Agenda

1. Welcome and news from participants
2. Projections to be shared
3. Dissemination schedule
4. Continuation grant

Projections to be shared

- **Demographic projections** (EUROPOP): ***Population*** **by country, age & year**
  baseline, young pop. = modest aging; old pop. = strong aging
- Also *mortality rates* and *life expectancy*
- **Health projections: *Prob(impaired)* by country, age & year**
  Definitions by ADL, IADL & mobility: light (elsa1), moderate (elsa2), severe (elsa3)
- Assumptions about morbidity expansion
  none = age-impairment profile shifts by same years as life expectancy (= add good years at begin)
  strong = age-impairment profile does not shift at all (= add bad years at end of life)
  medium = shift by half of increase in life expectancy
- Also *care hours* associated with the impaired population (based on P. Warum estimates)

Deliverables

		1	MPG	DEC	PU	6		
		8	MPG	DEC	PU	6		
		3	BRUE	R	PU	6		
	olicy themes	2	BRUE	R	PU	12	living doc: needs update in June 2026	
	lized facts	4	Dauphine	R	PU	12		
	utional features	4	Dauphine	R	PU	12		
	ocial insurance model	5	MEA	R	PU	12		
D6.1	Scientific Working Paper on adapted and calibrated OLG model	6	MEA	R	PU	12	needs update with re-programmed **macro model**	
D3.1	**Scientific Working Paper on designated child model**	**3**	**UC3M**	**R**	**PU**	**18**		
D3.2	**Scientific Working Paper on cooperative siblings model**	**3**	**MEA**	**R**	**PU**	**18**		
D5.2	**Scientific Working Paper on employment balance**	**5**	**MEA**	**R**	**PU**	**24**	needs update with **care gap accounting model**	
D1.2	Midterm report of project achievements until month 36	1	**MEA**	R	PU	36	Dec 2025	
D3.3	Scientific Working Paper on location choice	3	McGill	R	PU	36	Dec 2025	
D5.3	Scientific Working Paper on the effects of reducing part-time quota	5	MEA	R	PU	36	Dec 2025	
D8.3	Midterm report on D-E-C activities	8	MPG	R	PU	36	Dec 2025	
D2.2	Policy Pillar #1 Scenarios	2	BRUE	R	PU	42	June 2026	present questions, why important, context, which model and data
D2.3	Policy Pillar #2 Scenarios	2	BRUE	R	PU	42	June 2026	present questions, why important, context, which model and data
D2.4	Policy Pillar #3 Scenarios	2	BRUE	R	PU	42	June 2026	present questions, why important, context, which model and data
D3.4	Scientific Working Paper describing model fit by country and population group	3	UC3M	R	PU	42	June 2026	
D4.3	Scientific Working Paper on estimation results	4	MEA	R	PU	42	June 2026	how good are our projections relative to baseline/other projections
D4.4	Scientific Working Paper on projections	4	MEA	R	PU	42	June 2026	summary description of projections (extended from digests)
D7.1	Policy Report Pillar 1	7	BRUE	R	PU	42	~~June 2026~~ →Sept 2026	results referring to scenarios pillar 1
D7.2	Policy Report Pillar 2	7	BRUE	R	PU	43	~~July 2026~~ →Sept 2026	results referring to scenarios pillar 2
D7.3	Policy Report Pillar 3	7	BRUE	R	PU	44	~~August 2026~~ →Sept 2026	results referring to scenarios pillar 3. All Digests done by then.
D2.5	Collection of the three Case Studies	2	BRUE	R	PU	45	Sept 2026	there are only two
D3.5	Scientific Working Paper on biased expectations and procrastination	3	MEA	R	PU	45	Sept 2026	take this from JPopEcs
D4.5	Scientific Working Paper on LTC policy design	4	Dauphine	R	PU	45	Sept 2026	
D5.4	Scientific Working Paper comparing international pension systems	5	Dauphine	R	PU	45	Sept 2026	needs strong interaction with WP5
D6.2	Scientific Working Paper on OLG-based policy evaluation	6	MEA	R	PU	45	Sept 2026	
D7.4	**Booklet: Recommendations to move policy actions 'BB-Future'**	**7**	**BRUE**	**R**	**PU**	**48**	Dec 2026	**Our key output**
D8.4	Final report on D-E-C activities and evaluation of impact	8	MPG	R	PU	48	Dec 2026	
D8.5	Final report on the Policy Dialogues	8	BRUE	R	PU	48	Dec 2026	

