THE ACTIVE AGEING INDEX IN THE REPUBLIC OF MOLDOVA 2020

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CONTENT

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SUMMARY

In 2020, the Active Ageing Index (AAI)[1] for the Republic of Moldova scored 28.6 points out of 100, registering a slight increase compared with the first estimates of the Index made in 2016 (27.1 points). However, the general situation of the population improved modestly – over the past five years less than 1/3 of the human potential aged 55+ is enabled and has opportunities to have an active and healthy ageing.

The results of contextual domains of the Index reveal, partially, positive dynamics in relation to the values registered in 2016, but are still far from the targets set at international level, as well as from the EU average value. Over the years, the biggest challenges were registered in using the untapped potential of people aged 55+ by employing them (Domain 1) – only a quarter are engaged in economic activities (24.4 points) and by ensuring an independent, healthy and secure living (Domain 3) – half of the older people are covered by this component (53.8 points). Certain progresses are registered for Domain 2 and Domain 4, scoring by 3-6 p.p. higher compared to the 2016 estimates. The openness to participate in society (Domain 2 with 13.0 points) is expressed for the most part through activities related to family care (22.1%) and less through voluntary activities (2.8%) and political participation (10.7%). As for Domain 4 – Capacity and enabling environment for active ageing (50.6 points) – the progress in building older people's capacities to use information technologies is remarkable (52.5%), but the country's capacity for an active ageing is still limited due to low life expectancy, including healthy life expectancy at the age of 55+.

Women (27.1) have fewer opportunities to age actively and healthy as compared with men (30.5). Significant gender gaps are found in relation to many active ageing indicators. Although their life expectancy is longer, inequalities grow with the ageing, women being socially disadvantaged and with a high level of occupational, material, financial and physical vulnerability.

Compared to the average EU Index of 36.8, Republic of Moldova shows a negative gap of 8 points. Compared to the target Index (57.5 points) recommended to countries in the context of adapting to demographic changes, the Republic of Moldova has to take twice more efforts.

Understanding the interlinks between the life conditions of older people, their socioeconomic status and their health and wellbeing is extremely important in light of the commitment from 2030 Agenda for Sustainable Development to 'leave no one behind'. In practice, this commitment means that Sustainable Development Goals (SDGs) should be achieved on all the segments of the society and for all ages, with special focus on vulnerable categories, including older people. Various contextual indicators of active ageing are quite relevant for eight out of the 17 nationalised SDGs. Thus, how and who older people live is linked to targets related to ending poverty in all its forms everywhere and reducing inequality (SDG 1 and SDG 10), ensuring healthy lives and promoting well-being for all at all ages (SDG 3), promoting lifelong learning opportunities (SDG 4) and strengthening competencies for using ICT (SDG 17), achieving gender equality and empowering all women and girls (SDG 5), promoting full and productive employment and decent work for all (SDG 8), promoting peaceful and inclusive societies, developing safe communities for all (SDG 11, SDG 16).

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[1] Active Ageing Index (hereinafter Index) measures the aspects of the life of older people and identifies the social, economic and institutional barriers to active ageing and to the use of the untapped potential of the older people. The Index is an indicator that compares the active ageing between European countries and identifies the strengths and weaknesses of this process for each country.

This paper assesses the opportunities to age actively and healthy in the Republic of Moldova for people aged 55+. The analysis is based on the Active Ageing Index, computed separately for women and men.

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CHALLENGES OF DEMOGRAPHIC AGEING IN THE REPUBLIC OF MOLDOVA

Over the past five years, the ageing coefficient of the population has increased significantly in the Republic of Moldova and the share of population aged 60+ accounted for 22.5% at the beginning of this year. A significant gender gap is revealed as the ageing coefficient among women is 26% and among men – 19%[2]. The *Index* targets the population aged 55+ and according to the official data, the share of this age category exceeds 29.4%. One third of female population and one in four men are aged 55[3]. Studies[4] show that in the Republic of Moldova, the demographic ageing is faster compared with the European countries. The demographic forecasts[5] show that given the fact that the number of population, particularly the young one, is currently decreasing due to external migration and negative natural growth, by 2030 the share of population aged 60+ will account for about 28%, and in 2040 – over 31%. According to forecasts, the share of people aged 70 will double (from 8% up to 17.2%). Thus, promoting the principle of active and healthy ageing in sectorial policies becomes a strategic imperative to help people to stay in charge of their own lives as long as possible as they grow older, and, where possible, do their part in economy and society.

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[2] Population ageing coefficient, http://statbank.statistica.md/
[3] Population with habitual residence, at the beginning of the year by years, age, area and sex, http://statbank.statistica.md/
[4] Гагауз О. Демографические перспективы Молдовы. В: Стратегические задачи демографического развития: приоритеты и региональные особенности: Десятые Валентеевские чтения: Сборник докладов / Ред. О. С. Чудиновских, И. А. Троицкая, А. В. Степанова. — М.: Экономический факультет МГУ имени М. В. Ломоносова, 2020, p.609-625.
[5] Carried out by Demographic Research Center of NIER, 2021

WHAT IS THE ACTIVE AGEING INDEX?

