

## THE NATIONAL AGEING STRATEGY

### I. GENERAL PROVISIONS

1. Population ageing is a complex phenomenon that causes various social and economic consequences. The world is searching for the ways how to avoid problems arising due to population ageing and to use new opportunities created by the extended working age.
2. The increasing life expectancy is a major achievement but this phenomenon must be taken notice of in shaping the future economic, social and employment policies. The problem of ageing must be solved not only by special measures but also by those that would help to build a society fit for all people of all ages and that would strengthen solidarity between generations.
3. With a view to solving these issues, the Second World Assembly on Ageing met in Madrid in April 2002 and adopted two important documents, obliging Moldova as well: the Political declaration and the Madrid International Plan of Action on Ageing. Those world countries that adopt the Political Declaration are resolved to act in three priority directions:
  - 3.1. to secure that older persons are active participants and implementers of the process of economic and social development, and have equal access to the provided opportunities. Full conditions have to be created for older persons to take part in political, social, economic and cultural activities. They have to be given the opportunities to work productively, learn and improve, as long as they wish and are able to;
  - 3.2. to ensure health and well-being of older persons, the number whereof will grow, and provide them with necessary social services. Older persons, like all members of the society, must be ensured the right to healthy lifestyle and health care services;
  - 3.3. to create an enabling and supportive environment for older persons – necessary conditions of housing, environmental design and other conditions so that even very old persons live independently, discrimination and violence against old persons is prevented, and particular notice has to be taken of specific problems of older women.
4. The Political Declaration stresses the necessity to strengthen social solidarity and cooperation between generations, mutual responsibility of the older and younger generations, encourages taking action to create a society that would better join all generations.
5. The problem of ageing is more developed in Europe than in the rest of the world. The United Nations Economic Commission for Europe, gathered at the UNECE Ministerial Conference in Berlin in September 2002, adopted the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing 2002 (hereinafter referred to as the Berlin Regional Strategy).
6. The Berlin Regional Strategy highlights the necessity to expand participation of older persons in the society, foster their social inclusion and independent living, promote equitable and sustainable economic growth in addressing the implications of population ageing, strengthen adequate and sustainable social protection for present and future generations, encourage labour markets to respond to ageing and take advantage of the potential of older persons, promote life-long learning, ensure equal access to high quality health and social care, mainstream a gender perspective in all ageing policies, support older persons, their families and communities in their care-giving roles, and promote intergenerational solidarity.

7. In implementing the Madrid International Plan of Action on Ageing and the Berlin Regional Strategy, efforts of the government and municipal institutions and agencies, and non-governmental organisations have to be coordinated, and joint coordinated actions of social partners of the public and private sectors have to be taken.

8. The problems relating to population ageing are sensitive in Moldova to the same extent as in other countries. Moldova, taking active participation in the Madrid Assembly and the Berlin Ministerial Conference, has committed itself to take measures to solve the ageing problem at the country level. This National Strategy of Overcoming the Consequences of Ageing defines national priorities and actions of the Republic of Moldova coordinated with the strategies approved at the international level.

## **II. AGEING TRENDS, ESSENTIAL CHANGES AND CHALLENGES CAUSED THEREBY, AND THE STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS (SWOT) ANALYSIS**

9. Rising life expectancy is the major humanity's achievement predetermined by a lot of positive changes in the most important fields of human activity. The positive changes include the occurring opportunities for families to make a conscious decision about the number of children. Both these processes rapidly change the demographic structure of many countries, thus significantly increasing the number of older persons in the society.

10. Population ageing in Moldova, like in other states, causes complex social and economic changes of many fields, which have to be correctly assessed and foreseen so that it is possible to timely take actions with short-term, medium-term and long-term impact. The aim of these actions is to use as better as possible the positive consequences of ageing and overcome or mitigate its negative consequences in order to rationally use the country's human capital and form the concept of ageing of the entire society and a separate individual corresponding to new reality.

11. The problem of population ageing is complex – it includes various fields of activity. The new proportion of young and older persons in a society necessitates to adapt the society's available economic (possibilities to take part in the labour market, income level), social security (social guarantees), health care (development of services meeting the needs), full individual's life (housing and environment, infrastructure of settlements, communication, etc. meeting the needs), policy (power of political and non-governmental organisations) and other resources to the new needs.

12. Social security, employment, environmental protection, housing, education, transport, agriculture, finance, tax, consumer protection policies and policies of many other fields must be adjusted to social development of people of all ages – well-being, health, life quality.

### **Demographic Situation and Changes**

13. **Measure of ageing.** The main demographical indicator defining the ageing process is the share of older population in the society. According to the resolution of the World Assembly on Ageing 1982, population ageing is described by a share of persons of 60 years of age and older.

14. **Ageing.** In 2003 older persons represented 13.9% of total population, compare to 12.6% in 1989, indicating an increase in the share of older population of the Republic of Moldova. At the beginning of 2000, 496,301 persons of 60 years of age and older lived in Moldova, i.e. 13.6 per cent of the country's population, whereas in the beginning of 2006 – 475.2 thousand persons, of

whom the majority (61%) - women; Population ageing is essentially predetermined by decrease in births and rising average life expectancy. Lately, the average life expectancy has changed slightly. The birth rate has further decreased to 10 - 18 children for 1000 persons during the previous decade (1990–2006). Decrease in births essentially predetermines population ageing.

**15. Decrease in the number of population.** A reduction of population in Moldova is recorder during last 9 years. The growth of population reached its highest peaks in 1970-1980 and from 1990 decreased considerably and continues to decrease. According to the forecast, by 2030 the number of population in Moldova will drop by 9 per cent and will reach 3.1 million. This decrease in the number of population could be subdued by immigration; however, the extent of immigration and social-economic consequences are the issues that are difficult to forecast.

**16. Population ageing in urban and rural areas.** Ageing is particularly felt in rural areas – 14.3 per cent of persons are 60 years of age and older, in urban areas – 11.8 per cent. Although births rate is bigger in rural areas, more rapid ageing was predetermined by long lasting migration of population of the rural areas, especially young people, to the cities and other countries.

**17. Unevenness of ageing.** The process of ageing is uneven in various regions of the country. The biggest number of old persons is in the north of Moldova, namely in the canton of Donușeni, where about 25 per cent of population is 60 years of age and older; the share of population of this age in the canton of Briceni is about 23 per cent, in the canton of Edineț – 22.4 per cent, in the cantons of Drochia and Rîșcani – almost 22 per cent each. In the south of Moldova the average share of population of 60 years of age and older is 13 per cent.

**18. Structure of older persons by gender and age.** Demographic ageing is characteristic of men and even more of women. In 2004, 194,265 men and 302,773 women over 60 years of age lived in Moldova. Among persons of 60 years of age and older, men constitute only 39.08 per cent, and among persons of 80 years of age and older less– 31.3 per cent. It can be stated that one of the fundamental features of population ageing is that most old persons are women. In terms of demographics, a particularly bad age structure is of women in rural areas – currently every third woman is 60 years of age or older.

19. The difference between the number of older men and older women occurred due to migration of men since 1990, as well as due to a high mortality rate of adult men compare to adult women. The mortality rate of persons of 60 years of age and older is by men – 78.4 per cent in 2005 compare to 61.5 per cent in 1997; by women 79.9 per cent in 2005 compare to 60.0 per cent in 1997. Many men of the current older generation lost their lives at war or after the war. If men's mortality rate remains, the proportion of men and women should stabilize in the future.

**20. Persons of 80 years of age and older.** In modern societies where the average life expectancy is rather long, it is relevant to separate the subgroup of persons of 80 years of age and older. The threshold of 60 years separates persons of the so-called “third age”, most of whom have already left the labour market but are still rather active. The threshold of 80 years separates persons of the so-called “fourth age” whose possibilities to ensure physical, psychical and social security are more limited.

21. In 2004, 50,198 persons of 80 years of age and older (1.39 per cent of the population) lived in Moldova. There were 2.18 times more women of 80 years of age and older than men of the same age. The number of persons of 80 years of age and older has been increasing since 2000, and in 2006 it reached about 12,076.

22. The indicator of dependants, i.e. the number of children and older persons (older than 60 years of age) falling per 100 inhabitants of 15–59 years of age, will also increase and its structure will change. In 2050, it should reach 30, as compared to the indicator of children under 15 years of age, which will be 15, according to the data of the MPSFC.

23. The average life expectancy is the number of years lived by a certain generation if the mortality of persons of all age groups did not change. The average life expectancy is conditioned by the material, cultural level of living, nutrition, sanitary education level and healthiness level, lifestyle, and socio-economic conditions. Currently, the average life expectancy in Moldova is 65 years for men and 72 years for women. In rural zones, the average life expectancy is approximately three years less for both sexes. The longest life expectancy in Moldova – 69.4 years was recorded in 1968-1969, the shortest – 65.4 years was in 1983-1985. At the beginning of last decade, the average life expectancy shortened, and later, with mortality rates decreasing it started growing, and in 2006 reached 68.4 years of age. The average life expectancy of older persons has changed insignificantly since 1990. Currently, the society ages essentially due to the decreasing birth rates rather than due to the expanding life expectancy.

24. Moldova retains a very big difference of the average life expectancy of men and women, but this is mostly due to mortality of younger men. In 2002, the average life expectancy of women was 7.3 years longer than that of men.

25. It should be mentioned that in urban as well as in rural areas, every fifth household is formed of one single person, in majority of a woman (67%). The average age of single persons was 60.3 years, namely in urban areas – 53.4 and in rural areas – 64.8 years. Almost 61% of 229 thousand census registered single persons were pensioners and State dependent persons, with an average age of 71.5 years, with a large majority of widows (83.5%).

**26. The main changes and challenges are the following:**

26.1. Moldavian population is ageing: the number of older persons is increasing. If the current births and mortality rates remain the same, Moldavian population will continue to age rapidly, and the number of population will significantly drop. This decrease is influenced by the growth of younger persons' migration. The National Strategy of Demographic (Population) Policy, that is being drafted, will analyse the country's demographic problems, determine the aims of priority composite parts of the demographic (population) policy (family well-being, society health and population migration), present a vision, discuss the state's mission and action directions by 2015.

26.2. Population ageing is currently more predetermined by decreased birth rates rather than by expanding life expectancy.

26.3. Rural population has assumed more rapid ageing rates than urban population. Different ageing rates may be observed in different zones.

26.4. The share of women is increasing among older population, their life expectancy is longer than that of men, and this process is particularly evident in rural areas.

26.5. Increase in dependants and changes of their structure are expected: less children and more older persons.

## **Income and Income Guarantees for Older Persons**

27. **Income of older persons.** The main source of income of older persons of 60 years of age and older is pension. However, older persons have recourse to other income sources, such as salaried activity, individual agricultural enterprise. Consequently, 82% of older persons indicated that they have two income sources, whereas in urban areas such income share is 52.8% and in rural – 97.4%, where large majority has a second income source – individual agricultural activity.

28. The average income of households formed exclusively of older persons is MDL 617.3 per month or 24.1 per cent more than in 2004.

29. **Income derived from work of older persons.** Almost every fourth older person continues to work after the pension age. In 2005, on the average, salaries made 4.8 per cent of total income, whereas in urban area – 10.2%. As of 1 January 2007, the number of pension beneficiaries (among older persons) with income from salaried activity was 103,267 or approximately 22.7% of all recipients of pensions for age limit.

The number of older persons, whose derived income from work has stabilized lately, is about 60 thousand, or about 10 per cent of all recipients of old-age pensions.

