



MINISTERUL MUNCII
ȘI PROTECȚIEI SOCIALE
AL REPUBLICII MOLDOVA



Program on Active and Healthy Ageing for 2023-2027



Developed by the Ministry of Labor and Social Protection of the Republic of Moldova in partnership with the United Nations Population Fund (UNFPA) and approved by Government Decision No. 434/2023

I. INTRODUCTION



The Active and Healthy Ageing Program for 2023-2027 (hereinafter – *the Program*) is a medium-term public policy document describing the objectives and actions to be undertaken to integrate and implement the principle of active ageing in order to improve the chances of active and healthy ageing of the population of the Republic of Moldova.

The development of the Program is conditioned by the need to intensify the efforts of all stakeholders to promote policies that respond to the needs of the ageing population. The Program is intended to ensure the fulfillment of the commitments undertaken by the Republic of Moldova in 2022 by joining the *Madrid International Plan of Action on Ageing*, which aims to ensure that people all over the world age in safety and dignity and continue to participate in society as full citizens (paragraph 10). At the same time, the declaration by the United Nations General Assembly of 2021-2030 as the *Decade of Healthy Ageing*, calls for the need to develop policies, particularly in the health sector, to adapt it to the needs of the population. The Program is also in line with the European Parliament resolution of 7 July 2021 on an “Old continent growing older – possibilities and challenges related to ageing policy post-2020” (2020/2008(INI)) and the Rome Ministerial Declaration adopted at the 5th Ministerial Conference on Ageing of the UN Economic Commission for Europe (2022).

Ensuring an enabling environment for active and healthy ageing highlights the need for a cross-cutting and cross-sectoral approach. In this context, policy priorities cover areas such as health, education, labour market, culture, participation, social protection and others, requiring a synergy of interventions in these areas. A comprehensive and cross-sectoral approach to ageing issues is also relevant in the context of Moldova’s alignment with the 2030 Agenda for Sustainable Development. The

Program contributes to achieving the following Sustainable Development Goals (SDGs):

- reduce poverty and improve the quality of life of older people (SDG1, SDG10);
- ensure healthy lives and promote well-being for all at all ages (SDG 3);
- expand and adapt educational services for older people in the context of lifelong learning (SDG 4);
- develop their digital skills, which will contribute to better social inclusion and participation (SDG 17);

- create an age-friendly labour market, which will contribute to increased participation and the realisation of the potential of older people in the labour market (SDG 8);
- promote and strengthen intergenerational dialogue, with an impact on reducing discrimination and stereotyping of older people (SDG 10);
- ensure the participation of older people in decision-making processes that affect them and reduce the number of older people exposed to violence and discrimination (SDG 16).

The interventions proposed in the Program are in line with the provisions of other policy documents that are in the process of implementation or development, ensuring a cross-sectoral approach to active ageing.

In this context, the new policy document is in line with the *National Development Strategy "European Moldova 2030"*, which emphasizes the weak integration of the principle of active and healthy ageing into sectoral policies, the need to promote healthy and active lifestyles throughout life, to implement the concept of continuing education and lifelong learning, etc., which ensures the adaptation of social subsystems (social insurance, social assistance, etc.) to the ageing population.

The Program is in line with the *National Strategy for Regional Development of the Republic of Moldova for 2022-2028*, which includes an analysis of the impact of demographic ageing in the regions of the country. The formulated actions focus on improving the situation at the regional level in terms of access to sewerage, water, waste collection, leisure, economic and social development of the regions, with a direct impact on older people.

The Program will be aligned with the objectives set out in the draft *National Health Strategy 2022-2031*, specifically in 3.1. Good Governance – Specific Objective 3. "Increase stakeholder and citizen participation in decision making and ensure active and unrestricted participation in discussions", 3.2. Public Health – Specific Objective 4. "Promote healthy lifestyles at all stages of life by increasing health literacy, community mobilisation and empowering people to promote health", 3.3. Service Delivery – Specific Objective 1. "Improve the effectiveness of primary health care in the context of integrated medicine, strengthen capacity to provide rehabilitation, long-term care, community and integrated services. Strengthen community partnerships and ensure continuity of health services", Specific Objective 3. "Increase access to quality rehabilitation, palliative and long-term care services adapted to the demographic phenomenon of an ageing population and the epidemiological profile of morbidity", etc., 3.8. Non-Communicable Diseases – Specific Objective 1. "Strengthen the integrated control of public health risk factors in order to reduce premature mortality from priority non-communicable diseases, including increased life expectancy".

The new program also echoes the draft *Development Strategy "Education 2030"*, in particular Objective 7. "Provide learning and lifelong learning opportunities for all citizens in formal and non-formal settings", which aims to strengthen non-formal and informal education as a means of ensuring lifelong learning (Axis 6).

Mainstreaming ageing in all areas, including monitoring of interventions, implies the need for systematic and sufficient statistics in accordance with international methodologies (MIPAA/RIS), and in this context the Program will also be aligned with the objectives of the future *Strategy for the Development of the National Statistical System for 2022-2030*.

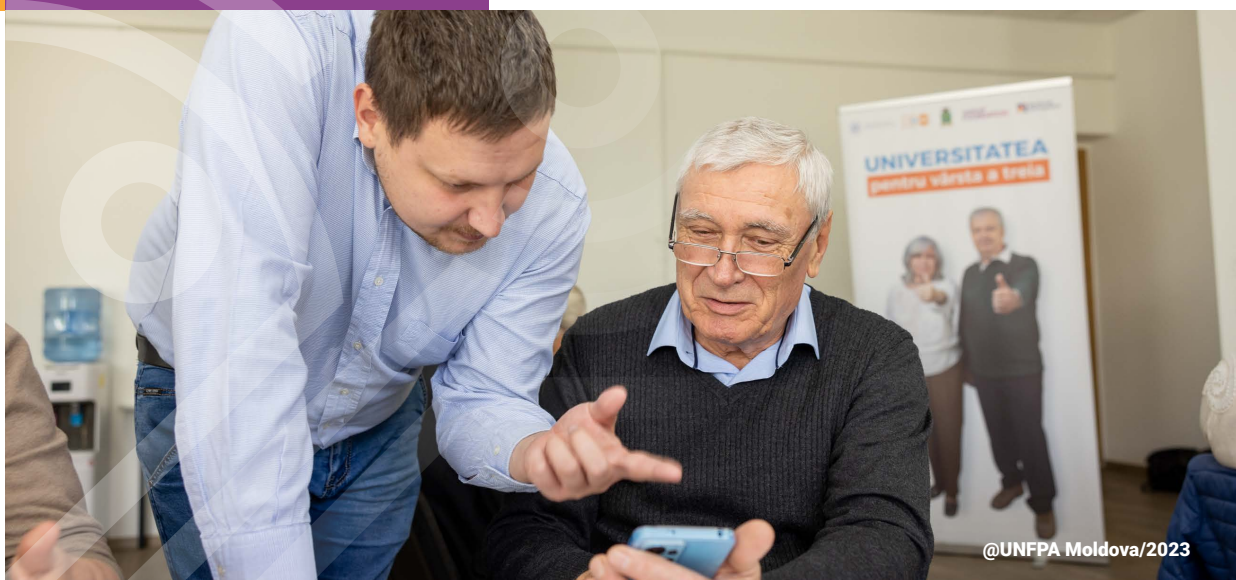
The Program, developed in accordance with item 13.20 of the Government Action Plan 2023, approved by Government Decision No 90/2023, addresses a number of needs, including:

- the need to strengthen institutional capacity at central and local levels to implement activities aimed at active ageing, which is due to the low level of stakeholder involvement in the implementation of policy documents, weak prioritization of the issue at local level, limited funds, etc.;
- the need to ensure the full integration and participation of older people in social life, by increasing ways of consultation and involvement in decision-making processes at local and national levels, opportunities for income-generating activities and volunteering, and strengthening intergenerational dialogue;
- the need to further develop social security, health, education, etc. systems to harness the potential for active and healthy ageing, including by ensuring an inclusive labour market for all ages, skills development through formal and non-formal education programs that foster older people's autonomy;
- the need to create age-friendly and more accessible social, physical and digital environments for all people by implementing innovative infrastructure solutions, further mainstreaming active and healthy ageing in all spheres, reducing loneliness and social isolation by encouraging social participation, combating stereotypes, prejudice and age discrimination in all spheres of social life.

The activities proposed under the Program were identified based on two external evaluations of the implementation of active ageing in the Republic of Moldova, conducted with the support of development partners – the United Nations Population Fund (UNFPA) and the United Nations Economic Commission for Europe (UNECE) in 2021 and 2022. The achievements and shortcomings in this area were identified by calculating the Active Ageing Index in 2020.

The Program was developed by the Ministry of Labour and Social Protection, ensuring the participation of stakeholders (other central public authorities, academia, civil society, development partners) through the creation of a working group that held 4 meetings, including with the participation of older people.

II. SITUATION ANALYSIS



1. Demographic context

In recent decades, the Republic of Moldova has been facing numerous challenges of rapid demographic ageing in the context of an alarming decline in the size of the habitually resident population, caused by high levels of natural decline and external migration. In the last 8 years alone, the country's habitually resident population has decreased by 265.5 thousand people, or 9.3%, from 2.9 million (2014) to 2.6 million (2022). Against this population decline, there has been an ageing of the population, particularly noticeable since 2000. In 2016-2022, the population aged 60+ increased by more than 4 percentage points to 22.8% (Figure 1). At the same time, there was an increase in the share of people aged 65+ by 2.9 percentage points (from 12.0% to 14.9%). The preliminary data from the National Bureau of Statistics indicate an increase in the ageing population ratio to 23.8 % by 1 January 2023, which is the highest in the period 2016-2023.

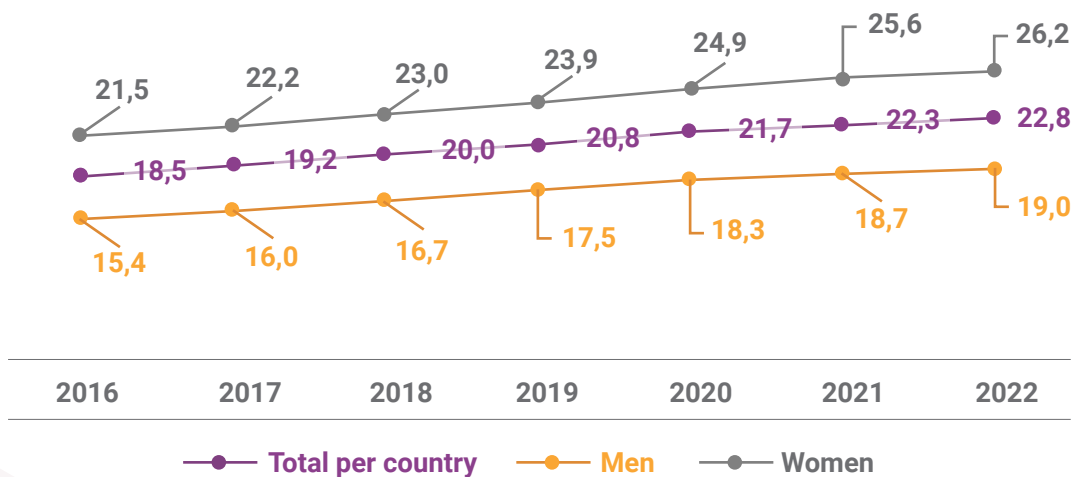


Figure 1. Ageing population ratio, 2016-2022 (%)

Source: National Bureau of Statistics

The size of the older population is growing. According to the National Bureau of Statistics, the proportion of the older population with habitual residence (58 years for women/63 years for men) increased between 2014 and 2022 in all development regions of the country (Figure 2). The South Region (by 6.9 p.p.) and the Center Region (by 6.3 p.p.) have the largest increases in the proportion of older persons. The North Region has the largest share of the older population at 23.6%, followed by the South Region (23.3%).