In 2012, in the context of the European Year of Active Aging and Solidarity between Generations, the European Commission and the UN Economic Commission for Europe (UNECE) developed the concept of Active Ageing Index[6] by applying the following definition *'Active ageing refers to a situation where people continue to participate in the formal labour market, engage in unpaid productive activities (such as household chores, care provision to family members and volunteering), and live healthy, independent and secure lives as they age.'* [7]

The *Index* is an important tool to assess and to monitor the MIPAA/RIS implementation, an indicator for comparing the active ageing across European countries, and for identifying the strengths and weaknesses of a country for this component[8]. The continuity of the composite toolkit of the *Index* and its relevance for the evaluation is reflected in the context of complex approaches to human ageing emphasised by starting the Decade of Healthy Ageing (2021-2030), proposed by the Word Health Organisation and approved by UN[9] as a global collaboration in acknowledging the vision of healthy ageing as a process of maintaining the functional capacity that allows older people to live in wellbeing and develop a world where 'everyone lives longer and healthier'.

Active Ageing Index is calculated for the population aged 55+ and is the result of a panel with multidimensional indicators aggregated in composite measures, which measure the current situation in four areas related to active and healthy ageing (Figure 1).

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[6] The AAI is a product of a joint project undertaken in 2012 by the UNECE Population Unit together with the European Commission Directorate General for Employment, Social Affairs and Inclusion and the European Centre for Social Welfare Policy and Research in Vienna.

[7] UNECE (2013). Introducing the Active Ageing Index. Policy brief. UNECE & European Commission, April, 2013.

[8] Zaidi, A. et.al. (2013). Active Ageing Index 2012. Concept, Methodology and Final Results. Vienna, March

[9] On 14 December 2020, the UN General Assembly proclaimed 2021-2030 as the Decade of Healthy Ageing (UN Resolution 75/131). https://www.who.int/initiatives/decade-of-healthy-ageing/decade-development/process-overview
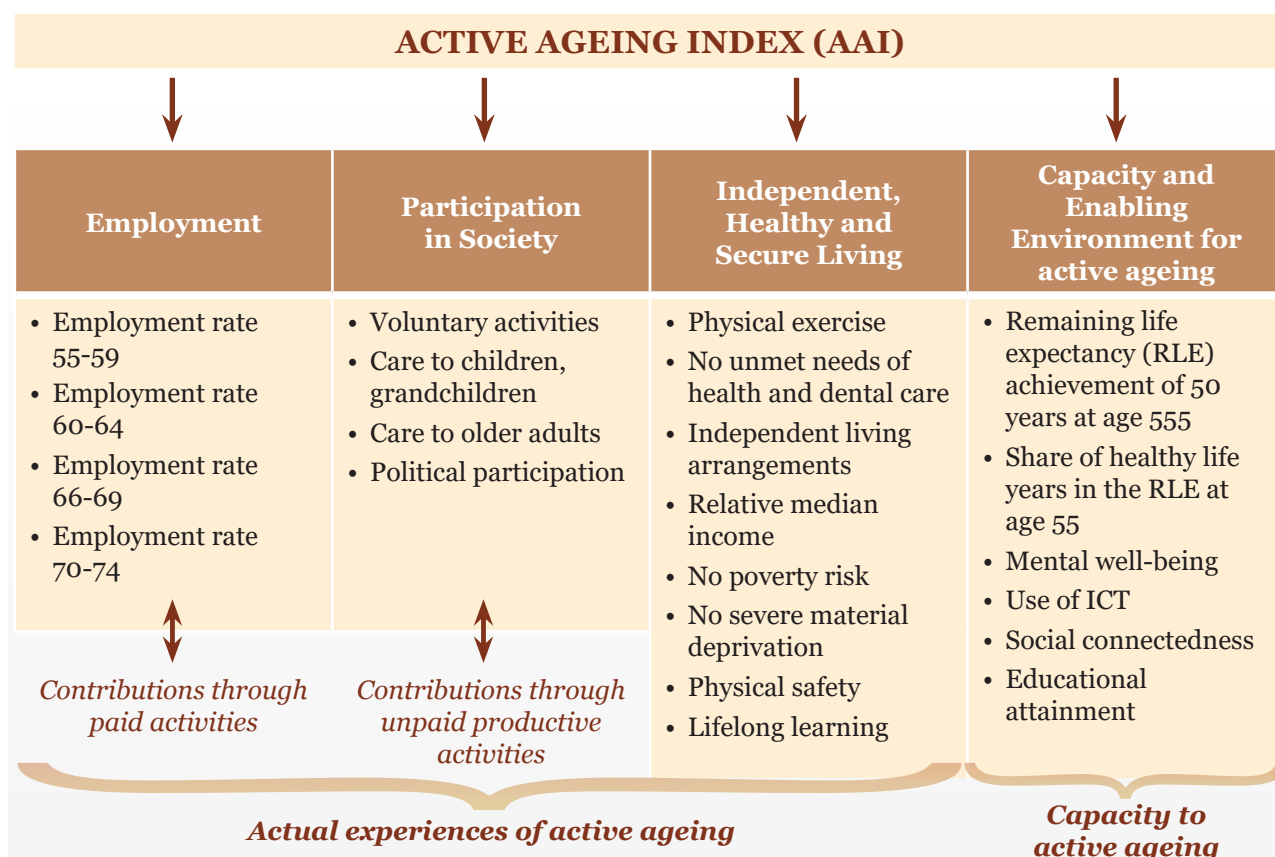
ACTIVE AGEING INDEX (AAI)			
Employment	**Participation in Society**	**Independent, Healthy and Secure Living**	**Capacity and Enabling Environment for active ageing**
• Employment rate 55-59 • Employment rate 60-64 • Employment rate 66-69 • Employment rate 70-74	• Voluntary activities • Care to children, grandchildren • Care to older adults • Political participation	• Physical exercise • No unmet needs of health and dental care • Independent living arrangements • Relative median income • No poverty risk • No severe material deprivation • Physical safety • Lifelong learning	• Remaining life expectancy (RLE) achievement of 50 years at age 555 • Share of healthy life years in the RLE at age 55 • Mental well-being • Use of ICT • Social connectedness • Educational attainment
Contributions through paid activities	*Contributions through unpaid productive activities*		
Actual experiences of active ageing			***Capacity to active ageing***