30. **Pensions.** The main role in ensuring social security of persons of retirement age in the old age is currently performed by state social insurance old-age pensions. A share of persons of retirement age receives state social insurance disability pensions. Beside social insurance pensions, social assistance and state pensions are also paid in the Republic of Moldova. Thus, the current Moldavian pension system consists of three separate parts of the pension system: social insurance pensions, state pensions and social assistance pensions.

31. The law 329 of 25 March 1999 (published in Monitorul Oficial 87-89/423, 12 August 1999) regarding private pension funds is not applied in practice. Compare to other post-Soviet countries (Russia for example), Moldova completely lacks the necessary legal framework for the functioning of these institutions. The 2005 report of the State Inspectorate for the Surveillance of Insurance and Pension Private Pension Funds, under responsibility of the Ministry of Finance, contains no information regarding the existence in Moldova of such pension funds. The aforementioned institution is primarily responsible for the activity of insurance companies. Recently, a project of law was presented to the Parliament, which foresees the name change of the National Securities Commission into National Commission for Financial Market. One of the objectives of this change is transmission to this institution the mission of surveillance of pension funds.

32. **Social insurance pensions.** According to the data of the National Statistics Bureau of Moldova, as of 1 January 2006, 457,320 persons received state social insurance old-age pensions, which is a 1% decrease compare to 2004.

33. In 2006, MDL 373,876.1 thousand was allocated for the fund of pensions of the State social insurances budget or 8.5% of the gross domestic product (hereinafter referred to as GDP) from the given year – MDL 44.1 billion. If expenditure on social assistance and state pensions was added to this expenditure, we would see that the country allocates more than 8,5 per cent of the GDP for pensions. Furthermore, it is necessary to take notice of the fact that pensioners receive compensations for heating, hot and cold water, and transportation. If these benefits are also included, a bigger share of GDP would fall on pensioners.

34. In 2003, 75.5 per cent of persons of retirement age received old-age pensions. A big share of other persons received disability pensions. In total, 94.5 per cent of the country's population of retirement age received social insurance old-age or disability pensions (582,877 thousand).

35. At the end of 2003, the average old-age pension was MDL 217.98, or 24.4 per cent of the average monthly wage (after all taxes and contributions have been paid), whereas in Belgium – 66 per cent of the average wage, in Ireland – 81 per cent, in Portugal – 89 per cent. During 2000–2003, the average old-age pension increased by 9.2 per cent. Actually, the average amount of pensions received by a person of old age is larger (the norm of change also bigger) because not a few (33.4 per cent) persons of old age receive other state social insurance and state pensions beside old-age or disability pensions. However, it must be admitted that the pensions are too small, and the share of GDP that falls on pensions is smaller than in European Union Member States (in Spain – 9.4 per cent, in Denmark – 10.5 per cent, in France – 12.1 per cent, in Austria – 14.5 per cent). One of the important reasons, due to which the share of GDP for pensions cannot be increased, is a particularly unfavourable and one of the smallest in Europe proportion of the insured and pensioners.

36. If in 1970 from 100 persons 9.7 were aged more than 60 years, in 1990 the ratio became 12.8, and increased until 2004 to 13.8 persons. At the same time is observed an important reduction of the number of children under 15 years of age (1995 – 28.6%, 2004 – 21.8%). In accordance with the data published by MPSFC, in 2050, the country will have 30 persons aged 60 or more years and almost 15 aged under 15 for 100 persons representative of population. In accordance with the data of the Labour Force Questionnaire, during 2001–2005, the number of active population and employed persons decreased to 13%, whereas during the same period, the total number of pensioners decreased to 7% only. This fact led to the increase of pressure on employed persons in economy of the country. If in 2001 the ratio between pensioners and working persons was 1:2.3, in 2005 it was 1:2.1. For a good functioning of the pension system, the ratio between ensured and pensioner persons should be 4/1, 5/1. However, this ratio is 1/1 in Moldova at present time.

37. Since 1999 the retirement age was gradually increased from 60 for men and 55 for women to 65 for men and 60 for women. The necessary period of paying working insurance in order to receive pension was increased from 25 years for men and 20 for women to 35 for all. However, the decision to stop the retirement age increase in 2003 at 62 years for men and 57 for women resulted in the stabilisation of increase of the necessary period of paying working insurance in order to receive pension at 30 years for all. This fact creates from the beginning uneven chances for women, because the retirement age for them is 57 years, whereas for men – 62 years.

38. The old-age pension in advantageous conditions is awarded and paid in accordance with the "List No.1 of Production Units, Workers, Professors, Functions and Criteria which Entitle for a Right to Old-Age Pensions in Advantageous Conditions" approved by the Government Decision No.822 dated 15 December 1992. The number of beneficiaries of pensions established in advantageous conditions has increased during last years. If in 2003 the number of pensions established in advantageous conditions decreased to 7 units compare to 2002, in 2004 this difference grew to 746 pensions compare to the same period of 2003.

39. **Social assistance pensions.** These pensions were transformed into state monthly pensions since 1 July 2003.

40. **Pensions established for certain categories of citizens.** In accordance with the Law No. 273-XV dated 16 June 2004 members of Government, Parliament members, locally elected, civil servants have much more advantageous conditions than other persons do. In 2004 an average

pension was MDL 3,317.2 for members of Government, MDL 1,988.94 for members of Parliament, MDL 1,028.79 for locally elected, MDL 832.32 for civil servants, whereas an old-age pension average was MDL 336.75. In such a way, an average pension of a member of Government was 9.8 times more than a generally established pension. Consequently, the social insurance system does not provide for equal and equitable conditions for all taxpayers and beneficiaries.

41. **State monthly pensions** are established in accordance with the provisions of the Law No. 121-XV regarding supplementary social protection for war handicapped, participants of the Second World War and their families. In 2005, the total of 19,979 persons received state monthly pensions. These pensions guarantee to their recipients an additional source of living in the old age because they are paid together with social insurance old-age or disability pensions.

42. **Scope of pensions.** The problem of long-term perspective is that every year the number of persons who are not entitled to pensions is increasing. After 10–15 years Moldova will encounter serious problems because not a few persons of retirement age will not have paid social insurance contributions in their life (or will have paid for a very short period). These are persons beyond the limits of official employment, also those who have worked abroad, a share of farmers and their partners exempt by laws from payment of social insurance contributions. All these persons will not be entitled to receive social insurance pensions, thus they will have to be supported by social assistance measures.

43. **Financial perspectives and forecasts of the pension system.** Due to demographic structure of population (decreased births rate, expected increase in life expectancy) the proportion of the number of payers of social insurance contributions and pensioners will significantly decrease. It should be noted that even according to the optimistic forecasts (increasing of births rate), the proportion of the number of payers of contributions and pensioners may be *I*, i.e. the number of payers of social insurance contributions will be approximately the same as the number of pensioners.

44. **Other types of social insurance: situation and the prospects.** The process of ageing will affect other types of social insurance as well, mainly – sickness and occupational accident, occupational disease insurance. Prolonging working age of the population may be supposed to affect the paid amounts of sickness benefits because older employees have weaker health; however, such effect is not expected to be very big.

45. In terms of occupational accident and occupational disease social insurance the largest risk group includes persons from 51 to 55 years of age (17 per cent of the events), from 41 to 45 years of age (16 per cent of the events) and from 56 to 60 years of age (12 per cent of the events). Persons of 56–60 years of age are most vulnerable for occupational diseases. With the number of occupational accidents and occupational diseases increasing each year, and the paid amounts of annuities increasing, the overall expenditure of occupational accidents and occupational diseases social insurance will go up as well. Population ageing may cause the increase in insured events, because the largest risk group is persons of 50–60 years of age. Thus in the future the tariff of occupational accidents and occupational diseases social insurance may have to be specified or the conditions of awarding these benefits changed.

46. **Cash social assistance** is a sum of money awarded monthly or on a single occasion from the state budget to persons who do not comply with requirements for entitlement to the right to receive socially ensured pension. In 2004, the cash social assistance was awarded to 4,458 persons in Moldova. The monthly amount of cash social assistance for older persons was MDL 50 in 2004.

47. Persons who earn low income and who are not able to pay for dwelling maintenance (12 categories of persons) are awarded compensations for the most necessary services (heating, cold and hot water, electricity, solid and liquefied gas, coal and wood). 46.2% of older persons in urban area are facing very important difficulties paying for central heating. There are also compensations paid on a single occasion, for buying coal and wood during cold season, whose sum is calculated taking in consideration 50% of the limit level of price for one ton of coal, in the amount of MDL 700 and one cubic meter of wood for heating – MDL 120. 254.7 thousand persons received nominal compensations in 2004. These compensations are very important for older persons because of high prices for dwelling maintenance.

48. War handicapped persons, their relatives and other categories of persons with handicaps (according to the Government Decision of RM No.452 dated 29 June 1992) are entitled to an annual compensation of expenses related to transportation, in the amount of 12.3 minimum monthly wages (MDL 221.4). 1,586 persons received these compensations in 2004.

49. **Consumption expenditure.** Consumption expenditure of households of older persons in 2005 was MDL 530.1 for a person per month, 55.4 per cent more than in 2004. In 2005, health care expenditure was 2.1 times bigger than the national average in households of older persons (for a person).

50. The structure of consumption expenditure of older persons differs significantly from the structure of expenditure of all households. Comparable share of food expenditure of all consumption expenditure reached 62.7% in 2005 (54.2 per cent in all households). 19.4% is allocated for maintenance and monthly subvention of dwelling, 5.7% - for health, 3.1% - for clothes and shoes, 2.3% - for transport and communications.

51. Households of older persons have less devices of cultural and domestic purpose.

52. **Poverty rate of older persons.** Households of older persons more often than average households fall below the relative poverty rate. In 2005, poverty rate among the households of older persons was 25.5 per cent (29.1 per cent on the average in the country). Among the households of older persons in urban areas, the number of those below the poverty rate was bigger than among all households in urban areas and smaller in rural areas. Thus, in rural areas the poverty level among older persons was 32.5%, and in urban areas -18.5% in 2005. However, the rate of poverty among older persons increases at the same time as age. Every third person who is older than 75 years is poor. In 2005, the average pension for the limit age was MDL 397.18, 30 per cent of the average salary in the country, whereas the subsistence minimum for pensioners was MDL 649.1.

53. If comparing the poverty rate in the groups of persons of a certain age, the number of older persons below poverty rate was smaller than the country's average. This means that those older persons who lived with children or other younger persons and who were not the main income earners in a household lived slightly better on the average than those who were the main income earners in their household.

54. **The main changes and challenges:**

54.1. Social insurance old-age pensions are and will be the main income source in the old age. A big share of recipients receive too small old-age or disability pensions, and they have been growing too slowly so far. This hinders a part of older persons from living a full life.

54.2. After 10–15 years, Moldova will have not a few residents of retirement age who will not have the rights of social insurance. Such persons will have to be supported by social assistance measures. The current system of social assistance pensions will have to be expanded so that such measures can be applied.

54.3. Although the proportion of payers of contributions and recipients of benefits may improve for a short period of time, eventually this proportion will significantly worsen and pose menace for financial stability of the system of social insurance pensions. This problem is sharpened still more by a recently legitimated possibility to receive early social insurance old-age pensions.

54.4. A certain gender inequality remains in the pension system: unequal age of retirement, disputable problem of the annuity of accumulated pensions.

54.5. Ageing will increase a load on sickness insurance and even more – on occupational accidents and occupational diseases insurance.

