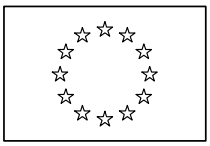

COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 14.10.2008
SEC(2008) 2660 final

COMMISSION STAFF WORKING DOCUMENT

Monitoring progress towards the objectives of the European Strategy for Social Protection and Social Inclusion

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Monitoring progress towards the objectives of the European strategy for social protection and social inclusion.

This Commission Staff Document provides an analysis of indicators on the social situation and social policies in Europe. These indicators have been developed and agreed in the framework the OMC to enable monitoring of progress towards the common objectives and to facilitate comparisons of best practices. These common objectives for social protection and social inclusion were adopted by the European Council in March 2006 and confirmed in March 2008 to give orientation to the cooperation in the framework of the Social Open Method of Coordination (OMC) which as from 2006 brings together into one process cooperation with Member States to promote social inclusion, pensions reform and modernisation of healthcare and long-term care systems.

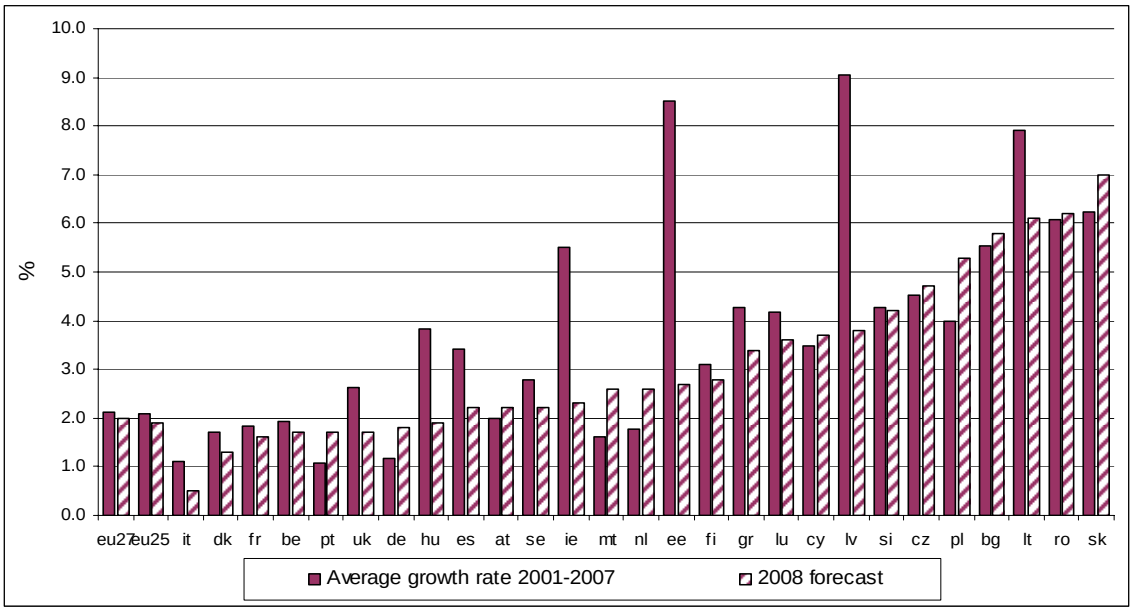
2008 will see the launch of a new three year cycle of the European strategy for social protection and social inclusion, in parallel with the next cycle of the Lisbon strategy for growth and jobs. Member States will present their National Strategic Reports (NSRs) in September. This is why the monitoring of progress towards the common objectives of the European strategy is particularly important. This task has been carried out by the Commission together with the Social Protection Committee, with the assistance of the Indicator Sub Group, in the second quarter in 2008, reviewing progress on the basis of the latest available data for the list of agreed common indicators attached to the common objectives. (See Annex 2).

The present Commission services document reflects this review, using the same set of data. It is therefore structured along the list of indicators, starting with the "overarching common objectives" examining the common objectives for promoting social cohesion and ensuring effective interplay between the Social OMC and the Lisbon, the Sustainable Development and the European Health Strategies, analysing the social situation across all three strands. It then proceeds to examining the situation and trends in relation to each specific strand, i.e. social inclusion, pensions and healthcare and long-term care. It aims at ensuring a full dissemination of the monitoring exercise. The present Commission services document reflects this review, using the same set of data.

1. THE DEMOGRAPHIC AND SOCIO-ECONOMIC CONTEXT

Between 2001 and 2007, average economic growth in the EU-27 was 2.1% per year, but this hides the good performance (over 3% per year on average) of countries like Ireland, Greece, Spain and Luxembourg and 11 of the 12 new Member States (except Malta). The gap between the richest and the poorest countries in Europe continued to narrow during the period. While the average GDP per capita of the five richest countries in Europe remained around 130% of the EU-27 average[1] between 2001 and 2007, the average GDP per capita of the five poorest rose from 37% of the EU-27 average in 2001 to 50% in 2007.

Figure 1.1: GDP growth over 2001-2007 and 2008 forecast[2]



Source: Eurostat — National Accounts

In 2007, employment growth in the EU-27 reached +1.8%, after +1.6% in 2006, fully recovering from the low in 2003 (+0.4%). The employment rate in the EU-27 increased to 65.4% (as against 63.5% in 2005), mainly driven by the growth in the employment rate for women (58.3% in 2007 as against 56.3% in 2005) and to a lesser extent for older workers aged 55-64 (44.7% in 2007 as against 42.4% in 2005). The share of part-time employment (including involuntary part-time working) has continued to rise, reaching 18.2% in 2007 (as against16.2% in 2001), as has the share of fixed-term employees, up to 14.5% in 2007 (as against 12.4% in 2001).

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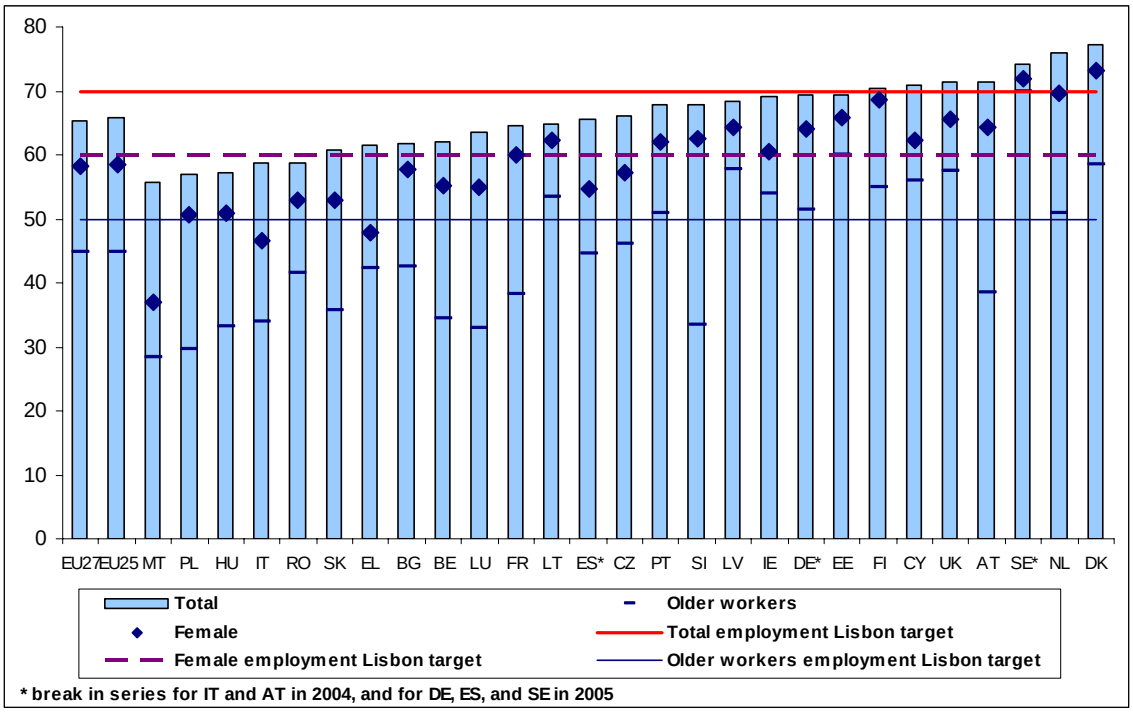
1 In PPS and excluding Luxembourg (the GDP per capita figure for Luxembourg is not considered significant for this analysis because a very large part of the work force in Luxembourg lives abroad).

2 Spring economic forecasts 2008-2009 from DG ECFIN.

Figure 1.2: employment rates in the EU; total, women and older workers; 2007.

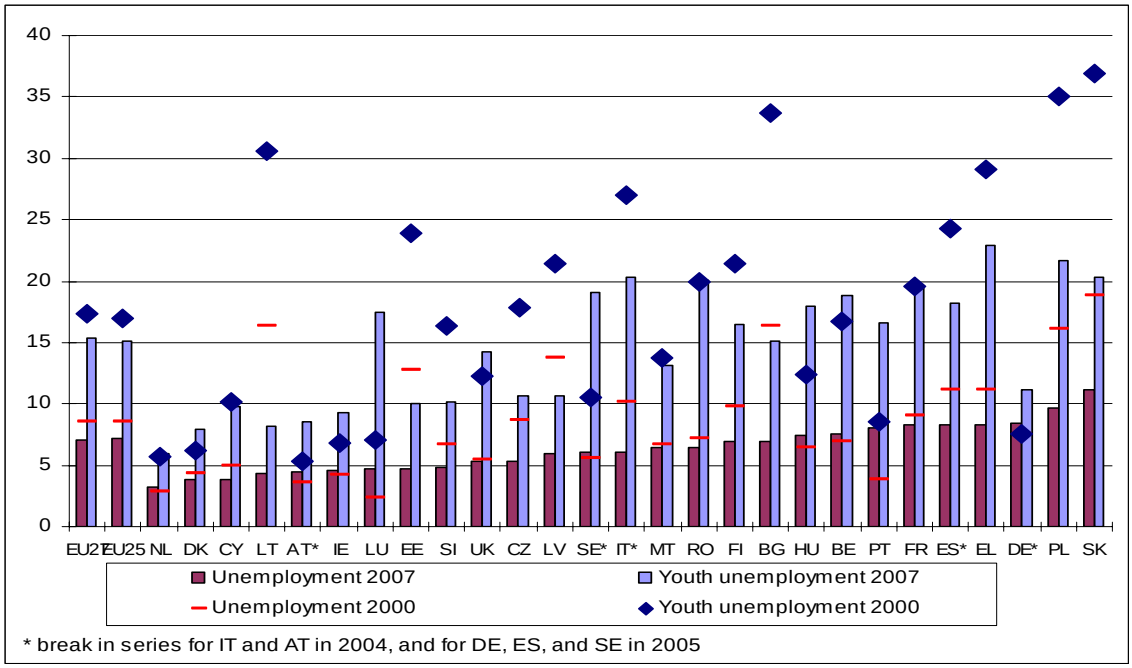


Source: Eurostat — Labour Force Survey

Unemployment rates have been significantly reduced in the EU from 8.6% in 2000 to 7.1% in 2007. Moreover, long-term unemployment was also reduced from 4% in 2000 to 3% in 2007. This significant reduction mainly occurred after 2005, when unemployment was 8.9% and long-term unemployment 4.1%. Eleven countries (CZ, DK, EE, IE, CY, LT, LU, NL, AT, SI and UK) have unemployment rates around or below 5%, while 2 countries remain at around 10% (SK with 9.6% and PL with 11.1%). Between 2000 and 2007, unemployment rates fell significantly in most countries except BE, LU, HU, NL and PT (LU, NL and PT already had very low rates at the start of the period). The unemployment rate for women remained higher than for men in most EU countries. On average in the EU-27, it was 1.2 percentage points higher in 2007, which represents an improvement since 2005, when the gap was 2.1 p.p.

Youth unemployment was also reduced on average but remained high at 15.4% in 2007. In most countries, youth unemployment is at least twice as high as the overall rate, and up to 3 times as high in IT and LU. While some Member States managed to reduce youth unemployment significantly between 2000 and 2007 (the Baltic States, Slovakia and Bulgaria starting from higher levels), it increased sharply in BE, LU, HU, NL, and PT, and to a lesser extent in DK and the UK.

Figure 1.3: Unemployment and youth unemployment; 2000 and 2007.



Source: Eurostat — Labour Force Survey

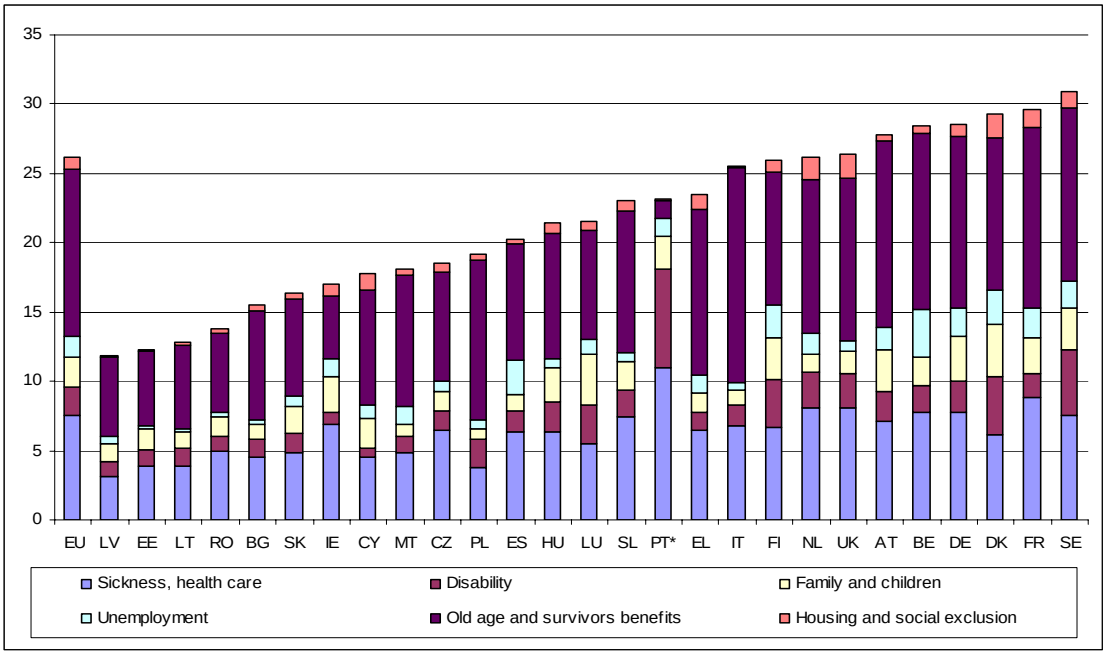
In the EU-27, expenditure on social protection benefits[3] (excluding administrative costs) accounted for 26.2% of GDP in 2005[4]. The trend available for the EU-25 shows that this ratio remained stable over the last 3 years at 26.3%. In general, the relative levels of expenditure on social protection benefits are highest in the richest countries as measured by GDP per capita. Expenditure on social protection benefits as a percentage of GDP was above 29% in SE (30.9%), FR (29.6%) and DK (29.3%), and below 14% in LV (11.9%), EE (12.3%), LT (12.8%) and RO (13.9%).

These disparities reflect differences in living standards, but are also indicative of the diversity of national social protection systems and the demographic, economic, social and institutional structures specific to each Member State. In all EU countries, pensions and health care represent the bulk (three quarters) of expenditure on social protection benefits, amounting on average to 46% and 29%, respectively. In the EU-27 in 2005, expenditure on old age and survivors benefits accounted for 46% of total expenditure on social protection benefits, sickness & health care benefits for 29%, disability benefits and family & child benefits for 8% each, unemployment benefits for 6% and housing & social exclusion benefits for less than 4%.

3 Total social protection expenditure includes social protection benefits, administrative costs and other expenditure. This analysis focuses on expenditure on social protection benefits, which comprise benefits on old age and survivors, sickness and health care, disability, family and children, unemployment and housing and social exclusion.

4 It is important to note that the social benefits presented here are recorded gross, without deduction of taxes and other compulsory levies payable on benefit income; fiscal advantages granted to households as part of social protection are excluded. If these were taken into account the ranking of countries would be affected. The impact is especially significant for the Nordic countries, AT and NL, where net social expenditure in GDP is around 2 to 4 p.p. lower than the gross figure.

Figure 1.4: social protection benefits, by function, in % of GDP — 2005



Source: Eurostat — ESSPROS; *Portugal: 2004 data

In the coming decades, the size and age-structure of Europe's population will continue to undergo dramatic changes due to low fertility rates, increases in life expectancy and the retirement of the baby-boom generation. Member States have started to address the demographic challenge in a context of tight fiscal constraints. The situation with public finances in the EU has deteriorated in a number of countries since 2000. Debt ratios in 2007 remained above the 60% of GDP threshold in Belgium, Germany, Greece, France, Italy, Hungary, Portugal, Cyprus and Malta. Reforms have had a significant impact in BE and EL (where, however, the debt ratio still remains close to 85% or more), and in CY and MT, where the debt ratio is expected to fall below the 60% threshold in the coming two years.

Pensions and health care functions that mostly benefit elderly people are most likely to be affected by the expected ageing of the population. According to Eurostat projections – EUROPOP2008 convergence scenario – the age structure of the EU population will change dramatically. By 2060, in the EU people in age of working (15- to 64-year-olds) will be 50 million less than in 2008, while the number of people aged 65 and over will increase by nearly 67 million. The old-age dependency ratio, i.e. the number of people aged 65 years and above relative to those between 15 and 64, is projected to double, reaching 53.5% in 2060. This means that the four working-age people to each pensioner in 2008 will drop to two to one by 2060.

Ageing is a consequence of the positive fact that life expectancy has continued to increase. In the EU-27, both men and women have gained approximately 4 years in life expectancy over the last 20 years. Significant increases in life expectancy at the age of 45 (around +2.5 years for men and +2.2 years for women between 1996 and 2006) and at the age of 65 (around +2 years for men and women) indicate that gains in life expectancy are more and more happening due to improvements in

survivorship of older people. The challenge is now for social protection systems to ensure that people are living and working longer in good health, not only to improve the well-being of citizens but also to help maintain a healthy workforce and to limit increases in expenditure on health and long-term care in old age.

2. SOCIAL COHESION IN THE EU AND ITS INTERACTION WITH ECONOMIC AND EMPLOYMENT TRENDS

This chapter aims to assess the situation of Member States in relation to the common EU objectives for promoting social cohesion and ensuring effective interplay between the social inclusion and social protection strategy and the Lisbon partnership for growth and jobs. In particular, it highlights how the interaction of social protection, employment and growth policies can impact on social cohesion.

The overarching objectives

The first main objective to which Member States are committed under the social inclusion and social protection strategy is the promotion of social cohesion, equality between men and women and equal opportunities for all through adequate, accessible, financially sustainable, adaptable and efficient social protection systems and social inclusion policies.

The second overarching objective is to promote effective, mutual interaction between the Lisbon objectives of greater economic growth, more and better jobs and greater social cohesion and the EU's Sustainable Development Strategy.

This chapter presents the main aspects of social cohesion across the EU together with a first assessment of the interaction between the promotion of social cohesion and the growth and jobs objectives. While it is too early to draw any firm conclusions about the effectiveness of this interaction in the Member States since the adoption of the revised objectives in 2006, the assessment looks at the impact of economic growth on the standard of living of Europeans and the impact of employment growth on social inclusion and health, and how far this has benefited all households. It also examines the impact of increased working lives on the adequacy and sustainability of pension systems.

2.1. Monetary poverty and income inequalities

2.1.1. 16% of the EU population is at risk of poverty

On average in 2006, 79 million people or 16% of the EU population are at risk of poverty[5]. People are at risk of poverty when their resources are so low that they risk exclusion from full participation in the society in which they live. In measurable terms, and according to the EU-agreed definition, people are considered at risk of poverty when their equivalised income is below 60% of the median income of their country.

The overall EU figure hides a contrasted picture across the EU. The risk of poverty for the overall population ranges from 10-12% in CZ, NL, DK, SI, SK and SE to 20-23% in ES, IT, LT, EL and LV. The poverty risk, when measured in relative terms, tends to be highest in the countries with the highest income inequalities. In most countries the risk of poverty is higher for **women**, who face a risk of 17% as against 15% for men in the EU, the gap reaching 4 percentage points in BG, EE, CY and LV. In LU, HU, MT, NL, PL, SK and SE, however, women have the same risk of poverty as men (or slightly lower in PL). Gender differences in poverty rates have to be interpreted with caution since income is measured at household level and equivalised, assuming equal sharing of resources within the household. The gender differences in poverty rates mainly reflect the fact that single women, especially the elderly and lone mothers, often live on lower incomes than single men.

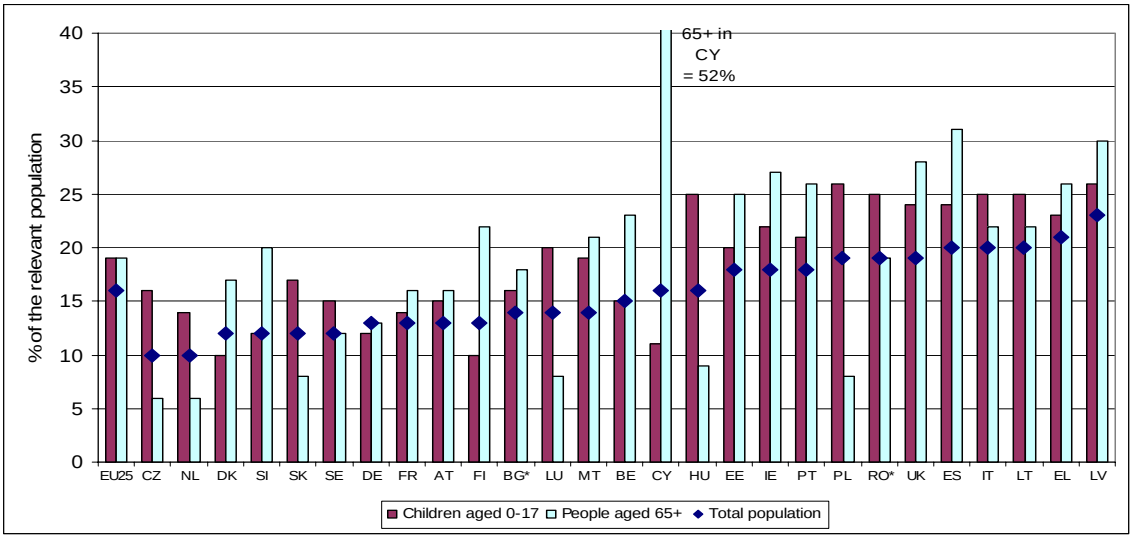
Children and the elderly tend to face a higher risk of poverty

In 2006, 19 million **children**, or 19%, lived under the poverty threshold in the EU-27. In most EU countries, children are at a higher risk of poverty than the rest of the population, except in DK and FI (where 10% of children live at risk of poverty), CY (11%), DE and SI (12%), and BE (15%), where the child poverty rate is either lower than or very close to that of the overall population. In almost half of the EU countries, the risk of poverty for children is 20% or above, reaching as much as 26% in LV and PL. Nearly half of poor children live in two types of household that face higher risks of poverty: 22% of poor children live in a lone parent household and 25% in a large family. The main factors affecting the poverty of children are the labour market situation of their parents and the effectiveness of social transfers towards families, including income support and the provision of enabling services (e.g. childcare).

5 These figures are based on a definition of income that does not include imputed rent and mortgage interest payments. The imputed rent refers to the value that would be imputed to all households that do not report paying full rent, either because they are owner-occupiers, they live in accommodation rented at a lower price than the market price, or the accommodation is provided rent-free. With this definition of income, the at-risk-of-poverty rate can change significantly for some categories of the population, notably those, such as the elderly, who include a greater proportion of house owners. While certain countries, such as DK, are already able to supply income figures including imputed rent, the income definition underlying the calculation of indicators currently excludes imputed rent. In the statistical tables in the Annexes, data for DK are shown without and with imputed rent. Differences are particularly significant for people aged 65 or more, the inactive other than pensioners and owner-occupiers, for whom the at-risk-of-poverty rate is reduced once imputed rent is taken into account.

On average in the EU, the elderly also face a greater risk of poverty than the overall population (19% as against 16%). **People aged 65 or more** are most affected by poverty in EE, EL, PT, IE, UK, LV, ES and CY, where they face a poverty rate of 25% or more. Nevertheless, in some countries their poverty rate is lower than for the rest of the population. In all EU countries, elderly women are at a higher risk of poverty than elderly men. The oldest among the elderly also live on lower incomes. Elderly poverty and its determinants are analysed in greater detail in the chapter on the adequacy of pension systems in the EU.

Figure 2.1: At-risk-of-poverty rate for the total population and for children (0-17) and elderly people (65+) — 2006 — %



Source: EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO: National Household Budget Survey 2006

2.1.2. Living standards of poor people vary greatly across the EU

The poverty thresholds give the equivalised income under which an individual is considered poor according to the EU-agreed definition. These illustrative values vary greatly across the EU, reflecting the large disparities in GDP per capita and living standards that persist in the EU. When expressed in purchasing power standards (i.e. adjusted for the differences in the cost of living), the poverty thresholds for a single household vary from less than 250 €-PPS in LV and LT to more than 850 €-PPS in AT, UK and LU. This suggests that the income of poor people in the 3 richest EU countries (DK, AT, NL[6]) is nearly 4 times higher than the income of poor people in the 3 poorest countries (LV, PL and LT).

[6] IE and LU are excluded from this illustration due to the lack of representativity of the GDP/capita figure, which does not reflect the wealth actually available to the resident population.

Table 2.1: At-risk-of-poverty thresholds for single person households — 2006 — €, PPS and GDP per capita (EU=100)

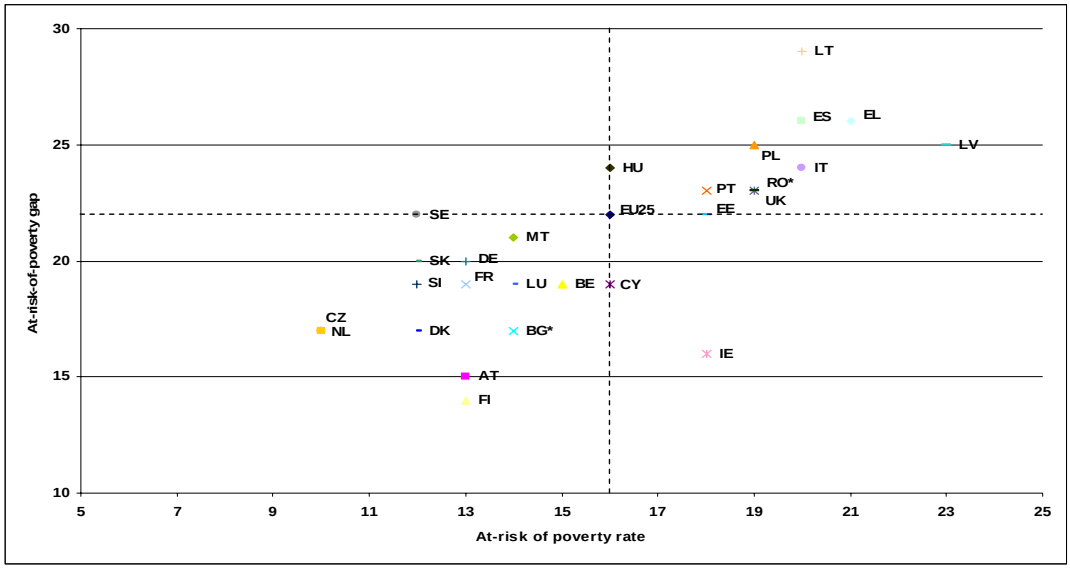
	LV	LT	PL	EE	SK	HU	CZ	PT	EL	MT	SI	ES	IT
€	127	127	156	182	166	192	240	366	493	423	466	572	726
PPS	228	234	255	286	300	308	417	435	564	587	625	628	703
GDP per capita	48.0	52.1	49.8	59.8	57.1	62.5	73.7	71.1	84.1	70.5	81.9	98.0	100.4
	FI	**SE**	**FR**	**DE**	**IE**	**CY**	**DK**	**BE**	**NL**	**AT**	**UK**	**LU**	**EU**
€	916	887	809	781	984	727	1133	860	863	893	965	1484	697
PPS	749	756	760	760	795	806	817	826	834	885	894	1434	
GDP per capita	110.7	114.8	108.2	110.0	138.9	88.9	122.1	118.1	125.6	123.1	117.6	251.2	

Source: EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO: National Household Budget Survey 2006

2.1.3. Poverty tends to be most severe in countries where numbers in poverty are highest

How poor are the poor? This question can be partly answered by looking at the at-risk-of-poverty gap, which measures how far below the poverty threshold the incomes of poor people are. In 2006 in the EU, the median income of people at risk of poverty was 22% lower than the poverty threshold. As illustrated in Figure 2.2, poverty tends to be more severe in countries where the shares of people at risk of poverty are highest (countries in the top right-hand corner of the graph). The at-risk-of-poverty gap is thus 25% or more in LV, ES, EL and LT.

Figure 2.2: Severity of poverty: At-risk-of-poverty gap vs at-risk-of-poverty rate for the total population — 2006 — %

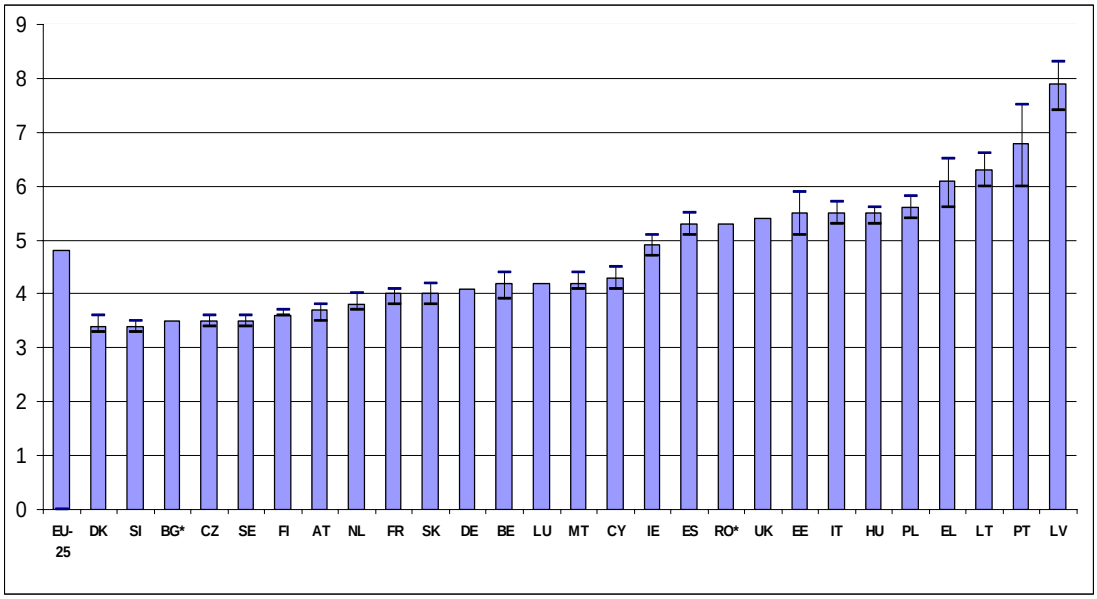


Source: EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO: National Household Budget Survey 2006

2.1.4. Income inequalities

Overall inequalities in the distribution of income across society as a whole provide a first assessment of the degree of social cohesion within Member States. The **income quintile ratio** compares the income of individuals at the top of the distribution to the income of those at the bottom. In 2006 in the EU, the total income received by the 20% of the population with the highest income was 4.8 times higher than the total income received by the 20% with the lowest income. This ratio varies greatly across the EU, from 4 or less in the Nordic countries, SI, BG, CZ, AT, NL, FR, and SK, to more than 6 in EL, LT, PT and LV. Income inequalities depend on a number of factors, such as the type of welfare state and the situation on the labour market, and while most of the wealthy Member States are among those with the lowest inequalities, countries with a much lower GDP per capita can be found among both the most equal and the most unequal countries.

Figure 2.3: Income inequality: S80/S20 income quintile ratio, confidence intervals[7] at 95% — 2006



Source: EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO: National Household Budget Survey 2006; BG, DE, LU, RO, UK confidence intervals not available. EU-25 average excludes BG and RO

2.1.5. Trends in inequality and poverty

There is limited evidence of trends in income inequality and poverty over the past years in the EU due to the change in data sources at EU level and in a number of countries. However, SILC data indicate that the overall poverty rate has not improved at EU level, and has even increased in FI and SE (where poverty rates are

[7] For ease of presentation, confidence intervals are only included in this first graph. Confidence intervals calculated for other income-based indicators are given in Annex 3 (for each country where the design of the SILC surveys allows it).

traditionally low), in HU and to a certain extent in DE and IT. Signs of a decrease are apparent in IE, NL, PL and PT.

Poverty trends affect different groups of the population differently. Recent OECD data show that in most EU countries child poverty has remained stable or tended to increase since the mid-90s. Signs of a decrease can be observed in AT, HU and ES, while a significant reduction has been seen in the UK since early 2000, as result of its integrated anti-child-poverty strategy. The detailed analysis of elderly poverty presented in the chapter on pension adequacy indicates that after a long period of improvement in the situation of the elderly due to the maturity of pension systems, a relative increase in the poverty rates of older people has been recorded in recent years.

2.2. The impact of growth and jobs on poverty and social cohesion

2.2.1. Economic growth helps to improve overall living standards but growth does not reach everyone at the same pace and to the same extent

The risk of poverty analysed above is based on a definition of poverty which considers as 'poor' those whose 'resources are so low so as to hamper them in their capacity to fully participate in the society in which they live'[8]. It thus refers to those who live at the bottom of their country's income distribution, whatever the general level of economic wealth in the country. However, being a relative measure, the at-risk-of-poverty rate does not reflect the general increase in living standards resulting from economic growth. As illustrated by the variation in poverty thresholds, the living standards of the poor naturally depend to a large extent on the general level of development of the country in which they live.

What is the impact of economic growth on income poverty in a country? There is no simple answer[9]. In fact, a country becomes richer, it can raise the general standards of living in the country, but not necessarily for everyone at the same time and to the same extent. Usually, those that are most directly involved in economic activity, shareholders and people employed, are the first to benefit from economic growth, while those relying on benefits or pensions need to wait for social protection mechanisms to play their role of redistribution. Other factors, such as the impact of growth on the wage structure, make the mechanism even more complex. As a result, economic growth can increase inequalities.

The assumption that economic growth will raise the standards of living of all, just as the tide lifts all boats together, is often not observed in practice. In order to evaluate the extent to which the standards of living of people at risk of poverty have improved in the context of good economic performance, we use the at-risk-of-poverty rate anchored at a fixed moment in time. With this, we can measure the change in the number of poor people in relation to a fixed poverty threshold, only adjusted for inflation (here the base year is 2005 — income year 2004). A decrease in the

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8 European Council Conclusions 1975.

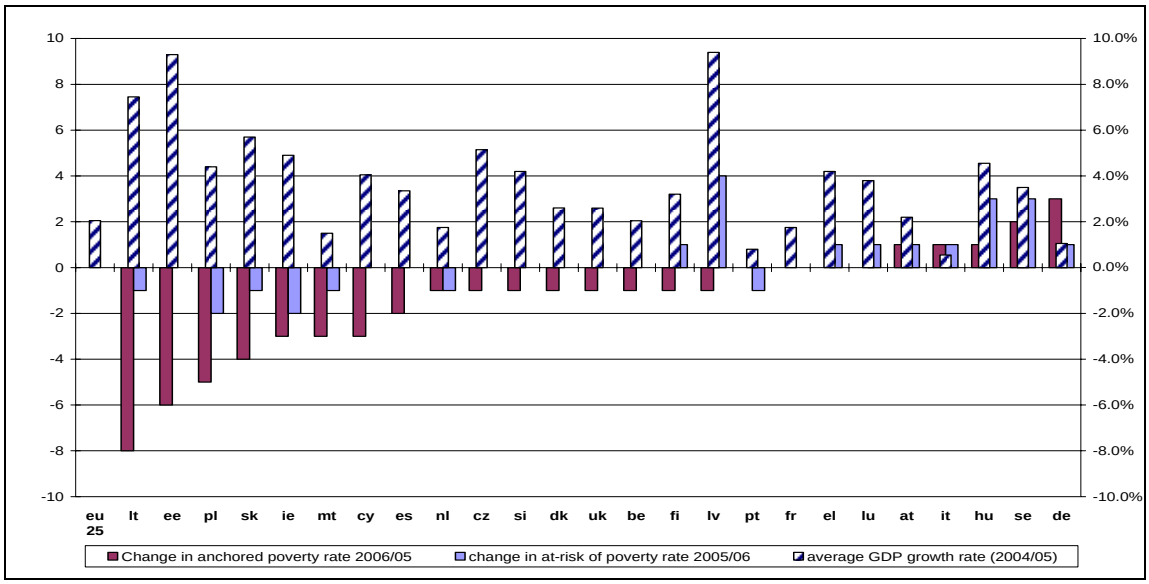
9 The lack of sustained trend data on inequalities makes it difficult to make assessments at international level. The recent OECD work on the evolution of inequalities provides a comprehensive review of existing evidence on this issue.

anchored poverty rate in one year indicates that a number of people who were poor in the base year have seen their income go up above the fixed base year threshold. These people would no more be at-risk-of poverty if the general standard of living of their country had not increased. However, these people are still considered at-risk-poverty if their income is below the current year threshold, reflecting the general improvement of living standards in their country.

According to Figure 2.4, the anchored poverty rate fell significantly by 3 percentage points or more in LT, EE, PL, SK, IE, MT, and CY. All these countries, except MT, recorded an average growth rate of 4% or more in the two previous years, and the at-risk-of-poverty rates either decreased or remained unchanged. This means that strong economic growth did not leave the poor behind in these countries. Their living standards increased and their relative situation either improved or remained unchanged (as measured by the at-risk-of-poverty rate). As there is no simple causal link between growth and improved living standards in different segments of society, further analysis would be needed to identify the mechanisms that helped improve the situation of those at the bottom of the income distribution (rise in low wages — either market-driven or institutionally driven, income redistribution, etc).

Strong economic growth (>3.5%) in CZ, EL, LU, HU and SE did not have the same positive impact on the situation of the poor. In LV, the anchored poverty rate improved hardly at all, while the at-risk-of-poverty rate increased significantly (+4 p.p.). In HU and SE, the situation of the poor worsened in terms of both the anchored and relative measures of poverty.

Figure 2.4: Impact of economic growth on poverty: change in anchored poverty rate (income years 2005/04), change in at-risk-of-poverty rate (income years 2005/04) — percentage points; and average GDP growth (2004-05) — %



Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO: National Household Budget Survey 2006; GDP: National Accounts

2.2.2. Joblessness is one of the main factors of poverty and exclusion

In all EU countries, the unemployed face a much higher risk of poverty than the rest of the population. On average in the EU, 41% of the unemployed lived under the poverty threshold in 2006. This proportion ranged from around 23-25% in DK and SE to 60% or more in the Baltic States. A detailed analysis of the risk of poverty by activity and employment status is presented in the social inclusion chapter.

Joblessness, whether due to unemployment or inactivity, is not only one of the main causes of poverty, but is also in itself one of the main factors of exclusion, since a job is a key determinant of people's ability to fully participate in society, build a social network and realise their potential. Repeated or long spells of unemployment are also likely to have an adverse impact on people's pension entitlements. Finally, joblessness not only affects the unemployed themselves but also other household members that depend on their income, especially their children.

The impact of joblessness is most severe when it affects all working age adults in the household. In 2007, 9.3% of adults aged 18-59 who were not students were living in a household where nobody was in paid employment. This rate ranged from 4.5% in CY to 11-12.5% in FR, UK, PL, HU and BE. On average in the EU, two thirds of adults living in jobless households have no children (23% live in single households, 22% in couples and 20% in households with 3 or more adults[10]). The other third live in families with children, including 10% of lone parents. While precise poverty rates cannot be calculated for this population, it is estimated that adults living in jobless households face a risk of poverty of 30% when there are no children in the household, and 60% when there are children[11].

In 2007, a similar proportion of children (9.4%) lived in jobless households, but variations across Member States were more marked, ranging from 2.5% in SI to 16.7% in the UK. Children living in jobless households not only suffer from a lack of resources: the absence of a working adult in the household can also affect their educational and future labour market outcomes due to the lack of a role model.

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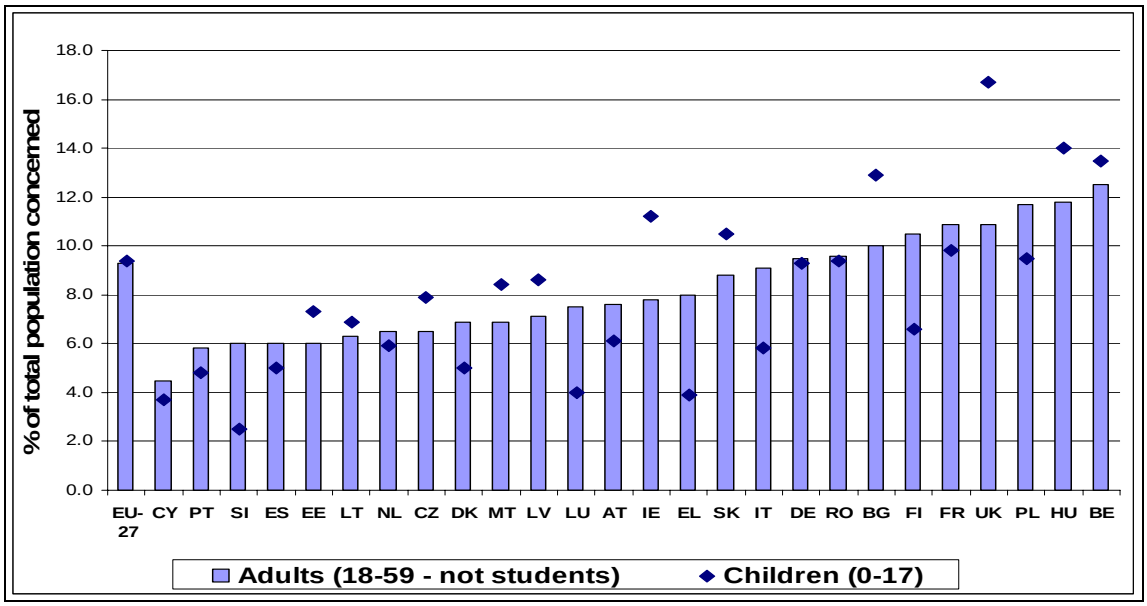
10 Shares calculated for LFS 2006.

11 The at-risk-of-poverty rates quoted here refer to a definition of joblessness that is stricter than the definition used in the indicator for people living in jobless households based on the LFS survey. According to the LFS definition, people are defined as jobless if they did not work in the last 4 weeks, whereas for calculating the poverty rate, people who have not worked over a period of 12 months are considered. Further analysis of the impact of joblessness and low work intensity is presented in chapter 3 on social inclusion.

Figure 2.5: Adults (aged 18-59 and not students) and children (0-17) living in jobless households; 2007 — %



Source: Labour Force Survey (2007) — spring results; detailed household data missing for SE

2.2.3. Have the general improvements on EU labour markets benefited everyone?

Since the launch of the Lisbon strategy in March 2000, employment rates across the EU have significantly increased and unemployment rates have been durably reduced. Have these significant improvements on European labour markets benefited the most vulnerable and helped those who can work out of poverty? To answer this question, we need to look at three key issues:

– Have the jobs created gone to those who need them most? In measurable terms, who benefited most from the rise in employment rates? Have these jobs helped to reduce the number of **people living in jobless households**? Do the employment gaps for the most vulnerable groups (e.g. **migrants**, the low-skilled) still persist? Have all categories of **older workers** prolonged their working lives?

– Are those with jobs earning enough to make a living for themselves and their families? Part of the answer lies in an analysis of **in-work poverty**, as measured by the at-risk-of-poverty rate faced by those who are employed or living in a household with work.

– Have the jobs created been stepping stones that help people progress towards better-quality jobs? This can partly be answered by an analysis of different types of transitions from unemployment to employment, and from job to job by pay level and by type of contract. However, the indicators needed to answer this question are still under development and are therefore not part of the following analysis.

The rise in employment rates has been mainly driven by an increase in the participation of women

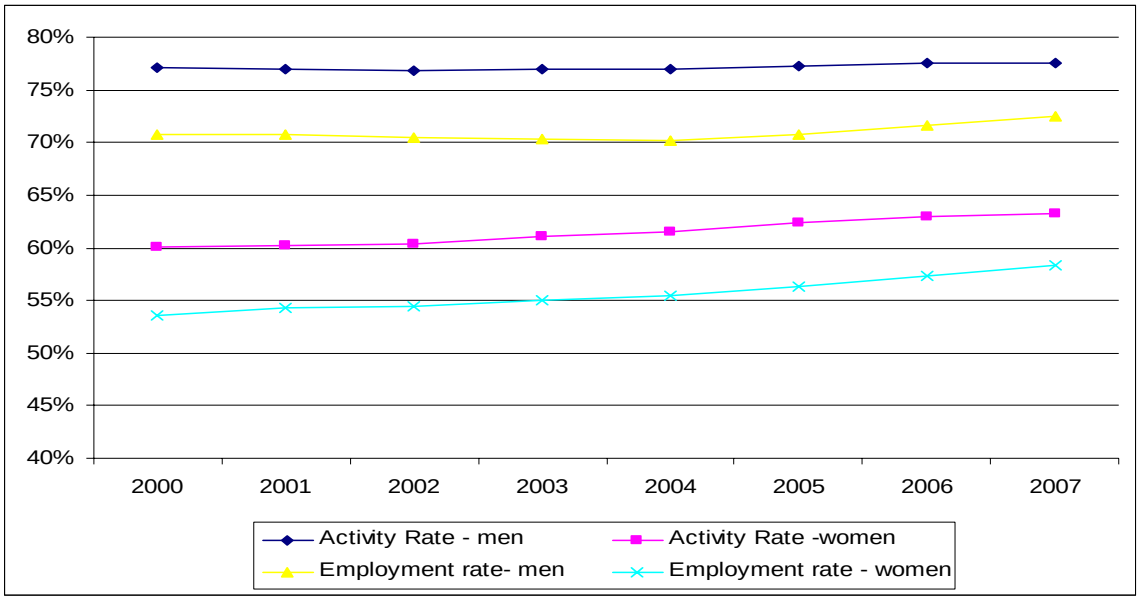
As mentioned earlier, the growth in employment rates has been mainly driven by the increased participation of women in the labour market and, to lesser extent, by prolonged working lives for older workers aged 55-64. In 2007, the share of the economically active population out of the working age population (aged 15–64) — i.e. that part of the population in employment or not in employment but actively looking for a job — stood at 70.5% in the EU-27. Despite this increase, average labour force participation in the EU remains low by international standards (5 percentage points below the US, and 11 p.p. below Switzerland).

Looking back at developments since the beginning of the decade, activity rates in the EU have on average increased by 1.9 percentage points since 2000. This has been driven almost entirely by the continued increase in female participation, which has gone up by 3.2 percentage points compared to only 0.5 percentage points for men. This means that the increase in employment rates for men has been driven mainly by a fall in unemployment rather than by a comparable increase in their participation rate. Although rates for men and women are fairly similar in certain Member States, such as Finland and Sweden, large disparities remain in several countries, particularly Greece, Italy, Spain, and Malta, implying that there is still a great deal of scope for increasing female participation in many Member States.

The impact on income inequalities of the increased participation of women on the labour market depends on the type of households to which they belong and on the quality of the jobs they can obtain. So if women entering the labour market are predominantly second-earners in relatively well-off households, this trend is unlikely to reduce inequalities by itself. In many countries, the women who are furthest away from the labour market (lone mothers, the low-skilled, etc) are still facing important barriers in access to quality jobs (such as lack of childcare, involuntary part-time working, lack of reconciliation measures).

At EU level, the increase in the employment rate among 55-64 year-olds has benefited all categories of workers, but has been lower for the less qualified: 5 percentage points compared to 6 or 7 percentage points for the medium or highly qualified.

Figure 2.6: Trends in activity rates and employment rates; men and women, 2000-07

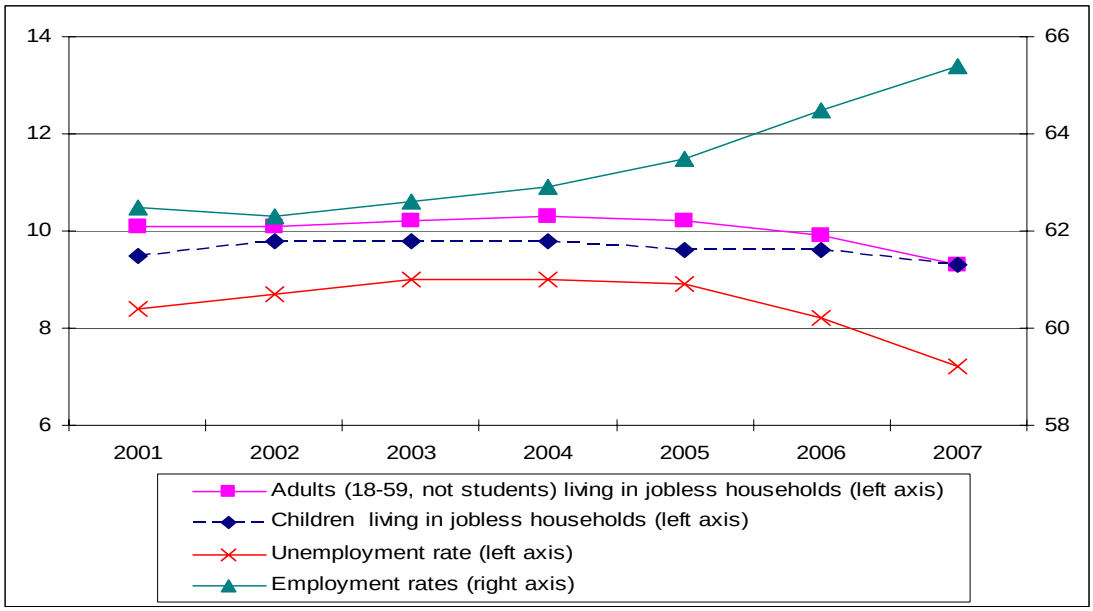


Source: Eurostat, Labour Force Survey — Annual averages 2007

At EU level, people living in jobless households have started benefiting from the recent improvements on the labour markets

On average in the EU, the recent accelerated increase in general employment rates (+1.9 p.p. between 2005 and 2007) and the decrease in unemployment rates (-1.7 p.p.) have started benefiting people living in jobless households (-0.9 p.p.), but it is too early to judge whether the reduction will be durable and significant. These improvements have not reached families with children to the same extent, since the reduction in the share of children in jobless households was only 0.3 p.p. between 2005 and 2007.

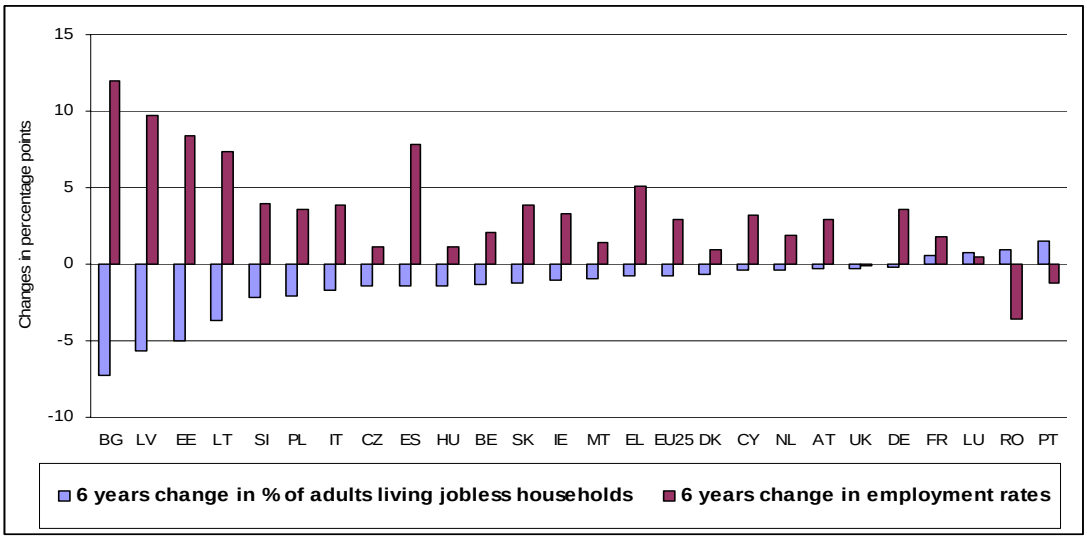
Figure 2.7: EU-25: employment and unemployment rates and shares of children and adults (aged 18-59 and not students) living in jobless households; 2001-07 — %



Source: Labour Force Survey (2001; 2007) — spring results; detailed household data missing for SE

Across EU countries the picture is contrasted, since in BG, SK and the Baltic states, increases in employment rates led to a significant decrease of more than 3 percentage points in the shares of people living in jobless households between 2001 and 2007., In CY, NL, AT and DE, however, there was no reduction in the number of adults living in jobless households, while in FR and LU their share even increased slightly. In some countries, especially the UK, the share of children living in jobless households remains a matter of concern.

Figure 2.8: 2001-2007 change in employment rates and in share of adults (aged 18-59 and not students) living in jobless households; 2001-07 — percentage points



Source: Labour Force Survey (2001; 2007) — spring results; detailed household data missing for SE and FI

Overall employment rates for migrants remained stable in the EU between 2006 and 2007, though with a very contrasted picture across the EU Member States

In 2007, the overall employment gap[12] for migrants born outside the EU remained stable at 2.6 (against 2.7 in 2006). This overall stability masks very divergent trends across the EU. Looking at countries with significant numbers of migrants from third countries (>5% of the total population aged 15-64), the employment rates of people born outside the EU are higher than for the native-born population in countries of recent migration such as ES, EL, IT, or PT. In long-standing host countries (BE, DK, DE[13], FR, AT, SE and UK), migrants have much lower employment rates than the host population, with employment gaps ranging from 6% in the UK to 16% in DK. In all these countries except BE and DK, the gap remained stable or was slightly reduced between 2006 and 2007.

The employment gap for migrants depends on a number of factors, including the composition of the migrant population by age, skills level, household composition, and numbers of years spent in the host country. It also depends on the main motives for migration (family reunion, economic, humanitarian, etc), which vary considerably across the EU[14]. EU Member States have agreed to mainstream the social aspects of migration within their social inclusion and social protection policies. This is to take account of the multiple dimensions of the integration of migrants, who often face several exclusion factors simultaneously, including a higher

12 The employment gap for migrants is defined as the difference in percentage points between the employment rate of people born in the host country and the employment rate of people born outside the EU.

13 The German data refer to foreigners, rather than people born abroad.

14 A detailed analysis of the labour market situation of migrants will be published this year in the yearly publication 'Employment in Europe'.

risk of poverty and barriers in access to housing, health care or education for their children.

Table 2.2: Employment gap and employment rates of migrants born within and outside the EU, %, 2006 and 2007

	Employment gap between people born in the EU and people born outside the EU		Employment rates					
	2006	2007	2006			2007		
			Born in host country	Born in another EU country	Born outside EU	Born in host country	Born in another EU country	Born outside EU
EU-27	2.7	2.6	64.7	66.6	60.4	65.6	68.6	60.8

Source: Labour Force Survey (2006-07)

A job does not always protect from the risk of poverty

On average in the EU, 8% of people at work[15] are at risk of poverty. Across the EU, the in-work poverty risk ranges from 3% in CZ, 4% in BE, DK, NL and FI to 13% in PL and 14% in EL. In most countries, men and women are equally affected by in-work poverty, except in DK, MT, HU, SE, ES, LT, PL and EL, where men face a significantly higher risk of in-work poverty, and in EE and LV, where women face a higher risk than men.

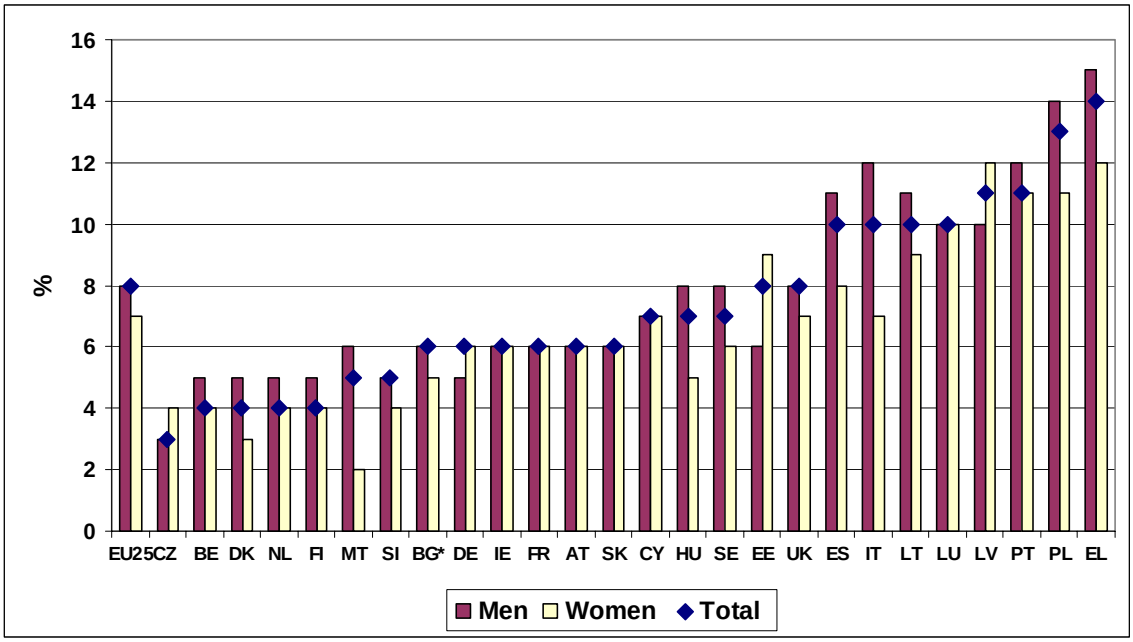
In-work poverty is linked to low pay, low skills, precarious employment and often involuntary part-time working. Quality employment is essential to lift individuals out of poverty, but in order 'to promote [it], it is necessary to develop employability, in particular through policies to promote the acquisition of skills and life-long learning'. It is also necessary to put in place sound economic policies to facilitate employment creation and a stable economic climate conducive to higher investment in human capital on the part of employers.

The risk of poverty faced by individuals is not only associated with their own employment situation but also with the type of household in which they live and with the economic status of those with whom they share the household. Low work intensity (i.e. too few adults working or working only a few months during the year) is a key factor, especially in **households with children** where the single-earner family model is not sufficient to ward off the risk of poverty. When both parents are working, children face a 7% risk of poverty on average, compared with 25% for children with only one of their two parents at work (and working full-time). The risk of poverty for children in single-earner families ranges from around 10-13% in DK, DE and SE to 30% or more in ES, IT, LT, LV, HU, PL, PT, SI and SK. The capacity of parents to participate in the labour market depends both on policies that support

[15] An individual is defined to be at work if he/she has been employed for at least half of the number of months reported in the activity calendar during the income reference period.

parental employment (especially mothers' employment) and the reconciliation of work and family life and on the availability and affordability of enabling services (e.g. child care).

Figure 2.9: In-work poverty: At-risk-of-poverty rate for people at work — 2006 — %



Source: EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO: National Household Budget Survey 2006

2.3. Educational outcomes

Poor educational outcomes and the failure to complete the standard education system are a key factor in the reproduction of inequalities, as well as an obstacle to integration on the labour market. This is even more the case in an increasingly knowledge-based society and economy, while a skilled workforce is essential to support the Lisbon objectives of greater economic growth, more and better jobs and greater social cohesion. Those without adequate skills will find it more difficult to enter the labour market and find a quality job, are more likely to spend long periods out of work and, if they do work, are more likely to be in low-paid jobs. Better educated people are also more likely to benefit from training opportunities over the course of their lives.

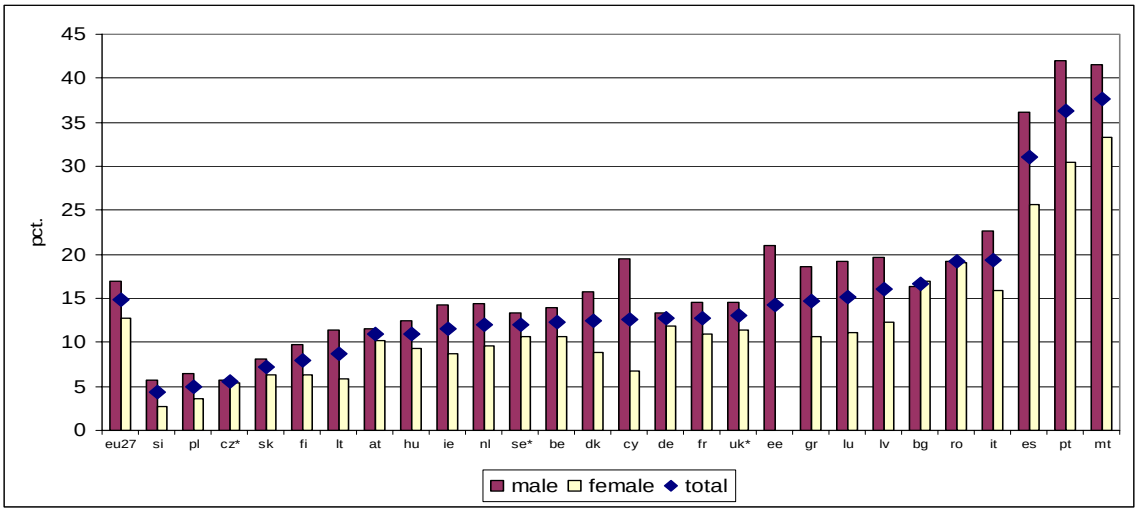
In 2007, however, 14.8% of young people aged 18-24 in the EU-27 had at most lower secondary education and were not in further education or training (this group is usually referred to as 'early school-leavers'). This rate had decreased since 2001, when it was 17.1%. However, significant additional efforts are needed in order to reach the European benchmark set by Education Ministers: no more than 10% early school-leavers by 2010. This is especially true in countries where the percentages of early school-leavers have recently increased: DK, EE, ES, FR and AT.

This percentage is lowest, and below 8%, in SI, CZ, PL, SK and FI, but is 30% or more in Spain, Portugal and Malta. In most Member States, the percentage of early

school-leavers is higher among young men, except in Romania, Bulgaria, Germany, and the Czech Republic, where the rates are broadly similar[16].

A detailed analysis of the link between poor educational outcomes, poverty and integration on the labour market is discussed in the social inclusion chapter.

Figure 2.10: Early school-leavers (% of the total population aged 18-24 who have at most lower secondary education and are not in further education or training); 2007



Source: Eurostat, Labour Force Survey — Quarter 2 results; * 2006 data for CZ, SE and the UK

2.4. The role of social protection systems

2.4.1. The scale of social protection expenditure

As illustrated in chapter 1 (Figure 1.4), the scale of social protection expenditure varies greatly across Europe. Average gross spending on social protection benefits ranges from less than 15% of GDP in the Baltic States and RO to more than 28% of GDP in BE, DE, FR, DK and SE.

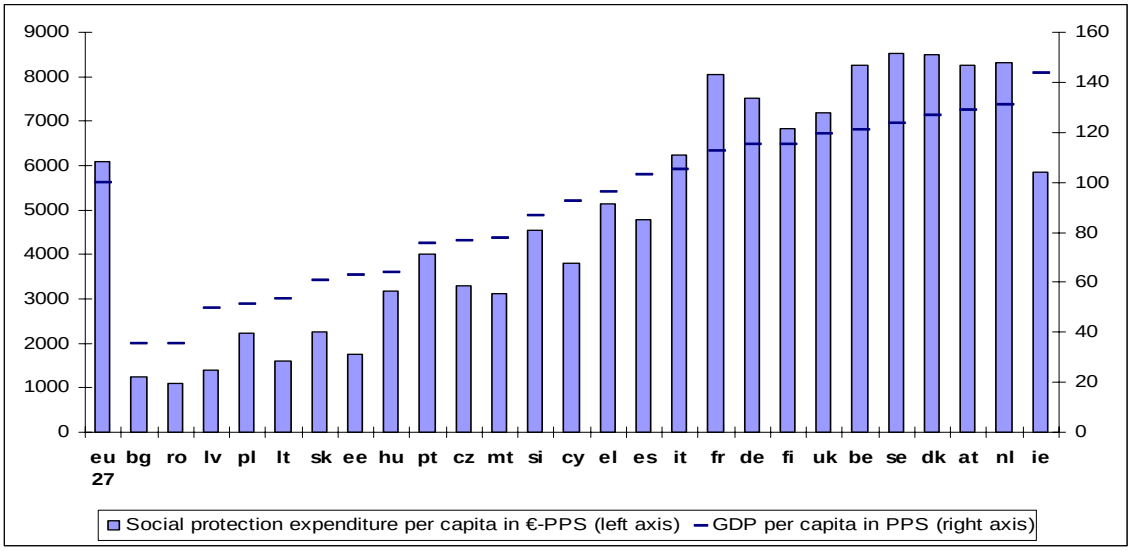
Besides the generosity of the social protection system (in terms of both level and coverage), some of the factors that influence the level and development of social protection spending in the Member States are the demographic structure of the population, particularly in terms of age, the level of unemployment/non-employment, the role of private social services, the economic situation and technological developments (particularly in the area of health care). In general, there is a positive relationship between expenditure on social protection and the level of prosperity as measured by GDP per capita. This is to be expected given the greater capacity of the more prosperous countries to finance social protection.

[16] See the 2006 *Education and training progress report* for a detailed analysis of the phenomenon of early school-leavers, at http://ec.europa.eu/education/policies/2010/doc/progressreport06.pdf.

The variation in social expenditure per head, however, is greater than that for GDP per head: excluding Luxembourg, the ratio between the lowest (Romania) and the highest (Sweden) social protection spending per head was around eight to one in 2005, as compared with a ratio of 3.5 to one for GDP per capita. This suggests that countries tend to spend proportionately more on social welfare as their resources increase.

Nevertheless, this tendency is not systematic. As illustrated in Figure 2.11, some countries rank differently in relation to the two indicators. In Cyprus, Spain and especially Ireland[17], social protection expenditure per head is significantly lower than would have been expected given the level of GDP per head in these countries. By contrast, in Germany, France and Sweden, as well as in Portugal, Slovenia and Greece, social protection expenditure per head is higher than would have been expected given their levels of GDP per head.

