

**NATIONAL REPORT**

**EVALUATION OF THE IMPLEMENTATION OF THE MADRID INTERNATIONAL  
PLAN OF ACTION ON AGEING / REGIONAL IMPLEMENTATION STRATEGY FOR  
2012-2017**

**IN THE REPUBLIC OF MOLDOVA**

**REPUBLIC OF MOLDOVA  
MINISTRY OF LABOUR, SOCIAL PROTECTION AND FAMILY**

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## **ACRONYMS AND ABBREVIATIONS**

LPA – Local Public Administration

CPA – Central Public Administration

NEA – National Employment Agency

NBS – National Bureau of Statistics

NBM – National Bank of Moldova

CLAM – Congress of Local Authorities from Moldova

NSIH – National Social Insurance House

NCPD – National Commission for Population and Development

AP – Advisory Panel

HDI – Human Development Index

AAI – Active Ageing Index

ILO – International Labour Organisation

SLI – State Labour Inspectorate

MIPAA – Madrid International Plan of Action on Ageing

MoH – Ministry of Health

MLSPF – Ministry of Labour, Social Protection and Family

MoE – Ministry of Education

IOM – International Organisation for Migration

UN – United Nations

NGOs – Non-Governmental Organizations

WHO – World Health Organization

CSOs – Civil Society Organizations

OSCE – Organisation for Security and Co-operation in Europe

UNDP – United Nations Development Programme

RIS - Regional Implementation Strategy for MIPAA

UNDESA – United Nations Department of Economic and Social Affairs

UNICEF – United Nations Children’s Fund

UNECE - United Nations Economic Commission for Europe

EU – European Union

UNFPA – United Nations Population Fund

UN Women – United Nations Entity for Gender Equality and the Empowerment of Women

## PART I

### EXECUTIVE SUMMARY

The Republic of Moldova, as member of the United Nations Economic Commission for Europe, joined in 2002 the Madrid International Plan of Action on Ageing (MIPAA) and the Regional Implementation Strategy, committing to take measures that will respond to the demographic ageing challenges and mainstream ageing into the national policies.

In 2007, the Government of the Republic of Moldova developed the first Progress Report on carrying out the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing in the Republic of Moldova.

In 2016, according to the international procedures, MLSPF with the support of UNFPA and UNDESA organized the appraisal of the implementation of MIPAA/RIS in Moldova. This Report comprises **the results of appraisal of implementation by the Republic of Moldova of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) 2012 – 2017**. It reviewed the implementation of the Program for Mainstreaming Ageing and its Action Plan implementing the Road Map for Mainstreaming Ageing (2014–2016), approved by the Government of the Republic of Moldova,<sup>1</sup> and other policy documents.

The entire appraisal process and methodology were based on the “Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing. Bottom-up Participatory Approach” (UNDESA, 2006). The appraisal data were collected by a variety of techniques: desk review, statistical data analysis, direct observation during field visits, case studies, focus groups and semi-structured interviews and group consultations. Thus, 3 local public consultations were organized in the North, South and Center of the Republic of Moldova and were facilitated by the appraisal team, MLSPF and HelpAge team. 78 persons attended the public consultations; 2 field visits and 2 focus groups with beneficiaries of the ageing policy were conducted, as well as in-depth interviews with over 30 representatives of the implementing organizations.

This Report reviewed the effectiveness, efficiency, relevance, impact, leadership, institutional management, human rights based approach and relevant cross-cutting issues in implementation by the Republic of Moldova of the above-mentioned policy documents (starting from 2012), results obtained, factors that facilitated/limited the achievements, good practices were documented and lessons learned and were formulated recommendations for development of the new Action Plan on Ageing.

The Report was structured on the basis of 10 commitments (according to MIPAA/RIS). Reiterating the fact that the Action Plan includes 13 general objectives, 29 objectives and 83 actions, on the basis of MLSPF data we come to the conclusion that the implementation of 64 actions was coordinated and monitored in accordance with the National Strategic Program on Demographic Security, the Program on Mainstreaming Ageing and the 2014-2016 Action Plan to support the reintegration of Moldovan nationals, returned from abroad. The other actions could not be reviewed comprehensively, since some of them are still under implementation.

The Appraisal Report reveals the Government’s efforts to implement ageing policies. Overall, we acknowledge that the Program for Mainstreaming Ageing and its related Action Plan are complex

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<sup>1</sup>Government Decision No 406 of 2 June 2014 approving the Program for Mainstreaming Ageing <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353338>

documents, comprising both strategic and praxeological components, and prove the Government's rather ambitious response to ageing.

At the appraisal stage (April-June 2016) we can conclude (using quantitative indicators as milestones) that the Program objectives and activities were achieved only in part, with a number of crucial arrears still requiring more intense policy efforts and allocation of appropriate resources. Both progresses and problems, still requiring actions, were highlighted practically for all reference commitments. Though most actions are relevant to the socio-economic situation of the country, it is difficult to calculate the efficiency and effectiveness of the final results, both because the said policy documents are still being implemented, and due to the lack of progress indicators and insufficient budget resources for a qualitative implementation of actions.

The following *main achievements* can be mentioned:

- adopted and implemented the special legal and regulatory framework on ageing: Program for Mainstreaming Ageing and Action Plan implementing the Road Map for Mainstreaming Ageing (2014 – 2016);
- developed the institutional mechanism in this area: set up the National Commission for Population and Development, cooperation between NCPD and CLAM, academia, CSOs active in the field of ageing, etc.;
- developed the integrated social services system meant to create better social inclusion opportunities for persons in distress, including alternatives to the residential services;
- expanded the palliative and geriatric services, approved the mechanism for compensation of medicines from the Compulsory Health Insurance Funds in order to improve the access to health services;
- higher involvement of CSOs in issues of ageing, established the Ageing Platform, etc.

*The priority activities* include:

- a) manage efficiently the issues related to population ageing by mainstreaming it in sector policies and local development strategies and strengthen the professionals' skills;
- b) reform the pensions system;
- c) develop and support entrepreneurship programs, including those for the elderly, which would improve their hard socio-economic situation, as well as the overall situation in the country;
- d) encourage elderly groups activities, including by their political and socio-economic empowerment; develop lifelong educational/training programs to facilitate ongoing productivity of the elderly employees;
- e) improve and adjust the capacities of social and geriatric services, as appropriate; develop an integrated system of home-based palliative and medical care services, as well as programs for healthy lifestyle;
- f) promote programs on strengthening the solidarity within and between generations as fundamental values of societal development, strengthen the social cohesion etc.

*Conclusions:* The issue of population ageing is on the agenda of the Moldovan Government. It is addressed by the adoption of the legal and regulatory framework, creation of the institutional mechanism and carrying out of a range of activities in the field. At the same time, the major challenge consists in the lack of mechanisms for their implementation and financing, since the ageing issue often "dissolves" in the multitude of socio-economic problems encountered by the country. Besides the official political discourse in support of "active ageing", the political will for the implementation of this commitment should be more consistent, supported by actions and resources in terms of effectiveness, efficiency and impact.

## BACKGROUND INFORMATION

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**National policy documents on ageing:** *Program for Mainstreaming Ageing and Action Plan implementing the Road Map for Mainstreaming Ageing (2014 – 2016)*, approved by Government Decision No 406 of 2 June 2014.

### 1. SITUATION OF AGEING IN THE COUNTRY

According to NBS data, as of 1 January 2016 there were 3553.1 thousand permanent residents in the Republic of Moldova. Distribution of population by gender is as follows: 51.9% (1844.0 thousand people) – women and 48.1% (1709.1 thousand people) – men. Thus, the proportion of the previous year is maintained.

The demographic indicators for the appraisal period (2012-2015) reveal a continuous increase in 2015 of the ageing coefficient (from 15.3% to 16.7%), prevailing in rural area (15.8% to 16.8%) and among women (19.3%) as compared to men (13.8%). This situation is determined by several factors: negative population growth, massive population migration, and others.

Over the past decade the total fertility rate has varied from: 1.22 – 1.33 births per women of different ages. In 2015, the number of live births was of 38,610, with a birth rate of 10.9 live births per 1,000 inhabitants. The general mortality rate is increasing. In 2015 constituted 11.2 deceased persons per 1,000 inhabitants. We also found an increasing positive migration balance: from 31 in 2012 to 2707 in 2015; and an increasing demographic dependency ratio from 45.0 in 2012 to 47.5 in 2015. The number of pensioners grew from 658.4 thousand in 2012 to 690.2 in 2015. Women account for 70.6% of old-age pensioners due to the higher share in the total number of elderly and to the difference between women's and men's longevity.