Figure 1. **Components of Active Ageing Index**

National statistics and empirical base for calculating the Active Ageing Index

The 22 composite indicators on active ageing and the entire Index were calculated on the basis of demographic statistics and national empirical studies carried out between 2018 and 2020 *(Table 1)*. Most composite indicators are for 2020. As opposed to the first Index estimated in 2016[10], where 13 out of the 22 indicators were proxy estimates based on variables alternative to the original UNECE methodology, the updated Active Ageing Index is based on a methodology that is closer to the original. Thus, the multidimensional indicators were calculated and, respectively, the 2020 Index was estimated on the basis of official statistics reported to the population with habitual residence, the results of the study **Generations and Gender** (GGS)[11], the questionnaire of which was adapted and filled in with the variables necessary to calculate certain active ageing indicators and the data of the Public Opinion Barometer (POB) that are relevant to the algorithm for *Index* calculation. An important criterion in identifying and selecting the national statistic indicators is their relevance for the population aged 55+, including by sex, as well as the peculiarities of socio-demographic indicators in the country.

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[10] Buciuceanu-Vrabie, M (2016). Active Ageing Index in the Republic of Moldova. Policy Paper, March–April 2016. http://ccd.ucoz.com/_ld/0/44_Policy_Paper_II.pdf

[11] *Republic of Moldova – Generations and Gender Study (2020). The Ministry of Labour and Social Protection, the National Bureau of Statistics (sample development), UNFPA, NIDI-GGP (partner and data distributor)*

Table 1. **Statistical and empirical database used to estimate the composite indicators of the Active Ageing Index in Moldova for 2020**

Study	Reference year	Source	Calculated indicators, %
Current statistics on population with usual residence residence	2019/2020	National Bureau of Statistics (NBS)	Life expectancy at age 55 (2019) Healthy life expectancy at age 55 (2019)
Labour Force Survey (LFS)	2020	NBS	Employment rate per age groups 55-59 / 60-64 / 65-69 /70-74 Educational attainment
Household Budget (HB)	2020	NBS	Independent living arrangements Relative median income Poverty risk Self-perception of the health status Presence/absence of disability
Generations and Gender (GGS)	2020	UNFPA Moldova MHLSP	Voluntary activities Care to grandchildren (and children) Care to older adults Physical exercise Access to health and dental care No severe material deprivation Lifelong learning Mental well-being Use of ICT Social connectedness
Public Opinion Barometer (POB)	2018/2020	Institute for Public Policy (IPP)	Political participation (2018) Physical safety (2020)

Source: compiled by the author

The identified limits in the calculation of individual indicators of the Active Ageing Index

The quality and peculiarities of statistics used impact the values of indicators calculated on the basis of NBS data. Since 2019, the number of the Moldovan population has been estimated on the basis of the concept of habitual residence with retrospective adjustments made on the basis of the results of 2014 Population Census. For this reason, the indicators calculated on the basis of official statistics are reported to the number of population aged 55+ with habitual residence.

Some of the composite indicators on active ageing for 2020 are partially comparable with the indicators calculated in 2016 following certain methodological changes made to optimise the statistics. As for employment indicators note that: stating with 2019, after NBS implemented a new international standard for labour statistics, 'people who work in the auxiliary household (near the house) and produce agricultural products for personal consumption' were excluded from the employed population, which influenced the relative labour market indicator[12].

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[12] https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6468

Lack of necessary statistic sources harmonised with those at international level and of empirical ones does not allow to fully develop the individual indicators of the *Index* according to UNECE methodological requirements.

Covid-19 pandemic impacted certain daily life aspects of the population, including older people. This also impacted the measurable indicators regarding community participation, voluntary and networking activities – which could be underestimated due to the impact of the restrictions imposed during the data collection for 2020.

A large share of composite indicators on active ageing in the Republic of Moldova are comparable with the indicators of EU countries and of other countries in the region. Nonetheless, the use of alternative variables (proxy) for active ageing indicators undermines the comparability of the entire *Index*, resulting in methodological differences in adjusting to the international calculation requirements.

We note in general, the sporadic nature of empirical studies about the situation of older people and ageing process in Moldova, lack of data, including statistical data, segregated by age groups and residence areas that would allow identifying the peculiarities and gaps of active ageing in urban and rural area.

