



POLICY PAPER

Mariana BUCIUCEANU-VRABIE,
PhD in Sociology, Associate Researcher

MARCH-APRIL 2016

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 Index¹ (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"> • Employment rate at age 55-59 • Employment rate at age 60-64 • Employment rate at age 65-69 • Employment rate at age 70-74 | <ul style="list-style-type: none"> • Voluntary activities • Care to children and grandchildren • Care to older adults • Political participation | <ul style="list-style-type: none"> • Physical exercises • Access to health and dental care • Independent living • Relative median income • No poverty risk • No material deprivation • Physical safety • Lifelong learning | <ul style="list-style-type: none"> • Remaining life expectancy at age 55 years • Share of healthy life expectancy at age 55 • Mental well-being • Use of ICT • Social connectedness |

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 2011-2014².

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*³.

¹AAI 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.

²Labour 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.

³Preliminary 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.

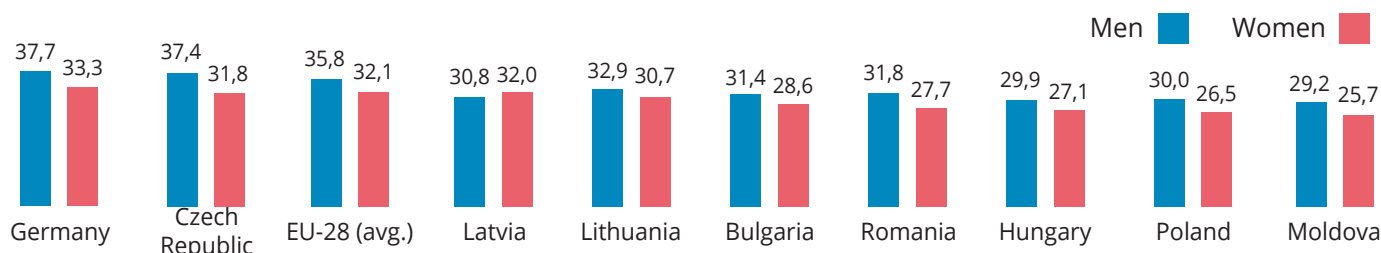
GENDER DIFFERENCES OF AAI

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 |
|---|------|-------|
| Active Ageing Index | 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 |
| | Lifelong learning | 0,1 | 0,2 | 0,1 |
| 4 | 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.

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This document was elaborated with the support of the UNFPA, United Nations Population Fund in the Republic of Moldova, and does not necessarily present the UNFPA opinion, of the United Nations Organization or any other of its affiliated organizations.