In conditions of gradual increase of population's life expectancy at birth (from 70.99 in 2012 to 71.56 in 2015), there still persist significant gender gaps (women outlive men by 8 years). Thus, the need for a cross-cutting approach to the demographic problems is reaffirmed.

The analysis of **socio-economic indicators** shows a complicated situation: decreasing volumes of goods and services, and of the external trade, etc., significant depreciation of the national currency, increasing inflation (in 2015 the annual inflation was of 13.26% according to NBM data), etc. This situation is determined by several factors: economic embargo imposed by the Russian Federation, problems in the banking sector, less money transferred from abroad, drought in the summer of 2015, etc.

In real terms, the income and expenses of population have increased, while the average monthly pension has decreased. The average monthly pension set on 01 January 2016 was of MDL 1,165.2, which covers the minimum subsistence level in proportion of 81.1%(73.5% in 2012), showing an increasing trend (quantitative). On the average, the men's pension covers the minimum subsistence level for pensioners in proportion of 90%, and 75% — in case of women. However, according to the recent years' studies, the poverty perception among elderly hasn't decreased.

Poverty and inequality have evolved unevenly in the country: in 2014 the poverty level was 11.4%. Though the poverty gap index is decreasing (from 2.9 in 2012 to 1.5 in 2014), the perceived low quality of life is determined by the difference between the average salary and the average pension, the wage replacement ratio being of 27%. The situation of elderly differs depending on the households structure: households formed of elderly only have a better situation than elderly living in extended households, where their income is a source of income for the entire household, with many members. Not enough resources to cover the consumption expenditures, limited coverage with utilities, etc., are challenges for the elderly.

The national economy remains strongly dependent on external factors, while the forecasts do not show any growth that would enhance the social and economic situation in the country. All these increase the differences between the quality of life and living standards of various categories of population. Due to the emigration of a high number of working-age people, the labor market becomes underdeveloped. This phenomenon also affects the elderly, who are left behind without care.

Thus, we can conclude that the Program for Mainstreaming Ageing and its related Plan was implemented in difficult conditions. During 2012-2015, the Republic of Moldova had experienced a number of events of political instability, which affected significantly its socio-economic development. These constraints impacted the Program implementation.

## **2. APPRAISAL METHODOLOGY**

The entire appraisal process and methodology were based on the "Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing. Bottom-up Participatory Approach" (UNDESA, 2006). The appraisal team took into account the contribution of all partners to the implementation of MIPAA / RIS, the Program for Mainstreaming Ageing and Action Plan implementing the Road Map Guidelines for Mainstreaming Ageing (2014 – 2016).

### *Specific Objectives of the Appraisal:*

- Appraise the extent to which the objectives and results of MIPAA / Road Map for Mainstreaming Ageing were achieved **by drawing up** of a status report.
- Appraise the relevance, effectiveness, efficiency, impact, leadership sustainability, institutional management, human rights based approach and relevant cross-cutting issues in implementation by the Republic of Moldova of MIPAA/RIS 2012 – 2017 and Road Map for Mainstreaming Ageing and its Action Plan.
- Analyze and describe the extent to which national ownership was ensured, and domestic funds were appropriated to implement the policy documents on ageing.
- Describe the good practices and present the factors that facilitated and/or hindered the achievements of results, elaborate on the lessons learned;
- Present specific recommendations per each objective to be incorporated in the next Action Plan on Ageing.

The appraisal takes into account the main results achieved since 2012 and presents, to the extent possible, the implications of the achieved results for the elderly and for the general population. The appraisal is based on human rights and gender equality approach, ensuring evidence-based results, and specific and results-oriented recommendations.

Both a quantitative and a qualitative approach were used for the appraisal: **Quantitative information** was taken from studies on ageing, both cross-sectional (assessing the impact of policies across several sectors: social protection, health, education and others) and longitudinal (2012 – 2015 period of time). **Qualitative information** was obtained through a bottom-up participatory approach or other available quantitative data from recent research.

The appraisal data were collected by a variety of techniques: desk review (documents, reports of various structures), statistical data analysis, direct observation during field visits, case studies, focus groups and semi-structured interviews and group consultations. Thus, 3 local public consultations were organized (in the North, South and Center of the country) and were facilitated by the appraisal team, MLSPF and HelpAge team. 78 persons attended the public consultations; 2 field visits and 2 focus groups with beneficiaries of the ageing policy were conducted, as well as in-depth interviews with over 30 representatives of the implementing organizations. The appraisal was conducted on the basis of the bottom-up participatory approach: “technically” and “methodologically”.

The process of appraisal ensured **interaction of different stakeholders** (ministries, local authorities, NGOs, the private sector, social partners, and organisations representing the interest of elderly and younger people) in order to evaluate the situation from various points of view, including intergenerational relationships. The evaluators performed triangulation and consolidation of the data obtained from the methodological processes outlined in the evaluation methodology framework. *The International Advisory Panel on Population and Development* offered some guidance, while the Assessment Reference Group reviewed and approved the deliverables. The Appraisal Report was presented during the NCPD meeting.

## PART II.

### 1. ACTIONS AND PROGRESS IN IMPLEMENTATION OF MIPAA/RIS AT NATIONAL LEVEL

Assessment of actions carried out under MIPAA/RIS shows both progresses and problems, which were structured in line with the goals of the Vienna Declaration:

Regarding **Goal 1: Longer working life is encouraged and ability to work is maintained, Commitment I**, we find that a comprehensive legal and regulatory framework was developed, which covers several aspects of ageing, the ageing issue having stronger position in the Government’s political and socio-economic agenda; strengthening of the institutional mechanism (NCPD) and creation of the Ageing Platform, etc. We would also like to mention the adoption and implementation of the 2007-2021 National Health Policy, its Specific Objectives targeting better health for the elderly; focused on healthy and active elderly. The National Strategy for Reproductive Health for 2005-2015 applies also to the elderly, including their sexual health and counselling. The National Development Strategy “Moldova 2020” provides for equitable and sustainable pension system. The reform has already started in this respect providing, inter alia, for changes in the pension calculation formula in order to ensure a correlation between the social contributions and the pension amount, as well as take into account the income earned in the past. The National Strategy on Employment Policies for 2007–2015

recommends to increase the labour force supply and encourage active ageing. Currently, MLSPF is developing a new Employment Strategy by including measures aimed at ensuring more employment opportunities for the elderly.

We should also mention: shortage of mechanisms and resources for implementation of policy documents in the area; limited capacities of CPA, LPA bodies in managing demographic processes; politicization of the approaches to the issue of ageing, etc. Respectively, it is recommended to: review actions in terms of effectiveness and impact in the context of MIPAA/RIS commitments; develop a separate budgetary program for active ageing; strengthen the institutional capacities in the field by ongoing training of relevant specialists, extending dialogue with CSOs, particularly with groups of elderly, strengthening the mechanisms of inter-sectoral collaboration and policy coordination, etc.

The analysis of *Commitment II* reveals efforts made to mainstream the elderly in the social and economic life by providing social benefits to some categories, indexing annually the pensions, etc., aimed at improving the life of the elderly; to organize charitable (mainly) and awareness raising activities; to develop a network of over 300 elderly volunteers, etc. At the same time, the community development strategies do not include any actions and resources for the elderly; the elderly are one of the most vulnerable categories of population (one in four elderly people being poor); cases of violence and abuse against elderly still persist; infrastructure is underdeveloped in relation to the needs of elderly; there exist impediments that hinder elderly from participating in the social and political activity (only one in ten elderly people participate in the social life) etc. It is recommended to: include ageing issues in the community development strategies of LPA and allocate the necessary resources; support, including financially, self-help groups and groups of elderly volunteers; “age friendly” awareness raising campaigns to combat elderly-related stereotypes, use positive models of the elderly integration in different fields; build the capacity of journalists and media producers in this area.

Assessing the *Commitment III*, we can conclude that several strategic documents were adopted, focusing on the development of a fair and stable economy. In spite of the actions taken by the Government to stabilise and encourage socio-economic development of the country, poverty and inequality levels evolved differently during the years, while the issue of ageing “dissolved” in the multitude of socio-economic problems encountered by the the country. In the current context of country development the said commitment sounds too ambitious, requiring measures of reviewing and adjusting the macroeconomic policies in order to meet the needs of an ageing society; implementation of elderly employment models, launching of grants program for economic initiatives of the elderly, using PARE 1+1 model, etc.