Time continuity of data and periodic estimation for many active ageing indicators are still a challenge due to the lack of a centralised methodological and empirical framework for systematic studies on active ageing in the Republic of Moldova.

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Tatiana Niagara with grandchild, Rezina

POTENTIAL FOR ACTIVE AND HEALTHY AGEING IN THE REPUBLIC OF MOLDOVA

In 2020, the value of *Index* estimated for the Republic of Moldova was 28.6 points. This implies that less than one third of the total potential of population aged 55+ has the ability to participate in the economy and society and over 70% of this potential is unused, with low chances to age actively and contribute to the economy through paid activities.

DOMAIN 1: *Employment of the population aged 55 and over.* For this domain, the Republic of Moldova accumulated 24.4 points in 2020, registering a slight increase compared with 2016 (24.2). The employment rate decreases with the ageing and the integration on the labour market after the retirement age is very different from gender perspective, explained by the different retirement age for women (59 in 2020) and men (63). Thus, for the age group of 55-59 years the total employment rate is 53% and is twice or thrice lower for the next age groups. Note that the general situation on the labour market in the Republic of Moldova, where the employment rate for economically active age (15-64 years) stays low (45.7% compared with 67.6% – EU averag[13]) with low opportunities for integration, impacts the current reality for older population.

	Total	Men	Women	Gender Gap (puncte)
Employment rate (55-59 ani), %	52.9	55.1	50.6	-4.5
Employment rate (60-64 ani), %	28.1	40.4	18.3	-22.1
Employment rate (65-69 ani), %	10.1	12.4	8.4	-4.0
Employment rate (70-74 ani), %	6.6	8.8	5.2	-3.6
Domain 1_AAI: Employment (points/score)	**24.4**	**29.2**	**20.6**	**-8.6**

Figure 2. **Composite indicators on employment of population aged 55-74, Republic of Moldova**

Source: calculated by the author on the basis of sources presented in Table 1.

Men of all ages are employed in a higher proportion and the most active are those aged 55-59/60-64 – virtually one in two men of this age is employed. Women are more active until the age of 55-59 (50.6%), while at the age of 60-64 their number on the labour market is three times lower (18.3%).

The large gender gap (-8.6 points) registered for *Employment* is specific for the labour market in the Republic of Moldova. Besides the differences imposed by the retirement age, over the years, women continue to face a series of challenges related to gender inequalities in access to economic opportunities and division of paid and unpaid labour, etc.

Note that in general, the labour market is characterised by discriminatory practices based on gender and status of retired person. Starting with 2018, a significant increase in the cases of discrimination on the labour market due to arbitrary application by employers of Article 86(1)(y1) of the Labour

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[13] Social statistics. Republic of Moldova versus European Union (EU-27). NBS, 2020.

Code on the dismissal due to the fact that the employee reaches the retirement age[14], which actually is a legal form of discrimination and violation of human rights.

DOMAIN 2: *Participation in Society.* Overall, the participation of population aged 55+ in the social life has increased over the last years. The current score obtained is 13.0 points, while in 2016 – 10.4 points. If analysed separately, the four indicators that are part of *Participation in Society (Table 1)* still have a modest contribution to the progress of *Index (Figure 3)*. Older people are involved mainly in individual forms of participation, in family and in immediate and well-known social environment. Thus, at least once a month, 22.1% of them participate in providing care to *grandchildren* and 15.5% of them – in *care to older adults (aged 75+)*.

However, there is a probability that those indicators are underestimated because according to the common traditional perception, taking care of an older family member and of grandchildren is something mandatory. Overall, older women are much more engaged in care activities: one woman in four takes care of her grandchildren and over 17% take care of older adults. In the case of men, about 18% participate in providing care and education to their grandchildren, and to a lesser extent to older adults (13.1%).

The engagement of population aged 55+ in activities that integrate them in the social life outside their family, namely *voluntary activities* and *political participation* is still low. According to the results of GGS study (2020), *volunteering*, as an integration method is not popular among this category of population. Without obvious gender gaps, only 3% claim that at least once a month they attend activities organised in the community (by social and community-based services; different education and cultural associations; charity organisations, etc.). The indicator is underestimated due to the misplaced perception of voluntary activities and usually their participation is not considered as volunteering.

About 11% of the population aged 55+ engage occasionally in *political participation*. The indicator is calculated on the basis of certain alternative *proxy* variables available for 2018, close to the original methodology, and relates to the participation of older people in different meetings with political parties or in a political action group and in drafting different complaints, including online. A larger share of men participate in such activities (about 16%) as compared with women (7%).

	Total	Men	Women	Gender Gap (points)
Voluntary activities, %	2.8	3.1	2.6	-0.5
Care to grandchildren (and children), %	22.1	17.9	25.3	7.4
Care to older adults, %	15.5	13.1	17.3	4.2
Political participation, %	10.7	15.8	7.0	-8.8
Domain 2_AAI: Participation in Society (points/score)	**13.0**	**12.3**	**13.6**	**1.3**

Figure 3. **Composite indicators on participation in the society of population aged 55 and over, Republic of Moldova**

Source: calculated by the author on the basis of sources presented in Table 1.