Figure 2.11: Social protection expenditure (left axis) and GDP (right axis, EU-27=100) per capita in PPS, 2005



Source: ESSPROS, European System of Accounts; Data for Portugal refers to 2004

2.4.2. Social protection expenditure plays a decisive role in reducing the risk of poverty

Assessing the impact of government intervention on the risk of poverty is a complex task since a broad range of government policies influence the actual living standards of households. Using a broad definition, tax and benefit systems can redistribute income by different means, e.g. by providing a minimum income level for those without paid employment or sufficient pension provision (unemployment benefits,

[17] In the case of Ireland, this has partly to do with measurement problems: on the one hand, private provision for health care are only partly covered in the ESSPROS data; on the other hand, GNP would be a better measure than GDP to be put in relation to the level of social protection expenditure for this country, since the former excludes profits earned by foreign-owned companies, which are not wholly available to finance Irish social protection spending.

social assistance, disability allowances) or by supplementing the income of all households whether they are in employment or not. The income of households can also be influenced by minimum wage policies. The risk of poverty is influenced by a number of policy choices in the areas of health (access to free services for the most vulnerable), housing, and transport. Child poverty in particular can also be influenced by policies in the area of education (free schooling at an early age, length of the school day) and child care services, while the main instrument for preventing poverty in old age is pensions (which also serve the broader role of allowing people to maintain — to a reasonable degree — the living standard they achieved during their working lives), in particular minimum pension provision also for those with poor contributory records.

Across the EU, the countries with the lowest poverty rates are clearly those who spend most on social benefits (excluding pensions[18]), with the notable exception of CY and — to a lesser extent — SI. This partly reflects the wealth effect observed among EU countries whereby the richest countries are those that can afford the highest levels of social protection and redistribution. However, differences in the starting positions of households before receipt of benefits, as well as in the design and overall effectiveness of the tax and benefit systems, mean that countries with similar levels of wealth and social spending as a percentage of GDP experience widely differing levels of poverty.

In the EU, social transfers other than pensions reduce the overall risk-of-poverty by 38%

In the absence of all social transfers, the average poverty risk for EU Member States would be 26% (as against 16% after receipt of government support). Figure 2.12 shows the percentage drop (in absolute terms) in the at-risk-of-poverty rate as a result of social transfers[19].

The poverty-reducing effect of social transfers is particularly evident in CZ, DE, NL and SI and the Nordic countries, where social transfers reduce poverty by 50% or more. Conversely, in BG, EL, ES, IT and LV, social transfers only reduce the risk of poverty by 18% or less.

The impact of social transfers in reducing the risk of poverty is higher for children, with the EU average reaching 42% in 2006. This is true in most EU countries, except in BE, CZ, MT, NL, PL, PT and SK, where it is slightly smaller. In the Nordic countries, DE, FR and AT, social transfers (other than pensions) reduce the risk of

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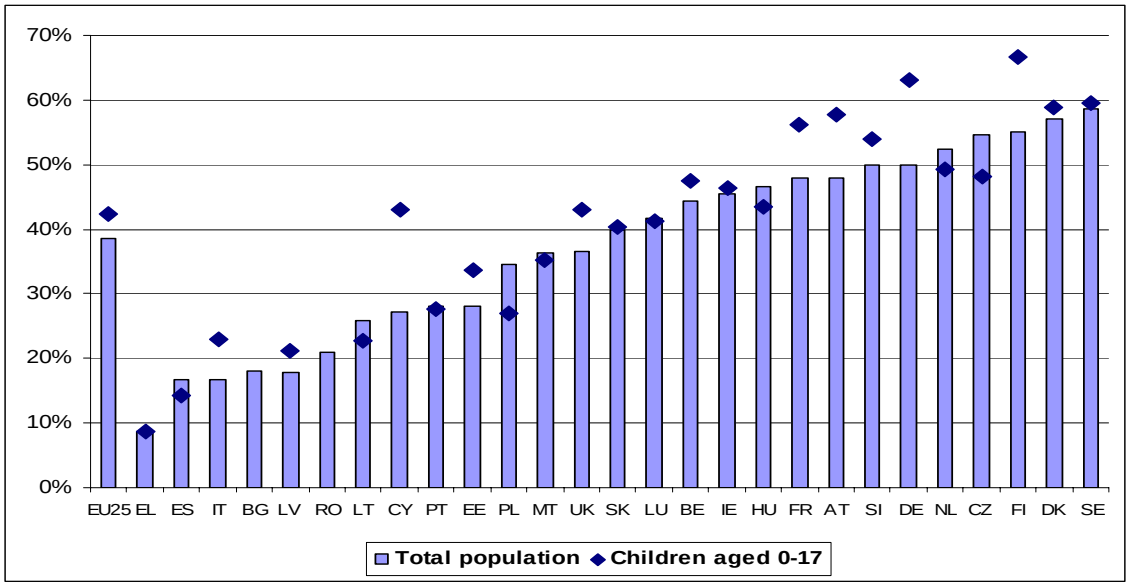
[18] For the purpose of this analysis, pensions are considered primary income since their role is not only to redistribute resources across income groups but also, and primarily, over the life-cycle of individuals and/or across generations.

[19] The indicator for the poverty risk before social transfers must be interpreted with caution for a number of reasons. First, no account is taken of other measures that, like social cash transfers, can have the effect of raising the disposable incomes of households and individuals, namely transfers in kind, tax credits and tax allowances. Second, the pre-transfer poverty risk is compared to the post-transfer risk with all other things being equal — namely, assuming unchanged household and labour market structures, thus disregarding any possible behavioural changes that the absence of social transfers might entail.

poverty for children by more than 55%, while in EL and ES the reduction is less than 20% (also for the overall population).

Figure 2.12: Impact of social transfers (excluding pensions) on the at-risk-of-poverty rate for the total population and for children, 2006 — %



Source: EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06);

Minimum safety nets are rarely sufficient to protect people from poverty

Countries differ substantially in terms of the **minimum safety nets** they provide to workless households[20], even relative to at-risk-of-poverty threshold, which depends on living standards in each country. Only a few countries provide workless households with a minimum income and related (i.e. housing) benefits that are sufficient to lift them close to or above the threshold of 60% median income (see chapter 3 of this report).

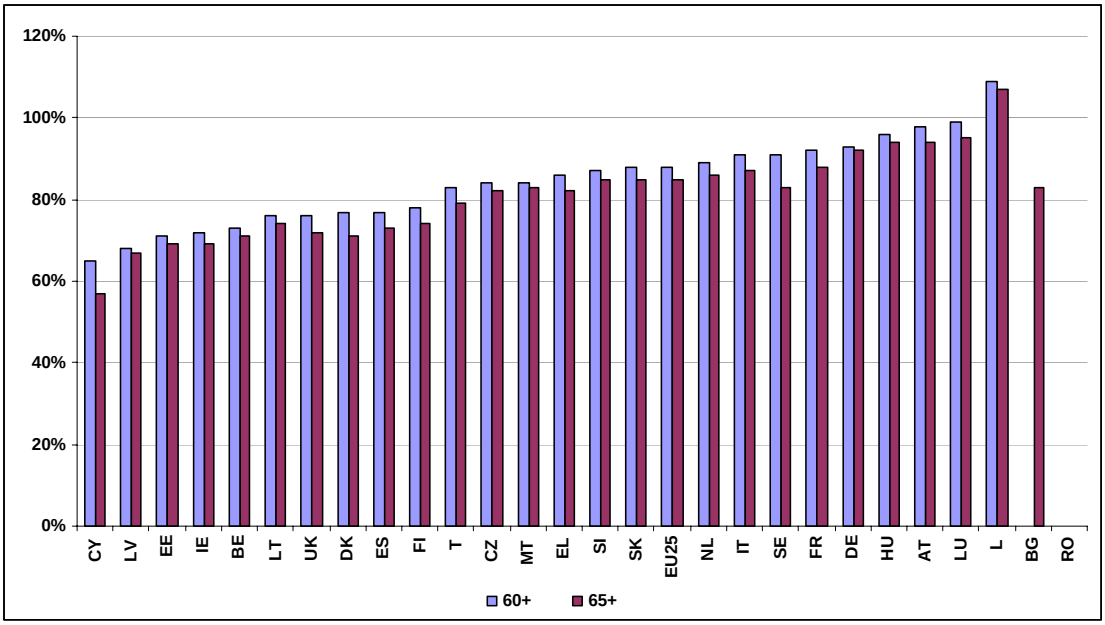
The adequacy of minimum income schemes is essential to address the underlying social problems of people furthest from the labour market and to promote the full social integration of all EU citizens, helping them to develop their full potential. But multiple disadvantages require multiple and integrated solutions. Under the European strategy for social protection and social inclusion, Member States are therefore putting in place comprehensive **active inclusion** policies combining adequate income support with access to inclusive labour markets and quality social services. The objective is to shape an 'active welfare state' by providing enabling social support and personalised pathways towards employment while ensuring that those who cannot work can live in dignity and participate in our society.

[20] The adequacy of minimum income schemes is analysed in greater detail in point 3.3.1 of chapter 3.

2.4.3. Pension adequacy

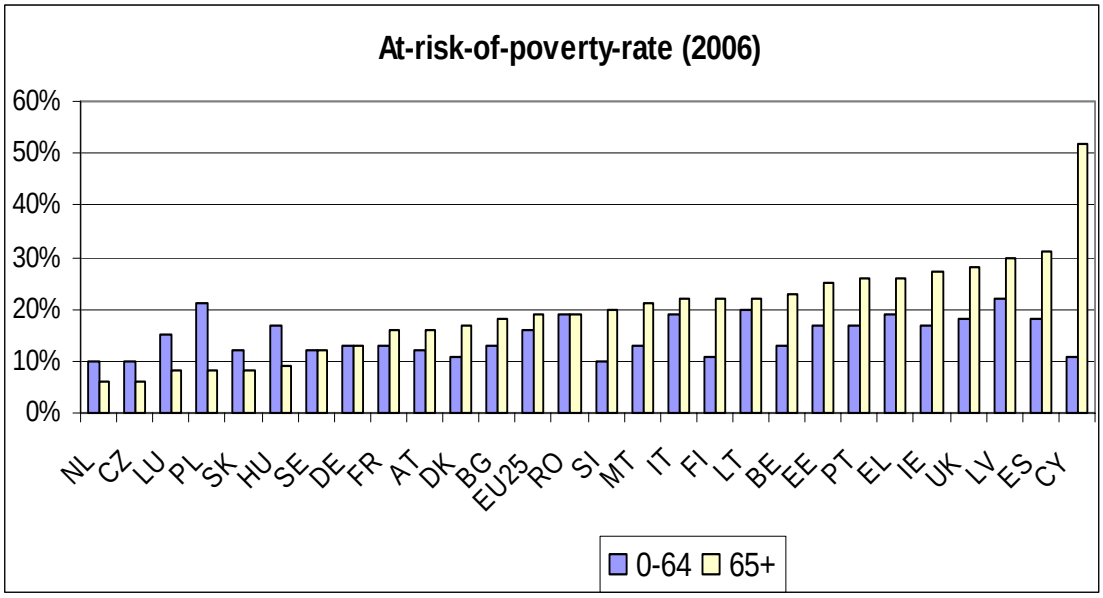
Pension systems play a fundamental role in allowing people to maintain their living standard in old age at a level comparable to that achieved during working life. The equivalised disposable income of the population aged 65 and above generally lies around 80% of that for the population aged 0-64, and is somewhat higher for those in younger cohorts (Figure 2.13). In some Member States, lower levels of relative income for the elderly are due to relatively low pension entitlements combined with fast economic growth (which mainly benefits people of active age).

Figure 2.13 Relative median income for individuals aged 60+ and 65+



Source: SILC (2006) Income reference year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-2006). BG: National HBS 2006, income data 2006. RO: missing data. MT and PT: provisional data. Extraction date: 16 May 2008.
Definition: The relative median income ratio is the ratio of equivalised disposable income of persons aged 65 and above to the median equivalised disposable income of persons in the complementary age group (0-64).

Figure 2.14 The at-risk-of-poverty rate by selected age groups, 2006



Source: SILC (2006) Income reference year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-2006); BG and RO: National HBS 2006, income data 2006. MT and PT: provisional data. Extraction date: 16 May 2008.

However, older people are still often confronted with a higher risk of poverty than the general population. The SPC special study on minimum income provision for older people[21] shows that, besides general earnings-related schemes, minimum income provisions for older people have an essential role in alleviating or reducing the poverty risk amongst the elderly. Despite the higher level of minimum income benefits, older cohorts remain at a higher poverty risk than the general population in a number of Member States, though poverty gaps are lower, most probably reflecting the effect of such minimum pension benefits, which are often designed to be close to the risk-of-poverty threshold. Although measures of income poverty need to be seen in conjunction with other measures (such as material deprivation), it should be underlined that women and the very elderly are particularly at risk of poverty, mainly reflecting lower accrual of pension rights in the past and the discrepancy between real wage growth and indexation of pensions.

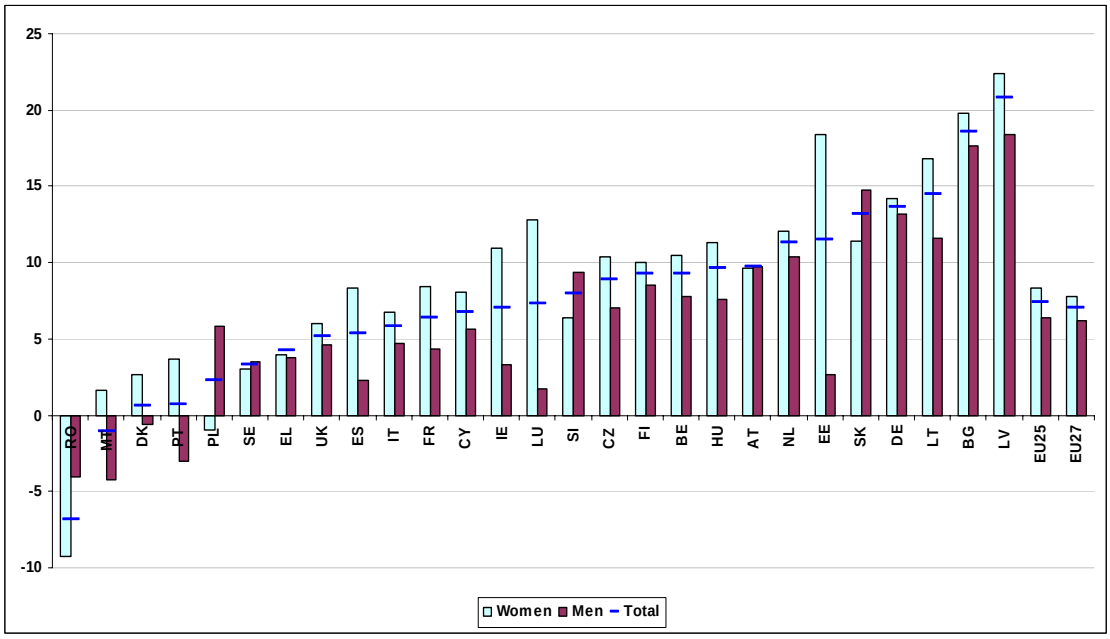
2.4.4. Impact of pension reform on future pension adequacy and sustainability

There is a clear recognition that the sustainability and adequacy of pensions go hand in hand: unsustainable pension systems put pensions at risk and, conversely, inadequate pensions generate unforeseen demands on public expenditure to avoid pensioner poverty. Recent pension reforms undertaken by many Member States with the purpose of ensuring long-term financial sustainability have involved a three-pronged strategy for reducing public debt at a fast pace, modernising pension

[21] Social Protection Committee (SPC) (2006), '*Minimum income provision for older people and their contribution to adequacy in retirement'*, Special Pensions Study, December 2006. Available at: http://ec.europa.eu/employment_social/spsi/docs/social_protection/SPC%20Study%20minimum%20income%20final.pdf.

systems and strengthening the incentives to work longer. The link between contributions and benefits has often been tightened and more actuarially neutral systems have been designed. Having longer working lives therefore implies receiving higher benefits in the future (as, on the one hand, people contribute more to the system, acquiring greater entitlements, and, on the other, are expected to receive benefits over a shorter period), thus improving pension adequacy and contributing to sustainability at the same time.

Figure 2.15 Change in employment rates of older workers (55-64), 2001-2007, %



Source: Eurostat, Labour Force Survey — Annual averages

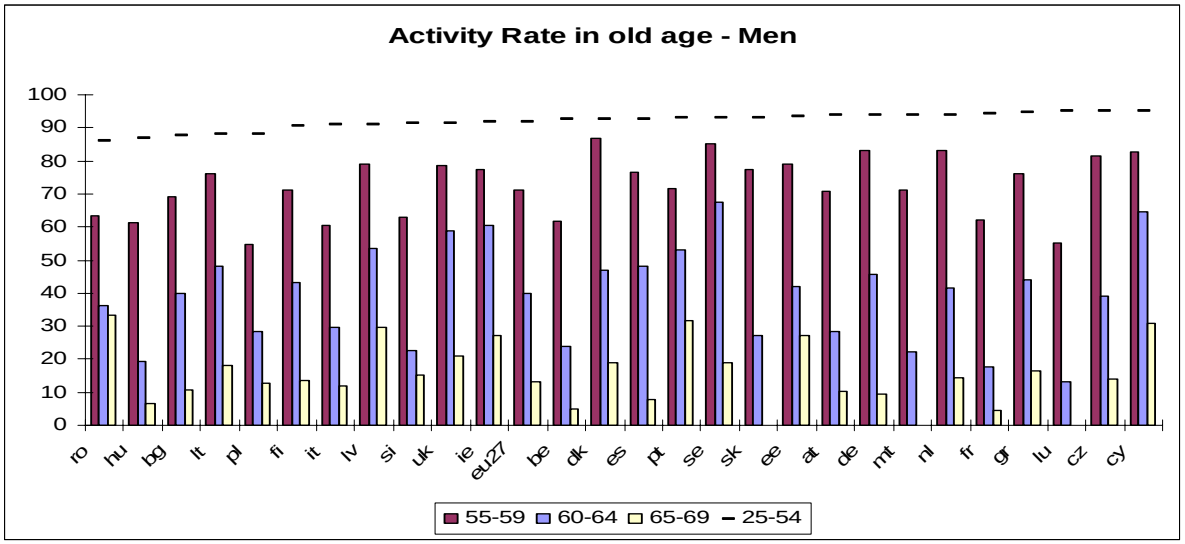
The employment rates of older workers (aged 55-64) have indeed increased in recent years, reversing a long decline, rising from 37% in 2000 for the EU-25 to 45% in 2007. The latest projections[22] from the Economic Policy Committee (EPC) also suggest that the employment rate of older workers should reach 50% by 2013 and 60% by 2050. The recorded improvements are welcome, but it has to be underlined that a lot remains to be done to achieve higher employment rates, for women in particular, and considerable differences exist between Member States.

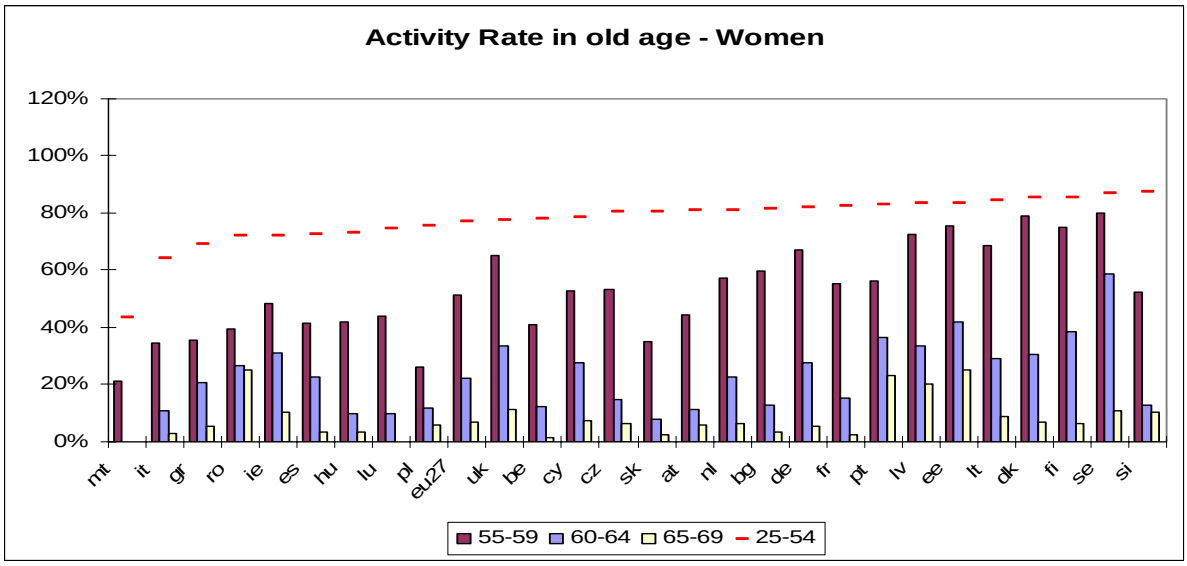
The increase in employment rates is only partially reflected in the activity rates of older people. In many Member States, activity rates start dropping for both men and for women in the 55-59 age group, in some cases quite substantially. The fall is also more prominent for women than for men. In the 60-64 age group the EU-27 activity rates drop further by 30 percentage points, falling from 70% to 40% for men, and from 50% to 20% for women. Note, however, that 6.8% of women and 13.1% of

22 Economic Policy Committee and European Commission (2006), '*The impact of ageing on public expenditure: projections for the EU-25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050)*', European Economy, Special Report, No 1/2006.

men aged 65-69 are active, with 7 Member States registering activity rates above 20% for men.

Figure 2.16: The activity rate for older workers, men and women





Source: Eurostat, Labour Force Survey — Annual averages 2007

A number of Member States have introduced mandatory funded schemes, and occupational and other private pension provision is growing as a key source of income in retirement. The effects of this trend on future pension adequacy, combined with the effects of increased participation in the labour market, longer working careers and pension system modernisation, are difficult to foresee. It is therefore important to explore this issue further in case studies and sensitivity analyses. This is especially important given that analyses of the calculations of theoretical replacement rates foresee a drop in replacement rates in many Member States. The results of such calculations are presented in further detail in section 4.2.1.

2.4.5. The role of health care systems

Significant gaps in health expectancy between countries and social groups persist in the EU

Health status is a key determinant of the well-being and labour market participation of individuals. The 2005 European Commission report, 'The contribution of health to the economy in the European Union', together with the report by the Commission on macroeconomics and health (2001) and the vast academic literature in the area, highlight that a healthy population is associated with better educational attainment, better earnings and wages, higher labour market participation and a higher number of hours worked in adult age, while ill-health is associated with early retirement. Health is also shown to be positively associated with economic growth (GDP) and social welfare.

Life expectancy has increased over the past two decades along different patterns across countries

In 2006, the EU-27* average life expectancy at birth was 82 years for women and 76 years for men, up from 78 and 71 in 1986, i.e. a gain in longevity of about 4 and 5 years in two decades. As can be observed, women typically live longer lives (in a large number of countries more than 80 years) than men, although the gender gap is decreasing. However, this increase was not the same for all EU Member States. In some countries (e.g. BG, LT, RO, LV), the economic transition had a negative impact on life expectancy (see figure 2.17) in the early 90s. This was followed by a strong recovery, except in LV and in LT for men where life expectancy is still below the 1986 level.

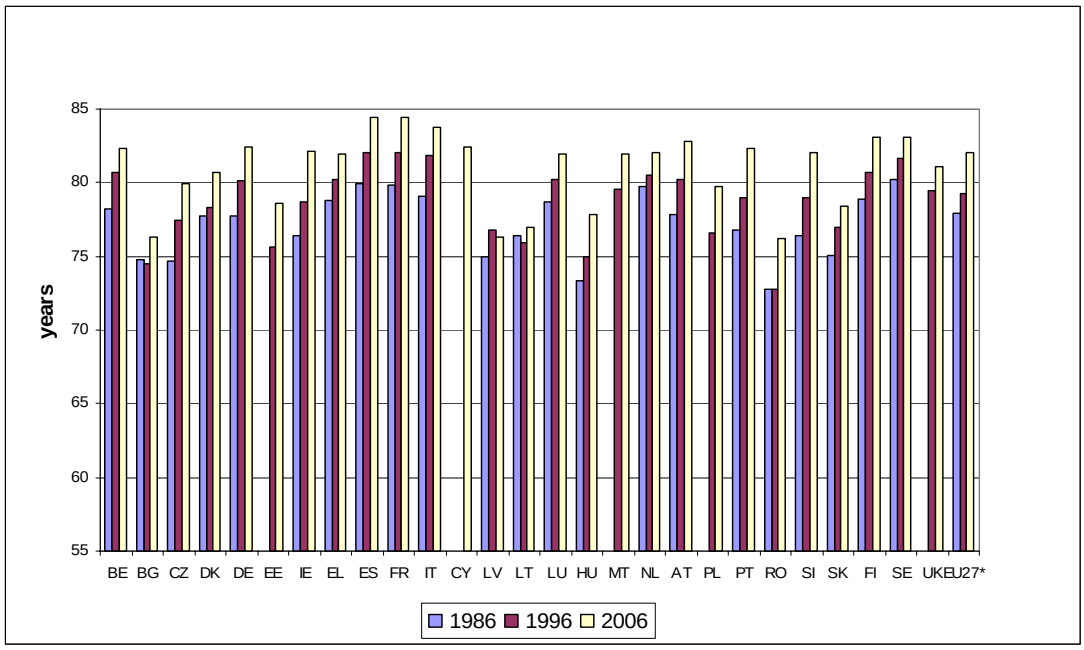
Medical advances and more widely available medical care (i.e. a rising share of resources devoted to health and wider access to care) have significantly contributed to this development[23]. Data show that health expenditure per person (PPP$) has indeed risen in all Member States. Research shows that increases in health care expenditure are associated with greater life expectancy and disability-adjusted life expectancy and a decline in infant, child and maternal mortality. It confirms that health care interventions (i.e. treatment and preventive activities) have made a substantial contribution to the decline in 'avoidable' mortality, especially over the past 30 years.

The general increase in life expectancy has been accompanied by a general but rather small increase in healthy life years. For the EU-15 the number of healthy life years for women and men increased from 64.5 in 1999 to 66 years in 2003 and from 62.8 in 1999 to 64.5 years in 2003, respectively. In general, the number of healthy life years is also greater for women than for men. However, while men have seen an increase in their healthy life years in all countries, women show only small changes or no improvement in healthy life expectancy over the decade. Note, moreover, that compared with men, even if women live longer lives they spend a higher proportion of their lives with a disability. Overall, however, the number of healthy life years has

[23] See 2007 monitoring report of the social situation observatory on health status and living conditions http://ec.europa.eu/employment_social/spsi/docs/social_situation/2007_mon_rep_health.pdf

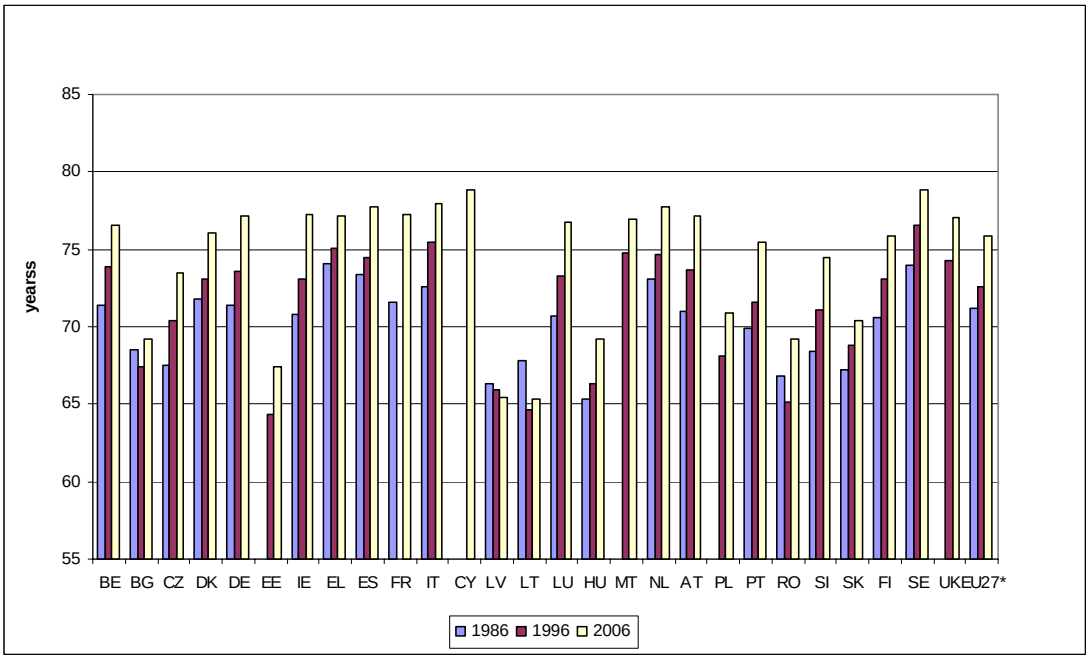
increased more slowly than life expectancy (which increased about 2 years from 1995 to 2005). Hence, there has been no clear reduction in the gap between life expectancy and healthy life years.

Figure 2.17a: Life expectancy at birth, women — 1986, 1996, 2006



Source: Eurostat except data for LV for 1986 and 1996 which are from national sources. Data for FR in 1986 is for FR Metropolitaine in Eurostat. EU averages are population weighted averages. EU27* in 2006 is the population weighted average of the most recent value for each country, that is, UK data are for 2005, IT data are for 2004 and the rest are for 2006.

Figure 2.17b: Life expectancy at birth, men — 1986, 1996, 2006



Source: Idem

The poorest tend to face greater barriers in access to health care

On average, 3.1% of those living in the EU (with exception of DE for which data were deemed inaccurate and RO and BG for which were unavailable) report unmet need for medical care (because they had to wait, or it was too expensive or too far away), which is a significant number of people. The percentage of those reporting unmet need for medical care has remained stable or has declined only slightly. There is also a clear income gradient in relation to unmet need, in that those in the lowest income (poorest) quintiles more often report an unmet need for medical care.

Note that self-reported unmet need for dental care is higher than that for medical care: on average 5% for the EU. Again, the proportion of those reporting unmet need for dental care has remained stable. Just as with medical care, a clear income gradient can be seen in relation to unmet need for dental care, in that those in the lowest income (poorest) quintiles more often report an unmet need for dental care.

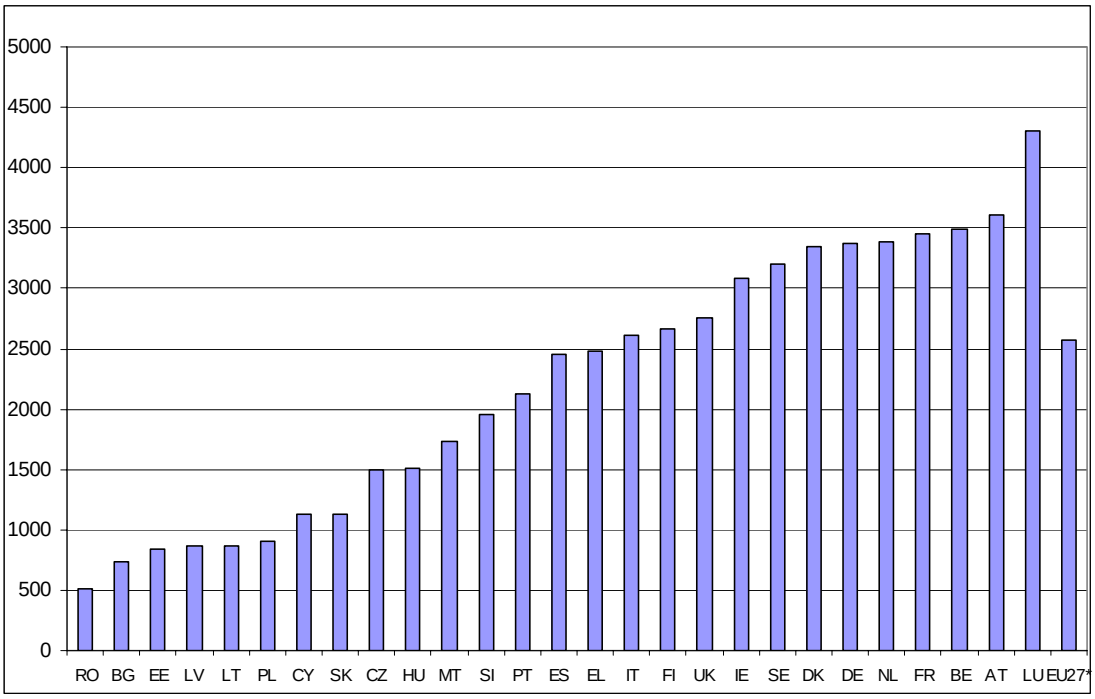
Rise in health expenditure[24]

Health expenditure per person rose over the 1998-2005 period in all Member States. Note though that there are substantial differences across countries, with broadly the new Member States typically spending much less than the EU-15 and a few spending about half or less than half the EU average.

[24] As agreed by member States at the Indicators Sub-Group of the Social Protection Committee OECD health data and WHO health for all database data on expenditure should be used until Eurostat can provide comparable data for all Member States using the System of Health Accounts.

As shown in detail in chapter 5, the existing data appear to indicate that health care expenditure (per capita PPP$ and as % of GDP) is positively associated with male and female life expectancy at birth and negatively associated with infant mortality, thus confirming other research results mentioned above.

Figure 2.18 Total health expenditure, PPP$ per capita (2006 or latest available)



Source: OECD health data 2008 and WHO Health for All Database
Data for LU are corrected for cross-border workers, data for RO, BG, EE, LV, LT, CY, SK, MT and SI are for 2005, the rest are for 2006. EU27* average is the population weighted average of the values on the graph.

3. MONITORING PROGRESS TOWARDS THE SOCIAL INCLUSION OBJECTIVES

Poverty and social exclusion take complex and multi-dimensional forms. They relate to income and living standards, access to good quality health services, and educational and work opportunities. Following on the analysis of the key indicators of poverty and social exclusion presented in chapter 2, this chapter aims to give a more detailed account of the situation of the different groups at risk of poverty and social exclusion in the European Union. It provides an in-depth and multidimensional perspective on the poverty and social exclusion situation in the EU, using the set of EU indicators agreed for the monitoring of the social inclusion strand of the Open Method of Coordination (OMC).

Common objectives for social inclusion

In the area of social inclusion, Member States are committed to make a decisive impact on the eradication of poverty and social exclusion by ensuring:

(d) access for all to the resources, rights and services needed for participation in society, preventing and addressing exclusion, and fighting all forms of discrimination leading to exclusion;

(e) the active social inclusion of all, both by promoting participation in the labour market and by fighting poverty and exclusion;

(f) that social inclusion policies are well-coordinated and involve all levels of government and relevant actors, including people experiencing poverty, that they are efficient and effective and mainstreamed into all relevant public policies, including economic, budgetary, education and training policies and structural fund (notably ESF) programmes.

This analysis first looks at the income dimension of poverty, which corresponds well to what is commonly referred to as 'poverty'. It continues by looking at what has been identified as the best safeguard against social exclusion — employment. A job not only provides the individual with a source of income and better living conditions, it also facilitates social participation and allows people to fully realise their potential. But if employment significantly reduces the poverty risk for the individual, it is not always a sufficient condition for lifting people out of poverty, so this chapter also looks at the issue of in-work poverty.

Similarly, education and health are both of value in themselves and an investment to improve living conditions over a lifetime. The skill and health dimensions of poverty and social inclusion are analysed in the last part of the chapter.

3.1. The income dimension of poverty and social exclusion

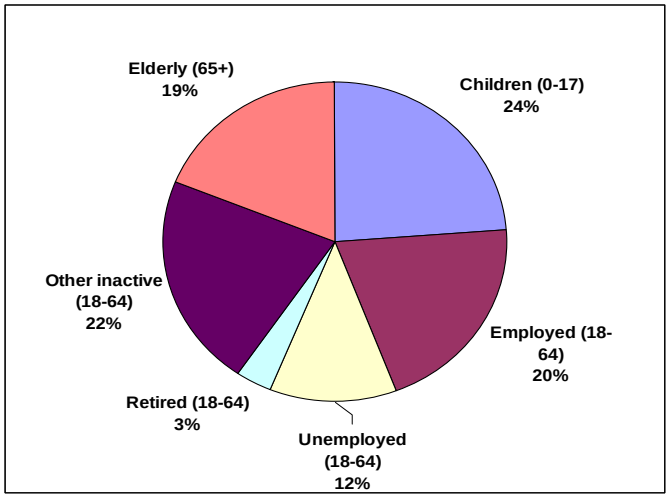
As already mentioned in chapter 2 of the report, according to the EU-agreed definition, individuals are considered to be at risk of poverty if they live in households where the household income is below 60% of the national equivalised median income. In 2006, the average at-risk-of-poverty rate in the EU was 16% with

national figures ranging from 10% in the Czech Republic and the Netherlands to 21% in Greece and 23% in Latvia.

3.1.1. Who are the poor?

Out of the 78 million people living at risk of poverty in the EU, one fourth are children, one fifth are elderly, one fifth are working poor, 12% are unemployed and one fourth are inactive people of working age. For each of these broad categories, the main factors of poverty differ and call for different policy mixes also taking into account the situation in each country. A detailed analysis of the determinants of child poverty was carried out in 2007 by the Social Protection Committee, leading to a diagnosis of the main causes of child poverty in each country[25]. A detailed analysis of elderly poverty and the adequacy of the pensions system is presented in chapter 4. In the following paragraphs, the analysis focuses on the situation of the working age population, who represent between half and two thirds of the population at risk of poverty across the EU (Table 3.1).

Figure 3.1: Distribution of people at risk of poverty by age and activity status, in % of the population at risk of poverty, EU-25



Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06). * The at-risk-of-poverty rate is in % of the total population.

[25] '*Child poverty and Well-being in the EU, current status and way forward*', Social Protection Committee, January 2008: http://ec.europa.eu/employment_social/spsi/publications_en.htm#childpoverty.

Table 3.1: Distribution of people at risk of poverty by age and activity status, in % of the population at risk of poverty, for EU-25 and by country

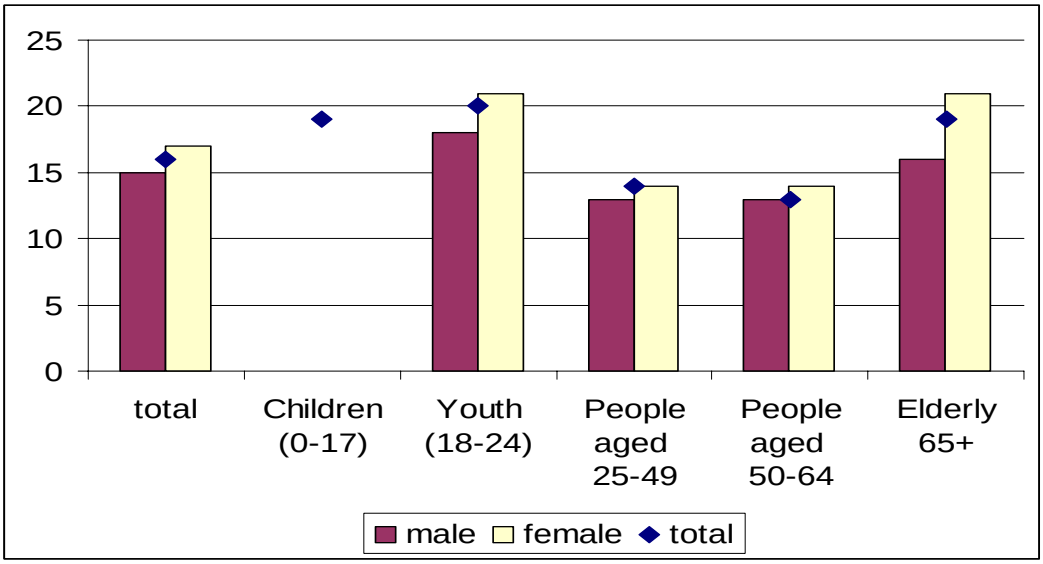
	*At-risk-of-poverty rate**	**Children (0-17)**	**Between 18 and 64 years**					**Elderly (65+)**
			total	employed	unemployed	retired	other inactive	
EU-25	*16*	**24**	**57**	20	12	3	22	**19**
BE	*15*	**22**	**52**	11	15	2	24	**25**
CZ	*10*	**31**	**60**	16	23	8	13	**8**
DK	*12*	**19**	**59**	18	5	1	35	**23**
DE	*13*	**18**	**63**	20	20	4	20	**19**
EE	*18*	**22**	**55**	19	11	5	20	**23**
IE	*18*	**32**	**52**	14	8	2	29	**17**
EL	*21*	**20**	**57**	27	8	3	20	**23**
ES	*20*	**22**	**53**	21	11	2	19	**25**
FR	*13*	**23**	**57**	20	11	3	23	**20**
IT	*20*	**22**	**57**	19	11	2	26	**21**
CY	*16*	**17**	**44**	21	3	3	16	**39**
LV	*23*	**23**	**57**	22	13	9	12	**20**
LT	*20*	**27**	**56**	20	16	3	16	**17**
LU	*14*	**30**	**62**	33	6	1	23	**8**
HU	*16*	**33**	**58**	16	15	11	16	**9**
MT	*14*	**29**	**52**	13	6	7	27	**19**
NL	*10*	**31**	**60**	19	12	1	27	**8**
AT	*13*	**23**	**56**	22	11	6	18	**21**
PL	*19*	**28**	**66**	25	20	2	19	**5**
PT	*18*	**21**	**55**	25	8	3	18	**24**
SI	*12*	**18**	**56**	18	8	9	21	**27**
SK	*12*	**29**	**62**	24	20	6	12	**9**
FI	*13*	**17**	**56**	16	14	8	18	**27**
SE	*12*	**30**	**55**	29	4	5	17	**15**
UK	*19*	**26**	**51**	20	5	4	23	**23**

Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06). * The at-risk-of-poverty rate is in % of the total population.

3.1.2. The age dimension of poverty: the young and the elderly face the highest risk

The youngest segment of the population has the highest at-risk-of-poverty rate, at 19% for children aged 0-17 and 20% for the 18-24 age group. Young adults face a higher risk of poverty as support from their parental home diminishes and integration within the labour market is still at an early stage. After this peak, the at-risk-of-poverty rate decreases with age as individuals progress in the labour market, before it rises again after people retire and can no longer rely on income from work. At all ages, adult women face a higher risk of poverty than men. The gender gap is most evident among young and elderly women, who are more often living in single households. The gender income gap is more difficult to capture when women live with other adults (e.g. in couples), since poverty figures assume equal distribution of resources within the household.

Figure 3.2: At-risk-of-poverty rate by age and sex — EU-25 – 2006



Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06). The breakdown of at-risk-of poverty rate by sex for children is not included in the graph since it is not considered meaningful. Income being measured at household level, it doesn't reflect possible gender differences in access to resources. In addition, there is no significant imbalance in the distribution of boys and girls across the households income distribution.

Highlighting the situation of young people

The at-risk-of-poverty rate among **young people aged 18-24** varies greatly across EU countries, from less than 10% in CY, MT and SI to 30% or more in DK and SE. However, this indicator alone does not accurately reflect the situation of young people and their independent access to resources. Poverty figures for young people need to be interpreted with great caution, since the income measured depends on the type of household they live in. As highlighted in Table 3.2, in DK and FI, the majority of young people have left the parental home, unlike most young people in other EU countries, where between 2/3 and 88% of 18-24 year-olds are still living with their parents.

Young people who have left the parental home are often living on low incomes but nevertheless have access to housing and their own source of income, through work, student loans or benefits. They might also receive financial support[26] from their family, which means that living on one's own is not always a sign of self-sufficiency. Young people living with their parents are likely to face a lower risk of poverty, since they directly benefit from the income of their parents. However, further analysis would be needed to determine whether they stay with their parents by choice

[26] Financial support from parents is recorded as income in EU-SILC under the inter-household transfer component only insofar as these transfers are regular.

or because they cannot become self-sufficient through lack of access to employment[27] and housing.

Table 3.2: Youth at-risk-of-poverty rate and selection of indicators relating to young people aged 18-24

	At-risk-of-poverty rate for people aged 18-24 (2006)	Living as a child in the parental home (2001)	Early school-leavers (2007)	Youth employment rate (2007)	Youth unemployment rate (2007)	Long-term unemployment rate (18-24), % of youth unemployment (2007)
eu27			15.2	37.2	15.4	26.2
eu25	20		15	38.2	15.2	24.9
be	16	74	12.6	27.5	18.8	29.7
bg	:	61	18	24.5	15.1	41.7
cz	12	74	5.5	28.5	10.7	32.2
dk	35	**39**	10.9	**65.3**	7.9	:
de	15	64	13.9	45.3	11.1	32.1
ee	17	51	13.2	34.5	10	:
ie	17	70	12.3	49.9	9.3	20.8
el	24	71	15.9	24	22.9	41.6
es	17	83	29.9	39.1	18.2	10.2
fr	21	61	12.3	31.5	19.4	24.4
it	25	88	20.8	24.7	20.3	40.7
cy	9	74	16	37.4	9.8	23.5
lv	18	58	19	38.4	10.7	:
lt	18	:	10.3	25.2	8.2	:
lu	19	72	17.4	22	17.5	30
hu	17	70	12.4	21	18	36.8
mt	7	:	41.7	46	13.1	:
nl	19	59	12.9	**68.4**	5.9	12.6
at	11	69	9.6	**55.5**	8.6	12.9
pl	24	79	5.6	25.8	21.7	34.6
pt	16	76	39.2	34.9	16.6	27.7
ro	:	67	19	24.4	20.1	48.1
si	9	88	5.2	37.6	10.1	29.2
sk	13	76	6.4	27.6	20.3	56.9
fi	24	**47**	8.3	44.6	16.5	5.4
se	30	:	12	42.2	19.1	4
uk	22	55	13	**52.1**	14.4	15.6

SILC; Census 2000/01; LFS

The employment rates of young people vary from 25% or less in BG, EL, IT, LT, LU, and HU to 50% or more in IE, AT, and UK, reaching 65% in DK and 68% in NL. This highlights the great variation in the situation of young people across the EU, reflecting different policy settings for access to education and training and access to the labour market (including measures to facilitate the transition from school to work). Again, youth employment rates have to be interpreted with care and in the light of the percentages of young people still enrolled in education, along with the possibilities provided by different tertiary education systems to combine studies and labour market participation. In some systems, delaying entry on the labour

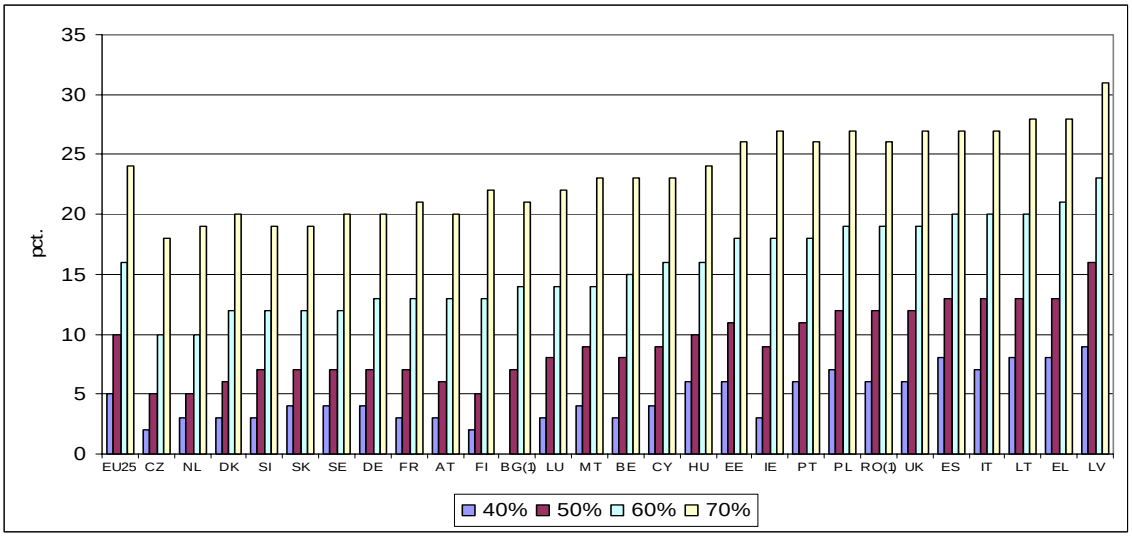
[27] The Commission working document accompanying the Commission Communication on Youth provides a detailed analysis of the employment situation of young people together with a review of Member State policies to foster youth employment in the context of the Lisbon Strategy for growth and jobs. See: http://ec.europa.eu/employment_social/employment_strategy/pdf/youthswd_2007_en.pdf.

market to study may pay off in terms of future life income. A number of other policies also play an important role in supporting the integration of young people within society, including measures to facilitate their access to housing, quality health care, financial services (e.g. credit), or public transport, and to provide financial support for students, etc.

3.1.3. How poor are the poor?

The analysis of the at-risk-of-poverty gap in point 2.1.3 shows that poverty tends to be more severe in countries where the shares of people at risk of poverty are highest. The at-risk-of-poverty rates calculated at different thresholds provide a more accurate picture of **the dispersion of the poor around the poverty threshold**. In the EU as a whole, 5% of the total population (or 1/3 of the poor population) live on an income below 40% of the median income in their country, 10% below 50%, and 24% below 70%. This shows that 2/3 of the population at risk of poverty would need a significant increase of at least +20% in their equivalised income to lift them out of poverty, and for 1/3 an increase of at least +50% would be necessary. Again the situation varies across the EU. Countries with similar at-risk-of-poverty rates calculated in relation to the 60% thresholds show significant variations in the number of people who are poor when more severe criteria (lower thresholds) are used. Among the countries with poverty rates below 15%, the Czech Republic, the Netherlands, Denmark and Austria have the lowest shares of very poor people. Ireland has the lowest share of very poor people among the countries with higher poverty rates.

Figure 3.3: At-risk-of-poverty rate at different thresholds



Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO Household Budget Survey 2006

3.1.4. Household structures: single women, lone parents and large families face the highest risk of poverty

The impact of household structures on the risk of poverty is illustrated in Table 3.3 below. People living in households with only one adult — or potential earner — face the highest risk of poverty. Among these, single women, the single elderly (often women) and lone parents are the most exposed to this risk. On average in the EU, 25% of **single women** live under the poverty threshold, as against 15% of people living in households without children and 22% of single men. The higher risk of poverty faced by single women results both from a weaker attachment of women to the labour market and from female poverty in old age (see chapter 4 on pensions). In Germany, Luxembourg, Hungary, the Netherlands, Poland and Slovakia, however, single women are at a lower risk of poverty than single men.

Table 3.3: At-risk-of-poverty rate by household type, % of population concerned

	Households without dependent children									**Households with dependent children**					
		Single Households					**2-adult households**		**Other**		**Lone parents**	**2-adult households**			**Other**
	Total	Total	Men	Women	Aged < 65	Aged 65+	Both < 65	At least 1 65+		**Total**	At least 1 child	1 child	2 children	3+ dep. children	
EU25	**15s**	**24s**	**22s**	**25s**	**22s**	**26s**	**10s**	**16s**	**10s**	**17s**	**32s**	**12s**	**14s**	**24s**	**18s**
BE	**16**	24	18	28	21	27	10	21	8	**13**	33	9	8	14	15
BG*	**13**	33	18	37	25	37	6	9	10	**14**	31	11	10	29	18
CZ	**6**	17	15	18	19	14	5	3	3	**13**	41	7	10	30	8
DK	**15**	25	26	25	27	21	5	13	3	**8**	19	4	4	12	10
DE	**14**	22	23	21	24	18	11	11	6	**11**	24	8	9	13	8
EE	**20**	42	37	45	34	53	14	8	7	**17**	41	13	12	24	11
IE	**18**	46	41	51	35	58	14	12	7	**19**	47	10	15	22	12
EL	**19**	25	18	28	15	34	16	24	15	**23**	30	15	21	38	30
ES	**18**	35	22	44	20	48	10	30	12	**22**	38	15	22	42	20
FR	**13**	19	16	20	17	21	8	13	11	**13**	29	10	9	19	18
IT	**16**	27	19	33	21	34	11	18	9	**23**	32	18	22	41	23
CY	**27**	43	28	52	22	70	16	51	11	**10**	34	8	8	12	7
LV	**25**	55	49	58	42	69	22	16	11	**22**	40	15	22	52	16
LT	**19**	38	36	39	35	41	14	12	9	**21**	44	16	15	42	13
LU	**10**	16	17	16	21	8	7	7	8	**17**	49	10	14	24	18
HU	**10**	18	25	14	22	13	10	8	6	**21**	39	14	18	34	14
MT	**12**	20	19	20	22	18	12	26	4	**16**	37	15	14	32	7
NL	**9**	15	18	12	20	4	5	7	5	**11**	32	6	8	16	6
AT	**13**	22	16	26	20	26	10	12	6	**12**	29	9	11	19	5
PL	**12**	16	27	11	24	8	14	6	12	**23**	32	14	21	38	24
PT	**19p**	35p	28p	38p	26p	40p	18p	26p	10p	**18p**	41p	12p	19p	38p	16p
RO*	**15**	27	20	30	19	33	11	13	14	**21**	27	10	18	45	22
SI	**15**	43	38	45	39	45	13	12	6	**9**	22	9	8	15	7
SK	**8**	17	20	16	19	15	9	4	5	**14**	29	8	14	24	12
FI	**16**	33	33	33	29	42	7	9	5	**9**	18	5	6	12	7
SE	**12**	21	21	21	22	20	7	5	5	**12**	32	6	6	13	16
UK	**18**	29	26	31	23	36	10	23	13	**21**	41	14	13	25	18

Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO: Household Budget Survey 2006;
s: Eurostat estimate, p: provisional

On average in the EU, the presence of children[28] in the household increases the risk of poverty by 2 percentage points. However, the picture varies greatly across the EU. In Belgium, Denmark, Germany, Estonia, Cyprus, Latvia, Slovenia and Finland, the risk of poverty faced by people living in households with children is in fact at least 3 percentage points lower than for people living in households without children. In these countries, the size and structure of households with children and the policy settings supporting family income and parental employment can explain the favourable position of families with children.

Among 2-adult households, **large families** (households with 3 or more children) also face a higher risk of poverty: 24% on average in the EU as against 17% for all households with children.

The risk of poverty faced by single women is further increased when they raise children alone: on average in the EU, 32% of people in a **lone parent household** live at risk of poverty. Access to earnings is further hampered for lone parents in countries where the provision of quality and affordable childcare is insufficient to allow lone parents to access and remain on the labour market.

3.2. The labour market dimension of poverty and social exclusion

3.2.1. Signs of improvements in access to the labour market for the most disadvantaged

Joblessness is not only one of the main causes of poor living standards but also in itself a central dimension of social exclusion, since a job is a key determinant of people's ability to fully participate in society, build a social network and realise their potential. Among all the different types of joblessness, long-term unemployment is certainly one clearly associated with social distress. The term covers people who have been searching for a job, but who have been unable to find one, for a long period of time. Long-term unemployment[29] represents a significant loss of income for the individuals concerned, who also tend to lose their skills and the self-esteem necessary to regain a foothold in the labour market, unless appropriate and timely support is provided.

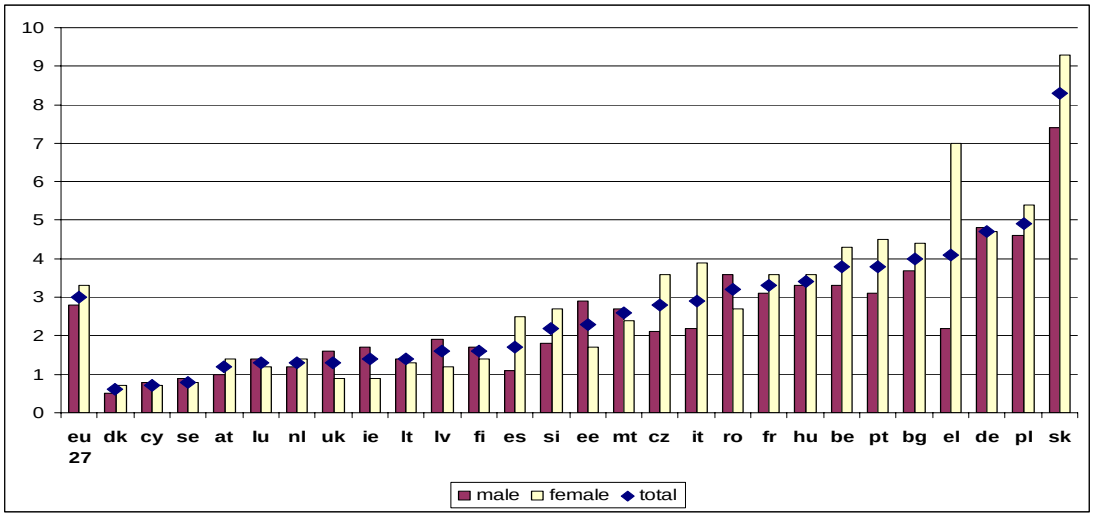
In 2007, **long-term unemployment** was down to 3.1% of the active population as against 4.2% in 2004, when it reached its highest level since the launch of the Lisbon Strategy. On average, it affects women more than men, amounting to 3.3% and 2.8%, respectively, in 2007 (as against 4.6% and 3.8% in 2004). While long-term unemployment has fallen significantly in all countries, the differences between Member States remain considerable. Long-term unemployment rates are below 1% in Denmark, Cyprus, and Sweden, but exceed 4% in Germany, Greece, and Poland, and reach 8.3% in Slovakia. On average in the EU, the gender gap narrowed from 0.8 percentage points in 2004 down to 0.5 p.p. in 2007. It remains large in CZ, ES, IT, PT and SK, where the long-term unemployment rates for women are 1.4 to 1.9 percentage points higher than for men, and reaches 4.8 p.p. in Greece. In twelve

[28] See detailed analysis of the situation of households with children in the SPC report on child poverty and child well-being.

[29] Long-term unemployment is defined as the total long-term (over 12 months) unemployed population (ILO definition) as a proportion of the total active population aged 15 years or more.

Member States — DE, EE, IE, CY, LV, LT, LU, MT, RO, FI, SE and UK — long-term unemployment rates are higher for men than for women.

Figure 3.4: Long-term unemployment rate, % of active population, by sex, 2007



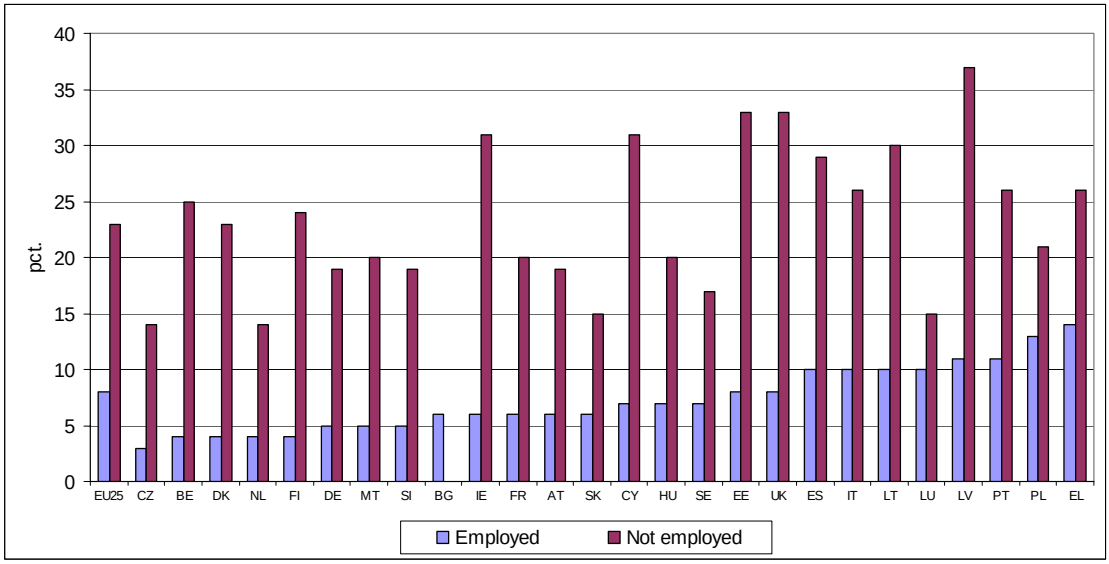
Source: LFS

As illustrated in chapter 2 of the report, joblessness not only affects the unemployed. It also affects the household members who depend on their income, and the impact of joblessness is most severe when nobody works in the household. In the EU-27 in 2007, despite the recent improvements observed, the share of people living in **jobless households** remained high at 9.3% for adults of working age and 9.4% for children. The section below sheds light on the impact of joblessness and low work intensity on the financial situation of households.

3.2.2. The impact of joblessness and low work intensity on the financial situation of individuals and families

In the EU as a whole, the risk of poverty faced by **individuals** without work is nearly 3 times greater than for those in work (23% as against 8%). The at-risk-of-poverty rate for those not working is particularly high (above 30%) in Cyprus, Estonia, Latvia, the United Kingdom and Ireland. Within the non-working population, the poverty risk is particularly high for the unemployed, followed by the inactive (those who are not retired) and then by pensioners. In the EU as a whole, the at-risk-of-poverty rates for the latter three groups are 41%, 27% and 16%, respectively.

Figure 3.5: At-risk-of-poverty rate for people in employment vs those not in employment, 18+



Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06); BG and RO: Household Budget Survey 2006

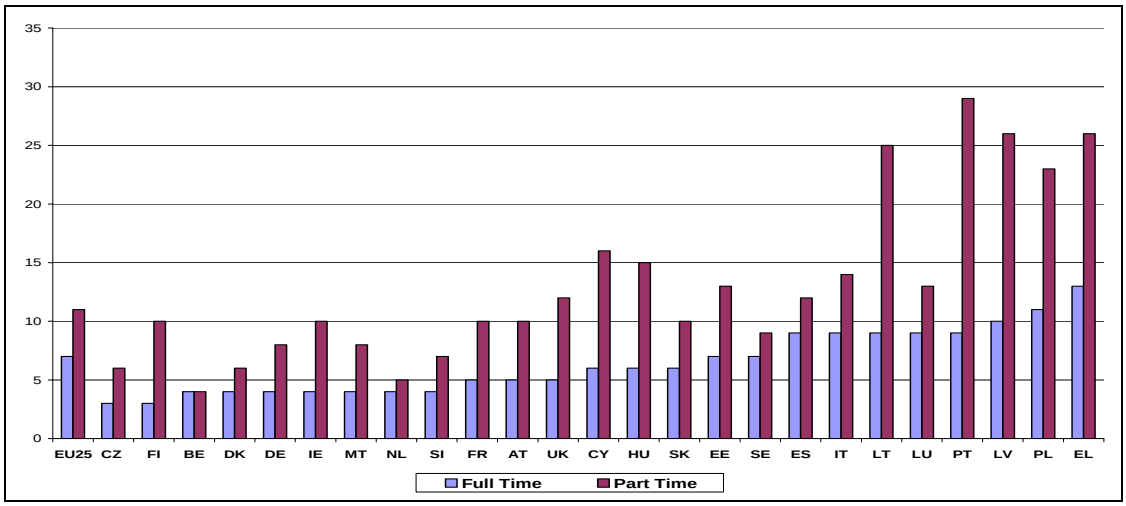
The impact of **part-time work** on the risk of poverty for the employed varies greatly across EU. On average in the EU, people employed part-time face an 11% risk of poverty as against 7% for people employed full-time. In Belgium, Denmark, the Netherlands and Sweden, however, working part-time does not significantly increase the risk of being poor. Conversely, the risk of poverty is more than two and a half times greater for those working part-time than for those working full-time in Ireland, Cyprus, Hungary, Latvia, Lithuania, Portugal, Finland and the United Kingdom. The impact of part-time work on the risk of poverty faced by individuals depends on the size and type of the household they live in (with/without children or other dependants), on whether other adults are working in the household (see analysis of work intensity below), and on the type of part-time employment (number of hours worked, skill level, sector of activity, involuntary or not, etc).

The majority of people working part-time are women, especially mothers. Part-time work can be seen as an instrument for better reconciliation of work and family life insofar as it allows parents to spend more time with their children, while adequately contributing to household income. However, as highlighted in several 'Employment in Europe' reports, an increasing share of part-time work is involuntary and characterised by poor working conditions (e.g. unusual or fragmented working hours) and low wages that do not improve the living conditions of households. The incidence and nature of part-time employment among women is analysed in detail in an article drawn from the SPC report on child poverty and well-being[30]. In the EU, 17% of women aged 25-49 who work part-time declare that they do not do so by their own choice. Involuntary part-time working among women aged 25-49 is less than 15% in NL, AT, BE, UK, LU and SI. In these countries, this form of work

30 http://www.equityforchildren.org/imagenes/files/110-Maquet-GuioFinalPaper.doc

might be regarded as a reconciliation measure. In most EU countries, however, this share ranges from 25% to nearly 50% of women employed part-time.

Figure 3.6: At-risk-of-poverty rates for people employed full-time and part-time, %



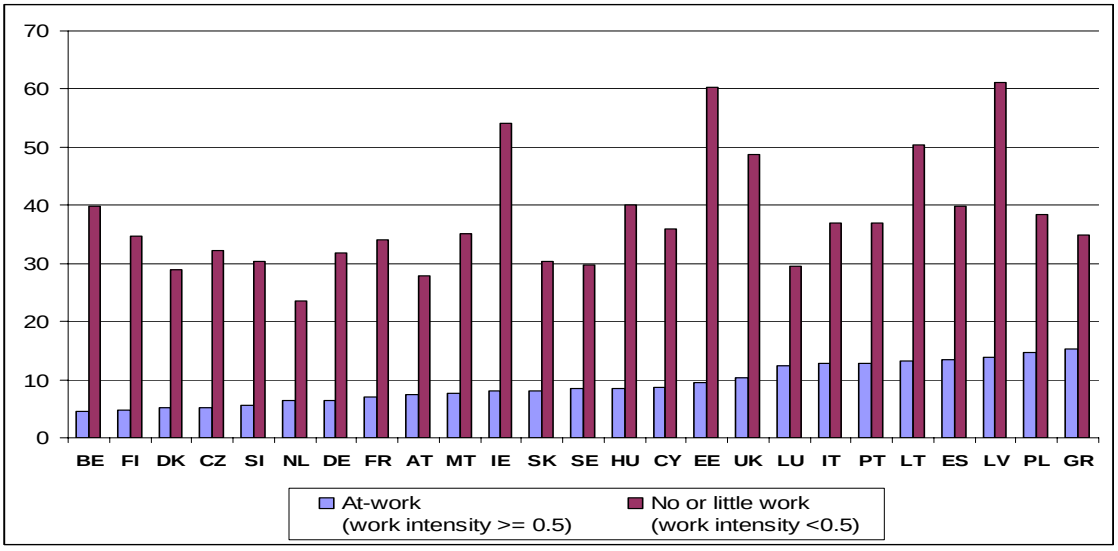
Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06)

As already pointed out, poverty risks are associated not only with the employment situation of individuals but also with the household type in which they live and with the economic status of those with whom they share the household. This relationship is illustrated in Figure 3.7 below, which depicts the poverty risk connected with the work intensity of the household. Households are classified into two groups, households at work (work intensity >= 0.5) and households with no or little work (work intensity <0.5)[31].