At the same time, we notice that the average monthly pension, as of 1 January 2016, was of MDL 1,165.2, which covers the minimum subsistence level for this category only in the proportion of 81.1%, compared to 80.9% in 2014. Against the background of socio-economic problems faced by the country’s population, we would like to point out some of the promising practices: HelpAge - model of “livelihoods development” by providing mini-grants and support to the elderly.

Poverty reduction, recognized as a key priority of the Government of the Republic of Moldova, was included in the National Development Strategy “Moldova-2020”, which aims at getting out of poverty over 20% of the citizens currently affected by poverty. At the same time, by signing the Millennium Declaration 2000, the Republic of Moldova committed to eradicate extreme poverty and hunger upon the end of 2015. In the last 5 years, the poverty level in the country has decreased twice, while the poverty rate in 2014 constituted 11.4%. Due to the insufficient data it is not possible to analyze the real situation.



Analysis of the *Commitment V* reveals the following: existence of the legal and regulatory framework that combats expressly any discrimination based on sex and age, etc. MLSPF is reviewing the legislation on employment in order to conceptualize the possibilities for stimulating employers to hire elderly staff. Pensioners have priority in the execution of public works; they are also registered in the national database, not having the status of unemployed, which facilitates their activity. According to the Demographic Barometer (2015), over 22% of total number of old-age pensioners are working. In large cities there are more opportunities for pensioners to get employed. In Chisinau municipality the share of working pensioners is 1.6 times bigger than national average and constitutes 36.1%. Due to the tough socio-economic situation in the country this goal remains difficult to attain, since the Republic of Moldova has the lowest employment rate among people of pre-retirement age of 55-59/60-64 (49% and 27.6%, respectively) (EU average is 62.2% and 31.5%, respectively) (AAI in Annex). The elderly are involved less on the *labor market* (only 1 hour and 12 minutes). (Annex). During the reporting period there were registered no entrepreneurial development programs for the elderly, and the labour market benefits from the experience of the elderly only to a small extent. It is recommended to: support entrepreneurial development programs for the elderly / create a fund that would enable the development of such programs; develop a mechanism to subsidise employers who would hire pensioners; develop public-private partnership for employment of elderly; promote “age-friendly” policy campaigns on labour market / tackle the low productivity-based stereotypes towards elderly; involve the elderly and CSOs in the process of monitoring the age-based cases of elderly discrimination, forced retirement and others.

With regards to the *Commitment VIII*, we find gender mainstreamed in all policy documents on ageing. There is a comprehensive legal and regulatory framework on gender equality, an institutional mechanism in the field and a set of gender-sensitive indicators, but there are flaws in terms of their implementation. In the Republic of Moldova, the estimated AAI for women (25.7 p.) is lower than for men (29.2 p.), gender gaps being obvious in all fields. The share of women pensioners is higher than of men; one in two pensioners with disabilities is a woman; on the average, the men’s pension covers the minimum subsistence level for pensioners in proportion of 90%, and 75% — in case of women, etc. The gender pay gap increases with the age (to the detriment of women), affecting their pensions. As women have a longer life expectancy and predominate in the elderly age groups, the possibilities for their active ageing are much lower, which contributes to higher AAI scores for men. Given the persisting gender stereotypes, cases of gender discrimination in employment, domestic violence, we recommend the following: to adjust the enforcement mechanisms for the existing legal framework on domestic violence, labour etc. for the social and economic empowerment of women; to mainstream gender in sectoral policies and allocate appropriate resources.

Regarding ***Goal 2: Participation, non-discrimination and social inclusion of older persons are promoted, under Commitment I***, we reiterate that ageing was prioritised in the following strategic development documents of the country: Road Map for Mainstreaming Ageing by implementing the commitments of the Madrid International Plan of Action on Ageing 2002, of the Regional Implementation Strategy for the Plan, Program for Mainstreaming Ageing and Action Plan implementing the Road Map for Mainstreaming Ageing (2014-2016). The following sectoral documents also touch upon the ageing issue: National Strategic Program on Demographic Security of the Republic of Moldova (2011–2025), National Development Strategy “Moldova 2020”, National Strategy on Employment for 2007–2015, National Health Policy for 2007–2021, Education Code, National Strategy on Reproductive Health for 2005–2015. HelpAge and other partners support groups of elderly at national and local levels, in the process of monitoring the implementation of national

policies and claiming their rights, including with the help of "Age Requires Action" campaign and others. It is recommended to: develop a plan on active ageing promotion by planning realistic activities in terms of effectiveness and impact; set up and use some progress indicators and outcome indicators for every action in the developed plan to measure accurately the policies' impact on the population. Monitor these regularly at the central and district level.

With regards to *Commitment II*, we note that the Government and some LPAs made efforts to involve the elderly in social, economic and cultural life, harness their skills and experience, by different actions of an *informational and educational nature*: celebration of 1 October Day, Family Festival, etc. The elderly are also involved in different contests and exhibitions. Community Centers and artistic groups, particularly folk groups, are set up at community and regional level, which involve elderly people on a volunteer basis. During the local election (June 2015) 27.57% of candidates for the position of mayor and 26.28% of those elected to this position were people aged 55–65 years (mainly men); people aged over 65 years constituted about 3.28% of candidates and 1.89% of those elected to the position of mayor (mainly men). We note positive the experiences of establishing seniors clubs (Chiscareni village, Singerei district), of support by mayors, NGOs and volunteers, development of volunteerism network.

At the same time, despite the positive experience in training MDTs to intervene in cases of violence against elderly people, as well as in training elderly to mobilise the community against this scourge ("Breaking the silence: Elder abuse in the Republic of Moldova" 2013–2015 project (HelpAge, Gender Center, IEDDO / EIDHR), we still find cases of elderly abuse and discrimination. "One in four elderly people in Moldova do not receive any help from the close relatives. The situation is even worse in case of elderly men (28.3%) and of elderly from rural area (27.9%), while over 12% of the elderly from Moldova have absolutely no one whom to address for help ("Discrimination, Abuse and Violence against Elderly" Social Study (2015, HelpAge, UNFPA, DRC). According to experts, the Republic of Moldova shows significant arrears in AAI: participation in social life - since only one in ten elderly people are involved in social life. The elderly still encounter barriers that hinder them from participating in social and political activity, even if there are no legal impediments on age or sex grounds in this respect.

There are some good practices noticed: activity of the Ageing Platform; activity of Seniors Club (Chiscareni village, Singerei district), Community Centers in Tudora village (Stefan Voda district), Valeni village (Cahul district), Rublenita village (Soroca district); constructive dialogue between the elderly women organization and LPA from Satul Nou village (Cimislia district) and Carabetovca village (Basarabasca district); "Development of Home Care Services in the North of Moldova 2013-2015" Project (MLSPF, NGO Homecare and Caritas Czech Republic); adults education by DVV International in Moldova; "Breaking the silence: Elder abuse in the Republic of Moldova" Project (HelpAge, Gender Center, supported by IEDDO / EIDHR) and others.

It is recommended to: Encourage participation of elderly women and men in public and political life by providing access to information, developing the social appreciation, supporting their economic and social initiatives; develop programs on social and political empowerment of elderly aimed at their active involvement in social life, including as advisers in LPAs. Adjust the Broadcasting Code of the Republic of Moldova by including a certain paragraph in Article 6 to forbid broadcasting of programs containing any form of incitement to hatred on grounds of age and disability (as well as race, religion, nationality, sex). Since local authorities often ignore the experience and wisdom of the elderly, leadership in participation needs to be transferred namely to the local level.

With regards to *Commitment IV*, we find the following: amended pension insurance legislation, measures to improve the social protection by developing several types of social services, adjusted the

mechanism for provision of social aid/support for the cold period of the year to families consisting only of elderly or those having elderly in their composition; developed community-based social services as an alternative to social residential services; initiated the pension system reform, etc. At the same time we note: limited number of community-based social services for the elderly, who need daily care; insufficient mechanisms for the financing of community-based social services (in the context of resources decentralisation), low-capacity personnel; small pensions, etc. affecting the life of elderly. It is recommended to: ensure continuity of health and social services, especially at the community level; identify the necessary local budgetary resources to promote active ageing at the local level, develop social services based on needs and skills of system professionals; strengthen sustainable partnerships with CSOs by developing the services accreditation system; further reform of pensions system, etc.