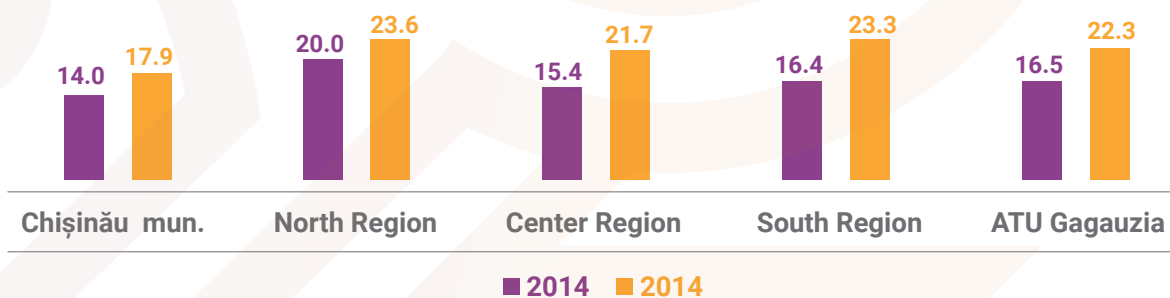


Figure 2. Share of population aged 58/63+ with habitual residence by territorial profile, 2014 and 2022 (%)

Source: National Bureau of Statistics

The analysis of data on administrative-territorial units shows that the district with the oldest population in the country is Cimișlia district, where the share of population aged 60+ is 29.1%, and Chișinău municipality is the administrative-territorial unit with the lowest share of older population – 18.7% (Figure 3). In the North Region, the highest share of the older population is recorded in Briceni district (28.3%), and in the Center Region – in Hîncești district (25.3%). In the South Region, following Cimișlia district, a rather high share of population aged 60+ is recorded in Basarabeasca district (28.7%).

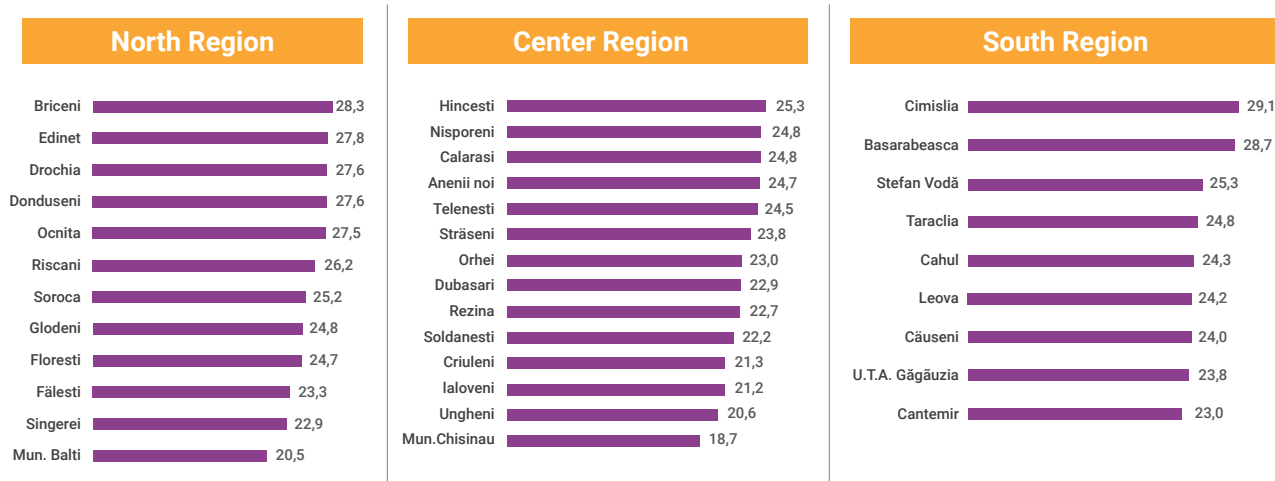


Figure 3. Proportion of population aged 60+ by region and district, 2022 (%)
Source: National Bureau of Statistics

At the same time, the Basarabeasca district recorded the highest rate of population ageing over the last 5 years: from 22.6% in 2017 to 28.8% in 2022 (an increase of 6.2 p.p.). Chișinău municipality (from 16.6% in 2017 to 18.7% in 2022, or an increase of 2.1 p.p.) and Dondușeni district (from 25.4% in 2017 to 27.6% in 2022 – an increase of 2.2 p.p.) have lower ageing rates.

The ageing of the population reflects a relevant gender perspective. The age pyramids show a disparity between female and male populations, especially at older ages: for every 100 women aged 60+, there are about 66 men, which is explained by higher mortality rates in the male population (Figure 4). Studies show that although women live longer, many spend years in poor health, meaning their healthy life expectancy is lower.

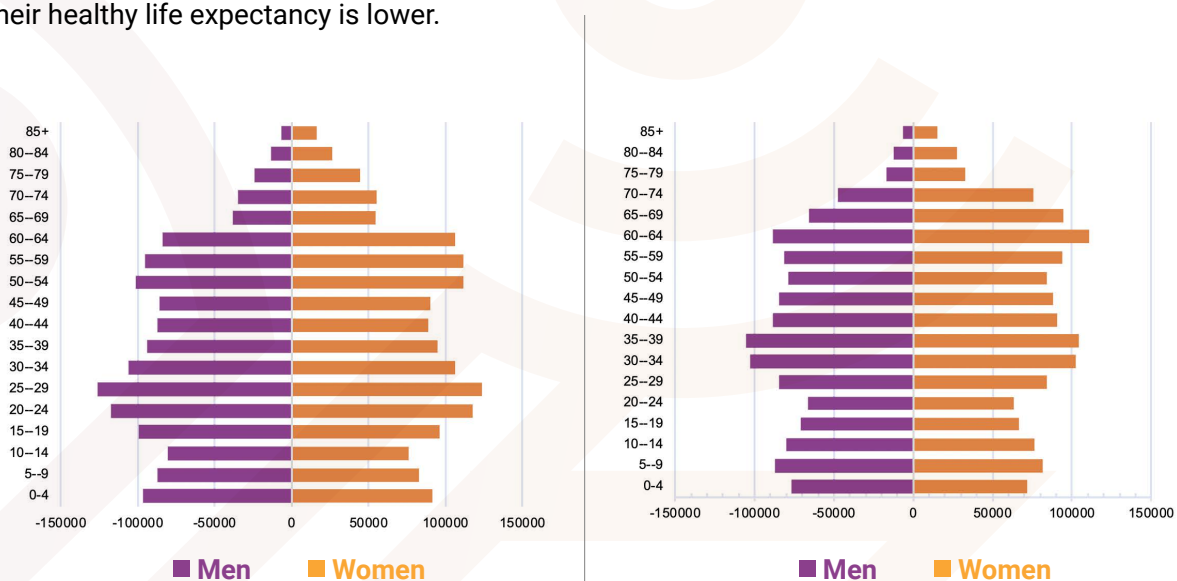


Figure 4. Age pyramid, 2014 and 2022 (persons)
Source: National Bureau of Statistics

According to the forecasts of the Center for Demographic Research, demographic decline will continue at a rapid pace in the coming decades. By 2040, the age-sex pyramid will have a disproportionate profile: the 50+ generation will account for about half of the total population. At the same time, the share of the population aged 60+ may reach 30.2% in the positive scenario and up to 32.3% in the negative scenario (Figure 5). The share of the population aged 70+ is also projected to double from 8 to 17.2%.