54.6. Although, according to statistical data, older persons fall below the poverty rate only slightly more than the rest part of the society, monetary social benefits – social insurance and social assistance pensions, benefits and compensations are too small. In the future they should increase, and legitimacy of their awarding should improve. Contradictory trends may occur – the number of recipients will decrease due to the improving standard of living, but also increase due to non-acquired rights of social insurance.

### **Health and Social Services**

**55. The situation of health promotion of older persons in Moldova.** Ageing people get ill with chronic and long-term diseases – cardiovascular diseases, insult, diabetes, osteoporosis, oncological, chronic respiratory system diseases, cataract, glaucoma, deafness, cognitive and linguistic dysfunctions, injuries. In accordance with the data published by the National Statistics Bureau, out of different chronic illnesses, whose prevalence increases with age, can be mentioned hypertension, chronic heart illnesses and their consequences, arthrosis/osteoarthritis and respiratory diseases. Function of age, the most persons affected by hypertension are in the age of 70-79 of years (359.9 persons for 1000 from a respective selected age group), by chronic heart illnesses – 75-79 (188.8 persons for 1000 from a respective selected age group), arthrosis/osteoarthritis – 70-74 (215.4 for 1000 from a respective selected age group).

56. The National Statistics Bureau does not have statistical data on hospitalisation by age groups. However, most ill persons are over 65 years of age.

**57. Geriatric assistance.** Having regard to population ageing, within the recent several years, geriatric assistance has been developed in Moldova. According to the scientific and practical data of the Public Health and Sanitary Management in Moldova, in 2005, one geriatrician doctor worked in Moldova, whereas as of 1 January 2007, 8 geriatricians work in Moldova, from whom three are employed in the scientific field. Nevertheless, according to the demographic situation and experience of European countries, Moldova needs about 100 doctors-geriatricians.

58. Older person cares both of spiritual and physical health. Since dementia, and in particular Alzheimer's disease, is very frequent among older persons, the importance of long-term care is increasing. In order that those ill with dementia can live at home as long as possible, it is necessary to satisfy their specific needs and provide proper both social and health care services at home. Social and geriatric evaluation of the person's condition is an efficient way to establish whether care is necessary in health care or social care institutions. Health care and social fields

should cooperate more closely, and this could help better organise long-term care for those who are ill with dementia.

**59. Need for social services.** Older persons who constitute about one-fifth of our society are one of the most numerous groups of consumers of social services. Persons over 75 years of age need social services rather often (e.g. services of assistance at home). Population is ageing, thus the need for such services will increase.

60. The need for social services is increasing due to the variation of family structure. During the recent decade, in Moldova, like in many European countries, the family lifestyle has changed. People get married at older age, births rate has decreased, and the number of single persons and incomplete families is increasing. Family structure is also changing – the number of families of several generations living in one household is rapidly decreasing. Thus at their older age, after losing independence, members of such families may search for help only at official assistance institutions. According to the data of population census of 2004, there were about 229 thousand single persons of whom 61 per cent – pensioners and state dependent persons with an average age of 71.5 years, large majority were widows (83.5%).

61. The most developed social services for older persons are services of social assistance at home of older single persons and handicapped persons. According to the data of the National Statistics Bureau the RM, in 2005, social services were provided at home for about 24 thousand older persons and handicapped or 4.5 thousand more compare to 2003. In 2004, the number of older persons placed at stationary care institutions under authority of MPSFC was 613 or 22.6% of total placed persons. 7 thousand older persons used services of lunch at home in 2005. It may be presupposed that this number would be slightly bigger if calculations were made of the number of older persons using the services of day and community centres.

62. Community social services are initiated by local public authorities, upon request of the community which maintains partnership relations with the civil society. This allows for a more exact evaluation of an opportunity of a given service and a more efficient direction of resources available in local budgets. In 2006, 21 institutions for older and handicapped persons, 31 rehabilitation and social reintegration centres for children and adults in difficulties existed in Moldova, and 2,186 persons used services of these institutions. During 2003-2006, the number of social institutions has significantly increased. If in 2003, only 9 stationary institutions existed and 17 rehabilitation centres worked, in 2006 there were 21 stationary institutions and 31 rehabilitation centres. The number of beneficiaries has increased at the same time from 823 in 2003 to 2,186 in 2006. The increase of number of stationary institutions for older and handicapped persons and of rehabilitation centres for children and adults in difficulties, allows inclusion in the rehabilitation programmes a large number of beneficiaries, it also contributes to the diversification of social services awarded to this category of population.

**63. Rehabilitation services and balneotherapy.** The Ministry of Social Protection, Family and Children possesses two national centres for rehabilitation of handicapped and pensioners: “Speranța” in Vadul lui Vodă (on the bank of the Dniestr in Moldova) and “Victoria” in Sergheevca (on the Black Sea seaside in Ukraine). During 2002-2006, 46,974 rehabilitation tickets were issued to the handicapped and pensioners for medical rehabilitation.

**64. Need for long-term social care.** According to the situation evaluated in 2006, the number of requests for placement in one of the 11 social institutions under authority of MPSFC was superior to housing and maintenance capacities foreseen for these institutions. Thus, in 2006 the institutionalisation rate increased to 5.3% compare to 2005. However, the number of older persons decreased from the total of interned – 21.2% are older persons (24.6% in 2002).

65. Both stationary care and assistance at home services are received in Moldova by considerably less people than in European countries; however, their number has increased during the recent 5 years, although slightly.

66. In 2000, there were 6–10 per cent of persons over 65 years of age in the stationary institutions of Northern European countries (care home, serviced dwelling, services centres, etc., which provide special care services), assistance at home was received by 8–24 per cent in Northern European countries, whereas in Moldova this number is much smaller, even though no official statistical data is available. Such big differences are related to one more important circumstance – factually there are no social services of intermediate type in Moldova (between the stationary care and assistance at home): partial independent life, group lodging home for older persons. So far older persons with partial independence may choose only old people's home or the services of assistance at home.

67. Basically, older persons need more diverse services. Day and community centres are open for such persons only in several localities.

68. The need for long-term social care remains present in Moldova. Often older persons request to be placed in old people's home due to their difficult material condition, disability, singleness. Furthermore, the need for services is not always established exactly, and municipalities not always search for possibilities to provide social services alternative to stationary care. Thus, the structure of social services according to the number of clients (the proportion between recipients of stationary and other services) is irrational in Moldova, since there are too many recipients of stationary services and almost all means are used for these services.

69. Today, there are great differences of infrastructure of social services in localities, because their possibilities to provide social services are very different. Great differences among localities do not ensure equal accessibility of social services in the entire Moldova. Therefore, the state financial support should be offered in the first line to those municipalities that provide fewest social services. Still, there is a huge difference of supply of services of assistance at home in rural and urban areas.

70. **Integrated care and nursing care.** The systems of social services for older persons are to be organised keeping to the main principle – a person has to live at home as long as possible. For application of this principle, services of assistance at home should be particularly developed in order to be provided 24 hours and 7 days per week, if necessary. Services of assistance at home usually provide services during the usual working time.

71. In 2006, 24,508 older persons received services of assistance at home. Development of the network of social services at home reduces the need for rather expensive stationary social services in municipalities. Lack of the common system of social and health services at home will be further compensated by expensive social services in stationary care institutions because older persons do not have a possibility to choose the form of long-term care.

72. Various services of assistance at home are provided in Moldova; however, there is a delicate problem – too small integrity of services provided in care and nursing care homes. Those older persons who need not only care but also nursing care services (and there is quite a big number of such services) often find it difficult to get them because there is no well-established procedure and mechanism of organisation of providing these services. Social security and health institutions poorly coordinate the activities of this field, thus these issues in some municipalities are solved rather successfully, while in others – not so successfully.

73. As experience of the European Union Member States shows, with the view of ensuring the conditions for older persons to live in their homes as long as possible, services of assistance at home have to provide complex assistance – assistance at home, nursing care at home, delivery of hot food at home, medical services. There has to be an office of service coordination.

74. For older persons with major disability (e.g. ill with senile dementia, Alzheimer's disease, etc.) who need intensive care or nursing care, the services are necessary, which, according to the experience of other countries, are provided in nursing care homes or nursing care hospitals. Persons who need intensive care or nursing care are sent to county boarding houses of the disabled. If a family does not want to place its member in the county boarding house of the disabled, organisation of nursing care remains its problem.

75. With population ageing, the need for care and nursing care is increasing, long-term care and nursing care become a bigger and bigger part of social policy of modern states. Long-term care and nursing care services are understood as rehabilitation, medical, social services for persons with dysfunctions or ill with chronic diseases, particularly older than 75 years of age because they cannot independently perform many daily life functions. These people usually are not ill and they do not need intensive treatment.

76. In implementing the state social policy, notice has to be taken of the concrete increasing extent of need for long-term care and the ways to meet it, as well as the necessary resources. The costs of long-term care and nursing care are currently one of the biggest, as compared to the costs of other social services, and the client himself most often cannot afford paying for these services. For instance, it is forecasted in the USA that the number of residents in nursing care homes will, with the current trends determining the need for social care, increase by 1.5 times, as compared to 1990, double in 2030 and triple in 2050.

77. A rather big role in providing long-term care is assumed in Moldova by an informal sector (family, close people, neighbours). One of the modern ways of promoting and formalising informal care could be supporting informal caregivers by monetary benefits. Persons who take care of and nurse the disabled family members (children) in Moldova are entitled to social assistance pensions in their old age; however, such pension is not provided for those who take care of older persons who need long-term nursing care.

78. Currently, older persons are not yet provided with favourable conditions to independently live in the community while ensuring their proper care at home. Persons who provide services of both formal and informal care should be supported and encouraged. Today, community organisations of older persons that could organise self-help groups and provide community services are supported too poorly. Too little attention is paid so far to a family that takes care of an older or disabled person. With population ageing and this problem deepening, the regulations of providing long-term social care services should be improved – the so-called respite service should be legalised for a family where an older or disabled person is temporarily taken care of when a family is on holidays or business trip or in other cases. The number of municipalities, where social care problems of older persons are solved by establishing social services institutions alternative to stationary care – day centres, community centres or social services centres on the basis of stationary care institutions that would provide non-stationary services as well, is increasing already now. This trend should be encouraged.

**79. The main changes and challenges:**

- 79.1. Medical aid for older persons at home, in the clinics or stationary establishments is not properly organised, even though older persons are entitled to free insurance.
- 79.2. Older persons more than others are in need of health services, thus with population ageing there will be greater demand for them, in particular for stationary services.
- 79.3. There is lack of health promotion programmes for older persons.
- 79.4. Older persons are poorly provided with specialised geriatric services in health care institutions (there are no specialised consulting-rooms and departments, among them – Alzheimer’s disease departments, lack of interdisciplinary cooperation, e.g. poor cooperation with general practitioners and social workers).
- 79.5. Geriatric care services are coordinated and funded according to different models.
- 79.6. There is no common system of evaluating the health status of older persons and the need for social services.
- 79.7. There are no special registries or projects for conducting the health status analysis of older persons and implementing health promotion programmes.
- 79.8. There is lack of social services, and their quality is rather poor, their provision infrastructure has not been developed, and there are great differences in localities. If the current trends remain, social services will be more and more inaccessible with population ageing.
- 79.9. The need for the services of assistance at home cannot be fully met. Since there is a lack of resources, priority is given to single persons, while for others such services are hardly accessible.
- 79.10. Other social services for older persons are very poorly developed (independent life dwellings, operative telephone connection, hot food delivery at home, day care).
- 79.11. Health, care and nursing care services are badly integrated at the political and organisational level. There are actually no social services for those ill with senile dementia and similar diseases.
- 79.12. The need for stationary care services is inadequately (in terms of person’s independence level) big due to insufficient subsistence income and low pensions. With a view to solving these problems, many older persons who are quite independent physically and psychically search for possibilities to get accommodation in stationary care institutions.
- 79.13. Already now assistance for a family that takes care of an older person at home receives little support, and this problem will be much deeper in the future.
- 79.14. Services of assistance at home are often provided by low-qualified and unprepared persons (e.g. unemployed persons employed temporarily or according to the public works programme).
- 79.15. The noticed positive trend is that stationary services are replaced by alternative ones according to the possibilities (day centres, community centres, etc.), and the communities are involved into the provision of social services.