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[14] The 2019 General Report on Preventing and Combating of Discrimination in the Republic of Moldova. Chişinău 2020. http://egalitate.md/wp-content/uploads/2016/04/Raport_CPEDAE_2019_-FINAL.pdf

Though various initiative groups of seniors and civil society associations that engage older people in different activities, particularly cultural and community-based, have become more active in the past years[15], their low representativeness in the settlements of the country and the problems older population faces (financial difficulties, poor health status, infrastructure not adjusted to their needs, etc.) are the main barriers to the development of *volunteering* and *political participation* as defined by the *Index*.

In the domain *Participation in Society*, the aggregated indicator for women is by 1.3 points higher than the indicator for men. This gap is the result of higher engagement of older women in provision of care to grandchildren and to older people – family members.

DOMAIN 3: *Independent, Healthy and Secure Living.* The aggregated index for this domain is reported to eight composite indicators that reflect particularly the social and material wellbeing of the population aged 55+ *(Figure 4)*. With a value of 53.8 points (less than in 2016 – 55.6 points), it was found that only one in two persons aged 55+ has an independent, healthy and secure living and the other half is deprived of these component while ageing.

	Total	Men	Women	Gender Gap (points)
Physical exercise, %	24.1	25.2	23.3	-1.9
No unmet needs of health and dental care, %	66.3	72.2	62.0	-10.2
Independent living arrangements, %	66.3	72.1	54.5	-17.6
Relative median income, %	71.6	78.1	66.7	-11.4
No poverty risk, %	83.7	89.1	80.5	-8.6
No material deprivation, %	43.5	50.7	38.2	-12.5
Physical safety, %	47.6	56.7	38.9	-17.8
Lifelong learning, %	2.0	2.0	2.0	0.0
Domain 3_AAI: Independent, Healthy and Secure Living (points/score)	**53.8**	**59.0**	**48.3**	**-10.7**

Figure 4. **Composite indicators on the independent living of the population aged 55 and over, Republic of Moldova**

Source: calculated by the author on the basis of sources presented in Table 1.

First, there is a high level of *material vulnerability* and *financial inequity*. Thus, only 43.5% of people aged 65+ are *outside material deprivation*, which means that they can afford certain goods and services during the year that are considered necessary for most of people (heat and electricity during the cold period of the year; payment for different utilities; unexpected expenses; consumption of meat; access to transport; a one-week holiday; replacement of certain goods such as furniture; purchase of new clothes; access to leisure activities; reimbursement of the bank loan, etc.). Being modest, even for

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[15] 'Bottom-up' qualitative study assessing the implementation of active ageing principle. CDR, 2021.

the entire population, *the relative median income*[16] of people aged 65+ (about MDL 2,711 in 2020) accounts for only 71.6% of the median income of people aged up to 65 (MDL 3787.4). At the same time, only 83.7% of the population aged 65+ is *outside the poverty risk*[17].

Second, the vulnerability of the older people is getting worse due to unsafe environment they live in. Only 47.6% of them feel safe during the night in their neighborhood.

Moldova's performance in *ensuring access to health and dental care* in the population aged 55+ is still quite low. Estimates on the basis of GGS results show that only 66.3% of them had access to health and dental care services, when necessary. In the context of the pandemic, we could assume an underestimation of the indicator, but compared with 2016, the situation of the access of older people to health services did not change significantly.

Lifelong learning is an underdeveloped area, less promoted in the Republic of Moldova, but the share of adults engaged in learning activities has increased over the past years. A share of 2% of the persons aged 55-74 are engaged in lifelong learning activities.

A quarter of the population aged 55+ (24.1%) *practice physical exercises* daily or at least weekly. Here we can speak about sport related activities (walking and strolling, jogging, gymnastics, fitness and other physical exercises). Previous researches show that many of the activities mentioned above, in the case of older people from Moldova (walking, strolling) are not related to voluntary sports activity, but rather to the daily need to get to different places, such as workplace, shop, medical centre, pharmacy, etc.

The largest gender gaps are identified for the Domain 3 – *Independent, Healthy and Secure Living* – 10.7 points, and women are disadvantaged almost at all indicators of this domain. A major problem faced by women as they get older is the high level of financial vulnerability. Thus, the differences of values vary between -8.6 and -12.5 percentage points for all indicators that measure the financial security (relative median income, no poverty risk, no material deprivation) in relation to financial security of men.

The low perception of the security in the area they live shows a high vulnerability of women aged 55+ in terms of physical security. Gender gap of the indicator amounts to about -18 percentage points. Only 4 out of 10 women feel safe during the night on the street they live or in close to their home. In case of men – 6 out of 10. Note that this indicator refers not just to the criminality and physical danger in the neighbourhood, but only to its general safety, including street lightening, quality of sidewalks/ pedestrian zones, etc.

DOMAIN 4: *The capacity and enabling environment for active ageing* measures the substantial opportunities of the country and the ability of the population aged 55+ to enhance active and healthy ageing. Over the past years the country made progress at this chapter and the country accumulated about 51 points as compared with 45.4 estimated in 2016. However, only half of the target population has real potential to age actively and healthy, that is, integrates the basic components available for them: life expectancy, health capital (in terms of lack of limitations to daily activities and mental well-being) and human capital (level of education, use of internet social connectedness) *(Figure 5)*.