To implement *Commitment VI*, the Ministry of Education developed some documents on adult education in the light of European standards, including qualification and vocational training for adults. We also note the professional ongoing internships for teaching and managerial staff, organised by the Ministry of Education, the Institute of Education Sciences, the Academy of Sciences of Moldova, SUM, TUM, and others. According to AAI (2016): The lifelong learning indicator for people aged 55-74 years accounts only for 0.3% - totally insignificant value (the average value in EU countries constituting 5%). At the same time, we can conclude that there is a need for clear separation between the “adults education” and “elderly education”, since in reality official documents apply to persons below the retirement age; development of mechanisms for adult programs financing, cooperation between educational institutions and employers for re-training/ professional reintegration of the elderly and persons of pre-retirement age.

At the same time, the Surveys on Discrimination prove that the young and the adults have a positive impression about the elderly. Most of the respondents believe that “the society must take into account the rights of the elderly” and the issues they have to cope with (over 95%). Although members of families agree that their role is determined by the well-being of the elderly, more than 1/3 put this into the care of the state and local public authorities.

Regarding *Commitment VIII*, we reiterate gender mainstreaming in all documents on ageing, existence of a comprehensive legal and regulatory framework on gender equality, but there are still flaws in terms of their implementation, as well as gender gaps in almost all areas (salary gaps, pension gaps). Given the persistence of gender stereotypes, cases of gender discrimination in employment and domestic violence, we recommend the following: adjust the mechanisms for the implementation of the existing legal framework on domestic violence, labour etc. for the social and economic empowerment of women; mainstream gender in all sectoral policies and allocate appropriate resources.

While noting that there were several studies on various ageing aspects, carried out during the past years, we still find insufficient statistical data per commitments, and recommend to develop indicators that would allow monitoring all aspects of life quality of the elderly .

Regarding ***Goal III. Dignity, health and independence in older age are promoted and safeguarded***, performance of *Commitment VII* shows efforts made by relevant structures in economy, social protection, health, etc. in order to improve the quality of life and health of the elderly. We note drawing up of regulatory acts, development of palliative and geriatric services, approval of mechanism for compensation of medicines from the Compulsory Health Insurance Funds; increase of compensation share of front-line generic medicines; training of professionals for working with elderly,

etc. At the same time, we detect a number of problems: over 50% of respondents aged 60+ years say that their income is not covering their basic needs, elderly from rural areas being more disadvantaged in comparison with those from urban areas; limited access to medicines and medical services (1 in 10 didn't benefit from medical services at all when they needed to); elderly self-assessment of the living standards or health shows "bad" and "very bad" perception (one in four respondents), etc. It is recommended to: set up a national network for geriatric nursing at home; adjust the pension system as to ensure a minimum decent living for all population categories; Integrate geriatric services with social assistance and other services; engage LPAs in financing home-based healthcare, palliative services, etc.

Reiterating the *Commitment VIII*, we can mention the Government's efforts in acknowledging and supporting family caregivers, who are mostly women, including by promoting the reconciliation of work and family life in the legal and regulatory framework, as well as measures of social protection. It is also necessary to allocate adequate resources for efficient implementation of the said measures.

Regarding **Goal 4: Intergenerational solidarity is maintained and enhanced**, performance of the *Commitment I*, we note stipulation in policy documents of the importance of promoting and strengthening the dialogue between the generations by all stakeholders, including Government, non-governmental organisations, LPAs, educational institutions, private sector, mass media and general public.

On the occasion of the International Day of Solidarity between Generations, the MLSPF and CLAM developed a joint Action Plan. The Ministry of Youth and Sports developed and approved the 2015 National Sports Actions Calendar, on the basis of which financial means were planned for the organisation and carrying out of sports actions, including with the participation of the elderly. At the same time, at the initiative of Amnesty International, the Ministry of Education included "Education for Human Rights" (2015) in the list of optional courses, which includes subjects referring to "Age-based Discrimination", "Concept of Solidarity between Generations", "Rights of Youth in the Context of Solidarity between Generations." Respectively, instruments for promotion/development of intergenerational and intra-generational solidarity were developed.

Referring to performance of *Commitment VIII*: According to statistics, the elderly are involved mainly in individual forms of participation, in family and in immediate and well-known environment. One in three elderly persons (31%) gets broadly involved in education of grandchildren in the capacity of grandparent (mainly women), this indicator being higher than that in Germany (17.9%), Poland (22.5%), Bulgaria (27.5%) and Romania (28.7%).

The appraisal of *Commitment IX* reveals the existence of an ample legal and regulatory framework, providing equal rights and responsibilities in family relations for all married persons, principle of care in terms of maintenance, education and defence of rights and interests of minor family members and for those unable to work. State structures in partnership with CSOs and academia carried out multiple activities to adjust family policies to the demographic changes and to increase the degree of awareness about the role of families in the society (scientific researches, "Family" Festival, conferences, round tables, "Education for Human Rights" school optional course, etc.). However, the elderly still face social isolation, particularly in rural areas; violence and abuse by family members/caregivers; intergenerational differences in values and interests/priorities; poor promotion of good practices in the area, etc. It is recommended to: set up coaching programs for young people and adults; create mutual learning community programmes for the elderly and children left behind because of migration; strengthen educational segment in this area, etc. Since discriminatory practices are also caused by the fact that the elderly are not informed about their own rights and by decrease

of children's obligations to their parents, it is necessary to inform elderly in this field, as well as to strengthen children's accountability for taking care of their parents.

We conclude that the Republic of Moldova has a consistent legal framework, while actions proposed in policy documents are relevant and can attain the desired results. The existence of a relevant national mechanism is proved by series of measures taken by state institutions in cooperation with civil society active in this area. To increase effectiveness, it is necessary to transfer these practices to the local level. At the same time, the fact that the impact is not felt enough indicates the need for certain regulated actions aimed at strengthening the intergenerational relations and financing of measures. The recommendations focus on the potential for joint programs development (youth – elderly, rural – urban) that could maximise the impact and change attitudes towards ageing.

With regards to **Regional Cooperation** we find that by performing the *Commitment X*, the Republic of Moldova confirms Government's political will to align to the international standards in the field, to contribute to development of regional cooperation and implementation of MIPAA/RIS. This is confirmed by the developed national policy documents on ageing and the established institutional structure. It is difficult to assess the actions due to the lack of any progress and outcome indicators in the developed action plans, lack of the needed resources. It is necessary to strengthen the capacities of specialists in charge. Since the Republic of Moldova assumed all the commitments, it is necessary to review the effectiveness and impact of the actions envisaged for their accomplishment.

### **3. CONCLUSIONS AND PRIORITIES FOR THE FUTURE**

We acknowledge that the Program for Mainstreaming Ageing and its related Action Plan (2014-2016) are complex documents, which comprise both strategical and practical components and prove the Government's ambitious response to demographic ageing. At the same time, we draw the conclusion that the objectives and activities stipulated in these documents were performed only in part, due to socio-economic, political and institutional factors. Respectively, the critical arrears can be overcome by intensifying the consistent policy efforts, including the cross-cutting ones, and by allocating appropriate resources.

Highlighting the efforts aimed at strengthening the institutional mechanism in this area (CNPD) and the establishment of the Ageing Platform, we can conclude that the institutional structure for performance of the commitments undertaken by the Republic of Moldova is not enough to ensure an impact of the actions taken. The institutional capacities in the field of ageing need to be strengthened and developed.

While appreciating the actions of state bodies/LPAs, aimed at mainstreaming the elderly in the social and economic life by providing social benefits, indexing annually the pensions, organizing charity and awareness raising events, we still note the persistence of cases of elderly abuse, impediments that hinder them from participating in social and political activity, etc. Community development strategies should include expressly actions and resources for the elderly.

While revealing the implementation of actions meant to stimulate economics and reduce poverty that can help reduce the social exclusion of the elderly, we find that the current economic situation does not allow it, since the ageing issue often "dissolves" in the multitude of socio-economic problems encountered by the country. Respectively, the subject of ageing should be incorporated in all strategic actions.

Noting the development of integrated social services system meant to create better social inclusion opportunities for persons in distress, including alternatives to residential services, etc., we find a shortage of funding mechanisms for community-based social services (in the context of resources decentralisation), of a mechanism for social services accreditation, calling for stringent actions in this respect.