## Employment

80. Employment of persons of pre-pension age and older and their situation in the labour market. Rapid general changes of population employment especially affect the situation of older persons in the labour market. According to the data of employment surveys of the Department of Statistics under the Government of the Republic of Moldova, in 2003, the employment rate of 50–64 years old persons was 59.5 per cent in the country. With the age increasing, employment starts decreasing rapidly: according to the same data, employment of 60–64 years old persons – 15.4 per cent.

81. During 2000–2002, employment of persons older than 60 years of age decreased; however, in the first half of 2003, their employment rate increased.

82. Differences in employment of men and women are more noticeable from 60 years of age. Employment rate of men of 60–64 years of age is almost 1.79 times bigger than that of women.

83. Employment of persons of pre-pension age in rural areas was bigger than in urban areas (140.2 thousand and 104.5 thousand respectively) in 2004. In 2003, the biggest part of population of this age worked in agriculture, (110.2 thousand), services (99.6 thousand) and enterprises of manufacturing industry (31.3 thousand), educational establishments (23.8 thousand), and commercial enterprises (18.2 thousand). Most men (48.7%) and women (41.9%) of pre-pension age worked in agriculture. Persons over 60–64 years of age, of 65 years of age and older also mainly work in agriculture (89.0%).

84. Participation of older persons in the labour market is mainly predetermined by changed employment conditions. There is less demand for unqualified or less qualified labour. Older persons who do not acquire the necessary qualification in time are more often dismissed from office as not able to work in a new environment; however, increasing the retirement age does not allow them becoming pensioners yet.

85. A part of persons of pre-pension or retirement age is not able or does not wish to work full time (unfortunately, their number is unknown), but that does not mean that they do not wish to work at all. They could be offered a flexibly organised job (division of a position by introducing part-time work and refusing overtime, more flexible organisation of shifts, fixed-term, home, agency, distance work, independent employment, services, seasonal work, etc.). So far such work has been developed poorly. Less than 10 per cent of all Moldavian employees work part-time (in European Union Member States – more than 17 per cent). Employment of older persons is limited by workplaces not adjusted to them, non-observance of industrial health and safety requirements.

61. It is particularly difficult for women of pre-pension and retirement age to find employment. According to the data of the National Statistics Bureau of the Republic of Moldova, in 2003, there were almost 38.0 per cent of employed men of 55 years of age and older, whereas the share of such women was only 23.2 per cent. Furthermore, the situation in the labour market is worse for most women: their salary is smaller than that of men, and a small number of women take managing posts. Older women assume a bigger burden of taking care of family members (grandchildren, the sick, etc.) and of doing housework.

87. **Unemployment among persons of pre-pension age.** According to the data of the survey of population employment, in 2003, there were 13.7 thousand of unemployed of pre-pension age (55–59 years of age) men and 34.2 thousand women. 21.3 thousand unemployed persons of such age lived in the urban area, and 26.7 thousand – in the rural area. According to the survey of

labour force, unemployment rate of persons of pre-pension age is smaller than the average in the country: in 2003 – 4.9 per cent.

88. In 2004, 6,486 of the unemployed over 50 years of age were recorded in the Moldavian Labour Force Office; a year ago – 6,158. With the number of the unemployed decreasing, the number of the unemployed of such age is constantly growing.

89. At the beginning of 2004, there were 5.1 thousand of unemployed of pre-pension age for whom not more than 5 years were left until attaining old-age retirement age. During 2003, the number of persons of pre-pension age decreased to 3.6 thousand. The main reason of their unemployment was dismissal from office on the employer's initiative.

90. It is rather difficult for the unemployed of pre-pension age to get involved into active working life, thus it is necessary to develop their possibilities of lifelong learning and encourage professional mobility. Persons of this age, who are dismissed from office, find it more difficult to find employment than younger unemployed, thus more than a half of the unemployed over 50 years of age become inactive, apply to territorial labour exchanges only to obtain certificates enabling them to receive social benefits, health insurance and other social privileges, and only few of them try to find a job.

91. **Training.** The changed conditions of manufacturing, new technologies depreciate education diplomas and force to acquire new profession or qualification.

92. The National Agency for the Employment of the Labour Force helps the persons of pre-pension age to acquire a new and marketable qualification. The number of private enterprises that provide vocational training services is also increasing. There are more than 100 licensed providers of training services of various profiles in Moldova. The Agency collaborates with 49 education institutions with different ownership types. 4,628 persons have successfully completed professional training courses for unemployed (73% from them are 17-29 years old), however, there is no official statistics what share of them is of pre-pension age (e.g. over 50 years of age). It can be mentioned that lifelong vocational training of adults is poorly developed in Moldova. More than 40 per cent of residents of developed European Union Member States (e.g. Sweden and Germany) participate in the programmes of adult training and education.

93. Only 21.7 per cent of the unemployed of pre-pension age participated in the programmes of active labour market policies implemented in 2005, mainly in labour clubs, were consequently employed and 33.6% -in professional education (no data is available for pre-pension age older persons is available).

94. Vocational training and other active measures of the labour market are applied for people of pre-pension age too poorly. An old-fashioned attitude of the society towards the necessity of training of persons of pre-pension age prevails, there is an attitude that it is irrational to invest into their training and adjustment to the labour market when the number of unemployed youth is so big. Moreover, even the measures applied do not basically guarantee them employment due to a difficult situation in the labour market and negative attitude towards them by some employers (older persons are not so energetic, productive, they are ill more often, they are more passive, their skills do not correspond to the current needs, and it is expensive to invest into their training). On the other hand, a part of persons of pre-pension age do not wish or feel incapable to change their speciality, profession or work style.

95. Most often the clients themselves have to pay for various adult training courses, thus lifelong learning is inaccessible for many.

96. **Support of employment of persons of pre-pension age.** Persons of pre-pension age represent one of the most vulnerable groups in the labour market, thus the Labour Code (Codul Muncii Republicii Moldova (Monitorul Oficial 159-162/648, 29 July 2003) and other legal acts provide for additional guarantees of their employment.

97. **Negative consequences of population ageing for the labour market and the main provisions of overcoming them.** With the number of older persons increasing, natural staff turnover may not be guaranteed. The situation may be worsened by many pupils who do not acquire any profession. Furthermore, with rapid progress of technologies young persons under 25 cannot acquire skills and qualification that would ensure their working life for ever. In this way, the number of qualified workers may be reduced and this will slow down development of the country's economy and further social development of the society.

98. Having regard to the peculiarities of the country's demographic and economic development, the Government of the Republic of Moldova has adopted on 11 April 2007 "The National Strategy regarding Labour Market Employment Policies in the republic of Moldova for 2006-2010", which include measures for solution of problems appearing as a consequence of ageing population. Pursuant to this strategy, mid-term actions (2006-2010) are foreseen and namely: implementation of measures which will limit the number of anticipated pensioners and lengthening of the active work life, including flexible measures for stimulation of employed persons; promotion together with social partners of life-long education programmes which would include pre-pension aged persons; increase of the share of pre-pension persons at the professional training courses organised by the National Agency for the Labour Market Employment. Long-term (2011-2020) actions include: promotion of policies for improvement of flexible work conditions, aimed to lengthen the work time of older persons; elaboration and promotion of incentives programme (tax, material), etc.) for working older persons, rigorous application of the Labour Code in order to avoid age discrimination at recruitment. This strategy is harmonised with the aims set in the EU, and its implementation would create possibilities for older population capable to work to remain in the labour market as long as possible.

**99. The main changes and challenges:**

99.1. Persons of pre-pension and older age find it more difficult to adjust to the changes of the labour market. Earlier acquired professional qualification and work experience become unmarketable with the rapid development of the market. A common obstacle to find a job is inaptitude of persons to use modern information technologies, first of all, a computer. Not knowing foreign languages (especially the English language) does also prevent solving unemployment problems. Thus, unemployment rate of older persons is bigger.

99.2. With high unemployment rates and big supply of labour force, employers choose young employees. On the other hand, persons of pre-pension and older age do not trust their abilities, do not search for a job persistently, and do not wish to improve or change their speciality.

99.3. Persons of pre-pension and older age are rarely included in the measures of employment support and active labour market policies, especially vocational training. Often the actions are restricted to an award of reimbursement or public works.

99.4. Persons of pre-pension and older age are poorly encouraged to participate in the labour market.

99.5. Because of non-developed flexibly organised work and not guaranteed protection of social and labour rights of persons doing such a work, a part of persons of pre-pension and retirement age lose an opportunity to choose a job according to their health status, qualification and other possibilities.

99.6. Requirements of workplace quality, industrial safety and health are not properly observed in the Republic of Moldova, and this affects in particular older employees of poorer health status.

99.7. Weak social partnership does not ensure representation of the interests and the rights of older persons both at the level of the enterprise and the state.

99.8. Demographic changes pose menace to natural staff turnover of certain professions.

### **Education and Integration in the Information Society**

100. Attention of the Moldavian state to education and training of older persons is poorly reflected by the National Strategy “Education for All” approved by the Decision No 410 of the Government of the Republic of Moldova on 4 April 2003, which has established provisions for a life-long education.

101. The Government Decision No 1224 of 9 November 2004 includes the Regulation regarding the activity of the National Council for Continuous Professional Education, which was elaborated in order to realise the provisions of art. 35 of the Law on Education (No 547-XIII dated 21 July 1995), the Labour Code (Law No 154 – XV dated 28.03.2003), decision of the Government of the Republic of Moldova No 611 dated 15 May 2002 “regarding the approval of the Labour Force Strategy in the Republic of Moldova” and regulates the organisation and functioning of the National Council for Continuous Professional Education. The National Council for Continuous Professional Education (hereinafter referred to as Council) is a body created for consultation, created by the Decision of the Government of the Republic of Moldova. Its main goal is to elaborate suggestions regarding the strategy of development of the national system of continuous education, promotion of the State’s policies in the field of advanced training courses and re-qualification of persons employed in the country’s economy in accordance with the requirements of the market economy, development tendencies of continuous life-long education in Europe in the framework of the European Commission’s Memorandum Lifelong Learning, (Brussels, 30 October 2002 SEC (2002) 1832). The Council exercises consulting functions and contributes to the decision taking process by the State institutions and to the implementation of these decisions in the field of lifelong professional education for the persons employed in the country’s economy.

102. **Education of older persons.** The Ministry of Education does not have relevant data on education of older persons, because the information is not selected on the basis of the age criterion. However, in accordance with the Law on Education No 547, dated 21 July 1995 (Monitorul Oficial No 062, dated 9 November 1995) the advanced training of didactic personnel is mandatory every five years and a large number of didactic personnel participate in the advanced training courses. This trend is mainly predetermined by an increase in more educated urban residents (in 2004, 229.6 persons with higher education fell per 1000 urban residents of 15 years of age and older, in 2004, the indicator was 60.1 persons), i.e. territorial differentiation of the education structure of population. Rural areas are characteristic of more persons of older age, thus more poorly educated.