The poverty risk is broadly similar for **households with or without children** when all working-age members of the household work over the whole year. This points to the importance of adequate and affordable childcare facilities for households with children in order to increase the labour market attachment of the adult members and reduce their poverty risk. However, the presence of children significantly increases the risk of poverty for families where adults are not working (over 60% of children living in jobless households are at risk of poverty), or where only one adult is working. When both parents are working, children face a poverty risk of 7% on average, as against 25% of children with only one of their two parents at work (and working full-time). The risk of poverty for children in single-earner families ranges from around 10-13% in DK, DE and SE to 30% or more in ES, IT, LT, LV, HU, PL, PT, SI and SK.

[31] A work intensity below 0.5 corresponds to households where nobody works or where the employed adults work very little (less than half of the year); A work intensity of >= 0.5 corresponds to a situation where all working-age adults worked throughout the year (WI=1), or where some adults did not work or worked only half of the year while others worked all year.

Figure 3.7: At-risk-of-poverty rates for people living in households at work (work intensity >= 0.5) and with no or little work (work intensity <0.5), %



Source: Eurostat — EU-SILC (2006); income year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-06)

3.2.3. The regional dimension: dispersion of employment rates

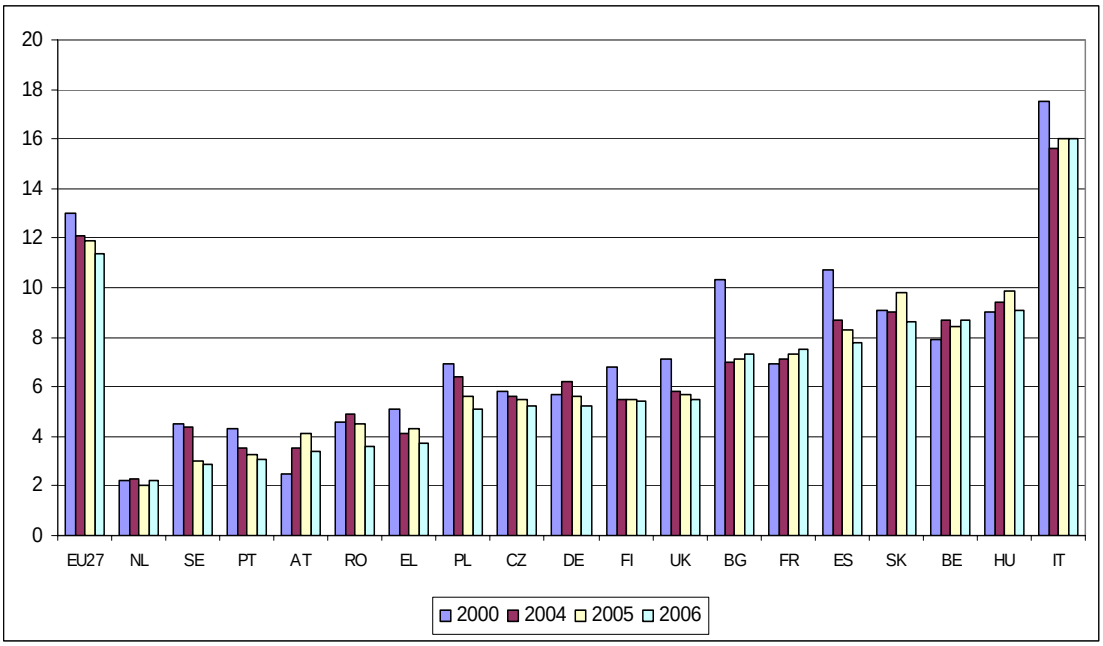
All the indicators so far examined are calculated at national level. Yet territorial differences matter not only across but also within countries. A clear understanding of the nature and situation of poverty and social exclusion at sub-national level is important for the design and implementation of effective policies to combat these problems[32].

The dispersion (coefficient of variation) of employment rates at NUTS2 level provides a proxy for regional cohesion. Territorial disparities are highest in Italy, with a coefficient of variation eight times greater than for the best performing country. Although regional cohesion tends to be greater in smaller countries, such as the Netherlands, Austria and Portugal, as might be expected, some of the bigger Member States, such as the UK and Germany, perform relatively better than some smaller countries.

Since 2000, regional cohesion has improved in the EU as a whole, with more consistent and substantial progress in Germany, Greece, Spain, Poland and Sweden. Between 2004 and 2006, however, regional cohesion worsened in France and Bulgaria.

[32] Unfortunately, problems with statistical reliability preclude a regional breakdown for most of the EU-agreed indicators.

Figure 3.8: Regional dispersion in employment rates, 2006



Source: LFS

3.3. Impact of government transfers

A high level of social protection expenditure alone cannot in general be taken to indicate a high degree of social protection. A more in-depth quality analysis of social services[33] and delivery systems is necessary in order to assess the extent to which resources are used efficiently and social benefits perform their key redistributive functions. It is also necessary to take into account the role of private resources and services/benefits and the part played by informal solidarity links in ensuring adequate protection in addition to that provided by public systems.

In particular, the extent to which social protection systems redistribute resources towards low-income groups, thus helping to reduce the poverty risk, depends on the structure of social protection expenditure, including the degree to which it (implicitly or explicitly) targets the most vulnerable sections of the population.

3.3.1. The poverty reduction impact of social transfers

The **poverty reduction impact of social transfers** is highlighted in chapter 2, which shows that social spending other than pensions reduces the risk of poverty in the EU by nearly 40%. The cross-country differences highlighted in the analysis are only partly explained by the differences in the scale and structure of social spending

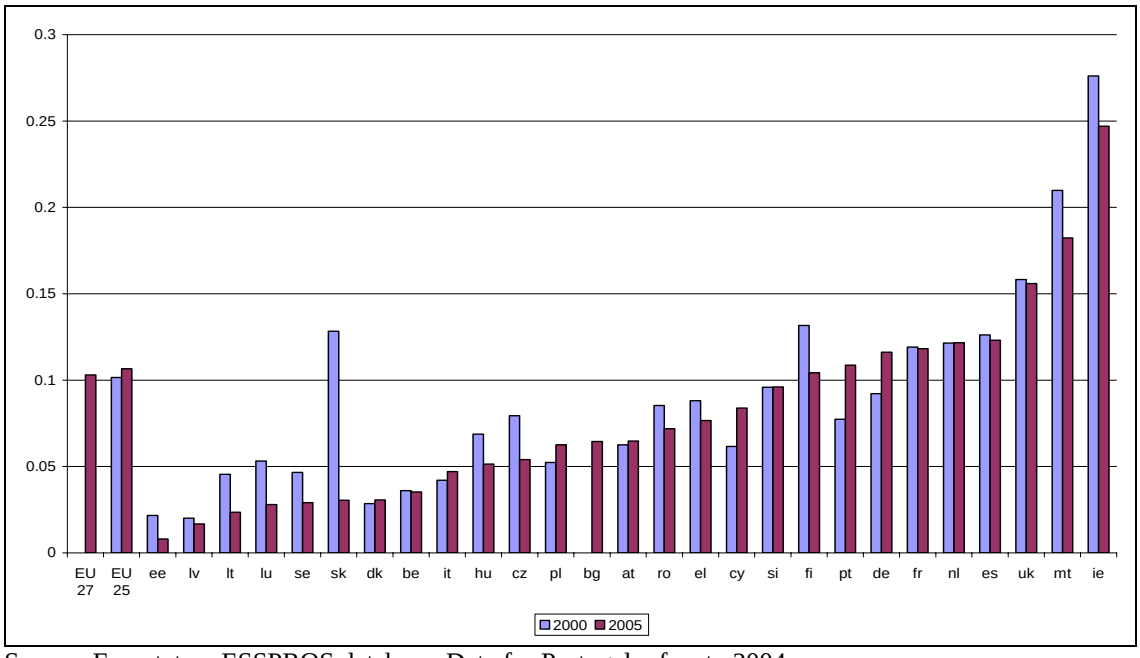
[33] See the Commission's Biennial Report on social services of general interest (SEC(2008) 2179/2), published in July 2008, which provides an overall picture of social services of general interest in the EU. In particular, it looks at the way in which these services adjust to evolving needs and constraints and how these changes affect the organisation, financing and provision of social services of general interest in terms of relevant EU rules.

presented above, since the redistributive mechanisms of social protection systems are very complex.

While the strong redistributive impact of social spending in the Nordic countries is likely to be linked to the high levels of spending combined with the relative importance of the functions other than old age and health care, countries with a lower level and different structure of spending achieve similar results (e.g. the Czech Republic). Among the countries with a relatively low impact of social spending on poverty reduction, Bulgaria and Latvia have very low levels of spending, while Spain combines relatively low levels of spending with a low emphasis on the family, housing and social exclusion. In Italy, relatively high spending mainly targets the old age and survivors' functions and little is spent on the family, unemployment, housing and social exclusion functions.

The extent to which social benefits are means-tested has to be taken into account when analysing the poverty reduction impact of social expenditure. In 2005, one tenth of total benefit expenditure in the EU was means-tested, i.e. was conditional upon the beneficiary's income and/or wealth being below a specified level determined according to standards laid down by the public authorities. In principle, means-tested benefits may be granted for any function. They are particularly common in the area of housing and social exclusion, and to varying extents for family benefits.

Figure 3.9 Means-tested benefits, 2000-2005
As a % of total expenditure on benefits



Source: Eurostat — ESSPROS database. Data for Portugal refers to 2004.

There is great variation across countries in the extent to which Member States use means tests to grant benefits: expenditure subject to means testing amounted to around 25% of total benefits in Ireland, followed by Malta (18%) and the United Kingdom (16%), whereas it was very limited — accounting for 3% or less — in the

Baltic states, Luxembourg, Slovakia, Denmark and Sweden (Figure 3.9). The greatest cross-country variations are observed in family and child benefits, which account for a quarter of all means-tested benefits. In Malta, Poland, Portugal and Slovenia, the share of means-tested benefits in total family benefits exceeds 70%. In contrast, it is below 10% in the Nordic countries, Austria and the Netherlands.

3.3.2. The adequacy of minimum incomes and minimum wages

What is the financial situation of those who depend on a minimum income? Examining the mechanics of tax-benefit systems in relation to the at-risk-of-poverty threshold provides an additional perspective on the adequacy of social transfers. Figure 3.10 compares the net incomes of jobless households relying exclusively on social assistance benefits (and housing benefits) with the at-risk-of-poverty threshold, defined as 60% of the median equivalised household income.

Countries differ substantially in terms of the minimum safety nets they provide to workless households[34], even relative to the at-risk-of-poverty threshold, which depends on the living standards within each country. Only a few countries provide workless households with a minimum income and related (i.e. housing) benefits that are sufficient to lift them close to or above the 60% median income threshold, and this only for some family types. So, for example, lone parents can receive benefit income at or above the poverty threshold only in Latvia, Germany, Denmark, the United Kingdom, Ireland and the Netherlands. Furthermore, in all countries but Latvia, Germany, the United Kingdom and Ireland, couples with two children relying on social assistance benefits would have disposable income levels below 60% of the median. In Slovakia, Malta, Estonia and Spain, all three family types are likely to experience deep poverty with out-of-work incomes below 40% of median income.

The adequacy of minimum safety nets is further affected by the fact that significant shares of people who are entitled to social assistance do not actually receive these benefits. This is because the eligible individuals may not be aware of the existence of the programme, or because their application is unduly rejected (missing piece of information, errors in the evaluation by the administration, etc), or because they decide not to claim their benefits (because of administrative hurdles or by fear of being stigmatised). The interactions between entitlements at the individual and at the household level might also lead to partial non-take-up. A review of evidence carried out by the OECD[35] in 2004 shows that across the countries reviewed, take-up rates mainly vary between 40% and 80% in the case of social assistance and housing programmes[36].

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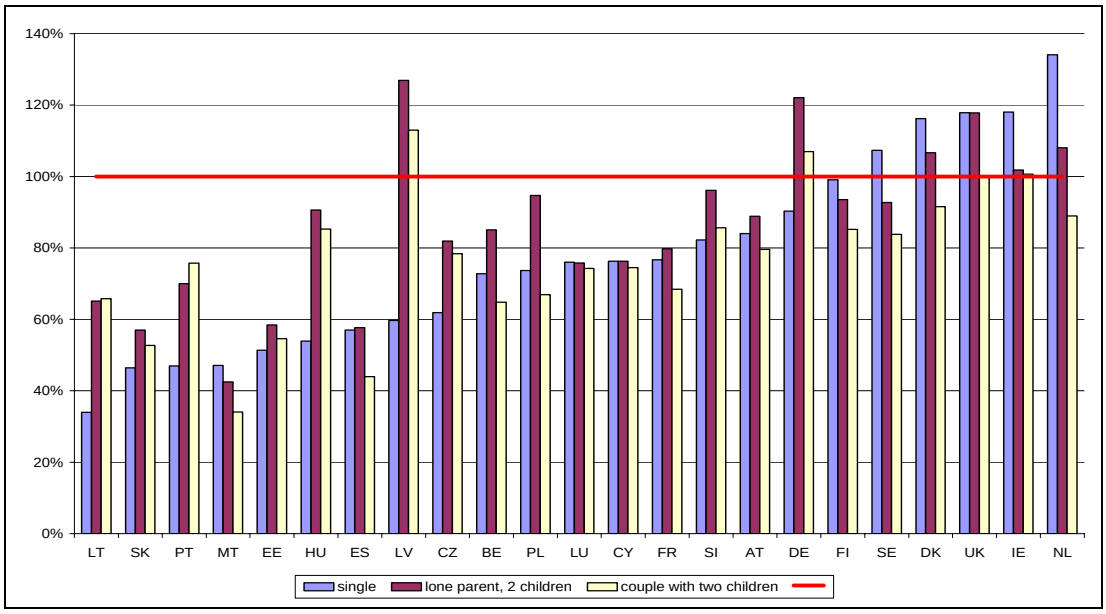
34 This indicator reflects assumptions that households rely on social assistance benefits for the entire year, and that no other income stream (from other social protection benefits such as unemployment insurance or disability or from work) is available. This indicator based on atypical case is therefore not strictly comparable to the poverty threshold estimated on the basis of household survey data (EU-SILC).

35 See "Take-up of welfare benefits in OECD countries: A review of the evidence", OECD Social, Employment and Migration Working Papers No.17, 2004.

36 The UK is one of the only EU countries that regularly publishes take-up rates for income related benefits; see: http://www.dwp.gov.uk/asd/irb_0506_2.asp . In the UK, take up rates by households with children for income support schemes vary between 80% and 95%.

Figure 3.10 Net income of social assistance recipients — 2006
As a % of the at-risk-of-poverty threshold for 3 jobless family types, incl. housing benefits.

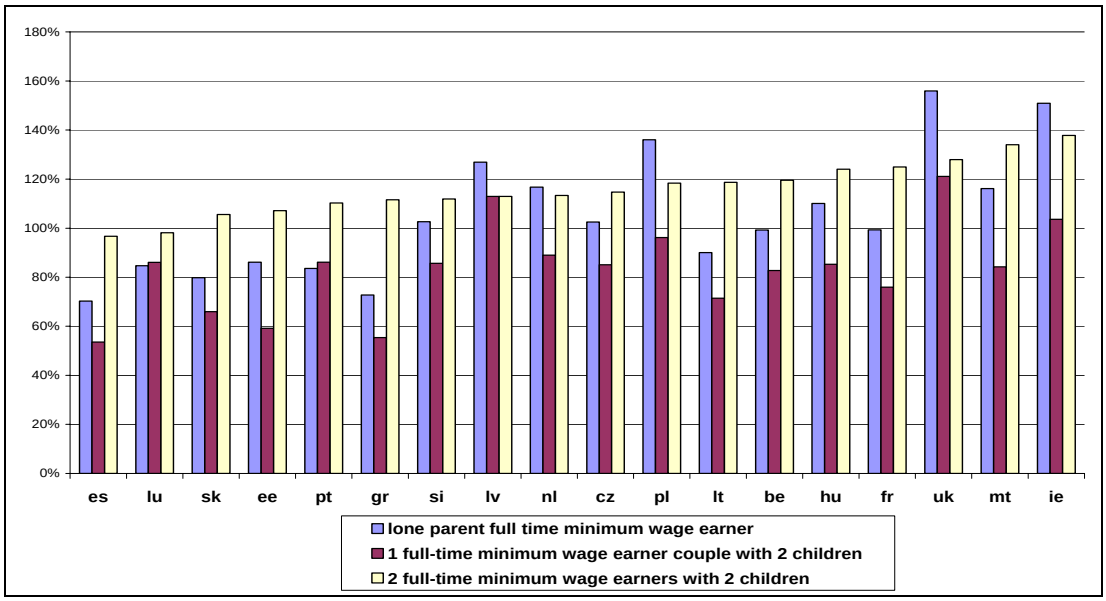


Only countries where non-categorical social assistance benefits are in place are considered.
Source: Joint EC-OECD project using OECD tax-benefit models, and Eurostat.

On the other hand, even **employment is not always sufficient to lift families out of poverty risk if it pays a low wage**. In all countries except Ireland, Latvia, and the United Kingdom, the net income of a one-earner family with two children remains below the 60% threshold if the only worker holds a full-time job paying the minimum wage (Figure 3.11). Lone parents holding a minimum wage job are in a better position in most countries, but childcare costs may greatly reduce the pay-off from employment. These results underscore the role of other measures — such as the provision of adequate childcare services to help ensure the participation of parents in the labour market — in minimising the poverty risk of workers with a low wage potential. They also highlight that, for married couples with children, the employment of both parents is essential to avoid the risk of poverty — even if in some cases (Spain and Luxembourg) even two minimum wages are not sufficient to lift household members out of poverty.

These results are consistent with the findings derived from analysis of the poverty risk by work intensity of households (see point 3.2.2).

Figure 3.11 Net income of minimum wage earners[1] – 2006
as a % of the at-risk-of-poverty threshold for three family types with two children



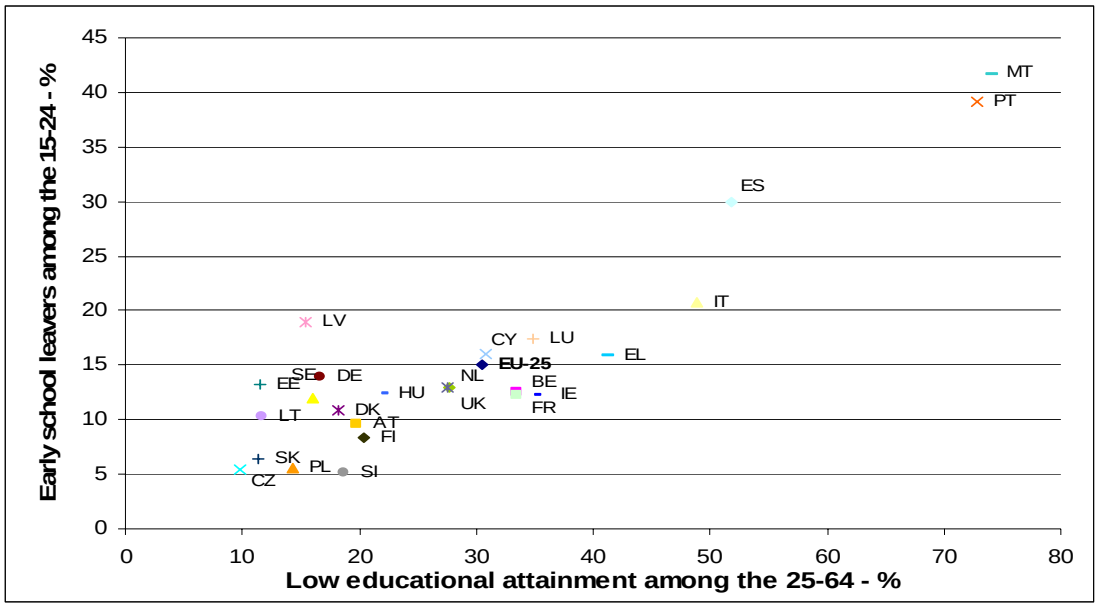
1) Only countries where statutory minimum wages are in place are considered. In the two-earner case, both parents earn the statutory minimum wage and are working full-time. Household income is current cash income after tax and including child benefits, social assistance benefits and housing benefits where applicable.
Source: Joint EC-OECD project using OECD tax-benefit models. For minimum wage rates: Eurostat and national submissions.

3.4. The education and skills dimension of social exclusion

The 'early school-leavers' indicator presented in chapter 2 focuses on the young segment of the population. A similar indicator measures the proportion of individuals aged 25 or more whose highest level of education or training corresponds to at most lower secondary education. The two indicators are highly correlated. Participation in education and training leading to a recognised qualification for those aged 25 and above — in particular for the low-qualified in this age group — is still very limited. Therefore, the skills base of adults reflects very much the levels of qualification attained when they were younger. Member States where educational attainment is low for both young people and adults include Italy, Spain and especially Portugal and Malta.

A second group of countries has a relatively high percentage of adults with low educational attainment, but also has a relatively low percentage of early school-leavers. This should lead to a future improvement in the skills base of adults as the younger and better educated cohort becomes older. This group of countries comprises France, Belgium, Ireland, Luxembourg, Cyprus and Greece. The remaining Member States have relatively low percentages of both early school-leavers and adults with low educational attainment. In this last group, the high percentage of early school-leavers in Latvia is a matter of concern.

Figure 3.12: Low educational attainment among the 25-64 age group vs early school-leavers among the 15-24 age group, 2007



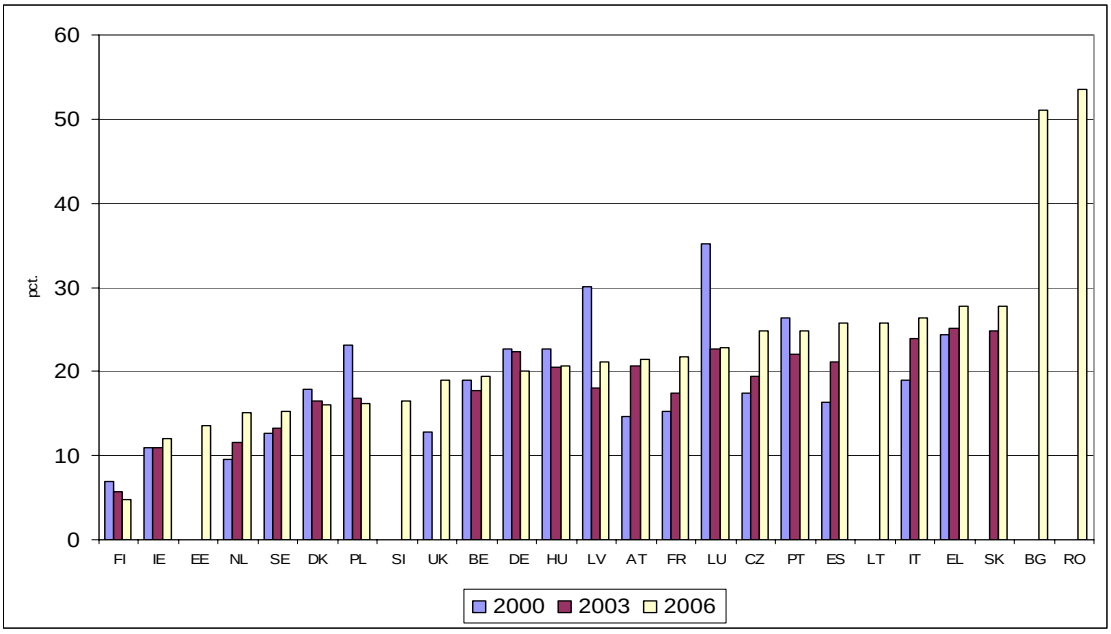
Source: LFS

The level of the education attained — used in the 'early school-leavers' and 'low educational attainment' indicators — gives only a broad indication of the actual competences acquired. Much more detailed measures of individual skills can be obtained from the Programme for International Student Assessment (PISA) conducted by the OECD every 3 years. In particular, one indicator has been adopted at EU level: the share of 15-year-old pupils who are at level 1 or below in the PISA combined reading literacy score.

While the available data do not allow an overall assessment of poor literacy at EU level, the latest OECD report[37] highlights significant trends at country level between 2000 and 2006. Finland has continued to improve literacy among all students and remains the country with the lowest proportion of low performers at 4.8% (well below most other EU countries). In ES, LT, IT, EL and SK the proportion of low performers has increased since 2000 and was above 25% in 2006. Some of the countries that performed poorly in the first PISA round, namely Germany, Latvia, Portugal and Poland, improved in 2006.

[37] See PISA 2006: Science competencies for tomorrow's world, at http://www.oecd.org/dataoecd/30/17/39703267.pdf.

Figure 3.13: Share of 15-year-old pupils who are at level 1 or below on the PISA combined reading literacy scale



Source: OECD, PISA Survey

As highlighted in the OECD report, among 15-year-old students, the proportion of students who are foreign-born or who have foreign-born parents now exceeds 10% in Germany, Belgium, Estonia, France, the Netherlands, Austria, Slovenia, and Sweden and is as high as 36% in Luxembourg. These **migrant students** constitute a very heterogeneous group with a diverse range of skills, backgrounds and motivations. In the countries mentioned, first-generation students — i.e. students who were born outside the country and who also have foreign-born parents — lag, on average, 58 points behind their native counterparts, a sizeable difference considering that 38 points are roughly equivalent to the OECD average for the difference between school years. Much of this difference remains even after accounting for other socio-economic factors.

3.5. The health dimension of social exclusion

Despite a general improvement in the health status of populations, large gaps remain in health status between social groups. Chapter 5 of this report illustrates the steep social gradient that remains in health status and access to health care. The indicator representing unmet need for care presented in chapter 5 illustrates that, in most countries, people living on low incomes are more often deterred from seeking care than those with high incomes. However, in addition to the financial barriers linked to co-payments and other characteristics of health insurance systems, access to health care is hampered by factors associated with the organisation of health care systems and the multiple facets of social exclusion.

A recent study[38] commissioned by the EU identifies and analyses the barriers faced by the most vulnerable in accessing health care. In most cases, these barriers have a compounding effect on the poverty and social exclusion of the individuals concerned, either by worsening their financial situation (disproportionate co-payments) or by hampering their capacity to actively participate in society. These barriers include lack of coverage (since some people fall through the safety net of public health coverage), limitations in the health baskets covered by the public health insurance schemes, and cost-sharing. Regional disparities in the provision of care mostly affect those who do not have the financial or physical means to travel. Low health literacy affects mostly people with low educational attainment, migrants or the mentally ill. Specific groups such as the migrants, the disabled, the elderly or the mentally ill suffer from a lack of care adapted to their special needs.

[38] http://ec.europa.eu/employment_social/spsi/studies_en.htm#healthcare.

4. MONITORING PROGRESS TOWARDS THE PENSION OBJECTIVES

Old-age poverty has been greatly reduced during the last fifty years. Nonetheless, older people are often confronted with a higher risk of poverty than the general population. The current adequacy of pension systems reflects the maturity, coverage, and benefits from pension systems in the past. The design of current pension systems and minimum income benefits for older people, therefore, not only indicate how the shortcomings of past regulations are addressed to avoid poverty in old age, but also need to be studied in order to analyse the provision of adequate pensions in the future. Changing demographics and labour market patterns add to the need to closely monitor both the current and future adequacy and sustainability of pensions. Currently many countries are adapting their pension systems in response to demographic and other changes. Reforms are aimed at achieving financial sustainability while ensuring the adequacy of pension entitlements.

Common objectives for Pensions

Member States are committed to *providing adequate and sustainable pensions by ensuring:*

(g) adequate retirement incomes for all and access to pensions which allow people to maintain, to a reasonable degree, their living standard after retirement, in the spirit of solidarity and fairness between and within generations;

(h) the financial sustainability of public and private pension schemes, bearing in mind pressures on public finances and the ageing of populations, and in the context of the three-pronged strategy for tackling the budgetary implications of ageing, notably by: supporting longer working lives and active ageing; by balancing contributions and benefits in an appropriate and socially fair manner; and by promoting the affordability and the security of funded and private schemes;

(i) that pension systems are transparent, well adapted to the needs and aspirations of women and men and the requirements of modern societies, demographic ageing and structural change; that people receive the information they need to plan their retirement and that reforms are conducted on the basis of the broadest possible consensus.

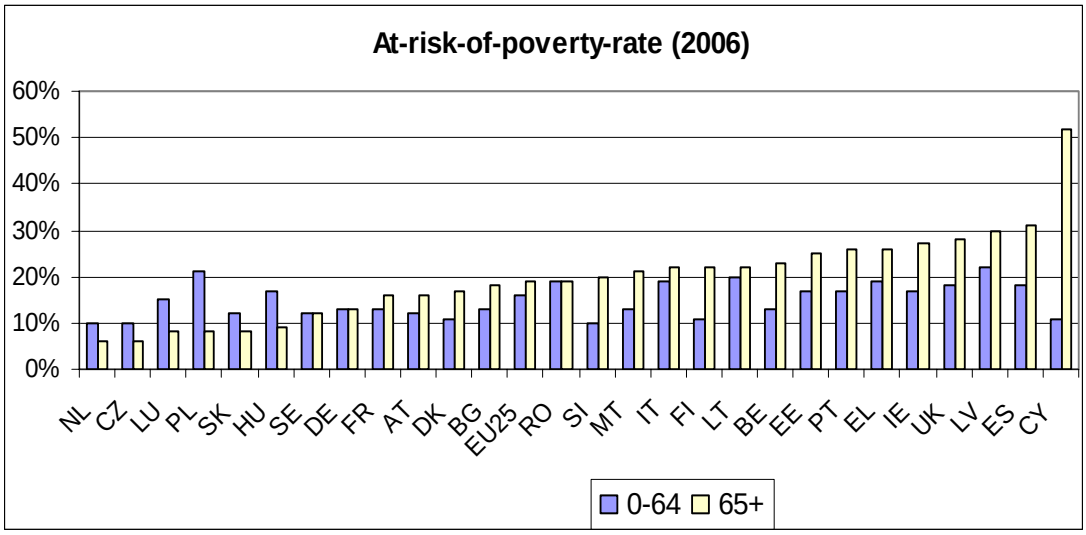
4.1. The current adequacy and sustainability of pensions

Ensuring that older people are not placed at risk of poverty is a fundamental objective of European social protection systems. More specifically, pension systems allow people to maintain, to a reasonable degree, the living standard they achieved during their working lives, with a prominent role being played by public pensions. In this respect, an important challenge is to ensure the compatibility of pension systems with the requirements of flexibility and security on the labour market, as modern pension systems need to ensure adequacy for non-standard employment patterns as well (such as part-time and temporary work, career interruptions, self-employment, and increased international labour mobility) without undermining incentives to take up work.

4.1.1. Adequacy of pensions: avoiding poverty in old age

The at-risk-of-poverty rate for older people[39] in the EU-25 (19% in 2006 for the population aged 65+) is slightly higher than for younger cohorts (16% in 2006 for the population aged 0-64). The rates in 2005 were 19% for people aged 65+ and 15% for those aged 0-64, respectively, illustrating the relative overall stability of the indicator. The at-risk-of-poverty rate for the 0-64 population shows little variation, with only small changes of no more than 1 or 2 percentage points between 2005 and 2006 in most Member States. In contrast, the poverty risk for older people has seen larger changes in some countries, decreasing substantially in IE (minus 6%), while increasing by 9% in LV and by 5% in MT, EE and LT. Since poverty is expressed in relative terms, the observed increases can be partly explained by incomes rising at a higher pace for the working population. Careful monitoring is nonetheless needed in this respect.

Figure 4.1. The at-risk-of-poverty rate by selected age groups 2006



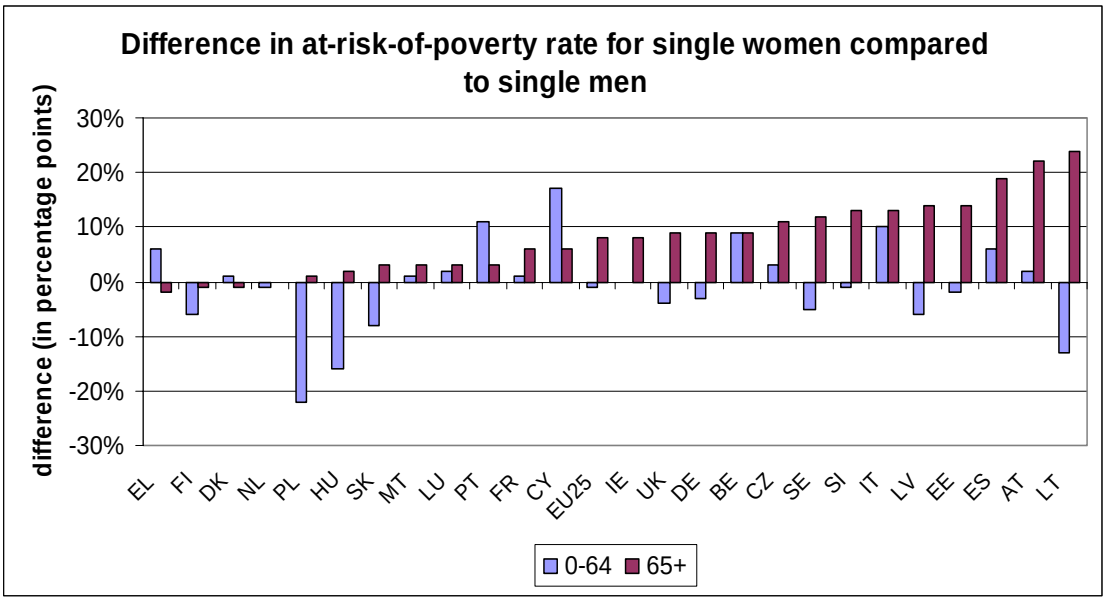
Source: SILC (2006) Income reference year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-2006); BG and RO: National HBS 2006, income data 2006. MT and PT: provisional data. Extraction date: 16 May 2008.

Looking in more detail at the current levels of poverty risk for older people, substantial differences exist between Member States (Figure 4.1). In a small group of countries (CZ, LU, HU, NL, PL, SK), the at-risk-of poverty rate for people above 65 is lower than that for the population aged 0-64. In most Member States, the poverty risk for the 65+ group is close to the EU-25 average (19% in 2006), while for others (e.g. BE, EE, IE, EL, ES, MT, FI, SI and UK) the difference compared with the

[39] To evaluate the relative position of older people, only monetary income (notably deriving from pensions) is taken into account. The wealth of pensioners, particularly house ownership (and associated imputed rents) and private savings, which have a strong effect on the income distribution of pensioners, are not taken into account, nor are other non-monetary benefits (free health care, transport, etc.). For this reason, the poverty risk of older people may be somewhat overestimated.

poverty risk for the population aged 0-64 is significant.[40] Cyprus, in particular, displays an extremely high at-risk-of-poverty rate for older people (52%), which is five times greater than the corresponding rate for people aged 0-64 (11%). The main reason seems to be the low level of the flat-rate minimum pension together with the fact that the level of social insurance pensions is still influenced by the insurance record under the scheme in force before 1980. Furthermore, informal solidarity between generations, which is a common cultural feature in Cyprus, is not reflected in the statistical data, and should also be taken into account when assessing the situation of the country.

Figure 4.2. Gender gap in the old-age poverty risk



SILC (2006) Income reference year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-2006); BG and RO: National HBS 2006, income data 2006. MT and PT: provisional data. Extraction date: 16 May 2008.

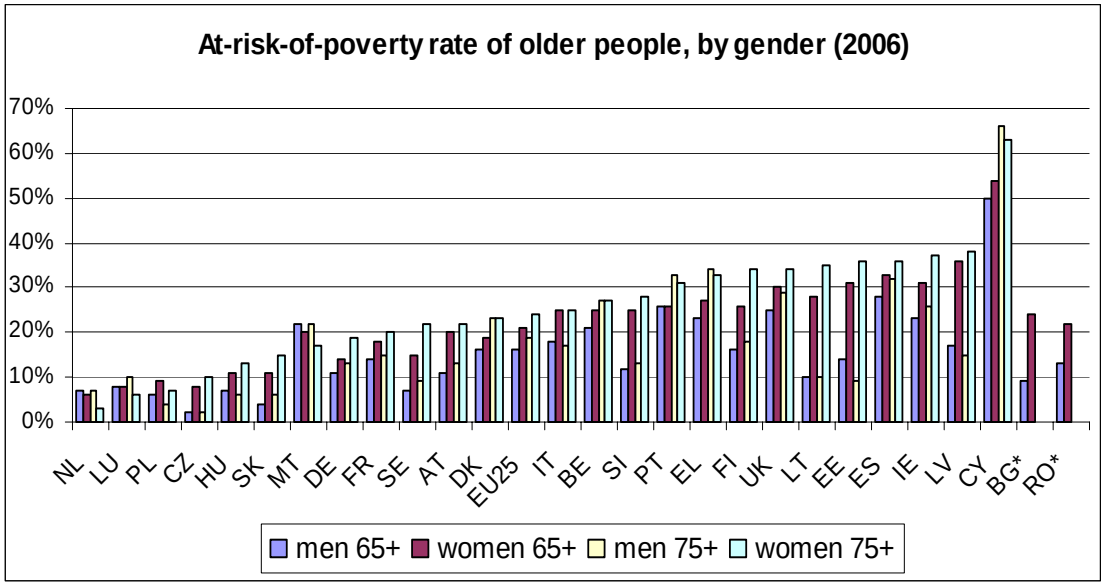
When investigating the gender dimension of the risk of poverty in old age, substantial differences emerge between men and women. In almost all Member States (with the sole exception of EL, DK, FI and NL), single women in general have a much higher risk of poverty compared to single men (Figure 4.2). This result is even more striking when these figures are compared with the corresponding poverty risk for younger cohorts: for the population aged 0-64, the poverty risk for women is in many cases comparable to or even lower than that for men, implying a dramatic increase in the gap between women and men in old age in most Member States. The only exceptions are EL, DK, PT and CY, which show a relative improvement (or a relative 'lower increase') in the poverty risk for women compared with men. However, this may also reflect changes in the labour market for younger women. Current poverty rates among the 65+ group mirror past accrual of pensions, but

[40] This comparison does not take into account housing costs. National data for the UK indicate that on an after housing costs basis, pensioners are less likely to be at risk of poverty than the working age population.

future developments are difficult to evaluate as conflicting trends will come into play in the coming decades: the maturation of pension schemes and the increase in female workforce participation will continue, but the effects of past unemployment levels and increasing partial employment and the impact of recent reforms (which often translate into decreased benefit levels) will begin to emerge. It is important to develop tools to monitor these potential future developments.

In almost every Member State (with the exception of NL, MT and PL) the oldest cohorts, aged 75 and over[41], tend to have a higher risk of poverty than those over 65 (Figure 4.3), reflecting in particular the lower coverage of pension systems in the 1950s and 1960s. In other cases, the high poverty risk among the very elderly can be attributed to lower accrued pension entitlements due to under-declaration of earnings and incomplete careers (especially among women, who dominate the older age groups) and to formerly less generous social security provision. However, it is worth mentioning that in many Member States survivors' pensions do give a certain protection from poverty for widows.

Figure 4.3. The at-risk-of-poverty rate among the elderly



Source SILC (2006) Income reference year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-2006); (*) BG and RO: National HBS 2006, income data 2006, no data available for 75+ population. MT and PT: provisional data. Extraction date: 16 May 2008.

The increase in the poverty risk for people aged 65 and above and people aged 75 and above can also be explained by looking at the evolution of theoretical replacement rates ten years after retirement[42]. In almost all Member States, pensions

41 Constraints in the data for age cohort 75+. A major part of this age group live in institutions and are not covered by SILC.

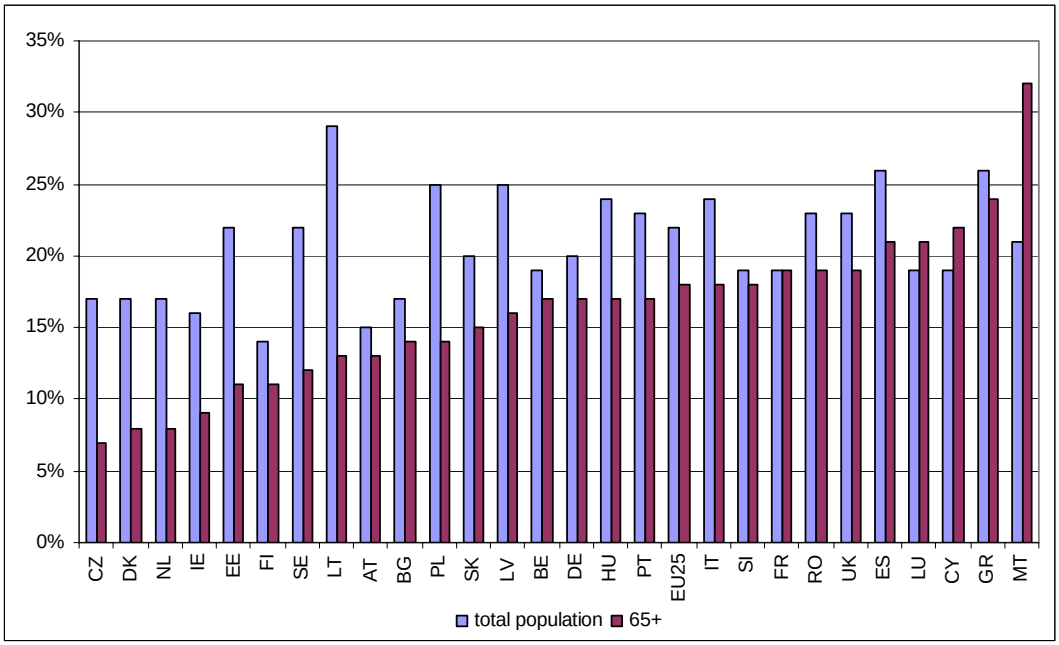
42 See the May 2006 Report on *Current and prospective theoretical pension replacement rates* by the Indicators Sub-Group (ISG) of the Social Protection Committee (SPC), available at: http://ec.europa.eu/employment_social/spsi/docs/social_protection/isg_repl_rates_en.pdf.

in payment decrease in relative terms, as they lag behind the evolution of real wages. This translates into significant declines in theoretical replacement rates during the period of retirement, which, at ten years from retirement, amounts to around -10% in net terms for the majority of Member States (with an estimated -26% decrease in net terms for PL). The price indexation of pension entitlements can thus translate into a progressive loss of relative income as pensions lag behind the overall evolution of average earnings. The negative impact is stronger as the number of years in retirement increase, and during periods of high economic growth, which benefits mainly the working population.

Looking more carefully at the figures, the highest differences in poverty risk between people aged 65 and above and people aged 75 and above are recorded in CY (with an increase of 16 percentage points for men and 9 percentage points for women), EL (11 p.p. for men, 6 p.p. for women), PT (7 p.p. for men, 5 p.p. for women), DK (7 p.p. for men, 4 p.p. for women), FI (2 p.p. for men, 8 p.p. for women), SE (2 p.p. for men, 7 p.p. for women), LT (7 p.p. for women), and EE (5 p.p. reduction for men, 5 p.p. increase for women). It is important to recall in the analysis of gender differences that, as the at-risk-of-poverty rate is based on equivalised household income, such results mainly reflect the fact that single elderly women often live on lower incomes than single elderly men.

A second indicator to be looked at together with the poverty risk is poverty intensity (Figure 4.4), which illustrates how far below the threshold (60% median equivalised disposable income) the income of individuals at risk of poverty actually lies.

Figure 4.4. Poverty intensity among the elderly compared with the total population



Source: SILC (2006) Income reference year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-2006); BG and RO: National HBS 2006, income data 2006. MT and PT: provisional data. Extraction date: 16 May 2008.

Most countries are close to the EU average (18%), but there is an overall tendency for poverty intensity to increase together with the poverty risk. Countries, such as NL and CZ, with the lowest levels of poverty intensity (meaning that most of the individuals recorded as being at risk of poverty have an income that is actually just below the threshold) also have very low at-risk-of-poverty rates, while at the other extreme those countries (such as MT, EL, CY and to a lesser extent ES and UK) with a considerable poverty gap are also those with the highest at-risk-of-poverty-rates.

The SPC report on minimum income provision for older people[43] showed that minimum income provision for older people can play an essential role in alleviating or reducing the poverty risk among the elderly.

There are usually three main types of minimum income benefits specifically for older people: minimum benefits under earnings-related pensions, flat-rate benefits for older people, and separate social assistance benefits. Reflecting their design (eligibility rules at which age benefits are available or means testing), their coverage can be significant among the elderly population. In spite of minimum income benefits for older people more generous than minimum social assistance levels for the younger population, these cohorts remain at a higher poverty risk in a number of Member States. Yet the poverty gaps tend to be lower than for the population aged 0-64, most probably reflecting the higher level of minimum benefits.

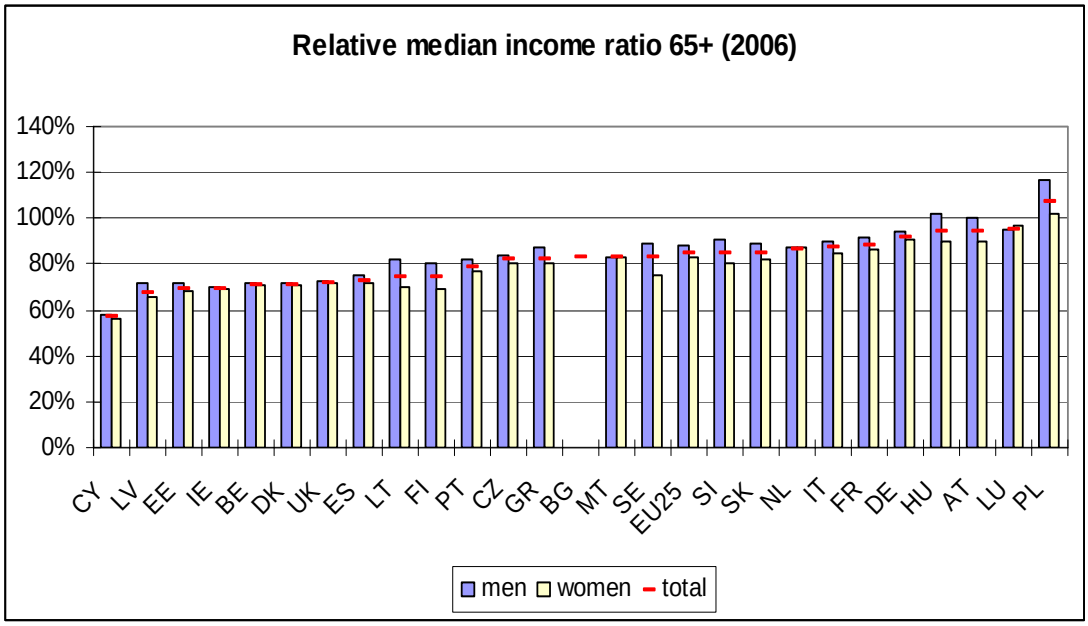
Although measures of income poverty need to be seen in conjunction with other measures (such as material deprivation), it should be underlined that women and the oldest cohorts (dominated by women) are particularly at risk of poverty, mainly reflecting lower past accruals and lagging indexation of minimum pensions.

4.1.2. Adequacy and modernisation: maintaining living standards in old age

Besides addressing poverty, pension systems play a fundamental role in allowing retirees to maintain living standards comparable to those achieved during their working lives. When comparing the equivalised disposable income of the older population relative to that of the population aged 0-64 (Figure 4.5), Cyprus is the only Member State with a level less than 60% while others lie just below 70% (LV, EE and IE). This is due to relatively low pension entitlements as well as fast economic growth, which mainly benefits people of active age. At the other end of the spectrum, Poland records for people aged 65 or above a relative median equivalised income that is actually greater than that for younger cohorts, while LU, AT, HU and DE are well above 90%.

[43] Social Protection Committee (SPC) (2006), 'Minimum income provision for older people and their contribution to adequacy in retirement', Special Pensions Study, December 2006. http://ec.europa.eu/employment_social/spsi/docs/social_protection/SPC%20Study%20minimum%20income%20final.pdf.

Figure 4.5. Relative median income for individuals aged 65+

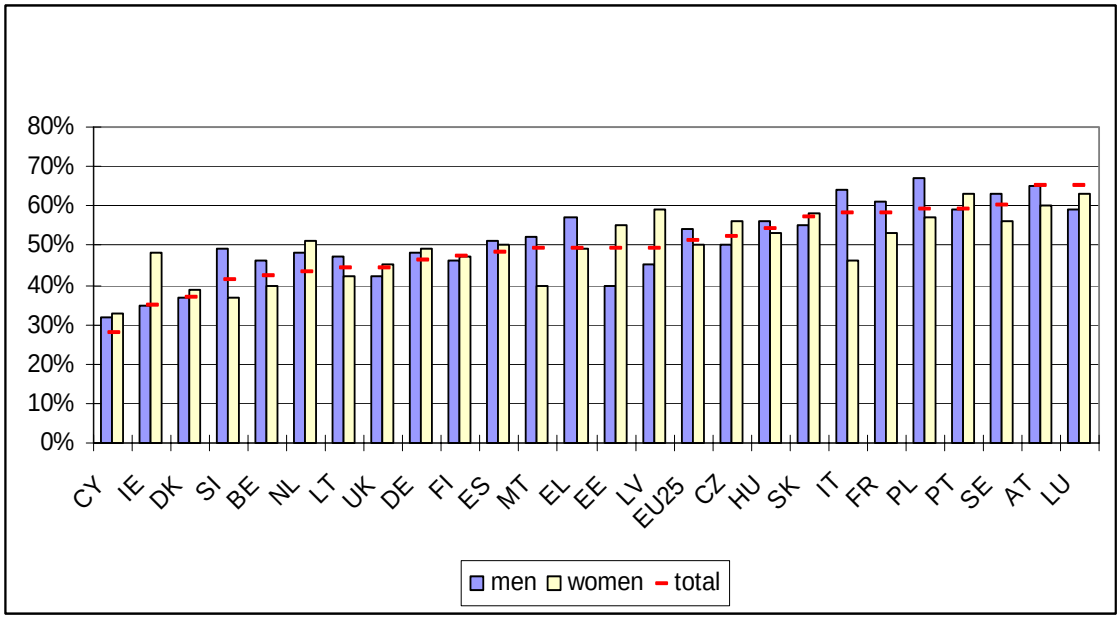


Source: SILC (2006) Income reference year 2005; except for UK (income year 2006) and for IE (moving income reference period 2005-2006); BG and RO: missing data. MT and PT: provisional data. Extraction date: 16 May 2008.
Definition: The relative median income ratio is the ratio of equivalised disposable income of persons aged 65 and above to the median equivalised disposable income of persons in the complementary age group (0-64).

As this indicator is based on equivalised household income, differences between men and women fundamentally reflect income differences between people living in single households. The overall tendency is for men to have a higher relative median income ratio compared to women.

On the other hand, aggregate replacement ratios — which are based on individual income — generally show that current average pension levels are rather low compared to current earnings: this is especially the case for CY (less than 30%), and to some extent for IE and DK (less than 40%). This can be due to low coverage and/or low income replacement from statutory pension schemes, but can also reflect maturing pension systems and incomplete careers or under-declaration of earnings in the past. In this respect, it should be noted that the *aggregate replacement ratio* indicator is based on gross income figures, and that several factors besides aggregate replacement rates (such as differences in household composition and size and the overall design of social protection and taxation systems) can have a strong influence on the overall living standards of individuals.

Figure 4.6. Aggregate replacement ratio for those aged 65+



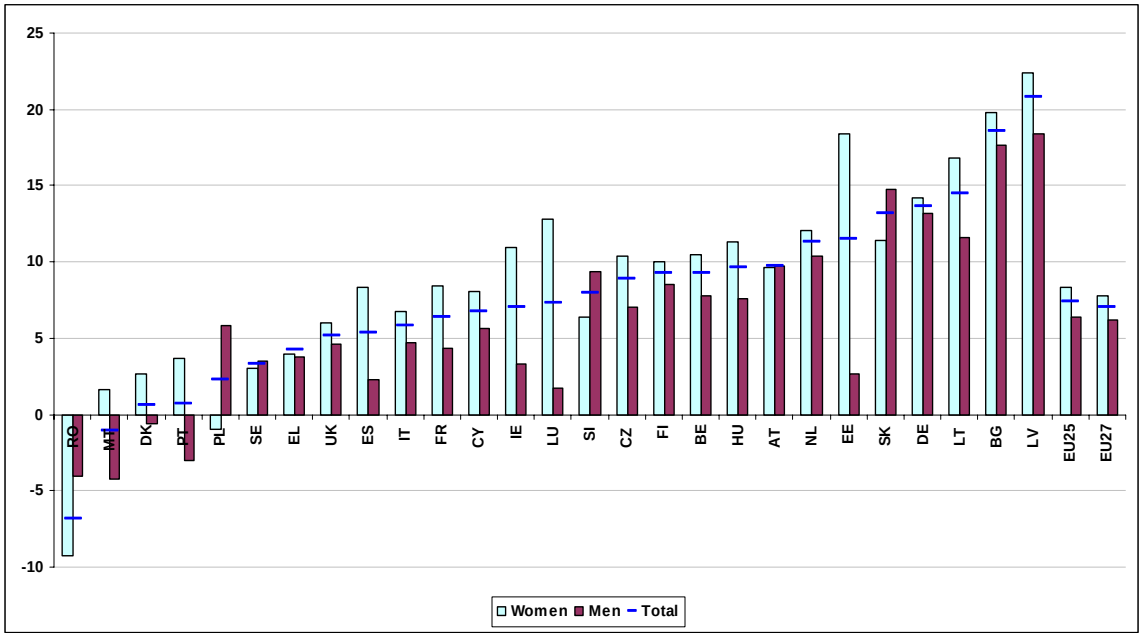
Source: SILC (2006) Income data 2005; except for UK (income year 2005) and for IE (moving income reference period 2005-2006); For BG: National HBS (2006) income data 2006.
Definition: the aggregate replacement ratio is the ratio of median personal (non-equivalised) income from pensions of persons aged 65-74 relative to median personal (non-equivalised) income from earnings of persons aged 50-59.

Some Member States display strong differences between men and women in the aggregate replacement ratio. Unlike the relative median income ratio, these results are based on personal (non-equivalised) income and reflect actual gender differences in relative levels of pensions and earnings (not influenced by household composition or demography, with gender differences emerging due to a higher proportion of older women living alone). In particular, IT, MT, SI, PL, and to a lesser extent FR, EL and SE, have much higher aggregate replacement ratios for men than for women (with an 18 p.p. difference for IT), while the contrary is true for EE, LV and IE, where replacement rates appear to be much higher for women.

4.1.3. The sustainability of pension systems

Meeting the pension promise is a long-term undertaking: for those in or close to retirement today this often reflects the labour market situation of the past, which can be very different from the situation today. To sustain pension promises and ensure a fair distribution of risks and burdens within the population, it is essential to have both a well-functioning labour market and a high activity rate among the population. One vital measure will therefore be to increase employment among groups easily excluded from the labour market, including older workers, and to prolong total working life.

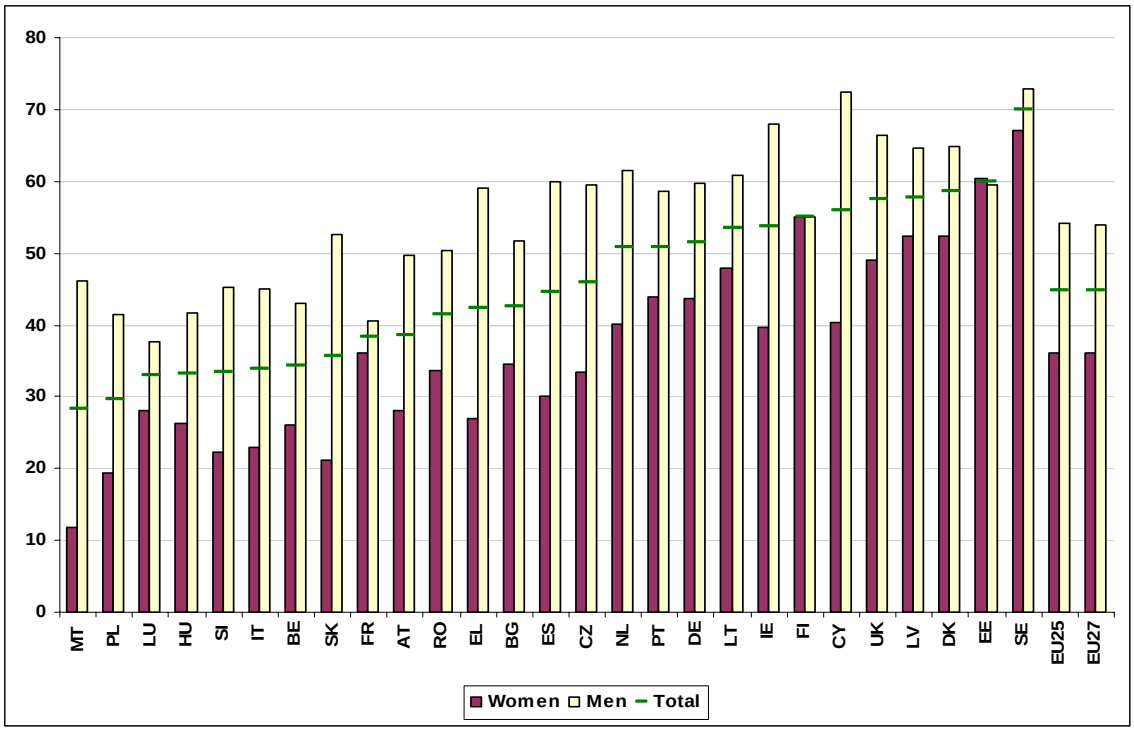
Figure 4.7. Change in employment rates of older workers (55-64), 2001-2007, %



Source: Eurostat, Labour Force Survey — Annual averages

Employment rates of older workers (aged 55-64) have increased in recent years, reversing a long-lasting downward trend (Figure 4.7). The increase was from 36% in 1997 to 47% in 2007 for the EU-15, while the increase for the EU-25 was from 37% in 2001 to 45% in 2007. In EU 27 the change in the same period was from 38% to 45%. This is partly a demographic effect. Due to the ageing of the baby-boom generation the relative share of people in the 55-59 age bracket, who have a higher employment rate, has grown. Another main driver is the increase in women's employment: most Member States experienced a higher increase in the employment rate for women than for men between 2001 and 2007. This will inevitably also be reflected in future pension levels. Those Member States with the highest reduction (6 percent or more) in the difference in employment between men and women (ES, PT, IE, LU, EE) are not always those with the lowest employment rates among older women at the beginning of the period. For example, LU had an employment rate for older women that was among the lowest in the EU-27, whereas in EE the employment rate for older women was well over the EU-27 average. It is, however, noteworthy that generally the increase in employment among older women started from a generally low level. A few Member States had a lower increase in employment rates for older women than for older men (PL, RO, SK, SI, SE, and AT), and apart from SE all of these Member States had an employment rate for female workers that was below the EU average in 2001. Sweden was the country with the highest labour market participation for both men and women throughout the period.

Figure 4.8. Employment rates of older workers (55-64) in 2007 (%)



Source: Eurostat, Labour Force Survey — Annual averages

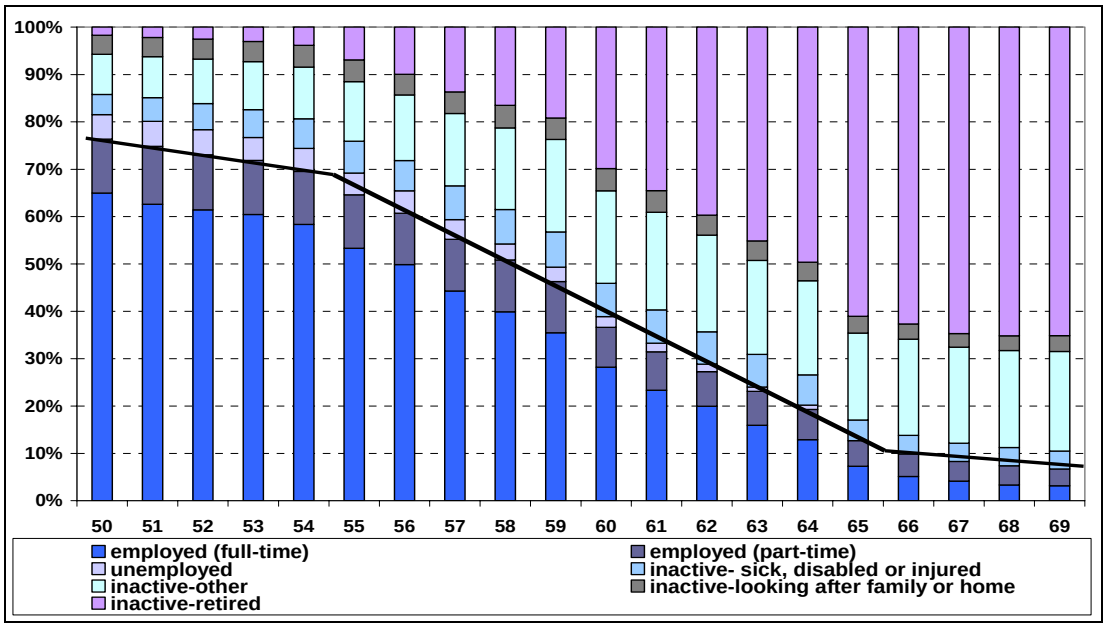
In spite of these recent improvements, in many Member States the employment rate of older workers is still low, lying either below 30% (e.g. PL and MT) or between 30% and 40% (e.g. LU, HU, SI, IT, BE, SK, FR, AT,), exceeding 55% in only a few cases (CY, UK, LV, DK, EE and SE). It is worth noting that progress is slower in Member States where the employment rates of older people are already lower than the EU average, indicating both a strong need for enhanced efforts as well as ample room for further improvement.

Since 2000 the increase in the employment rate among those aged 55-64 has been relatively slower for the less qualified within the EU-25. The increase, however, has been 6 percentage points for less qualified workers as compared with 9 to 7 percentage points increase for medium or highly qualified workers. At the same time the evolution of employment rates for the less qualified in younger cohorts was more favourable than for those younger workers that were medium or highly qualified. This probably reflects targeted employment measures. Incentives to postpone retirement appear to differ significantly between Member States, sometimes being below actuarial equivalence. If incentives to retire later are too low, this can be seen as encouragement to retire earlier. Conversely, high bonuses can involve deadweight costs by subsidising individuals who would have postponed retirement in any case.

The average age of exit from the labour market is often lower than the average age at which old-age pension is drawn. With flexible retirement options, it is important that the incentive structure of pension systems rewards extending working lives, also taking into account how they are linked to other social systems. These include occupational pension systems and other social security systems that can act as early

exit pathways such as unemployment, sickness and disability benefit systems and minimum income guarantees.

Figure 4.9. Economic activity by age in the EU-27 (2006)



Source: LFS, SPC study on flexibility in retirement age and early exit pathways

The SPC study on flexibility in retirement age and early exit pathways showed that there is a significant decline in employment rates as workers get older and this clearly accelerates between 55 and 64. Direct transitions from employment to retirement among workers aged 55-64 show a slightly increasing trend in the EU-15, though a decline can be observed between 2000 and 2006 in the EU-25. On the other hand, while the frequency of early exits has declined in the last decade in the EU-15, it has remained roughly constant in recent years for the EU-25. Moreover, the share of exits due to lack of employment has also increased in recent years, highlighting the need to develop better employment opportunities for older workers.

Only about half of older workers leave their last job or business to take up a pension: about 55% directly take up a pension or an early pension. Possibly because they have not reached the eligibility age or are not entitled to a pension, they also often leave for unemployment (13%) or long-term sickness or disability (12%). At higher ages, the share of older workers who leave their last job or business to take up a pension increases, while the share of those leaving for unemployment decreases sharply, as does the share for long-term sickness or disability to a lesser extent

While labour market outcomes have shown more positive developments in recent years than in previous decades, there are signs that these improvements have not spread. The figures vary widely among Member States, especially among those aged 55-64. Exits through direct pensions are particularly low in some Member States (notably BE, ES and CY). The share of exits through unemployment lies at around 15% on average, and is rarely lower than 10% and can exceed 25% (DE, ES, FR, LT, PT, FI and SE). The share of exits for long-term sickness or disability is also

generally around 15% (lower than 5% in IT, CY, LV and SI and around or often higher than 25% in EE, ES, IE, HU, LT and FI).

4.2. Future adequacy and sustainability of pensions

Many reforms have been introduced to ensure the financial stability of pension expenditure at a time of changing conditions in employment, productivity and/or demography. A three-pronged strategy decided by the Stockholm European Council in 2001 to cope with the economic and budgetary challenge posed by ageing populations was introduced so that these changes are not at the cost of lower pension benefits, i.e. (i) reducing debt at a fast pace, (ii) raising employment rates and productivity, and (iii) reforming pension, health care and long-term care systems.

4.2.1. The future adequacy of pensions

Theoretical replacement rates are one of the few tools available that show how changes in pension rules can affect pension levels in the future. However, in order not to misinterpret the results, it is vital to consider theoretical replacement rates in conjunction with representativeness and assumptions calculated for a hypothetical worker (in the base case, retiring at 65 after 40 years of a career average wage). One way to ensure correct interpretation of the results and look at the sustainability and adequacy of pensions simultaneously is to consider the link between theoretical replacement rates and other indicators, in particular the evolution of pension expenditure. These show how generous pension promises can involve a heavy future cost in the light of an ageing society, if labour market patterns remain constant. In other words, any country with an ageing population will show either a decreasing replacement rate in defined contribution schemes or rising contributions in defined benefit schemes — given a fixed age of retirement.

It is also important to consider that it is difficult to make cross-country comparisons of replacement rates, as pension systems in different countries differ, as does the representativeness of the case study presented below. Replacement rates do, however, allow us to study the impact of legislated pension reforms on the adequacy of pensions given an ageing society in a specific Member State.

