security and labor market conditions have improved, but the future outlook for workers over 50 is often uncertain.

Household debt has increased in recent years (mortgages, consumer loans). The region's population has low savings rates, making it difficult to prepare for future challenges. Financial awareness needs improvement in many areas.

All three countries have significant income inequalities, with the gap between the richest and the poorest continuously growing.

The unemployment rate has decreased in recent years, but there are regional and age group differences. The minimum wage and average wage levels are lower compared to the EU average. There are often significant discrepancies between the needs of the labor market and the qualifications of the available workforce. Many sectors are experiencing labor shortages. The labor market flexibility of workers over 50 is typically low. The proportion of short-term employment contracts is high in all three countries, which creates uncertainty for workers. The sustainability of the pension system in the region is questionable in the long term, and the value of pensions is decreasing due to inflation. Economic growth, increased employment, and

reducing income inequalities remain important goals in all three countries. In Hungary, Slovakia, and Croatia, working conditions need to be improved to keep older workers in the labor market. Older workers rate their economic security and autonomy/participation in decision-making significantly lower than younger workers (Galić-Kovačić-Vehovec 2019). In Slovakia, the perception of subjective well-being increases rapidly with rising incomes (Dzuka 2015). In Croatia, older people rate their well-being worse than younger people, but this negative trend decreases around retirement age (Panek 2022).

Summary

The situation of elderly workers in Hungary, Slovakia, and Croatia is largely similar. The economic, social, and societal backgrounds of these regions show many similarities. However, due to cultural differences, significant disparities can be observed between the countries in the operation of care systems, state and individual strategies, and the labor market environment. Data on the well-being of elderly workers in the region are often scattered and difficult to compare, making analysis and the creation of a unified strategy challenging.