Dissemination schedule

- Weekly 1.5page „digests“ based on initial themes
- WP → Salima → PopulEurope
- Policy recommendations → Bruegel
- Order: projections, gap, micro, policy

Dissemination schedule Version 28 August 2026

Synchronize with deliverable schedule: Description of policy scenarios due **June**; policy reports and case studies due **September** (shifted), scientific papers on model fit, estimation results and projections due **June**; scientific papers on procrastination, LTC policy design, pension systems and OLG results due in **September** (not shifted). Booklet with policy recommendations due **December** together with final reports. All digests managed by Salima; all policy recommendations via Alexandre.

Theme number								Digest number
	A. Project intro		Salima@centerdata			Re-cycle and edit the first policy brief		**DG01 22 May**
	B. Basic projections and the care gap							
#2	How do the results depend on health trends? DG02: What share of population will need care (by impairment level) and how does this depend on demographic and epidemiological assumptions DG03: How many care hours will be needed and how does this depend on demo & epi	** ** * *	**Munich:** Social Insurance Model; **Paris:** Definition "severity" using SHARE; ~~**Bruegel text**~~ Hannah@MEA	Remove compression scenario and focus on pessimistic side	Numbers need to be distributed again. Text being written by WP2	WP6: Three scenarios: morbidity develops in line with mortality; slow expansion of morbidity (=baseline); fast expansion of morbidity	"Severity" needs to be redefined; use PH048 and PH049, select items; coordinate with Paris. **End March**	Revised definitions done. Projections can be sent out	**DG02 29 May** share of elsa1,2,3 in population **DG03 05 June** care hours needed

#9	DG04: How many hours of care will be available and how large will the care gap be? DG05: How does the number of needed formal carers depend on the productivity of care? (hours per case)	** *	** *	**Munich:** Care Gap Model; **Paris:** Empirics Hannah@MEA	Different scenarios for productivity of care and also make changes to the ratios of formal care workers in the social insurance sector. How many people do we need if productivity stays constant. Ad how many if it changes?	Key question: how many hours are needed for a case?	First rough estimates done from literature and SHARE. Needs coordination with Paris.	Increase productivity (Hours needed) by 10%, 20% etc. until care gap vanishes	First results in April?	HoursNeeded model finished	**DG04 12 June** baseline of the care gap **DG05 19 June** increase productivity

#3	Can health education campaigns help reduce the care gap?	*	**	**Munich:** Care gap model; **Bruegel:** literature and text Hannah@MEA	Way to implement: shift the age of needing care to later in life.	Read through the existing literature. From education to better health, and from better health to reducing the care gap	Health literature extensively covered. Text being written by WP2	WP2: Deliver 2 or 3 examples of a health education campaigns found in the literature	Step1 (WP2): Read literature on health education campaign and determine possible smallest and largest effect on the postponement of care (=later age). Step2 (WP6): calculate care gap with these later years of onset .	literature search not even started; model mechanisc done	**DG06 26 June** shift onset of morbidity

#8	Does informal care take time away from working time or leisure?	** *	** *	**Munich:** Macro Donghoon @MEA	Doable and shifted from Micro to Macro model		routine outcome of macro model in baseline scenario	Analyze change over time	First results in April?	30.Apr.	**DG07 03 July**

#17	How will public spending on LTC, and taxes to finance this expense, evolve in the five countries under study?	***	***	**Munich:** Social Insurance Model Johannes @MEA	Done for Germany. Less precise for Sweden, Italy, France & Poland			This is simply the baseline projection of the social insurance model	If we cannot implement all countries, priority have proposal countries (EU3=DE, FR, IT)	Johannes	**DG08 10 July**

#10	To what extent can more female labour supply compensate for the retirement of the baby boomers, given the mounting pressures to supply more care?	** *	** *	**Munich:** Care gap model Axel@MEA	This has been deliverables D5.2 and D5.3. but has to be updated	same as above	Increase female labor supply by 10%, 25% and 50% and see how much formal care increases and informal care decreases	First results in April?	Need replace-ment elasticity	**DG09 17 July**	