Table 4.1. Theoretical replacement rates for a worker retiring at 65 after 40 years

	Change in theoretical replacement rate in percentage points (2006-2046)						Assumptions						Evolution of statutory pensions expenditures between 2004 and 2050 (source EPC/AWG)
	Net	Gross replacement rate					Coverage rate (%)		Contribution rates				
	Total	Total	Statutory pensions	Type of statutory scheme (DB, NDC or DC)	Occupational and voluntary pensions	Type of supplementary scheme (DB or DC)	Statutory pensions	Occupational and voluntary pensions	Statutory pensions (or in some cases Social security)	Occupational and voluntary pensions: Estimate of current (2002)	Occupational and voluntary pensions: Assumption		
BE	3	4	-1	DB	5	DC	68	40-45	46.3a	Nd	4.25	BE	5.1
BG	9	9	9	DB and DC	/		NA	/	NA	/		BG	NA
CZ	-12	-8	-8	DB	/		100	/	28	/		CZ	5.6
DK	5	17	-10	DB	26	DC	100	78	0.9 b	8.8	12.7	DK	3.3
DE	4	3	-9	DB	12	DC	Nd	70	19.5	Nd	4	DE	1.7
EE	2	3	3	DB and DC	/		100	/	22	/		EE	-0.1
EL	-7	-12	-12	DB	/		Nd	/	20	/		EL	-
ES	-12	-9	-9	DB	/		89	/	28.3	/		ES	7.1
FR	-18	-16	-16	DB	/		100	/	20	/		FR	2
IE	-5	-5	4	DB	-9	DC	100	55	9.5	10-15	10	IE	6.4
IT	3	-3	-17	DB and DC	14	DC	100	11.4	33	5.7	6.91	IT	0.4
CY	10	12	12	DB	/		86	/	16.6 c	/		CY	12.9
LV	-15	-14	-14	NDC and DC	/		100	/	20	/		LV	1.5
LT	-3	1	1	DB and DC	/		89	/	26	/		LT	3.7
LU	0	-1	-1	DB	/		92	/	24 d	/		LU	7.4
HU	-1	9	9	DB and DC	/		100	/	26.5	/		HU	9.9
MT	-13	-11	-11	DB	/		Nd	/	30 e	/		MT	-0.4
NL	8	5	1	DB	4	DB	100	91	7	9.8	11.5 -12.5	NL	3.5
AT	4	5	5	DB	/		100	/	22.8	/		AT	-1.2
PL	-19	-16	-16	NDC and DC	/		77	/	36.9 f	/		PL	-4.6
PT	-20	-19	-19	DB	/		81	/	32.5	/		PT	9.7
RO	9	7	7	DB and DC	/		NA	/	29.05	/		RO	NA
SI	2	-4	-4	DB	/		100	/	24.35	/		SI	8.3
SK	2	1	1	DB and DC	/		100	/	28.75	/		SK	4.1
FI	-8	-9	-9	DB	/		100	/	21.6	/		FI	3.1
SE	-13	-13	-10	NDC and DC	-3	DB	100	90	17.2	13.7	13.7	SE	0.6
UK	-6	-6	-6	DB	-1	DC	100	53 (M)/56(F)	(17.25%)	9	8	UK	2

Source: National Sources, OECD, EPC/AWG Ageing Report
Note: AWG projection figures include funded tiers of statutory schemes
Reading: the first four columns show the evolution of theoretical replacement rates in percentage points from 2005 to 2050, for a worker retiring at 65 after 40 years with average earnings: net or gross, total, and contributions from statutory schemes, from occupational or individual schemes, whether defined benefit (DB), notional defined contribution (NDC) or defined contribution (DC) schemes. For more information on interpreting the table please see http://ec.europa.eu/employment_social/spsi/docs/social_protection/isg_repl_rates_en.pdf

Reforms of statutory schemes will for most Member States lead to a decrease in replacement rates at given retirement ages (at 65 in the case considered). This also reflects the need to adapt all types of pension provision, including private pension provision, to the trend towards increasing life expectancy at 60 or 65,.

Most Member States have statutory pension schemes providing earnings-related pensions. Benefits under these pension schemes are related to earnings either for a specified number of years during the career or increasingly over the entire career. The contribution period taken into account in the calculation of pensions, the pace of indexation of current pensions and the statutory retirement age are generally features that are adjusted during reforms.

It should also be noted that the evolution of replacement rates can be affected by the unique common assumption used for rates of returns, which can translate into a relatively slower evolution in rates of return in comparison to wage trends in some new Member States (notably PL) and thus affect the results when calculating the evolution of replacement rates. Many other Member States with a large funded system tend to show a positive evolution in theoretical replacement rates due to the assumption used for rates of return (e.g. BU, RO, LT, HU, SK, EE).

Several countries have extended — or are still in the process of extending — the period of an individual's earnings history to be used for calculating the pension entitlement (e.g. AT, CZ, ES, FR, HU, PT, FI, IT). Thus, instead of using the years of highest earnings towards the end of the career, earnings over a much longer period or even the entire career (in notional defined contribution schemes as in SE or PL) are taken into consideration. This change will usually lead to lower pension levels, particularly if past earnings are not fully adjusted for (nominal) wage growth. This also has implications in terms of redistribution as homogeneous career profiles will benefit more from such changes than career profiles with rising earnings in the last years before retirement.

Pension levels can also be lowered through adjustments in the formula used to calculate benefits. One significant development has been the introduction of a demographic adjustment factor. In the Swedish, Polish and Italian pension schemes (as well as the Finnish scheme from 2009 onwards), rising life expectancy will lower the replacement rate unless people postpone their retirement. In Germany, France, Austria, recent reforms have also introduced mechanisms to take into account future demographic trends and in particular increases in life expectancy. They thereby provide incentives for people to postpone their retirement in accordance with rising life expectancy and offer opportunities for achieving adequate pension levels.

For countries that have introduced life expectancy adjustment factors in their pension systems (e.g. DE, AT, FR, IT, PL, SE), this can translate into a decrease in theoretical replacement rates. Such reforms are intended to create the right incentives for extending working lives as people live longer, so it is important to consider not only the evolution of theoretical replacement rates for the base case but also the effects of working longer on the pension benefit.

Increasing the retirement age can also result in falling replacement rates where a retirement age of 65 is assumed in the calculations. For instance, the state pension

age in the UK is set to rise from 65 in 2006 to 68 in 2046. Under the assumption that working lives will be prolonged accordingly and individuals will contribute for more years towards their defined-contribution supplementary pension scheme indicate that the theoretical replacement rate would rise under such conditions.

4.2.2. The future sustainability of pensions

Member States have found different solutions to deal with the projected decline in replacement rates at a given age. Incentives to work longer and the development of private pensions (higher funded savings and contribution rates) are common solutions to provide adequate pensions and reduce future pension expenditure. Sensitivity calculations indicate that an increase in the retirement age of about 2 years and an increase in contributions to funded schemes of about 5 contribution points will keep replacement constant given the assumed rates of return on investments (cf. 2006 ISG report on theoretical replacement rates).

Some Member States (such as BE and DK) have launched a strategy of public debt reduction, which can create room to finance adequate pensions.

4.2.2.1. Incentives to work longer

In most Member States, recent reforms have increased incentives to work longer, notably by strengthening the link between contributions and benefits. Working longer is generally encouraged by providing pension supplements and increasing retirement flexibility by introducing windows of time within which a person can retire, by making it possible to accumulate pensions and earnings simultaneously, or through partial retirement. Leaving earlier is discouraged by actuarial reductions, but also by the introduction of more restrictive eligibility rules for early retirement schemes and also possibly through review of access to disability and incapacity schemes.

Meeting the pension challenge is essentially about closing the gap between shorter contributory lives (in terms of delayed first entrance into the labour market as well as low employment rates among older people) and the ongoing trend for increased life expectancy at retirement.

The latest projections from the Ageing Report of the AWG and the EPC[44] suggest that the employment rate of older workers will reach 50% by 2013 and 60% by 2050 in the EU-25.

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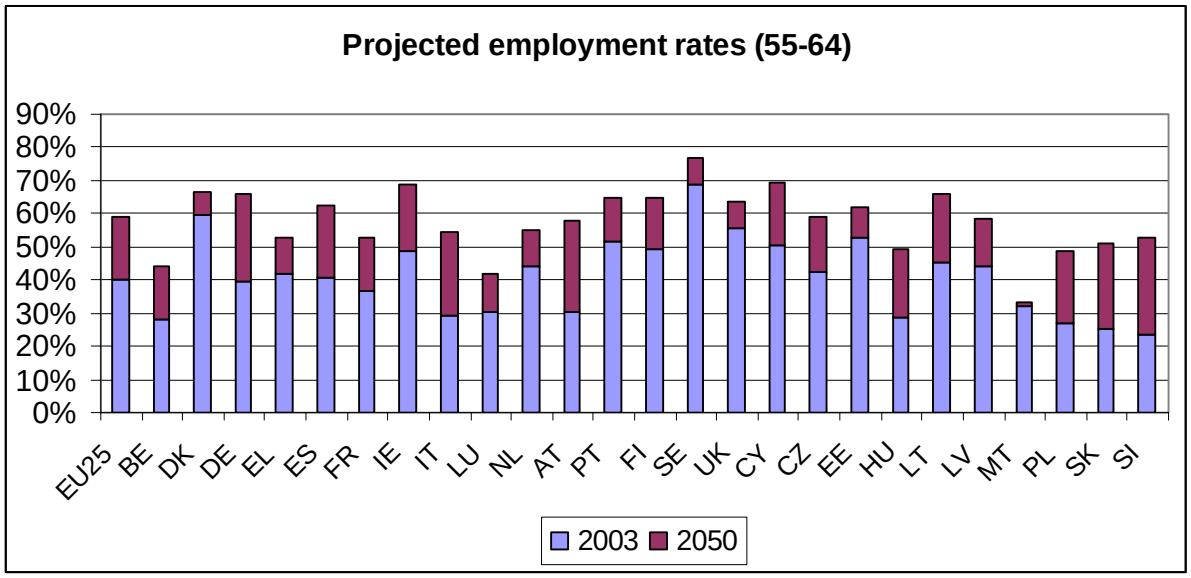
[44] Economic Policy Committee and European Commission (2006), '*The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050)'*, European Economy, Special Report, No 1/2006.

Figure 4.10. Projected employment rates for older workers (55-65) used in the 2005 EPC budgetary projection exercise



Source: Economic Policy Committee and the European Commission (2006), 'The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050)' Special report No 1/2006.

Employment rates are projected to increase in all countries, although to varying degrees. In general, larger increases in employment rates are projected for countries with currently low employment rates and high unemployment rates. Particularly large increases in employment are projected for Poland (+14 p.p. by 2050) and increases of over 10 p.p. are also calculated for Spain, Slovakia, Lithuania and Cyprus.

Employment rate increases are fastest at the beginning of the projection period. In the EU-15 and most of the EU-10 countries, over two thirds of the employment rate increase is projected to occur by 2015, while in Hungary it is projected to last until 2020 and in Poland and Slovakia until 2025. Thus, the offsetting impact of increased employment rates on public pension expenditure will mainly occur before 2015.

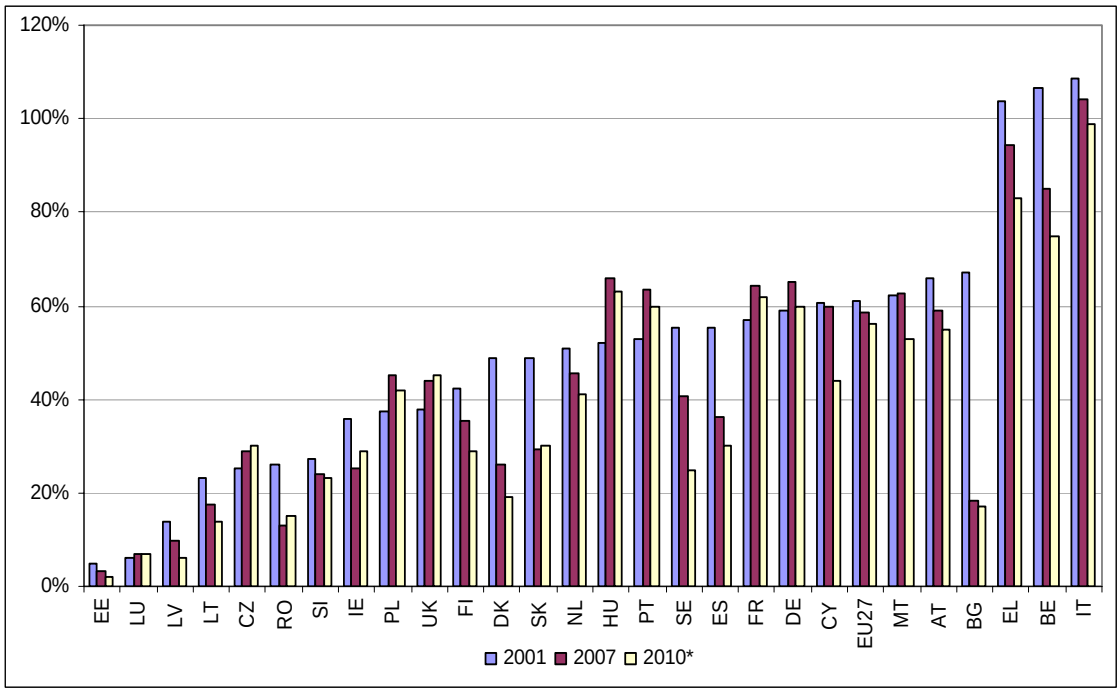
The Ageing Report suggests that over the period 2015-2030, employment increases will have only a minor offsetting impact on public pension expenditure, except in Poland and Slovakia. In Poland, the employment rate is projected to increase further by almost 8 percentage points, offsetting 13% of pension expenditure (over 1 percentage point relative to GDP), while in Slovakia a 6 percentage point increase in employment will offset 9% of pension expenditure (a good 0.5 percentage point relative to GDP). After 2030, employment rates will decrease in the EU10 and will consequently have an increasing impact on public pension expenditure

4.2.2.2. Debt reduction

The adoption of a debt reduction strategy has the explicit aim of creating budgetary room for manoeuvre in order to cater for higher government expenditure in the future due to increasing age-related expenditure, including increased pension expenditure.

An assessment of the long-term sustainability of public finances therefore has to go beyond answering the question whether current policies are sustainable or not. An estimation of the size of the budgetary imbalances is also needed to understand the challenge that policy-makers face. Reducing debt at a fast pace entails running primary surpluses, which leads to a smaller burden being transferred to the future.

Figure 4.11. General government consolidated gross debt 2001-2010 (% of GDP)



Source: Eurostat — General Government data (2000 to 2007), Commission services, stability and convergence programmes (2010). The EU average for 2010 includes only the EU-25.

Studies of the long-term sustainability of public finances in the EU by the Economic Policy Committee[45] show that there is a 'high-risk' group of countries (CZ, EL, CY, HU, PT and SI) characterised by a very significant projected rise in age-related expenditure over the long term. Moreover, countries such as CZ, EL, CY, HU and PT have large deficits and in some cases also a high level of debt (EL in particular). Budgetary consolidation is necessary in order for these Member States to reduce risks to the sustainability of public finances and to face the future burdens arising from ageing societies. The economic indicators for the budgetary consequences of ageing (such as the sustainability gap and the required primary balance) show that most countries have recently improved their underlying fiscal positions, although in many cases future fiscal adjustments will still be necessary so as to render public finances sustainable over the long term. There is also considerable variation across Member States[46].

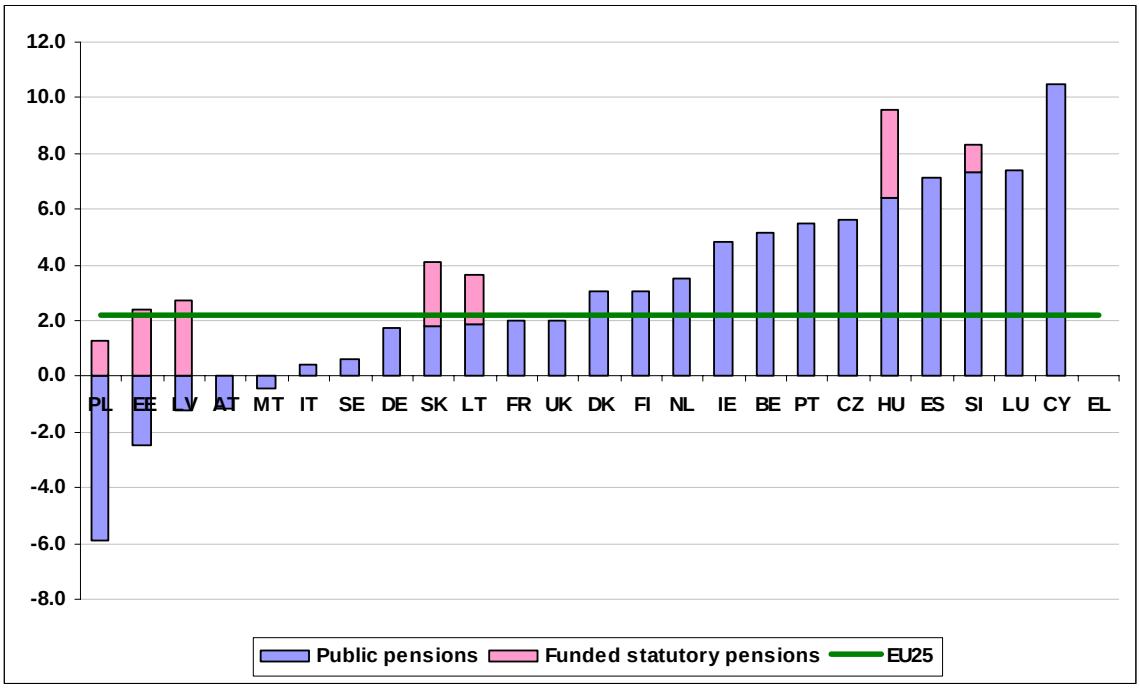
45 European Commission (2006), '*The long-term sustainability of the public finances in the European Union' European Economy*, No 4.

46 Further analyses of these indicators can be found in the study: European Commission (2008), '*Public Finances in EMU in 2008*', European Economy, No X, Section I.4.

4.2.2.3. The impact of pension reform on expenditure

Containing pension-related expenditure is an important element in strengthening current and future fiscal positions. The EPC projections of age-related expenditure (2004-2050) show that projected increases in pension expenditure will be contained for some Member States. However, there are still many Member States where a sharp increase in pension expenditure can be expected in the light of an ageing society. The Member States that have already put pension reforms into place are likely to slow down or reverse the projected increase in the level of expenditure.

Figure 4.12. Change in pension expenditure for public pension and funded statutory pensions, 2004-2050 (% of GDP)



Source: EPC/AWG Ageing report Note: for SE, public pensions include the funded tier of the statutory scheme. No information is reported for EL

The projections show varied increases in public pension spending over the period between 2004 and 2050, ranging from a decrease of 5.9 percentage points of GDP in Poland to an increase of 12.9 p.p. of GDP in Cyprus. In some countries, new projections show the effects of reforms, indicating a decrease in pension expenditure compared with older projections (PT, HU, and DK).

For the EU-15 Member States, public pension spending is projected to increase in all countries, except Austria, on account of its reforms since 2000. Very small increases in spending on pensions are projected in Italy and Sweden due to their notional defined contribution schemes, where pension benefits are based on actual working-life contributions. Relatively moderate increases (between 1.7 and 3.5 percentage points of GDP) are projected in most other EU countries (DE, FR, UK, FI, DK and NL) with the largest increases projected for Ireland (6.4 p.p.), where the increase will

largely be due to the maturing of the social security pension system, Spain (7.1 p.p.), and Luxembourg (7.4 p.p.)

In Malta, pension spending is projected to decrease. There has been progress as a result of the new pension system, which came in force in January 2007, and which now includes a progressive increase in the retirement age, a longer reference period used for the calculation of pensions, and a change in the indexation of pensions.

The challenges faced by Cyprus, Slovenia, and the Czech Republic are among the biggest in the EU, encouraging the reform of the pensions system. Hungary has made positive pension reforms, but age-related expenditure still exerts pressure on public finances.

The rate of increase in public pension spending may vary over the projection period for different reasons, notably due to the timing of the retirement of the baby-boom generation. Many Member States see their public pension spending peaking before the end of the projection period in 2040 (e.g. BE, DK, FR, IT, NL and SE) and others will already experience their peak in 2030 (e.g. FI and AT). In many countries, on the other hand, public pension spending drops significantly at the beginning of the projection period. This is partly the result of demographic pressures and partly due to the impact of pension reform. The projected decreases in some Member States (PL, EE, and LV) or small increases (LT and SK) are due partly to the pension reforms enacted during the last decade. These countries have switched part of the public old-age pension scheme to private funded schemes, so that public provision will decrease while mandatory private provision will increase. Furthermore, the GDP growth rate is projected to be relatively high, in particular during the next two decades, and to be higher than the increase in the level of pensions, as pensions are either only indexed to prices or only partially indexed to wages.

In several Member States, statutory funded schemes are projected to expand in the coming decades, in terms of coverage and contribution to pensioners' incomes. The maturation of these funded tiers is expected to account for an increasing share in pensioners' incomes over the next few decades, reaching one tenth of the replacement rate in SE, around one fifth in IT and one fourth in HU, and between two fifths and half of the total replacement rate in EE, LV, LT, PL and SK.

The share of pension replacement rates provided by occupational or voluntary schemes is generally expected to remain constant, notably in those Member States where their role is currently particularly significant such as NL and UK, and may even decline in IE. In some Member States, however, the role of occupational pensions is expected to increase significantly, for example in DE and to a lesser extent in BE.

It would be a useful exercise to develop calculations of expected contribution rates in the future in order to get a clearer picture of the costs of not only private pensions but also the other tiers of the pension system. It is also important to monitor the coverage of these schemes, since if a large percentage of the population is excluded from these schemes, large disparities in future pension income would emerge. Among the Member States with occupational schemes, only a few have close to universal coverage above 90 percent (NL, SE). Other Member States have a relatively high

coverage of above 70 percent (DE, DK), but this can still involve that almost 30 percent of the population is not covered by occupational schemes. Other countries display a low coverage where half of the population or more is excluded from such schemes (BE, IE and IT).

It is therefore interesting to follow the maturing of these schemes and try to predict the projected coverage in order to see if these schemes will ensure adequate pensions for larger portions of the population. However, the lack of agreed measures, combined with contrasting systems and the possibility of double counting, means that comparable international data in this field currently do not exist. In particular, a significant cause of potential (upper) bias is the occurrence of double counting when coverage from various sources is added together. The use of individual (and possibly administrative) data can detect such double counting, which can be significant.

Lower levels of pension expenditure, however, should not be achieved at the expense of pension adequacy. The extent to which overall benefits will be maintained or decline in future and who might be most affected by reforms remain open questions, since future adequacy is largely expected to rely on longer working lives and increased participation rates among older workers (which are still to be achieved) as well as on complementary private savings (for which coverage is likely to remain uneven). In this respect, minimum pension provision could play an important role in keeping older people out of poverty, counterbalancing a possible decline in actual replacement rates and, therefore, an interesting area to monitor also in terms of future pension expenditure.

5. HEALTH, HEALTH CARE AND LONG-TERM CARE

EU citizens today live, on average, longer and healthier lives and have better living and working conditions than previous generations had and their counterparts have in other parts of the world. For the most part, the EU population has lived through a long period of peace, freedom and prosperity, which has certainly contributed to a high level of health. By global standards, European societies are affluent. The scope and quality of our legal, social protection (including health care) and social security systems are unmatched by much of the world and have played an important role in protecting the lives and dignity of our citizens. Nevertheless, despite the significant contribution that health care systems have made to improving health across the EU, all European countries are faced with important common challenges in the area of health, health care and long-term care.[47]

This chapter provides an analysis of a set of commonly agreed social OMC indicators for healthcare and long-term care (for the complete list and related data[48] please see http://ec.europa.eu/employment_social/spsi/common_indicators_en.htm) to understand EU Member States situation and progress vis-à-vis the commonly agreed social OMC objectives for the healthcare and long-term care strand.

Common objectives for health care and long-term care

Member States are committed to ***accessible, high-quality and sustainable health care and long-term care by ensuring:*** (j) access for all to adequate health and long-term care and that the need for care does not lead to poverty and financial dependency; and that inequities in access to care and in health outcomes are addressed; (k) quality in health and long-term care and by adapting care, including developing preventive care, to the changing needs and preferences of society and individuals, notably by developing quality standards reflecting best international practice and by strengthening the responsibility of health professionals and of patients and care recipients; (l) that adequate and high quality health and long-term care remains affordable and financially sustainable by promoting a rational use of resources, notably through appropriate incentives for users and providers, good governance and coordination between care systems and public and private institutions. Long-term sustainability and quality require the promotion of healthy and active lifestyles and good human resources for the care sector.

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47 To help meet these common challenges the European Commission adopted a set of documents including the Health strategy in October 2007 - which sets common principles, values and goals for EU Health action and aims to foster good health in an ageing Europe, to protect citizens from health threats and to support dynamic health systems and new technologies -, the Renewed Social Agenda in July 2008 - which aims to ensure opportunities access and solidarity in Europe and sets as priority ensuring longer and healthier lives -, and the Communication "Reinforcing the Open Method of Coordination for Social Protection and Social Inclusion in July 2008. Several health-related actions are foreseen in these documents.

48 As agreed by member States at the Indicators Sub-Group of the Social Protection Committee Eurostat data should be the default database but exceptions should be made for certain indicators. For example, OECD health data and WHO Health for All database information on expenditure should be used until Eurostat can provide comparable data for all Member States using the System of Health Accounts. Similarly, WHO Health for All database information was preferred in the case of perinatal mortality.

5.1. Health status and health status inequalities

While there have been significant improvements in the heath status of the general population, considerable differences can be observed across countries and across population groups within each country.

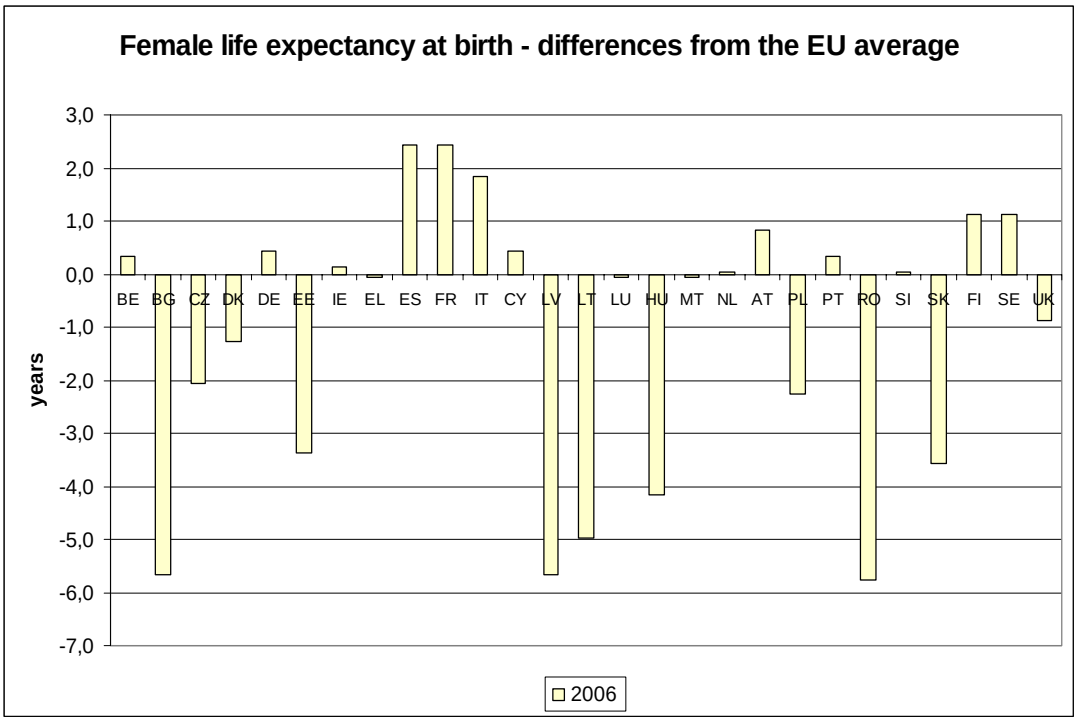
5.1.1. Life expectancy

Life expectancy has been agreed as a common outcome indicator to measure health status and health status inequalities. As can be seen in section 2.4.5 (Figures 2.17a and 2.17b in chapter 2), and in general, life expectancy at birth in the EU has increased over the past two decades. In 2006 the EU-27* average was 82 years for women and 76 years for men, up from 78 and 71 in 1986 — a gain in longevity of about 4 and 5 years in two decades. Note though, that this increase has not been the same for all EU Member States. Indeed, the negative impact on life expectancy of the economic transition from a planned to a market economy is visible for some countries (e.g. BG, LT, RO, LV), where a temporary drop in life expectancy can be seen from 1986 to 1996 (also EE reports a drop, though not shown). In general these countries now show an important recovery with the exception of LV and LT for men where life expectancy is still below the level of 1986.

As can be observed, women typically live longer (in a large number of countries more than 80 years) than men. In the Baltic States (EE, LT, LV) the difference between women and men is more than 10 years, followed by PL, HU and SK with a difference of 8 years. In the transition economies, the recovery has been slower for men (e.g. BG, RO), with LV registering a decrease. In some of these countries life expectancy at birth is still below the pre-transition values. The gender gap appears to have decreased in all EU Member states except for EE, LT and PL. This suggests that men have been able to catch up perhaps as a result of healthier life styles and less hazardous working conditions for men and risk-increasing behaviour (e.g. smoking) among women (OECD Health at a Glance 2007). This has not necessarily been the case in other parts of the world and in other time periods (e.g. WHO World Health Report 2003 and OECD Health at a Glance 2007).

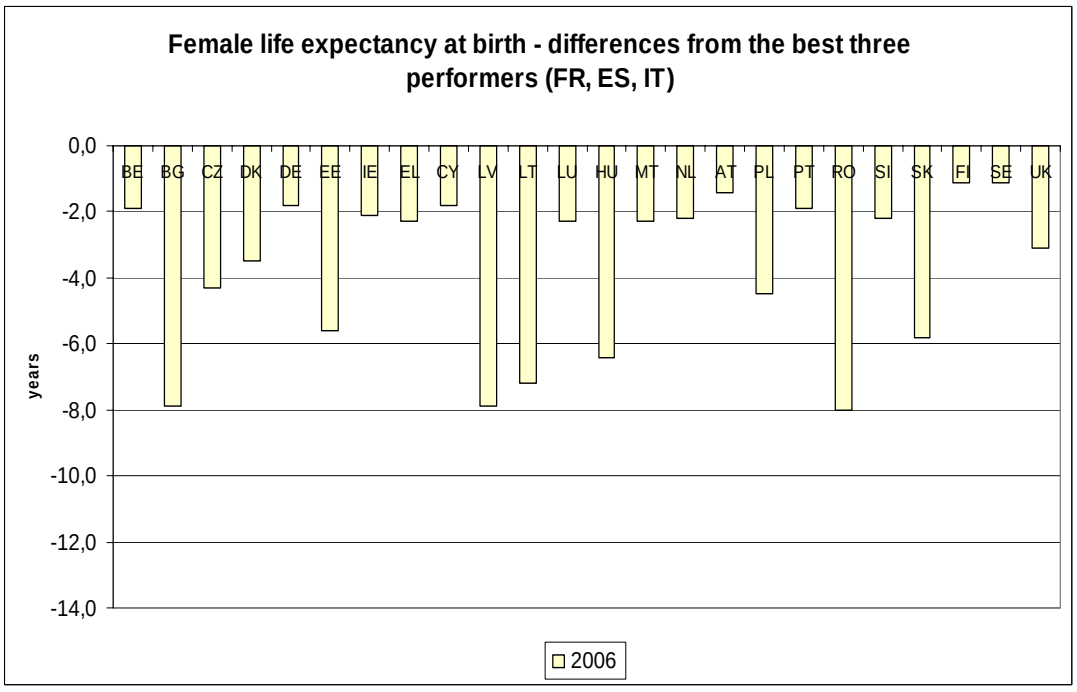
Importantly, substantial differences in life expectancy can be observed across the EU Member States, as seen in the following graphs (Figures 5.1, 5.2, 5.3 and 5.4). Individuals in the new Member States of central and south-eastern Europe can typically expect to live shorter lives than their Western counterparts. In ES, FR and IT, women can expect to live until they are 84 while in BG, LV and RO women can expect to live up to 76 years. Women in BG, LV and RO can expect to live around 6 years less than the EU average; women in LT around 5 years less. While in CY and SE men can expect to live until they are 79 and in IT until they are 78, in LT and LV men can expect to live to 65. This is almost 11 years less than the EU average, and 13 years less than for men in CY, SE and IT. In BG, LT, RO and SK the gap between national life expectancy and the EU average has actually increased in the last two decades.

Figure 5.1



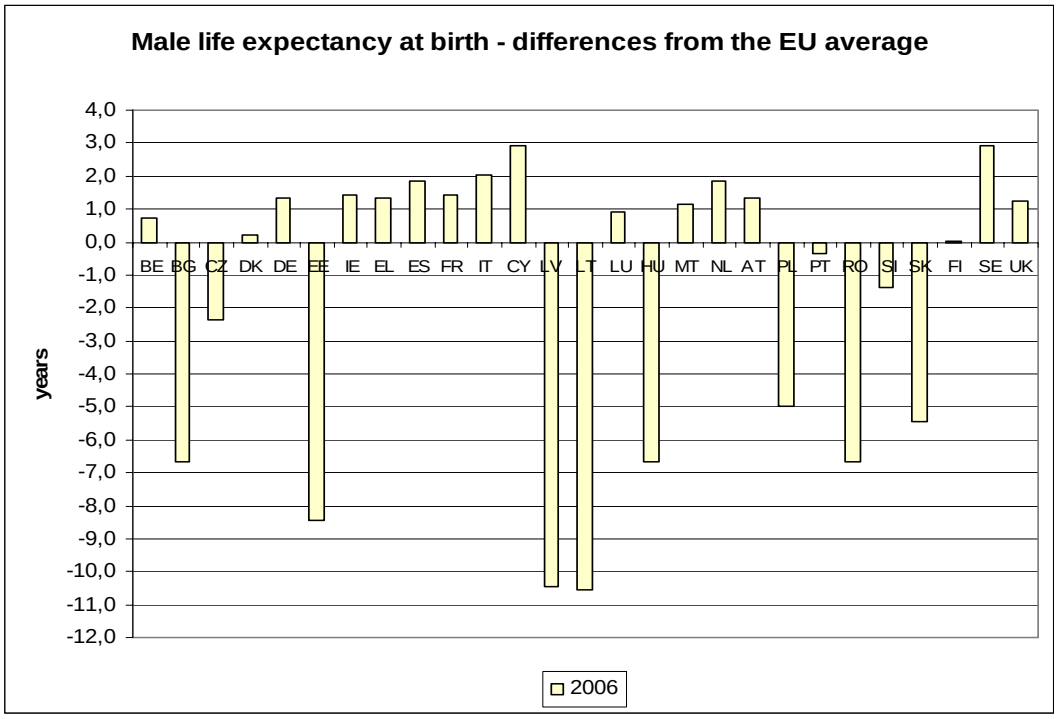
Source: Eurostat, EU27 average in 2006 is the population weighted average of the most recent value for each country, that is, UK data are for 2005, IT data are for 2004 and the rest are for 2006.

Figure 5.2



Source: Idem

Figure 5.3



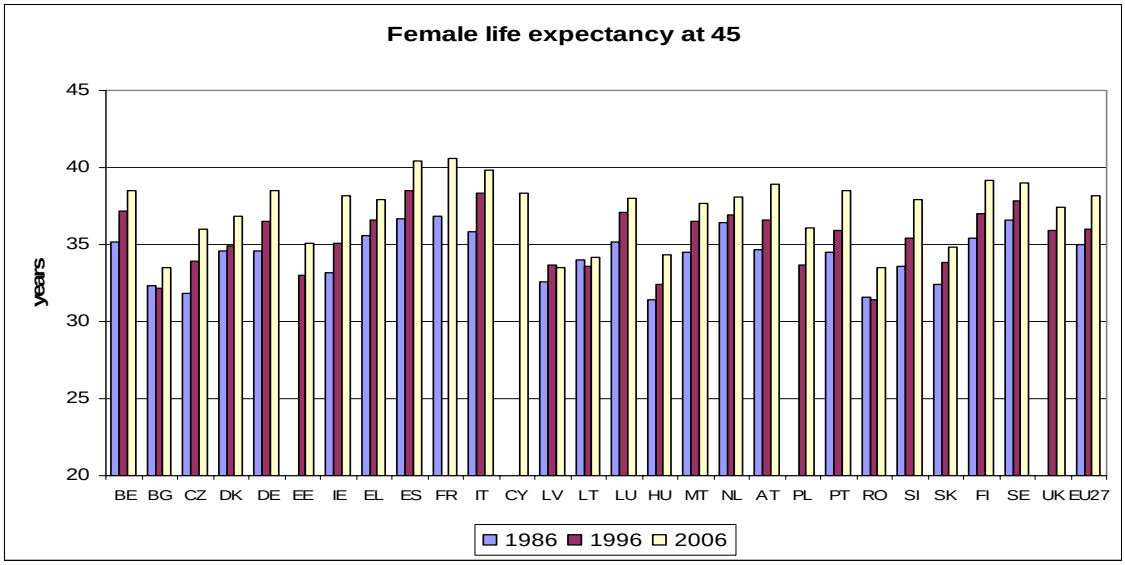
Source: Idem, Idem

Figure 5.4

Source: Idem, Idem, Idem

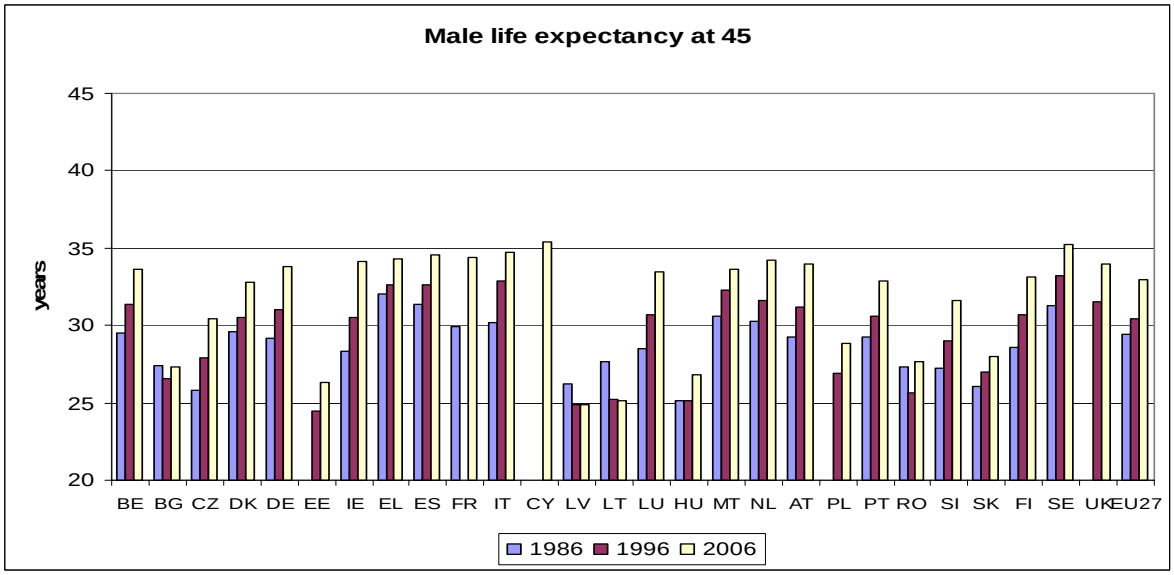
When looking at life expectancy at 45 (see Figures 5.5 and 5.6) and 65, for women and men, a similar picture is evident. An overall 3- and 4-year increase in life expectancy for women and men at 45 and an overall 3-year increase in life expectancy at 65 for women and men can be observed over the twenty-year period.

Figure 5.5



Source: Eurostat except data for LV for 1986 and 1996 which are from national sources. Data for FR in 1986 is for FR Metropolitaine in Eurostat. EU averages are population weighted averages. EU27* in 2006 is the population weighted average of the most recent value for each country, that is, UK data are for 2005, IT data are for 2004 and the rest are for 2006.

Figure 5.6



Source: Idem

The evidence thus suggests that important gains have been made in reducing mortality at working and older ages as well as in early ages. The increase in longevity is related to improved living and working conditions, better education, healthier lifestyles, improved medical technology and better access to (better) quality health care (see WHO World Health Report 2003 and OECD Health at a Glance 2007). Note, however, that the evolution has not been the same for all Member States and for example, gains in life expectancy at older ages for men in the new Member States of eastern and southern Europe are not so evident.

Despite such improvements, there is some evidence[49] that indicates that the gains in life expectancy were not equally distributed within countries. Indeed, on average, less advantaged groups have shorter lives, suffer more disease and illness and feel their health to be worse than more advantaged groups. A gradient exists for most health indicators in which those with higher levels of education or wealth, or those in professional employment, have better health on average than their counterparts. The gap may have actually widened in some countries in recent decades. Socio-economic differences in male life expectancy at birth range from 4-6 years in some countries to about 10 years in others. Socio-economic differences in female life expectancy at birth are about 2 to 4 years. The mortality risk in the lowest socio-economic groups can be 25, 50 or even 150% higher than for those in higher socio-economic groups.

Therefore, there is room for improvement both between and within countries and for tackling the significant gaps that can be observed and in some cases have increased.

5.1.2. Healthy life years[50]

Another agreed indicators of health status and health status inequalities is the number of years in good health (Healthy Life Years). Existing data (Table 5.1) indicate that in general, and as with life expectancy, **the number of healthy life years is also greater for women than for men**. Exceptions include CY, DK, EL, LU, NL, PT and SE, where men actually spend a higher number of years in absolute terms without a disability (functional limitations). **The gender gap is also decreasing in a number of countries,** with men catching up with women in terms of number of healthy life

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49 See for example 'Health inequalities: Europe in Profile' carried out for the EU-supported project 'Health Inequalities, Governing for Health', for the conference on health inequalities organised by the UK Council Presidency in 2005; For more information see: http://ec.europa.eu/health/ph_determinants/socio_economics/documents/ev_060302_rd06_en.pdf and: http://www.dh.gov.uk/PolicyAndGuidance/International/EuropeanUnion/EUPresidency2005/EUPresidencyArticle/fs/en?CONTENT_ID=4119613&chk=Xa2sOh . Other European Commission reports where the issue of health inequalities is highlighted include: the Social Situation Report 2003, the Joint Report on Social Inclusion 2004 and the Joint Report on Social Protection and Social Inclusion 2006, the Joint Report on Social Protection and Social Inclusion 2008: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/sec_2008_91_en.pdf.

50 Useful information regarding the Healthy Life Years indicator can be found on the following website http://ec.europa.eu/health/ph_information/indicators/lifeyears_en.htm. In addition to Eurostat data on healthy life years, there is a link to the webpage (http://www.ehemu.eu/) of the EHEMU - European Health Expectancy Monitoring Unit - project (designed to calculate life and health expectancies in 25 countries within the EU) and several technical reports regarding healthy life years in the EU. A follow-up project called EHLEIS - European Health and Life Expectancy Information System has started in July 2007 to monitor and explore gender and inequalities in health expectancies between Member States and identify explanatory factors for convergent or divergent trends..

years (see Table 5.2). As mentioned, this may be the result of smaller differences in risk behaviour between men and women (e.g. women smoking more than previously in many countries). Note, though, that, compared to men, **even if women live longer lives they spend a higher proportion of their lives with a disability**.

An important issue is whether the increase in longevity has also been accompanied by an increase in the number of years without disability, as this has important repercussions for the quality of life and well-being of individuals, the need for care and the sustainability of health care and long-term care services.

The available data (Table 5.1) suggest that healthy life years at birth are on average 15 years shorter than life expectancy for men and about 20 years shorter than life expectancy for women. Based on existing information (see Table 5.2) it can be argued that the general increase in life expectancy has been accompanied by a **general increase in healthy life years in the EU (although not in all countries)**. Note though that the available information appears to indicate that **while men have seen an increase in their healthy life years in all countries, women show either a small increase or, in some countries** (DK, EL, IE, NL, FI, PT and UK)**, a small reduction or no general improvement in healthy life expectancy over the 1995-2003 period**.

Note that we may need to be cautious in deriving strong conclusions from the existing data, as the times series up to 2003 is not very long and there is a break in the series in 2004 or 2005, when the EU-SILC survey started to be used as the basis for calculating this indicator[51]. Complete data for the 2004-2006 period are not yet available. While direct inter-country comparisons of levels are not advisable (up to 2003 and from 2004 or 2005), it is possible to look at the evolution of this indicator within each country and within each time series (up to 2003 and from 2004 or 2005).

[51] For the years 1995-2001, the disability prevalence data used in the calculation of the healthy life years indicator were taken from the European Community Household Panel (ECHP), covering all EU-15 countries except LU. The last ECHP wave took place in 2001. The replacement of ECHP, i.e. the Statistics on Income and Living Conditions survey (EU-SILC), started in 2004 (in some Member States in 2005 or 2006). For 2002-2003, for EU-15 Member States, the prevalence data were estimated on the basis of the 1995-2001 trend. The formulation of the disability/limitations questions in the ECHP and in the EU-SILC is not the same, so comparing absolute numbers (levels) before 2004 and after 2004 may be difficult even though analysis of the 'trend' may be possible both before and after 2004. This will be confirmed when 2006 data become available. Eurostat will look at possible ways to establish comparisons over time. Note moreover that the formulation of the disability/limitations question has so far not necessarily been the same across Member States and answers may be prone to cultural differences. Hence, cross-country comparisons may not be meaningful.

Table 5.1 Life expectancy and healthy life years, 2005

Member State	Healthy life years at birth	Life expectancy at birth	Percentage of life expectancy without disability	Healthy life years at birth females	Life expectancy at birth	Percentage of life expectancy without disability
		Men			Women	
BE	61.7	76.2	81.0%	61.9	81.9	75.6%
BG						
CZ	57.9	72.9	79.4%	59.9	79.2	75.6%
DK	68.4	76.0	90.0%	68.2	80.5	84.7%
DE	55.0	76.7	71.7%	55.1	82.0	67.1%
EE	48.0	67.3	71.3%	64.1	78.2	66.7%
IE	62.9	77.3	81.4%	64.1	81.7	78.4%
EL	65.7	76.8	85.5%	52.2	81.6	82.3%
ES	63.2	77.0	82.1%	67.2	83.7	75.4%
FR	62.0	76.7	80.8%	64.3	83.7	76.8%
IT	65.8	78.2	77.4%	67.0	84	80.2%
CY	59.5	76.8	77.5%	57.9	81.1	71.4%
LV	50.6	65.4	77.4%	53.1	76.5	69.4%
LT	51.2	65.3	78.4%	54.3	77.3	70.2%
LU	62.2	76.7	81.1%	62.1	82.3	75.5%
HU	52.0	68.7	75.7%	53.9	77.2	69.8%
MT	68.5	77.3	88.6%	70.1	81.4	86.1%
NL	65.0	77.2	84.2%	63.1	81.7	77.2%
AT	57.8	76.7	75.4%	59.6	82.3	72.4%
PL	61.0	70.8	86.2%	66.6	79.3	84.0%
PT	58.4	74.9	78.0%	56.7	81.3	69.7%
RO						
SI	56.3	73.9	76.1%	59.9	80.9	74.0%
SK	54.9	70.2	78.3%	56.4	78.1	72.2%
FI	51.7	75.6	68.4%	52.4	82.5	63.5%
SE	64.2	78.5	81.8%	63.1	82.9	76.1%
UK	63.2	77.1	82.0%	65.0	81.1	80.1%

Source: Eurostat based on EU-SILC 2005, IT figures for life expectancy at birth in 2005 are estimates based on EHEMU.

Table 5.2 Changes in life expectancy and healthy life years between 1995 and 2003

	Males						Females					
	Life expectancy		**Change in life expectancy**	Healthy life years		**Change in healthy life years**	Life expectancy		**Change in life expectancy**	Healthy life years		**Change in healthy life years**
	1995	2003		1995	2003		1995	2003		1995	2003	
BE	73.5	75.3	**1.8**	63.3	67.4	**4.1**	80.4	81.1	**0.7**	66.4	69.2	**2.8**
BG	67.4	68.9	**1.5**				74.9	75.9	**1**			
CZ	69.7	72	**2.3**				76.8	78.6	**1.8**			
DK	72.7	75	**2.3**	61.6	63	**1.4**	77.9	79.8	**1.9**	60.7	60.9	**0.2**
DE	73.3	75.8	**2.5**	60	65	**5**	79.9	81.3	**1.4**	64.3	64.7	**0.4**
EE	61.5	66.1	**4.6**				74.3	77.1	**2.8**			
IE	72.8	75.9	**3.1**	63.2	63.4	**0.2**	78.3	80.8	**2.5**	67.6 *	65.4	***-2.2 (1999-2003)***
EL	75	76.5	**1.5**	65.8	66.7	**0.9**	80.1	81.2	**1.1**	69.2	68.4	**-0.8**
ES	74.4	76.3	**1.9**	64.2	66.8	**2.6**	81.8	83	**1.2**	67.7	70.2	**2.5**
FR	73.9	75.8	**1.9**	60	60.6	**0.6**	81.8	82.7	**0.9**	62.4	63.9	**1.5**
IT	75.1	77.1	**2**	66.7	70.9	**4.2**	81.6	82.8	**1.2**	70	74.4	**4.4**
CY	76.4*	77.4	**1**		68.4		81*	81.6	**0.6**		69.6	
LV	64.7*	65.6	**0.9**				76*	76.2	**0.2**			
LT	63.3	66.4	**3.1**				75.1	77.8	**2.7**			
LU	73	74.8	**1.8**				80.6	80.8	**0.2**			
HU	65.4	68.4	**3**		53.5		74.8	76.7	**1.9**		57.8	
MT	74.8	76.4	**1.6**				79.6	80.8	**1.2**			
NL	74.6	76.3	**1.7**	61.1	61.7	**0.6**	80.5	81	**0.5**	62.1	58.8	**-3.3**
AT	73.4	75.9	**2.5**	60	66.2	**6.2**	80.1	81.5	**1.4**	68*	69.6	**1.6 *(2000-2003)***
PL	67.7	70.5	**2.8**	59.9*	62.5*	**2.6 *(1996-2002)***	76.4	78.8	**2.4**	66.8*	68.9*	**2.1 *(1996-2002)***
PT	71.7	74.2	**2.5**	59.6	59.8	**0.2**	79	80.6	**1.6**	63.1	61.8	**-1.3**
RO	65.5	67.7	**2.2**				73.5	75	**1.5**			
SI	70.8	72.5	**1.7**				78.5	80.3	**1.8**			
SK	68.4	69.8	**1.4**				76.5	77.7	**1.2**			
FI	72.8	75.1	**2.3**	54.6*	57.3	**2.7 *(1996-2003)***	80.4	81.9	**1.5**	57.7*	56.5	**-1.2 *(1996-2003)***
SE	76.2	78	**1.8**	62.1*	62.5	**0.4 *(1997-2003)***	81.7	82.5	**0.8**	60*	62.2	**2.2 *(1997-2003)***
UK	74	76.2	**2.2**	60.6	61.5	**0.9**	79,3	80,5	**1.2**	61.2	60.9	**-0.3**

Source: Eurostat. *Earliest available healthy life years at birth data for IE (for females) are for 1999, for AT are for 2000, for PL and FI are for 1996, for SE are for 1997. Earliest available life expectancy at birth data for CY and LV are for 2002. Earliest available healthy life years at birth data for CZ, LV, LT, SI, and SK are from 2005, for EE and LU are from 2004, CY and HU are from 2003. For MT data are available only for 2002 and then 2005. Hence, the changes are not reported for these countries.

Moreover, currently available data suggest that, overall, the number of healthy life years has increased more slowly than life expectancy (which has increased about 2 years from 1995 to 2005). Therefore, with the information at our disposal, we do not find a reduction in the gap between life expectancy and healthy life years, and in some countries the gap may even have increased (DK, IE, NL, PT, UK for both sexes; EL and FI for women; SE for men). Again, caution is needed in relation to these conclusions due to the data limitations mentioned above. Nevertheless, with what it is available we cannot see any clear-cut overall evidence of the compression of disability hypothesis (i.e. longevity is accompanied by fewer years in disability / with limitations). The information we currently hold appears to suggest instead that the extra longevity may be accompanied by additional time spent with some disability (limitations in functional activities). This conclusion has also been reached elsewhere in the literature using other data sets (see for example Jean-Marie Robine et al., 2008, who were also not able to demonstrate the compression of disability hypothesis, and Lafortune et al., OECD, 2007, who argue that 'it would not be prudent for policy-makers to count on future reductions in the prevalence of severe disability among elderly people to offset completely the rising demand for long-term care that will result from population ageing').[52] This has important implications for the sustainability of health and long-term care systems and may point to the need for effective healthy ageing policies and good access to care at all ages.

As with life expectancy, socio-economic inequalities in healthy life years can be observed and evidence suggests differences of more than 10 years for men and almost 5 years for women (see footnote 47).

Again the evidence available suggests that there is substantial room for improvement notably looking into ways of improving health at older ages. More analysis and thus policy attention is needed in relation to women's progress in some countries. Special attention is also needed in relation to differences across socio-economic groups within countries.

5.1.3. Self-perceived general health and self-perceived limitations

Two other commonly agreed indicators to measure health status inequalities across socio-economic groups are 'self-perceived general health' and 'self-perceived limitations in activities people usually do because of health problems and lasting for at least the past six months'. When looking at 'self-perceived general health' (Table 5.3), a clear income gradient can be observed in that those in the lowest (poorest) income quintiles more often report very bad health than those in the highest (richest) quintiles. The opposite (not shown) is found for very good health, i.e. those in the highest (richest) quintiles more often report very good health than those in the lowest (poorest) quintiles. In some Member States — notably DK, LT, and SK — the

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52 'Living to 100' Symposium, January 7-9, 2008, Featured Papers: 'Is The Compression Of Morbidity A Universal Phenomenon?', Jean-Marie Robine, Siu Lan K. Cheung, Shiro Horiuchi, A. Roger Thatcher at http://www.soa.org/files/pdf/2008-orlando-cheung-04.pdf. See also the OECD 2007 study 'Trends in Severe Disability Among Elderly People: Assessing the Evidence in 12 OECD Countries and the Future Implications', Gaétan Lafortune, Gaëlle Balestat, and the Disability Study Expert Group Members, at http://www.oecd.org/dataoecd/13/8/38343783.pdf. This topic will also be dealt with in the European Health Report 2008.

percentage of those in the lowest quintile reporting very bad health has actually gone up since 2005. A word of caution is of course needed when looking at these conclusions, as current information covers a maximum of three years and hence the changes observed may not be a significant sign of a trend.

Looking at 'self-perceived limitations in activities people usually do because of health problems and lasting for at least the past six months' again a clear income gradient can be identified in that those in the lowest (poorest) income quintiles more often report severe limitations than those in the highest (richest) quintiles. The opposite (not shown) is found for no limitations, i.e. those in the highest (richest) quintiles more often report no limitations than those in the lowest (poorest) quintiles. In some Member States — notably MT, PL, SK and FI — the percentage of those in the lowest quintile reporting severe limitations has actually gone up since 2005 (see word of caution above).

Hence, recent EU-SILC data confirm what has been observed elsewhere that, on average, less advantaged groups not only have shorter lives and suffer more illness but also feel their health to be worse than more advantaged groups. Evidence is also coherent with findings elsewhere that the in some countries the gap has increased (see footnote 47). This calls for more systematic monitoring of socio-economic inequalities in health status and for more effective policies to address them.

Socio-economic differences in health status may suggest that not all groups have benefited in the same way, either from the economic progress that delivers better health through better living and monetary conditions, or, and importantly, from the availability of and improvements in medical care. Differences in access to care and care utilisation may explain part of the observed inequalities. Higher socioeconomic groups may choose more effective health care interventions and may have higher survival rates and lower disability because of better access, quality and compliance with treatment. We therefore need to look at access to care and see whether there are inequities in access and potential obstacles to care utilisation.

Addressing health inequalities means, among other things, tackling the obstacles that certain population groups may face in accessing care. The analysis that follows (section 5.2) shows a clear socio-economic gradient in self-reported unmet need, which may proxy differences in health care use across different socio-economic groups and thus partly explain differences in health outcomes.

Table 5.3 Self-perceived general health (very bad health), by income quintile (as measure of socio-economic status)

Very bad health	1st quintile Q0-Q20		2nd quintile Q20-Q40		3rd quintile Q40-Q60		4th quintile Q60-Q80		5th quintile Q80-Q100	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Belgium	4.7	3.4	2.5	2.4	1.6	1.2	0.7	0.9	0.5	0.4
Bulgaria										
Czech Republic	4.4	4.7	3.2	3.4	3.1	2.5	1.3	1.2	0.9	0.9
Denmark	1.7	3.5	3.7	3.7	1.2	1.4	0.6	1.0	0.3	0.8
Germany	3.0	3.0	1.8	1.8	1.3	1.1	1.1	1.4	0.6	0.9
Estonia	4.9	5.3	6.5	5.4	3.2	2.6	1.1	0.7	0.8	0.5
Ireland	1.5	1.7	1.3	1.5	1.1	0.4	0.3	0.3	0.1	
Greece	4.1	4.0	4.0	3.6	2.3	3.3	2.0	2.4	0.8	1.4
Spain	4.3	4.4	3.6	3.3	2.6	2.0	1.6	1.3	0.8	1.1
France	3.2	2.9	1.5	1.6	0.9	1.0	1.1	1.1	0.8	0.6
Italy	2.3	2.4	2.2	2.6	1.8	2.1	1.5	1.5	1.2	1.1
Cyprus	6.8	4.1	2.9	1.9	1.7	1.3	0.8	0.6	0.8	0.5
Latvia	9.1	7.8	10.6	8.4	4.3	3.2	2.7	3.1	2.0	1.0
Lithuania	4.3	5.5	5.0	5.6	3.3	3.3	1.7	1.7	1.0	0.9
Luxembourg	2.5	3.2	2.3	2.0	0.8	0.9	0.7	0.9	0.5	0.6
Hungary	5.2	5.6	6.0	6.6	6.7	5.0	3.9	3.1	2.0	1.4
Malta	1.5	1.5	0.7	0.8	0.6	0.6	0.3	0.3	0.1	0.1
Netherlands	1.8	1.3	1.2	1.4	0.7	0.8	0.3	0.4	0.7	0.3
Austria	2.2	1.9	1.5	1.8	2.1	1.2	1.6	1.2	0.9	1.4
Poland	3.5	2.8	5.1	4.7	4.8	4.0	3.8	2.9	1.8	1.6
Portugal	10.8	9.2	9.0	7.8	5.5	4.5	3.1	2.6	1.7	1.4
Romania										
Slovenia	6.5	6.7	3.5	4.1	2.6	2.2	1.9	1.6	1.6	0.9
Slovakia	6.3	7.1	8.4	7.9	6.9	5.8	3.7	3.4	1.7	1.6
Finland	5.5	5.6	4.0	4.1	1.6	1.9	1.8	1.4	1.4	1.5
Sweden	3.1	2.2	2.8	1.1	0.8	0.8	1.2	0.7	0.4	0.6
United Kingdom	2.2	2.0	2.3	2.1	1.5	1.2	0.7	0.8	0.2	0.2

Source: Eurostat based on EU-SILC 2006 data

Table 5.4 Self-perceived limitations in activities people usually do as a result of health problems and lasting for at least the last 6 months (severely hampered in activities), by income quintile (as measure of socio-economic status)

Severely hampered	1st quintile Q0-Q20		2nd quintile Q20-Q40		3rd quintile Q40-Q60		4th quintile Q60-Q80		5th quintile Q80-Q100	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Belgium	15.8	15.7	13.0	10.8	8.1	6.7	4.8	4.8	3.6	2.0
Bulgaria										
Czech Republic	11.8	10.9	9.1	9.3	8.4	6.3	4.6	4.7	3.4	3.6
Denmark										
Germany	13.8	13.5	9.5	10.0	6.9	7.4	6.4	6.8	5.0	5.1
Estonia	22.1	18.4	21.4	17.5	12.5	7.0	6.8	4.3	4.4	2.1
Ireland	14.9	12.5	9.1	9.6	5.6	5.3	2.9	3.2	2.1	2.0
Greece	9.2	8.3	9.3	7.7	6.0	6.9	4.6	5.0	2.6	3.1
Spain	13.0	13.0	10.9	10.4	9.4	8.2	6.9	6.9	5.5	5.5
France	9.7	9.8	8.3	8.3	5.8	5.8	5.3	4.3	4.7	4.1
Italy	8.2	9.0	7.8	8.7	6.6	7.8	5.6	5.9	3.7	4.4
Cyprus	24.4	20.5	11.3	9.1	8.9	6.8	5.9	4.8	4.3	2.7
Latvia	15.5	14.0	16.9	16.9	10.5	9.2	8.4	8.1	5.7	4.3
Lithuania	16.0	15.7	17.2	16.6	13.5	11.0	7.6	6.2	4.1	3.4
Luxembourg	8.5	9.3	8.4	8.3	6.0	7.8	4.7	6.2	4.6	4.0
Hungary	18.4	18.2	19.5	18.8	17.7	16.2	13.1	10.6	7.1	5.5
Malta	5.7	7.1	5.5	4.6	4.9	5.0	3.8	2.8	2.2	1.7
Netherlands	12.4	13.0	11.3	11.2	7.6	8.0	4.8	6.2	3.8	3.6
Austria	15.4	14.5	10.0	9.7	11.5	9.1	7.0	7.8	8.3	7.0
Poland	1.6	5.3	2.7	7.8	3.2	8.3	2.7	6.7	1.5	4.1
Portugal	21.3	20.9	16.9	16.6	11.8	9.3	7.5	6.3	5.5	6.2
Romania										
Slovenia	14.9	14.1	10.0	10.4	10.7	7.4	7.8	6.5	5.8	4.7
Slovakia	12.1	14.8	16.0	16.6	12.9	12.5	7.5	8.4	4.4	5.0
Finland	17.4	19.8	18.5	14.1	10.1	10.9	8.4	8.1	7.7	7.8
Sweden	18.2	11.2	16.7	12.6	10.2	7.4	7.9	6.3	5.9	4.8
United Kingdom	12.2	13.3	14.1	13.6	10.3	8.5	5.0	5.0	2.7	3.2

Source: Eurostat based on EU-SILC 2006 data

Note: DK does not report severe and moderate limitations separately.

5.2. Access to care

EU Member States are strongly committed to ensuring access for all to adequate health care and long-term care as a means to improve and protect the health of their citizens or those residing in their country. They wish to ensure that access does not depend on ability to pay, income or wealth and that the need for care does not lead to poverty and financial dependency for patients and their relatives. Hence, universal or near universal rights giving access to care can be found in all Member States, and significant efforts have been made in recent decades to increase the proportions of their populations that are covered by health insurance. However, **there remain significant gaps in insurance coverage and universal rights to health care have not necessarily translated into equal access for all**.

5.2.1. Insurance coverage

One first obvious indicator of accessibility is insurance coverage. Most Member States offer universal (population) coverage for a publicly funded basket of health care services (see Table 5.5). **In some countries**, however, **not all of the population is covered by public or primary private insurance**. This means that non-negligible numbers of individuals are without insurance coverage of any sort, or with limited insurance coverage (e.g. only emergency care coverage) which can deter individuals from seeking necessary health care. Data suggest about 2.2% in NL, 2.7% in PL, 2.4% in SK, 2% in AT, 1% in BE, 0.5% in ES, 0.3% in LU, 0.2% in DE and 0.1% in FR.[53] The national reports also suggest that in SI up to 20 000 people are without health insurance, in LT 1% of the population is not insured, while in EE 5.5% of the population is not insured and has access to emergency care only.

Lack of insurance coverage can be due to: lack of permanent residency or citizenship, lack of official papers, failure to register with the relevant authorities, lack of a permanent address, or administrative hurdles when changing jobs or marital status. The long-term unemployed, those not receiving social security benefits, minorities, the homeless, internally displaced people, illegal immigrants and asylum seekers are particularly at risk.

Hence, evidence suggests that while important efforts have been made to ensure full health care coverage, more needs to be done in some countries to ensure full coverage of certain potentially more vulnerable groups.

While still not relevant in many Member States, private insurance (notably complementary and supplementary insurance) is growing in importance probably because of the scope, choice or responsiveness of publicly funded care and the

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[53] Note that in NL health insurance has now become (since 2006) mandatory for all, though organised in a regulated private market that includes profit and non-profit insurance companies. There were, however, concerns that at least during the transitional period a proportion of the population would not be covered by any health insurance. In DE, in 2007, legislation was introduced to ensure that all individuals are covered by health insurance, notably by enabling people to re-enter social and private health insurance or ensuring that they are not so easily 'kicked out' of private insurance. Following the introduction of mandatory health insurance in 2007, 120 000 persons formerly without coverage have now entered public or private health insurance. DE expects to reach full coverage by 2009.

associated level of cost-sharing. For example, complementary private insurance (covering co-payments) covers 87.2% of the population in FR, while supplementary health insurance in NL covers 57.1% of the population and duplicate health insurance in IE covers 51.6% of the population.

Table 5.5 Coverage of public and mandatory private health insurance in the EU (% of the population covered)

Member State	Public health Insurance			Primary private health insurance
	1997	2000	2005 or more recent	
BE	99.0	99.0	99	
BG			n.a.	
CZ	100.0	100.0	100	
DK	100.0	100.0	100	
DE	90.8	90.9	89.6	10.2
EE			94,5	
IE	100.0	100.0	100	
EL	100.0	100.0	100	
ES	99.8		99.5	
FR	99.4	99.9	99.9	
IT	100.0		100	
CY			n.a.	
LV			n.a.	
LT			n.a.	
LU	97.6	98.2	100	
HU	100.0	100.0	100	
MT	100	100	100	
NL*	74.6	75.6	62.1	35.8
AT	99.0	99.0	98	
PL			97.3	
PT	100.0	100.0	100	
RO			n.a.	
SI			98.7	
SK	100.0	98.8	97.6	
FI	100.0	100.0	100	
SE	100.0	100.0	100	
UK	100.0	100.0	100	

Source OECD health data 2007 and national sources
*please see footnote 52 on the previous page for NL

5.2.2. Self-reported unmet need for medical care

In addition, even when rights to health care are universal, they do not necessarily translate into equal access for all. Indeed, the available data suggest that people in all countries report that 'at least in one occasion in the previous 12 months they felt they needed medical care (examination or treatment) and did not receive it either because they had to wait, or it was too expensive, or it was too far to obtain' (see Table 5.6).