103. All adult training institutions are located in bigger cities and district centres, thus the services are hardly accessible to the residents of rural areas. Almost all financing is allocated for

the education of young persons, and the funds for adult training are allocated following the principle of the residual. On the other hand, adults themselves, especially older persons, are not tending to seek for post-secondary education. Thus it can be stated that the education conception of the last century is still present in the minds of the society – the idea was that knowledge acquired in one's youth should suffice for the entire life. Under the conditions of market economy and particularly in the modern information society, education acquired in one's youth does not suffice to ensure employment for the whole period of working activity. Upgrading qualification, with current requirements of the labour market, helps not only to get employment but also retain the workplace.

**104. Education of persons of retirement age.** Information on such education is missing in Moldova. However, it could be stated that most older persons take part in non-formal adult education programmes, i.e. improve general abilities, educate in art groups.

**105. Adjusting the abilities of older persons in the education system.** The education system should use the skills of older persons, and teach them for this purpose as it is done in the Third Age University and its branches. They could convey their experience for their children and young persons in non-formal education institutions; however, the necessary legal base should be developed in order older persons, who wish to organise education, have privileges.

**106. The main changes and challenges:**

106.1. Not enough attention is paid to the learning problems of older persons in the education policy; the society hardly understands the importance of lifelong learning.

106.2. There are no conditions for proper education of older persons.

106.3. There is a lack of information about such education.

106.4. There is a lack of specialists who work with older persons in education institutions.

106.5. The network of educational institutions, that provides services for older persons, has not been developed. There are huge regional differences.

106.6. There is a lack of teaching and learning programmes, projects, where older persons could participate.

106.7. There is a lack of incentives for older persons to learn for their whole life.

106.8. There is an insufficient legal framework encouraging older persons to adjust their abilities in the education system.

106.9. There is a lack of surveys and statistical information on these issues.

## Housing and Adaptation of the Environment

107. **Current situation.** Older persons make part of the category of population with special needs for living, because, with ageing, the health condition worsens and rate of limitation of physical activity only increases. The average useful floor space of an older persons' household is 37.6 square meters. As an average, each fifth older persons' household lives in a single room dwelling, 45.8 per cent in two room dwellings, whereas the rest in three or more room dwellings.

108. **Provision of housing.** The average total floor space has increased between two last censuses from 18 square meters to 22.5 square meters, the habitable space floor – from 12 square meters to 14.9 square meters. The majority was predominant in urban areas, exceeding rural areas with 19 percentage points for both indicators. According to the data of the Department of Statistics under the Government of the Republic of Moldova, in 2002, 0.6 dwellings fell per 1000 residents in Moldova. If compared to the European Union Member States, the indicators of provision of housing are lower in Moldova. In European Union Member States, about 450 dwellings fall per 1000 residents and about 30 square metres of useful floor space per capita. Thus in Moldova there is greater physical shortage of dwellings and bigger accommodation density. The Department of Statistics under the Government of the Republic of Moldova does not have any data on 1250 homeless 55 years of age or older persons in the country.

109. According to the data of the 2004 census of population, from 1,131.8 thousand registered households, 1,023.7 thousand, or 90.4 per cent, lived in personal houses and personal apartments. The share of population living in this condition has increased to 8 per cent compare to 1989. According to the data of the 2004 census of population and dwelling, most households (96.2 per cent) lived in their own dwellings; and 3.4 per cent of households lived in the dwellings owned by the state or municipalities. In 2004, 2.4 per cent of households rented their dwellings. In the urban areas, the share of such dwellings was 4.3 per cent; and in rural areas – 1.2 per cent. Lack of rented housing increases rentals and limits the possibilities of dwelling choice, in particular for older persons with low income.

110. Within the recent 15 years, housing conditions worsened for 30 per cent of households, mainly for households of persons over 50 years of age, pensioners, the disabled and other low-income households.

111. **Suitability of housing for older persons.** In cities, about 80 per cent of persons live in multi-apartment buildings that are not adapted for older persons, especially the ones with movement disorders. Lifts are installed in higher than 5-storey buildings, and are in a very bad condition, almost impossible to repair; door spaces, sanitary and hygiene facilities are too small for persons with movement disability. Public surroundings, the territory around the building, social infrastructure are not adapted to older persons.

112. The problem of adapting housing is especially urgent for older residents in rural areas. According to the data of the 2004 census of population, 90.9 per cent of rural households are using stoves for heating, only 10% have aqueduct and 6.6% canalisation. Rural residents do not have public utilities in their houses, often the rooms are heated by stoves, moreover, most of them have their personal farms thus they need additional help and various economy services so that they could live as long as possible in their own homes.

113. **Housing needs of older persons.** The current generation of older persons usually has their own dwellings. Due to various reasons (changing of family composition and interests, health, reduced income, and irrational expenditure of dwelling maintenance), they want to change their dwelling to cheaper one with smaller area, and in a more convenient location.

#### 114. **The main changes and challenges:**

114.1. The rising number of older persons will increase the demand for a smaller, but with more services, dwelling, as well as social dwelling.

114.2. The constructed dwellings and their surroundings should be better adapted to older persons and designed according to the principle – surroundings for all.

114.3. Seeking that there were no older homeless people a well-functioning system of granting social dwelling should be created, and older persons with low income should be awarded necessary monetary support for maintaining their dwelling.

### **Transportation and Personal Security**

115. **Accessibility and adaptation of transportation for older persons.** In order to allow older persons to be more active, it is essential to guarantee the accessibility of communications and transport for them. The problems of older persons are similar to the problems of the disabled persons because most of them have movement difficulties. Transport mobility surveys show that about 20–30 per cent of those travelling in Europe have movement difficulties.

116. War handicapped, affiliated persons to the latter and other handicapped persons (according to the Government Decision of RM No 452 dated 29 June 1992) are entitled to the right to be reimbursed annually transportation expenses, in the amount of 12.3 minimum monthly wages (MDL 221.4). 1,586 persons received these compensations in 2004. War veterans are entitled to one trip per annum within the CIS with 50% ticket price reduction or one free trip once in two years, whereas war handicapped with an accompanying person can travel for free (in 2004, 2,960 war handicapped persons, 16,730 war veterans travelled).

117. Means of public transportation are not adapted for older persons and namely for handicapped persons in wheel chairs.

118. Persons living in Chişinău and Bălţi have the facility (price reductions, etc.) of public transportation usage, whereas older persons in rural areas do not have such a possibility neither in their native localities, nor in Chişinău or Bălţi. Therefore, social inequality grows.

119. The lack of public transportation in rural localities contributes even more to the isolation of older persons, who cannot travel independently and do not have any relatives.

120. Public roads, railroads, air and river transport in Moldova do not meet contemporary requirements and are not modified in favour of older persons. Approaches, stations, toilets, grounds in stations and bus stops, structural elements of automobile roads (covering of crossings, pavements, the requirements of using buildings and vehicles, hygienic, ergonomic and safety requirements) are also not adapted, thus it is difficult to use them. Even the environment of the constructed new, reconstructed and used current transport infrastructure objects are not always adapted for persons with movement disability or older persons.

121. **Crimes against older persons.** Crime in Moldova is still a serious social problem. The number of recorded crimes has rose more than twice in the Republic of Moldova since the Declaration of Independence and in 2000, 38,267 law violations were registered. Older persons suffered from a wide range of crimes; however, the National Statistics Bureau does not have relevant data.

122. The problem of recent years is the crimes committed in villages related to violence against older persons. After the Declaration of Independence, the number of crimes committed in villages generally and against older persons in particular, has grown. The National Statistics Bureau does not have information on crimes committed in rural areas. The number of crimes against older persons has decreased during last years, although cases of aggressing single older persons still do exist.

123. Older persons mostly suffer from traditional crimes – they usually become victims of thefts, robberies, fraud, premeditated bodily injuries, and murders. In terms of criminal acts, older persons are attributed to the increased risk group.

124. There are cases of violence against older persons in families as well.

125. Insufficiency of preventive actions and the necessity of their development. So far, it is mainly the task of the police and other law enforcement institutions to curb crime and ensure security of an individual and the society; too little attention is paid to the elimination of the causes and preconditions of criminal acts through economic, social, educational and other measures. Thus, usually the reaction to sensitive problems is belated and what is left is the fight against the consequences, although often there are opportunities to prevent the problems. It is necessary to formulate and implement new principles of ensuring public security. Over the recent years, more emphasis is put on the importance of prevention, more active participation of local self-governance in ensuring public security, and civil self-defence.

126. Civil self-defence is a very important element of the mechanism of prevention and control of criminal acts. Prevention and control of criminal acts may be effective only when all members of the society contribute to it. It is important to help every person realize their own worth and the right to defend oneself and others, develop the conviction that activity of every persons may help better organise control and prevention of crimes, promote and support residents' and businessmen's initiatives to protect their property, dwelling and ensure personal security.

**127. The main changes and challenges:**

127.1. More attention and more funds should be attributed to the adaptation of the public transportation and its infrastructure, as the older population grows.

127.2. The way in which the transportation infrastructure is to be modified, should be analysed along with the increase of number of persons with special needs.

127.3. There is no reliable protection from crimes against older persons living in rural areas; financing of the police in these areas is insufficient.

127.4. There are no special measures of prevention and control developed taking into account peculiarities of older persons and criminal acts against them.

127.5. Too little attention is paid to the elimination of the causes and preconditions of criminal acts through economic, social, educational and other measures.

**Accessibility of Cultural Life**

128. One of the aims of the state cultural policy is to create the conditions for the society and each member, as well as older persons, to participate in cultural life, choose a preferable form of

leisure and give a chance to express oneself. In implementing this provision, the state and municipal institutions and agencies apply measures that create the conditions for persons of different age to participate in cultural life.

129. **Cultural expenditure of older persons.** According to the data of surveys on household budgets, leisure and cultural expenditure of households in 2003 was 2.2 per cent of MDL 422.4 per capita family income. Leisure, culture and education expenditure of older persons are not recorded, however they are even smaller than the country's average.

130. Older persons' households have less equipment for cultural and leisure purposes. In 2002, 78% of persons aged 60 and more years had colour television, 0.5% - video players, 0% - personal computer.

131. **Cultural projects.** Each year the budget of the Republic of Moldova funds culture and art projects, programmes, the aim whereof is to encourage participation of the society, as well as older persons, in creative activities, support cultural initiatives of older persons' nongovernmental organisations, culture projects of the regions increasing accessibility of cultural services and improving the quality in the periphery.

132. Cultural centres are the main institution, which concentrates the amateur creative activities. Cultural centres create the conditions for older persons to participate in various amateur art groups free-of-charge: choirs, orchestras, drama groups, dance and folklore ensembles; in ethnical cultural activities, and use various cultural services.

133. Public libraries, in implementing the principle of publicity and accessibility and being open to community members of any age, any education, any social status and physical abilities, participate in solving older persons' problems of social exclusion, employment, education and lifelong learning, create the conditions for them to live full cultural life.

134. Museums today are not only guardians of heritage, they perform more and more new functions – they are both an education institution and the place of entertainment and leisure. Educative programmes and various projects with active participation of older persons are becoming popular in museums. The museum finds itself in the services market and pays most attention to a visitor and his needs.