C. Micro model with policy experiments

#14	By how much does the behaviour of individuals change if we change the subsidy to formal care?	***	***	**Madrid:** Micro; **Paris:** Empirics and literature	Focus on the value of the elasticity	•Available for designated-caregiver model (calibration of designation stage pending) •Available for cooperative-children model (introduction of formal home care pending) Coordinate with Paris.		15. Apr	DG10 24 July
-									
#15	Different scenarios for the mix between formal care and informal care?	***	***	**Madrid:** Micro; **Paris:** Empirics and literature	Focus on the value of the elasticity	as above in #14		15. Apr	DG11 31 July
-									
#16	What are the effects of universal formal care subsidies compared to means-tested subsidies?	***	***	**Madrid:** Micro		•Captured in designated-child model, could produce counterfactuals. •Challenge: Into how much more utility does an increase in means-tested subsidies translate?		30. Apr	DG12 07 Aug
#12	What are the effects of policies to replace/subsidise pension contributions of family caretakers? (children and elderly)	**	***	**Madrid:** Micro	Can only be done in a reduced form way	•Cannot change pension scheme directly in micro models, but could calculate implicit IC subsidy equivalent to pension subsidy and produce results.	Use German example: give one earnings point to carers. Equivalent to 43*12 Euro p.a.	First results in April?	15 May	DG13 14 Aug

#4	Will there be more male caregivers in the future as women become better educated and attached to the labour force?	***	***	**Madrid: Micro**	Depends on assumptions about gender wage gap	●Cooperative-children model can already produce results on nursing-home vs. informal-care choice. ● We are currently incorporating formal home care in the model, could have results by April.			30 May	DG14 21 Aug
#5	Can policies influence the gender distribution among caregivers? If yes by how much? (for example, child day care facilities)	***	***	**Madrid: Micro**	Depends on assumptions about gender wage gap	●Cannot study child day care directly but could add gender-specific subsidy in cooperative-children model that mimics its effects. May???			30 May	DG15 28 Aug
#6	How would reducing asymmetric (individual vs joint income) taxation impact the gender distribution of caregivers?	** *	** *	**Madrid:** Micro	Asymetric taxation is feasible. This would also cover different scenarios for male/female labour market participation.	●Have realistic tax function in the designated-caregiver model. ●Could change taxation scheme and produce results: Which alternative tax scheme — flat tax?	Model a couple of which one has low and the other high earning. Progressive taxes. Then apply joint taxation versus idividual taxation. What differences in labor and care supply? June???		15 June	DG16 04 Sept