On average, 3.1% of those living in the EU (with the exception of DE, BG and RO) **report unmet need for medical care.** However, the percentage **varies across Member States**; from 0.2% in DK and SI to 15% in LV.[54]

While for some countries (e.g. PT) a relatively high self-reported rate of unmet need may be associated with the low number of per capita consultations, for others (e.g. EE, LT, PL and IT) self-reported unmet need is relatively high despite the high number of per capita consultations with doctors. While this may reflect genuine health care needs that are not met, it may also partly reflect high patient expectations in relation to care.

Existing data appear to indicate that in most countries **the percentage of those reporting unmet need for medical care has remained rather stable or has gone down slightly,** as can be seen by the 2006 EU average of 3.1%, down from 3.4% in 2005. A large reduction in unmet need can be observed for LV and HU, followed by ES, while an increase can be seen for EL. [55] A word of caution is of course needed when looking at these conclusions, as the current information covers a maximum of three years and hence the changes observed may not be a significant sign of a trend.

In general, there is a clear income gradient in relation to unmet need in that those in the lowest (poorest) income quintiles more often report an unmet need for medical care due to waiting, the direct financial cost of care and the distance to care (see Table 5.7). In some Member Sates — notably EE and LT — the percentage of those in the lowest quintile reporting unmet need has actually gone up since 2005 (also likely in SK and SE). In some Member States — LT — the percentage of those in the second lowest quintile reporting unmet need has gone up (also likely in EL and PT).

The analysis indicates that there remain some groups of the population in every country that may face important obstacles to access. Poor individuals for example my face a higher risk and greater obstacles of access, notably because of financial, geographic and waiting time barriers to care. It shows the importance of implementing complementary policies to that of ensuring the universality of rights to tackle those barriers.

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54 Part of the observed country differences may be due to differences in the formulation/design of survey questions and alternative responses and to cultural factors that affect the way individuals answer the questions. Recently, there have been efforts to improve the cross-country comparability of the survey questions and answers regarding health and health care in the EU-SILC. Note, moreover, that cultural aspects evolve slowly, which should thus allow us to provide some conclusions over time.

55 Although confidence intervals are not shown, these conclusions are based on the analysis of confidence intervals for self-reported unmet need (for medical and for dental care) for each country, for the total value of self-reported unmet need and for the values by income quintile.

Table 5.6 Self-reported unmet need for medical care (access reasons) and number of doctors' consultations per capita

Member State	Self-reported unmet need for medical care			Number of doctors' consultations per capita OECD and national data
	2004	2005	2006	2005
BE	1.3	0.8	0.5	7.5
CZ		1.2	0.7	13.2
DK	0.3	0.3	0.2	7.5
EE	7.2	6.6	7.3	6.9
IE	1.9	2.0	1.9	n.a.
EL	4.1	4.6	5.8	n.a.
ES	3.0	1.2	0.6	9.5
FR	1.8	1.7	1.5	6.6
IT	5.3	5.0	4.7	7.0
CY		3.3	3.2	2
LV		19.3	15.0	5.2
LT		7.2	8.2	6.8
LU	0.5	0.4	0.4	6.1
HU		3.9	2.4	12.6
MT		1.6	1.8	1.9
NL		0.5	0.4	5.4
AT	0.6	0.5	0.5	6.7
PL		9.9	9.3	6.3
PT	4.5	4.7	5.0	3.9
SI		0.3	0.2	7.2
SK		3.2	2.8	11.3
FI	2.9	3.0	2.5	4.3
SE	2.5	2.6	2.9	2.8
UK		2.3	1.9	5.1
EU*		3.4	3.1	

*The EU average refers to all EU Member States with the exception of DE (judged by DE to be inaccurate data) BG and RO (no EU-SILC data available)
Source: Eurostat based on EU-SILC 2006 data, OECD health data 2007, national data
Access reasons are waiting for care, paying for care and distance to care

Table 5.7 Self-reported unmet need for medical care (access reasons), by income quintile

Member State	1st quintile Q0-Q20		2nd quintile Q20-Q40		3rd quintile Q40-Q60		4th quintile Q60-Q80		5th quintile Q80-Q100	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
BE	2.5	1.8	0.9	0.4	0.2	0.2	0.2		0.1	0.1
CZ	1.9	1.4	1.2	0.7	1.1	0.5	1.2	0.5	0.8	0.2
DK	0.5	0.2	0.3	0.3	0.5	0.2	0.3	0.2	0.1	0.2
EE	12.2	14.4	7.4	7.0	5.7	5.9	4.0	6.3	3.7	3.1
IE	2.5	2.7	2.9	2.1	2.9	2.4	1.1	1.9	0.7	0.7
EL	8.8	7.9	6.1	7.8	4.6	7.3	2.9	4.1	0.9	2.0
ES	2.0	0.9	1.4	0.9	1.1	0.5	0.7	0.4	0.7	0.2
FR	4.0	4.3	1.9	1.4	1.5	1.2	0.4	0.3	0.5	0.6
IT	10.1	9.2	5.6	5.1	4.5	4.0	2.8	3.1	1.9	2.1
CY	6.3	6.6	5.5	4.7	2.8	2.6	1.4	1.5	0.4	0.5
LV	31.5	28.9	25.1	20.5	19.3	10.2	13.5	9.8	7.2	5.9
LT	11.0	13.6	8.2	10.5	7.1	7.9	4.7	5.2	5.0	3.9
LU	0.8	0.8	0.2	0.1	0.4	0.2	0.2	0.2	0.3	0.4
HU	6.8	3.9	4.7	3.2	2.7	2.4	2.8	1.7	2.6	0.8
MT	2.2	3.4	1.8	1.9	2.0	1.6	1.5	1.2	0.7	0.8
NL	1.0	0.9	0.7	0.3	0.7	0.3	0.1	0.3	0.0	0.3
AT	1.0	1.0	0.2	0.5	0.4	0.2	0.5	0.3	0.2	0.3
PL	14.2	13.3	11.3	11.0	9.6	8.9	8.4	7.2	6.3	6.4
PT	10.2	9.6	5.5	6.8	4.4	4.9	2.7	2.7	0.8	1.1
SI	0.5	0.3	0.4	0.2	0.3	0.1	0.1	0.1	0.3	0.2
SK	5.7	6.4	4.5	3.4	2.9	2.2	1.9	1.5	1.3	0.8
FI	5.7	4.7	3.7	3.3	2.4	2.1	1.9	1.7	1.3	0.9
SE	3.0	4.1	4.0	3.9	2.3	3.3	2.5	2.0	1.4	1.1
UK	2.4	2.6	2.1	1.7	2.8	1.5	2.2	2.4	2.2	1.5

Source: Eurostat based on EU-SILC 2006 data
Access reasons: waiting for care, paying for care and distance to care

5.2.3. Self-reported unmet need for dental care

In all Member States, people also report that 'at least in one occasion in the previous 12 months they felt they needed dental care (examination or treatment) and did not receive it either because they had to wait, or it was too expensive, or it was too far to obtain' (see Table 5.8). **On average, 5% of those living in the EU report unmet need for dental care, a higher number of people than those reporting unmet need for medical care**. Self-reported unmet need for dental care is higher than that for medical care in all countries except EL and MT. However, the percentage varies substantially from country to country, from 0.5% in SI to 12.2% in EE (see footnote 53). In some countries such as HU, FI, FR, SE, UK and PT, unmet need for dental care is reported at least twice as often as unmet need for medical care. For ES it is reported five times as often and in DK it is ten times as common. EE, LV and LT have, respectively, an extra 5%, 4% and 3% of the population reporting unmet need for dental care. Existing data thus appear to indicate that access to dental care may be more difficult than access to medical care at least in some countries. This is probably due to the fact that dental care is often excluded from the public basket of care services.

Available information suggests that in most countries **the percentage of those reporting unmet need for dental care has remained rather stable or has gone down slightly,** as can be seen from the 2006 EU average of 5% as compared to 5.7% in 2005. A considerable reduction in unmet need for dental care can be observed for HU, LV, and ES, followed by PL. An increase can be observed for EL, SE and LT. Again, a word of caution is needed when looking at these conclusions, as the current information covers a maximum of three years.

As in the case of medical care, existing data suggest **an income gradient in unmet need for dental care in that those in the lowest income quintiles more often report an unmet need for dental care** due to waiting, the direct financial cost of care and the distance to care (Table 5.9) than those in the highest quintiles. **In some countries** — IE, LT, LU, MT and SE — **the percentage of those in the lowest quintile reporting unmet need has actually gone up** since 2005. In CY and PT the percentage of those in the second lowest quintile reporting unmet need has gone up as well.

This suggests that poor individuals in these countries may be at particular risk and face greater obstacles in access to dental care. As with medical care Member States need to ensure that policies are in place to address financial, geographic or waiting time barriers to access.

Table 5.8 Self-reported unmet need for dental care (access reasons) and number of dentist consultations per capita

Member State	Self-reported unmet need for dental care			Number of dentist consultations per capita 2005
	2004	2005	2006	
BE	2.4	1.8	1.3	2.0
CZ		0.8	0.9	2.1
DK	2.6	2.8	2.4	0.9
EE	13.6	14.2	12.2	n.a.
IE	2.5	2.5	2.2	n.a.
EL	4.5	5.3	5.6	n.a.
ES	7.1	4.4	3.5	1.5
FR	4.1	3.8	3.4	1.7
IT	7.6	7.4	6.9	0.9
CY		6.4	6.3	n.a.
LV		23.5	18.3	n.a.
LT		10.3	11.1	n.a.
LU	0.7	0.5	0.8	0.6
HU		7.7	4.9	0.9
MT		1.4	1.5	0.4
NL		1.8	1.1	2.3
AT	1.4	1.2	0.9	1.2
PL		11.5	9.5	0.7
PT	8.4	9.1	9.3	n.a.
SI		0.6	0.5	1.6
SK		4.5	3.5	1.2
FI	6.7	4.8	5.1	1.2
SE	6.5	6.9	7.7	n.a.
UK		4.9	4.4	0.7
EU*		5.7	5	

*The EU average refers to all EU Member States with the exception of DE (judged by DE to be inaccurate data) BG and RO (no EU-SILC data available)
Source: Eurostat based on EU-SILC 2006 data, OECD health data 2007 and national data
Access reasons: waiting for care, paying for care and distance to care
BE, DE, FR and UK 2004; ES 2003

Table 5.9 Self-reported unmet need for dental care (access reasons) by income quintile

Member State	1st quintile Q0-Q20		2nd quintile Q20-Q40		3rd quintile Q40-Q60		4th quintile Q60-Q80		5th quintile Q80-Q100	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
BE	5.0	3.8	2.2	1.7	1.0	0.7	0.5	0.4	0.3	0.1
CZ	1.6	1.8	0.7	1.0	0.4	0.8	1.0	0.6	0.4	0.3
DK	7.2	6.7	4.0	2.5	1.6	1.4	1.0	0.9	0.4	0.5
EE	23.7	23.3	17.5	13.6	15.8	12.3	9.7	9.3	4.7	2.5
IE	2.4	3.2	4.0	2.7	2.9	2.5	2.1	1.7	0.9	1.1
EL	9.9	8.7	6.4	6.8	6.1	7.2	3.5	3.7	0.6	1.8
ES	7.2	5.7	5.7	5.0	4.4	4.0	3.3	2.0	1.5	0.9
FR	7.1	6.6	6.1	4.3	2.8	3.4	1.7	1.7	1.3	0.9
IT	13.0	12.4	8.8	8.5	6.9	6.5	5.2	4.6	3.1	2.6
CY	11.6	12.0	8.6	9.4	6.6	5.7	3.5	2.9	1.8	1.4
LV	36.7	31.9	28.4	23.8	26.4	15.2	16.1	14.0	10.4	6.8
LT	14.1	18.0	13.0	13.2	9.6	12.7	9.4	7.6	5.7	4.2
LU	1.5	2.7	0.7	0.8	0.1	0.2	0.3	0.2	:	0.1
HU	12.9	7.7	8.5	6.8	6.3	4.3	6.1	2.8	5.0	2.8
MT	2.4	3.8	1.3	1.4	1.7	1.1	1.2	1.2	0.5	0.3
NL	3.6	2.4	3.1	1.6	1.3	0.9	0.5	0.3	0.5	0.4
AT	2.6	1.6	0.8	1.2	1.2	0.7	1.0	0.5	0.6	0.7
PL	17.2	14.7	12.5	10.9	11.6	9.0	9.9	7.5	6.5	5.6
PT	16.4	16.4	11.3	12.2	9.0	9.9	7.1	6.6	2.0	1.6
SI	1.4	0.9	0.4	0.7	0.4	0.4	0.3	0.2	0.4	0.1
SK	7.9	6.5	4.8	3.8	4.5	3.8	3.8	2.2	1.8	1.2
FI	8.6	7.7	6.3	5.8	4.8	4.7	2.7	3.7	2.0	3.5
SE	12.3	15.3	10.0	10.3	6.1	6.6	4.7	5.3	2.0	1.5
UK	5.8	6.1	5.4	3.8	4.8	4.4	4.8	4.2	3.8	3.7

Source: Eurostat based on EU-SILC 2006 data
Access reasons: waiting for care, paying for care and distance to care

5.2.4. Private expenditure on health

One of the potential barriers to access identified (one of the reasons for self-reported unmet need) was the financial costs associated with health care. While they may help increase public sector revenue and reduce unnecessary consumption, the direct financial costs of care (out-of-pocket payments including cost-sharing for publicly funded services), if not properly introduced, reduce the financial equity of the system and discourage the more vulnerable (e.g. poorer individuals) and those in greatest need from accessing necessary care.[56] Thus, this type of private expenditure may constitute an important barrier to access and may result in or increase inequalities in health status across population groups.

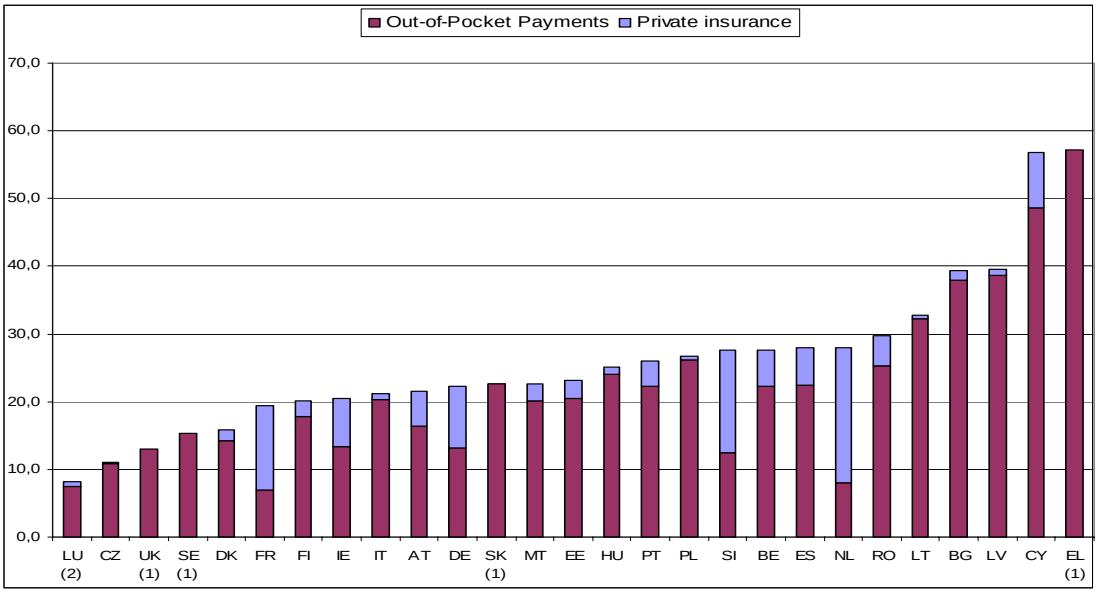
For the vast majority of EU countries, the proportion of public sector expenditure in total expenditure on health is large (more than 70%). Nevertheless, private health care expenditure constitutes an important source of funding in virtually all Member States (see Figure 5.7) and mostly covers out-of-pocket payments (direct payments made at the point of access to care). These out-of-pocket payments are the result of increased cost-sharing (e.g. co-payments) for public services and the cost of services excluded from the public basket.

There are however substantial differences across Member States (see Figure 5.7): in CY and EL (more than 50%) followed by LV and BG (more than 40%) and to a lesser extent RO (more than 30%), the proportion of private expenditure is rather high and well above the EU average. **There are a number of countries which show an increase in private expenditure as a proportion of total health expenditure** (not shown): e.g. SK, LV and BG. This may require some attention, especially in the case of BG and LV, as they are two of the lowest public spenders on health.

Thus, while not considerable in most EU countries, the design of cost-sharing schemes requires proper attention to ensure that it does not deter necessary and appropriate care.

[56] This is because they make access to care dependent on ability to pay.

Figure 5.7 Private sector expenditure on health as a % of total health expenditure (2005, or latest available)



Source: OECD health data 2007 and WHO Health for All Database. Data for HU are from 2004, the rest are from 2005. Private health insurance in CZ is 0.2% of total health expenditure. (1) Separate estimates of private health insurance and out-of-pockets are not available in the OECD health data 2007 UK, SE, SK and EL. The WHO Health for All Database suggests that total private expenditure in the UK, SE, SK and EL are respectively 12.9%, 18.3%, 25.6% and 57.2% of total health expenditure. Hence, private health insurance in the UK can only be at most 1% of total health expenditure and in SE and SK at most 3%. The WHO database suggests that in EL 35.4% of total health expenditure is out-of-pocket expenditure but it is not clear that the remainder is private health insurance. For BG, EE, CY, LV, LT, MT, RO and SI private health insurance is calculated as the difference between total private sector expenditure on health and out-of-pocket payments. (2) Only covers cost-sharing element of out-of-pocket spending

5.3. Quality of care

Ensuring good quality of care is seen as an essential part of the modernisation of health care and long-term care systems. Often defined as 'doing the right thing, at the right time, in the right way, for the right person', quality of care is strongly valued by care patients and users. Accordingly, Member States aim to improve the quality of care along the following dimensions: effectiveness (focusing on effective and cost-effective interventions, using more technology assessment and evidence-based medicine), ensuring staff and patient safety (notably by reducing hospital infections) and increasing service responsiveness.

5.3.1. Satisfaction with health care services

One way to measure how care systems match the population's expectations / wishes in terms of how they should be treated by care providers is to look at patient satisfaction.

In the EU-27, 71% of people think that the quality of hospitals is good based on their own experience or that of a close relative or acquaintance. People are more satisfied with their experience with dental care and with medical or surgical specialists (74%), and even more so with the quality of family doctors or general practitioners (84%).

However, there are pronounced differences in the level of satisfaction across the EU. In the case of hospitals, the proportion of satisfied people ranges from 42% in RO and PL, 43% in BG and HU and 48% in EL, to 90% in SE, 92% in AT and 93% in BE.

The level of satisfaction with medical and surgical specialists is again highest in BE, where 93% of those interviewed say that they think their experience is very or fairly good. FR and AT come next (87%). In contrast, in HU (53%) followed by PL (58%) only a somewhat more than half of respondents express their content with specialists. Interestingly, the range is not as wide as in the case of hospital care.

Europeans appear to like their family doctors or general practitioners best. The country with the fewest positive responses is PT, but even here 62% of respondents think the system is very or fairly good. Most people are pleased with quality of this aspect of the health system in MT (96%) and, again, in BE (95%), followed by FR and AT (93%), CY (92%), DK (91%) and LU (90%).

In the case of dental care, most people are satisfied in BE (95%) and DK (94%), but in general Europeans are relatively content with it. The lowest proportions of satisfied people are in PL and PT, where only half the respondents say that dental care is very or fairly good.

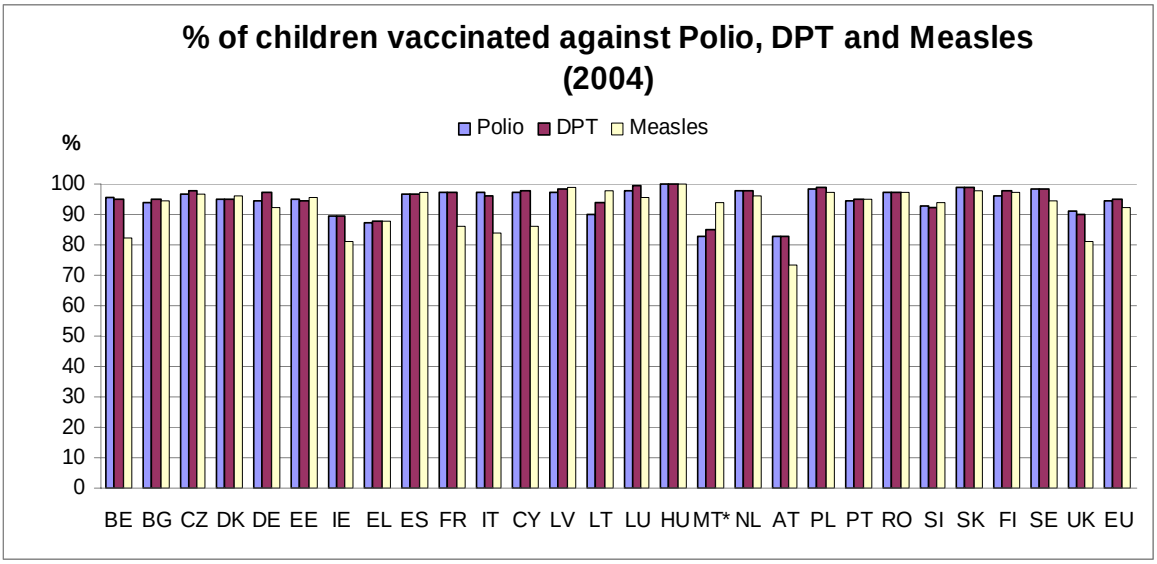
This analysis indicates that while levels of satisfaction are in general high, in some countries and in some sectors of care more effort needs to be made to improve the responsiveness of services to patients.

5.3.2. Effectiveness

Considering effectiveness as 'the extent to which a specific intervention, procedure, regimen of service … does what it is intended to do for a defined population' (WHO), childhood immunisation is deemed one of the most effective preventive measures to reduce disease (OECD Health at Glance 2007). Vaccination programmes have for example reduced the incidence of measles tenfold since the early 1990s (OECD Health at Glance 2007). Vaccination rates against Polio and DPT (diphtheria, pertussis and tetanus) are quite high, with an EU average of about 95% (see Figure 5.8). Most countries are around that average, with some countries actually reaching 100% (e.g. HU, LU, PL, SE, SK). Those below the mean (Figure 5.8) include AT, EL, IE, and UK for polio, DPT and measles, LT, SI and MT for polio and DPT, and IT, CY, FR and BE for measles. With regard to measles, the average EU coverage, though high, is lower than for polio and DPT (although there are some exceptions) and the variation across Member States is greater. Vaccination for such diseases is free in all EU Member States. Hence, such differences are likely to be due to different strategies in terms of whether vaccination is compulsory, where it is given (e.g. childcare or healthcare centre) and different population views on the benefits of vaccination. This is particularly true in the case of measles (as well as mumps and

rubella), for which in recent years some countries (e.g. IE, UK) have seen parental concerns over the MMR vaccination.

Figure 5.8



* Data for MT are from 2006
Source: WHO Health for All Database

Another measure of effectiveness is cancer screening. Cervical cancer for example is largely preventable. Regular screening can identify pre-malignant lesions, which can be effectively treated, and can increase the probability of diagnosing early stages of malignant disease, which improves survival (OECD Health at Glance 2007). OECD and national data (see Table 5.10) show wide variation in cervical cancer screening (defined as the percentage of women aged 20-69 screened for cervical cancer) across the EU, from 74.9% in FR to 28.1% in HU. This may indicate that different countries have different approaches to screening: countries may or may not have an organised screening programme, with or without recalls. Note though that, as shown in the table, the cancer screening data refer to different time periods and do not cover all countries. Moreover, for some countries data come from health surveys while for others they are administrative data based on screening programmes. Hence, at the moment we have to be careful in making comparisons across countries in this area.

Nevertheless, the first report on the implementation of the Recommendation was launched. The report "Cancer Screening in the European Union – Report on the Implementation of the Council Recommendation on Cancer Screening", launched four years after the adoption of the Council Recommendation on Cancer Screening[57], shows that, while around 55 million persons attended screening programmes for

[57] See http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:327:0034:0038:EN:PDF and http://ec.europa.eu/health/ph_determinants/genetics/documents/cancer_screening.pdf. The European Code against Cancer (see http://www.cancercode.org/code.htm) also defines a set of scientifically based recommendations to prevent cancer For more detail information on Cancer at the EU level see http://ec.europa.eu/health/ph_information/dissemination/diseases/cancer_en.htm

breast, cervical or colorectal cancer in 2007, the EU is only about half-way to the goal of 125 million examinations per year, as specified in the Council Recommendation. The study indicates that Europe is characterised by inequalities in cancer control and care, screening and follow-up. It suggests that Member States have a lot to gain from working together. By sharing knowledge, capacity and expertise in cancer prevention and control, we can more effectively tackle and combat cancer across the continent.

Table 5.10 Cervical cancer screening: Percentage of women aged 20-69 screened

Member State	Percentage of women aged 20-69 screened	Year
BE	63	2004
CZ	39	2002
DK	69	2005
DE	70	2005
IE	61	2005
IT	37	2005
FR	75	2003
HU	28	2004
MT	32	2002
NL	70	2005
PL	49	2004
SI	71	2007
FI	72	2003
SE	72	2002
UK	70	2006

Source: OECD HCQI project, OECD Health at a Glance 2007, national data

5.3.3. Safety

Another indicator for quality of care, in particular safety of care, is perinatal mortality, as it may proxy pre- and post-natal practices. The data available suggest that, in general, perinatal mortality (see Table 5.11) has gone down substantially in the last two decades, which may indicate a general improvement in the quality of pre- and post-natal care. Direct inter-country comparisons of levels should be avoided, however, because the definitions used differ widely among Member States. Nonetheless, it is possible to look at the evolution of this indicator within each country and within each time series in as far as the definitions are stable over time. Hence, with a word of caution, we can see that some countries have seen an impressive reduction (e.g. EE, PT, EL, HU, MT, PL and SK) while for some countries (BG, RO) the rate has shown a slow improvement in the last two decades.

More comparable and systematic data will be available (see for instance the PERISTAT project at http://europeristat.aphp.fr/), which could help to analyse whether there is still room for improvement in the organisation and delivery of pre- and post-natal care in some Member States.

Table 5.11 Perinatal mortality: deaths per 1000 births

Countries	1986	1996	2004	2005	2006
BE	10.5	7.2	...	...	...
BG	11.8	13	12.2	12	10.7
CZ	9.8	4.8	3.6	3.5	3.6
DK	8.1	6.1	3.5	3.3	...
DE	...	4.4	5.9	5.5	5.5
EE	18.4	9.6	5.2	6.1	4.2
IE	9.5	10	7.9	...	...
EL	14.3	9.5	6.3	5.7	4.9
ES	10.6	6.4	5	4.7	...
FR	10.4	7.2	...	...	...
IT	10.1	5.4	...	...	...
CY	...	...	...	...	...
LV	11	15.9	7.8	8.0	7.4
LT	...	7.2	5.1	4.8	4.6
LU	7.2	4.6	4.7	5	...
HU	18.2	6.3	4.8	5.	4.9
MT	13.1	13.5	5.9	3.1	1.8
NL	9.7	8.4	6.7	6.9	6
AT	7.4	4.2	3.2	3.4	3.2
PL	15.6	9.6	5.6	5.3	...
PT	15.9	6.8	5.6	4.2	...
RO	12.4	12.2	12.2	10.6	10
SI	12.5	4.8	4.2	5.2	3.5
SK	20.2	8.5	5.8	5.5	5.6
FI	6.4	3.8	3	3	3
SE	4.5	4.1	3.9	...	...
UK	9.6	8.7	8.1	...	...
EU	10.7	7.2	6.4	6.2	6.

Source: WHO Health for All database

5.4. Financial sustainability: expenditure on health care

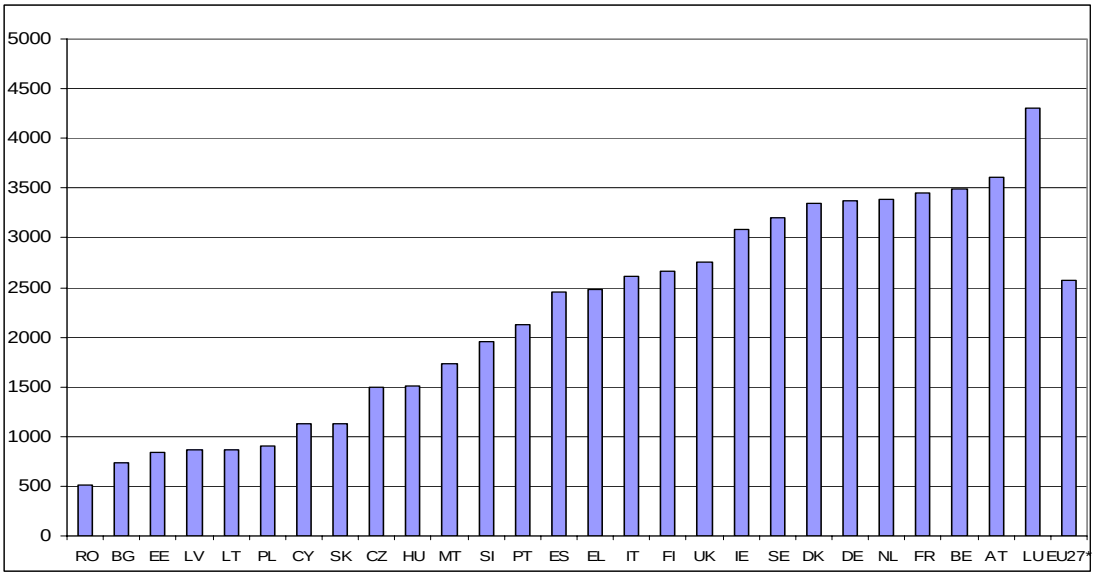
On dimension of long-term sustainability of health care systems is financial sustainability. The available data indicate that health expenditure per person has consistently risen over time in all Member States (see Table 5.12). On average, it was about five times higher in 2006 than in 1980 for the EU-15 (and 2.5 times than in 1990s). The strongest growth was seen in PT, ES and LU, where per capita expenditure increased about seven-fold since 1980. Since 1990 IE, LU, EL and PT show a three-fold increase. When looking at the EU-12, RO and SI, followed by LV and LT, registered the highest growth as they spent, respectively, six times and five times more per capita in 2005 than in 1990. During the 1990s the EU-12 saw, on average, stronger growth in expenditure than did the EU-15.

Table 5.12 Total health expenditure, PPP$ per capita

Member State	1980	1990	1998	1999	2000	2001	2002	2003	2004	2005	2006
BE	644	1358	2042	2176	2377	2484	2685	3153	3311	3421	3488
BG	...	244	289	343	386	484	552	609	655	734	
CZ	...	560	926	938	980	1082	1195	1340	1388	1447	1490
DK	897	1544	2176	2281	2379	2521	2696	2824	3030	3169	3349
DE	971	1769	2483	2592	2671	2809	2937	3090	3162	3251	3371
EE	...	...	474	522	513	519	561	646	740	846	
IE	516	792	1499	1626	1801	2128	2360	2515	2724	3126	3082
EL	491	853	1382	1468	1429	1669	1792	1928	1991	2283	2483
ES	363	873	1383	1450	1536	1636	1745	2019	2128	2260	2458
FR	669	1449	2190	2279	2421	2590	2780	2988	3117	3306	3449
IT	...	1359	1829	1879	2053	2215	2223	2272	2401	2496	2614
CY	...	...	947	984	1074	1140	1228	1335	1335	1550	
LV	...	161	439	473	482	541	611	653	796	860	
LT	...	162	489	498	559	598	681	793	756	862	
***LU**	640	1532	2083	2384	2554	2738	3081	3582	4083	4153	4303
HU	...	...	763	810	852	971	1114	1302	1327	1440	1504
MT	...	...	1058	1103	1247	1294	1492	1586	1608	1733	
NL	741	1416	2054	2178	2337	2556	2833	2988	3156	3192	3391
AT	784	1631	2598	2726	2859	2890	3068	3206	3397	3507	3606
PL		290	559	573	583	642	733	749	808	843	910
PT	276	636	1210	1329	1509	1569	1657	1824	1913	2029	2120
RO	...	81	246	253	275	312	368	415	427	507	
SI	...	311	1226	1303	1447	1581	1693	1767	1863	1959	
SK	...	...	584	599	603	665	730	792	1058	1130	
FI	571	1367	1622	1700	1794	1913	2089	2210	2412	2523	2668
SE	944	1592	1982	2129	2284	2511	2707	2841	2964	3012	3202
UK	470	965	1569	1690	1847	2021	2165	2259	2509	2580	2760
EU15		1325	1947	2043	2169	2322	2454	2611	2746	2862	
EU12			539	560	586	654	743	807	862	928	
EU27			1637	1717	1823	1960	2087	2226	2347	2454	

Source: OECD health data 2008 and WHO Health for All Database
Note: The move from national accounts to the System of Health Accounts caused a break in the series from 2003 onwards in some countries.
EU averages are population weighted averages.
OECD uses economic wide (GDP) PPPs as the most available and reliable conversion rates across countries. The common currency is the US dollar.

Figure 5.9 Total health expenditure, PPP$ per capita (2006 or latest available)



Source: OECD health data 2008 and WHO Health for All Database. Data for LU are corrected for cross-border workers, data for RO, BG, EE, LV, LT, CY, SK, MT and SI are for 2005, the rest are for 2006. EU27* average is the population weighted average of the values on the graph.

As Table 5.12 and Figure 5.9 above indicate, despite impressive growth in the new Member States in the last decade, there are **substantial differences across countries**, with the new Member States generally spending less than the EU-15 and some well below the EU-27* average of about $2600 (e.g. BG, EE, LV, LT, PL, and RO spend less than half the EU27* average).[58]

In general, **Member States spend considerable amounts on health care**. **In the last two decades total expenditure on health as a percentage of GDP rose throughout the EU** with perhaps the exception of IE, which following a decrease in the early 1990s is still below 1980 levels and SE and EE which have remained fairly constant (see Table 5.13). The biggest rise in the EU-15 can be observed in PT, followed by EL and BE with increases respectively of about 5 and 4 percentage points of GDP, which brought the expenditure levels of these countries as a percentage of GDP above the EU-15 and EU-27 averages. In the same period, the smallest increase can be seen in SE (0.2% of GDP) and in DK (0.6% of GDP). Again, when looking at the last decade, DK, FI and SE show the lowest increases. When looking at the EU-12, RO, LV and LT registered the highest expenditure increases in the last two decades and BG, RO and SK in the last decade. SI and MT are those with an expenditure level closest to the EU average.

[58] A word of caution is necessary in that part of the differences in expenditure across countries in since 2003 may be due to differences in the computation method (national accounts versus System of Health Accounts). The move from national accounts to the System of Health Accounts caused a break in the series from 2003 onwards.

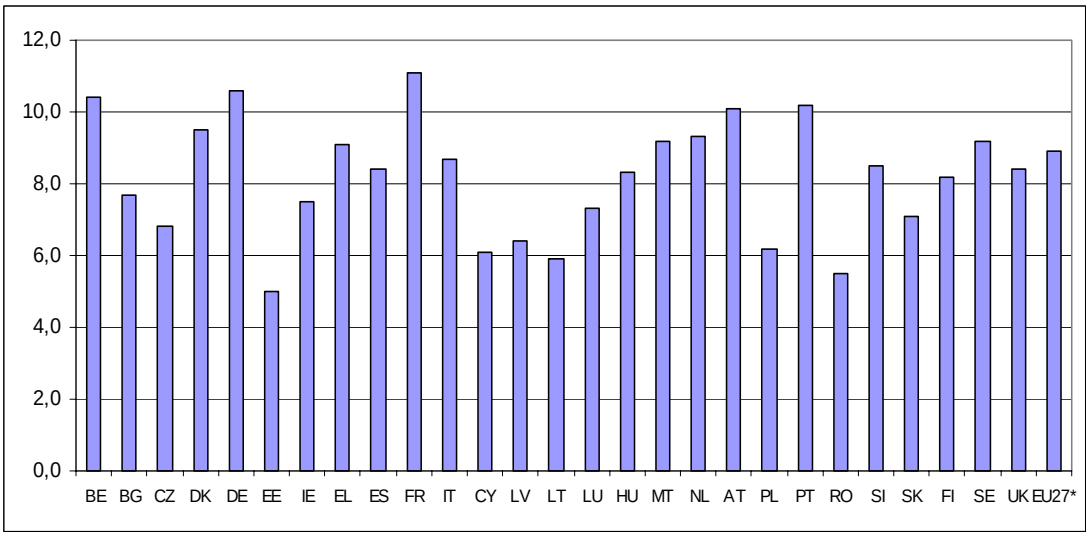
Table 5.13 Total health expenditure as a % of GDP

Member State	1980	1990	1998	1999	2000	2001	2002	2003	2004	2005	2006
BE	6.3	7.2	8.4	8.6	8.6	8.7	9	10.5	10.7	10.7	10.4
BG		5.2	5.2	6	6.2	7.2	7.4	7.6	7.5	7.7	
CZ		4.7	6.6	6.6	6.5	6.7	7.1	7.4	7.5	7.1	6.8
DK	8.9	8.3	8.3	8.5	8.3	8.6	8.8	9.3	9.4	9.4	9.5
DE	8.4	8.3	10.2	10.3	10.3	10.4	10.6	10.8	10.6	10.7	10.6
EE			5.5	5.8	5.3	4.9	4.9	5	5.2	5	
IE	8.3	6.1	6.2	6.2	6.3	6.9	7.1	7.3	7.5	8.2	7.5
EL	5.1	5.8	8.4	8.6	7.8	8.4	8.2	8.5	8.3	9	9.1
ES	5.3	6.5	7.3	7.3	7.2	7.2	7.3	8.1	8.2	8.3	8.4
FR	7	8.4	9.6	9.7	9.6	9.7	10	10.9	11	11.2	11.1
IT		7.7	7.7	7.8	8.1	8.2	8.3	8.3	8.7	8.9	9
CY	2.8	4.5	5.6	5.6	5.7	5.7	6.1	6.5	6.3	6.1	
LV	2.1	2.5	6.3	6.4	6	6.1	6.2	6.1	6.8	6.4	
LT		3.3	6.1	6.2	6.5	6.3	6.4	6.5	5.7	5.9	
***LU**	5.2	5.4	5.7	5.8	5.8	6.4	6.8	7.6	8.1	7.8	7.3
HU			7.1	7.2	6.9	7.2	7.6	8.4	8.2	8.5	8.3
MT			7.6	6.6	6.8	7.2	7.8	8.1	8.2	8.4	
NL	7.5	8	8.1	8.1	8	8.3	8.9	9.4	9.5	9.2	9.3
AT	7.5	8.4	10	10.1	9.9	10	10.1	10.2	10.3	10.2	10.1
PL		4.8	5.9	5.7	5.5	5.9	6.3	6.2	6.2	6.2	6.2
PT	5.3	5.9	8	8.2	8.8	8.8	9	9.7	10	10.2	10.2
RO		2.9	4.4	4.5	4.6	4.7	5.1	5.4	4.9	5.5	
SI	4.4	5.6	8	8	8.4	8.7	8.7	8.8	8.5	8.5	
SK			5.6	5.7	5.5	5.5	5.6	5.9	7.2	7.1	
FI	6.3	7.7	7.2	7.2	7	7.2	7.6	8	8.1	8.3	8.2
SE	9	8.3	8.2	8.3	8.2	9	9.3	9.4	9.2	9.2	9.2
UK	5.6	6	6.8	7.1	7.2	7.5	7.6	7.7	8	8.2	8.4
EU15		7.5	8.5	8.6	8.6	8.8	9.0	9.4	9.5	9.6	
EU12			5.7	5.8	5.7	6.0	6.3	6.5	6.4	6.6	
EU27			7.9	8.0	8.0	8.2	8.4	8.8	8.8	9.0	

Source: OECD health data 2008 and WHO Health for All Database.
Note: The move from national accounts to the System of Health Accounts caused a break in the series from 2003 onwards in some countries.
EU averages are population weighted averages.

Looking at the most recent information available in 2005 (Figure 5.10), it can again be seen that there are **substantial differences across countries, with** AT, BE, DE, FR, and PT spending more than or about 10% of GDP on health and thus a higher percentage than other Member States. Moreover, **some countries spend low amounts on health as a percentage of GDP:** RO and EE spend less than 6% of GDP on health, followed by CY, LV, LT and PL, which spend about 6% of GDP on health, public and private expenditure combined. Given the health status in these countries, extra funding (notably public funding, given the structure of expenditure in most of these countries) may be needed to ensure more equitable access to care, improve the health of the general population and reduce health inequalities.

Figure 5.10 Total health expenditure as a % of GDP (2006 or latest available)



Source: OECD health data 2008 and WHO Health for All Database. Data for LU are corrected for cross-border workers, data for RO, BG, EE, LV, LT, CY, SK, MT and SI are for 2005, the rest are for 2006. EU27* average is the population weighted average of the values on the graph.

It is of course important to ascertain from a fiscal sustainability[59] point of view whether the increase in expenditure is due to an increase in public or private expenditure or both. EPC/EC projections show that public expenditure will increase further by about 1.6 percentage points of GDP by 2050 due to ageing, to which another 0.4% needs to be added if health care spending increases faster than national income, as predicted by past trends.[60] It appears that the increase in SK and BG (and to a lesser extent LU, CZ, NL, SE) is mostly due to an increase in private expenditure, while in FR and MT the increase is a mix of the two. The increase in total health expenditure in AT and IE is mostly due to an increase in public expenditure. Interestingly, total expenditure in RO has gone down in 2004 as a result of a drop in private expenditure, while public expenditure has actually gone up.

An important question is whether different expenditure shares are associated with better or worse health. At first glance, those countries reporting lower life expectancy (BG, LV, RO, LT, HU, EE, SK, PL and CZ) are also those reporting the highest proportions of unmet need for medical care and those with the lowest expenditure both per capita and as a percentage of GDP.

Comparing the following graphs, the existing data appear to indicate that higher PPP$ per capita expenditure on health is associated with higher male life expectancy at birth (see Figure 5.11 and also OECD Health at a Glance 2007), a link that is even more visible for the new Member States. Moreover, for several countries, for example SE, FR, DE, UK, ES, an increase in the resources allocated to health from one period to another has also been accompanied by an increase in life expectancy.

59 Fiscal sustainability relates to public expenditure on health care and whether public revenue can meet public expenditure.

60 OECD estimates an extra 08% of GDP due to ageing, an extra 1% GDP increase due to technology change and a possible extra 1.3% of GDP if income elasticity in relation to health is higher than one.

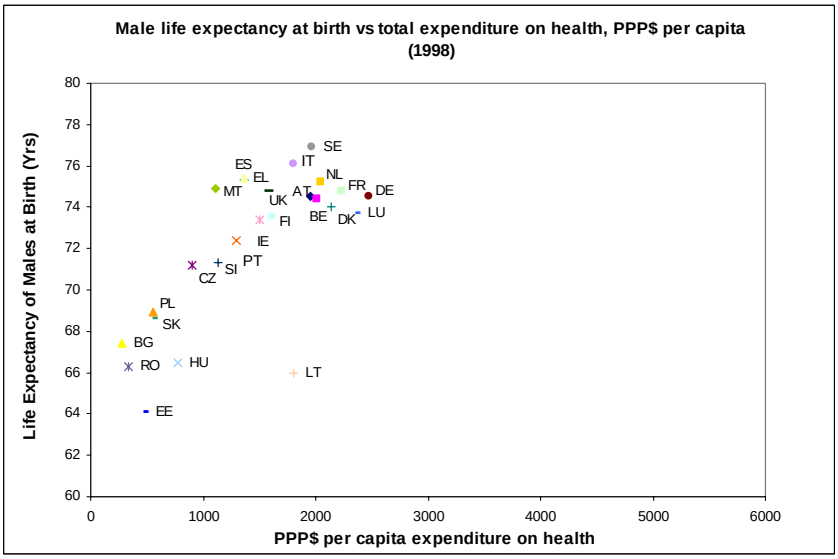
The upward relationship that appears to develop is convex in shape and is best interpreted in terms of diminishing returns on health care spending, suggesting that a small increase in spending is associated with a relatively strong improvement in health/longevity status for those with a low initial life expectancy while for those with a high life expectancy much larger spending is associated with a smaller/marginal increase in health/longevity status. Data also suggest that higher expenditure on health as a % of GDP (not shown) may be associated with higher male life expectancy. Female life expectancy (Figure 5.12) also appears to be positively associated with increases in total health expenditure, in terms of both percentage of GDP and PPP$ per capita. However, most likely because female life expectancy is already high in most Member States, the upward line is not as straightforward as for male life expectancy. Indeed, as for male life expectancy, the positive association is more visible for lower levels of health and lower levels of expenditure.

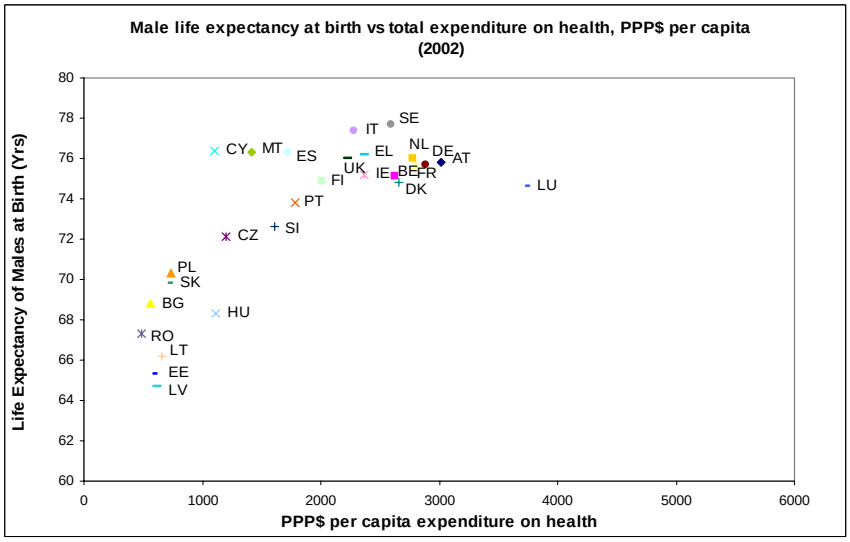
Interestingly, when looking at life expectancy and health care expenditure per capita in PPP$, some countries with similar expenditure have different health outcomes: e.g. DK and SE, where SE has a higher female life expectancy; NL and FR, where FR has a higher female life expectancy; LV and PL, where PL has a higher female life expectancy; HU and CZ, where CZ has a higher life expectancy. This may of course be related to different lifestyles and living and working conditions, but may also indicate that some improvement in system performance is possible.

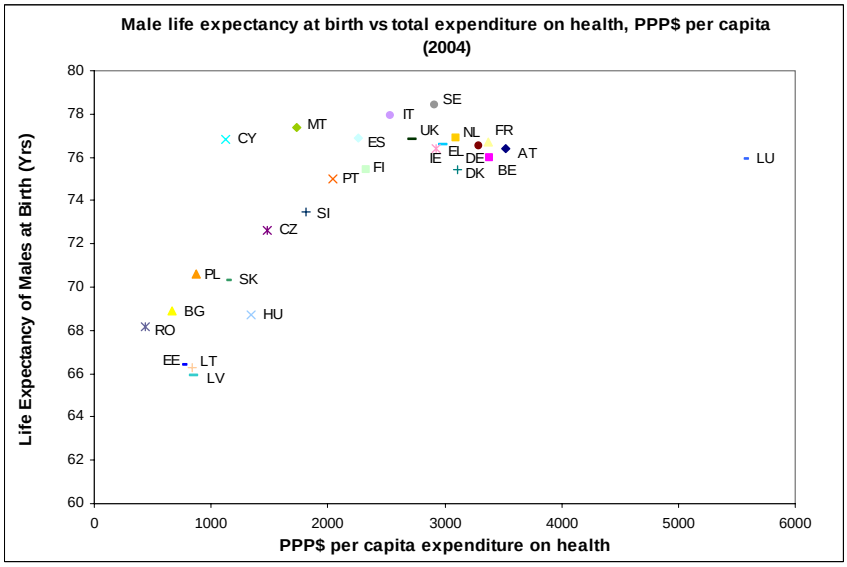
When looking at infant mortality rates and per capita expenditure on health (see Figure 5.13), cross-country data suggest a slight negative association: higher mortality rates are associated with lower per capita expenditure. Furthermore, over time per capita expenditure has increased and infant mortality has decreased. Note though that more recently some countries such as RO and LV have seen improvements in infant mortality without very large increases in per capita expenditure on health, while in some countries such as SE, increases in PPP$ per capita expenditure on health have not resulted in any significant improvement in infant mortality, most likely because infant mortality rates in these countries are already quite low. Hence, this suggests that the association is not linear but concave, i.e. for those countries with high mortality rates a small increase in expenditure is associated with a large decrease in infant mortality rates, while for those with low mortality rates a large increase in spending is associated with only small decreases in infant mortality rates.

Note that, as mentioned previously, health status and in particular life expectancy are the result of a variety of variables such as lifestyles, working conditions, socio-economic factors, environmental factors as well as access to (available and quality) care. Health care expenditure is thus one possible explanation for the differences in life expectancy observed. In this context, further research on the influence of health expenditure and other health determinants on life expectancy is necessary to come to conclusions on causality. This should be seen as a very simple and crude step in that direction.

Figure 5.11 Life expectancy vs total health expenditure per capita PPP$, men

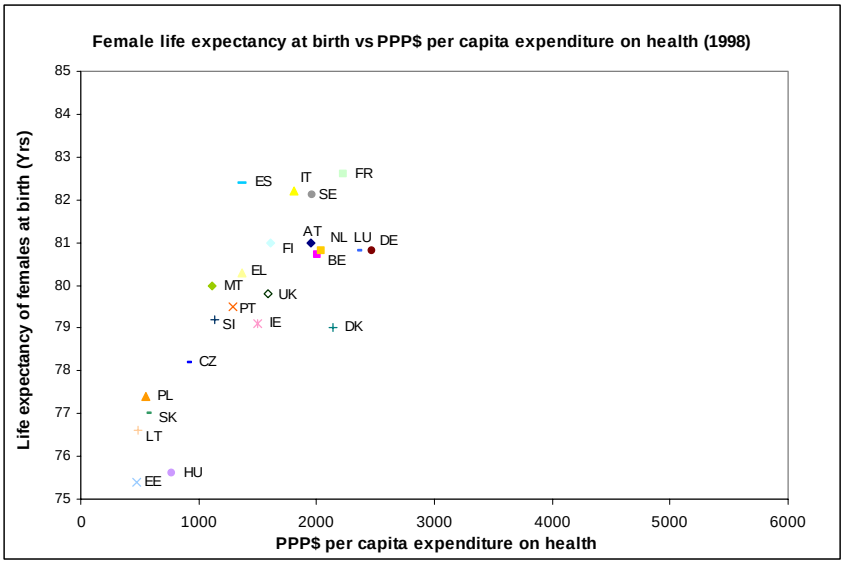


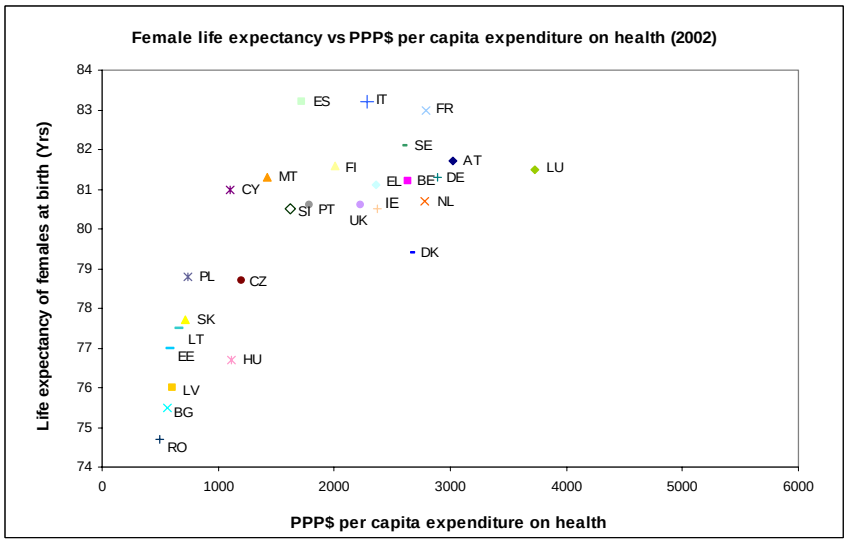


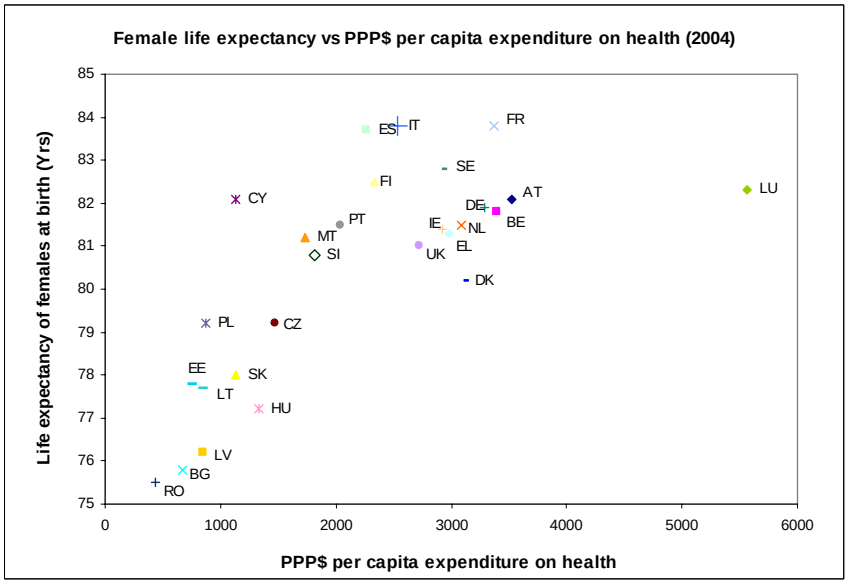


Source: Eurostat, OECD health data 2007 and WHO Health for All Database

Figure 5.12 Life expectancy vs total health expenditure per capita PPP$, women

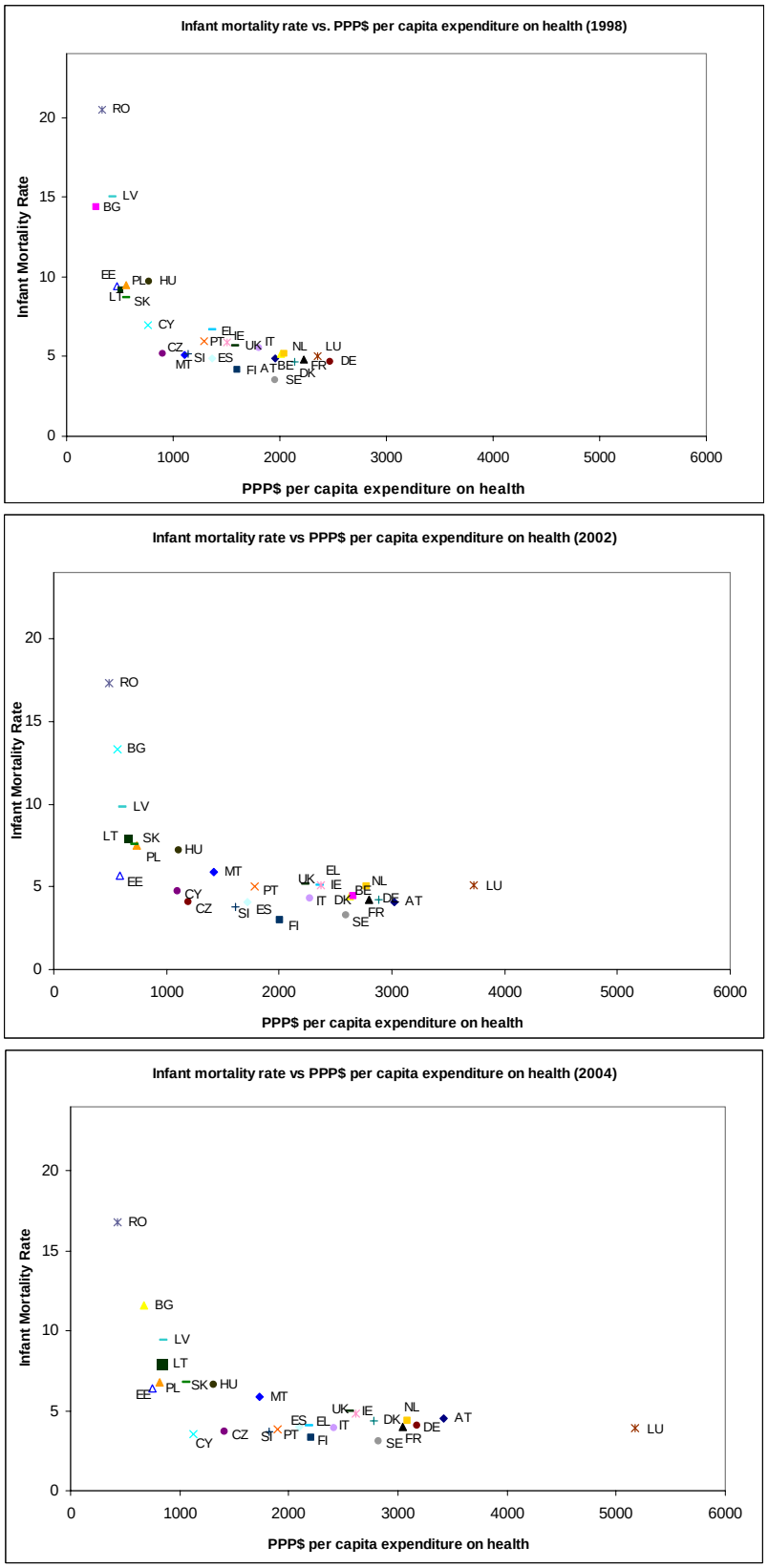






Source: Eurostat, OECD health data 2007 and WHO Health for All Database

Figure 5.13 infant mortality rate vs total health care expenditure per capita PPP$



Source: Eurostat, OECD health data 2007 and WHO Health for All Database

6. ANNEXES

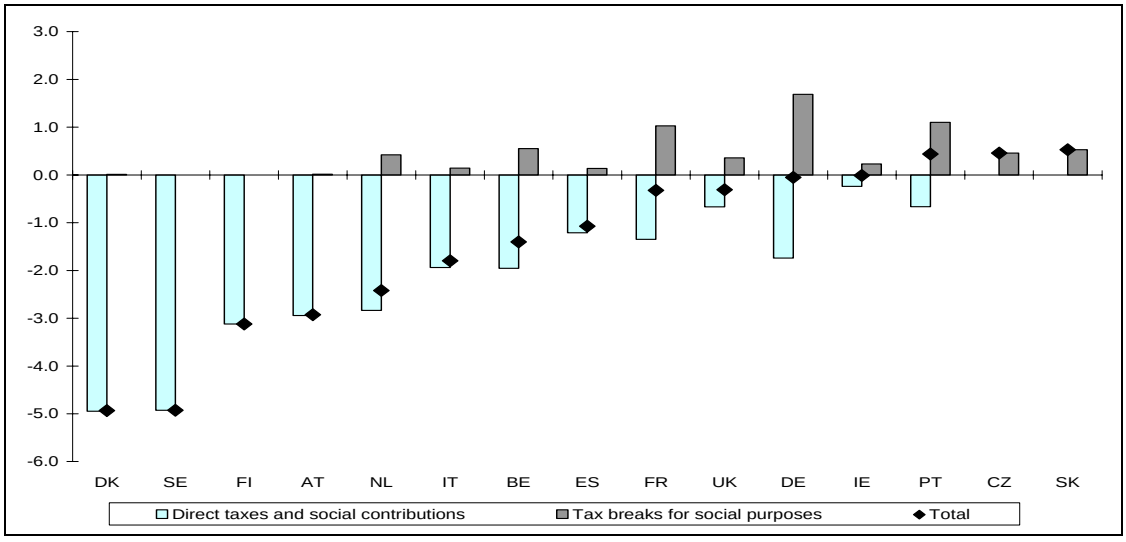
6.1. Annex 1: Specific features of social protection systems in the EU

6.1.1. The effect of the tax system on gross social protection spending

Comparisons of gross social protection expenditure across countries, as well as an analysis of trends over time, can be misleading if no account is taken of the contribution of the tax system. Net social protection expenditure, after direct taxes are accounted for, provides a clearer indication of the proportion of an economy's output that is reallocated to individuals or households facing social risks or needs. Estimates of the taxes and social charges levied on benefits, on the one hand, and tax breaks for social purposes, on the other, are regularly carried out by the OECD for a selection of countries. Because these estimates are often derived from micro-data sets and micro-simulation models, they inevitably involve some degree of uncertainty and should therefore be interpreted with caution.

Figure 6.1 suggests that, in 2003[61], in most EU countries for which data are available, direct taxes and/or social charges levied on social transfers exceeded the value of fiscal advantages provided for social purposes (namely, tax credits for dependent children), resulting in a negative net contribution of the tax system to total social spending. By contrast, in Portugal, the Czech Republic and Slovakia, social benefits were largely exempt from direct taxes and social contributions, whereas tax advantages for families were worth around 0.5% of GDP, thus contributing positively to net expenditure.

Figure 6.1: The effect of the tax system on gross social protection spending in selected EU Member States, 2003, percentage point change in the share of total spending in GDP



61 Latest available estimates done by the OECD.

Account is taken of government 'claw-back' on social spending, through direct taxation and social security contributions on benefit income, and, conversely, of tax advantages for social purposes. Only tax breaks for social purposes which mirror the effect of cash benefits (namely, in support of families) are included; tax breaks aimed at stimulating take-up of private social benefits, whether current or future (i.e. pensions), are not included. Indirect taxation is not taken into account.
The OECD database on social spending (SOCX) underlying these results differs from the ESSPROS database, but the scale of total gross expenditure and the underlying definitions do not greatly differ.
Source: author's calculation based on Adema, W. and Ladaique, M. (2005), 'Net Social Protection Expenditure, 2005 Edition — More comprehensive measures of social support', Social Employment and Migration Working Paper No 29, OECD, Paris.

6.1.2. The structure and evolution of social protection expenditure

The structure of expenditure on social benefits by function helps in understanding better how social protection systems are organised and why some countries spend more than others. Table 6.1 presents the structure of expenditure on social benefits by function in each country for 2000 and 2005. It illustrates the changes that occurred in the structure of social benefits. Between 2000 and 2005, the relative importance of the sickness/health care function increased everywhere except in Germany, Estonia, Ireland, Cyprus, Austria, Slovakia and Sweden. The increase in the share of this function in total benefit spending was highest in Belgium, Spain, Latvia, Romania, Finland and the United Kingdom, at 2 percentage points or more. The old-age/survivors' share remained virtually stable or decreased in many countries, but increased by around 5 percentage points in Poland and Slovakia. The changes in the overall structure of expenditure are illustrated further by the detailed real-term evolution presented in Table 6.1.

Spending on **old-age and survivors'** benefits remained the largest component of total social protection benefit spending across the Union in 2005. In the EU as a whole, it accounted for some 46% of the total, or over 12% of GDP. Except in Ireland, it was by far the largest spending component in all Member States, reaching over half of total outlay in Bulgaria, Greece, Italy, Malta and Poland.

Sickness and health care represent the second largest component of total expenditure on social protection at EU level as well as in all Member States, except for Ireland, where it is the largest. In 2005, it accounted for 28.6% of total spending, or almost 8% of GDP for the Union as a whole. The share was lowest, at around 20%, in Denmark and Poland and highest in the Czech Republic, Ireland and Romania, where it exceeded 35% of total expenditure.

A detailed analysis of these two main functions of social spending is presented in chapters 4 and 5.

Table 6.1: The structure of expenditure on social protection benefit by groups of functions. Share of each group of functions in total benefits, % — 2000 and 2005

	2000						2005					
	Old age and survivors	**Sickness and health care**	**Disability**	**Family/ Children**	**Unemployment**	**Housing and Social exclusion n.e.c.**	**Old age and survivors**	**Sickness and health care**	**Disability**	**Family/ Children**	**Unemployment**	**Housing and Social exclusion n.e.c.**
eu27	:	:	:	:	:	:	45.9	28.6	7.9	8	6.1	3.5
eu25	**46.6**	**27.1**	**8.2**	**8.1**	**6.3**	**3.5**	**45.9**	**28.6**	**7.9**	**8**	**6.1**	**3.5**
be	44.1	24.2	9.3	8.8	11.8	1.8	44.7	27.1	7	7.2	12.2	1.8
bg	:	:	:	:	:	:	51.1	29	8.4	6.8	1.9	2.7
cz	43.3	33.6	7.8	8.4	3.4	3.4	42.6	35.3	7.8	7.5	3.6	3.1
dk	38.1	20.2	12	13.1	10.5	6.1	37.5	20.7	14.4	12.9	8.6	5.8
de	42.4	28.3	7.8	10.7	8.5	2.3	43.5	27.3	7.7	11.2	7.3	2.9
ee	45.3	32.1	6.6	11.9	1.3	2.7	44	31.9	9.4	12.2	1.3	1.2
ie	25.1	41	5.2	13.6	9.5	5.6	26.6	40.9	5.3	14.6	7.5	5.1
gr	49.7	26.5	4.8	7.4	6.2	5.4	51.2	27.8	4.9	6.4	5.1	4.5
es	44.7	29.4	7.9	4.9	11.6	1.4	41.4	31.6	7.3	5.6	12.4	1.7
fr	44.4	28.8	5.9	9.1	7.2	4.7	43.9	29.8	5.9	8.5	7.5	4.3
it	63.2	25.1	6	3.8	1.7	0.2	60.7	26.7	5.9	4.4	2	0.3
cy	48.7	27.2	3.4	6.3	7.2	7.1	46.6	25.3	3.7	11.8	5.8	6.7
lv	57.2	16.7	10.7	10.2	3.8	1.4	48.4	26	9.1	11	3.9	1.6
lt	47.8	29.8	8.4	8.8	1.8	3.4	46.4	30.3	10.4	9.3	1.8	1.8
lu	39.9	25.4	13.4	16.6	3.2	1.5	36.6	25.7	13.1	16.9	5	2.8
hu	41.4	27.9	9.6	13.2	4	3.8	42.5	29.9	9.9	11.8	2.9	3.1
mt	51.7	25.7	6	7.9	6.2	2.5	52.4	26.3	6.7	4.7	7.4	2.5
nl	42.4	29.3	11.8	4.6	5.1	6.8	42.3	30.9	9.9	4.9	5.9	6.2
at	48.6	25.6	9.1	10.7	4.9	1.1	48.6	25.5	8	10.7	5.8	1.4
pl	55.3	19.6	14	5	4.6	1.5	59.8	19.9	10.5	4.4	2.9	2.5
pt	44.7	32	12.7	5.4	3.7	1.4	:	:	:	:	:	:
ro	48.5	25.6	7.9	10	7.7	0.4	41.3	36.2	7	10.2	3.2	2.1
si	45.2	30.7	9	9.2	4.3	1.6	44.4	32.3	8.5	8.6	3.3	2.9
sk	37.2	34.9	7.6	9	4.8	6.5	42.5	29.5	9.2	11.3	4.3	3.2
fi	35.8	23.8	13.9	12.5	10.5	3.5	37.3	25.9	12.9	11.6	9.3	3
se	39.4	27	12.8	9.3	7.1	4.5	40.5	24.3	15.4	9.8	6.2	3.8
uk	48.8	25.5	9.4	6.9	3	6.4	45	30.9	9	6.3	2.6	6.3

Source ESSPROS

In 2005, **disability** represented just under 8% of total social benefits in the EU as a whole, or 2% of GDP. The Nordic countries and Luxembourg devoted 13% or more of their total benefit expenditure to this function. Differences across countries in the relative share of this spending category reflect to some extent a different demarcation between functions, as disability pensions paid to people above retirement age should, in principle, be included under old age, but this is not always possible.