The pension system, which currently doesn't cover the real needs of its beneficiaries, is being reformed, given the visible need to adjust it to the social development realities in order to close the existing gaps etc;

Revealing the Government's efforts for labour market development, we find the high vulnerability of this segment and a low capacity to respond to population ageing. Provision of a wider access of the elderly to labour market, which is hard to implement in the context of the difficult socio-economic situation in the country, remains an important development objective.

The adult education activities, performed by educational institutions and empowered structures (focusing on personnel development), especially the nongovernmental sector, point to the significant drawbacks of Government institutions in this area. Thus, the required stringent measures include the adjustment of regulatory framework and development of educational services sensible to the needs of persons aged 60+.

While noting the extension of the system of palliative, geriatric and mental health services, we find problems in service access, shortage of resources for minimum subsistence for the majority of elderly, their self-assessment with regard to the living or health standards being to a greater extent negative (one in four respondents). Respectively, the efforts of relevant structures in economy, social protection, health, etc. need to be focused on the needs of the elderly, in order to improve their quality of life and health.

While examining the legal and regulatory framework that fosters family relations and examples of intergenerational dialogue, we find that the elderly face social isolation, particularly in rural areas; violence and abuse by family members/caregivers. Poor promotion of family values reduces the intergenerational solidarity, affects the elderly, requiring adjustment of family policies to demographic changes and promotion of good practices.

The studies focused on ageing reveal insufficient data disaggregated by age, sex, areas, related to the policies in this area; insufficient relevant indicators by commitments of MIPAA/RIS aimed at ensuring a clearer procedure for their monitoring.

While appreciating the ongoing support from UNFPA and UNDESA in implementing activities related to ageing, we notice a low interest of donors and shortage of projects in this segment.

#### **RECOMMENDATIONS for priority activities:**

- Identify clearly the Government's priorities with regards to ageing. Mainstream ageing in all sectoral policies, creating a "single vision of the Government" on ageing. Develop a new Action Plan for active ageing by planning realistic activities in terms of effectiveness and impact, develop a separate budgetary program for active ageing.
- Set up and use some progress indicators and outcome indicators for every action in the current and future plans in order to measure accurately the policies' impact on the population. Monitor regularly policies at the central and district level.
- Strengthen the institutional capacities by developing policy coordination mechanisms, cross-cutting cooperation mechanisms, particularly by enhancing the work of the National Commission for Population and Development, of the partnership with CLAM, Ageing Platform and with the academia, CSOs, and by ongoing training of relevant professionals at all levels.

- Implement the national mechanism for population projections and their use to the fullest extent in development and planning programs, etc;
- Adjust the Community Development Strategies by including expressly actions and resources for the elderly. Identify the necessary budgetary and local resources in order to promote active ageing at the local level. Adjust the infrastructure to the needs of the elderly, removing obstacles that hinder the activity and mobility of the elderly.
- Develop elderly volunteering movement by replicating positive practices and mobilising communities. Support, including financially, self-help groups of the elderly, groups of volunteers of all ages that work in order to integrate and provide support and care to their peers.
- Develop programs on social and political empowerment of the elderly aimed at their active involvement in social life, including as advisers in LPAs, etc.
- Create a pension system that is fair for all generations, taking into account the fact that retirement is a right and not an obligation.
- Adjust the social insurance and social assistance system in order to ensure that decent social support is provided to the elderly who have no other means of support, and to those who take care of dependants.
- Create opportunities for the community to get involved by setting up sustainable partnerships with CSOs, based on the development of the service accreditation system.
- Support programs of social entrepreneurship for the elderly/ create a fund that would facilitate development of such programs, contributing to alleviation of their hard socioeconomic situations and mitigation of the negative effects of population ageing. Develop a mechanism to motivate business operators to hire elderly.
- Develop lifelong educational/training programs to facilitate ongoing productivity of elderly employees. Implement good practices (for example, create an Adults' Academy).
- Improve the quality and adjust the capacities of social, palliative and geriatric services, as appropriate, by a cross-cutting approach; develop an integrated system of home-based palliative, geriatric and medical care services; strengthen the capacities of professionals who are working with the elderly.
- Develop and implement healthy lifestyle support programs, reduce morbidity and mortality, taking into consideration the age and gender structure of the population.
- Develop policy measures, national programs meant to ensure quality of life by providing the elderly with the guaranteed minimum, observing their rights.
- Develop mutual learning and support community-based programs for the elderly and children left behind by migration. Set up coaching programs for young people and for adults, replicate the good practices of intergenerational dialogue.
- Organise awareness-raising campaigns aimed at promoting active ageing, create an “elderly-friendly” information environment. Draw up Guidelines on Good Practices in the field of ageing.
- Involve UN resident agencies and other development partners as stakeholders on issues related to population ageing, migration, poverty and development, etc.

# Annexes





# POLICY PAPER

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## ACTIVE AGEING INDEX IN THE REPUBLIC OF MOLDOVA

### ABSTRACT

*Active Ageing Index (AAI) is a comparative indicator of active ageing process across European countries. It helps identifying strengths and weaknesses in the evolution of this process for each country. AAI examines the life aspects of elderly population, establishes social, economic and institutional barriers for active ageing and shows the degree to which the potential of older people is harnessed.*

*The Active Ageing Index in the Republic of Moldova is very low (only 27,1 points) and it shows that over 70% of people aged 55 years and older have no opportunities to participate in the economic and social life, and thus represents untapped potential for active and healthy ageing. The AAI in Moldova is 7 points lower compare to the EU average (about 34 points) and twice lower compared to the target-goal for all countries – 57,5 points. The country shows significant arrears for all the Active Ageing Index components: (1) **employment** – it registers the lowest employment rate for the population of pre-retirement age, namely 55-59/60-64 years old (49% and 27,6% respectively), whereas the EU average is 62,2% and 31,5% respectively; (2) **participation in social life** – only one in ten elderly person participates in social life; (3) **independent, healthy and secure living** – every second elderly person is restricted to having the independent, healthy and secure living, compared to 1/3 of the elderly in the EU countries; (4) **the capacity and enabling environment for active ageing** is limited in Moldova due to low life expectancy (lower compare to the EU countries), low level of educational attainment (51,1%) and of mental well-being among the elderly population (62%), lack of skills of using the informational technologies (2,9%) and limited opportunities for lifelong learning (0,3%).*

*Differentiated by gender, AAI registers significant discrepancies: older women are more disadvantaged and face material, financial and physical vulnerability to a higher extent compare to men. Thus, the AAI represents 25,7 points in the case of women and 29,2 points in the case of men.*

*The current situation of older people measured by the AAI shows the urgent need to implement coherent sectorial actions that might increase the standard of living and the quality of life of elderly people and insure a foundation for active ageing. Thus, the interventions in the health sector aimed at preventing diseases and at strengthening the overall health through quality, accessible and equitable services are very important, as well as in the employment sphere, by promoting and ensuring participation in the labour market. It is also important to develop tools to support participation and social inclusion of the elderly and to increase the safety of the living environment, adapted to the needs of the elderly etc.*

*Active Ageing [1] means ageing in optimal health conditions, having an active role in society, feeling professionally fulfilled, having the autonomy in daily life, and being involved in civic activities. Active ageing process includes both individual process and social opportunities of health structures, participation and integration. The essential goal of interventions in the active ageing area is to optimize the opportunities for health, participation and security in order to increase the quality of life of population while ageing.*

## WHAT DOES THE ACTIVE AGEING INDEX (AAI) SHOW

In 2012, during the European Year for Active Ageing and Solidarity between generations, the European Commission and the United Nations Economic Commission for Europe (UNECE) developed the concept of Active Ageing Index<sup>1</sup> (AAI), which is an important tool to assess and to monitor the MIPAA/RIS implementation (The Regional Implementation Strategy for MIPAA for the UNECE Region), an indicator for comparing the active ageing across European countries, and for identifying the strengths and weaknesses of a country for this component (Zaidi and others 2013).

In developing the AAI the following definition was applied: „Active ageing refers to the situation where people continue to participate in the labor market, as well as engage in other unpaid productive activities (such as care provision to family members and volunteering), and live healthy, independent and safe lives as they age.” [2]

The Active Ageing Index (AAI) measures the current situation in four domains related to active and healthy ageing (Table 1).