135. **Privileges applied by cultural institutions.** The contemporary art centre, national and other museums have the right to determine the price of an excursion, as well as the price for a single visit. Decisions of the heads of theatres and concert organisations provide privileges for older persons who wish to hear a concert programme or see a music performance (e.g. the Chişinău Opéra offers to associations of handicapped persons and veterans from Chişinău cheap tickets for its performances, whereas theatre employed pensioners have the right of free attendance of any show; the Dramatic Theatre "A. Chekhov" offers to public veterans' associations, invalids, one ticket for every two persons. Older persons are offered discounted tickets (MDL 10) for shows, whereas reductions are offered for societies and organisations of veterans and handicapped persons).

136. **The main changes and challenges:**

136.1. Surveys of older persons' cultural needs are not carried out systematically, thus in the future it will be difficult to provide cultural services of good quality and necessary for them.

136.2. With population ageing, there will appear completely new cultural, educational and information needs posing new requirements for the providers of cultural services. The problem of qualification of cultural employees will arise.

136.3. Older persons' low income prevents them from getting more diverse cultural services of good quality. The number of older persons with higher education is increasing, thus increases the need for a more intellectual leisure or participation in cultural life. With population ageing, this problem will increase.

136.4. Currently, not all cultural institutions apply privileges for pensioners; therefore, the possibility for older persons to use cultural services is reduced. With population ageing, this problem will increase.

136.5. In reorganising the network of cultural institutions, the needs of older persons are not always taken into account. The number of older persons will increase, thus inevitably this problem will also deepen.

### **Participation and Creation of the Image of Older Persons**

137. Participation of older persons in solving the issues related with them is a necessary condition, with the absence of which pursuing of the policy meeting the interests of all society groups is impossible. One of the most important mouthpieces of the interests of older persons is their non-governmental organisations.

138. Non-governmental organisations in Moldova are already rather actively working in various fields important in implementation of the ageing strategy: provide social services, advocate healthy lifestyle, inform, teach, consult older persons, organise cultural events, strengthen communication between generations, transfer experience and traditions to the youth, thus expanding social inclusion.

139. Non-governmental organisations differ in their nature from governmental institutions. The former are established on the citizens' initiative without strong coordination and funding; however, they are well aware of the society's sores and actively use voluntary work to eliminate these sores. In order to efficiently use the potential of non-governmental organisations, their nature and possibilities should be taken into consideration, and some disrupting factors should be eliminated.

140. **The main changes and challenges.** Weight and significance of non-governmental organisations representing the interests of older persons have to increase.

### **SWOT Analysis**

141. When conducting SWOT analysis, overcoming the consequences of population ageing has been regarded as a complex problem encompassing various activities. In the view of population ageing, strengths and weaknesses have been analysed, and opportunities and threats arising with ageing have been indicated.

142. **Strengths:**

142.1. At present, the functioning system of the current financing pensions is able to ensure although small but guaranteed income in the old age. In the coming years this system will be able to increase the purchasing power of pensions in proportion to the increase in the purchasing

power of pensions, and even increase the proportion of pensions to the average wages due to the improving proportion of the insured and pension recipients for some time.

142.2. There is a strong system of implementing active measures of the labour market policies, which provides vocational training, qualification upgrading and employment services for older persons as well. It gives the grounds for significant intensification of the impact of active measures of the labour market policies on older persons.

142.3. The health care system develops geriatric assistance; its initial infrastructure able to become the basis of the development of further geriatric assistance services has already been created.

142.4. The system of social assistance and social services has been developed, which already now encompasses the increasing needs of older persons and gives the grounds for further development of assistance and services. A proper direction of reformation of social services has been chosen – stationary services replaced by alternative services according to the possibilities (day centres, community centres, etc.).

142.5. The implemented educational, cultural, housing and environment adaptation, transport infrastructure development, personal security improvement measures will help to meet the specific needs of older persons. The conception of future development in this direction is appearing.

### 143. **Weaknesses:**

143.1. Social insurance covers not all economically active persons of working age (both due to the exceptions provided in laws and avoidance to take part in social insurance).

143.2. Older persons and persons of pre-pension age are too weakly encouraged to stay longer in the labour market; there is elusion to include them into the measures of employment support and active labour market policies, vocational training and qualification upgrading. Flexibly organised work is developed insufficiently, in particular in terms of needs and possibilities of older persons.

143.3. Many older persons leave the labour market too early and live on their pensions, although they are capable of working and earning a bigger pension for themselves and others. Therefore, too early age of retirement remains, and it partly determines small pension.

143.4. A positive image of older persons as of employees and society members is not created. Employers are not prompted to evaluate advantages of older employees.

143.5. Medical aid for older persons is still poorly accessible and insufficiently organised at homes, in clinics or stationary establishments; there is quite a small number of health promotion and geriatric services. At the political and organisational level, health, care and nursing care services are weakly integrated.

143.6. Currently provided social services are too poorly accessible, their quality is not always acceptable, infrastructure is not developed, and there are great differences in municipalities. There are actually no social services for those persons who are ill with senile dementia and similar diseases. More help should be provided to a family that takes care of an old person at home.

143.7. Part of older persons who are rather independent physically and psychically look for the possibilities to move to stationary care institutions, since their pensions are too small and too little attention is paid to assistance at home and other services that would help them live in their usual environment as long as possible.

143.8. Full life of older persons is not guaranteed. Due to small income and lack of relevant infrastructure, they do not have enough opportunities for education, participation in cultural and public life.

143.9. There is insufficient protection from crimes against older persons, there are no special prevention and control measures developed having regard to the peculiarities of older persons and criminal acts committed against them.

144. **Opportunities:** the increasing life expectancy, which is a major achievement nowadays, allows a big part of people enjoying full professional, public and personal life for longer, the society – making use of the professional and life experience of older persons for longer and more fruitfully. With increased life expectancy and being of working age for longer, older persons will be able to stay longer in the labour market and work after proper adaptation of workplaces and regulation of employment relations to their needs. Thus, possible disproportions between persons of working age and those who have finished their working career could be reduced.

#### 145. **Threats:**

145.1. If the current trends of births and deaths remain, Moldavian residents will further age, and much more older persons will fall per one person of working age. The number of population will decrease. Disproportion of the number of men and women will appear.

145.2. The threat of financial stability of the pension system (both current financing and accumulation) may appear in the future due to the worsening proportion of contribution payers and pension recipients.

145.3. Due to insufficient coverage of the social insurance pension system, part of future older persons will have to be content only with social assistance benefits that will inevitably be much smaller than social insurance pensions.

145.4. With worse adjustment of older persons to changing labour market needs, a possibility of their greater unemployment rate remains.

145.5. With the number of older persons in the labour market increasing, there may occur a situation where natural staff turnover and profession change will not be ensured.

145.6. There may arise financing problems of health care and social services system due to the increased demand of health and social care services for older persons. There may also be financial difficulties in other fields related to the needs of older persons (housing services, transportation, etc.).

145.7. Without solving the problems of ensuring older persons' employment and respective income, accessibility of health care and social services, there will occur a threat of bigger social exclusion of older persons.

### III. VISION

146. Moldova is implementing the EU social-economic model of a welfare state that is characterised by low unemployment rate, high cost of labour force, strong social guarantees, minimal number of destitute families, high level of social cohesion and marginal regional differences.

147. Older persons are respected, their experience is acknowledged as being significant for the entire society. Following the principle of active ageing, such persons are provided with the conditions for their constant improvement and full professional, social and cultural life. They actively take part in national and community life, choosing such ways of their participation under no restrictions. Their choice opportunities are of slight difference in regions, urban and rural areas.

148. The national economy structure ensures relatively high employment rate of older persons. Their unemployment rate is not higher than that prevailing in all the country. Personal professional abilities of older persons are used in a rational way. Employers and society positively view the older person working according to one's power and abilities. Considering the group of older persons, flexible employment is applied, workplaces are tailored to their needs, specific safety and health requirement are unconditionally observed at the workplace of the persons within this age group, and their partial retirement is promoted. Abilities and experience of older persons are actively used for the education of the young people.

149. There is an effective functioning of lifelong learning system that also includes older persons. Their endeavours to constantly adapt to the changing labour market needs and obtain the required qualifications are being promoted. Conditions are established allowing all older persons use the possibilities provided by information technologies.

150. The principle of equal opportunities is implemented consistently. Older persons are competing with younger ones within labour market for their equal opportunities, their salaries are predetermined by their professional abilities, but not the age; they are granted equal opportunities within public life, irrespective of their gender, religion, beliefs and other factors.

151. Income of older persons, as required for their full life, is ensured by well-coordinated systems of social insurance and social assistance, including all the residents and covering all social risk. In the old age income is steady, which is guaranteed by the combination of the current financing and accumulation mechanism. The purchasing power of pensions of the current financing is increasing approximately at the same rate as the purchasing power of the average wage.

152. Cash social assistance is received by all older persons, being in the actual need of such assistance. More focus is given on disability, poverty and social exclusion prevention. Extremely huge poverty rate among older persons has been eliminated.

153. The system of social services for older persons has been expanded and made accessible to everyone, and it renders the most essential services at home for older persons, as they are in need of them, and only those older persons who are incapable of living independently receive stationary care.

154. Health care services are available to all older persons. Specialised prevention and help system has been created. Health policy is based on maintenance of wellness throughout life, having regard to physical, psychological, social, spiritual and environmental factors. Healthy lifestyle of older persons and disease prevention are promoted, the set of inexpensive, accessible and high quality health care services is guaranteed.

155. Every older person has access to dwelling, have possibilities to renovate it and tailor it to his needs. The environment is adapted to older persons as well.

156. Transportation and means of communication do not restrict any possibility of the older person to move and live full life.

157. Safer environment for older persons and more effective legal protection system have been created. The number of criminal acts committed against older persons has been reduced.

158. The policy for older persons is pursued by coordinating the efforts of the state, municipal and non-governmental organisations. Older persons are actively participating in tackling community problems, as well as in decision-making process at state or municipal levels.

#### **IV. AIMS, OBJECTIVES AND THEIR IMPLEMENTING ACTIONS**

159. The key aim is to create and solidify society with equal opportunities for people of all generations; following the principle of active ageing, to create the conditions to empower older persons live full personal, public, professional and cultural life at present and in the future, seeking for their experience to be valued and applied, at the same time making them be respected and certain of their future.

##### **Income Guarantees**

160. The aim is to ensure for every older person steady income not degrading their dignity with guarantees to retain huge part of the former standard of living and allowing living full life.