The **family function** covers a variety of benefits such as maternity benefits, family allowances, parental leave benefits and some services like child care and home help. There is great variation in the share of total benefit expenditure devoted to this function, ranging from below 6% in Spain, Italy, Malta, the Netherlands and Poland

to 12% or more in Denmark, Estonia, Ireland, and Luxembourg. The comparability of this category of expenditure across countries is limited by the fact that transfers to families often take the form of fiscal advantages, which are not accounted for in ESSPROS, and by the fact that in some countries some social services for families with dependent children are considered part of the education system[62] so are not included in social protection expenditure. Fiscal support for families (Figure 6.1) is significant in France, Germany and Portugal, and, to a lesser extent, in Belgium, the Czech Republic, the Netherlands, Slovakia and the United Kingdom. It is low in Spain and Italy, thus leaving these countries further behind in terms of support for families.

Unemployment is the most variable category of expenditure, given the cyclical nature of the risk it covers. Expenditure on this function reflects, obviously, the unemployment to population ratio in each country. However, other factors play a role, namely the generosity of the benefit system (i.e. coverage, level and duration of benefits) but also the structure of unemployment — for example, if unemployment is concentrated among young people and women with low employment records, or the long-term unemployed, expenditure per unemployed person will tend to be lower. Furthermore, the comparability of expenditure data for this function may be affected by differences in the extent to which assistance for the unemployed in finding a job or increasing their employability or early retirement programmes for older workers due to labour market problems are taken into account. In 2005, social transfers under the unemployment function (including unemployment benefits but also directly provided labour market programmes) absorbed 6.1% of total benefit expenditure or 1.6% of GDP in the EU. In Belgium and Spain, the share was much higher, above 12%, whereas Bulgaria, Italy, Estonia and Lithuania spent 2% of total expenditure or less.

Finally, benefits under the **housing and social exclusion** functions accounted for just 3.5% of total benefit expenditure, or 0.9% of GDP, in 2005. With a share of 0.3% in total spending, this group of benefits appears largely underdeveloped in Italy. Cyprus, the Netherlands and the United Kingdom devote more than 6% of their social spending to this function. Benefits in support of housing are by definition means-tested, since the purpose of more general housing support measures goes beyond that of social protection (such measures may be aimed at encouraging the building industry or home ownership). Benefits for the socially excluded are normally means-tested. However, not all such benefits require a means test. Sometimes, a lack of adequate resources is implicit, as for example in the case of refugees. In other cases, the benefits are provided regardless of the financial situation of the beneficiary, for example for drug addicts. Therefore, although more than 90% of expenditure on the social exclusion function in the EU as a whole is means-tested,

[62] As regards the boundary between education and social protection, a notable problem is the treatment of the 'pre-school' system (after nurseries and before primary school): in some countries (e.g. France) the pre-school system is considered as part of the national education system and outside ESSPROS, whereas in others attempts are made to distinguish between education expenditure proper (outside ESSPROS) and social protection expenditure (child day care after school hours). Methodological discussions to try and resolve this issue are ongoing in the context of the revision of the ESSPROS methodological framework.

in Latvia, Greece, Austria, Sweden and the United Kingdom only half or less of this expenditure is means-tested.

Real-term evolution varies greatly across countries and social protection functions

Table 6.2 provides an overview of the evolution of expenditure by functions in real terms. The highest rate of growth in expenditure in the EU over the period 2002-2005 occurred in **sickness/health care**, for which the annual growth rate in real terms was 3.3%, above the average for total benefit expenditure (2.8%). As regards **old-age and survivors' benefits**, the average growth rate over the 2002-05 period was 2.8% in the EU and in most individual countries. An analysis of these trends by country is set out in detail in chapters 4 and 5.

Spending on the family and children continued to progress during the 2002-05 period with an annual growth rate of 2.7% on average in the EU. Some countries recorded growth rates of over 10% a year. While in Estonia and Latvia the strong increase in family expenditure (+13%) was paralleled by strong decreases in spending on the housing and social exclusion function (-14.5% and -13.2%), Spain and to a lesser extent Ireland recorded strong increases in both functions.

Spending on unemployment benefits recorded the lowest average growth rate at EU level, hiding diverging trends at national level. Some countries recorded annual growth rates above 10% (Estonia, Cyprus, Latvia, Lithuania and Luxembourg) but others recorded a decrease in expenditure (Germany, Greece, Malta and Poland).

Spending on **housing and social exclusion** recorded a growth rate of 2.0% in the EU between 2002 and 2005. Again, the picture is mixed, with growth rates in Germany, Ireland, Latvia and Spain exceeding 6%.

Table 6.2 Growth of expenditure social protection benefit by function in real terms, 1996-2005

	EU[1,4]	BE[2]	CZ	DK	DE	EE[1,4]	IE	EL	ES	FR	IT	CY[3]	LV[1,4]	LT[1,4]	LU	HU[4]	MT	NL	AT	PL[1,4]	PT	SI	SK	FI	SE	UK
Total																										
1996-1999	:	1.9	3.8	1.0	1.5	:	5.0	8.3	1.6	2.7	2.4	:	:	:	5.6	:	0.2	1.3	2.4	:	6.4	5.6	3.6	-0.5	1.3	1.6
1999-2002[1]	2.7	3.0	4.9	1.5	1.7	2.7	11.4	6.0	2.8	2.5	2.5	:	2.1	-0.5	5.9	7.0	4.6	3.3	1.9	5.6	4.7	3.7	1.1	1.0	2.4	3.7
2002-2005	2.8	3.8	3.3	3.0	-0.5	10.6	6.8	5.3	5.1	3.0	2.1	8.1	5.0	8.7	5.6	6.8	3.2	1.8	1.5	2.2	:	1.9	0.1	4.2	2.5	4.5
Sickness and health care																										
1996-1999	:	1.5	0.0	4.3	-0.1	:	9.6	7.4	2.4	2.7	2.9	:	:	:	5.2	:	1.3	3.2	4.2	:	7.4	5.5	0.4	1.9	5.9	3.8
1999-2002[1]	4.5	2.2	7.0	3.8	1.5	1.1	12.9	8.4	3.8	4.7	6.0	:	11.5	-0.1	5.3	7.6	6.7	5.1	0.6	7.1	3.1	4.3	1.3	3.7	5.0	7.6
2002-2005	3.3	8.7	3.6	2.7	-1.3	11.6	8.1	7.4	7.3	3.5	3.9	8.1	14.9	9.0	5.7	9.3	5.3	2.0	1.5	1.3	:	3.0	-4.8	5.6	-1.4	7.3
Disability																										
1996-1999	:	3.3	3.3	5.2	4.2	:	4.7	8.4	2.5	2.3	-1.9	:	:	:	9.9	:	2.5	0.3	0.7	:	5.1	7.0	5.7	-1.7	3.8	-1.0
1999-2002[1]	2.6	3.9	3.3	3.6	1.3	19.3	11.7	8.7	1.3	-3.8	1.9	:	-0.6	3.5	4.8	8.6	6.1	1.4	0.5	0.5	3.3	2.3	10.4	-0.9	5.5	3.2
2002-2005	2.4	-7.2	3.4	7.0	-0.7	12.4	10.4	3.2	3.0	2.4	1.0	6.6	0.6	13.7	3.6	6.0	7.4	-2.4	-0.6	-4.4	:	1.8	1.6	2.9	6.4	2.3
Old age and survivors																										
1996-1999	:	3.1	6.7	0.2	1.9	:	4.2	7.5	2.1	3.1	3.0	:	:	:	2.7	:	0.5	3.2	2.6	:	6.8	4.9	3.7	0.9	1.5	3.3
1999-2002[1]	1.7	3.6	3.9	1.2	2.0	2.1	9.0	4.9	2.1	2.1	1.2	:	0.3	-0.9	3.4	8.7	5.4	3.1	2.5	6.8	5.2	4.7	2.8	2.6	2.4	2.8
2002-2005	2.8	3.7	3.5	2.9	0.2	9.9	5.9	5.7	3.4	3.0	1.3	6.1	0.6	7.9	5.0	6.3	3.5	2.3	1.5	3.8	:	0.4	3.5	4.5	3.4	4.3
Family																										
1996-1999	:	2.7	-3.8	2.5	4.8	:	6.1	3.2	4.6	2.6	4.3	:	:	:	12.0	:	-7.3	0.3	-0.2	:	5.7	6.6	-4.0	0.2	-3.2	-2.5
1999-2002[1]	2.4	0.4	2.1	2.4	2.7	0.3	17.5	3.6	2.2	0.5	4.4	:	2.1	-4.0	8.4	5.0	-5.2	6.7	3.5	3.5	13.1	3.0	-5.4	-1.8	2.8	-0.6
2002-2005	2.7	0.9	1.2	1.9	0.4	13.0	5.8	2.4	11.5	2.2	3.1	23.2	7.7	13.3	6.1	4.7	-5.5	3.1	2.0	0.0	:	2.1	12.1	3.8	3.2	1.0
Unemployment																										
1996-1999	:	0.0	15.9	-6.0	0.1	:	-6.2	20.3	-3.1	0.1	-6.4	:	:	:	1.8	:	6.8	-14.6	-1.1	:	-8.1	10.0	29.7	-7.4	-5.0	-10.0
1999-2002[1]	3.3	2.7	2.2	-4.7	0.7	-5.0	2.5	9.6	4.6	3.5	-4.1	:	-7.9	-0.8	12.5	-7.3	5.0	-1.4	2.6	1.3	6.5	-10.0	-14.4	-3.6	-9.3	-2.3
2002-2005	1.2	4.3	4.9	0.5	-5.5	17.8	3.6	-1.9	4.0	2.7	5.6	10.2	13.3	10.6	17.8	5.5	-1.7	5.9	3.7	-10.5	:	3.2	1.6	2.2	4.3	1.2
Housing and social exclusion																										
1996-1999	:	-14.7	38.6	-0.9	-1.5	:	4.7	19.9	0.3	4.2	11.2	:	:	:	2.2	:	-4.3	4.7	10.6	:	61.7	:	20.1	-0.3	-5.9	-1.2
1999-2002[1]	2.4	7.5	8.7	0.7	-0.4	1.2	11.5	0.9	-1.9	3.0	13.4	:	4.8	0.9	48.9	0.8	-2.9	1.4	0.0	:	3.6	:	2.5	-2.4	-2.7	2.5
2002-2005	2.0	0.9	1.3	2.2	8.1	-14.9	6.3	4.0	7.7	1.2	-1.5	2.2	7.4	-13.2	2.1	4.8	2.7	-0.3	4.2	:	:	:	:	1.2	0.8	1.7

1) 2000-2002 for Estonia, Latvia, Lithuania, Poland and the EU average (excluding Cyprus).
2) For Belgium, there is a break in the series for the disability function between 2002 and 2003, due to a change in methodology.
3) 2001-2002 for Cyprus.
4) 1999-2003 for Hungary and 2000-2003 for Estonia, Latvia, Lithuania, Poland and the EU average (excluding Cyprus).
Source: Eurostat — ESSPROS database

6.2. Annex 2: Methodological note and definition of indicators

6.2.1. Definition of the 14 overarching indicators

1a. At-risk-of-poverty rate: Share of persons aged 0+ with an equivalised disposable income below 60% of the national equivalised median income[63]. Source: SILC

+ Illustrative threshold value: Value of the at-risk-of-poverty threshold (60% median national equivalised income) in PPS for an illustrative household type (e.g. single person household). Source: SILC

1b. Relative median poverty risk gap: Difference between the median equivalised income of persons aged 0+ below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of-poverty threshold. Source: SILC

2. S80/S20: Ratio of total income received by the 20% of the country's population with the highest income (top quintile) to that received by the 20% of the country's population with the lowest income (lowest quintile). Income must be understood as equivalised disposable income. Source: SILC

3. Healthy life expectancy Number of years that a person at birth, at 45, and at 65 is still expected to live a healthy life (also called disability-free life expectancy). To be interpreted jointly with life expectancy. Source: EUROSTAT

4. Early school-leavers: Share of persons aged 18 to 24 who have only lower secondary education (their highest level of education or training is 0, 1 or 2 according to the 1997 International Standard Classification of Education — ISCED 97) and have not received education or training in the four weeks preceding the survey. Source: LFS

5. People living in jobless households: Proportion of people living in jobless households, expressed as a share of all people in the same age group[64]. This indicator should be analysed in the light of context indicator No 8: jobless households by main household types. Source: LFS

6. Projected total public social expenditure: Age-related projections of total public social expenditure (e.g. pensions, health care, long-term care, education and unemployment transfers), current level (% of GDP) and projected change in share of GDP (in percentage points) (2010-20-30-40-50).
Specific assumptions agreed in the AWG/EPC. See 'The 2005 EPC projections of age-related expenditures (2004-2050) for EU-25: underlying assumptions and projection methodologies' Source: EPC/AWG

7a. Median relative income of elderly people: Median equivalised income of people aged 65+ as a ratio of income of people aged 0-64. Source: EU-SILC

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63 **Equivalised median income** is defined as the household's total disposable income divided by its 'equivalent size', to take account of the size and composition of the household, and is attributed to each household member (including children). Equivalisation is on the basis of the OECD modified scale.

64 Students aged 18-24 who live in households composed solely of students are not counted in either the numerator or denominator.

7b. Aggregate replacement ratio: Median individual pensions of 65-74 year-olds relative to median individual earnings of 50-59 year-olds, excluding other social benefits. Source: EU-SILC

8. Self-reported unmet need for medical care: Total self-reported unmet need for medical care for the following three reasons: financial barriers + waiting times + too far to travel

+ Care utilisation: To be analysed together with care utilisation defined as the number of visits to a doctor (GP or specialist) during the last 12 months. Source: EU-SILC

9. At-risk-of-poverty rate anchored at a fixed moment in time (2005): Share of persons aged 0+ with an equivalised disposable income below the at-risk-of-poverty threshold calculated in the year 2005 (1st EU-SILC income reference year for all 25 EU countries), adjusted for inflation over the years. Source: SILC

10. Employment rate of older workers: Persons in employment in the 55–59 and 60–64 age groups as a proportion of the total population in the same age group. Source: LFS

11. In-work poverty risk: Individuals who are classified as employed[65] (distinguishing between 'wage and salary employment plus self-employment' and 'wage and salary employment' only) and who are at risk of poverty.
This indicator needs to be analysed according to personal, job and household characteristics. It should also be analysed in comparison with the poverty risk faced by the unemployed and the inactive. Source: SILC

12. Activity rate: Share of employed and unemployed people in the total population of working age, 15-64. Source: LFS

13. Regional disparities — coefficient of variation of employment rates: Standard deviation[66] of regional employment rates divided by the weighted national average (15-64 age group). (NUTS II). Source: LFS

14. Total health expenditure per capita: Total health expenditure per capita in PPP. Source: EUROSTAT based on system of health accounts (SHA) data

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65 Individuals classified as employed according to most frequent activity status. The most frequent activity status is defined as the status that individuals declare having for more than half the number of months in the calendar year.

66 Standard deviation measures how, on average, the situation in regions differs from the national average. As a complement to the indicator, a graph showing max/min/average per country is presented.
Possible alternative measures:
Regional disparities — underperforming regions. *Source LFS*
1. Share of underperforming regions in terms of employment and unemployment (in relation to all regions and to the working age population/labour force) (NUTS II).
2. Differential between average employment/unemployment in underperforming regions and the national average for employment/unemployment (NUTS II). Thresholds to be applied: 90% and 150% of the national average rates for employment and unemployment, respectively. (An extra column with the national employment and unemployment rates would be included).

6.2.2. Data sources

INDICATORS OF INCOME AND LIVING CONDITIONS: *EU-SILC*

For the first time this year, EU-SILC data are available for 25 EU countries. The newly implemented reference source of statistics on income and social exclusion is the Framework Regulation (No 1177/2003) for the European Survey on Income and Living Conditions (EU-SILC). The technical aspects of this instrument are developed by Commission implementing regulations, which are published in the Official Journal. The data for Bulgaria and Romania are still based on the national household budget surveys under the transitional arrangements agreed for the European Statistical System[67].

The EU-SILC definitions of total household gross and disposable income and the different income components keep as close as possible to the international recommendations of the UN 'Canberra Manual'. A key objective of EU-SILC is to deliver timely, robust and comparable data on total disposable household income, total disposable household income before transfers, total gross income and gross income at component level (in the ECHP, the income components were recorded net). This objective will be reached in two steps, in that Member States have been allowed to postpone the delivery of gross income at component level and total household gross income data until after the first year of operation.

Although certain countries (e.g. Denmark) are already able to supply income including imputed rent — i.e. the money that one saves on full (market) rent by living in one's own accommodation or in accommodation rented at a price lower than the market rent — for reasons of comparability, **the income definition underlying the calculation of indicators currently excludes imputed rent**. This could have a distorting effect in comparisons between countries, or between population sub-groups, when accommodation tenure status varies. This effect may be particularly apparent for the elderly who may have been able to accumulate wealth in the form of housing assets. In the statistical annex, data for Denmark are therefore shown both with and without imputed rent, as an illustration of the impact of this income component on the results. Once imputed rent is taken into account, the at-risk-of-poverty rate falls for people aged 65 and over, the inactive other than pensioners and those living in owner-occupied accommodation.

It should also be noted that the definition currently used for income excludes non-monetary income components, which include the value of goods produced for own consumption[68] and non-cash employee income. This component will be available for all countries from the SILC (2007) exercise onwards, and will therefore be included in the indicators to be published in January 2009.

The reference year for the data is the year to which the income information refers (i.e. the 'income year'), which in most cases differs from the survey year in which the data were collected. Accordingly, 2006 data refer to the income situation of the population in 2005,

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67 National data sources are adjusted ex-post and as far as possible using the EU-SILC methodology. While the greatest effort is made to maximise the consistency of definitions and concepts, the resulting indicators cannot be considered to be fully comparable with the EU-SILC-based indicators.

68 Before the introduction of EU-SILC in the new Member States, the value of goods produced for own consumption was included in the calculation of the EU indicators estimated on the basis of national sources. This transitional arrangement was intended to take account of the potentially significant impact of this component on income distribution in these countries.

even if the information was collected in 2006. EU aggregates are computed as population-weighted averages of available national values.

Note on trends

During the transition to EU-SILC, income-based indicators were calculated on the basis of available national sources (household budget survey, micro-censuses, etc) that were not fully compatible with the SILC methodology based on detailed income. Following the implementation of EU-SILC in a given country, the values of all income-based indicators (at-risk-of-poverty rates, S80/S20, aggregate replacement ratio, etc) cannot be compared to the estimates presented in previous years. This is why no trends for income-based indicators are presented in this year's report.

Limitations

The limited sample size for certain data sources used for the collection of income data and the specific difficulties of collecting accurate information on disposable income directly from households or through administrative records raise certain concerns as regards data quality. This is particularly the case for information on income at the two ends of the income distribution.

Furthermore, household surveys do not cover persons living in collective households, homeless persons or other difficult-to-reach groups.

It must also be acknowledged that self-employment income is difficult to collect, whatever the data source. It must also be kept in mind that the difficulty in recording income from the informal economy can introduce a bias in income distribution as measured by surveys.

Finally, while it is considered to be the best basis for such analyses, current income is acknowledged to be an imperfect measure of consumption capabilities and welfare, as, among other things, it does not reflect access to credit, access to accumulated savings or ability to liquidate accumulated assets, informal community support arrangements, aspects of non-monetary deprivation, differential pricing, etc. These factors may be of particular relevance for persons at the lower end of the income distribution. The bottom 10 per cent of the income distribution should not, therefore, necessarily be interpreted as being the bottom 10 per cent in terms of living standards. This is why reference is made to the 'at-risk-of-poverty' rate rather than simply the poverty rate.

Confidence intervals

Indicators are estimated values based on a sample drawn from the target population and thus are affected by sampling error. Statistical theory provides us with tools for calculating confidence intervals in which the population value lies with a high probability. The confidence intervals are centred around the estimated values reported and their length is a measure of the precision of these estimates. The precision depends on the design of the survey and can thus vary between countries. However, the EU-SILC Regulation provides for national samples to be designed so as to achieve a confidence interval of +/-1% around the estimated value of the total at-risk-of-poverty rate. Eurostat is computing these intervals for a number of indicators and exact values will be reported in EU quality reports. First computations show that the confidence intervals around the total at-risk-of-poverty rate are of the order of +/-0.8%. For the S80/S20 income quintile share ratio, the confidence intervals are of the order of

+/-0.2. For the relative median at-risk-of-poverty gap, they are of the order of +/-1.7. For the Gini coefficient, they are of the order of +/-0.9. These indications of precision must be taken into account when interpreting the data.

AGE-RELATED EXPENDITURE PROJECTIONS

Long-term budgetary projections were prepared in 2006 by the Economic Policy Committee and the European Commission (DG ECFIN) — see European Policy Committee and European Commission (2006), 'The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050)', European Economy, Special Report No 1/2006.

The projections are made on the basis of a common population projection and agreed common underlying economic assumptions that have been endorsed by the EPC. The projections are made on the basis of 'no policy change', i.e. only reflecting enacted legislation but not possible future policy changes (although account is taken of provisions in enacted legislation that enter into force over time). The pension projections are made on the basis of legislation enacted by mid-2005. They are also made on the basis of the current behaviour of economic agents, without assuming any future changes in behaviour over time: for example, this is reflected in the assumptions for participation rates, which are based on the most recently observed trends by age and gender. While the underlying assumptions have been made by applying a common methodology uniformly to all Member States, for several countries adjustments have been made to avoid an overly mechanical approach that leads to economically unsound outcomes and to take due account of significant country-specific circumstances. The pension projections were made using the models of national authorities, and thus reflect the current institutional features of national pension systems. In contrast, the projections for health care, long-term care, education and unemployment transfers were made using common models developed by the European Commission in close cooperation with the EPC and its Working Group on Ageing Populations. The projection results show the combined impact of expected changes in the size and demographic structure of the population, projected macroeconomic developments and assumed neutral evolution in the health status of the population in each Member State of the European Union.

PENSION EXPENDITURE

The 'pension expenditure' aggregate according to the ESSPROS definition, goes beyond public expenditure and also includes expenditure by private social protection schemes. 'Pension expenditure' is the sum of seven different categories of benefits, as defined in the 1996 ESSPROS Manual: disability pension, early retirement benefit due to reduced capacity to work, old-age pension, anticipated old-age pension, partial pension, survivors' pension and early retirement benefit for labour market reasons. Some of these benefits (for example, disability pensions) may be paid to people who have not reached the standard retirement age.

REPLACEMENT RATES

The figures for current and prospective pension replacement rates are based on the methodology developed by the Indicators Sub-Group of the Social Protection Committee. The results are based on the baseline assumption of a hypothetical person (male where gender matters) retiring at the age of 65 after a 40-year full-time working career with a flat earnings

profile at average earnings with contributions to the most general public pension scheme as well as to occupational and private pension schemes for some Member States.

The replacement rate represents the individual pension income during the first year of retirement relative to the individual income received during the year preceding retirement. Calculations are by the Member States.

HEALTH CARE EXPENDITURE — WHO Health for All database (www.who.int\nha)

This information is based on national health accounts (NHAs) collected within an internationally recognised framework. NHAs depict the financing and spending flows recorded in the operation of a health system. In future, the System of Health Accounts (SHA) will contain uniform data for Eurostat, the OECD and the WHO. In the meantime, the WHO database is the only one to cover all Member States.

About 100 countries have either produced full national health accounts or report expenditure on health to the OECD. Standard accounting estimation and extrapolation techniques have been used to provide time series (1998-2004). Ministries of Health have responded to the draft updates sent for their inputs and comments. The principal international references used are: the International Monetary Fund (IMF), Government Finance Statistics and International Financial Statistics; OECD health data; and the United Nations National Accounts Statistics. National sources include: national health accounts reports, public expenditure reports, statistical yearbooks and other periodicals, budgetary documents, national accounts reports, central bank reports, non-governmental organisation reports, academic studies, reports and data provided by central statistical offices and ministries, and statistical data on official websites.

6.3. Annex 3: Confidence intervals for a selection of income-based indicators

The tables presented below show the estimated standard errors obtained by Eurostat for some of the key EU-SILC indicators for most of the countries (all countries in the 2006 operation with the exception of Germany, Luxembourg and United Kingdom).

They have been estimated on the basis of a generalised variance estimation function for previous years: 2005 data were used for calculations in fourteen countries (Cyprus, Czech Republic, Denmark, France, Hungary, Iceland, Lithuania, Latvia, Malta, The Netherlands, Poland, Portugal, Slovenia and Slovakia) and 2004 data for ten countries (Austria, Belgium, Estonia, Spain, Finland, Greece, Ireland, Italy, Norway and Sweden). The model used is simplistic, but nevertheless gives an indication of the level of accuracy of the indicator and its breakdown.

The tables below also report the width of the estimated confidence intervals at 95% for the indicators. They have been calculated assuming the estimators are normally distributed.

Table 1: Estimated standard errors by country (2006)

	BE		CZ		DK		EE		IE		EL		ES		FR	
Indicator	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision
At-risk-of-poverty rate after social transfers - total	15	1	10	1	12	< 0.05	18	1.4	19	1.2	21	1.2	20	0.6	13	0.8
At-risk-of-poverty rate after social transfers - men	14	1.4	9	1	11	0.2	16	1.6	18	1.4	20	1.4	19	1	12	1
At-risk-of-poverty rate after social transfers - women	16	1.4	11	1	12	0.2	20	1.6	20	1.6	21	1.6	21	1	14	1
At-risk-of-poverty rate after social transfers - 0-15	15	1.8	17	1.6	10	0.4	20	2.4	21	2	22	2.6	24	1.8	13	1.4
At-risk-of-poverty rate after social transfers - 16-24	17	2.4	13	1.6	28	1	18	2.2	20	2.6	25	3.2	19	2	20	2
At-risk-of-poverty rate after social transfers - 25-49	11	1.4	11	1.4	10	0.2	14	1.8	13	1.6	17	1.6	16	1	11	1.2
At-risk-of-poverty rate after social transfers - 50-64	13	1.8	6	1.2	5	0.2	19	2.2	18	2	19	2.4	16	1.4	11	1.4
At-risk-of-poverty rate after social transfers - 65+	23	2.4	6	1.2	17	0.8	25	2.6	27	2.2	26	2.4	31	2	16	1.8
At-risk-of-poverty rate after social transfers - 16+	15	1.2	9	1	12	0.2	18	1.4	18	1.4	20	1.2	19	0.6	13	1
At-risk-of-poverty rate after social transfers - 16-64	13	1.2	9	1	11	0.2	16	1.4	16	1.4	19	1.4	16	0.8	12	1
At-risk-of-poverty rate after social transfers - 0-64	13	1	10	1	11	0.2	17	1.4	17	1.2	19	1.2	18	0.6	13	0.8
Inequality of income distribution S80/S20	4	0.2	4	0.2	3	0.2	6	0.4	5	0.2	6	0.4	5	0.2	4	0.2
Relative median at-risk-of-poverty gap - total	19	2.4	17	1.8	17	1	22	2.6	16	1.2	26	2.2	26	1.6	19	1.8
Relative median at-risk-of-poverty gap - men	21	2.6	19	2	19	1.6	27	3	18	1.6	26	2.6	27	1.8	19	1.8
Relative median at-risk-of-poverty gap - women	18	2.6	16	1.8	15	1.4	20	2.8	15	1.4	26	2.4	26	1.6	18	1.8
Relative median at-risk-of-poverty gap - 0-15	20	3	17	2.2	13	2	27	3.6	19	2.2	26	3	28	2.2	15	1.8
Relative median at-risk-of-poverty gap - 16-64	21	2.6	18	2	23	1.6	28	2.8	19	1.6	27	2.4	29	1.8	20	1.8
Relative median at-risk-of-poverty gap - 65+	17	3	7	2.2	8	1.4	11	3.2	9	1.6	24	2.8	22	2	19	1.8
Relative median at-risk-of-poverty gap - 16+	19	2.6	17	1.8	17	1.2	21	2.6	16	1.2	26	2.4	26	1.6	20	1.8
Relative median at-risk-of-poverty gap - men, 16-64	22	3	20	2.2	23	2.4	29	3.4	20	2.2	28	2.8	28	2	21	1.8
Relative median at-risk-of-poverty gap - men, 65+	19	3.4	11	4	6	2	11	4.8	10	2.2	22	3.2	23	2.6	18	1.6
Relative median at-risk-of-poverty gap - men, 16+	21	2.8	20	2.2	18	1.8	25	3.2	18	1.8	26	2.6	26	1.8	20	1.8
Relative median at-risk-of-poverty gap - women, 16-64	21	2.8	17	2	23	2.4	27	3.2	18	2	26	2.8	29	2	20	1.8
Relative median at-risk-of-poverty gap - women, 65+	17	3.2	7	2.2	9	2	12	3.4	8	1.8	25	3	19	2.2	20	1.6
Relative median at-risk-of-poverty gap - women, 16+	18	2.6	15	2	16	1.6	19	2.8	14	1.6	26	2.6	25	1.8	20	1.8
Gini coefficient	28	0.8	25	0.6	24	0.8	33	1	32	1	34	1	31	0.6	27	0.6

Reading note: The confidence intervals at 95% of the estimates correspond to [value +/– precision].

Table1: Estimated standard errors by country (2006) - continued

	IT		CY		LV		LT		HU		MT		NL		AT	
Indicator	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision
At-risk-of-poverty rate after social transfers - total	20	0.6	16	1.2	23	1.4	20	1	16	1	14	1.2	10	0.8	13	0.8
At-risk-of-poverty rate after social transfers - men	18	0.8	14	1.4	21	1.8	19	1.4	16	1.2	14	1.4	10	1	11	1.2
At-risk-of-poverty rate after social transfers - women	21	0.8	18	1.6	25	1.8	21	1.2	16	1.2	14	1.4	10	1	14	1.2
At-risk-of-poverty rate after social transfers - 0-15	25	1.4	11	1.8	25	3	24	2.4	25	2	19	2.4	14	1.4	15	2
At-risk-of-poverty rate after social transfers - 16-24	25	1.8	10	2	21	3	21	2.6	18	2.2	10	2.2	18	2.2	12	2.4
At-risk-of-poverty rate after social transfers - 25-49	18	0.8	10	1.6	19	2	18	1.6	16	1.4	11	1.6	9	1.2	11	1.2
At-risk-of-poverty rate after social transfers - 50-64	15	1	13	2	26	2.8	18	2	11	1.4	13	2	6	1.2	11	1.4
At-risk-of-poverty rate after social transfers - 65+	22	1.2	52	2.8	30	2.8	22	2.2	9	1.4	21	2.6	6	1.4	16	2.2
At-risk-of-poverty rate after social transfers - 16+	19	0.6	17	1.4	23	1.4	19	1	14	1	13	1.2	9	1	12	0.8
At-risk-of-poverty rate after social transfers - 16-64	18	0.6	11	1.4	21	1.6	18	1	15	1	12	1.2	10	1	11	1
At-risk-of-poverty rate after social transfers - 0-64	19	0.6	11	1.2	22	1.4	20	1	17	1	13	1.2	11	1	12	0.8
Inequality of income distribution S80/S20	6	0.2	4	0.2	8	0.4	6	0.4	6	0.2	4	0.2	4	0.2	4	0.2
Relative median at-risk-of-poverty gap - total	24	1.4	19	1.8	25	2.8	29	2.4	24	1.8	21	2	17	3	16	1.6
Relative median at-risk-of-poverty gap - men	25	1.4	18	2.2	29	3.2	31	2.8	25	2	21	2.4	20	3	18	2.6
Relative median at-risk-of-poverty gap - women	24	1.4	20	2	23	3	25	2.6	23	2	21	2.2	17	3	14	2
Relative median at-risk-of-poverty gap - 0-15	29	1.6	13	2.6	30	4	32	3.4	25	2.2	19	2.6	17	3	17	3.6
Relative median at-risk-of-poverty gap - 16-64	28	1.4	18	2.2	30	3	31	2.6	25	2	19	2.2	19	3	19	2.4
Relative median at-risk-of-poverty gap - 65+	18	1.4	22	2.2	16	3.4	13	3	17	2.4	32	3.2	8	3	13	3.2
Relative median at-risk-of-poverty gap - 16+	23	1.4	20	1.8	24	2.8	28	2.4	24	2	22	2	18	3	15	1.8
Relative median at-risk-of-poverty gap - men, 16-64	28	1.4	16	2.6	32	3.6	33	3	25	2.2	19	2.8	21	3	18	3.6
Relative median at-risk-of-poverty gap - men, 65+	16	1.6	20	2.8	15	5	10	4.2	21	3.2	32	4	8	3	13	6.2
Relative median at-risk-of-poverty gap - men, 16+	24	1.4	18	2.2	29	3.4	31	3	25	2	21	2.4	20	3	17	3.2
Relative median at-risk-of-poverty gap - women, 16-64	28	1.4	19	2.4	29	3.4	30	2.8	24	2.2	21	2.6	17	3	19	3.2
Relative median at-risk-of-poverty gap - women, 65+	19	1.6	23	2.6	16	3.4	14	3	16	2.4	32	3.8	11	2.8	13	4
Relative median at-risk-of-poverty gap - women, 16+	23	1.4	21	2.2	21	3	22	2.6	23	2	24	2.4	17	3	14	2.2
Gini coefficient	32	0.6	29	1	39	1.2	35	0.8	33	0.8	28	0.8	26	0.6	25	0.8

Reading note: The confidence intervals at 95% of the estimates correspond to [value +/– precision].

Table 1: Estimated standard errors by country (2006) - continued

	PL		PT		SI		SK		FI		SE	
Indicator	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision	Value	Precision
At-risk-of-poverty rate after social transfers - total	19	0.6	19	1.4	12	0.8	12	0.8	13	0.8	12	1
At-risk-of-poverty rate after social transfers - men total	20	0.8	18	1.8	10	0.8	12	1.2	12	1	12	1.2
At-risk-of-poverty rate after social transfers - women total	19	0.6	19	1.6	13	0.8	12	1	13	1	12	1.2
At-risk-of-poverty rate after social transfers - 0-15 years	26	1.2	20	2.6	12	1.4	17	2.2	9	1.2	14	1.6
At-risk-of-poverty rate after social transfers - 16-24 years	25	1.2	18	2.8	9	1.2	14	2	22	2	27	2.4
At-risk-of-poverty rate after social transfers - 25-49 years	19	0.8	15	1.8	9	0.8	12	1.2	9	1	11	1.2
At-risk-of-poverty rate after social transfers - 50-64 years	16	1	18	2.4	12	1.2	8	1.4	10	1.2	5	1.2
At-risk-of-poverty rate after social transfers - 65+ years	8	0.8	26	2.6	20	1.6	9	1.8	22	2.2	12	2
At-risk-of-poverty rate after social transfers - 16+ years	18	0.6	18	1.4	12	0.8	11	0.8	13	1	12	1
At-risk-of-poverty rate after social transfers - 16-64 years	20	0.6	16	1.6	10	0.8	11	0.8	11	1	12	1
At-risk-of-poverty rate after social transfers - 0-64 years	21	0.6	17	1.4	10	0.8	12	0.8	11	0.8	12	1
Inequality of income distribution S80/S20	6	0.2	7	0.8	3	< 0.05	4	0.2	4	< 0.05	4	< 0.05
Relative median at-risk-of-poverty gap - total	25	1.2	24	2.2	19	0.8	20	2.8	15	1.4	22	3
Relative median at-risk-of-poverty gap - men total	26	1.4	22	2.6	20	1.4	21	3	15	1.6	25	3.4
Relative median at-risk-of-poverty gap - women total	24	1.4	24	2.4	18	1.2	20	3	14	1.6	20	3.4
Relative median at-risk-of-poverty gap - 0-15 years	27	1.6	24	3.2	18	2.2	21	3.4	10	1.8	20	3.6
Relative median at-risk-of-poverty gap - 16-64 years	26	1.4	25	2.4	19	1.2	21	3	17	1.6	27	3.2
Relative median at-risk-of-poverty gap - 65+ years	14	2	17	2.8	18	2	15	4	11	2.2	12	4
Relative median at-risk-of-poverty gap - 16+ years	24	1.2	23	2.2	19	1	20	2.8	15	1.4	22	3.2
Relative median at-risk-of-poverty gap - men, 16-64 years	26	1.4	25	3	21	1.6	22	3.2	17	1.8	28	3.6
Relative median at-risk-of-poverty gap - men, 65+ years	14	3	16	3.4	15	3.6	12	5.6	10	2.8	10	4.8
Relative median at-risk-of-poverty gap - men, 16+ years	25	1.4	22	2.6	20	1.6	21	3.2	15	1.8	24	3.6
Relative median at-risk-of-poverty gap - women, 16-64 years	25	1.4	25	2.8	18	1.6	20	3.2	17	1.8	26	3.6
Relative median at-risk-of-poverty gap - women, 65+ years	14	2.2	19	3.2	18	2.4	17	4.2	12	2.4	12	4.4
Relative median at-risk-of-poverty gap - women, 16+ years	23	1.4	24	2.6	18	1.4	19	3	15	1.8	21	3.4
Gini coefficient	33	0.6	38	2	24	0.4	28	1	26	0.4	24	0.4

Reading note: The confidence intervals at 95% of the estimates correspond to [value +/– precision].

6.4. Annex 4: Statistical tables (data available on 16 July 2008)

1. At-risk-of-poverty rate by age and gender, 2006

		EU27	EU25	BE	BG[1]	CZ	DK	DK[2]	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO[1]	SI	SK	FI	SE	UK
Total population	Total	:	16s	15	14i	10	12	13p	13	18	18	21	20	13	20	16	23	20	14	16	14p	10	13	19	18p	19i	12	12	13	12	19
	Men	:	15s	14	12i	9	11	13p	12	16	17	20	18	12	18	14	21	19	14	16	14p	10	11	20	18p	18i	10	12	12	12	18
	Women	:	17s	16	16i	11	12	13p	13	20	19	21	21	14	21	18	25	21	14	16	14p	10	14	19	19p	19i	13	12	13	12	20
Children aged 0-17	Total	:	19s	15	16i	16	10	12p	12	20	22	23	24	14	25	11	26	25	20	25	19p	14	15	26	21p	:i	12	17	10	15	24
People aged 18-64	Total	:	15s	12	12i	9	11	13p	13	16	15	18	16	12	18	11	21	18	13	15	11p	9	11	19	16p	:i	10	11	11	11	16
	Men	:	14s	11	12i	8	11	13p	12	15	14	18	15	11	16	9	20	18	13	15	10p	9	10	20	15p	:i	10	11	12	12	15
	Women	:	15s	13	12i	10	11	13p	13	17	16	19	17	13	19	13	21	18	14	14	12p	10	12	18	17p	:i	10	10	10	11	16
People aged 65+	Total	:	19s	23	18i	6	17	14p	13	25	27	26	31	16	22	52	30	22	8	9	21p	6	16	8	26p	19i	20	8	22	12	28
	Men	:	16s	21	9i	2	16	12p	11	14	23	23	28	14	18	50	17	10	8	7	22p	7	11	6	26p	13i	12	4	16	7	25
	Women	:	21s	25	24i	8	19	16p	14	31	31	27	33	18	24	54	36	28	8	11	20p	6	20	9	26p	22i	25	11	26	15	30

1. At-risk-of-poverty threshold (illustrative values), EUR and PPS, 2006

	EU27	EU25	BE	BG[1]	CZ	DK	DK[2]	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO[1]	SI	SK	FI	SE	UK
EUR '- One-person household		8368s	10316	:i	2878	13598	15002.7	9370	2183	11808	5910	6860	9712	8712	8719	1520	1519	17808	2308	5077p	10356	10711	1867	4386p	:i	5589	1988	10987	10638	11584
'- Two adults with two dep. children under 14 years		17573s	21665	:i	6044	28555	31505.9	19677	4584	24796	12411	14406	20395	18295	18311	3193	3190	37397	4847	10661p	21747	22494	3920	9212p	:i	11738	4175	23072	22340	24327
PPS '- One-person household		:	9915	:i	5002	9806	10819p	9121	3431	9536	6762	7533	9117	8435	9666	2730	2811	17208	3691	7047p	10006	10617	3055	5216p	:i	7501	3602	8990	9069	10724
'- Two adults with two dep. children under 14 years		:	20822	:i	10505	20592	22720p	19155	7205	20025	14201	15819	19147	17714	20300	5734	5904	36136	7751	14798p	21012	22296	6416	10954p	:i	15753	7563	18879	19045	22520

Source: SILC 2006, Income data 2005; except for UK, income year 2006 and for IE moving income reference period (2005-2006); [1] BG and RO National HBS 2006, income data 2006; [2] with imputed rent (see methodological note).
Notes: i See explanatory text (Eurostat website) p = provisional value s = Eurostat estimate u = unreliable or uncertain data (:) = data not available
EU Aggregates: Eurostat estimates are obtained as a population size weighted average of national data.

1a. Relative median at-risk-of-poverty gap by age and gender, 2006

		EU27	EU25	BE	BG[1]	CZ	DK	DK[2]	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO[1]	SI	SK	FI	SE	UK
Total population	Total	:	22s	19	17i	17	17	18p	20	22	16	26	26	19	24	19	25	29	19	24	21p	17	15	25	23p	23i	19	20	14	22	23
	Men	:	23s	21	18i	19	19	20p	21	27	18	26	26	19	25	17	29	31	19	25	21p	20	18	26	22p	21i	20	21	15	25	23
	Women	:	22s	18	17i	16	15	17p	19	20	15	26	25	18	24	20	23	25	19	23	21p	17	14	24	24p	24i	18	20	14	20	23
Children aged 0-17	Total	:	23s	21	22i	18	15	16p	18	28	19	25	28	15	28	13	29	31	20	25	19p	17	17	27	24p	:i	18	20	10	21	21
People aged 18-64	Total	:	25s	21	18i	18	23	24p	22	28	19	27	29	21	28	19	30	31	19	25	19p	20	19	25	25p	:i	19	21	17	26	26
	Men	:	25s	22	19i	20	24	25p	23	29	19	28	28	21	28	16	32	33	18	25	19p	21	19	26	24p	:i	21	22	17	27	27
	Women	:	24s	21	18i	17	21	23p	21	26	18	26	29	20	28	20	29	30	19	24	21p	17	19	25	25p	:i	18	20	17	26	24
People aged 65+	Total	:	18s	17	14i	7	8	7p	17	11	9	24	21	19	18	22	16	13	21	17	32p	8	13	14	17p	19i	18	15	11	12	19
	Men	:	18s	19	8i	11u	6	8p	19	11	10	22	23	18	16	20	15	10	21u	21	32p	8u	13	14	16p	17i	15	12u	10	10	18
	Women	:	18s	17	16i	7	9	7p	17	11	8	25	19	20	19	23	16	14	17u	16	32p	11u	13	14	19p	20i	18	17	12	12	20

Source: SILC 2006, Income data 2005; except for UK, income year 2006 and for IE moving income reference period (2005-2006); [1] BG and RO National HBS 2006, income data 2006; [2] with imputed rent (see methodological note).
Notes: i See explanatory text (Eurostat website) p = provisional value s = Eurostat estimate u = unreliable or uncertain data (:) = data not available
EU Aggregates: Eurostat estimates are obtained as a population size weighted average of national data.

2. Inequality of income distribution: S80/S20 income quintile share ratio

		EU27	EU25	BE	BG[1]	CZ	DK	DK[2]	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO[1]	SI	SK	FI	SE	UK
S80/S20	Total	:	4.8s	4.2	3.5i	3.5	3.4	3.6p	4.1	5.5	4.9	6.1	5.3	4	5.5	4.3	7.9	6.3	4.2	5.5	4.2p	3.8	3.7	5.6	6.8p	5.3i	3.4	4	3.6	3.5	5.4

Source: SILC 2006, Income data 2005; except for UK, income year 2006 and for IE moving income reference period (2005-2006); [1] BG and RO National HBS 2006, income data 2006; [2] with imputed rent (see methodological note).
Notes: i See explanatory text (Eurostat website) p = provisional value s = Eurostat estimate u = unreliable or uncertain data (:) = data not available
EU Aggregates: Eurostat estimates are obtained as a population size weighted average of national data.

3. Healthy life years : Disability free life expectancy (+ life expectancy at 0, 45, 65) 1995-2005

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
life expectancy at birth - males	**eu27**	:	:	:	:	:	:	:	74.5	74.6	75.2	:
life expectancy at 45 - males	**eu27**	:	:	:	:	:	:	:	31.9	31.9	32.5	:
life expectancy at 65 - males	**eu27**	:	:	:	:	:	:	:	15.9	15.9	16.4	:
life expectancy at birth - females	**eu27**	:	:	:	:	:	:	:	80.9	80.8	81.5	:
life expectancy at 45 - females	**eu27**	:	:	:	:	:	:	:	37.2	37.2	37.7	:
life expectancy at 65 - females	**eu27**	:	:	:	:	:	:	:	19.5	19.4	19.9	:
life expectancy at birth - males	**eu25**	72.8	73.2	73.5	73.5	73.8	74.4	74.7	75	75.1	75.7	75.8
life expectancy at 45 - males	**eu25**	**:**	**:**	**:**	**:**	:	31.8	32.1	32.3	32.3	32.8	:
life expectancy at 65 - males	**eu25**	:	:	:	:	:	15.7	15.9	16.1	16.1	16.6	:
life expectancy at birth - females	**eu25**	79.7	79.9	80.2	80.2	80.4	80.8	81.1	81.3	81.2	81.9	81.9
life expectancy at 45 - females	**eu25**	:	:	:	:	:	37.2	37.4	37.6	37.5	38.1	:
life expectancy at 65 - females	**eu25**	:	:	:	:	:	19.4	19.6	19.7	19.6	20.2	:
life expectancy at birth - males	**eu15**	73.9	74.2	74.6	74.6	74.9	75.4	75.7	75.9	76	:	:
life expectancy at 45 - males	**eu15**	31.5	31.7	32	:	:	32.6	32.9	33	33.1	:	:
life expectancy at 65 - males	**eu15**	15.3	15.4	15.6	:	:	16.1	16.3	16.4	16.4	:	:
Disability free life expectancy at birth - males	**eu15**	:	:	:	:	63.2 e	63.5 e	63.6 e	64.3 e	64.5 e	:	:
life expectancy at birth - females	**eu15**	80.4	80.6	80.9	80.9	81.1	81.4	81.7	81.7	81.7	:	:
life expectancy at 45 - females	**eu15**	36.9	37.1	37.3	:	:	37.7	37.9	38	38	:	:
life expectancy at 65 - females	**eu15**	19.1	19.2	19.4	:	:	19.7	20	20	20	:	:
Disability free life expectancy at birth - females	**eu15**	:	:	:	:	63.9 e	64.4 e	65.0 e	65.8 e	66.0 e	:	:

Source: Eurostat - Demography; e: estimate

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006

Source: Eurostat - Demography

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**BE**	73.5	73.9	74.2	74.4	74.4	74.6	75	75.1	75.3	76	76.2	76.6
Life expectancy at 45 - males	**BE**	31.1	31.4	31.6	31.7	31.8	32	32.3	32.3	32.5	33	33.1	33.6
Life expectancy at 65 - males	**BE**	14.8	15	15.2	15.3	15.5	15.6	15.9	15.8	15.9	16.4	16.6	17
Healthy Life Years at birth - males	**BE**	63,3 (p)	64,1 (p)	66,5 (p)	63.3	66	65.7	66.6	66,9 (e)	67,4 (e)	58,4 (b,p)	61,7 (p)	:
Life expectancy at birth - females	**BE**	80.4	80.7	80.7	80.7	81	81	81.2	81.2	81.1	81.8	81.9	82.3
Life expectancy at 45 - females	**BE**	37	37.2	37.2	37.2	37.4	37.5	37.7	37.5	37.3	38	38	38.5
Life expectancy at 65 - females	**BE**	19.3	19.4	19.5	19.6	19.6	19.7	19.9	19.7	19.6	20.2	20.2	20.6
Healthy Life Years at birth - females	**BE**	66.4	68,5 (e)	68.3	65,4 (e)	68.4	69.1	68.8	69,0 (e)	69,2 (e)	58,1 (b,p)	61,9 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**BG**	67.4	67.4	67	67.4	68.2	68.4	68.6	68.8	68.9	68.9	69	69.2
Life expectancy at 45 - males	**BG**	26.6	26.6	26.3	26.4	27.2	27	27.2	27.3	27.3	27.3	27.2	27.3
Life expectancy at 65 - males	**BG**	12.7	12.5	12.3	12.5	12.9	12.7	13	13	13	13	13.1	13.2
Healthy Life Years at birth - males	**BG**	:	:	:	:	:	:	:	:	:	:	:	:
Life expectancy at birth - females	**BG**	74.9	74.5	73.8	74.6	75	75	75.4	75.5	75.9	75.8	76.2	76.3
Life expectancy at 45 - females	**BG**	32.4	32.2	31.7	32.2	32.5	32.4	32.8	32.9	33.1	33	33.3	33.5
Life expectancy at 65 - females	**BG**	15.3	15	14.7	15	15.4	15.3	15.6	15.7	15.8	15.8	16.1	16.3
Healthy Life Years at birth - females	**BG**	:	:	:	:	:	:	:	:	:	:	:	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**CZ**	69.7	70.4	70.5	71.2	71.5	71.7	72.1	72.1	72	72.6	72.9	73.5
Life expectancy at 45 - males	**CZ**	27.6	27.9	28.1	28.6	28.8	29	29.3	29.3	29.2	29.7	29.9	30.4
Life expectancy at 65 - males	**CZ**	12.7	13.1	13.2	13.5	13.7	13.8	14	13.9	13.8	14.2	14.4	14.8
Healthy Life Years at birth - males	**CZ**	:	:	:	:	:	:	:	62,8 (p)	:	:	57,9 (b,p)	:
Life expectancy at birth - females	**CZ**	76.8	77.5	77.6	78.2	78.3	78.5	78.6	78.7	78.6	79.2	79.2	79.9
Life expectancy at 45 - females	**CZ**	33.4	33.9	34.1	34.5	34.5	34.8	34.8	34.9	34.7	35.3	35.3	36
Life expectancy at 65 - females	**CZ**	16.2	16.6	16.7	17	17	17.3	17.3	17.3	17.2	17.6	17.7	18.3
Healthy Life Years at birth - females	**CZ**	:	:	:	:	:	:	:	63,3 (p)	:	:	59,9 (p)	:

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006 (continued)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**DK**	72.7	73.1	73.6	74	74.2	74.5	74.7	74.8	75	75.4	76	76.1
Life expectancy at 45 - males	**DK**	30.2	30.5	30.9	31.1	31.3	31.6	31.7	31.8	32	32.4	32.8	32.8
Life expectancy at 65 - males	**DK**	14.1	14.4	14.6	14.9	15	15.2	15.2	15.4	15.6	15.9	16.1	16.2
Healthy Life Years at birth - males	**DK**	61.6	61.7	61.6	62.4	62.5	62.9	62.2	62,8 (e)	63 (e)	68,3 (b,p)	68,4 (p)	:
Life expectancy at birth - females	**DK**	77.9	78.3	78.6	79	79	79.2	79.3	79.4	79.8	80.2	80.5	80.7
Life expectancy at 45 - females	**DK**	34.4	34.9	35	35.4	35.2	35.5	35.6	35.6	35.9	36.4	36.6	36.8
Life expectancy at 65 - females	**DK**	17.6	17.9	18	18.3	18.1	18.3	18.3	18.2	18.5	19	19.1	19.2
Healthy Life Years at birth - females	**DK**	60.7	61.1	60,7 (e)	61,3 (e)	60.8	61.9	60.4	61,0 (e)	60,9 (e)	68,8 (p)	68,2 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**DE**	73.3	73.6	74.1	74.5	74.8	75.1	75.6	75.7	75.8	76.5	76.7	77.2
Life expectancy at 45 - males	**DE**	30.7	31	31.4	31.7	32	32.2	32.5	32.6	32.7	33.3	33.4	33.8
Life expectancy at 65 - males	**DE**	14.8	14.9	15.2	15.4	15.6	15.8	16.1	16.2	16.2	16.7	16.9	17.2
Healthy Life Years at birth - males	**DE**	60	60.8	61,9 (e)	62,1 (e)	62,3 (e)	63,2 (e)	64,1 (e)	64,4 (e)	65 (e)	:	55	:
Life expectancy at birth - females	**DE**	79.9	80.1	80.5	80.8	81	81.2	81.4	81.3	81.3	81.9	82	82.4
Life expectancy at 45 - females	**DE**	36.4	36.5	36.9	37.1	37.3	37.5	37.6	37.5	37.5	38	38.1	38.5
Life expectancy at 65 - females	**DE**	18.7	18.8	19.1	19.3	19.4	19.6	19.8	19.6	19.5	20.1	20.1	20.5
Healthy Life Years at birth - females	**DE**	64.3	64.5	64,3 (e)	64,3 (e)	64,3 (e)	64,6 (e)	64,5 (e)	64,5 (e)	64,7 (e)	:	55,1 (b,p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**EE**	61.5	64.3	64.3	64.1	64.9	65.5	64.9	65.3	66.1	66.4	67.3	67.4
Life expectancy at 45 - males	**EE**	23.4	24.5	24.9	24.3	25.2	25.3	24.9	25.3	25.6	25.8	26.2	26.3
Life expectancy at 65 - males	**EE**	12	12.2	12.5	12.2	12.6	12.8	12.7	12.8	12.7	13	13.1	13.2
Healthy Life Years at birth - males	**EE**	:	:	:	:	:	:	:	:	:	49,8 (b,p)	48 (p)	:
Life expectancy at birth - females	**EE**	74.3	75.6	75.9	75.4	76	76.2	76.4	77	77.1	77.8	78.2	78.6
Life expectancy at 45 - females	**EE**	32.4	33	33.3	32.9	33.5	33.6	33.7	34	34.1	34.6	35	35.1
Life expectancy at 65 - females	**EE**	16.1	16.4	16.8	16.5	17	17	17.3	17.3	17.4	17.8	18	18.3
Healthy Life Years at birth - females	**EE**	:	:	:	:	:	:	:	:	:	53,3 (b,p)	52,2 (p)	:

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006 (continued)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**IE**	72.8	73.1	73.4	73.4	73.4	74	74.5	75.2	75.9	76.4	77.3	77.3
Life expectancy at 45 - males	**IE**	30.1	30.5	30.7	30.9	30.8	31.5	31.9	32.4	33	33.4	34.1	34.1
Life expectancy at 65 - males	**IE**	13.5	13.9	14	14.2	14.1	14.6	15	15.4	15.9	16.2	16.8	16.8
Healthy Life Years at birth - males	**IE**	63.2	64	63.2	64	63.9	63.3	63.3	63,5 (e)	63,4 (e)	62,5 (b,p)	62,9 (p)	:
Life expectancy at birth - females	**IE**	78.3	78.7	78.7	79.1	78.9	79.2	79.9	80.5	80.8	81.4	81.7	82.1
Life expectancy at 45 - females	**IE**	34.8	35.1	35.2	35.5	35.3	35.7	36.4	36.9	37	37.6	37.9	38.2
Life expectancy at 65 - females	**IE**	17.2	17.4	17.6	17.8	17.6	18	18.5	18.9	19.2	19.7	20	20.2
Healthy Life Years at birth - females	**IE**	:	:	:	:	67.6	66.9	66.5	65,9 (e)	65,4 (e)	64,3 (b,p)	64,1 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**EL**	75	75.1	75.4	75.4	75.5	75.5	75.9	76.2	76.5	76.6	76.8	77.2
Life expectancy at 45 - males	**EL**	32.6	32.6	32.9	32.8	32.9	32.8	33.2	33.4	33.5	33.7	33.9	34.3
Life expectancy at 65 - males	**EL**	15.9	16	16.2	16.1	16.2	16.1	16.5	16.6	16.7	16.9	17.1	17.5
Healthy Life Years at birth - males	**EL**	65.8	66.9	66.4	66.5	66.7	66.3	66.7	66,7 (e)	66,7 (e)	63,7 (b,p)	65.7 (p)	:
Life expectancy at birth - females	**EL**	80.1	80.2	80.4	80.3	80.5	80.6	81	81.1	81.2	81.3	81.6	81.9
Life expectancy at 45 - females	**EL**	36.5	36.6	36.8	36.7	36.8	36.8	37.2	37.2	37.2	37.5	37.8	37.9
Life expectancy at 65 - females	**EL**	18.2	18.3	18.4	18.3	18.4	18.4	18.7	18.7	18.7	18.9	19.2	19.4
Healthy Life Years at birth - females	**EL**	69,2 (e)	69.6	68.7	68.3	69.4	68.2	68.8	68,5 (e)	68,4 (e)	65,2 (b,p)	67,2 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**ES**	74.4	74.5	75.2	75.3	75.3	75.8	76.2	76.3	76.3	76.9	77	77.7
Life expectancy at 45 - males	**ES**	32.5	32.6	32.8	32.8	32.7	33.2	33.4	33.5	33.5	34	33.9	34.6
Life expectancy at 65 - males	**ES**	16.2	16.2	16.3	16.2	16.2	16.7	16.9	16.9	16.8	17.3	17.3	17.9
Healthy Life Years at birth - males	**ES**	64.2	65.1	65.5	65.2	65.6	66.5	66	66,6 (e)	66,8 (e)	62,5 (b,p)	63,2 (p)	:
Life expectancy at birth - females	**ES**	81.8	82	82.3	82.4	82.4	82.9	83.2	83.2	83	83.7	83.7	84.4
Life expectancy at 45 - females	**ES**	38.4	38.5	38.8	38.7	38.7	39.2	39.4	39.4	39.2	39.9	39.7	40.4
Life expectancy at 65 - females	**ES**	20.2	20.3	20.5	20.4	20.3	20.8	21	21	20.8	21.5	21.3	22
Healthy Life Years at birth - females	**ES**	67.7	68.4	68.2	68.2	69.5	69.3	69,2 (e)	69,9 (e)	70,2 (e)	62,5 (b,p)	63,1 (p)	:

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006 (continued)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**FR**	:	:	:	74.8	75	75.3	75.5	75.7	75.8	76.7	76.7	77.3
Life expectancy at 45 - males	**FR**	:	:	:	32.4	32.6	32.9	33	33.1	33.1	33.9	33.9	34.4
Life expectancy at 65 - males	**FR**	:	:	:	16.5	16.6	16.8	17	17	17	17.7	17.7	18.2
Healthy Life Years at birth - males	**FR**	60	59.6	60.2	59.2	60.1	60.1	60.5	60,4 (e)	60,6 (e)	61,2 (b,p)	62 (p)	:
Life expectancy at birth - females	**FR**	:	:	:	82.6	82.7	83	83	83	82.7	83.8	83.7	84.4
Life expectancy at 45 - females	**FR**	:	:	:	39.1	39.2	39.4	39.4	39.3	39	40.1	40	40.6
Life expectancy at 65 - females	**FR**	:	:	:	21.2	21.2	21.4	21.5	21.3	21	22.1	22	22.6
Healthy Life Years at birth - females	**FR**	62.4	62.5	63.1	62.8	63.3	63,2 (e)	63.3	63,7 (e)	63,9 (e)	64,1 (b,p)	64,3 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**IT**	75.1	75.5	75.9	76.1	76.6	77	77.2	77.4	77.1	77.9	:	:
Life expectancy at 45 - males	**IT**	32.6	32.9	33.1	33.1	33.5	33.8	34.1	34.2	34	34.7	:	:
Life expectancy at 65 - males	**IT**	15.8	16	16.1	16.1	16.4	16.7	16.9	17	16.8	17.5	:	:
Healthy Life Years at birth - males	**IT**	66.7	67.4	68	67.9	68.7	69.7	69.8	70,4 (e)	70,9 (e)	67,9 (b,p)	65,8 (p)	:
Life expectancy at birth - females	**IT**	81.6	81.8	82.1	82.2	82.7	82.9	83.2	83.2	82.8	83.8	:	:
Life expectancy at 45 - females	**IT**	38	38.3	38.4	38.5	38.8	39	39.3	39.3	38.8	39.8	:	:
Life expectancy at 65 - females	**IT**	19.9	20.1	20.2	20.3	20.5	20.7	21	21	20.6	21.5	:	:
Healthy Life Years at birth - females	**IT**	70	70,5 (e)	71.3	71.3	72.1	72.9	73,0 (e)	73,9 (e)	74,4 (e)	70,2 (b,p)	67 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**CY**	:	:	:	:	:	:	:	76.4	77.4	76.8	76.8	78.8
Life expectancy at 45 - males	**CY**	:	:	:	:	:	:	:	33.7	34.2	33.9	34.2	35.4
Life expectancy at 65 - males	**CY**	:	:	:	:	:	:	:	16.3	16.8	16.7	16.8	17.7
Healthy Life Years at birth - males	**CY**	:	:	:	:	:	:	:	:	68.4	:	59,5 (b,p)	:
Life expectancy at birth - females	**CY**	:	:	:	:	:	:	:	81	81.6	82.1	81.1	82.4
Life expectancy at 45 - females	**CY**	:	:	:	:	:	:	:	37.4	37.7	38	37.6	38.3
Life expectancy at 65 - females	**CY**	:	:	:	:	:	:	:	19	19.3	19.5	19.1	19.7
Healthy Life Years at birth - females	**CY**	:	:	:	:	:	:	:	:	69.6	:	57,9 (b,p)	:

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006 (continued)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**LV**	:	:	:	:	:	:	:	64.7	65.6	65.9	65.4	65.4
Life expectancy at 45 - males	**LV**	:	:	:	:	:	:	:	24.9	25.3	25.4	25	24.9
Life expectancy at 65 - males	**LV**	:	:	:	:	:	:	:	12.5	12.6	12.6	12.5	12.7
Healthy Life Years at birth - males	**LV**	:	:	:	:	:	:	:	:	:	:	50,6 (b,p)	:
Life expectancy at birth - females	**LV**	:	:	:	:	:	:	:	76	75.9	76.2	76.5	76.3
Life expectancy at 45 - females	**LV**	:	:	:	:	:	:	:	33.5	33.2	33.7	33.8	33.5
Life expectancy at 65 - females	**LV**	:	:	:	:	:	:	:	17	16.8	17.1	17.2	17.3
Healthy Life Years at birth - females	**LV**	:	:	:	:	:	:	:	:	:	:	53,1 (b,p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**LT**	63.3	64.6	65.5	66	66.3	66.8	65.9	66.2	66.4	66.3	65.3	65.3
Life expectancy at 45 - males	**LT**	24.5	25.2	26	26.2	26.4	26.7	26.2	26.1	26.1	26.1	25.3	25.1
Life expectancy at 65 - males	**LT**	12.9	13	13.2	13.3	13.4	13.7	13.5	13.3	13.3	13.4	13	13
Healthy Life Years at birth - males	**LT**	:	:	:	:	:	:	:	:	:	:	51,2 (b,p)	:
Life expectancy at birth - females	**LT**	75.1	75.9	76.6	76.6	77	77.5	77.6	77.5	77.8	77.7	77.3	77
Life expectancy at 45 - females	**LT**	33	33.6	34.1	34.1	34.5	34.8	34.7	34.6	34.8	34.7	34.3	34.2
Life expectancy at 65 - females	**LT**	16.9	17.2	17.3	17.4	17.6	17.9	17.9	17.8	18.1	17.9	17.6	17.6
Healthy Life Years at birth - females	**LT**	:	:	:	:	:	:	:	:	:	:	54,3 (b,p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**LU**	73	73.3	74	73.7	74.4	74.6	75.1	74.6	74.8	75.9	76.7	76.8
Life expectancy at 45 - males	**LU**	30.5	30.7	31.2	31.2	31.8	32	32.5	32.3	31.9	33.1	33.3	33.5
Life expectancy at 65 - males	**LU**	14.7	14.8	14.8	15.2	15.3	15.5	16	15.9	15.3	16.5	16.7	17
Healthy Life Years at birth - males	**LU**	:	:	:	:	:	:	:	:	:	59,1 (b,p)	62,2 (p)	:
Life expectancy at birth - females	**LU**	80.6	80.2	80	80.8	81.4	81.3	80.7	81.5	80.8	82.3	82.3	81.9
Life expectancy at 45 - females	**LU**	37.3	37.1	36.7	37.3	37.5	37.7	37.4	37.7	37	38.5	38.4	38
Life expectancy at 65 - females	**LU**	19.7	19.5	19.2	19.5	19.8	20.1	19.7	20	18.9	20.5	20.4	20.3
Healthy Life Years at birth - females	**LU**	:	:	:	:	:	:	:	:	:	60,2 (b,p)	62,1 (p)	:

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006 (continued)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**HU**	65.4	66.3	66.7	66.5	66.7	67.6	68.2	68.3	68.4	68.7	68.7	69.2
Life expectancy at 45 - males	**HU**	24.7	25.1	25.4	25.3	25.3	26	26.4	26.4	26.3	26.6	26.4	26.8
Life expectancy at 65 - males	**HU**	12.2	12.3	12.5	12.5	12.5	13	13.2	13.2	13	13.4	13.3	13.6
Healthy Life Years at birth - males	**HU**	:	:	:	:	:	:	:	:	53,5 (p)	:	52 (b,p)	:
Life expectancy at birth - females	**HU**	74.8	75	75.5	75.6	75.6	76.2	76.7	76.7	76.7	77.2	77.2	77.8
Life expectancy at 45 - females	**HU**	32.2	32.4	32.7	32.8	32.6	33.2	33.5	33.6	33.5	33.8	33.8	34.3
Life expectancy at 65 - females	**HU**	16	15.9	16.3	16.4	16.2	16.7	17	17	16.9	17.3	17.2	17.7
Healthy Life Years at birth - females	**HU**	:	:	:	:	:	:	:	:	57,8 (p)	:	53,9 (b,p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**MT**	74.8	74.8	75.2	74.9	75.3	76.2	76.6	76.3	76.4	77.4	77.3	77
Life expectancy at 45 - males	**MT**	32.5	32.3	32.1	32	32.1	32.7	33.4	33	33.2	34.1	33.8	33.6
Life expectancy at 65 - males	**MT**	15.5	14.8	14.6	14.6	15	15.1	15.7	15.3	15.6	16.3	16.2	16.1
Healthy Life Years at birth - males	**MT**	:	:	:	:	:	:	:	65,1 (p)	:	:	68,5 (b,p)	:
Life expectancy at birth - females	**MT**	79.6	79.6	80.1	80	79.4	80.3	81.2	81.3	80.8	81.2	81.4	81.9
Life expectancy at 45 - females	**MT**	35.7	36.5	36.6	36.3	35.9	36.5	36.9	37.3	36.9	37.4	37.5	37.7
Life expectancy at 65 - females	**MT**	17.6	18.3	18.4	18.1	17.8	18.5	18.7	19.1	18.6	19.1	19.4	19.5
Healthy Life Years at birth - females	**MT**	:	:	:	:	:	:	:	65,7 (p)	:	:	70,1 (b,p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**NL**	74.6	74.7	75.2	75.2	75.3	:	75.8	76	76.3	76.9	77.2	77.7
Life expectancy at 45 - males	**NL**	31.6	31.6	32	32	32.1	:	32.6	32.7	32.9	33.5	33.8	34.2
Life expectancy at 65 - males	**NL**	14.7	14.8	15.1	15.1	15.2	:	15.6	15.6	15.8	16.3	16.4	16.8
Healthy Life Years at birth - males	**NL**	61.1	62.1	62.5	61.9	61.6	61.4	61.9	61,7 (e)	61,7 (e)	:	65 (b,p)	:
Life expectancy at birth - females	**NL**	80.5	80.5	80.7	80.8	80.5	:	80.8	80.7	81	81.5	81.7	82
Life expectancy at 45 - females	**NL**	36.9	36.9	37	37.1	36.9	:	37.1	37	37.2	37.7	37.9	38.1
Life expectancy at 65 - females	**NL**	19.2	19.2	19.3	19.4	19.2	:	19.4	19.3	19.5	19.9	20.1	20.3
Healthy Life Years at birth - females	**NL**	62,1 (e)	61.5	61.4	61,1 (e)	61.4	60.2	59.4	59,3 (e)	58,8 (e)	:	63,1 (b,p)	:

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006 (continued)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**AT**	73.4	73.7	74.1	74.5	74.9	75.2	75.7	75.8	75.9	76.4	76.7	77.2
Life expectancy at 45 - males	**AT**	31	31.2	31.4	31.7	32	32.4	32.8	32.9	32.9	33.4	33.6	34
Life expectancy at 65 - males	**AT**	15	15.1	15.2	15.4	15.7	16	16.3	16.3	16.4	16.9	17	17.3
Healthy Life Years at birth - males	**AT**	60	62.3	62.2	63.4	63.6	64.6	64.2	65,6 (e)	66,2 (e)	58,1 (b,p)	57,8 (p)	:
Life expectancy at birth - females	**AT**	80.1	80.2	80.7	81	81	81.2	81.7	81.7	81.5	82.1	82.3	82.8
Life expectancy at 45 - females	**AT**	36.5	36.6	37	37.3	37.3	37.5	37.9	37.8	37.7	38.3	38.4	38.9
Life expectancy at 65 - females	**AT**	18.8	18.9	19.1	19.4	19.4	19.6	20	19.8	19.8	20.2	20.4	20.7
Healthy Life Years at birth - females	**AT**	:	:	:	:	:	68	68.5	69,0 (e)	69,6 (e)	60,2 (b,p)	59,6 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**PL**	67.7	68.1	68.5	68.9	68.8	69.6	70	70.3	70.5	70.6	70.8	70.9
Life expectancy at 45 - males	**PL**	26.7	26.9	27.1	27.4	27.3	27.9	28.1	28.3	28.4	28.5	28.6	28.8
Life expectancy at 65 - males	**PL**	12.9	12.9	13.1	13.4	13.3	13.6	13.7	13.9	13.9	14.2	14.3	14.5
Healthy Life Years at birth - males	**PL**	:	59.9	:	:	:	:	:	62.5	:	:	61 (p)	:
Life expectancy at birth - females	**PL**	76.4	76.6	77	77.4	77.5	78	78.4	78.8	78.8	79.2	79.3	79.7
Life expectancy at 45 - females	**PL**	33.6	33.7	33.9	34.2	34.3	34.7	35	35.3	35.3	35.6	35.8	36.1
Life expectancy at 65 - females	**PL**	16.5	16.5	16.8	17.1	17.1	17.5	17.7	18	18	18.3	18.5	18.8
Healthy Life Years at birth - females	**PL**	:	66.8	:	:	:	:	:	68.9	:	:	66,6 (b,p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**PT**	71.7	71.6	72.2	72.4	72.6	73.2	73.5	73.8	74.2	75	74.9	75.5
Life expectancy at 45 - males	**PT**	30.7	30.6	31	31.1	31.3	31.6	31.9	31.9	32	32.6	32.4	32.9
Life expectancy at 65 - males	**PT**	14.7	14.6	14.9	14.9	15	15.4	15.7	15.7	15.7	16.3	16.1	16.6
Healthy Life Years at birth - males	**PT**	59.6	58.2	59.3	59.1	58.8	60.2	59.5	59,7 (e)	59,8 (e)	55,1 (b,p)	58,4 (p)	:
Life expectancy at birth - females	**PT**	79	79	79.3	79.5	79.7	80.2	80.5	80.6	80.6	81.5	81.3	82.3
Life expectancy at 45 - females	**PT**	35.9	35.9	36.3	36.4	36.4	36.9	37.1	37.2	37	37.9	37.6	38.5
Life expectancy at 65 - females	**PT**	18.1	18.1	18.4	18.5	18.5	18.9	19.1	19.2	19	19.7	19.4	20.2
Healthy Life Years at birth - females	**PT**	63.1	60.5	60.4	61.1	60.7	62.2	62.7	61,8 (e)	61,8 (e)	52 (b,p)	56,7 (p)	:

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006 (continued)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**RO**	65.5	65.1	65.2	66.3	67.1	67.7	67.5	67.3	67.7	68.2	68.7	69.2
Life expectancy at 45 - males	**RO**	26	25.6	25.8	26.4	26.9	27.3	27	26.7	26.8	27.3	27.4	27.7
Life expectancy at 65 - males	**RO**	12.8	12.4	12.7	13	13	13.4	13.3	12.9	13	13.3	13.4	13.6
Healthy Life Years at birth - males	**RO**												:
Life expectancy at birth - females	**RO**	73.5	72.8	73.3	73.8	74.2	74.8	74.9	74.7	75	75.5	75.7	76.2
Life expectancy at 45 - females	**RO**	31.8	31.4	31.8	32.1	32.3	32.7	32.7	32.4	32.7	33.1	33.1	33.5
Life expectancy at 65 - females	**RO**	15.3	14.9	15.3	15.5	15.5	15.9	16	15.7	15.8	16.2	16.1	16.5
Healthy Life Years at birth - females	**RO**												:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**SI**	70.8	71.1	71.1	71.3	71.8	72.2	72.3	72.6	72.5	73.5	73.9	74.5
Life expectancy at 45 - males	**SI**	28.6	29	29	29.1	29.3	29.7	29.8	30	29.8	30.7	31.1	31.6
Life expectancy at 65 - males	**SI**	13.6	13.8	14	13.9	14.1	14.2	14.5	14.5	14.3	15	15.2	15.8
Healthy Life Years at birth - males	**SI**	:	:	:	:	:	:	:	:	:	:	56,3 (b,p)	:
Life expectancy at birth - females	**SI**	78.5	79	79.1	79.2	79.5	79.9	80.4	80.5	80.3	80.8	80.9	82
Life expectancy at 45 - females	**SI**	35	35.4	35.5	35.6	35.8	36.2	36.5	36.6	36.5	37	37.1	37.9
Life expectancy at 65 - females	**SI**	17.6	18.1	18	18.1	18.3	18.7	19	19	18.7	19.4	19.3	20
Healthy Life Years at birth - females	**SI**	:	:	:	:	:	:	:	:	:	:	59,9 (b,p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**SK**	68.4	68.8	68.9	68.6	69	69.2	69.5	69.8	69.8	70.3	70.2	70.4
Life expectancy at 45 - males	**SK**	26.7	27	27	26.9	27.1	27.2	27.3	27.5	27.6	28	27.8	28
Life expectancy at 65 - males	**SK**	12.7	12.8	12.9	12.8	13	12.9	13	13.2	13.2	13.3	13.3	13.3
Healthy Life Years at birth - males	**SK**	:	:	:	:	:	:	:	:	:	:	54,9 (b,p)	:
Life expectancy at birth - females	**SK**	76.5	77	76.9	77	77.4	77.5	77.7	77.7	77.7	78	78.1	78.4
Life expectancy at 45 - females	**SK**	33.3	33.8	33.7	33.8	34	34.1	34.1	34.3	34.3	34.5	34.5	34.8
Life expectancy at 65 - females	**SK**	16.2	16.6	16.5	16.6	16.8	16.7	16.8	16.9	16.9	17.1	17.1	17.3
Healthy Life Years at birth - females	**SK**	:	:	:	:	:	:	:	:	:	:	56,4 (b,p)	:

3. Disability free Life expectancy (+ Life expectancy at 0, 45, 65) 1995-2006 (continued)

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**FI**	72.8	73.1	73.5	73.6	73.8	74.2	74.6	74.9	75.1	75.4	75.6	75.9
Life expectancy at 45 - males	**FI**	30.4	30.7	31	31	31.2	31.6	32	32.1	32.3	32.6	32.8	33.1
Life expectancy at 65 - males	**FI**	14.6	14.7	15	15	15.2	15.5	15.7	15.8	16.2	16.5	16.8	16.9
Healthy Life Years at birth - males	**FI**	:	54.6	55.5	55.9	55.8	56.3	56.7	57,0 (e)	57,3 (e)	53,1 (b,p)	51,7 (p)	:
Life expectancy at birth - females	**FI**	80.4	80.7	80.7	81	81.2	81.2	81.7	81.6	81.9	82.5	82.5	83.1
Life expectancy at 45 - females	**FI**	36.7	37	37	37.3	37.5	37.5	37.8	37.8	38	38.6	38.8	39.2
Life expectancy at 65 - females	**FI**	18.7	18.9	19.1	19.3	19.5	19.5	19.8	19.8	20	20.7	21	21.2
Healthy Life Years at birth - females	**FI**	:	57.7	57.6	58.3	57.4	56,8 (e)	56.9	56,8 (e)	56,5 (e)	52,9 (b,p)	52,4 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**SE**	76.2	76.6	76.8	76.9	77.1	77.4	77.6	77.7	78	78.4	78.5	78.8
Life expectancy at 45 - males	**SE**	33	33.2	33.4	33.6	33.8	34.1	34.2	34.3	34.5	34.9	34.9	35.2
Life expectancy at 65 - males	**SE**	16	16.1	16.3	16.4	16.5	16.7	16.9	16.9	17.1	17.5	17.4	17.7
Healthy Life Years at birth - males	**SE**	:	:	62.1	61.7	62	63.1	61.9	62,4 (e)	62,5 (e)	62 (b,p)	64,2 (p)	:
Life expectancy at birth - females	**SE**	81.7	81.7	82	82.1	82	82	82.2	82.1	82.5	82.8	82.9	83.1
Life expectancy at 45 - females	**SE**	37.8	37.8	38.1	38.2	38	38	38.1	38.1	38.5	38.8	38.8	39
Life expectancy at 65 - females	**SE**	19.9	19.9	20.1	20.2	20	20.2	20.2	20.1	20.4	20.7	20.7	20.9
Healthy Life Years at birth - females	**SE**	:	:	60	61,3 (e)	61.8	61.9	61	61,9 (e)	62,2 (e)	60,9 (b,p)	63,1 (p)	:

		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Life expectancy at birth - males	**UK**	74	74.3	74.6	74.8	75	75.5	75.8	76	76.2	76.8	77.1	:
Life expectancy at 45 - males	**UK**	31.2	31.5	31.8	32	32.1	32.6	32.9	33.1	33.2	33.8	34	:
Life expectancy at 65 - males	**UK**	14.6	14.9	15.1	15.3	15.4	15.8	16.1	16.2	16.3	16.8	17	:
Healthy Life Years at birth - males	**UK**	60.6	60.8	60,9 (e)	60,8 (e)	61,2 (e)	61,3 (e)	61,1 (e)	61,4 (e)	61,5 (e)	:	63,2 (b,p)	:
Life expectancy at birth - females	**UK**	79.3	79.5	79.7	79.8	79.9	80.3	80.5	80.6	80.5	81	81.1	:
Life expectancy at 45 - females	**UK**	35.7	35.9	36.1	36.2	36.2	36.7	36.9	36.9	36.8	37.2	37.4	:
Life expectancy at 65 - females	**UK**	18.2	18.4	18.5	18.6	18.6	19	19.2	19.2	19.1	19.4	19.5	:
Healthy Life Years at birth - females	**UK**	61,2 (e)	61,8 (e)	61,2 (e)	62,2 (e)	61,3 (e)	61,2 (e)	60,8 (e)	60,9 (e)	60,9 (e)	:	65 (b,p)	:

4. Early school-leavers (% of the total population aged 18-24 who have at most lower secondary education and not in further education or training)

		EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
2000	total	17,6e	17,3e	12.5	:	:	11.6	14.9	14.2	:	18.2	29.1	13.3	25.3	18.5	:	16.7	16.8	13.8	54.2	15.5	10.2	:	42.6	22.3	:	:	8,9b	7.7	18.4
	female	15,6e	15,2e	10.2	:	:	9.9	15.2	12,1u	:	13.6	23.4	11.9	21.9	13.9	:	14.9	17.6	13.2	56.1	14.8	10.7	:	35.1	21.3	:	:	6,5b	6.2	17.9
	male	19,7e	19,5e	14.8	:	:	13.4	14.6	16.3	:	22.9	34.7	14.8	28.8	25	:	18.5	15.9	14.3	52.5	16.2	9.6	:	50.1	23.3	:	:	11,3b	9.2	19
2004	total	16.1	15.6	11,9b	21.4	6.1	8.5	12.1	13.7	12,9p	14.9	31.7	14.2	22.3	20.6	15.6	9,5b	12.7	12.6	42b	14	8,7i	5,7b	39,4b	23,6b	4,2u	7.1	8.7	8.6	14,9i
	female	13.7	13.1	8,3b	20.7	6.5	6.7	11.9	:	9,7p	11.6	24.6	12.3	18.4	14.9	10.7	7,4u	12.7	11.4	39,5b	11.9	7,9i	3,7b	30,6b	22,4b	2,6u	6.4	6.9	7.9	14,2i
	male	18.5	18	15,6b	22.1	5.8	10.4	12.2	20.5	16,1p	18.3	38.5	16.1	26.2	27.2	20.5	11,6u	12.6	13.7	44,2b	16.1	9,5i	7,7b	47,9b	24,9b	5,8u	7.8	10.6	9.3	15,7i
2005	total	15.6	15.2	13	20	6.4	8.5	13.8	14	12,3p	13.3	30,8b	12.6	21.9	18.1	11.9	9.2	13.3	12.3	41.2	13.6	9	5.5	38.6	20.8	4,3u	5.8	9.3	11,7b	14
	female	13.6	13.1	10.6	20.6	6.6	7.5	14.1	10,7u	9,6p	9.2	25b	10.7	17.8	10.6	8.2	6,2u	9.6	11.1	39.3	11.2	8.5	4	30.1	20.1	2,8u	5.7	7.3	10,9b	13.2
	male	17.6	17.3	15.3	19.5	6.2	9.4	13.5	17,4u	14,9p	17.5	36,4b	14.6	25.9	26.6	15.5	12,2u	17	13.5	43	15.8	9.4	6.9	46.7	21.4	5,7u	6	11.3	12,4b	14.7
2006	total	15.3	15.1	12.6	18	5.5	10.9	13.8	13.2	12.3	15.9	29.9	13.1	20.8	16	19p	10.3	17.4	12.4	41.7	12.9	9.6	5.6	39,2p	19	5,2u	6.4	8,3p	12	13
	female	13.2	12.8	10.2	17.9	5.4	9.1	13.6	:	9	11	23.8	11.2	17.3	9.2	16,1p	7u	14	10.7	38.8	10.7	9.8	3.8	31,8p	18.9	3,3u	5.5	6,4p	10.7	11.4
	male	17.5	17.4	14.9	18.2	5.7	12.8	13.9	19,6u	15.6	20.7	35.8	15.1	24.3	23.5	21,6p	13,3u	20.9	14	44.6	15.1	9.3	7.2	46,4p	19.1	6,9u	7.3	10,4p	13.3	14.6
2007	total	14.8	14.5	12.3	16.6	:	12.4b	12.7	14.3	11.5	14.7	31	12.7	19.3	12.6	16p	8.7	15.1	10.9	37.6	12	10.9	5	36.3p	19.2	4.3u	7.2	7.9p	:	:
	female	12.7	12.3	10.7	16.9	:	8.9b	11.9	:	8.7	10.7	25.6	10.9	15.9	6.8	12.3p	5.9u	11.1u	9.3	33.3	9.6	10.2	3.6	30.4p	19.1	2.7u	6.3	6.3p	:	:
	male	16.9	16.7	13.9	16.3	:	15.7b	13.4	21.0	14.2	18.6	36.1	14.6	22.6	19.5	19.7p	11.4	19.2	12.5	41.5	14.4	11.6	6.4	42.0p	19.2	5.7u	8.1	9.7p	:	:

u = data lack reliability due to low sample size / : = not available or unreliable data / b = break / p = provisional

In DK, LU, IS, NO, EE, LV, LT, CY, MT and SI, the high degree of variation of results over time is partly influenced by a low sample size.

In CY, the reference population (denominator) excludes students abroad. In DE (2004), participation to personnel interest courses is excluded

Source : Eurostat, Labour Force Survey - Quarter 2 results

5. People living in jobless households: children (0-17 years) and prime-age adults (18-59 years), selected years (% of population in the relevant age group)

		EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
2001	Children		9,5e	12.9	19	8	:	8.9	11.2	10.4	5.3	6.4	9.2	7	3.9	10.7	:	3.4	13.5	7.9	6	4.1	:	3.6	6.8	3.8	9,3u	:	:	16.9
	Adults (18-59)																													
	Total		10,1e	13.8	17,3b	7.9	:	9.7	11	8.8	8.8	7.4	10.3	10.8	4.9	12.8	10	6.7	13.2	7.8	6.9	7.9	13.8	4.3	8.7	8.2	10	:	:	11.2
	Men		8,8e	11.5	16,8b	6.2	:	8.9	10.9	7.4	6.4	6.6	8.9	9.1	3.4	12.3	10.1	5.3	12	5.7	5.4	6.2	12.9	3.7	7.7	7.1	9.6	:	:	9.1
	Women		11,4e	16.2	17,8b	9.5	:	10.5	11.1	10.2	11.2	8.3	11.6	12.4	6.3	13.2	10	8.1	14.3	9.9	8.5	9.6	14.7	4.9	9.6	9.4	10.5	:	:	13.2
2002	Children		9,8e	13.8	18.7	7.6	5.6	9.3	10.1	10.8	5.1	6.6	9.6	7.2	3.9	10,6b	8.4	2.8	14.3	7.6	6	4.4	:	4.2	9,8b	3.8	12.1	:	:	17.4
	Adults (18-59)																													
	Total		10,2e	14.2	16.6	7.3	7.6	10	10.8	8.5	8.9	7.3	10.4	10.2	5.3	10,5b	9,1b	6.3	13	7.2	6.7	7.5	15.1	4.6	11,3b	8	10.9	:	:	11.3
	Men		8,9e	11.9	16.1	5.6	7.2	9.4	10.6	7.3	6.5	6.6	9.1	8.6	3.9	10,7b	8,5b	5.6	12	5.8	5.3	6.2	14.1	3.9	10,1b	7	10.4	:	:	9.2
	Women		11,4e	16.6	17	9.1	8	10.7	10.9	9.7	11.2	8	11.8	11.8	6.5	10,3b	9,7b	7	14	8.6	8.1	8.8	16.1	5.2	12,5b	8.9	11.4	:	:	13.3
2003	Children		9,8e	13.9	16.6	8.4	5.7	10.3	9	11.8	4.6	6	9.5	7	3.4	7.2	6.1	3,9i	12,6b	8	7	4.3	:	5	10.2	4	11.8	5.7	:	17
	Adults (18-59)																													
	Total		10,2e	14.4	15.3	7.7	8.6	10.6	10.9	8.9	8.5	7.2	10.6	9.7	5.2	8.7	7.4	7,5i	11,6b	7.9	8	7.4	14.8	5.5	11.1	8.7	10.1	10.9	:	10.9
	Men		9e	12.7	14.7	5.8	7.8	10	11.3	7.6	6.2	6.5	9.5	8.1	4.3	8.9	7.4	6i	10,9b	6.2	6.7	6.1	13.7	4.8	9.8	7.8	9.3	11.6	:	8.9
	Women		11,3e	16.2	15.8	9.7	9.3	11.2	10.5	10.2	10.8	7.8	11.8	11.3	6.1	8.6	7.4	9i	12,2b	9.7	9.3	8.6	15.9	6.1	12.4	9.6	10.9	10.3	:	12.9
2004	Children		9,8i	13.2	15.6	9	6	10.9	9.6	11.8	4.5	6.3	9.6	5.7	2.6	7.2	6.5	3.4	13.2	9.2	7	5,6i	:	4.3	11.1	3.8	12.8	5.7	:	16.8
	Adults (18-59)																													
	Total		10,3i	13.7	13.7	8	8.5	11.1	9.5	8.6	8.5	7.3	10.8	9.1	5	7.8	8.1	7.1	11.9	8.6	8	8,8i	15.8	5.3	11.1	7.5	10.8	11	:	11
	Men		9,3i	11.3	13.2	6.4	8.3	10.8	10.2	7.2	6.2	6.7	9.5	7.9	3.8	7.1	8.3	5.7	11.1	6.8	6.7	7,6i	14.8	5	10.4	7	10	11.2	:	9
	Women		11,4i	16	14.2	9.6	8.8	11.4	8.7	10.1	10.7	7.9	12.1	10.4	6.1	8.4	8	8.5	12.7	10.4	9.3	10i	16.8	5.7	11.7	8	11.6	10.9	:	13
2005	Children	9,7e	9,6e	12.9	14.5	8.1	5.7	10,7p	9.1	12	4.1	5.4	9.5	5.6	3.5	8.3	6.2	2.7	14.2	8.9	7	6.3	:	4.3	10.4	2,7u	13.8	6.6	:	16.5
	Adults (18-59)																													
	Total	10,3e	10,2e	13.5	13	7.4	7.7	11p	8.5	8.4	8.5	6.7	10.7	9.5	5.2	8.1	6.6	6.7	12.3	8.2	8	8.7	15.3	5.5	10.4	6.7	10.2	10.5	:	11
	Men	9,3e	9,2e	11.6	12.6	5.8	7.7	10,9p	10.2	7.2	6.4	6.2	9.6	8.3	4.2	8.7	6.9	5.4	11.6	6.5	6.9	7.7	14	5.1	9.4	6.3	9.5	11	:	9.2
	Women	11,2e	11,2e	15.4	13.5	9	7.8	11,2p	7	9.8	10.7	7.2	11.8	10.8	6.2	7.6	6.4	8.1	13.1	9.9	9	9.6	16.6	5.8	11.3	7.1	10.9	10	:	12.8
2006	Children	9,7e	9,6e	13.5	14.5	8.2	5	10,3p	8.2	11.3	3.6	5.1	9,5p	5.4	3.9	7.1	5.3	3.7	13.3	8.2	6.2	7.2	12.8	4.7	10	3.6	11.8	4.9	:	16.2
	Adults (18-59)																													
	Total	9,9e	9,9e	14.3	11.6	7.3	6.9	10,5p	6	7.9	8.1	6.3	10,9p	9.2	4.9	6.8	7	7.1	11.6	6.7	7.4	8.8	14.4	5.8	9.7	7.2	9.6	9.5	:	10.7
	Men	8,9e	8,9e	12.3	11.1	5.8	6.4	10,3p	6.1	6.5	6.1	5.8	9,9p	7.8	3.7	7.5	7.2	5.4	10.6	5.2	6.2	7.8	13.2	5.3	8.8	6.6	9	10.1	:	8.8
	Women	10,9e	10,9e	16.4	12	8.8	7.3	10,7p	5.8	9.3	10.1	6.8	12p	10.6	5.9	6.2	6.9	8.9	12.6	8.2	8.6	9.8	15.6	6.4	10.6	7.8	10.2	9	:	12.5
2007	Children	9.4e	9.3e	13.5	12.9	7.9	:	9.3p	7.3	11.2	3.9	5	9.8p	5.8	3.7	8.6	6.9	4	14	8.4	5.9	6.1	9.5	4.8	9.4	2.5	10.5	:	:	16.7
	Adults (18-59)																													
	Total	9.3e	9.3e	12.5	10	6.5	:	9.5p	6	7.8	8	6	10.9p	9.1	4.5	7.1	6.3	7.5	11.8	6.9	6.5	7.6	11.7	5.8	9.6	6	8.8	:	:	10.9
	Men	8.3e	8.2e	10.7	10.1	4.9	:	9.2p	6.3	6.4	6	5.6	9.7p	7.8	4.1	6.4	6.4	6.3	10.7	5.6	5.4	6.5	10.5	5.4	8.6	5.1	8.1	:	:	8.9
	Women	10.3e	10.3e	14.4	9.9	8.1	:	9.9p	5.7	9.1	10	6.5	12p	10.3	4.9	7.7	6.3	8.6	12.9	8.3	7.7	8.7	12.8	6.1	10.7	6.9	9.6	:	:	12.7

u = data lack reliability due to low sample size / : = not available or unreliable data / b = break / p = provisional / e: estimate

In DK, LU, IS, NO, EE, LV, LT, CY, MT and SI, the high degree of variation of results over time is partly influenced by a low sample size.

In CY, the reference population (denominator) excludes students abroad. In DE (2003 and 2004), participation to personnel interest courses is excluded

Source : Eurostat, Labour Force Survey - Quarter 2 results

6. Projected total public social expenditures

Total age-related public spending: pension, health care, long-term care, education and unemployment transfers (% of GDP) – baseline scenario

http://ec.europa.eu/economy_finance/epc/documents/2006/ageingannex_en.pdf p.7

http://ec.europa.eu/economy_finance/epc/documents/2006/ageingreport_en.pdf p.11

	EU25	BE	CZ	DK	DE	EE	IE	EL*	ES	FR	IT	CY	LT	LV	LU	HU	MT	NL	AT	PL	PT	SI	SK	FI	SE	UK
2004	23.4	25.4	19.3	26.8	23.7	17.1	15.5	8.9	20.1	26.7	26.2	16.4	16	17.5	19.5	20.7	18.2	20.9	25.2	23.7	23.8	24.2	16.2	25.4	29.6	19.6
Change 2004-2010	-0.7	-0.3	-0.5	0.2	-1.2	-0.6	-0.1	-0.2	-0.4	0	-0.5	0.1	-0.7	-2.9	-0.1	0.3	0.9	-0.3	-1	-3.5	0.4	-0.2	-0.8	0.2	-1.4	-0.2
Change 2004-2020	-0.2	1.2	-0.1	1.8	-0.8	-2	1.6	-0.2	0.3	0.9	-0.3	1.2	-0.9	-2.9	2.1	1.6	2.2	1.5	-1	-5.8	2.5	1.3	-0.9	2.3	-1	0.3
Change 2004-2030	1.5	4.5	1.7	4	1	-2.3	3.3	0.2	3.3	1.9	1.1	4.1	0.3	-1.5	5.5	2.8	1.8	3.8	0.8	-6.1	4.2	4.4	0.3	4.7	1.3	2.2
Change 2004-2040	3	6.2	4.8	5.3	2	-2.8	5.2	0.8	7.2	2.9	2.5	7	0.8	-1.3	7.9	5.7	1	5.3	0.9	-6.4	7.3	7.5	1.5	5.3	2.3	3.3
Change 2004-2050	3.4	6.3	7.1	4.8	2.7	-2.7	7.8	1.3	8.5	2.9	1.8	11.8	1.4	-1.3	8.3	7	0.3	4.9	0.1	-6.7	9.8	9.6	2.9	5.2	2.2	4

1) Total expenditure for GR does not include pension expenditure. The Greek authorities have agreed to provide the pension projections in 2006. In the context of the most recent assessment of the sustainability of public finances based on the Greek stability programme, public spending on pensions was projected to increase by 10.3% of GDP between 2004 and 2050.

2) Total expenditure for: GR, FR, PT, CY, EE, HU does not include long-term care

3) The projection results for public spending on long-term care for Germany does not reflect current legislation where benefit levels are fixed. A scenario which comes closer to the current setting of legislation projects that public spending would remain constant as a share of GDP over the projection period.

Note: these figures refer to the baseline projections for social security spending on pensions, education and unemployment transfers.

For health care and long-term care, the projections refer to "AWG reference scenarios"

7a. Relative median income ratio of people aged 65+ (relative to the complementary age group 0-64) (%), 2006

	EU27	EU25	BE	BG(1)	CZ	DK	DK(2)	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO(1)	SI	SK	FI	SE	UK
Relative median income ratio (65+/0-64) Total	:	0.85s	0.71	0.83i	0.82	0.71	0.62p	0.92	0.69	0.69	0.82	0.73	0.88	0.87	0.57	0.67	0.74	0.95	0.94	0.83p	0.86	0.94	1.07	0.79p	:i	0.85	0.85	0.74	0.83	0.72

Source: SILC 2006, Income data 2005; except for UK, income year 2006 and for IE moving income reference period (2005-2006); (1) BG National HBS 2006, income data 2006; (2) with imputed rent (see methodological note).

Notes: i See explanatory text (Eurostat website) p = provisional value s = Eurostat estimate u = unreliable or uncertain data (:) = data not available

EU Aggregates: Eurostat estimates are obtained as a population size weighted average of national data.

7b. Aggregate replacement ratio (%), 2006

		EU27	EU25	BE	BG(1)	CZ	DK	DK(2)	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO(1)	SI	SK	FI	SE	UK
Aggregate replacement ratio (Pensions 65-74 /Earnings 50-59)	Total	:	0.51s	0.42	0.6i	0.52	0.37	0.37p	0.46	0.49	0.35	0.49	0.48	0.58	0.58	0.28	0.49	0.44	0.65	0.54	0.49p	0.43	0.65	0.59	0.59p	:i	0.41	0.57	0.47	0.6	0.44
	Men	:	0.54s	0.46	0.62i	0.5	0.37	:	0.48	0.4	0.35	0.57	0.51	0.61	0.64	0.32	0.45	0.47	0.59	0.56	0.52p	0.48	0.65	0.67	0.59p	:i	0.49	0.55	0.46	0.63	0.42
	Women	:	0.5s	0.4	0.58i	0.56	0.39	:	0.49	0.55	0.48	0.49	0.5	0.53	0.46	0.33	0.59	0.42	0.63	0.53	0.4p	0.51	0.6	0.57	0.63p	:i	0.37	0.58	0.47	0.56	0.45

Source: SILC 2006, Income data 2005; except for UK, income year 2006 and for IE moving income reference period (2005-2006); (1) BG National HBS 2006, income data 2006; (2) with imputed rent (see methodological note).

Notes: i See explanatory text (Eurostat website) p = provisional value s = Eurostat estimate u = unreliable or uncertain data (:) = data not available

EU Aggregates: Eurostat estimates are obtained as a population size weighted average of national data.

8a. Inequalities in access to health care (unmet need for care by income quintile for 3 reasons: too expensive, too long waiting time, too far to travel), SILC 2006

	EU-27	EU-25	BE	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	SI	SK	FI	SE	UK
1st quintile	:	:	1.8	1.4	0.2	:	14.4	2.7	7.9	0.9	4.3	9.2	6.6	28.9	13.6	0.8	3.9	3.4	0.9	1	13.3	9.6	0.3	6.4	4.7	4.1	2.6
2nd quintile	:	:	0.4	0.7	0.3	:	7	2.1	7.8	0.9	1.4	5.1	4.7	20.5	10.5	0.1	3.2	1.9	0.3	0.5	11	6.8	0.2	3.4	3.3	3.9	1.7
3rd quintile	:	:	0.2	0.5	0.2	:	5.9	2.4	7.3	0.5	1.2	4	2.6	10.2	7.9	0.2	2.4	1.6	0.3	0.2	8.9	4.9	0.1	2.2	2.1	3.3	1.5
4th quintile	:	:	:	0.5	0.2	:	6.3	1.9	4.1	0.4	0.3	3.1	1.5	9.8	5.2	0.2	1.7	1.2	0.3	0.3	7.2	2.7	0.1	1.5	1.7	2	2.4
5th quintile	:	:	0.1	0.2	0.2	:	3.1	0.7	2	0.2	0.6	2.1	0.5	5.9	3.9	0.4	0.8	0.8	0.3	0.3	6.4	1.1	0.2	0.8	0.9	1.1	1.5

Source: SILC(2006)

* This data should be interpreted with care when comparing levels of across countries due to a problem in the translation of the questionnaire.

8b. Doctor's consultations

EU-27	EU-25	BE	CZ	DK	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	SI	SK	FI	SE	UK
:	:	7.5	13.2	7.5	6.9	:	:	:	6.6	7.0	2.0	5.2	6.8	6.1	12.8	2.6	5.4	6.7	6.3	3.9	7.2	11.3	4.3	2.3	5.1

Notes: (:) = data not available

Source: OECD Health Data. Calculated as the number of contacts with an ambulatory care physician divided by the population. Includes contacts in out-patient wards.

9. At-risk of poverty rate anchored at a fixed moment in time (poverty threshold of 2005), 2006

		EU27	EU25	BE	BG[(1)]	CZ	DK	DK[(2)]	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO[(1)]	SI	SK	FI	SE	UK
Total population	Total	:	16s	14	:	9	11		15	12	17	20	18	13	20	13	18	13	13	14	12p	10	13	16	19p	:	11	9	11	11	18
	Men	:	15s	13	:	8	11		15	11	16	19	17	12	18	10	17	13	12	14	12p	10	12	17	18p	:	9	9	10	12	18
	Women	:	17s	15	:	9	12		16	12	18	21	19	14	22	15	19	13	13	13	13p	10	15	15	20p	:	12	9	11	11	19
Children aged 0-17	Total	:	19s	15	:	15	9		15	14	20	22	23	14	25	8	22	18	18	21	16p	14	16	23	21p	:	10	13	8	14	23
People aged 18-64	Total		14s	12		8	11		15	11	14	18	15	12	18	8	17	13	12	12	10p	9	12	16	16p	:	9	9	10	11	15
	Men	:	14s	11	:	7	11		14	11	13	18	14	12	17	6	17	13	11	13	9p	9	11	17	15p	:	9	9	11	11	14
	Women	:	15s	13	:	9	11		16	11	15	19	15	13	19	10	17	12	13	12	11p	10	13	15	17p	:	9	8	9	10	16
People aged 65+	Total	:	19s	22	:	4	16		17	10	24	25	28	16	22	45	21	10	8	7	19p	6	17	6	27p	:	18	6	18	10	26
	Men	:	16s	20	:	2	15		14	6	20	23	25	14	18	42	11	3	8	5	21p	7	11	4	27p	:	11	3	12	6	23
	Women	:	20s	24	:	5	18		19	12	27	27	29	18	25	47	25	13	8	9	18p	6	21	7	28p	:	23	7	23	14	28

Source: SILC 2006, Income data 2005; except for UK, income year 2006 and for IE moving income reference period (2005-2006); [(1)] BG, RO (:) data not available; [(2)] with imputed rent (see methodological note).
Notes: i See explanatory text (Eurostat website) p = provisional value s = Eurostat estimate u = unreliable or uncertain data (:) = data not available n.a.=forthcomimg
EU Aggregates: Eurostat estimates are obtained as a population size weighted average of national data.

10. Employment rate of older workers (% of people aged 55-64)

		EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
1998	total	:	35.8	22.9	:	37.1	52	37.7	50.2	41.7	39	35.1	28.3	27.7	:	36.3	39.5	25.1	17.3	:	33.9	28.4	32.1	49,6b	51.5	23.9	22.8	36.2	63	49
	male	:	46.6	32.1	:	53.2	61.3	47.2	62	60.2	56	52.6	32.5	41.4	:	48.1	54.4	35.2	27	:	47.5	40.5	41.5	62,9b	59.5	31.8	39.1	38.4	66.1	59.1
	female	:	25.5	14	:	22.9	42	28.3	41.6	23.1	23.5	18.8	24.4	15	:	27.5	28.3	15.5	9.6	:	20.3	17.1	24.1	38b	44.5	16.1	9.4	34.1	60	39.2
2000	total	36.9	36.6	26.3	20.8	36.3	55.7	37.6	46.3	45.3	39	37	29.9	27.7	49.4	36	40.4	26.7	22.2	28.5	38.2	28.8	28.4	50.7	49.5	22.7	21.3	41.6	64.9	50,7b
	male	47.1	46.9	36.4	33.2	51.7	64.1	46.4	55.9	63.2	55.2	54.9	33.6	40.9	67.3	48.4	50.6	37.2	33.2	50.8	50.2	41.2	36.7	62.1	56	32.3	35.4	42.9	67.8	60,1b
	female	27.4	26.9	16.6	10.3	22.4	46.6	29	39	27.2	24.3	20.2	26.3	15.3	32.1	26.7	32.6	16.4	13.3	8.4	26.1	17.2	21.4	40.6	43.8	13.8	9.8	40.4	62.1	41,7b
2002	total	38.5	38.7	26.6	27	40.8	57.9	38.9	51.6	48	39.2	39.6	34.7	28.9	49.4	41.7	41.6	28.1	25.6	30.1	42.3	29.1	26.1	51.4	37,3b	24.5	22.8	47.8	68	53.4
	male	48.4	48.8	36	37	57.2	64.5	47.3	58.4	65	55.9	58.4	38.7	41.3	67.3	50.5	51.5	37.7	35.5	50.8	54.6	39.6	34.5	61.9	42,7b	35.4	39.1	48.5	70.4	62.6
	female	29.1	29.2	17.5	18.2	25.9	50.4	30.6	46.5	30.8	24	21.9	30.8	17.3	32.2	35.2	34.1	18.4	17.6	10.9	29.9	19.3	18.9	42.2	32,6b	14.2	9.5	47.2	65.6	44.5
2004	total	40.6	41	30	32.5	42.7	60.3	41.8	52.4	49.5	39.4	41.3	37.3	30,5b	49.9	47.9	47.1	30.4	31.1	31.5	45.2	28,8b	26.2	50.3	36.9	29	26.8	50.9	69.1	56.2
	male	50.3	50.7	39.1	42.2	57.2	67.3	50.7	56.4	65	56.4	58.9	41	42,2b	70.8	55.8	57.6	38.3	38.4	53.4	56.9	38,9b	34.1	59.1	43.1	40.9	43.8	51.4	71.2	65.7
	female	31.6	31.7	21.1	24.2	29.4	53.3	33	49.4	33.7	24	24.6	33.8	19,6b	30	41.9	39.3	22.2	25	11.5	33.4	19,3b	19.4	42.5	31.4	17.8	12.6	50.4	67	47
2005	total	42,3p	42,5p	31.8	34.7	44.5	59.5	45,4p	56.1	51.6	41.6	43,1b	37.9	31.4	50.6	49.5	49.2	31.7	33	30.8	46.1	31.8	27.2	50.5	39.4	30.7	30.3	52.7	69,4b	56.9
	male	51,5p	51,8p	41.7	45.5	59.3	65.6	53,5p	59.3	65.7	58.8	59,7b	40.7	42.7	70.8	55.2	59.1	38.3	40.6	50.8	56.9	41.3	35.9	58.1	46.7	43.1	47.8	52.8	72b	66
	female	33,5p	33,7p	22.1	25.5	30.9	53.5	37,5p	53.7	37.3	25.8	27,4b	35.2	20.8	31.5	45.3	41.7	24.9	26.7	12.4	35.2	22.9	19.7	43.7	33.1	18.5	15.6	52.7	66,7b	48.1
2006	total	43,5p	43,6p	32	39.6	45.2	60.7	48,4p	58.5	53.1	42.3	44.1	37,6p	32.5	53.6	53.3	49.6	33.2	33.6	30	47.7	35.5	28.1	50.1	41.7	32.6	33.1	54.5	69.6	57.4
	male	52,6p	52,8p	40.9	49.5	59.5	67.1	56,4p	57.5	67	59.2	60.4	40,1p	43.7	71.6	59.5	55.7	38.7	41.4	50.4	58	45.3	38.4	58.2	50	44.5	49.8	54.8	72.3	66
	female	34,8p	34,9p	23.2	31.1	32.1	54.3	40,6p	59.2	39.1	26.6	28.7	35,2p	21.9	36.6	48.7	45.1	27.8	27.1	11.2	37.2	26.3	19	42.8	34.5	21	18.9	54.3	66.9	49.1
2007	total	44.7	44.9	34.4	42.6	46	58.6	51.5	60	53.8	42.4	44.6	38.3	33.8	55.9	57.7	53.4	32	33.1	28.3	50.9	38.6	29.7	50.9	41.4	33.5	35.6	55	70	57.4
	male	53.9	54.1	42.9	51.8	59.6	64.9	59.7	59.4	67.9	59.1	60	40.5	45.1	72.5	64.6	60.8	35.6	41.7	46.2	61.5	49.8	41.4	58.6	50.3	45.3	52.5	55.1	72.9	66.3
	female	36	36.1	26	34.5	33.5	52.4	43.6	60.5	39.6	26.9	30	36.2	23	40.3	52.4	47.9	28.6	26.2	11.8u	40.1	28	19.4	44	33.6	22.2	21.2	55	67	49

b= break in data series u= unreliable or uncertain data
Source : Eurostat - Labour Force Survey, Annual averages.

11. In work at-risk-of-poverty rate after social transfers by gender (Age 18+), 2006

		EU27	EU25	BE	BG[(1)]	CZ	DK	DK[(2)]	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO[(1)]	SI	SK	FI	SE	UK
In work	Total	:	8s	4	6i	3	4	5p	6	8	6	14	10	6	10	7	11	10	10	7	5p	4	6	13	11p	:i	5	6	4	7	8
	Men	:	8s	5	6i	3	5	6p	5	6	6	15	11	6	11	7	10	11	10	8	6p	5	6	14	12p	:i	5	6	5	8	8
	Women	:	7s	4	5i	4	3	4p	6	9	6	12	8	6	7	7	12	9	10	5	2p	4	6	11	11p	:i	4	6	4	6	7

Source: SILC 2006, Income data 2005; except for UK, income year 2006 and for IE moving income reference period (2005-2006); [(1)] BG National HBS 2006, income data 2006; [(2)] with imputed rent (see methodological note).
Notes: i See explanatory text (Eurostat website) p = provisional value s = Eurostat estimate u = unreliable or uncertain data (:) = data not available
EU Aggregates: Eurostat estimates are obtained as a population size weighted average of national data.

12. Activity rates (% of population aged 15-64)

		EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
1998	Total	:	68	63.5	:	72	79.7	70.8	72.2	65.6	63.2	63	68.4	59	:	69.8	72.1	62.1	58.7	:	73	71	65.7	70,6b	68.9	68.2	69.3	72.3	76.2	75.4
	Male	:	77.4	72.8	:	80	83.8	79.2	79	78.2	77.6	77.3	75.2	73.6	:	76.4	78.2	75.9	66.6	:	82.6	80.3	72.8	79,3b	75.7	72.6	77.2	75.6	79	83.2
	Female	:	58.7	54	:	64	75.6	62.2	66.4	52.9	49	48.9	61.9	44.6	:	63.9	66.5	48.1	51.2	:	63.2	61.7	58.8	62,3b	62.3	63.6	61.7	69.1	73.5	67.4
2000	Total	68.6	68.7	65.1	60.7	71.3	80	71.1	70.2	68.2	63.8	65.4	68.7	60.1	69.1	67.2	70.8	64.1	60.1	58	75.2	71	65.8	71.4	68.4	67.5	69.9	74.5	77.3	75,4b
	Male	77.1	77.4	73.7	66.2	79.1	84.2	78.9	75.6	79.9	77.4	78.8	75.2	74.1	81.4	72.7	74.5	76.3	67.9	80.5	84.1	80.1	71.7	79.2	75	71.9	76.8	77.2	79.8	82,8b
	Female	60.1	60	56.4	55.6	63.6	75.6	63.3	65.3	56.3	50.5	52	62.4	46.3	57.7	62.1	67.3	51.6	52.7	35.2	66	62	59.9	63.9	61.9	62.9	63.2	71.9	74.8	68,2b
2002	Total	68.6	69	64.8	61.9	70.6	79.6	71.7	69.3	68.6	64.2	66.2	69.1	61.1	71.2	68.8	69.6	65.2	59.7	58.5	76.5	71.6	64.6	72.7	63,4b	67.8	69.9	74.9	77.6	75.2
	Male	76.8	77.3	73.2	66.4	78.6	83.6	78.8	74.6	79.2	77.6	79.1	75.5	74.3	81.3	74.1	73.6	76.7	67.1	80.1	84.5	79.6	70.6	80	70,4b	72.5	76.7	77	79.4	82.3
	Female	60.5	60.7	56.3	57.5	62.7	75.5	64.4	64.4	57.8	51	53.1	63	47.9	61.8	63.9	65.8	53.6	52.7	36.7	68.3	63.7	58.7	65.6	56,6b	63	63.2	72.8	75.8	68.3
2004	Total	69.3	69.7	65.9	61.8	70	80.1	72.6	70	69.5	66.5	68.7	69.5	62,7b	72.6	69.7	69.1	65.8	60.5	58.2	76.6	71,3b	64	73	63	69.8	69.7	74.2	77.2	75.2
	Male	77	77.5	73.4	66.4	77.9	84	79.2	74.4	79.9	79	80.4	75.3	74,9b	83	74.3	72.8	75.6	67.2	80.2	83.9	78,5b	70.1	79.1	70	74.5	76.5	76.4	79.1	82
	Female	61.6	62	58.2	57.2	62.2	76.2	65.8	66	59	54.1	56.8	63.9	50,6b	62.8	65.3	65.6	55.8	54	36	69.2	64,2b	57.9	67	56.2	65	63	72	75.2	68.6
2005	Total	69,8p	70,3p	66.7	62.1	70.4	79.8	74,3p	70.1	70.8	66.8	69,7b	69.5	62.5	72.4	69.6	68.4	66.6	61.3	58.1	76.9	72.4	64.4	73.4	62.3	70.7	68.9	74.7	78,7b	75.3
	Male	77,3p	77,8p	73.9	67	78.4	83.6	80,6p	73.6	80.6	79.2	80,9b	75.1	74.6	82.9	74.4	72.1	76	67.9	79.1	83.7	79.3	70.8	79	69.4	75.1	76.5	76.6	80,9b	81.9
	Female	62,3p	62,7p	59.5	57.3	62.4	75.9	68p	66.9	60.8	54.5	58,3b	64.1	50.4	62.5	65.1	64.9	57	55.1	36.9	70	65.6	58.1	67.9	55.3	66.1	61.5	72.8	76,3b	68.8
2006	Total	70,2p	70,6p	66.5	64.5	70.3	80.6	75,3p	72.4	71.8	67	70.8	69,4p	62.7	73	71.3	67.4	66.7	62	59.2	77.4	73.7	63.4	73.9	63.6	70.9	68.6	75.2	78.8	75.5
	Male	77,5p	78p	73.4	68.8	78.3	84.1	81,3p	75.8	81.5	79.1	81.3	74,8p	74.6	82.7	76.2	70.5	75.3	68.7	79.7	83.9	80.5	70.1	79.5	70.7	74.9	76.4	77.1	81.2	82.1
	Female	62,9p	63,2p	59.5	60.2	62.3	77	69,2p	69.3	61.9	55	60.2	64,1p	50.8	63.8	66.7	64.6	58.2	55.5	38.3	70.7	67	56.8	68.4	56.6	66.7	60.9	73.3	76.3	69.2
2007	Total	70.5	70.9	67.1	66.3	69.9	80.2	76	72.9	72.4	67	71.6	70.2	62.5	73.9	72.8	67.9	66.9	61.9	59.5	78.5	74.7	63.2	74.1	63	71.3	68.3	75.6	79.1	75.3
	Male	77.6	78.1	73.6	70.6	78.1	83.9	81.8	77.5	81.4	79.1	81.4	74.9	74.4	82.9	77.6	71	75	69	78.9	84.6	81.7	70	79.4	70.1	75.8	75.9	77.2	81.4	81.9
	Female	63.3	63.7	60.4	62.1	61.5	76.4	70.1	68.7	63.3	54.9	61.4	65.6	50.7	65.4	68.3	65	58.9	55.1	39.9	72.2	67.8	56.5	68.8	56	66.6	60.8	73.8	76.8	68.9

Source : Eurostat - Labour Force Survey, Annual averages.
(b) break in series

13. Dispersion of regional employment rates*, selected years (%)

	EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
2000		13.4	7.9	10.3	5.8	-	5.7	-	-	5.1	10.7	6.9	17.5	-	-	-	-	9.0	-	2.2	2.5	6.9	4.3	4.6	-	9.1	6.8	4.5	7.1
2004		12.2	8.7	7.0	5.6	-	6.2	-	-	4.1	8.7	7.1	15.6	-	-	-	-	9.4	-	2.3	3.5	6.4	3.5	4.9	-	9.0	5.5	4.4	5.8
2005		11.9	8.4	7.1	5.5	-	5.6	-	-	4.3	8.3	7.3	16.0	-	-	-	-	9.9	-	2.0	4.1	5.6	3.3	4.5	-	9.8	5.5	3.0	5.7
2006	11.4	:	8.7	7.3	5.2	-	5.2	-	-	3.7	7.8	7.5	16.0	-	-	-	-	9.1	-	2.2	3.4	5.1	3.1	3.6	-	8.6	5.4	2.9	5.5

* Coefficient of variation of employment rates across regions at NUTS2 level; e = estimate; p = provisional figure
Source : Eurostat - Labour Force Survey, Annual averages

14. Total health expenditure per capita

	EU	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
1990		1358	244	560	1544	1769	...	792	853	873	1449	1359	...	161	162	1532	...	...	1416	1631	290	636	81	311	...	1367	1592	965
1991		1488		541	1591			887	874	952	1553	1471				1630	578		1518	1728	346	754				1503	1576	1052
1992		1576		568	1666	1977		1009	974	1030	1649	1522				1757	615		1604	1870	366	805				1507	1617	1153
1993		1616		768	1772	1993		1040	1086	1086	1752	1534				1870	629		1673	2014	372	842				1393	1660	1209
1994		1654		817	1857	2129		1120	1227	1114	1813	1540				1904	709		1719	2183	375	872				1373	1665	1299
1995		1854		899	1871	2275		1204	1264	1193	1997	1538				1911	660		1799	2259	411	1036				1440	1746	1350
1996		1923		917	1979	2399		1280	1301	1249	2050	1613				1990	659		1862	2351	478	1117				1509	1861	1436
1997		1969		922	2060	2413		1395	1354	1298	2107	1728				1972	679		1916	2439	498	1186			564	1562	1886	1499
1998	1637	2042	289	926	2176	2483	474	1499	1382	1383	2190	1829	947	439	489	2083	763	1058	2054	2598	559	1210	246	1226	584	1622	1982	1569
1999	1717	2176	343	938	2281	2592	522	1626	1468	1450	2279	1879	984	473	498	2384	810	1103	2178	2726	573	1329	253	1303	599	1700	2129	1690
2000	1823	2377	386	980	2379	2671	513	1801	1429	1536	2421	2053	1074	482	559	2554	852	1247	2337	2859	583	1509	275	1447	603	1794	2284	1847
2001	1960	2484	484	1082	2521	2809	519	2128	1669	1636	2590	2215	1140	541	598	2738	971	1294	2556	2890	642	1569	312	1581	665	1913	2511	2021
2002	2087	2685	552	1195	2696	2937	561	2360	1792	1745	2780	2223	1228	611	681	3081	1114	1492	2833	3068	733	1657	368	1693	730	2089	2707	2165
2003	2226	3153	609	1340	2824	3090	646	2515	1928	2019	2988	2272	1335	653	793	3582	1302	1586	2988	3206	749	1824	415	1767	792	2210	2841	2259
2004	2347	3311	655	1388	3030	3162	740	2724	1991	2128	3117	2401	1335	796	756	4083	1327	1608	3156	3397	808	1913	427	1863	1058	2412	2964	2509
2005	2454	3421	734	1447	3169	3251	846	3126	2283	2260	3306	2496	1550	860	862	4153	1440	1733	3192	3507	843	2029	507	1959	1130	2523	3012	2580
2006		3488		1490	3349	3371		3082	2483	2458	3449	2614				4303	1504		3391	3606	910	2120				2668	3202	2760

Source: OECD health data 2008 for OECD Member States and WHO health for all database for the others

Context 1: Growth rate of GDP at constant prices (2000) - percentage change over previous year

	EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
2005	1.9	1.9	1.7	6.2	6.4	2.5	0.8	10.2	6	3.8	3.6	1.9	0.6	3.9	10.6	7.9	5	4.1	3.2	1.5	2	3.6	0.9	4.2	4.1	6.6	2.8	3.3	1.8
2006	3.1	3	2.8	6.3	6.4	3.9	2.9	11.2	5.7	4.2	3.9	2.2	1.8	4	12.2	7.7	6.1	3.9	3.4	3	3.3	6.2	1.3	7.9	5.7	8.5	4.9	4.1	2.9
2007	2.9	2.9	2.8	6.2	6.5f	1.8	2.5	7.1	5.3f	4	3.8	2.2	1.5	4.4	10.3	8.8	4.5	1.3	3.8	3.5	3.4	6.5	1.8	6f	6.1	10.4	4.4	2.7	3

Source : Eurostat, Structural indicators database

f = forecast

Context 1a: GDP per capita in Purchasing Power Standards (PPS), (EU-27 = 100)

	EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
2005	100	104.1	121	35.3	76.5	126.5	115	62.8	143.6	96.1	102.9	112.3	105.1	92.5	49.9	53.1	264	64.1	77.4	131	128.7	51.2	75.4	35.4	86.8	60.5	115.1	123.6	119.1
2006	100	103.9	119.6	36.7	78.5	125.6	114	68.3	145.3	97.2	104.8	111.8	103.2	91.8	53.6	56.1	278.9	64.9	76.9	130.4	127.4	52.4	74.4	38.8f	87.7	63.6	116.8	124.4	117.8
2007	100	103.8	118.1	38.1	82f	122.8	113.2	72.1	146.3f	97.9	106.9	111.3	101.4	92.7	58	60.3	276.4	63.5	77.1	130.9	128.2f	53.6	74.7	40.7f	88.8	68.6	116.2	126.2	116.2

f = forecast

Source : Eurostat, Structural indicators database

Context 2a: Employment rate (% of population aged 15-64)

		EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
1998	total	:	61.2	57.4	:	67.3	75.1	63.9	64.6	60.6	56	51.3	60.2	51.9	:	59.9	62.3	60.5	53.7	:	70.2	67.9	59	66,8b	64.2	62.9	60.6	64.6	70.3	70.5
	male	:	70.6	67.1	:	76	79.9	71.9	69.6	72.1	71.7	66.8	67.4	66.8	:	65.1	66.2	74.5	60.5	:	80.2	77	66.5	75,9b	70.4	67.2	67.8	67.8	72.8	77.3
	female	:	51.8	47.6	:	58.7	70.2	55.8	60.3	49	40.5	35.8	53.1	37.3	:	55.1	58.6	46.2	47.2	:	60.1	58.8	51.7	58,2b	58.2	58.6	53.5	61.2	67.9	63.6
2000	total	62.2	62.4	60.5	50.4	65	76.3	65.6	60.4	65.2	56.5	56.3	62.1	53.7	65.7	57.5	59.1	62.7	56.3	54.2	72.9	68.5	55	68.4	63	62.8	56.8	67.2	73	71,2b
	male	70.8	71.2	69.5	54.7	73.2	80.8	72.9	64.3	76.3	71.5	71.2	69.2	68	78.7	61.5	60.5	75	63.1	75	82.1	77.3	61.2	76.5	68.6	67.2	62.2	70.1	75.1	77,8b
	female	53.7	53.6	51.5	46.3	56.9	71.6	58.1	56.9	53.9	41.7	41.3	55.2	39.6	53.5	53.8	57.7	50.1	49.7	33.1	63.5	59.6	48.9	60.5	57.5	58.4	51.5	64.2	70.9	64,7b
2002	total	62.3	62.8	59.9	50.6	65.4	75.9	65.4	62	65.5	57.5	58.5	63	55.5	68.6	60.4	59.9	63.4	56.2	54.4	74.4	68.7	51.5	68.8	57,6b	63.4	56.8	68.1	73.6	71.3
	male	70.3	71	68.3	53.7	73.9	80	71.8	66.5	75.4	72.2	72.6	69.5	69.1	78.9	64.3	62.7	75.1	62.9	74.7	82.4	76.4	56.9	76.5	63,6b	68.2	62.4	70	74.9	77.6
	female	54.4	54.7	51.4	47.5	57	71.7	58.9	57.9	55.4	42.9	44.4	56.7	42	59.1	56.8	57.2	51.6	49.8	33.9	66.2	61.3	46.2	61.4	51,8b	58.6	51.4	66.2	72.2	65.2
2004	total	62.9	63.3	60.3	54.2	64.2	75.7	65	63	66.3	59.4	61.1	63.1	57,6b	68.9	62.3	61.2	62.5	56.8	54	73.1	67,8b	51.7	67.8	57.7	65.3	57	67.6	72.1	71.6
	male	70.3	70.9	67.9	57.9	72.3	79.7	70.8	66.4	75.9	73.7	73.8	69	70,1b	79.8	66.4	64.7	72.8	63.1	75.1	80.2	74,9b	57.2	74.2	63.4	70	63.2	69.7	73.6	77.8
	female	55.4	55.7	52.6	50.6	56	71.6	59.2	60	56.5	45.2	48.3	57.4	45,2b	58.7	58.5	57.8	51.9	50.7	32.7	65.8	60,7b	46.2	61.7	52.1	60.5	50.9	65.6	70.5	65.6
2005	total	63,4p	63,9p	61.1	55.8	64.8	75.9	66p	64.4	67.6	60.1	63,3b	63.1	57.6	68.5	63.3	62.6	63.6	56.9	53.9	73.2	68.6	52.8	67.5	57.6	66	57.7	68.4	72,5b	71.7
	male	70,8p	71,3p	68.3	60	73.3	79.8	71,3p	67	76.9	74.2	75,2b	68.8	69.9	79.2	67.6	66.1	73.3	63.1	73.8	79.9	75.4	58.9	73.4	63.7	70.4	64.6	70.3	74,4b	77.6
	female	56,2p	56,5p	53.8	51.7	56.3	71.9	60,6p	62.1	58.3	46.1	51,2b	57.6	45.3	58.4	59.3	59.4	53.7	51	33.7	66.4	62	46.8	61.7	51.5	61.3	50.9	66.5	70,4b	65.9
2006	total	64,4p	64,7p	61	58.6	65.3	77.4	67,5p	68.1	68.6	61	64.8	63p	58.4	69.6	66.3	63.6	63.6	57.3	54.8	74.3	70.2	54.5	67.9	58.8	66.6	59.4	69.3	73.1	71.5
	male	71,6p	72p	67.9	62.8	73.7	81.2	72,8p	71	77.7	74.6	76.1	68,5p	70.5	79.4	70.4	66.3	72.6	63.8	74.5	80.9	76.9	60.9	73.9	64.6	71.1	67	71.4	75.5	77.3
	female	57,2p	57,4p	54	54.6	56.8	73.4	62,2p	65.3	59.3	47.4	53.2	57,7p	46.3	60.3	62.4	61	54.6	51.1	34.9	67.7	63.5	48.2	62	53	61.8	51.9	67.3	70.7	65.8
2007	total	65.4	65.8	62	61.7	66.1	77.1	69.4	69.4	69.1	61.4	65.6	64.6	58.7	71	68.3	64.9	64.2	57.3	55.7	76	71.4	57	67.8	58.8	67.8	60.7	70.3	74.2	71.3
	male	72.5	73	68.7	66	74.8	81	74.7	73.2	77.4	74.9	76.2	69.3	70.7	80	72.5	67.9	72.3	64	74.2	82.2	78.4	63.6	73.8	64.8	72.7	68.4	72.1	76.5	77.3
	female	58.3	58.6	55.3	57.6	57.3	73.2	64	65.9	60.6	47.9	54.7	60	46.6	62.4	64.4	62.2	56.1	50.9	36.9	69.6	64.4	50.6	61.9	52.8	62.6	53	68.5	71.8	65.5

Source : Eurostat - Labour Force Survey, Annual averages.

b= break in data series

Context 2b: Unemployment rate (% of labour force aged 15+)

		EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
1998	Total	:	9.3	9.3	:	6.4	4.9	8.8	9.2	7.5	10.8	15	11.1	11.3	:	14.3	13.2	2.7	8.4	:	3.8	4.5	10.2	5.1	5.4	7.4	12.6	11.4	8.2	6.1
	Males	:	8	7.7	:	5	3.9	7.1	9.9	7.7	7	11.2	9.5	8.8	:	15.1	14.6	1.9	9	:	3	3.8	8.5	4.1	5.5	7.3	12.2	10.9	8.4	6.8
	Females	:	11.2	11.6	:	8.1	6	11.1	8.3	7.3	16.7	21.1	12.9	15.4	:	13.6	11.7	4	7.8	:	5	5.4	12.2	6.3	5.3	7.5	13.1	12	8	5.3
2000	Total	8.7	8.6	6.9	16.4	8.7	4.3	7.2	12.8	4.2	11.2	11.1	9.1	10.1	4.9	13.7	16.4	2.3	6.4	6.7	2.8	3.6	16.1	4	7.2	6.7	18.8	9.8	5.6	5.5
	Males	7.5	7.4	5.6	16.7	7.3	3.9	6	13.8	4.3	7.4	7.9	7.6	7.8	3.2	14.4	18.6	1.8	7	6.4	2.2	3.1	14.4	3.2	7.8	6.5	18.9	9.1	5.9	6
	Females	10.1	10.2	8.5	16.2	10.3	4.8	8.7	11.8	4.2	17.1	16	10.9	13.6	7.2	12.9	14.1	3.1	5.6	7.4	3.6	4.3	18.1	4.9	6.4	7	18.6	10.6	5.3	4.9
2002	Total	8.9	8.7	7.5	18.1	7.3	4.6	8.2	10.3	4.5	10.3	11.1	8.7	8.6	3.6	12.2	13.5	2.7	5.8	7.5	2.8	4.2	19.9	5	8.4	6.3	18.7	9.1	4.9	5.1
	Males	8	7.8	6.7	18.9	5.9	4.3	7.1	10.8	4.7	6.8	8.1	7.8	6.7	2.9	13.3	14.2	2	6.2	6.6	2.5	4	19.1	4.1	9.1	5.9	18.6	9.1	5.3	5.6
	Females	10	10	8.6	17.3	9	5	9.4	9.7	4.1	15.6	15.7	9.8	11.5	4.5	11	12.8	3.7	5.4	9.3	3.1	4.4	20.9	6	7.7	6.8	18.7	9.1	4.6	4.5
2004	Total	9.1	9.1	8.4	12	8.3	5.5	9.5	9.7	4.5	10.5	10.6	9.6	8b	4.6	10.4	11.4	5.1	6.1	7.4	4.6	4,8b	19	6.7	8.1	6.3	18.2	8.8	6.3	4.7
	Males	8.2	8.1	7.5	12.5	7.1	5.1	8.7	10.4	4.9	6.6	8	8.7	6,4b	3.6	10.6	11	3.7	6.1	6.6	4.3	4,4b	18.2	5.8	9.1	5.8	17.4	8.7	6.5	5
	Females	10.1	10.2	9.5	11.5	9.9	6	10.5	8.9	4.1	16.2	14.3	10.6	10,5b	6	10.2	11.8	7.1	6.1	9	4.8	5,3b	19.9	7.6	6.9	6.8	19.2	8.9	6.1	4.2
2005	Total	8.7	8.7	8.4	10.1	7.9	4.8	9,4p	7.9	4.3	9.8	9.2	9,7p	7.7	5.2	8.9	8.3	4.5	7.2	7.3	4.7	5.2	17.7	7.6	7.2	6.5	16.3	8.4	7,4b	4.8
	Males	7.9	7.9	7.6	10.3	6.5	4.4	8,7p	8.8	4.6	6.1	7	8,8p	6.2	4.3	9.1	8.2	3.5	7	6.5	4.4	4.9	16.6	6.7	7.8	6.1	15.5	8.2	7,5b	5.1
	Females	9.7	9.8	9.5	9.8	9.8	5.3	10,3p	7.1	4	15.3	12.2	10,7p	10.1	6.5	8.7	8.3	5.8	7.4	9	5.1	5.5	19.1	8.7	6.4	7	17.2	8.6	7,3b	4.3
2006	Total	7.9	7.9	8.2	9	7.1	3.9	8,4p	5.9	4.4	8.9	8.5	9,5p	6.8	4.6	6.8	5.6	4.7	7.5	7.3	3.9	4.7	13.8	7.7	7.3	6	13.4	7.7	7.1	5.3
	Males	7.2	7.1	7.4	8.6	5.8	3.3	7,7p	6.2	4.6	5.6	6.3	8,8p	5.4	4	7.4	5.8	3.5	7.2	6.5	3.5	4.4	13	6.5	8.2	4.9	12.3	7.4	6.9	5.7
	Females	8.9	9	9.3	9.3	8.8	4.5	9,2p	5.6	4.1	13.6	11.6	10,4p	8.8	5.4	6.2	5.4	6.2	7.8	8.9	4.4	5.2	14.9	9	6.1	7.2	14.7	8.1	7.2	4.9
2007	Total	7.1	7.2	7.5	6.9	5.3	3.8	8.6	4.7	4.6	8.3	8.3	7.9	6.1	3.9	6	4.3	4.1	7.4	6.5	3.2	4.4	9.6	8	6.4	4.8	11.1	6.9	6.2	5.2
	Males	6.5	6.5	6.7	6.5	4.2	3.5	8.5	5.4	4.9	5.2	6.4	7.4	4.9	3.4	6.4	4.3	3.6	7.1	5.9	2.8	3.9	9	6.6	7.2	4	9.9	6.5	5.9	5.5
	Females	7.8	7.9	8.4	7.3	6.7	4.2	8.7	3.9u	4.2	12.8	10.9	8.5	7.9	4.6	5.6	4.3	4.7	7.7	7.7	3.6	5	10.3	9.6	5.4	5.8	12.7	7.2	6.5	4.9