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[16] To calculate the equivalised median disposable income of the population it is necessary to apply the 'OECD-modified scale', which assigns a weight of 1 to the household head, a weight of 0.5 to each additional member of the household aged over 14 and a weight of 0.3 to each member of the household under 14 years.

[17] Persons are considered to be at risk of poverty after social transfers, if they have an equivalised disposable income below the risk-of-poverty threshold, which is set at 50% of the national median equivalised disposable income after social transfers.

The calculations made following the methodology show that *the remaining life expectancy* (RLE) at age 55 accounts for about 42% in order to reach the maximum target set for the duration of life. The share of healthy life expectancy (that implies living including without limitations due to diseases and/or disabilities) is about 44%. A significant gender gap is found (10.4 points) in the case of first indicator, which can be explained by longer *life expectancy* of women (23.46 years at age 55 in 2020) as compared with men (18.27 years). Studies show that although women live more, they spend the years in a poor state of health, and as a result, their healthy life expectancy is lower[18].

Mental wellbeing measures the quality of positive emotional state of the population. It was computed using alternative variables on the basis of GGS study and shows that about 89% of people aged 55+, *never or very seldom* had states of sadness, depression, fear, anxiety or thoughts about the fact that life is a failure, etc. The self-assessment is different between sexes, as most of men reported not having such states (92%), while the number of women reporting the same was lower (86.5%). Nonetheless, measured on the basis of certain variables that are partially different from those indicated methodologically, we assume an overestimation of values for mental wellbeing of older people in Moldova.

Use of ICT is applied to estimate the degree to which the living environment of older people allows them to connect to other people through information and communication technologies. It measures the share of older people aged 55-74 who use internet at least once a week, which accounts for 47.2%. Women's results are above the total average, while men's results are lower. Qualitative studies[19] show that older people mainly use ICT to communicate with close relatives by phone, tablet or computer, particularly in conditions of migration of adult children, without having complex skills in using ICT, for example in paying invoices, online purchases, personal development, lifelong learning, etc.

	Total	Men	Women		Gender Gap (points)
Remaining life expectancy (RLE) achievement of 50 years at age 55, %	41.7	36.5	46.9		10.4
Share of healthy life years in the RLE at age 55, %	43.9	44.1	43.7		-0.4
Mental well-being, %	88.6	91.6	86.5		-5.1
Use of ICT, %	47.2	43.7	49.8		6.1
Social connectedness, %	27.1	31.8	23.7		-8.1
Education level, %	73.4	79.8	68.6		-11.2
Domain 4_AAI: Capacity and enabling environment for active ageing (points/ score)	**50.6**	**50.2**	**51.3**		**1.1**

Figure 5. **Composite indicators on capacity and enabling environment for active ageing**

Source: calculated by the author on the basis of sources presented in Table 1.

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[18] Gagauz, O., Avram, C., Pahomii, I. (2017). Self-perceived health of the older people: economic and sociodemographic inequalities. Economy and Sociology, 1-2, 45-53.

[19] 'Bottom-up' qualitative study assessing the implementation of active ageing principle. CDR 2021; Platform for Active Ageing. Briefing note. Help Age, 2021..

A key element of active and healthy living, which is also vital for the mental and physical health is the *social connectedness* outside the house or household. Thus, the indicator social connectedness helps to measure the contacts/meetings outside the household that occur at choice rather than due to work or pure duty. According to GGS data, a quarter (27.1%) of the persons aged 55+, have *'social meetings'* with friends, relatives and colleagues at least once a week. Difference between sexes is 8.1 percentage points and men are more active in social connectedness.

Level of education of the population aged 55-74 is relatively high given the requirements for the calculation of the *Index*, 3/4 having at least general secondary education (according to ISCED scale). On the one hand, the indicator reflects partially the accessibility to education 30-50 years ago and the equality of opportunities between sexes. The gender gap registered for this component (-11.2 points to the detriment of women), is explained by the fact that in the total older population, the cohorts of women aged 75+ are bigger compared with that of men due to the higher mortality among them, that is, the share of generations of women with a high level of education is smaller. On the other hand, a high level of education should reflect the acquirement of key competences in form of knowledge, skills and attitudes, that offer value added to social cohesion and active citizenship, providing flexibility and adaptability, satisfaction and motivation.

Analysed as a whole, Domain 4 does not register an obvious gender gap. Nonetheless, the high value of *remaining life expectancy at age 55* for women, camouflages the inequalities for women registered in the other composite indicators included in the algorithm.

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Lidia and Gheorghe Chele,Cazangic, Leova district

CONNECTING ACTIVE AGEING TO SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Preparing and adapting to population ageing is vital for meeting the commitment of the 2030 Agenda and established SDGs. Thus, to achieve truly transformative, inclusive and sustainable results, it is essential to approach older people not just from the perspective of their exclusion and vulnerability. They should be recognised as active actors in the development of the society who through their experience, knowledge and skills bring essential contributions: *in economy* – through formal or informal labour force (usually after retirement), through taxes, consumption and transfers of goods and resources to family and community; *in providing unpaid assistance and support activities* by taking care of grandchildren, older adults, including with disabilities, *in strengthening the social capital and intergenerational solidarity* through civic engagement and volunteering in the community life and by conserving the history, culture and social traditions; *in political participation* due to its consistency as electorate, and as the share of older people grows bigger in the total of the population, they become more influential for certain political results.