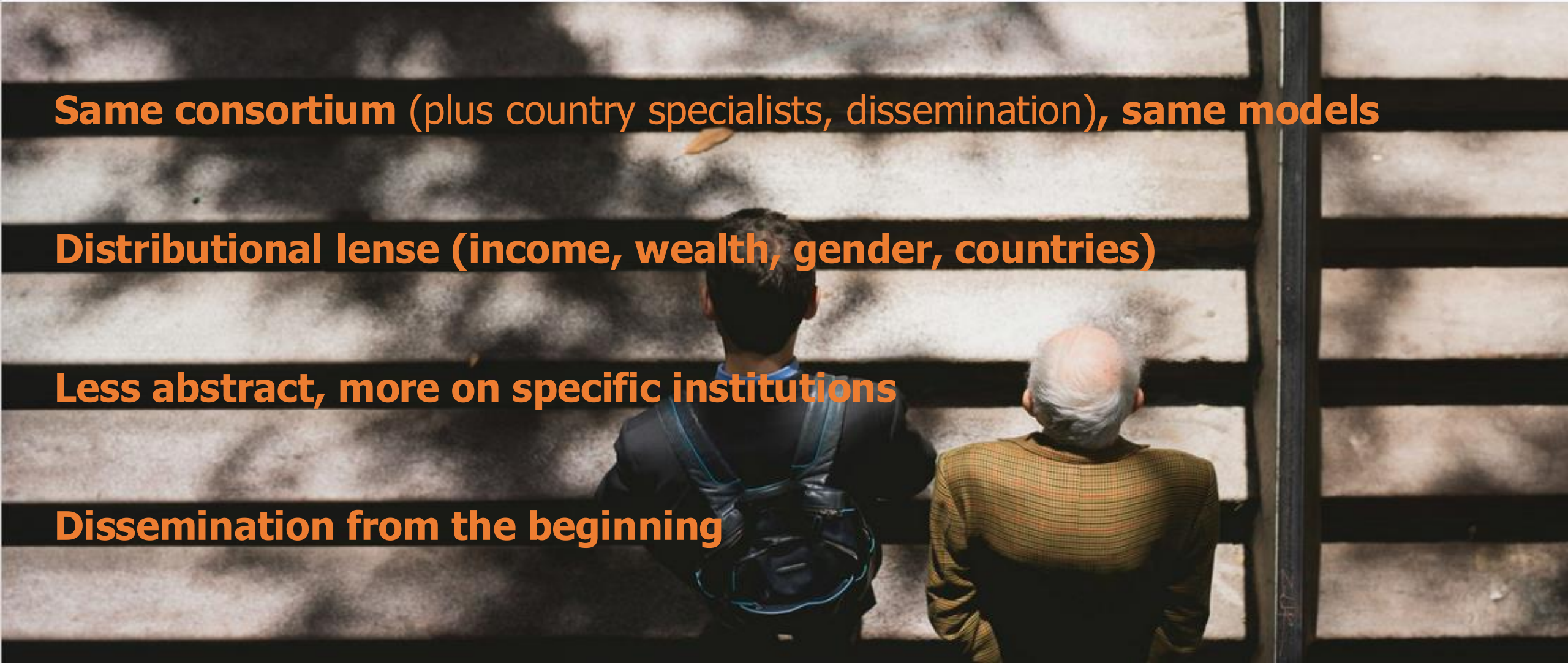
D. Effect of policy reforms

#11	How does an increased use of funded DC pensions, observable in many countries, impact the results?	***	***	**Munich:** Macro	Changes from PAYG to funded pensions by reducing replacement rate.		Reduce repl rate to 50% and to 0% in a long (25 years) transition, and see how informal care, savings, labor supply changes	First results in June?	Donghoon meeting	DG17 11 Sept
#13	How does the trend from DB to DC pensions, observable in some countries, impact our results?	***	***	**Munich:** Macro	Changes from DB to DC by "theta"	Benchmark value of theta: FR = 1 (DB), DE = 0.5 (Hybrid), {IT, PO, SE} = 0 (NDC).	Do counterfactual in both directions: What would happen if FR and DE = 0 and What would have happened if IT, PO, SE; and DE = 1 Short (5 year) transition	First results in June?	Donghoon meeting	DG18 18 Sept
#19	How do LTC reforms affect womens' labour force participation rate and career prospects in the long-run?	***	***	**Madrid:** Micro	This can be done within the scope of the location choice model --> mobility	•Best model: Location model. Will take more time, results by July. •Could produce short-run answers on labor-supply (fixing productivity) from cooperative-children and designated-caregiver model soon.			15 July	DG19 25 Sept

	Case Study #1									
C1	Impact of different migration assumptions on results? (low, middle, high migration scenarios)	***	***	**Munich:** Social Insurance model and Macro model; **Bruegel** text	Possible to decompose migration projections based on age with Eurostat data. Earlier version of Johannes' model had a special migration scenario that could be fed into micro and macro models	Maybe address the cases of Ukrainians and Syrian refugees	Since demographics are fully exogenous, #1 can be implemented as alternative demographic projections (e.g., one-time increase in the population of specific age group at time *t*)	Just study 3 migration assumptions by themselves. Alternative idea: Use the relative number of migrants and their time to be integrated into the labor market from the UA and SY waves in Germany to study which effect this has on the care gap in all 5 countries if all of them were channeled into the fromal care market.	recherche done as a bachelor thesis? (August?)	**DG20 02 Oct** deliver able due Sept
	Case Study #2									
C2	How do the results depend on demographic projections? (amplififed 'old' scenario only)	***	***	**Munich:** Social Insurance model and Macro model; **Bruegel** text			Not sure where difference to I.a.	"Case study #2 will deal with the uncertainty related to projecting the number of very old (aged 85+) in society. Indeed, if "healthy ageing" prevails, the number of very old citizens in need of care will be smaller compared to a situation of less healthy ageing. Different scenarios of healthy ageing"	also see question #1. **End March**	not sure we should make a more extreme scenario, just interpret and extrapolate current 3 scenarios	**DG21 09 Oct** deliver able due Sept

Oct-Dec: New topics; policy recommendations

Continuation grant application, due 23 September



Same consortium (plus country specialists, dissemination)**, same models**

Distributional lense (income, wealth, gender, countries)

Less abstract, more on specific institutions

Dissemination from the beginning