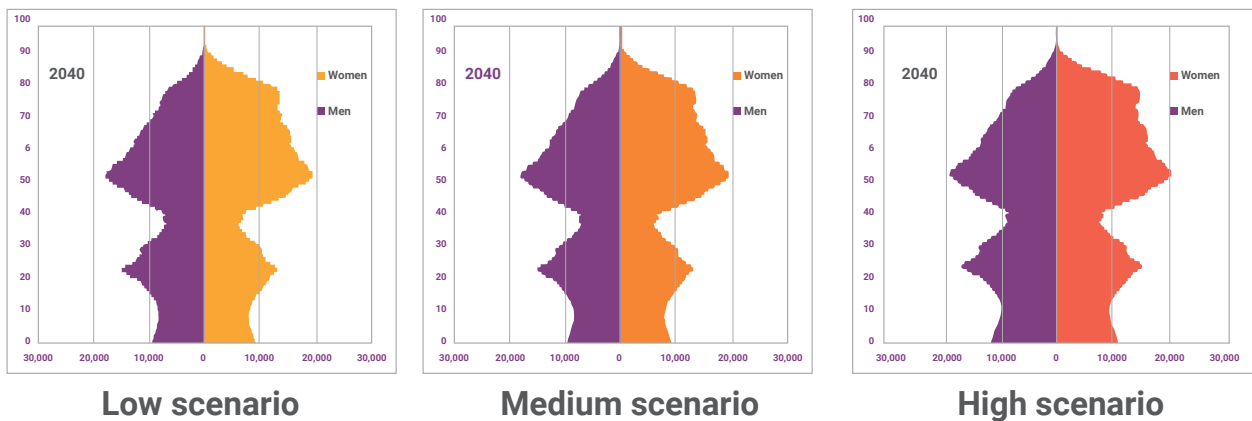


Figure 5. Age pyramid, 2040 (persons)
Source: Centre for Demographic Research

2. Health of older people

In recent years, life expectancy for people aged 60+ has been declining. In 2021, the life expectancy for people aged 60 decreased from 2020 by 0.96 years (from 16.55 years in 2020 to 15.59 years in 2021), people aged 65 - by 0.91 years (from 13.31 years in 2020 to 12.40 years in 2021), and people aged 85 - by 0.36 years (from 3.74 years in 2020 to 3.38 years in 2021) (Figure 6).

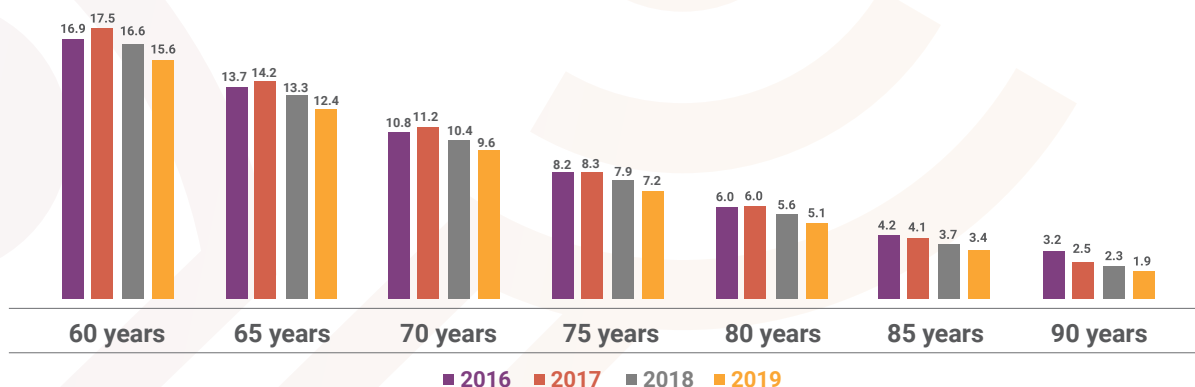


Figure 6. Life expectancy of people aged 60+ (years)
Source: National Bureau of Statistics

The decline in life expectancy of the older population is more pronounced among men than among women. In 2021, the average life expectancy of men aged 60 was 13.4 years and that of women of the same age – 17.5 years. At the same time, the average life expectancy of men who reached the age of 65 in 2021 was 10.6 years, and that of women of the same age – 13.8 years. Over the past 5 years, there has been a 31.5 percentage point increase in mortality in the population aged 60+, from 27,976 deaths in 2017 to 36,693 in 2021, which was also significantly influenced by Coronavirus disease between 2020 and 2022. The statistics show a preponderance of deaths among men, with a significant difference, especially in 2021 (Figure 7).