**Table 1. The components of Active Ageing Index (AAI)**

ACTIVE AGEING INDEX			
EMPLOYMENT IN THE LABOUR MARKET	PARTICIPATION IN SOCIETY	INDEPENDENT, HEALTHY AND SECURE LIVING	CAPACITY AND ENABLING ENVIRONMENT FOR ACTIVE AGEING
<ul style="list-style-type: none"> <li>• Employment rate at age 55-59</li> <li>• Employment rate at age 60-64</li> <li>• Employment rate at age 65-69</li> <li>• Employment rate at age 70-74</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary activities</li> <li>• Care to children and grandchildren</li> <li>• Care to older adults</li> <li>• Political participation</li> </ul>	<ul style="list-style-type: none"> <li>• Physical exercises</li> <li>• Access to health and dental care</li> <li>• Independent living</li> <li>• Relative median income</li> <li>• No poverty risk</li> <li>• No material deprivation</li> <li>• Physical safety</li> <li>• Lifelong learning</li> </ul>	<ul style="list-style-type: none"> <li>• Remaining life expectancy at age 55 years</li> <li>• Share of healthy life expectancy at age 55</li> <li>• Mental well-being</li> <li>• Use of ICT</li> <li>• Social connectedness</li> </ul>

Source: Active Ageing Index 2012. Concept, Methodology and Final Results. European Centre Vienna. (Authored by A.Zaidi / Project Coordinator/ and others)

### National statistics and empirical base for calculating AAI

The AAI for the Republic of Moldova and its indicators have been calculated based on the demographic statistics and national empirical studies carried out in 2011-2014<sup>2</sup>.

13 out of 22 composite indicators of AAI have been determined and calculated based on alternative variables (more or less close to the original UNECE methodology), and are considered *proxy indicators*<sup>3</sup>.

<sup>1</sup>AAI is the result of a common project occurred in 2012 by DG Employment, Social Affairs and Inclusion European Commission, together with the Population Unit of the UNECE and the European Centre for Social Welfare Policy and Research in Vienna.

<sup>2</sup>Labour Force Survey (LFS), 2013, NBS; Household Budget Survey (HBS), 2013, NBS; Time Use Survey (TUS), 2012, NBS; Survey on Discrimination, Abuse and Violence against Older People, 2014 (Centre for Demographic Research, Help Age International, UNFPA Moldova); Public Opinion Barometer (POB), 2011, Institute for Public Policy.

<sup>3</sup>Preliminary results for Moldova regarding the 22 individual indicators and adapting the original calculation methodology presented in the workshop “Addressing data gaps for Active Ageing Indicators” organized by UNECE (Geneva, November 17, 2015) for Eastern Europe, Caucasus and Central Asia. All recommendations provided by the UNECE experts (regarding the calculation of the proxies indicators based on national empirical studies) have been considered.

**The identified limits in the calculation of individual indicators of AAI are as follow:**

- the lack of statistical and empirical data necessary for the full development of all composite indicators of the AAI according to UNECE methodological requirements;
- the lack of surveys about elderly and ageing in Moldova;
- the low level of comparability of indicators estimated for Moldova with the EU and other countries;
- the continuity of data in time and for the coming years;
- the lack of data to calculate active ageing indicators at the districts levels (regionally).

**REPUBLIC OF MOLDOVA IN THE EUROPEAN PROFILE**

The AAI score estimated for Republic of Moldova – 27,1 – shows the extent to which the elderly’s potential is fulfilled, and the extent to which they participate in the economic

and social life (Table 2). From the total number of people aged 55 and older, more than 70% represent untapped potential for active and healthy ageing.

**Table 2. Active Ageing Index (AAI) estimated for Moldova**

Overall Active Ageing Index (AAI)	Employment	Participation in society	Independent, healthy and secure living	Capacity and enabling environment for active ageing
The goalpost	57,5	54,2	40,6	87,7
EU-28 (max)	44,9	43,4	24,1	79,0
EU-28 (media)	33,9	27,9	17,7	70,6
EU-28 (min)	27,6	19,1	12,1	58,7
Moldova	27,1	24,2	10,4	54,0

Source: the calculations for Moldova were realised by the author; Active Ageing Index 2014. Analytical Report. April 2015, UNECE and European Commission.

**1 EMPLOYMENT IN THE LABOUR MARKET**

The Republic of Moldova acquired 24,2 points, surpassing Poland (22,4) and Hungary (19,3). The employment rate at the age 55-59 is the lowest (49%) among the above mentioned countries, while for the 65-69 (13,4%) and 70-74 (6,6%) y.o. age groups it is higher compared to some EU countries (Figure 1) and even the EU average (11,6% and 6,1% respectively).

It is worth noticing that the employment rates for the 65-69 / 70-74 y.o. age groups are higher, since the landowners and individuals who are working on the auxiliary household terrains are considered, according to the national statistics, as employed persons.

**Figure 1. Composite indicators on employment of population aged 55-74 years old, in some countries [3; 4]**

Country	Employment rate (55-59 y.o.), %	Employment rate (60-64 y.o.), %	Employment rate (65-69 y.o.), %	Employment rate (70-74 y.o.), %	Score per domain
Germany	74,9	46,5	11,1	5,1	34,4
Latvia	66,5	37,9	15,6	7,8	32,0
Romania	51,8	29,3	22,4	20,4	31,0
Lithuania	64,6	37,5	14,0	6,0	30,5
Czech Republic	71,2	27,5	9,2	4,2	28,0
Bulgaria	62,5	29,2	6,6	2,2	25,1
Russia	53,6	27,9	14,4	4,3	25,1
Moldova	49,0	27,6	13,4	6,6	24,2
Poland	52,6	22,6	9,5	4,7	22,4
Hungary	56,1	13,9	5,3	1,8	19,3
EU-28 (average)	62,2	31,5	11,6	6,1	27,9

Source: the calculations for Moldova were realised by the author based on the current statistics and Labour Force Survey, NBS, 2013.

## 2 PARTICIPATION IN SOCIETY

In the Republic of Moldova the elderly don't actively participate in the social life, this area being rated by only 10,4 points. The contribution of all four components of *Participation in society* in estimating AAI is modest (*Figure 1*), and the recorded values are lower than the average in the EU countries (*Figure 2*).

The elderly are mainly involved in individual forms of participation, in the family activities in the known and immediate environment. Every third older person (31%) is actively involved in taking care for and educating grandchildren, this indicator being higher than in Germany (17,9%), Poland (22,5%), Bulgaria (27,5%) and Romania (28,7%).

**Figure 2. Composite indicators regarding participation in society of population aged 55 and older in some countries [3; 4]**

Country	Voluntary activities, %	Care to children, grandchildren, %	Care to older adults, %	Political participation, %	Score per domain
Czech Republic	6,2	37,2	14,8	17,4	18,8
Russia	4,3	37,2	8,1	14,4	15,7
Hungary	2,4	38,9	13,3	5,3	15,4
Lithuania	2,6	33,3	13,5	8,5	14,7
Latvia	1,4	31,3	10,7	12,1	13,8
Germany	10,0	17,9	8,5	20,6	13,6
Romania	2,6	28,7	11,3	7,3	12,7
Bulgaria	1,2	27,4	11,8	8,9	12,5
Poland	2,7	22,5	13,3	9,3	12,1
Moldova	4,4	31,0	3,8	1,9	10,4
EU-28 (average)	8,9	32,5	12,9	17,2	17,7

Source: the calculations for Moldova were realised by the author based on the current statistics and empirical researches: Time Use Survey (TUS), 2012, NBS; Survey Discrimination, abuse and violence against older people, 2014 (Centre for Demographic Research, Help Age International, UNFPA Moldova).

Only 3,8% of the elderly are taking care of *adults*, Moldova registering the lowest value among the countries analysed. This indicator could be however underestimated considering that taking care of a family member (including a child) is mandatory and traditional in Moldovan mentality.

The involvement of the elderly population in voluntary activities (4,4%) is low, however higher than in Bulgaria (1,2%), Latvia (1,4%), Hungary (2,4), Lithuania (2,6%), Romania (2,6%) and Poland (2,7%). Moldova has

the lowest values for *political participation* of older people (about 2%), namely for participation in various meetings, of trade unions, political parties, political action groups, developing and submitting petitions, including online (*Figure 2*). Financial difficulties, low level of education, poor health, reduced opportunities in communities nationwide (especially in rural areas), and lack of community centres are the main barriers for the development of *volunteering* and *political participation* (as defined in the AAI) among the elderly.

### 3 INDEPENDENT, HEALTHY AND SECURE LIVING

With 54,0 points for this domain (*Figure 3*) the situation is rather difficult in Moldova: every second elderly person is restricted in living an independent, healthy and secure life.