The Index is reflected in the implementation of the 2030 Agenda both as a monitoring tool of the SDGs implementation and as a result of public policies that influence the dynamics of the *Index* and of its individualised indicators.

A number of contextual indicators of active ageing are quite relevant for eight out of the 17 nationalised SDGs *(Table 2)* such as end poverty, good health, gender equality, economic growth and decent work, reduce inequalities and develop sustainable living environments.

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Table 2. **Active ageing indicators relevant for Sustainable Development Goals (SDGs)**

Domain 1_AAI: Employment	Domain 2_AAI: Participation in Society	Domain 3_AAI: Independent, Healthy and Secure Living	Domain 4_AAI: Capacity and enabling environment for active ageing
Relevance for nationalised SDGs			
SDG 8	SDG 5; SDG 16	SDG 1; SDG 3; SDG 4; SDG 10; SDG 11; SDG 16	SDG 3; SDG 4; SDG 17
Active ageing indicators* that correlate with SDG			
Employment rate for population aged 55-74 years **(8.5)** 55-59 years – 52.9% 60-64 years – 28.1% 65-69 years – 10.1% 70-74 years – 6.6%	Care to grandchildren – 22.1% **(5.4)** Care to older adults – 15.5% **(5.4)**	Access to health and dental care – 66.3% **(3.8)** Financial security (3 indicators) **(1.2; 10.2; 10.4)**: Relative median income – 71.6%; No poverty risk – 83.7%; No material deprivation – 43.5% Physical safety – 47.6% **(11.7; 16.1)** Lifelong learning – 2% **(4.3; 4.4)**	Remaining healthy life expectancy (LE) at age – 41.7% **(3.2; 3.4.1)** Remaining healthy life expectancy at age 55 – 43.9% **(3.5)** Mental wellbeing – 88.6% **(3.4.2)** Use of ICT – 47.2% **(17.8.1)** Educational attainment (minimum secondary education) – 73.4% **(4.3)**

*reported to the population of 55 years old and older

Source: compiled by the author, on the basis AAI: Linkages with SDGs. UNECE 2018. (Kharitonova O.) and Adaptation of the 2030 Sustainable Development Agenda to the context of the Republic of Moldova. Government of RM, UN Moldova, 2017

The most obvious progresses in achieving the nationalised SDGs reflected through composite indicators of active ageing are as follows: *strengthen the ICT use skills (SDG 17)* – by 2020, almost one of two persons aged 55-74 uses the internet every week; *promote lifelong learning opportunities (SDG 4)* – share of persons aged 55-74 engaged in lifelong learning activities is small (2%), but has been increasing in the past years; *ensure healthy lives and promote well-being for all at all ages (SDG 3)* – virtually nine in ten people aged 55+ evoke a good mental health, and 2/3 confirm the access to health services when necessary.

In the context of population ageing, sustainable development is associated with active participation of older people *in economy, labour market* (SDG 8) and *society in general* (SDG 16), including by achieving *gender equality and empowerment of women* (SDG 5). The connection to these SDGs is sporadic as older people are disadvantaged in this regard: employment rates and income levels are still low, and the level of living is marked by poverty and lack of physical security. Gender inequality has a multilateral aspect in the case of older women characterised by occupational, material, financial and physical vulnerability.

ACTIVE AGEING INDEX IN REGIONAL ASPECT

Note the slight progress of the Republic of Moldova with regards to *AA Index* in the past five years. At regional level, Moldova is close to Greece, which estimated 28.4 points in 2020[20] and which is loosing its position in the following domains: *participation in society (11.8 points), particularly for indicators: voluntary activities (1.6%) and political participation (7.8%).* Nonetheless, in terms of performances achieved in developing an enabling environment for active ageing, EU countries outpace Moldova, with an average regional *Index* of 36.8 points (EU 28).

Moldova has significant differences with EU-28 average in all four domains of active ageing *(Figure 6)* and the value gaps by domains vary from 4.5 points to 16.7 compared with the current results achieved in EU. There is a lower gap for *Participation in Society* (13 points compared with 17.9 points in the EU), but taken separately all the indicators of the domain are lower than the EU averages.

Moldova has the largest gap at *Independent, healthy and secure living* – only one in two persons aged 55+ can be assumed to have a relatively assured living from the point of view of social and material wellbeing, while in the EU this is specific to 3/4 of older people. Here, the values of contextual indicators are for the most part significantly lower compared with the EU averages. We found that the share of older people who practice physical exercises (24.1%) exceeds the value registered in EU (15.8%). The country has the lowest results in the region with regards to harnessing the economic potential of adults aged 55+. *Employment* is marked by small employment rates at pre-retirement age (55-59/60-64 years) both for men (55.1% and 40.4%) and women (50.6% and 18.3%), compared with EU countries (76.9% and 50.3% for men and 66% and 36.7% for women). As for *Capacity and enabling environment for active ageing*, Moldova registers a difference of 7 p.p. compared with the EU average in this chapter. We want to mention the success, achieved in the past years, in increasing the use of ICT among older people (about 47.2%), the value of the indicator being close to the EU average results (57.5%). Nonetheless, the capacity for active ageing is still low, particularly due to the lower life expectancy compared with EU countries, as well as of healthy life expectancy. At the same time, the share of weekly activities aimed to connect the population of the Republic of Moldova aged 55+ with the social life outside the house is twice lower compared with the EU average.