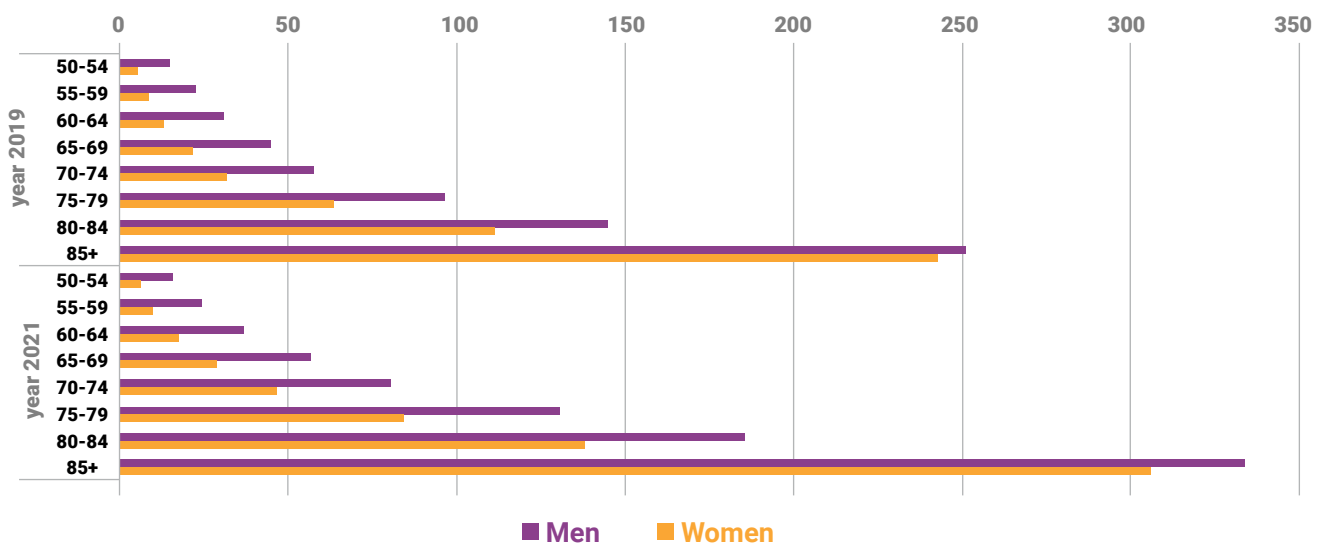


Figure 7. Mortality rate by age group and sex (%)

Source: National Bureau of Statistics

The causes of high mortality rates in old age remain the same. Diseases of the circulatory system account for the largest share. However, statistical data show that in recent years the excess mortality of men aged 60 and older has been caused by malignant tumors, digestive diseases, respiratory diseases and accidents (Figure 8).

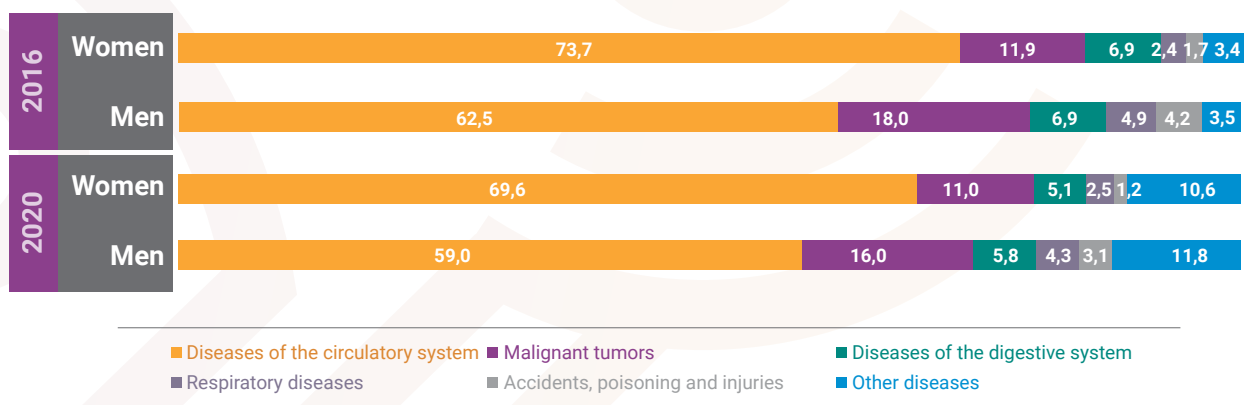


Figure 8. Deceased persons aged 60+, by main cause of death (%)

Source: National Bureau of Statistics

Research shows that from age 50 onwards, people live out 30% of the rest of their lives in poor or very poor health, and about a third (31.2%) of people aged 65-79 rate their health as poor or very poor (26.4% of people aged 65-69, 29.7% of people aged 70-74 and 37.6% of people aged 75-79). Also, about 86% of people aged 60-79 believe they suffer from at least one chronic disease. One in three older people recognised as having a primary disability suffers from diseases of the circulatory system, and about one in five suffers from malignant tumors (Figure 9). Also, about one in seven suffers from diseases of the eye and its appendages. At the same time, tuberculosis is more common among men aged 55+ (26.4%).

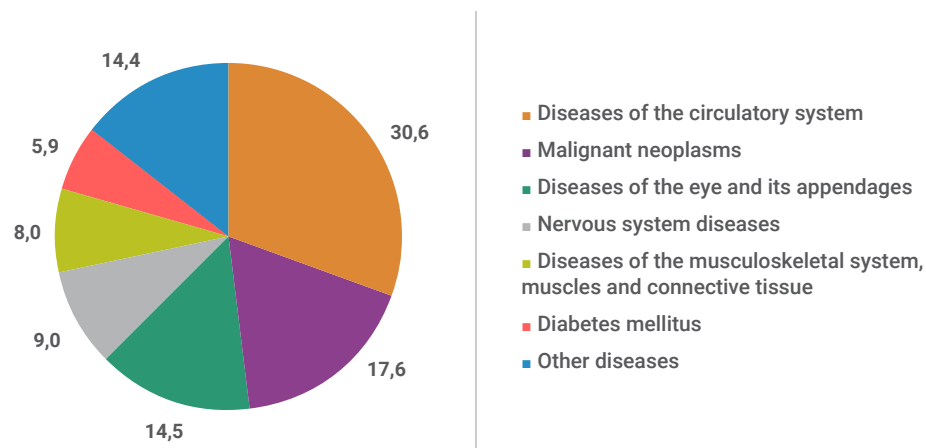


Figure 9. Incidence of disease in persons aged 58 years 6 months/63+ recognised as having a primary disability in 2020 (%)
Source: National Bureau of Statistics



A higher proportion of older people in rural areas rate their health as poor or very poor, facing obstacles in accessing health services at the local level (shortage of health workers, especially specialists and dentists, who mainly work in towns and district centers). During the COVID-19 pandemic, especially in the first 4 months of the pandemic, the problem of access to health services became more acute, with 2/3 of older people reporting difficulties in accessing a doctor.

A significant proportion of older women do not have full access to health services. Unmet need is even higher among vulnerable women, reaching 43% among women with disabilities, 35% among poor women and 35% among women aged 60+ (Figure 10). A recent analysis shows that for 46% of women aged 60 and older, lack of funds is a significant reason explaining difficulties in accessing health services, while this category accounts for 37% of older men. The same analysis shows that 30% of older men and 27% of older women paid informally for the health services they accessed.