##### **161. The objectives:**

161.1. to ensure that social security includes all residents – to combine social insurance and social assistance measures. It is necessary to take the following actions:

161.1.1. to ensure that all older persons have earnings, as required to satisfy their integral needs, as well as possibility to receive social assistance benefits for those who attain old-age retirement age, become disabled, or are not entitled to receive state social insurance pensions or social assistance benefits;

161.1.2. to improve the discipline and accounting of social insurance contributions and tax payment, to develop the methods of determining the need for social assistance by applying modern information technologies thereto;

161.1.3. to encourage farmers and self-employed persons more actively take out state or private pension insurance, improve the terms of their social insurance;

161.2. to increase income replacement rate guaranteed by social insurance benefits, primarily by pensions. It is necessary to take the following actions:

161.2.1. to index social insurance benefits, primarily pensions, so that their purchasing power increases by the same amount as that of the employees' average wages in the country;

161.2.2. to improve the coverage of compulsory social insurance and the discipline of contribution of tax payments, to allocate more funds to finance social security measures for

older persons – to increase the share of GDP allocated for this purpose and, in accordance with this indicator, gradually approximate the average value of the European Union Member States;

161.3. to modernise the pension system ensuring its financial stability as society is ageing. It is necessary to take the following actions:

161.3.1. to create partial (gradual) retirement schemes, pursuant to which older persons would be able to choose part-time employment and partial retirement; to develop incentives and possibilities to introduce such employment model for older persons;

161.3.2. to eventually achieve that men and women are able to realise their abilities within the labour market and retire at a later age;

161.3.3. to consistently implement the initiated pension reform – to create the system grounded on the combination of current financing and accumulation principles;

161.4. to ensure that the measures of cash social assistance are applied to those persons, namely older persons who are in actual need of it, and the amount helps the beneficiary have the income not degrading his dignity. It is necessary to take the following actions:

161.4.1. to include into the system of compensation of dwelling maintenance expenditure for low-income persons other indispensable expenditure related with the maintenance of the dwelling;

161.4.2. to improve the accurateness of cash social assistance measures seeking to guarantee assistance to those persons who are in actual need of it;

161.5. to reduce poverty and social exclusion, to overcome extremely huge poverty. It is necessary to take the following actions:

161.5.1. to envisage the measures to improve welfare of older persons;

161.5.2. to investigate the sources of huge poverty in pursuance of reliable information about poverty of older persons;

161.5.3. seeking to ensure welfare for older persons, to diminish poverty and social exclusion, fully coordinate the objectives and actions taken by state, municipal institutions, authorities and non-governmental organisations.

### **Health and Social Services**

162. The aim is to achieve the best possible health among older persons and guarantee health care services of good quality for the sick people; to procure by the measures of health care and social services that older persons live at home, with their family and within their community for the longest possible period; to ensure that health care and social services are easily accessible to all people in need of them.

163. **The objectives:**

163.1. to guarantee for older persons healthy and good-quality life and, in pursuance thereof, include their health issues into every policy instrument. It is necessary to take the following actions:

163.1.1 to apply the method of sectoral cooperation, which would be developed in accordance with the opinions and needs of older persons, maintenance, support and promotion of their independence. Close cooperation of health care services and institutions rendering social services will guarantee good quality of services;

163.1.2. to ensure that all the sectors bear responsibility for the impact of their policy and activities on human health. Sectoral activities should be based on the assessment of impact on health and functional capacity, which would not only determine the current impact of governmental decisions on human health, but also envisage the potential impact of future decisions;

163.1.3. to consider the impact of social, economic and environmental factors on human health within the framework of policy formation in different spheres;

163.1.4. to draw especially great focus throughout the whole human life on gender aspect and gender inequality, as well as larger mortality rate of men. All health care activities should be improved and the impact of such activities on persons of different gender should be assessed. To assess the mentioned impact and to respond appropriately, it is necessary to collect data and statistical material in terms of age and gender by applying a single assessment system;

163.2. to guarantee the quality of social, health promotion and health care services, their availability, sufficiency, irrespective of social status, age, gender and race. It is necessary to take the following actions:

163.2.1. to ensure equal terms to obtain effective health care and social services, irrespective of age and gender; to expediently diminish gender, age inequality and differences of financial status by rendering health care and social services;

163.2.2. to guarantee accessibility of services for rural population;

163.2.3. to promote independence of persons and support them, as well as help older persons fully integrate in every life sphere of the community;

163.2.4. to support the efforts of non-formal caregivers within the families and communities; to second correspondent community programmes, acknowledge and support efforts of older persons to take care of family members;

163.2.5. to improve the training of the specialists rendering social and health care services to older persons;

163.2.6. to better coordinate and integrate health care and social services rendered by state authorities and private institutions;

163.2.7. to apply appropriate sickness administration systems guaranteeing the accessibility of required combined services, namely medical, home care services and psychological assistance, to in-patients and outpatients;

163.2.8. to regularly evaluate the need for social, health promotion and health care services when such services are being planned;

163.2.9. to create the conditions for suitable environment for older persons so that they live independently for the longest possible period;

163.3. to guarantee the required financing of social and health care services seeking that resources allocated for health care and social services are distributed effectively, evenly and in a well-balanced way. Older persons should have equal opportunities in receiving the necessary health care and feel no discrimination in terms of age. Upon rendering the mentioned services, priority should be determined transparently, whereas sufficient financial resources should be allocated for the implementation of the established priorities, in pursuance of more significant benefit to health. Upon the necessity, social security systems, which offer types of sickness, health, long-term care and disability insurance, may considerably contribute to the provision of these services. In the course of the creation of the expanded policy on rendering health services, appropriate financing of health care and services will reduce physical dependence of older persons. It is necessary to take the following actions:

163.3.1. to constantly monitor health status of the population and the impact made by the funds and resources allocated for the health services rendered;

163.3.2. to develop the measures of specialised geriatric assistance;

163.4. to motivate people to choose what is beneficial to health. Seeking to fight the challenges related to the provision of social and health care services for older persons and the disabled, great focus should be drawn on healthy lifestyle, prevention of illnesses, physical and psychological rehabilitation, following a principle that it is necessary to take care of health all the life. It is necessary to take the following actions:

163.4.1. to motivate people of every age group to take up proper physical activity, pursue right nourishment, avoid smoking, abstain from using much alcohol, choose other healthy lifestyle measures, which could help to avoid illnesses and functional disorders, prolong life and improve its quality;

163.4.2. to educate the public, especially young people, organise various actions that motivate people to choose healthy way of life;

163.5. to improve social services – to tailor them to the needs of the ageing society and increase their accessibility. It is necessary to take the following short-term actions:

163.5.1.1. to create a common system of determining individual need for social services, legitimate responsibility for this. Consequently, the conditions will be created allowing to precisely define the need of services for an individual, thus older persons who are independent and are able to receive non-stationary services shall not be sent to stationary care institutions for older persons in the future. This should promote the development of non-stationary services, especially care at home;

163.5.1.2. to differentiate the payment for the social services by retaining the principle of social solidarity – on the basis of the funds received from state (municipal) budget social services are paid for persons in the greatest necessity for them, but who have insufficient income and property to pay for the mentioned services. Differentiation of payment for the social services will grant the possibilities to determine the payment amount having regard to available personal property, income, composition and type of social services received;

163.5.1.3. in municipalities, to develop primarily care at home services: to improve their financing, enlarge the scope, improve the quality and increase the range of services;

163.5.1.4. to improve the activities of the services providing care at home – to grant the clients the possibility to receive assistance at home upon necessity at any time of the day or at weekends;

163.5.1.5. to improve the information system with reference to services, including one also for older persons, and envisage the directions, forms and ways of information dissemination;

163.5.1.6. to improve the training of social workers – to tailor their qualification to the needs of the ageing society;

163.5.2. the following long-term actions:

163.5.2.1. to introduce the model of social service purchase; to create the conditions for the development of private initiative, thus incorporating more non-governmental organisations rendering services to older persons; to promote the competition of social service providers;

163.5.2.2. to create a common system of minimum requirements for social services, the mechanism of social service quality assessment and supervision and include social service recipients into this process. Introduction of the system of requirements together with the mechanism of institutional licensing should ensure the quality of minimum services for older persons;

163.5.2.3. seeking for the reduction of the need for the stationary care and expansion of the choice of services, to motivate municipalities to establish institutions of independent life (group lodging) for older persons;

163.5.2.4. to expand the variety of forms of organising care and nursing care services (e.g. to establish day centres of intensive care and nursing care, mobile teams, which provide services at home for the dependent persons, etc.);

163.5.2.5. to seek for the formation of an integral system of social services for older persons in municipalities;

163.5.2.6. to develop social services rendered to older persons and diminish the differences between their organisation and provision in regions.

### **Employment**

164. The aim is to keep older persons active within the labour market as long as possible by reducing their unemployment and increasing their participation in the labour market.

165. **The objectives:**

165.1. to establish legal conditions and financial incentives for older persons to seek employment and for the employers to engage and retain them at work; to diminish the obstacles for their participation within the labour market. It is necessary to take the following actions:

165.1.1. to improve legal acts that motivate the employers to engage older persons and create the conditions for them to upgrade their qualification at work;

165.1.2. to increase the entrepreneurship of older persons, especially women, stimulate them to set up their business, create the conditions for them to get access to the required information necessary for business development, ensure the required vocational training;

165.1.3. to eliminate the causes of early retirement of older persons from the labour market; to motivate employees to work for the longest possible period;

165.1.4. to disseminate information on employment possibilities for older persons; preparation and dissemination of information which contributes to creation of the positive opinion in the society and among employers regarding employment of older persons;

165.1.5. to prepare and disseminate information allowing to create positive opinion of the society and employers about employment of older persons;

165.1.6. to support the initiatives by non-governmental organisations that would help to raise employment of older persons;

165.1.7 to increase the role of social partners seeking to motivate the employers to keep older employees within their enterprises for the longest possible period;

165.2. to amplify the participation of older persons in vocational training process. It is necessary to take the following actions:

165.2.1. to stimulate the economic activity of older persons, considering the changes of labour market requirements, upgrade current qualification, re-train or gain new skills and create proper conditions for that;

165.2.2. to develop incentives for lifelong learning and involve older persons in this process;

165.2.3. to increase the role of social partners in pursuance of vocational training promotion for older persons;

165.2.4. to motivate older persons to acquire new qualification in conformity with labour market needs;

165.2.5. to ensure that every older unemployed person, who has registered with a local labour exchange office, is involved in the measures of active labour market policies;

165.2.6. to create and implement continuous vocational training programmes for older persons to mould their general aptitudes also;

165.2.7. to prepare specialised learning programmes for older persons;

165.2.8. to ensure the so-called second chance to all older persons who have not graduated from the basic or secondary school;

165.2.9. to create favourable conditions for older persons to acquire a profession marketable in the labour market and upgrade their qualification;

165.2.10. to create legal conditions for persons of retirement age to apply their abilities within the education system;

165.2.11. to develop vocational information, orientation and counselling services for older persons;

165.2.12. to create the conditions for the education related employees to gain competencies required for a pedagogue, as it is necessary for the work with older persons;

165.2.13. to inform the society on the possibilities for lifelong learning and disseminate good practice;

165.3. to create favourable working conditions for older persons in order to guarantee the quality of their work. It is necessary to take the following actions:

165.3.1. to create better working conditions for older persons, improve health protection and safety at workplace;

165.3.2. to develop flexibly organised work for the employees to manage to combine their responsibilities to the family with work, and work according to their health status;

165.3.3. to prepare recommendations on how to apply work experience of elderly employees by combining it with the training of new employees;

165.3.4. to develop transport and road infrastructure so that older persons from remote places and villages are not isolated, are able to reach the workplace located in a different location in time;

165.3.5. to adapt workplaces and adjust the conditions for older persons;

165.3.6. to legitimate special safety and health requirements at work for older persons;

165.3.7. to ensure that older persons are not discriminated at their workplace (amount of salary, engagement in work and dismissal, etc.);

165.4. to reduce the differences between unemployment and employment by territory. It is necessary to take the following actions:

165.4.1. to develop measures for the reduction of unemployment among older persons and for the increase in their employment in problematic regions;

165.4.2. to make use of implementation projects of local initiatives, promote cooperation of local partners and local economy development, thus increasing employment of older persons and combating unemployment, poverty and other problems encountered by them;

165.4.3. to motivate members of local communities to draft projects related to the increasing of employment abilities of older persons, and use resources of the EU structural funds;

165.4.4. to expand the network of education institutions for older persons by reasonably making use of school premises under reconstruction and available personnel;

165.4.5. to develop the regional structure of lifelong learning, consequently reducing the differences of accessibility of learning services to the residents in urban and rural areas;

165.4.6. to organise education in accordance with market and regional needs;

165.4.7. to create the conditions all over the territory of the state for older persons to exercise the possibilities provided by modern communication and information technologies.