Source: Eurostat - Harmonised unemployment series, Annual average; p = provisional value u = unreliable or uncertain data b= break in data series

Context 2c: Youth unemployment rate (% of labour force aged 15-24)

		EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
1998	Total	:	19.5	22.1	:	12.8	7.3	15	15.2	11.3	29.9	33.1	25.6	29.9	:	26.8	25.5	6.9	15	:	7.6	6.4	22.5	10.7	15.8	17.8	25.1	23.5	16.1	13.1
	Males	:	17.7	20.2	:	11.5	7.1	12.3	16.7	11.6	21.3	25.9	23.3	25.4	:	27.4	30.1	6.5	16.6	:	7.4	5	20.2	8.5	15.6	16.9	26.6	22.8	16.4	14.8
	Females	:	21.6	24.5	:	14.4	7.4	17.9	13.1	11	40.2	42.4	28.3	35.5	:	26	18.4	7.3	13	:	7.9	7.9	25.1	13.2	16.1	18.8	23.4	24.3	15.8	11.3
2000	Total	17.9	17.6	16.7	33.7	17.8	6.2	10.6	23.9	6.8	29.1	24.3	20.1	27	10.1	21.4	30.6	7.1	12.4	13.7	5.7	5.3	35.1	8.8	20	16.3	36.9	21.4	10.5	12.6
	Males	16.7	16.2	14.5	36.1	18.5	6.6	9.4	23.8	6.8	21.5	18.1	18	23.1	6.9	21.2	32.3	6.5	13.6	14.9	4.9	4.7	33.3	6.6	22.2	14.6	39.7	21.1	11	13.7
	Females	19.3	19.3	19.5	30.7	17	5.7	11.9	24.1	7	38.1	32.5	22.5	31.9	13	21.6	28.3	7.9	10.8	12.3	6.5	6	37.2	11.5	17.2	18.3	33.8	21.6	9.9	11.4
2002	Total	18.9	18.5	17.7	37	16.9	7.4	14.2	17.6	8.5	26.8	24.2	19.7	23.1	8.1	22	22.5	7.7	12.7	17.1	5	6.7	42.5	11.6	23.2	16.5	37.7	21	11.9	12
	Males	18.1	17.5	17.2	40.1	16.6	7.3	13	14.3	9.3	19.9	19.2	18.2	19.4	7.9	20.4	22.6	6.1	13.2	17.6	5.2	6.4	41.9	9.8	24.3	15	39.5	21.2	12	13.7
	Females	19.8	19.6	18.3	33.2	17.2	7.5	15.4	22.5	7.6	35.3	31.1	21.7	27.8	8.3	24.3	22.2	9.6	11.9	16.7	4.8	7.1	43.3	13.9	21.8	18.6	35.5	20.9	11.8	10.2
2004	Total	19.2	19	21.2	25.8	21	8.2	15	21.7	8.9	26.9	23.9	21.8	23,5b	10.5	18.1	22.7	16.8	15.5	16.8	8	9,4b	39.6	15.3	21.9	16.1	33.1	20.7	16.3	12.1
	Males	18.7	18.4	20.2	27	22.2	8.9	15.2	21.2	9.3	19.1	19.4	20.8	20,6b	9.4	16	22.5	12	16.2	16.3	7.9	9b	37.7	13.5	24.2	13.9	34.7	22	15.7	13.4
	Females	19.8	19.7	22.4	24.3	19.5	7.4	14.8	22.4	8.5	36.3	30.1	23	27,2b	11.6	21.3	22.9	22.3	14.4	17.4	8.1	9,8b	41.9	17.6	18.9	19.2	31	19.4	16.9	10.7
2005	Total	18.4	18.3	21.5	22.3	19.2	8.6	14,1p	15.9	8.6	26	19.7	22,7p	24	13	13.6	15.7	13.7	19.4	16.4	8.2	10.3	36.9	16.1	20.2	15.9	30.1	20.1	21,1b	12.9
	Males	18.1	17.9	21	23.4	19.3	8.6	14,4p	16.6	9.1	18.7	16.7	21,3p	21.5	11.9	11.8	15.9	11.7	19.6	16.8	8	10.5	35.7	13.6	21.6	14.5	31	20.6	21,1b	14.5
	Females	18.7	18.7	22.1	21	19.1	8.6	13,8p	14.9	8	34.8	23.4	24,4p	27.4	14.2	16.2	15.3	16.2	19	16	8.4	10.1	38.3	19.1	18.4	17.8	28.8	19.5	21,1b	11.1
2006	Total	17.3	17.1	20.5	19.5	17.5	7.7	13,6p	12	8.6	25.2	17.9	23,4p	21.6	10.5	12.2	9.8	16.2	19.1	16.3	6.6	9.1	29.8	16.3	21.4	13.9	26.6	18.7	21.3	14.1
	Males	16.7	16.5	18.8	18.9	16.6	7.9	13,2p	10	9.1	17.7	15	21,8p	19.1	9.8	10.5	10	17	18.6	17.5	6.1	9	28.3	14.5	22.3	11.6	26.4	19	21.1	15.9
	Females	18	17.9	22.6	20.3	18.7	7.5	14p	14.7	8	34.7	21.6	25,4p	25.3	11.2	14.7	9.6	15.2	19.8	14.8	7.1	9.2	31.6	18.4	20.2	16.8	27	18.4	21.5	12.1
2007	Total	15.5	15.3	18.8	15.1	10.7	7.9	11.9	10u	9.1	22.9	18.2	18.7	20.3	10.2	10.7	8.2u	15.2u	18	13.3	5.9	8.7	21.7	16.6	20.1	10.1	20.3	16.5	19.3	14.4
	Males	15.2	14.9	17.1	14.5	10.6	8.2	12.6	:	10	15.7	15.2	18	18.2	11	11.2	7u	13.5u	17.6	15.1u	5.6	8.3	20	13.5	21.1	9.4u	20.4	16.4	18.8	16
	Females	15.8	15.7	20.9	15.9	11	7.5	11.1	:	8.1	32.1	21.9	19.6	23.3	9.4	10u	10u	17.5u	18.6	11.2u	6.2	9.1	23.8	20.3	18.7	11.2u	20.2	16.6	19.8	12.7

Source: Eurostat, Harmonised unemployment series - Annual average; p = provisional value u = unreliable or uncertain data b= break in data series

Context 2d: Long-term unemployment rate by gender, selected years (% of the labour force 15+)

		EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
1998	Total	:	4.4	5.6	:	2	1.3	4.5	4.2	3.9	5.8	7.5	4.5	6.8	:	7.9	7.5	0.9	4.2	:	1.5	1.3	4.7	2.2	2.3	3.3	6.5	4.1	2.6	1.9
	Males	:	3.6	4.5	:	1.5	0.9	3.4	4.4	4.7	3.1	4.9	3.8	5.3	:	8.3	7.9	0.7	4.5	:	1.3	1	3.5	1.7	2.2	3.3	6	4.3	3.2	2.4
	Females	:	5.5	7.1	:	2.6	1.7	6	4.1	2.8	10	11.6	5.3	9.1	:	7.5	7	1.1	3.8	:	1.8	1.8	6.3	2.8	2.5	3.3	7.1	3.9	1.8	1.2
2000	Total	4.1	3.9	3.7	9.4	4.2	0.9	3.7	5.9	1.6	6.2	4.6	3.5	6.3	1.2	7.9	8	0.6	3.1	4.4	0.8	1	7.4	1.7	3.5	4.1	10.3	2.8	1.4	1.4
	Males	4.2	3.3	3	9.6	3.5	0.8	3	6.7	2	3.6	2.8	2.9	4.8	0.5	8.3	9.4	0.5	3.5	4.5	0.6	0.9	6	1.4	3.6	4.1	10.3	2.8	1.7	1.9
	Females	4	4.8	4.6	9.2	5.2	1.1	4.6	5	1	10.2	7.4	4.3	8.4	2.2	7.5	6.5	0.6	2.5	4.2	1	1.2	9.1	2	3.4	4.2	10.2	2.7	1	0.9
2002	Total	4.6	3.9	3.7	12	3.7	0.9	3.9	5.4	1.4	5.3	3.7	3.1	5.1	0.8	5.5	7.2	0.7	2.5	3.3	0.7	1.1	10.9	1.7	4	3.5	12.2	2.3	1	1.1
	Males	4.6	3.3	3.2	12.5	3	0.7	3.3	6.3	1.8	3.1	2.3	2.6	4	0.5	6.4	7.6	0.6	2.8	3.5	0.6	1	9.7	1.4	4.1	3.4	11.9	2.5	1.2	1.4
	Females	4.5	4.6	4.3	11.4	4.6	1	4.8	4.4	0.8	8.6	5.9	3.5	6.9	1	4.6	6.8	0.9	2.2	2.4	0.9	1.2	12.3	2.1	4	3.6	12.5	2	0.8	0.7
2004	Total	4.2	4.1	4.1	7.2	4.2	1.2	5.4	5	1.6	5.6	3.4	3.9	4b	1.2	4.6	5.8	1.1	2.7	3.4	1.6	1,3b	10.3	3	4.5	3.2	11.8	2.1	1.2	1
	Males	3.7	3.6	3.7	7.3	3.4	1.1	4.8	5.6	2	3	2.2	3.5	2,9b	0.9	4.8	5.5	0.8	2.8	3.7	1.5	1,3b	9.6	2.6	5.2	3.1	11.3	2.3	1.4	1.2
	Females	4.7	4.7	4.7	7	5.3	1.3	6.1	4.4	1	9.4	5.1	4.3	5,5b	1.6	4.3	6.2	1.4	2.6	3	1.6	1,4b	11	3.4	3.6	3.4	12.4	2	1	0.6
2005	Total	4p	3,9p	4.4	6	4.2	1.1	5p	4.2	1.5	5.1	2,2b	4	3.9	1.2	4.1	4.3	1,2p	3.2	3.4	1.9	1.3	10.2	3.7	4	3.1	11.7	2.2	1,2p	1
	Males	3,6p	3,5p	3.8	6.1	3.4	1.1	4,7p	4.2	1.9	2.6	1,4b	3.5	2.9	0.8	4.4	4.2	1,2p	3.3	3.4	1.9	1.2	9.3	3.2	4.6	2.9	11.2	2.4	1,4p	1.3
	Females	4,5p	4,5p	5	6	5.3	1.2	5,5p	4.2	0.8	8.9	3,4b	4.5	5.2	1.7	3.7	4.5	1,2p	3.2	3.2	1.9	1.4	11.4	4.2	3.4	3.3	12.3	1.9	1p	0.7
2006	Total	3,6p	3,6p	4.2	5	3.9	0.8	4,7p	2.8	1.4	4.8	1.8	4p	3.4	0.9	2.5	2.5	1,4p	3.4	2.9	1.7	1.3	7.8	3.8	4.2	2.9	10.2	1.9	1.1	1.2
	Males	3,3p	3,2p	3.7	4.8	3.1	0.7	4,4p	3.1	1.8	2.6	1.2	3,7p	2.6	0.7	3	2.5	1,2p	3.3	3.1	1.6	1.3	7.1	3.3	4.7	2.4	9.4	2.1	1.2	1.5
	Females	4p	4p	4.9	5.2	4.9	0.9	5,2p	2.6	0.9	8	2.8	4,3p	4.5	1.2	1.9	2.4	1,6p	3.4	2.5	1.8	1.3	8.6	4.4	3.6	3.5	11.2	1.8	0.9	0.8
2007	Total	3	3	3.8	4	2.8	0.6	4.7	2.3	1.4	4.1	1.7	3.3	2.9	0.7	1.6	1.4	1.3	3.4	2.6	1.3	1.2	4.9	3.8	3.2	2.2	8.3	1.6	0.8	1.3
	Males	2.8	2.8	3.3	3.7	2.1	0.5	4.8	2.9	1.7	2.2	1.1	3.1	2.2	0.8	1.9	1.4	1.4	3.3	2.7	1.2	1	4.6	3.1	3.6	1.8	7.4	1.7	0.9	1.6
	Females	3.3	3.3	4.3	4.4	3.6	0.7	4.7	1.7	0.9	7	2.5	3.6	3.9	0.7	1.2	1.3	1.2	3.6	2.4	1.4	1.4	5.4	4.5	2.7	2.7	9.3	1.4	0.8	0.9

Source : Eurostat - Labour Force Survey, Annual averages

p = provisional value u = unreliable or uncertain data b= break in data series

Context 4: Old age dependency ratio (current and projected) - ratio between the total number of people aged 65 and over and the number of persons of working age (from 15 to 64)

	EU27	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
2010	25.9	26.1	25.3	21.8	25.0	31.2	25.0	16.7	28.2	24.4	25.8	31.0	18.0	25.2	23.2	21.1	24.2	21.2	22.8	26.0	19.0	26.6	21.3	23.9	17.0	25.7	27.8	24.7
2020	31.1	30.6	31.1	31.1	31.9	35.3	29.2	20.2	32.8	27.4	32.8	35.5	22.3	28.1	26.0	24.2	30.3	31.3	30.7	29.2	27.2	30.7	25.7	31.2	23.9	36.8	33.7	28.6
2030	38.0	37.6	36.3	35.7	37.9	46.2	34.4	24.6	38.5	34.3	39.0	42.5	27.4	34.6	34.7	30.8	34.1	39.1	40.0	38.1	36.0	36.6	30.3	40.8	32.3	43.9	37.4	33.2
2040	45.4	42.3	43.6	42.7	42.7	54.7	39.0	30.6	48.3	46.4	44.0	54.1	30.8	40.7	42.8	36.3	40.1	41.7	46.8	46.0	41.3	44.6	40.8	49.4	40.0	45.1	40.8	36.9
2050	50.4	43.9	55.4	54.8	41.3	56.4	47.2	40.4	57.0	58.7	44.7	59.2	37.7	51.2	51.1	37.8	50.8	49.8	45.6	48.3	55.7	53.0	54.0	59.4	55.5	46.6	41.9	38.0
2060	53.5	45.8	63.5	61.4	42.7	59.1	55.6	43.6	57.1	59.1	45.2	59.3	44.5	64.5	65.7	39.1	57.6	59.1	47.2	50.7	69.0	54.8	65.3	62.2	68.5	49.3	46.7	42.1

Source : Eurostat - EUROPOP2008 Trend scenario - baseline variant

Context 5a: Distribution of households by age and household type (private/institutional)

		EU25	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
Total	Total ('000)	441467	10296	7904	10230	5349	82277	1370	10628	40847	58514	3852	56996	690	2377	3484	440	10198	0	15986	8033	38230	10356	21681	1964	5379	5181	0	58789
	Private households (%)	98.7	98.6	99.3	99.3	98.7	99.0	98.8	96.6	99.4	97.8	98.4	99.3	99.4	99.0	99.3	98.3	97.5	-	98.6	98.9	98.9	99.0	98.5	99.3	98.4	98.1	-	98.2
	Institutional household (%	1.3	1.4	0.7	0.7	1.3	1.0	0.9	3.4	0.6	2.2	1.6	0.7	0.6	1.0	0.7	1.7	2.4	-	1.4	1.1	1.1	1.0	1.5	0.7	0.8	0.7	-	1.8
	Total ('000)	90525	2162	1531	2057	1161	15251	312	2011	7341	13426	1009	9833	180	541	846	98	2087	0	3532	1639	8851	2053	4847	376	1277	1135	0	13346
Children (0-17)	Private households (%)	99.4	99.9	97.9	99.8	99.4	99.7	99.2	97.8	99.9	99.2	99.6	99.9	99.9	99.4	99.3	99.0	96.9	-	99.7	99.7	99.2	99.5	98.3	:	98.3	99.1	-	99.3
	Institutional household (%	0.6	0.1	2.1	0.2	0.6	:	0.6	2.2	0.1	0.8	0.4	0.1	0.1	0.6	0.7	1.0	3.1	-	0.3	0.3	0.8	0.5	1.7	:	0.4	0.4	-	0.7
18-64	Total ('000)	279593	6390	5586	6759	3396	52516	852	6824	26547	35788	2420	36517	428	1485	2148	281	6565	0	10279	5152	24522	6610	15420	1299	3444	3269	0	36103
	Private households (%)	99.0	99.5	99.4	99.5	98.9	99.6	98.9	96.0	99.7	98.2	98.9	99.5	99.7	99.0	99.4	99.0	97.7	-	99.4	99.4	98.8	99.6	98.0	:	98.7	98.4	-	98.5
	Institutional household (%	1.0	0.5	0.6	0.5	1.1	:	0.9	4.0	0.3	1.8	1.1	0.5	0.3	1.0	0.6	1.0	2.2	-	0.6	0.6	1.2	0.4	2.0	:	0.6	0.3	-	1.5
65+	Total ('000)	71306	1744	1322	1411	792	14510	205	1792	6974	9299	423	10646	80	352	489	61	1546	0	2174	1242	4853	1693	3050	289	611	777	0	9341
	Private households (%)	96.4	93.9	99.6	97.7	96.7	96.3	98.1	97.5	97.7	94.3	92.8	97.9	96.4	98.7	98.9	93.7	97.5	-	93.5	95.8	98.8	96.4	99.6	:	97.0	95.1	-	95.4
	Institutional household (%	3.6	6.1	0.4	2.3	3.3	:	1.7	2.5	2.3	5.7	7.2	2.1	3.6	1.3	1.1	6.3	2.5	-	6.5	4.2	1.2	3.6	0.4	:	2.7	3.1	-	4.6
75+	Total ('000)	30917	774	481	570	379	6191	75	642	3036	4133	184	4762	34	126	178	25	619	0	972	582	1841	701	1063	110	238	340	0	4405
	Private households (%)	93.3	88.4	99.3	95.7	94.2	92.5	96.9	96.7	96.1	89.5	87.6	96.5	92.7	98.1	98.3	87.0	95.8	-	87.2	92.4	98.1	93.1	99.4	88.4	95.4	90.8	-	91.5
	Institutional household (%	6.7	11.5	0.7	4.3	5.8	7.5	2.9	3.3	3.9	10.5	12.4	3.5	7.3	1.9	1.7	13.0	4.2	-	12.8	7.6	1.9	6.9	0.6	5.3	4.2	6.0	-	8.5
	Hospitals (%)	19.9	5.3	14.0	4.9	:	:	3.6	20.4	12.5	13.8	27.8	1.5	5.8	2.0	5.2	9.8	11.8	-	20.8	19.4	18.5	3.3	30.7	:	13.3	27.9	-	44.6
	Old people's homes (%)	68.0	85.1	83.8	86.3	:	:	95.4	34.3	56.6	79.5	56.4	73.2	91.0	97.7	89.1	69.2	83.4	-	75.9	76.3	65.8	85.8	59.4	:	75.1	58.5	-	46.0

Source: Eurostat Census data collection 2000-01

Context 5b: Population living in private households by household type, 2007 (percentage of total population)

	EU25	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	SI	SK	FI	SE	UK
- Single adults, no children	13	15		9	22	18	14	8	7	6	14	12	5	9	11	12	9	7	15	15	9	6	7	8	18	20	14
of which:																										:	
- Single men	5	7		4	10	7	5	4	2	2	5	5	2	3	3	5	3	3	7	6	3	2	2	2	8	9	6
- Single women	8	8		6	11	11	9	4	5	4	8	7	3	7	8	7	7	4	8	9	6	4	5	7	11	10	7
																										:	
- Under 65	7	9		5	15	12	8	4	4	3	8	6	3	5	6	8	5	3	11	9	4	2	3	3	12	12	8
- 65 and over	5	6		4	7	6	6	4	4	3	6	6	2	5	5	4	5	4	5	6	5	4	4	5	6	7	6
- Single parents	5	6		4	7	6	7	8	2	2	5	3	2	5	6	4	5	2	4	4	3	3	3	3	5	8	8
- 2 adults below 65, no children	13	15		14	18	16	11	10	9	10	16	9	8	10	9	12	11	9	17	13	8	9	8	7	19	16	17
- 2 adults, at least one aged 65+, no children	11	10		9	10	13	9	7	12	9	11	12	9	9	9	9	9	8	10	9	7	11	8	7	10	10	11
- 3 or more adults, no children	12	9		15	3	7	10	12	23	23	5	18	13	13	10	11	14	20	7	13	13	18	19	17	5	2	11
- 2 adults, 1 child	12	11		12	10	12	15	10	10	13	13	13	10	14	16	13	12	11	11	11	12	17	11	9	12	11	10
- 2 adults, 2 children	18	16		21	19	15	14	15	25	20	24	19	26	13	17	25	16	17	20	15	15	16	19	17	16	19	16
- 2 adults, 3 or more children	7	11		5	10	6	6	14	3	3	7	5	10	5	7	7	9	8	12	8	7	4	5	8	12	10	8
- 3 or more adults, with children	10	7		11	2	6	14	17	10	14	4	11	16	21	16	8	15	18	5	12	25	17	19	24	3	4	7

EU aggregates based on available country data

Source : Eurostat - European Labour Force Survey

Context 6a: General government debt - General government consolidated gross debt as a percentage of GDP

	EU-27	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
2000	:	107.8	74.3	18.5	51.5	59.7	5.2	37.9	103.2	59.3	57.3	109.1	58.8	12.3	23.7	6.4	54.2	55.9	53.8	65.5	36.8	50.5	24.7	:	50.4	43.8	54.4	41.0
2001	61	106.5	67.3	25.1	48.7	58.8	4.8	35.6	103.6	55.5	56.9	108.7	60.7	14.0	23.1	6.5	52.1	62.1	50.7	66.0	37.6	52.9	26.0	27.2	49.0	42.3	55.3	37.7
2002	60.3	103.4	53.6	28.5	48.3	60.3	3.5	32.2	100.6	52.5	58.8	105.6	64.7	13.5	22.4	6.5	55.6	60.1	50.5	65.8	42.2	55.6	25.0	28.4	43.4	41.3	53.7	37.5
2003	61.8	98.6	45.9	30.1	45.8	63.8	5.5	31.1	97.9	48.7	62.9	104.3	68.9	14.4	21.2	6.3	58.0	69.3	52	64.6	47.1	56.9	21.5	27.9	42.4	44.3	53.5	38.7
2004	62.1	94.2	37.9	30.4	44	65.6	5.1	29.5	98.6	46.2	64.9	103.8	70.2	14.5	19.4	6.4	59.4	72.7	52.4	63.8	45.7	58.3	18.8	27.6	41.4	44.1	52.4	40.4
2005	62.7	92.2	29.2	30.2	36.3	67.8	4.4	27.4	98.0	43.0	66.7	106.2	69.1	12.5	18.6	6.2	61.6	70.8	52.3	63.4	47.1	63.7	15.8	27.4	34.2	41.4	52.2	42.1
2006	61.4	88.2	22.8	30.1	30.3	67.5	4	25.1	95.3	39.7	64.2	106.8	65.2	10.6	18.2	6.6	65.6	64.7	47.9	61.7	47.6	64.8	12.4	27.1	30.4	39.2	47.0	43.2
2007	58.7	84.9	18.2	28.7	26	65	3.4	25.4	94.5	36.2	64.2	104	59.8	9.7	17.3	6.8	66	62.6	45.4	59.1	45.2	63.6	13	24.1	29.4	35.4	40.6	43.8
2008	*58.3*	*81.7*	*15.9*	*30.3*	*20.9*	*62.8*	*2.3*	*26.9*	*91.1*	*34.5*	*64.1*	*102.9*	*53.3*	*7.8*	*17.2*	*6.0*	*66.3*	*61.3*	*44.8*	*58.4*	*47.1*	*64.7*	*12.8*	*24.5*	*30.7*	*32.4*	*35.7*	*44.8*
2009	*57.0*	*79.0*	*12.9*	*30.5*	*17.5*	*60.3*	*2.0*	*28.5*	*88.8*	*33.0*	*64.1*	*101.2*	*49.6*	*6.4*	*16.1*	*5.4*	*65.9*	*59.2*	*41.7*	*57.2*	*47.1*	*64.5*	*13.5*	*23.8*	*30.6*	*29.8*	*30.5*	*45.6*

Source: Eurostat - General Government data (2000 to 2007) and ECFIN forecasts (2008-2009)

Context 6b: Projected evolution of debt levels up to 2050 (in % of GDP)

Programme scenario

	EU	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
2005	-	94.3	:	37.4	36.8	67.3	4.6	28.0	107.9	43.1	65.8	108.5	70.5	13.1	19.2	6.4	57.7	76.7	54.4	63.4	42.5	65.5	:	29.0	33.7	42.7	50.9	43.3
2010	-	75.3	:	39.6	21.5	65.6	2.5	24.6	91.0	31.5	61.1	99.1	51.5	11.7	18.0	8.9	62.5	60.6	50.0	54.9	51.3	64.4	:	28.4	35.9	37.3	39.0	44.4
2030	-	36.1	:	79.0	-15.1	57.9	-28.2	36.7	122.0	9.6	64.2	51.4	70.6	-0.4	19.9	20.9	76.0	-1.8	88.6	15.0	6.2	89.2	:	76.3	48.1	38.8	9.6	54.0
2050	-	63.5	:	280.2	-37.3	99.4	-93.2	156.2	346.0	95.8	121.2	30.7	189.5	11.1	69.8	109.7	119.3	-106.3	218.1	-21.2	-76.3	262.5	:	302.7	130.4	117.3	52.0	110.3
2005 budget scenario																												
2010	-	73.4	:	43.2	14.4	73.6	0.9	13.6	96.9	25.7	69.2	108.9	64.3	13.0	22.4	11.5	76.1	80.2	44.2	58.9	53.2	76.3	:	25.1	38.7	23.7	30.3	47.0
2030	-	33.6	:	95.7	-61.2	116.2	-39.3	7.9	165.2	-13.5	132.8	127.6	116.3	14.9	46.7	56.1	143.6	92.9	67.8	54.9	20.0	195.4	:	68.5	66.8	7.9	8.0	90.1
2050	-	60.2	:	320.3	-135.5	232.4	-117.0	100.4	451.3	42.6	269.9	208.9	269.9	49.6	135.7	179.1	247.6	79.6	177.7	67.5	-42.5	517.4	:	287.2	176.9	61.6	58.8	186.7

* Adjusted gross debt.

Source: Commission services, 2005/06 updated stability and convergence programmes.

Context 7a: Social protection benefits by group of functions (as a percentage of total benefits) - 2005

	EU	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
Sickness, health care	28.6e	27.1	29p	35.3p	20.7	27.3p	31.9	40.9	27.8	31.6p	29.8p	26.7p	25.3p	26p	30.3p	25.7	29.9	26.3	30.9p	25.5	19.9p	:	36.2p	32.3p	29.5p	25.9	24.3p	30.9
Disability	7.9e	7.0	8.4p	7.8p	14.4	7.7p	9.4	5.3	4.9	7.3p	5.9p	5.9p	3.7p	9.1p	10.4p	13.1	9.9	6.7	9.9p	8.0	10.5p	:	7p	8.5p	9.2p	12.9	15.4p	9.0
Family and children	8e	7.2	6.8p	7.5p	12.9	11.2p	12.2	14.6	6.4	5.6p	8.5p	4.4p	11.8p	11p	9.3p	16.9	11.8	4.7	4.9p	10.7	4.4p	:	10.2p	8.6p	11.3p	11.6	9.8p	6.3
Unemployment	6.1e	12.2	1.9p	3.6p	8.6	7.3p	1.3	7.5	5.1	12.4p	7.5p	2p	5.8p	3.9p	1.8p	5.0	2.9	7.4	5.9p	5.8	2.9p	:	3.2p	3.3p	4.3p	9.3	6.2p	2.6
Old age and survivors benefits	45.9e	44.7	51.1p	42.6p	37.5	43.5p	44.0	26.6	51.2	41.4p	43.9p	60.7p	46.6p	48.4p	46.4p	36.6	42.5	52.4	42.3p	48.6	59.8p	:	41.3p	44.4p	42.5p	37.3	40.5p	45
Housing and social exclusion	3.5e	1.8	2.7p	3.1p	5.8	2.9p	1.2	5.1	4.5	1.7p	4.3p	0.3p	6.7p	1.6p	1.8p	2.8	3.1	2.5	6.2p	1.4	2.5p	:	2.1p	2.9p	3.2p	3.0	3.8p	6.3

e: Eurostat estimate; p: provisional

Context 7b: Social protection benefits by group of functions (as a percentage of GDP) - 2005

	EU	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SL	SK	FI	SE	UK
Total	27.2e	29.7	16.1	19.1p	30.1	29.4p	12.5	18.2	24.2	20.8p	31.5p	26.4p	18.2p	12.4p	13.2p	21.9	21.9	18.3	28.2p	28.8	19.6p	:	14.2p	23.4p	16.9p	26.7	32p	26.8e
Sickness, health care	7.5e	7.7	4.5	6.5p	6.1	7.8p	3.9	6.9	6.5	6.4p	8.8p	6.8p	4.5p	3.1p	3.9p	5.5	6.4	4.8	8.1p	7.1	3.8p	:	5p	7.4p	4.8p	6.7	7.5p	8.1e
Disability	2.1e	2	1.3	1.4p	4.2	2.2p	1.2	0.9	1.2	1.5p	1.8p	1.5p	0.7p	1.1p	1.3p	2.8	2.1	1.2	2.6p	2.2	2p	:	1p	2p	1.5p	3.4	4.8p	2.4e
Family and children	2.1e	2	1.1	1.4p	3.8	3.2p	1.5	2.5	1.5	1.1p	2.5p	1.1p	2.1p	1.3p	1.2p	3.6	2.5	0.9	1.3p	3	0.8p	:	1.4p	2p	1.9p	3	3p	1.7e
Unemployment	1.6e	3.5	0.3	0.7p	2.5	2.1p	0.2	1.3	1.2	2.5p	2.2p	0.5p	1p	0.5p	0.2p	1.1	0.6	1.3	1.5p	1.6	0.6p	:	0.4p	0.7p	0.7p	2.4	1.9p	0.7e
Old age and survivors benefits	12e	12.7	7.9	7.9p	11	12.4p	5.4	4.5	12	8.4p	13p	15.5p	8.3p	5.7p	6p	7.9	9.1	9.5	11.1p	13.5	11.5p	:	5.7p	10.2p	7p	9.6	12.5p	11.8e
Housing and social exclusion	0.9e	0.5	0.4	0.6p	1.7	0.8p	0.1	0.9	1.1	0.4p	1.3p	0.1p	1.2p	0.2p	0.2p	0.6	0.7	0.4	1.6p	0.4	0.5p	:	0.3p	0.7p	0.5p	0.8	1.2p	1.7e

e: Eurostat estimate; p: provisional

Context 8a: Adults aged 18-59 living in jobless households by household types, 2006, in % of total number of adults living in jobless households

	EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
Alone without children	23.1	24.1	32.2	15.3	23.2	:	38.5	31.8	:	19.0	11.5	30.3	18.2	15.2	19.0	26.7	33.3	15.9	12.1	41.9	36.0	14.3	14.3	11.5	29.4	11.8	48.5	:	27.2
Alone with child(ren)	10.3	10.9	14.9	3.9	12.9	:	12.1	12.0	:	3.6	5.6	10.7	3.4	11.8	5.4	10.7	6.1	6.2	10.6	11.7	5.6	7.9	6.2	3.8	5.5	4.0	3.1	:	23.5
Couple without children	22.0	22.1	25.2	19.5	24.0	:	22.5	15.5	:	28.1	14.4	28.9	19.4	30.3	13.6	6.9	31.4	21.9	17.9	24.4	24.4	21.9	22.3	21.0	27.6	19.1	25.3	:	16.6
Couple with child(ren)	15.6	15.0	9.6	19.6	14.5	:	17.4	13.5	:	10.2	20.3	15.3	15.0	18.3	15.8	12.0	12.2	19.4	26.7	14.0	16.3	14.9	14.1	24.3	9.6	16.8	11.2	:	15.4
Other households without children - total	20.0	19.8	11.5	22.0	19.4	:	6.9	19.0	:	33.7	37.7	10.8	34.5	20.9	30.0	30.2	12.7	23.8	28.4	7.6	13.2	25.2	33.5	21.5	23.6	26.2	11.0	:	12.0
- without elderly (65+)	9.5	9.5	6.3	8.9	8.3	:	3.6	4.1	:	13.3	13.8	5.4	16.1	10.4	8.6	9.0	7.1	10.6	11.6	4.8	5.9	12.2	12.7	11.0	11.6	12.4	3.5	:	7.1
- with at least 1 elderly (65+)	10.4	10.4	5.2	13.1	11.2	:	3.3	14.9	:	20.4	23.9	5.4	18.4	10.5	21.4	21.2	5.6	13.2	16.8	2.8	7.3	13.0	20.8	10.5	12.0	13.8	7.5	:	4.9
Other households with child(ren) - total	8.9	8.1	6.5	19.7	5.9	:	2.6	8.2	:	5.5	10.6	4.1	9.4	3.5	16.2	13.4	4.3	12.8	4.4	0.4	4.5	15.8	9.7	17.9	4.3	22.1	0.9	:	5.3
- without elderly (65+)	6.9	6.4	5.6	13.6	4.6	:	2.3	3.6	:	3.6	7.3	3.5	7.8	2.3	12.6	6.0	3.5	10.7	3.0	0.2	3.5	11.6	7.1	11.3	3.7	18.7	0.7	:	4.6
- with at least 1 elderly (65+)	2.1	1.7	0.9	6.1	1.2	:	0.2	4.6	:	1.9	3.3	0.6	1.6	1.2	3.6	7.4	0.8	2.2	1.4	0.2	1.0	4.1	2.6	6.6	0.5	3.5	0.2	:	0.7
Total number in 1000	19386	17763	799.9	482.1	437.26		581.56	44.475		467.91	233.71	3486.4	2912.8	20.311	87.659	126.44	17.527	640.3	15.375	217.46	406.15	2835.4	337.84	1141.7	84.938	305.26	276.73		3427.1

Source : Eurostat - European Labour Force Survey 2006, Spring results. Annual averages for FI.

Context 8b: Children aged 0-17 living in jobless households by household types, 2006, in % of total number of children living in jobless households

	EU27	EU25	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
Alone with child(ren) - no elderly	44.6	47.5	61.6	15.8	50.8	:	45.0	48.3	:	30.0	26.8	47.2	21.8	56.8	26.8	38.9	49.7	23.2	41.9	57.8	28.2	34.7	33.2	12.9	40.5	12.4	23.2	:	66.5
Alone with child(ren) - at least 1 elderly	0.4	0.3	0.0	1.2	0.3	:	0.2	10.7	:	1.2	0.8	0.3	0.2	1.1	0.0	1.1	0.7	0.1	1.2	0.0	0.2	0.2	1.4	0.6	0.0	0.0	0.0	:	0.3
Couple with child(ren) - total	39.9	38.4	25.4	50.1	35.9	:	48.4	25.6	:	52.5	49.5	44.8	59.2	38.7	41.8	24.6	41.1	52.5	46.4	40.9	58.1	35.7	39.3	58.2	47.8	51.8	73.4	:	26.1
- without elderly (65+)	38.8	37.3	24.8	47.9	35.7	:	48.0	25.6	:	46.2	45.5	43.3	57.5	37.6	36.7	23.0	35.9	51.9	45.5	39.8	56.4	34.7	36.9	57.2	47.3	51.3	72.8	:	25.4
- with at least 1 elderly (65+)	1.1	1.1	0.6	2.2	0.2	:	0.4	0.0	:	6.3	4.0	1.5	1.7	1.1	5.2	1.6	5.2	0.6	0.9	1.0	1.7	0.9	2.4	1.1	0.5	0.5	0.5	:	0.7
Other households with child(ren) - no elderly	15.1	13.7	13.1	32.9	13.1	:	6.4	15.4	:	16.2	22.8	7.7	18.9	3.4	31.3	35.5	8.6	24.2	10.5	1.3	13.5	29.3	26.1	28.2	11.7	35.8	3.4	:	7.0
- without elderly (65+)	10.5	9.9	11.5	19.9	10.2	:	5.8	5.0	:	7.2	15.5	6.0	13.0	1.1	25.8	11.7	6.0	19.3	6.0	0.6	9.2	18.7	15.9	15.8	5.7	28.9	2.3	:	5.7
- with at least 1 elderly (65+)	4.6	3.9	1.5	13.0	2.9	:	0.7	10.3	:	9.0	7.3	1.7	5.8	2.3	5.5	23.7	2.6	5.0	4.5	0.7	4.2	10.7	10.2	12.5	6.0	7.0	1.1	:	1.3
Total number in 1000	7036.7	6437.9	289.55	189.76	148.043	59.5868	203.751	18.9274	117.92	67.1085	63.632	1261.13	523.48	7.01462	27.5269	36.5547	3.60966	247.037	8.075	69.6815	112.524	854.317	85.3914	409.048	12.0741	129.101	53.4464	0	2038.38

Source : Eurostat - European Labour Force Survey 2006, Spring results. Annual averages for FI.

Context 10: Net income of social assistance recipients as % of the at-risk of poverty rate threshold for 3 jobless households types, 2006

	LT	SK	PT	MT	EE	HU	ES	LV	CZ	BE	PL	LU	CY	FR	SI	AT	DE	FI	SE	DK	UK	IE	NL
single	0.3	0.5	0.5	0.5	0.5	0.5	0.6	0.6	0.6	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.9	1.0	1.1	1.1	1.2	1.2	1.3
lone parent, 2 children	0.7	0.6	0.7	0.4	0.6	0.9	0.6	1.3	0.8	0.9	0.9	0.8	0.8	0.8	1.0	0.9	1.2	0.9	0.9	1.0	1.2	1.0	1.1
couple with two children	0.7	0.5	0.8	0.3	0.5	0.9	0.4	1.1	0.8	0.6	0.7	0.7	0.7	0.7	0.9	0.8	1.1	0.9	0.8	0.9	1.0	1.0	0.9

Source : Joint EC-OECD project using OECD tax-benefit models, and Eurostat.

Context 11: At-risk-of-poverty rate before social transfers by gender and selected age groups

Before all social transfers except old-age and survivors' benefits

		EU27	EU25	BE	BG[(1)]	CZ	DK	DK[(2)]	DE	EE	IE	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO[(1)]	SI	SK	FI	SE	UK
Total population	Total		26s	27	17i	22	28	28p	26	25	33	23	24	25	24	22	28	27	24	30	22	21	25	29	25p	24i	24	20	29	29	30
	Men		25s	26	15i	21	27	27p	25	23	31	22	23	24	22	20	26	26	24	30	21	20	24	30	24p	24i	23	20	28	27	28
	Women		27s	28	19i	22	29	29p	26	26	35	25	25	26	26	24	30	27	23	29	23	22	26	28	26p	24i	25	20	29	30	32
Children aged 0-17 years			33s	29	21i	32	24	24p	34	31	41	25	28	31	32	20	31	32	34	44	30	27	37	36	28p	:	26	28	30	36	41
People aged 18-64 ye	Total		24s	26	15i	20	28	27p	27	22	28	21	20	24	22	16	25	25	23	29	19	21	23	30	23p	:	22	19	27	28	25
	Men		24s	25	15i	20	26	26p	26	21	26	20	19	23	20	14	25	25	23	29	18	19	22	31	22p	:	22	19	27	28	23
	Women		25s	27	15i	21	29	29p	28	23	30	22	21	25	23	18	26	25	24	28	21	23	24	28	23p	:	22	18	27	29	27
People aged 65 years	Total		23s	27	20i	13	35	37p	15	28	40	30	34	20	24	55	33	26	10	14	25	12	19	12	31p	21i	32	14	31	21	36
	Men		20s	25	10i	9	34	34p	13	16	34	26	31	18	20	52	20	12	11	10	26	12	12	9	30p	15i	27	9	24	11	31
	Women		25s	28	27i	16	35	39p	16	34	45	33	35	22	26	58	39	33	9	16	24	12	23	13	32p	25i	35	17	36	29	39

Source: SILC 2006, Income data 2005; except for UK, income year 2006 and for IE moving income reference period (2005-2006); [(1)] BG and RO National HBS 2006, income data 2006; [(2)] with imputed rent (see methodological note).
Notes: i See explanatory text (Eurostat website) p = provisional value s = Eurostat estimate u = unreliable or uncertain data (:) = data not available
EU Aggregates: Eurostat estimates are obtained as a population size weighted average of national data.

Context 12: Theoretical replacement rates for a worker retiring at 65 after 40 years with average earnings

	Change in theoretical replacement rate in percentage points (2006-2046)						Assumptions					Evolution of statutory pensions expenditures between 2004 and 2050 (source EPC/AWG)
	Net	Gross replacement rate					Coverage rate (%)		Contribution rates			
										Occupational and voluntary pensions		
	Total	Total	Statutory pensions	Type of statutory scheme (DB, NDC or DC)	Occupational and voluntary pensions	Type of supplementary scheme (DB or DC)	Statutory pensions	Occupational and voluntary pensions	Statutory pensions (or in some cases Social security)	Estimate of current (2002)	Assumption	
BE	3	4	-1	DB	5	DC	68	40-45	46.3a	Nd	4.25	5.1
BG	9	9	9	DB and DC	/		NA	/	NA	/		NA
CZ	-12	-8	-8	DB	/		100	/	28	/		5.6
DK	5	17	-10	DB	26	DC	100	78	0.9 b	8.8	12.7	3.3
DE	4	3	-9	DB	12	DC	Nd	70	19.5	Nd	4	1.7
EE	2	3	3	DB and DC	/		100	/	22	/		-0.1
EL	-7	-12	-12	DB	/		Nd	/	20	/		-
ES	-12	-9	-9	DB	/		89	/	28.3	/		7.1
FR	-18	-16	-16	DB	/		100	/	20	/		2
IE	-5	-5	4	DB	-9	DC	100	55	9.5	10-15	10	6.4
IT	3	-3	-17	DB and DC	14	DC	100	11.4	33	5.7	6.91	0.4
CY	10	12	12	DB	/		86	/	16.6 c	/		12.9
LV	-15	-14	-14	NDC and DC	/		100	/	20	/		1.5
LT	-3	1	1	DB and DC	/		89	/	26	/		3.7
LU	0	-1	-1	DB	/		92	/	24 d	/		7.4
HU	-1	9	9	DB and DC	/		100	/	26.5	/		9.9
MT	-13	-11	-11	DB	/		Nd	/	30 e	/		-0.4
NL	8	5	1	DB	4	DB	100	91	7	9.8	11.5 -12.5	3.5
AT	4	5	5	DB	/		100	/	22.8	/		-1.2
PL	-19	-16	-16	NDC and DC	/		77	/	36.9 f	/		-4.6
PT	-20	-19	-19	DB	/		81	/	32.5	/		9.7
RO	9	7	7	DB and DC	/		NA	/	29.05	/		NA
SI	2	-4	-4	DB	/		100	/	24.35	/		8.3
SK	2	1	1	DB and DC	/		100	/	28.75	/		4.1
FI	-8	-9	-9	DB	/		100	/	21.6	/		3.1
SE	-13	-13	-10	NDC and DC	-3	DB	100	90	17.2	13.7	13.7	0.6
UK	-6	-6	-6	DB	-1	DC	100	53 (M)/56(F)	(17.25%)	9	8	2

Note : AWG projections figures inlude funded tiers of statutory schemes

Reading: the first four columns provide the evolution of theoretical replacement rates in percentage points from 2005 to 2050, for a worker retiring at 65 after 40 years with average earnings: net or gross, total, and contributions from statutory schemes, from occupational or individual schemes be they defined benefit (DB), notional defined contribuition (NDC) or defined contribution ones (DC).

Coverage rates refer to the coverage of the labour force; in some cases (notably for occupational and voluntary pensions), this can refer to the coverage of the employees in the private sector. They also provide information on the type of scheme taken into account (DB, defined benefit, DC, defined contribution, NDC Notional defined contribution).

Contribution rates corresponds to overall contribution rates as a share of gross wages (from employees and employers) used as assumptions for the calculation of theoretical replacement rates. Contribution rates may differ from current levels reflecting for instance projected increases in contribution rates, in particular as regards assumptions used for second pillar schemes. (a) For Belgium, this refers to the overall Social Security contribution rate, due to its global management. (b) For Denmark, this refers to contributions, to the ATP (statutory Supplementary Labour Market Pension, though it should be recalled that the financing of the first pillar mainly comes from the general budget. (c) For Cyprus, one fourth (4%) comes from the general State budget. (d) For Luxembourg, one third (8%) also comes from the general State budget. (e) For Malta, this corresponds to a repartition of 10% from the employee, 10% from the employer and 10% from the State. (f) For Poland, this corresponds to old-age contributions (19.52 per cent of wage) and disability and survivors contribution (13 per cent of wage). (g) For Portugal, this corresponds to a general estimate (ratio between overall contributions and aggregate wages declared to social security).
The total contribution rate used as an assumption in simulations is 34.75 (legal statutory contribution rate).

Context (add) a. Employment rate gap by country of birth, 2005, 2006, 2007 annual averages

	Employment rate gap between persons born inside and outside the country			Employment rates by country of birth									Distribution of the population aged 15-64 by country of birth								
				2005			*2006*			*2007*			*2005*			*2006*			*2007*		
	2005	*2006*	*2007*	Born in the country	Born in another EU25 country	Born outside the EU25	Born in the country	Born in another EU25 country	Born outside the EU25	Born in the country	Born in another EU25 country	Born outside the EU25	Born in the country	Born in another EU25 country	Born outside the EU25	Born in the country	Born in another EU25 country	Born outside the EU25	Born in the country	Born in another EU25 country	Born outside the EU25
BE	12.5	12.5	12.7	62.7	57.5	44.2	62.7	56.2	45.2	63.5	57.9	45.2	87.1	5.8	7.1	86.5	6.1	7.5	88.4	5.2	6.5
BG	:	-2.4	2.1	:	:	:	58.6	:	61.8	61.7	:	61.0	:	:	:	:	:	:	:	:	:
CZ	3.4	4.8	-2.3	64.9	59.0	67.2	65.4	58.3	65.2	66.1	61.2	71.4	98.1	1.4	0.6	98.1	1.3	0.6	99.1	0.3	0.6
DK	13.6	14.5	16.0	76.9	72.2	60.1	78.4	70.8	61.5	78.8	74.8	59.6	93.1	1.8	5.1	93.2	1.8	5.0	90.6	1.9	7.5
DE *	14.4	14.9	14.8	67.5	65.5	47.0	69.1	66.3	48.1	70.9	68.2	49.6	89.5	3.4	7.0	89.7	3.5	6.8	89.7	3.6	6.7
EE	-5.3	-4.7	-5.9	63.7	64.1	69.3	67.4	64.9	72.6	68.6	75.4	74.4	85.6	0.9	13.5	85.7	0.9	13.5	86.2	0.6	13.1
IE	:	:	:	:	:	:	68.2	:	:	68.4	:	:	:	:	:	:	:	:	:	:	:
EL	-6.4	-6.6	-5.1	59.6	55.0	67.9	60.5	55.5	68.8	60.9	58.2	67.5	92.0	1.2	6.9	92.5	1.0	6.5	92.3	1.2	6.4
ES	-6.8	-6.9	-4.6	62.5	64.2	70.2	63.8	65.7	71.6	64.9	69.9	69.4	88.0	1.9	10.1	86.4	2.0	11.7	84.9	4.0	11.1
FR	7.9	7.5	7.3	64.1	63.5	53.5	64.7	65.4	54.0	65.5	64.6	55.8	88.4	3.1	8.5	89.0	3.0	8.0	88.5	3.1	8.3
IT	:	-7.3	-7.8	:	:	:	57.9	58.9	66.4	58.0	64.9	66.2	:	:	:	92.4	1.3	6.3	92.0	2.1	5.9
CY	-2.2	-1.6	-0.6	68.1	57.4	75.8	69.3	62.1	75.3	70.8	64.8	75.2	82.9	5.1	12.0	82.7	5.6	11.7	82.3	6.4	11.2
LV	-4.2	-6.0	-5.0	62.8	56.1	68.4	65.7	(62.1)	72.7	67.7	(69.4)	73.1	88.0	1.4	10.7	89.4	1.0	9.6	87.8	1.3	10.9
LT	-5.1	-6.7	-6.4	62.4	:	68.7	63.3	73.2	69.7	64.7	72.3	70.9	(96.3)	(0.2)	(3.5)	95.9	0.4	3.8	95.9	0.4	3.8
LU	-9.4	-8.9	-11.9	59.8	70.7	60.0	60.0	71.2	55.3	59.2	72.9	60.0	59.7	34.6	5.8	59.6	34.4	6.0	58.3	35.6	6.0
HU	-5.8	-3.4	-7.6	56.8	53.1	64.5	57.3	(53.5)	62.4	57.2	(65.7)	62.6	98.2	0.3	1.5	98.3	0.3	1.3	98.5	1.1	0.4
MT	-4.1	-0.5	-3.4	53.7	(48.9)	61.9	54.8	56.1	54.9	55.5	55.8	60.2	95.3	1.5	3.2	95.4	1.7	3.0	95.5	1.4	3.1
NL	14.5	14.2	13.2	75.2	70.2	58.5	76.2	72.5	59.5	77.7	73.1	62.2	86.9	2.5	10.7	87.0	2.5	10.5	87.1	2.7	10.3
AT	7.7	8.2	7.7	69.9	65.3	61.0	71.6	67.8	61.6	72.7	(69.4)	63.0	83.7	4.7	11.5	83.0	4.9	12.1	82.8	5.4	11.7
PL	22.9	19.1	21.7	52.9	29.8	30.1	54.6	36.2	35.0	57.1	30.7	38.7	99.4	0.3	0.4	99.5	0.2	0.3	99.6	0.2	0.2
PT	-5.4	-4.3	-5.8	67.1	65.1	74.5	67.6	:	72.9	67.3	:	73.7	92.9	1.5	5.6	92.6	1.6	5.8	92.3	1.6	6.1
RO	(-1.9)	:	(-4.3)	57.6	:	:	58.8	51.9	:	58.8	67.7	(62.4)	:	:	:	:	:	:	:	:	:
SI	-1.3	-0.2	-0.2	65.9	59.4	67.9	66.6	51.3	68.4	67.8	64.1	68.2	92.1	0.6	7.2	92.5	0.7	6.7	91.9	0.5	7.6
SK	6.4	4.3	-5.6	57.8	49.0	61.6	59.5	54.8	(57.5)	60.7	67.7	(60.9)	99.1	0.7	0.2	99.3	0.6	0.1	99.5	0.4	0.1
FI	11.7	9.2	6.8	68.8	65.4	50.8	69.7	69.4	53.7	70.5	74.8	55.8	96.9	1.3	1.8	96.7	1.4	1.9	96.6	1.4	2.0
SE	13.8	13.5	13.1	74.3	71.8	54.8	75.1	72.5	56.9	76.2	72.7	58.9	86.4	4.6	9.0	85.1	4.6	10.3	84.7	4.7	10.6
UK	7.7	5.9	5.6	72.5	72.1	62.2	72.2	75.1	63.1	72.0	75.4	62.8	88.9	3.0	8.2	88.2	3.1	8.7	87.4	3.7	9.0
EU-27	4.6	2.7	2.6	64.8	65.6	58.2	64.7	66.6	60.4	65.6	68.6	60.8	91.1	2.4	6.4	91.3	2.2	6.4	91.0	2.6	6.4
EU-25	5.1	3.1	3.0	65.2	65.6	58.2	65.1	66.6	60.4	66.1	68.6	60.8	90.6	2.6	6.8	90.8	2.4	6.9	90.4	2.8	6.8
EU-15	7.2	4.7	4.5	67.4	66.2	57.9	66.7	67.1	60.2	67.4	68.8	60.5	88.9	3.1	8.0	89.3	2.7	7.9	88.8	3.2	7.9

Source: EU labour Force Survey, quarter 2. Data marked 'u' lack reliabilty due to small sample size. Empty cells correspond to data not avaialble or not reliable due to smal sample size

(1) In case "born in another EU25 country" is not reliable due to small sample size, the cell "Born outside the EU25" refers to "Born outside the country".

(2) Country of birth is not available for BG, DE and RO. Nationality is used instead.

Context (add) b. Distrbution of the population by age and country of birth

	2005									2006									2007								
	Born in the country			**Born in another EU25 country**			**Born in another country outside the EU25**			**Born in the country**			**Born in another EU27 country**			**Born in another country outside the EU25**			**Born in the country**			**Born in another EU27 country**			**Born in another country outside the EU25**		
	15-24	25-49	50-64	15-24	25-49	50-64	15-24	25-49	50-64	15-24	25-49	50-64	15-24	25-49	50-64	15-24	25-49	50-64	15-24	25-49	50-64	15-24	25-49	50-64	15-24	25-49	50-64
BE	19.4	53.3	27.3	8.3	54.1	37.6	14.2	67.4	18.4	19.4	52.8	27.8	10.3	53.1	36.6	13.5	67.0	19.5	19.0	52.5	28.5	11.4	52.8	35.8	14.6	66.1	19.2
BG	19.8	52.1	28.1							:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
CZ	18.9	51.8	29.3	6.7	50.7	42.6	13.3	71.0	15.7	18.6	51.8	29.6	8.4	49.5	42.1	13.8	70.5	15.7	18.4	51.8	29.8	11.1	49.7	39.1	12.2	71.9	15.8
DK	16.7	52.6	30.6	12.1	55.7	32.3	16.8	68.9	14.3	17.1	52.2	30.7	12.3	56.1	31.6	20.0	64.1	16.0	17.0	51.6	31.4	13.8	55.0	31.2	19.2	63.6	17.2
DE	17.7	53.7	28.7	13.3	59.4	27.3	19.5	61.2	19.3	18.4	53.8	27.8	:	:	:	:	:	:	18.4	53.2	28.4	:	:	:	:	:	:
EE	25.6	52.0	22.4				3.4	47.8	48.8	26.0	51.6	22.3	:	49.1	41.5	2.9	46.7	50.5	25.8	52.3	21.9	:	51.1	42.8	2.5	43.8	53.7
IE	23.3	52.8	23.9	16.5	68.8	14.7				22.5	53.1	24.4	:	:	:	:	:	:	21.9	53.3	24.7	:	:	:	:	:	:
EL	17.1	55.0	27.9	19.2	66.9	13.9	18.4	67.4	14.2	16.8	55.1	28.0	15.8	70.3	13.9	18.5	68.7	12.7	16.2	55.1	28.7	15.3	68.6	16.2	17.5	69.4	13.1
ES	17.6	56.8	25.7	7.8	69.4	22.8	19.6	71.3	9.1	16.9	56.6	26.6	13.7	69.0	17.3	18.3	72.9	8.8	16.5	56.1	27.4	13.3	72.6	14.1	17.6	72.0	10.4
FR	20.5	53.0	26.5	6.4	50.2	43.4	10.7	56.6	32.8	20.5	52.5	27.0	5.5	51.2	43.3	10.6	56.7	32.7	20.4	52.0	27.6	7.2	48.5	44.3	10.1	58.5	31.5
IT										15.7	55.2	29.0	11.8	73.3	14.9	15.1	74.0	10.9	15.7	55.0	29.3	10.5	75.1	14.4	14.5	73.6	11.9
CY	19.5	53.4	27.1	14.2	61.1	24.8	16.9	72.0	11.1	19.6	53.3	27.1	15.4	62.1	22.5	14.6	74.6	10.8	18.7	53.5	27.8	15.3	60.6	24.2	15.4	74.2	10.4
LV	25.2	52.6	22.2	11.3	38.7	50.0	3.4	45.3	51.3	25.0	52.3	22.7	:	42.3	52.4	4.1	46.1	49.9	25.3	52.5	22.2	(6.1)	40.7	53.2	4.2	46.3	49.5
LT	23.2	53.2	23.5				5.7 u	55.4	39.0	23.5	53.0	23.5	:	(72.4)	:	(6.8)	51.5	41.7	23.7	52.8	23.5	:	(59.3)	:	(5.9)	52.2	42.0
LU	21.5	52.2	26.4	9.7	64.9	25.3	14.8	70.4	14.7	21.7	51.0	27.3	9.4	64.8	25.8	15.6	64.9	19.5	21.7	51.7	26.5	9.6	65.9	24.5	16.1	66.3	17.6
HU	18.8	52.1	29.2	12.2 u	40.9	46.9	12.0	63.9	24.1	18.5	51.6	29.9	11.9	61.1	27.0	16.2	59.4	24.5	18.4	51.7	29.9	10.4	62.3	27.3	20.0	58.7	21.3
MT	22.5	50.4	27.1							22.6	50.3	27.1	:	(58.5)	:	(22.1)	67.6	:	22.8	49.8	27.4	:	(57.5)	:	(22.2)	66.7	:
NL	18.4	52.7	28.9	8.9	60.8	30.3	13.1	66.2	20.7	18.6	52.2	29.2	10.2	60.7	29.2	13.2	65.3	21.5	18.7	51.6	29.7	11.2	59.7	29.2	12.4	65.0	22.6
AT	18.4	55.0	26.6	12.0	55.9	32.1	16.2	62.5	21.3	18.6	54.9	26.6	10.4	59.6	30.0	16.2	62.2	21.6	18.6	54.5	26.8	11.0	61.7	27.2	15.6	62.2	22.2
PL	22.6	51.7	25.7				5.8 u	27.6	66.6	22.2	51.3	26.5	:	(25.0)	71.4	(10.6)	33.0	56.5	21.5	51.0	27.5	:	(18.5)	74.3	:	35.1	57.9
PT	18.6	54.3	27.2	22.3	70.5	7.2	15.4	72.2	12.3	18.1	54.3	27.6	18.2	76.6	5.2	15.4	70.6	14.0	17.6	54.3	28.1	16.5	79.1	4.4	14.1	70.6	15.3
RO										21.6	53.2	25.2	:	:	:	:	:	:	21.3	53.0	25.7	:	:	:	:	(77.2)	:
SI	20.2	54.0	25.8	6.3 u	53.1	40.6 u	5.0	58.0	37.0	19.6	53.9	26.5	(6.7)	53.9	(39.4)	6.1	55.2	38.7	19.3	53.8	26.9	:	61.6	(34.3)	5.1	53.3	41.5
SK	23.0	53.2	23.8							22.3	53.0	24.7	(9.2)	46.8	43.9	:	:	:	22.0	52.9	25.1	:	39.7	55.2	:	68.6	:
FI	18.1	50.0	32.0	24.1	61.0	14.8	22.1	64.6	13.3	18.0	49.4	32.5	17.8	70.9	11.4	23.9	61.7	14.4	18.3	48.8	33.0	13.4	73.7	12.9	23.0	60.6	16.3
SE	19.7	49.8	30.5	4.8	48.3	46.9	18.7	63.6	17.7	20.0	49.5	30.5	4.6	48.8	46.6	18.5	62.0	19.6	20.5	49.2	30.3	5.1	47.7	47.2	18.8	61.0	20.2
UK	19.4	52.3	28.3	15.8	59.5	24.7	14.4	64.8	20.8	19.4	51.9	28.7	18.2	60.9	21.0	14.1	64.9	21.0	19.6	51.2	29.2	19.0	61.9	19.1	14.0	65.6	20.3
										:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
EU-27	19.3	53.2	27.5	11.2	57.4	31.4	15.6	63.4	21.0	19.1	53.2	27.7	11.7	61.0	27.3	14.4	65.5	20.0	18.9	52.8	28.2	12.3	61.7	26.0	14.1	65.8	20.2
EU-25	19.3	53.3	27.5	11.2	57.4	31.4	15.6	63.4	21.0	18.9	53.2	27.9	11.7	61.0	27.3	14.4	65.5	20.0	18.8	52.8	28.4	12.3	61.7	26.0	14.1	65.8	20.2
EU-15	18.7	53.6	27.8	11.3	58.1	30.5	16.0	63.9	20.1	18.2	53.6	28.2	11.8	61.6	26.6	14.8	66.1	19.1	18.2	53.2	28.7	12.4	62.3	25.3	14.4	66.3	19.3

Source: EU labour Force Survey, quarter 2. Data marked 'u' lack reliabilty due to small sample size. Empty cells correspond to data not avaialble or not reliable due to smal sample size

(1) In case "born in another EU25 country" is not reliable due to small sample size, the cell "Born outside the EU25" refers to "Born outside the country".

(2) Country of birth is not available for BG, DE and RO. Nationality is used instead.

Context (add) c. Distribution of the 15-64 by sex and country of birth

	2005						2006						2007					
	Born in the country		**Born in another EU25 country**		**Born outside the EU25**		**Born in the country**		**Born in another EU25 country**		**Born outside the EU25**		**Born in the country**		**Born in another EU25 country**		**Born outside the EU25**	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
BE	49.5	50.5	51.6	48.4	50.8	49.2	49.2	50.8	46.1	53.9	48.2	51.8	49.1	50.9	47.2	52.8	47.4	52.6
BG	50.5	49.5			55.4 u	44.6 u	48.4	51.6	41.7	58.3	37.8	62.2	48.4	51.6	41.8	58.2	46.6	53.4
CZ	49.9	50.1	49.6	50.4	45.8	54.2	48.9	51.1	45.8	54.2	47.4	52.6	48.9	51.1	44.4	55.6	48.5	51.5
DK	49.3	50.7	45.2	54.8	55.7	44.3	49.8	50.2	50.4	49.6	44.3	55.7	49.8	50.2	43.3	56.7	46.9	53.1
DE	49.8	50.2	47.5	52.5	49.1	50.9	48.8	51.2	52.7	47.3	51.2	48.8	48.8	51.2	52.6	47.4	51.1	48.9
EE	51.6	48.4	52.7	47.3	57.1	42.9	47.4	52.6	35.8	64.2	38.0	62.0	47.4	52.6	33.4	66.6	38.5	61.5
IE	49.8	50.2	48.1	51.9	48.3	51.7	49.7	50.3	:	:	:	:	49.8	50.2	:	:	:	:
EL	50.1	49.9	62.0	38.0	49.2	50.8	49.1	50.9	35.0	65.0	50.1	49.9	49.2	50.8	39.9	60.1	51.4	48.6
ES	49.4	50.6	53.2	46.8	50.1	49.9	49.4	50.6	48.5	51.5	49.4	50.6	49.5	50.5	49.7	50.3	49.0	51.0
FR	50.5	49.5	53.2	46.8	51.0	49.0	48.7	51.3	46.3	53.7	48.6	51.4	48.7	51.3	45.4	54.6	49.3	50.7
IT							48.7	51.3	36.4	63.6	49.6	50.4	48.7	51.3	40.4	59.6	49.8	50.2
CY	50.1	49.9	53.3	46.7	60.6	39.4	50.0	50.0	45.9	54.1	39.3	60.7	50.1	49.9	43.7	56.3	39.8	60.2
LV	51.2	48.8	57.2	42.8	56.5	43.5	46.8	53.2	46.5	53.5	40.5	59.5	47.1	52.9	43.0	57.0	39.5	60.5
LT	51.7	48.3			53.9	46.1	46.8	53.2	54.9	45.1	42.7	57.3	46.7	53.3	49.1	50.9	42.7	57.3
LU	49.2	50.8	49.6	50.4	53.4	46.6	51.2	48.8	50.4	49.6	46.3	53.7	50.5	49.5	51.2	48.8	44.9	55.1
HU	51.1	48.9	56.3	43.7	53.3	46.7	47.4	52.6	41.6	58.4	44.3	55.7	47.4	52.6	44.0	56.0	42.8	57.2
MT	49.7	50.3	53.0 u	47.0 u	47.7	52.3	49.7	50.3	51.8	48.2	44.9	55.1	49.7	50.3	43.2	56.8	48.9	51.1
NL	49.3	50.7	56.1	43.9	50.1	49.9	49.8	50.2	41.9	58.1	49.3	50.7	49.8	50.2	44.1	55.9	48.5	51.5
AT	49.8	50.2	57.5	42.5	50.5	49.5	48.8	51.2	43.0	57.0	49.5	50.5	48.9	51.1	43.2	56.8	49.6	50.4
PL	50.5	49.5	46.8	53.2	53.8	46.2	48.3	51.7	43.8	56.2	37.6	62.4	48.2	51.8	46.4	53.6	37.1	62.9
PT	50.5	49.5	52.1	47.9	52.4	47.6	48.4	51.6	48.0	52.0	48.1	51.9	48.5	51.5	47.5	52.5	47.6	52.4
RO							48.7	51.3	58.0	42.0	65.7	34.3	48.7	51.3	63.4	36.6	54.8	45.2
SI	49.2	50.8	54.9	45.1	49.0	51.0	48.9	51.1	45.1	54.9	51.8	48.2	49.0	51.0	38.3	61.7	53.2	46.8
SK	50.3	49.7	53.3	46.7	53.9	46.1	48.6	51.4	46.4	53.6	37.2	62.8	48.6	51.4	43.1	56.9	53.2	46.8
FI	49.7	50.3	48.3	51.7	53.8	46.2	48.8	51.2	51.2	48.8	43.9	56.1	48.8	51.2	53.2	46.8	46.3	53.7
SE	48.9	51.1	53.0	47.0	50.5	49.5	50.9	49.1	44.7	55.3	49.4	50.6	51.0	49.0	45.5	54.5	48.8	51.2
UK	50.6	49.4	53.1	46.9	51.6	48.4	48.9	51.1	46.4	53.6	48.4	51.6	48.8	51.2	47.4	52.6	48.5	51.5
EU-27	50.1	49.9	51.6	48.4	50.6	49.4	48.8	51.2	47.0	53.0	49.0	51.0	48.8	51.2	47.4	52.6	49.0	51.0
EU-25	50.1	49.9	51.6	48.4	50.6	49.4	48.8	51.2	47.0	53.0	49.0	51.0	48.8	51.2	47.4	52.6	49.0	51.0
EU-15	50.0	50.0	51.6	48.4	50.5	49.5	48.9	51.1	47.1	52.9	49.4	50.6	49.0	51.0	47.5	52.5	49.4	50.6

Source: EU labour Force Survey, quarter 2. Data marked 'u' lack reliabilty due to small sample size. Empty cells correspond to data not avaialble or not reliable due to smal sample size

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