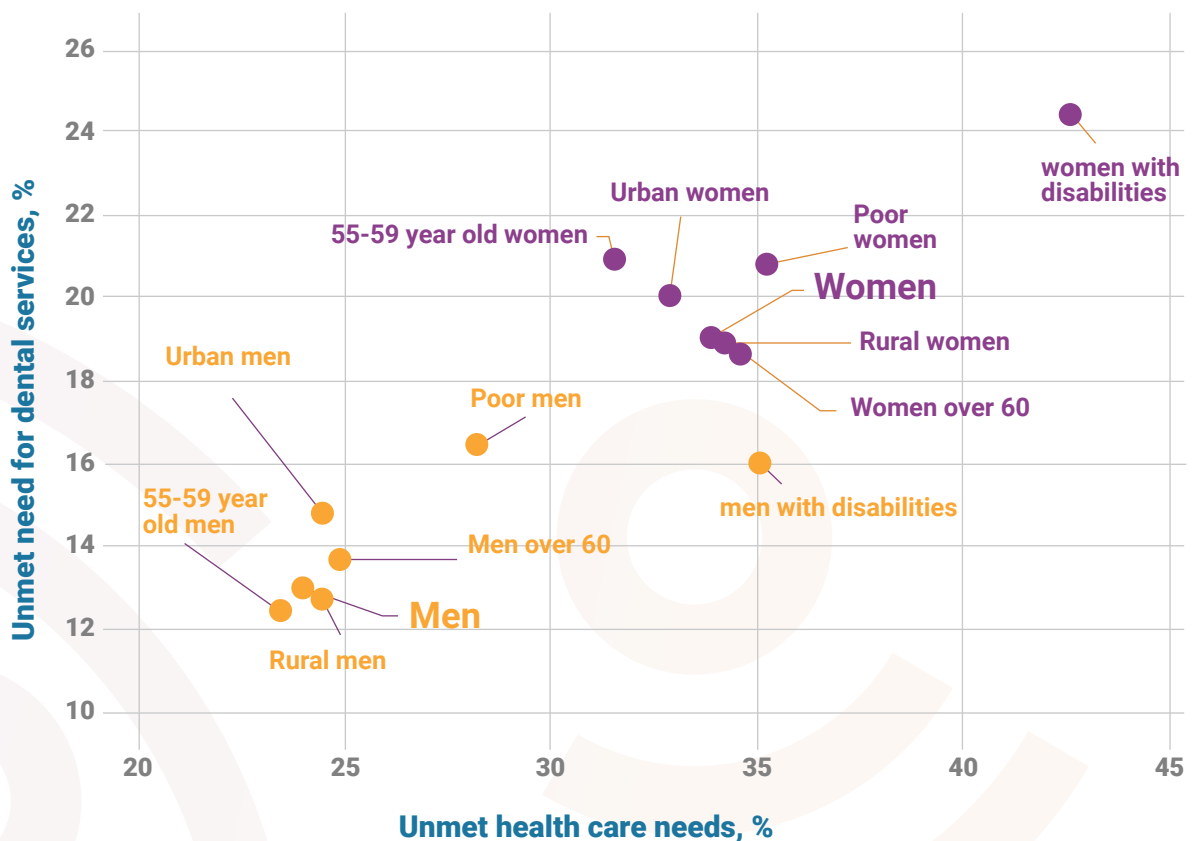


Figure 10. Unmet health care needs (%)

Source: UNFPA, Ministry of Labour and Social Protection, Generations and Gender Survey

Men, especially older men, are more likely to use alcohol and tobacco. In general, men tend to use tobacco products more than women. Although the proportion of people aged 60 years and older who use tobacco and alcohol frequently is relatively small compared to other socio-demographic groups (Figure 11), an estimated 29% of men in this age group are smokers, and the proportion of men in the 45-59 age group who smoke is 56%.

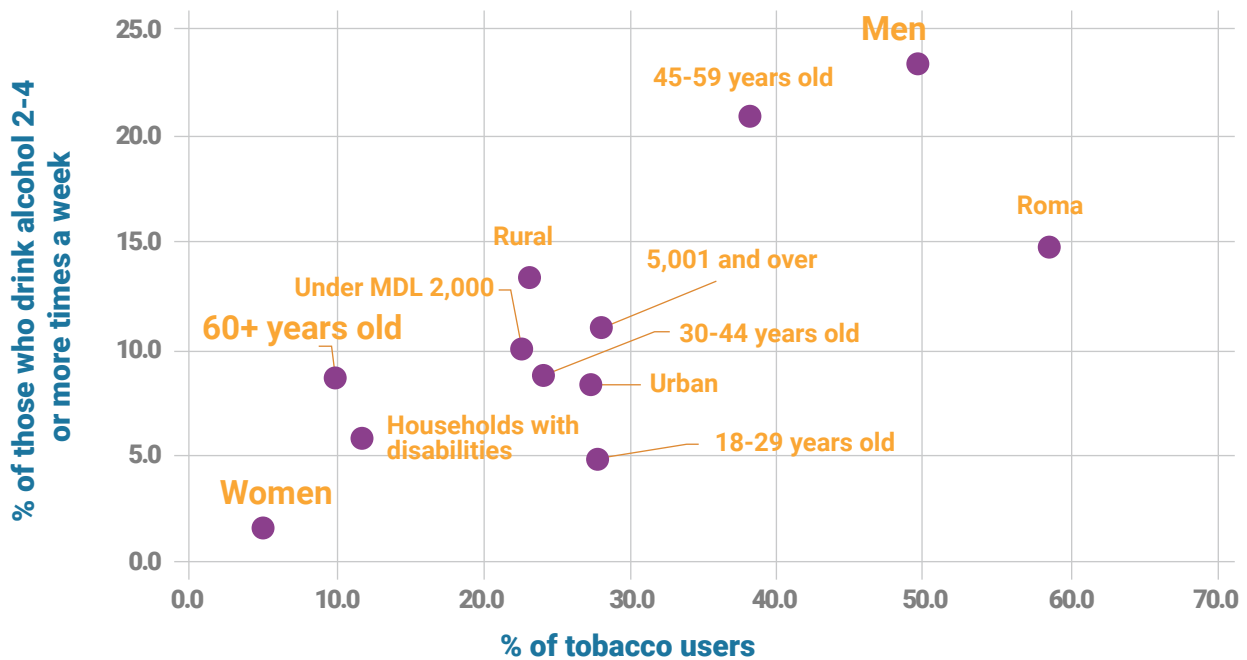


Figure 11. Share of tobacco and alcohol users, %

Source: *Unequal Moldova: An analysis of inequalities in the Republic of Moldova, 2021*

Advancing age is associated with low levels of happiness and high levels of loneliness. Less than a quarter of the population aged 75-79 consider themselves happy, and more than a third feel lonely (11% – very lonely and 23% – moderately lonely). The Generations and Gender Survey shows that older people are more likely to be depressed than other age groups. There is also a lack of community-based psychological services, reluctance of the population to seek such services, high cost of psychological services, etc., which limits access to psychological support services for people in need of palliative care and their families. With an ageing population, the need for health and care services to ensure a dignified old age will increase. The health status of older people is also determined by low participation in health maintenance activities such as walking, gymnastics, and other physical activities. According to the Generations and Gender Survey, only 1/4 of the population aged 55+ engages in such activities on a daily basis.