Gender gaps for the domains of active ageing indicators are relatively the same as those from EU. The higher value of the *Index* in case of men almost in all the countries (except Estonia, Finland and France) is explained by the fact that the share of women is bigger in older age groups due to higher life expectancy. In Moldova, the situation of women is worse due to a higher level of material, social and physical vulnerability and the possibilities of active ageing are much lower.

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[20] 2020 Active Ageing Index (AAI) results for EU28. https://statswiki.unece.org/pages/viewpage.action?pageId=76287845

		Total	Men	Women	Gender Gap (points)
Employment	EU28	33.8	38.5	29.6	-9.0
	Moldova	24.4	29.2	20.6	-8.6
Participation in Society	EU28	17.9	17.5	18.2	0.7
	Moldova	13.0	12.3	13.6	1.2
Independent, Health and Secure Living	EU28	70.4	72.2	69.2	-3.0
	Moldova	53.8	59.0	48.3	-10.8
Capacity and Enabling Environment for active ageing	EU28	58.1	58.1	58.2	0.1
	Moldova	50.6	50.2	51.3	1.1
2020 AAI – EU28		36.8	38.5	35.3	-3.2
2020 AAI – Moldova		28.6	30.5	27.1	-3.6

Figure 6. **Active Ageing Index for Moldova and EU average** *(points/score)*

Source: calculations for the Republic of Moldova made by the author; 2020 Active Ageing Index (AAI) results for EU28. https://statswiki.unece.org/pages/viewpage.action?pageId=76287845

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CONCLUSIONS

The Active Ageing Index updated for 2020 accumulated 28.6 points in the Republic of Moldova, showing a positive dynamics compared with the first estimation made in 2016 – 27.1 points[21]. After aligning the components of the *Index* it was found that the reality in which older people leave has been the same over the past years. According to the estimations, almost 3/4 of the population aged 55+ have limited possibilities to fully use their potential through employment, participation in social, cultural and independent life, and reduced capacity of the country to provide an active and healthy living environment.

Per separate domains, the country show very modest scores for all the components. Some of the barriers are: poor operation of social life areas that do not ensure a decent living for all ages, underdeveloped labour force market with discriminatory elements based on age, gender, physical and personal emotional insecurity; poor health status and reduced possibilities to live long enough to age actively.

The range of public policies in the country initiated in the context of commitments deriving from 2030 Sustainable Development Agenda, target older people, too. Level of living, social and family support for older people are important political concerns, particularly in the context of growing population ageing. 2/3 of the individualised active ageing indicators are reflected in 18 targets set for SDGs achievement. Partial progresses in relation to older population are registered particularly regarding SDG 3; SDG 4; SDG 17.

In the context of extensive demographic ageing of the Moldovan population, including as forecast by the scientific community[22], intensifying measures to harness the older population's potential is a mandatory requirement for future sustainability of the country.

We need coherent policies with balanced approaches in improving the quality of older people's life, with focus on increasing the quality of their potential through actions oriented on fundamental areas such as: *health* – by diversifying quality health services accessible to older people, developing networks of out-patient services, geriatric services and extending the range of interventions to ensure continuous assistance for people, depending on their needs, promoting healthy and active life styles, providing adapted social protection to satisfy the increasing demand for age-appropriate care, including long-term care; *lifelong learning* – by ensuring quality learning opportunities, encouraging positive attitudes of adults towards learning, increasing the relevance of learning by developing digital and professional skills during life in compliance with the labour market requirements; *employment and participation* – by increasing the employment opportunities, developing flexible retirement conditions, which, at person's request, would allow to continue the activity, part time or full time; promoting and encouraging the participation of older people in the community life through different volunteering and community planning activities; ensuring the physical safety and an age-friendly environment.

Transforming the ageing and its challenges in an opportunity depends on the extension of professional life, on the creation of voluntary pension funds and on ensuring access of all employees to proper social protection, including to pensions that can ensure a decent living.

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[21] Buciuceanu-Vrabie, M. (2016). Active Ageing Index in the Republic of Moldova. Policy Paper, March–April 2016. http://ccd.ucoz.com/_ld/0/44_Policy_Paper_II.pdf

[22] Gagauz, O. (2020). Quo vadis? Decline of the population that cannot be stopped. In: Magazine of Philosophy, Sociology and Political Sciences, No 3, p. 87-99. https://ibn.idsi.md/sites/default/files/imag_file/87-99_4.pdf

The Active Ageing Index was developed to assess the untapped potential of older people, becoming for each country an evidence-based tool for monitoring the challenges to existing policies and for implementing the Madrid International Plan of Action on Ageing (MIPAA). That is why, to ensure ongoing monitoring of Moldova's capacity to become an enabling environment for active and healthy ageing, it is important to systematise the empirical studies on population ageing and the national statistics that would allow to develop periodically the composite indicators by domains and estimate the entire *Index*, which could guide the relevant policies.