High level of material vulnerability and financial inequity are the main reasons for elderly's vulnerability: only 57,4% of elderly are *outside of the material deprivation*. *The relative median income* of people aged 65 and older (about 1912 MDL or 118 EUR in 2013) decreases almost twice compared with the income of people aged below 65 years old (3500 MDL or 216 EUR), and represents only 54,7% of it. Meantime, only 84,1% of the elderly are outside of the *poverty risk*. Secondly, vulnerability of the elderly is increasing due to the insecure environment. Only every fourth elderly person (or 39,6%) feels safe at night in the neighbourhood where he/she lives, while the EU average reaches 70%.

Moldova's performance in providing access to health in the elderly population (only 72,6%) does not exceed the average result scored by the EU countries (88,2%). Calculated based on a «proxy» variable the indicator does not include the information regarding the access to dental care due to the lack of respective data.

The indicator *lifelong learning* for people aged 55-74 years old registers a totally insignificant value - only 0,3% (*Figure 3*). In the EU countries with a long-standing experience in developing and promoting lifelong learning, 5% of elderly on average continue lifelong learning activities, particularly in Denmark, Sweden, and Finland.

**Figure 3. Composite indicators regarding independent life of people aged 55 and older, in some countries [3; 4]**

Country	Physical exercises, %	Access to health services, %	Independent life arrangements, %	Relative median income, %	No poverty risk, %	No material deprivation, %	Physical safety, %	Lifelong learning, %	Score per domain
Germany	12,4	92,5	96,8	87,9	91,6	97,2	74,6	2,0	74,4
Czech Rep.	4,9	93,5	87,6	83,6	98,6	94,0	65,0	3,9	71,2
Hungary	5,6	87,5	77,6	97,4	97,7	82,6	66,2	0,4	68,0
Lithuania	18,5	91,3	84,2	78,1	94,9	75,9	41,9	1,5	66,2
Poland	7,0	77,0	68,8	94,9	93,5	85,2	76,7	0,6	64,9
Bulgaria	0,7	79,6	71,9	73,7	82,6	46,8	57,8	-	62,7
Romania	1,3	70,1	74,4	100,0	91,3	71,4	63,6	0,4	61,7
Russia	10,5	72,3	52,4	85,4	91,7	94,9	57,1	1,4	59,0
Latvia	12,0	68,4	73,9	79,8	94,5	73,6	39,9	2,9	58,7
Moldova	14,7	72,6	72,6	54,6	84,1	57,4	39,6	0,3	54,0
EU-28 (average)	15,6	88,2	84,2	86,3	93,0	90,0	69,3	4,5	70,6

Source: the calculations for Moldova were realised by the author based on the current statistics and empirical researches: Time Use Survey (TUS), 2012, NBS; Survey Discrimination, abuse and violence against older people, 2014 (Centre for Demographic Research, Help Age International, UNFPA Moldova); HBS 2013 (NBS).

The only indicator Moldova excels with is *practicing physical exercises* by the elders. 14% of population aged 55 and older practice daily various sport-related activities (jogging and walking, running, gymnastics, fitness and other physical

exercises). Of all activities, jogging and walking are indicated the most often, and it is rather a daily necessity to reach various destinations such as work, shop, medical centre, pharmacy etc., than a voluntary sport activity.

## 4 CAPACITY AND ENABLING ENVIRONMENT FOR ACTIVE AGEING

The Republic of Moldova reaches 48,1 points in this domain (Figure 4), situated at a distance of 6,3 points from EU countries average. Although with small differences, Moldova's position seems to be above Poland (47,9 points), Lithuania (46,9), Hungary (45,3) and Romania (40,9).

The biggest contribution to the score (1/3) is due to the *share of healthy life expectancy at age 55*, estimated at 66,4%.

This indicator exceeds the values for the most reference countries, including the average for EU countries (53,2%). The discrepancy can be explained by the fact that this indicator was estimated based on only one variable - health self-assessment [5]. In addition, older people tend to assess their health rather positive (especially those from rural area). This specific aspect explains the higher value of the *share of healthy life expectancy at age 55* index.

**Figure 4. Composite indicators regarding the capacity and favourable environment for active ageing, in some countries [3; 4]**

Country	Remaining life expectancy at age 55, %	Share of healthy life expectancy at age 55, %	Mental well-being, %	Use of ITC, %	Social connectedness, %	Educational attainment, %	Score per domain
Germany	55,8	41,7	74,6	52,0	46,6	81,3	55,8
Russia	42,2	79,1	56,7	35,1	40,4	78,2	54,9
Czech Rep.	51,0	56,5	61,4	36,0	44,3	84,3	54,3
Bulgaria	46,7	65,7	55,3	18,0	48,2	66,6	52,2
Latvia	47,8	47,0	51,4	35,0	38,3	79,7	48,2
Moldova	43,2	66,4	62,1	2,9	32,2	51,1	48,1
Poland	51,0	52,0	51,8	24,0	27,1	74,3	47,9
Hungary	47,4	48,1	61,5	37,0	21,1	65,2	46,9
Lithuania	48,8	46,7	49,7	24,0	23,0	78,0	45,3
Romania	47,5	43,5	44,3	13,0	24,0	51,8	40,9
EU-28 (average)	53,8	53,2	64,5	40,8	49,0	57,7	54,4

Source: the calculations for Moldova were realised by the author based on the current statistics and empirical researches: Time Use Survey (TUS), 2012, NBS; Survey Discrimination, abuse and violence against older people, 2014 (Centre for Demographic Research, Help Age International, UNFPA Moldova); LFS 2013 (NBS).

Moldova also records a higher value for *mental well-being* of persons aged 55 years and older (62,1%). Regarding the other indicators - *ICT*, *social connectedness* and *level of*

*education* - Republic of Moldova is at a significant distance compared to other countries.

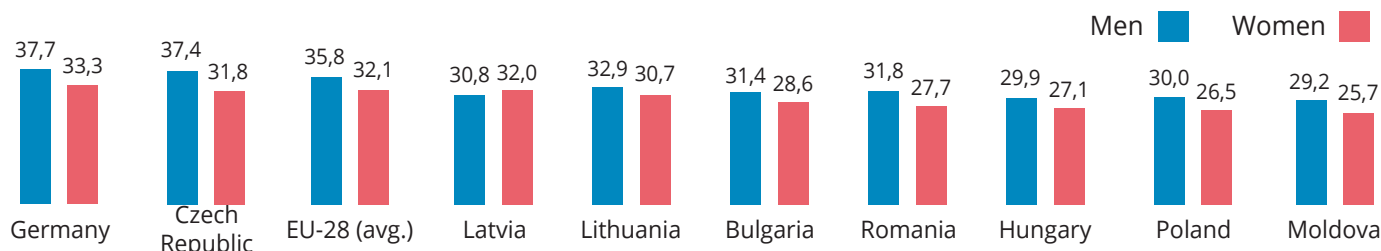
## GENDER DIFFERENCES OF AAI

Gender differences have been registered in those countries where the AAI was calculated by gender (Figure 5).

In the Republic of Moldova, the AAI estimated for women (25,7 points) is lower than for men (29,2 points), the

discrepancy by gender being present in all the domains (Table 3). Since women have higher life expectancy and are prevalent in older age groups, the possibilities for their active ageing are much lower, which contributes to the higher score of the AAI for men.

**Figure 5. Gender differences of Active Ageing Index (AAI) in some countries [3; 4]**



Source: the calculations for Moldova were realised by the author based on the current statistics and national empirical studies (2011-2014).

The highest gender differences have been registered for the Employment domain, where women register 11 points less, and for Independent living domain with about 6 points less for women (Table 3).

**Table 3. The gender disparity of the AAI and specific domains, estimated for the Republic of Moldova (points/score)**

	Men	Women
<b>Active Ageing Index</b>	29,2	25,7
Employment	30,8	19,5
Participation in society	8,8	11,3
Independent, healthy and secure living	57,7	51,8
Capacity and enabling environment for active ageing	48,3	48,5

Source: the calculations were realised by the author based on the current statistics and national empirical studies (2011-2014).

A high level of financial vulnerability has been registered for elderly women (Figure 6), the *relative median income* indicator being 17 percentage points lower than in case of men.

The indicator on *physical security* is lower by 16 percentage points for women than for men, only 1/3 of them are feeling safe at night on the streets where they live or in the immediate neighbourhood.