The underdeveloped network of home-based palliative care services is also a recognised problem, and the number of palliative care teams is insufficient to meet the needs of potential beneficiaries. At the same time, outpatient palliative care services in the Republic of Moldova are underdeveloped. Data from the Ministry of Health show that only 38% of people received palliative care at home and up to 25% in inpatient units. This is due to limited access to essential palliative care medicines and reduced capacity of health care providers to provide quality services to people in need of palliative care.

3. Participation in educational programs

The participation rate in ongoing vocational training programs is quite modest. Data from the Generations and Gender Survey found that only 2% of people aged 55-74 are engaged in lifelong learning, below the EU average of 4.5%. Studies show that young people participate more in different learning activities than older people: 66.2% of people aged 18-29 versus 56.6% of people aged 60+. The same analysis grouped the population by level of access to educational opportunities and level of motivation to learn. Thus, only 4.7% of people aged 60+ can be considered part of the empowered group - the group that has access to learning opportunities and has a high level of motivation to learn. People aged 45-59 had a share of 10.1%, and the 30-44 age group – 20.7%. In the case of non-formal education, the share of empowered older people is even lower (Figure 12).

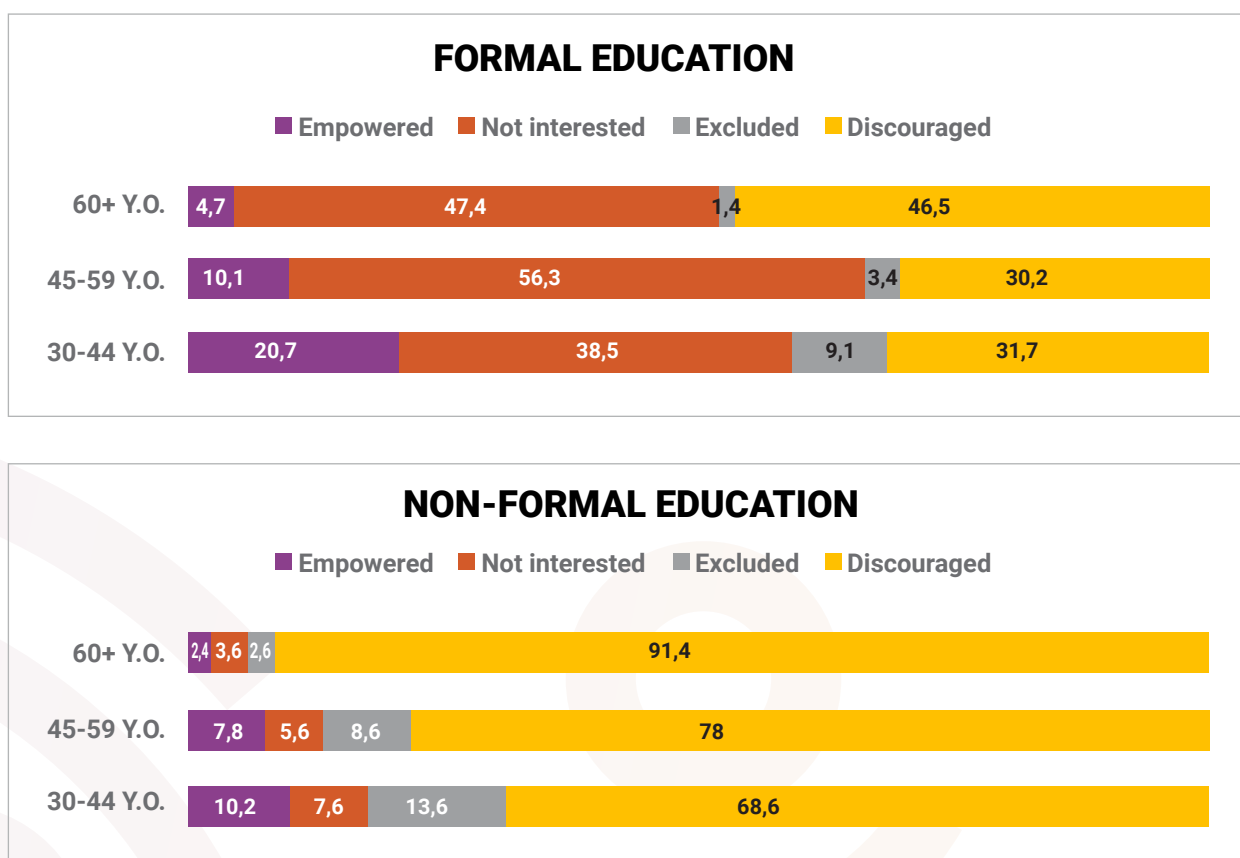


Figure 12. Grouping of the population by level of access and motivation to learn (%)

Source: Uncertain pathway to adult qualifications. An analysis of inequalities in lifelong learning in the Republic of Moldova. Study Chisinau, 2020

The adult population has quite a low interest in continuing vocational training: only a quarter of the population would be likely to pursue formal education in the future, in addition to the education they already have. Thus, the older the population gets, the lower the level of interest in pursuing/continuing education (from 21.4% for young people to 2.7% for older people, which is below the European average (around 20% for people aged 45-54 and 12% of people aged 55-64 are looking for learning opportunities). The lack of interest in formal educations explained by the lack of need for such studies (33.7%) and too high costs (24.5%).

Motivation for informal education is also quite low among older people: around 4%, registering the lowest share. In the case of non-formal education programs, the barriers hindering older people's access are distance (33.8%), family responsibilities and health/age (22.6% each). Data of the Ministry of Education and Research show that 5 adult education centres have been created at national level in: Soldanesti district (Rogojeni village), Rezina district (Pripiceni village), Dubasari district (Oxentea village), Leova district (Sărata Nouă village and Leova town), which explains the above mentioned factor of too long distance.