### **Education and integration into the information society**

166. The goal is to maintain older persons active as long as possible, offering them a possibility to have access to advanced training courses and lifelong education, thus reducing their social and professional exclusion.

167. The objectives:

167.1.1. to support initiatives of the NGOs which contribute to the growth of older persons' employment;

167.1.2. to include older persons in the process of professional education;

167.1.3. to stimulate initiatives for lifelong education and implication of older persons in this process;

167.1.4. to elaborate and to implement specialised continuous (post-) education programmes for older persons who do not have secondary school education;;

167.1.5. to elaborate programmes for specialised education of older persons;

167.1.6. to ensure a second chance for older persons who do not have the secondary school education;

167.1.7. to create legal conditions for pension age persons for application of their capacities in the education system;

167.1.8. to develop information services oriented to professional consulting of older persons;

167.1.9. to create necessary conditions for persons employed in the education system in order to facilitate their necessary pedagogic qualification for work with older persons;

167.1.10. to inform the society about lifelong education possibilities and dissemination of good practices;

167.1.11. to extend the network of older persons' educational institutions through rational usage of available personnel and spaces in reconstruction;

167.1.12. to develop regional structures of lifelong education, reducing gradually the difference in accessibility of educational services between urban and rural residents;

167.1.13 to organise the education in accordance with the necessities of the labour market and regional requirements;

167.1.14. to create conditions on the whole territory of the country for older persons allowing for usage of offered possibilities by modern communication and information technologies.

## **Dwellings and environment**

168. The goal is to create necessary conditions, so that older persons will be able to live independent life in their communities with a possibility of choosing the dwelling according their necessities.

169. Objectives:

169.1. to achieve that all older persons have access to the dwelling accommodated according to their needs; to widen the possibilities of choosing the dwelling. It is necessary to take the following actions:

169.1.1. to consolidate the abilities of older persons to participate in the housing market – to provide assistance in housing purchase, selling or exchanging process;

169.1.2. to support low-income older persons – to compensate them part of the dwelling maintenance expenditure or to help them in choosing a more rational dwelling;

169.1.3. to provide assistance to older persons so that their dwellings are accommodated to their needs and, consequently, ensuring their greater independence and ability to live longer at home;

1769.2. to guarantee productive use, maintenance, renovation and modernisation of the current dwelling, as well as rational use of energy resources;

169.3. to adapt the living environment for older persons and, in pursuance thereof, try to achieve that the infrastructure of residential localities satisfies the needs of older persons (institutional accessibility of different services, creation of resting areas, proper street lighting, etc.);

## **Transportation and personal security**

170. The goal is to create the conditions for older persons to use means of transport and communication without any restrictions helping them to live full life.

171. Objectives:

171.1. Creation of necessary conditions for older persons using transport and communication means without any restrictions helping them to live full life. It is necessary to take the following actions:

171.1.1. to shape the system of public transport adaptation and accessibility for older persons;

171.1.2. to personalise transport infrastructure for older persons;

171.1.3. to stimulate the society and transport staff to pay greater focus on older persons and meeting their needs for transport services;

171.1.4. to ensure that older persons in rural and remote areas have equal access and not too expensive transportation services, respecting the social equality principle;

171.1.5. to improve bus stations in urban and rural areas taking in consideration special needs of older persons;

171.2. to seek that in Moldova older persons feel safe – to ensure their protection against violence and coercion in families, work, care or other institutions, and other forcible and violent actions; to improve prevention and supervision of criminal acts against property and criminal acts committed in public places, remote rural areas or steadings against older persons and ensure proper social and legal protection of older persons victims of a criminal act. It is necessary to take the following actions:

171.2.1. to motivate local police authorities, municipal institutions and authorities develop and implement special measures (economic, social, educational and other) for the protection of older persons against criminal acts, especially violence and coercion;

171.2.2. to implement special measures required to inform on self-defence, stimulate the potential victims of criminal acts to take all possible measures to protect one's life, health and property according to one's possibilities;

171.2.3. to improve physical supervision of public order in high risk areas, ensure police patrol, promote voluntary aid of public and specialised organisations;

171.2.4. to improve the activities of police inspectors working in rural settlements;

171.2.5. to ensure accessibility and quality of services provided by the police, fundamentally improve the possibilities for immediate reporting to the police and receiving immediate aid from it;

171.2.6. to develop and strengthen cooperation between the police, social security and health care services and the community within the framework of the prevention of criminal acts;

171.2.7. to guarantee accessibility of information on the services rendered by law enforcement institutions and authorities;

171.2.8. to organise accessible social-psychological and legal assistance for the victims of criminal acts;

171.2.9. to periodically conduct special victimology research seeking to determine the safety status of older persons.

### **Accessibility to Full Life**

172. The aim is to create the conditions for older persons to safely live full social, cultural and personal life and constantly improve oneself, use cultural values, opportunities provided by information technologies.

#### **173. The objectives:**

173.1. to create the conditions for older persons to live full cultural life and to guarantee accessibility of cultural values. It is necessary to take the following actions:

173.1.1. to conduct the research of the cultural needs of older persons;

173.1.2. to pursue the training of cultural employees with respect to the ageing problems within the society;

173.1.3. to constantly support the initiative shown by cultural employees, which motivates older persons to take part in cultural activities;

173.1.4. to diversify cultural activities in accordance with special needs of older persons;

173.1.5. to recommend the providers of cultural services envisage the privileges for older persons in the course of planning their activities;

173.1.6. to consider the needs of older persons when optimising the network of cultural institutions;

### **Participation and Creation of the Image of Older Persons**

174. The aim is to ensure participation of older persons in public and community life and in implementing the initiatives on self-help; to make decisions related to older persons only upon their knowledge about them and upon their participation; to promote the development of non-governmental organisations and consolidate their influence.

#### **175. The objectives:**

175.1. In order to create and introduce an effective model of cooperation of state administrative institutions and non-governmental organisations representing the interests of older persons, it is necessary to take the following actions:

175.1.1. to motivate older persons to more actively join non-governmental organisations, participate in cultural and political life, familiarise them via mass media with the possibilities of such participation for self-expression, formation of positive, active, development-oriented ageing process image within the society;

175.1.2. to ensure participation of older persons in various consultancy services at state, municipal levels, which focus on the discussions of projects submitted by state and municipal institutions and authorities with respect to the issues related to older persons;

175.1.3. to support and promote establishment and maintenance of non-governmental organisations, community centres, older persons' clubs at municipalities. These centres and clubs should provide possibilities to communicate, share information and experience not only among themselves, but also between people of different generations, with similar interests, as well as satisfy their cultural needs. Special care should be taken of the activeness of older persons within rural communities and their participation in public life. Rural districts and social work organisers within the communities should undertake such activities;

175.1.4. to analyse and, upon necessity, improve financing of non-governmental organisations, which take part in implementing strategic aims of the state; such financing comes from the state budget, local budgets of the Republic of Moldova, structural funds of the European Union, as well as charity funds; furthermore, to determine minimum standards for the services rendered by non-governmental organisations, liability, transparent and uncomplicated payment for the rendered services, their quality and received financing;

175.1.5. to promote the creation of network structures of non-governmental organisations, which would specialise in solving specific tasks;

175.1.6. to support the activities of non-governmental organisations of older persons, development of voluntary activeness, so that these people are able to help each other and engage themselves into attractive activities conforming to their abilities and likes;

175.2. in order to achieve that both employers and the society treat older persons more approvingly, it is necessary to take the following actions:

175.2.1. to organise mass media actions, targeted motivating measures for the employers, local communities and other members of the society so that the society is better familiarised with the advantages of involving older persons into the labour market and public life;

175.2.2. to explain the advantages of the labour force of different age;

175.2.3. to develop public attitude that increasing general education level of older persons, vocational re-training and training appears to be a productive investment;

175.2.4. to constantly arrange television and radio broadcasts on the activities, achievements and merits of older persons;

175.2.5. to stimulate older persons to join more actively trade unions, participate when dealing with the issues of work organisation, qualification upgrading, wages and salaries;

175.3. to form a positive image of older persons and ageing; to envisage the measures to raise awareness of the public, especially children and young people, that contribution of older persons to the public life is extremely essential. It is necessary to take the following actions:

175.3.1. to raise public awareness on the positive aspects of ageing, demonstrate the wisdom and advantages of older persons and their contribution to the public life;

175.3.2. to develop perception that older persons and their experience is a great value, irrespective of differences in their education, economic activity or level of independence;

175.3.3. to better use the possibilities of mass media for the creation of a positive image of older persons; to promote publications, prepare articles and programmes on this issue;

175.4. to constantly conduct scientific research, in pursuance of objective analysis of the problems caused by ageing, arising new needs thereupon, and search for the most suitable solutions within the framework of the relevant policy;

175.5. to use the possibilities of non-governmental organisations to contribute to solving the tasks defined in this strategy. Non-governmental organisations would be able:

175.5.1. to render social services at home, especially to single persons and families taking care of sick or aged persons;

175.5.2. to inform and consult people in risk situations on legal, psychological and other issues, grant them the skills for the use of new technologies, as well as the required knowledge;

175.5.3. to teach healthy lifestyle and create the conditions for such lifestyle;

175.5.4. to involve older persons into active life with the help of cultural events, encourage their communication and mutual assistance, relation between generations;

175.5.5. to increase the income of older persons – to partially compensate for the services rendered to others or to provide these services free-of-charge to the low-income persons;

175.5.6. to analyse the negative public life phenomena and draft the action plans for their reduction;

175.5.7. to familiarise the society with this strategy and contribute to its implementation.

## **V. FINAL PROVISIONS**

176. Having regard to the provisions of this strategy and financial possibilities of the country, the Implementation Measures of the National Ageing Strategy will be drafted. These measures will be prepared by the Ministry of Social Protection, of Family and Children together with the Ministry of Finance, the Ministry of Culture, the Ministry of Transport and Communications, the Ministry of Health, the Ministry of Education and Science, the Ministry of the Interior and other concerned institutions.

177. Seeking to ensure the possibility to assess the progress achieved, to determine the obstacles and the problems, the monitoring system for the implementation of this strategy must be created. Consequently, the working group will be formed from the representatives of institutions concerned, which will monitor the implementation of the measures. Taking into account the monitoring results and seeking to ensure achievement of the aims of the mentioned strategy, the working group will put forward the proposals to the Government of the Republic of Moldova regarding the improvement of measures.

178. The criteria of assessing the implementation of this strategy, which are directly related to the provided aims and objectives allowing assessment of the progress made, have been determined:

178.1. income replacement rate (percentage);

178.2. expenses for pensions, share of GDP (percentage);

178.3. at risk of poverty rate for older persons before social transfers (by gender, percentage);

178.4. at risk of poverty rate for older persons before social transfers, excluding pensions (by gender, percentage);

178.5. the employment rate of older persons (by gender, percentage);

178.6. total lifelong learning indicator (percentage);

178.7. average life expectancy of residents of 60 years of age (by gender);

178.8. the number of older persons receiving social services at home.