**Figure 6. Gender disparity through composite indicators of the AAI in the Republic of Moldova**

Domain	Composite index	Men, %	Women, %	percentage points
1	Employment rate (55-59 y.o)	57,5	42,2	15,3
	Employment rate (60-64 y.o)	38,9	19,4	19,5
	Employment rate (65-69 y.o)	15,4	12,1	3,3
	Employment rate (70-74 y.o)	10,6	4,3	6,3
2	Voluntary activities	2,6	5,6	3,0
	Care to grandchildren (children)	26,4	33,3	6,9
	Care to older adults	3,0	4,2	1,2
	Political participation	3,1	1,4	1,7
3	Physical exercises	12,0	15,2	3,2
	Access to health services	73,1	72,4	0,7
	Independent living arrangements	80,7	68,7	12,0
	Relative median income	64,3	47,3	17,0
	No poverty risk	84,5	83,8	0,7
	No material deprivation	58,6	56,1	2,5
	Physical safety	49,4	33,3	16,1
4	Lifelong learning	0,1	0,2	0,1
	RLE achievements of 50 years at age 55	38,4	48,0	9,6
	Share of healthy life tears in the RLE at age 55	71,4	62,5	8,9
	Mental well-being	66,5	59,9	6,6
	Use of ITC	2,1	3,3	1,2
	Social connectedness	27,0	36,0	9,0
Educational attainment	60,8	44,1	16,7	

Source: calculations made by the author based on current statistics and national empirical studies (2011-2014).

Although the life expectancy at age 55 is higher among women (24 years, versus 19,1 years for men), the proportion of time spent in good health is much less. *The healthy life expectancy* index at the age of 55 is about 9 percentage points lower in case of women. Also, a significant discrepancy (6,6 percentage points) is registered in *mental well-being* of people aged 55 and older, women feel happy or have positive feelings rarely compared to men.

The gender difference recorded for the indicator *level of education* attained at the age of 55-74 years old (about 17 percentage points lower for women), can be explained by the large number of men with secondary vocational education (included in the calculations according to the methodological requirements), that contributes to increasing of the value of the indicator.

## CONCLUSIONS AND RECOMMENDATIONS

The AAI in case of Moldova estimates the extent to which older people can fulfil their potential in terms of employment, participation in social and cultural life and independent living. At the same time, it determines whether the living environment allows the older people to have an active life and to contribute to the society.

Thus, according to the AAI results in Moldova *active and healthy ageing* is inaccessible for almost 3/4 of the population aged 55 and older. The country registers very modest scores for all the components, by each domain. The barriers for active ageing are rooted in the poor health and in the poor functioning of social life spheres, which don't provide a decent standard of living, opportunities for participation and integration in the labour market and in the society, as well as don't ensure the personal security.

The large discrepancy between Moldova and the target goals of the AAI indicates on the urgent need for consistent public policies with balanced approach in improving the quality of life of older people with a primary focus on three pillars:

**Health** - through actions aimed at diversifying the qualitative medical services, accessible for the elderly population in terms of preventing disease, strengthening overall health and restoring functional capacity; developing of ambulatory medical services and expanding the area of interventions to ensure continuity of care over time based on population needs; promoting and encouraging balanced nutrition, physical activity, minimizing addictions (alcohol, smoking).

**Participation** - increasing the opportunities of integration in the labour market for older people, including by developing flexible conditions of retirement which could allow to the

person to stay longer in employment, with full or part time work schedule; promoting and encouraging the participation of older people in community life, in community planning and volunteer activities; developing opportunities for lifelong learning, including the access to informational technologies and the encouragement of participation to lifelong educational activities.

**Security** - physical, social and financial protection of the population based on individual needs; increasing the level of security of the living environment based on needs (infrastructure, transport, buildings, etc.) thus ensuring the independent living; preventing violence, abuse and discrimination of the elderly; supporting families and communities in the efforts they make with caring for their elderly members, as well as by supporting old persons who take care for other people etc.

In the context of demographic ageing recorded in Moldova in the last decades, adjusting to active ageing policies and capitalization on the potential of older population is a mandatory requirement for the future sustainability of the country development.

In order to have a continuity of data and to enable the calculation of composite indicators and the Active Ageing Index for Moldova (which will ensure comparability with other countries), it is necessary to supplement and adjust the tools of the Labour Force Survey and the Household Budget Survey according to UNECE methodology requirements. An alternative method would be to carry regular social survey, at least once every two years, that could cover 13 statistical variables which cannot be extracted from current national statistical databases.

## Bibliographical references

1. Active Ageing Index 2012. Concept, Methodology and Final Results. Vienna, March 2013. (Authored by A.Zaidi / Project Coordinator/ and others).
2. Introducing the Active Ageing Index. Policy brief. UNECE & European Commission, April, 2013.
3. Active Ageing Index 2014. Analytical Report. April 2015. UNECE & European Commission;
4. Varlamova M. (and others.) Active Aging Index (AAI) as an Evidence Base for Developing a Comprehensive Active Ageing Policy in Russia. International Seminar. Brussels, April 2015.
5. Gagauz O., Avram C. Healthy Life Expectancy – an integrated indicator of population health. Policy Paper. Chisinau, NIER, 2015.

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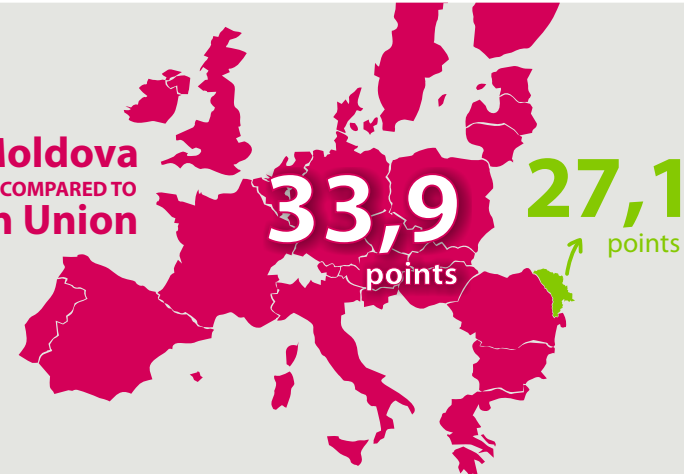


# ACTIVE AGEING INDEX (AAI)

Active Ageing stands for ageing in optimal health conditions, while having an active role in the society and professional accomplishments, preserving the autonomy in daily life and involvement in civic activities.

The Active Aging index measures the current situation of the population aged 55 years and over, indicate untapped potential for active participation in the labour market, in social life and for independent living. As well, AAI determines whether currently living environment enables older people to have an active and healthy life.

Republic of Moldova  
COMPARED TO  
European Union



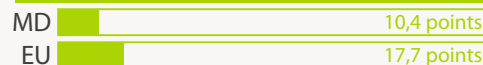
! Index score is ranged between 0 and 100, the value closer to 100 representing better results in the field of active aging and better valorization of potential of the elderly population.



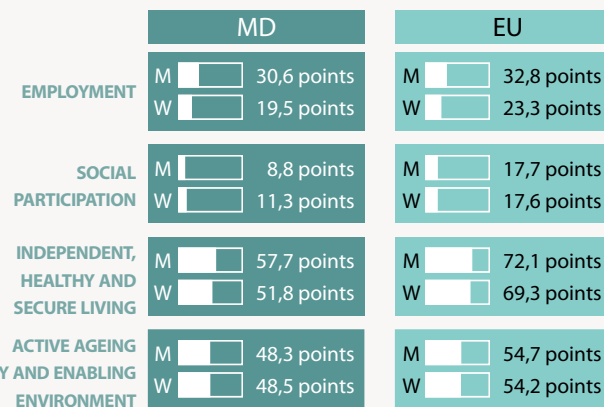
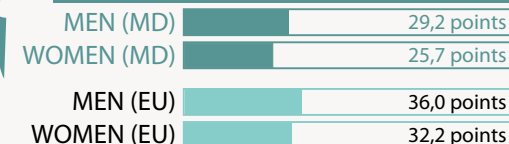
## EMPLOYMENT



## PARTICIPATION IN SOCIETY



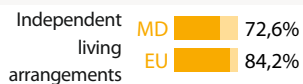
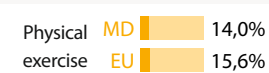
## GENDER DIFFERENCES OF AAI



## CAPACITY AND ENABLING ENVIRONMENT FOR ACTIVE AGEING



## INDEPENDENT, HEALTHY AND SECURE LIVING



RLE<sup>1</sup> - Remaining Life Expectancy



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