The low interest in lifelong learning depends on its impact on occupational success, and the connection between further education/professionalisation and occupational success is less felt as people get older. Thus, older people would more often choose non-formal studies (5.4% - training/workshops, 3.9% - specialisation/training courses and 2.6% - exchange of experience), rather than formal education (4.2% would like to continue at a college/university and 2.6% - master/doctoral studies). At the same time, the likelihood of older people pursuing education in the next few years is quite low, with non-formal education activities being of interest for the most part: 6.0% would participate in workshops /trainings (Figure 13).

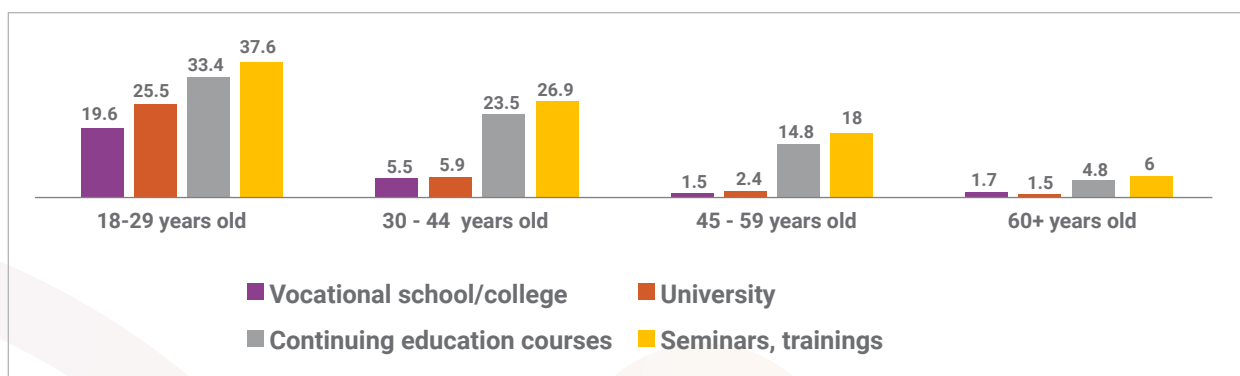


Figure 13. Share of population aged 60+ likely to be in formal or non-formal education in the next 3 years (%)

Source: *The uncertain path to adults' qualifications. An analysis of inequalities in lifelong learning in the Republic of Moldova. Study Chisinau, 2020*

Lifelong learning opportunities in the Republic of Moldova do not fully meet the needs of adults, including older people. Although there has been some progress in developing lifelong learning policy frameworks in recent years, subject-matter research reveals a lack of coherence in their implementation. Educational programs are largely focused on the training of skills and competences to enable them to enter the labour market, but less on meeting the needs of personal, social, cultural development, etc. During 2020, 404 ongoing vocational training programs were developed, evaluated and accredited in the context of lifelong learning, mostly on education sciences. About 40% of older people who want to study find the educational programs not to be friendly enough, invoking age and health as a barrier (Figure 14). For another significant proportion of older people, the barriers to studying were work-related (21.1% had inflexible working hours, 11.2% had no employer support), and 22.4% (mostly older women) reported family responsibilities as a barrier to learning.

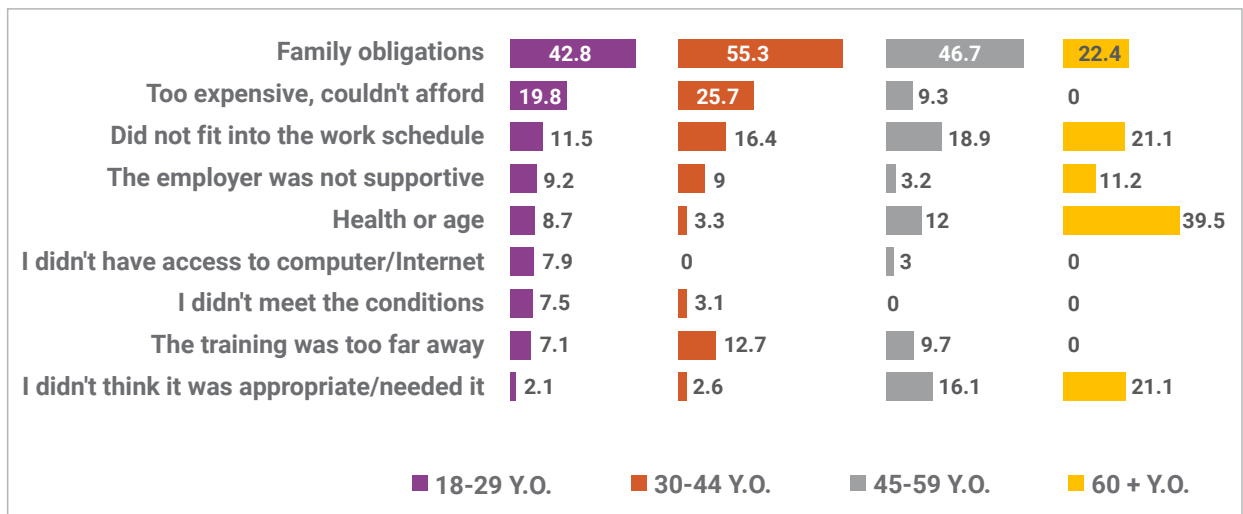


Figure 14. Barriers to continuing education for the population who had previously graduated from formal education and would like to study more

Source: *The uncertain path to adults' qualifications. An analysis of inequalities in lifelong learning in the Republic of Moldova. Study Chisinau, 2020*

In areas where older people are more actively engaged, the overall participation rate in ongoing training programs is relatively lower.

These areas are: agriculture and forestry (27.9%), education (14.8%), industry (11.9%), trade (10.6%), health and social work (9.4%). The lowest overall rate of participation in ongoing training programs was recorded in agriculture, forestry and fisheries (5.6%). In education, the overall participation rate in ongoing training programs was 15.5% in 2021, in industry - 15.2%, trade - 12.1%, health and social work - 22%, which shows a low participation in ongoing training programs by those working in these fields, including older people.

Older people's participation in education programs is also conditioned by limited access to digital technologies. On average, only 32.9% of the country's population aged 60+ use the internet, which is about 41 percentage points below the average for the general population (18+) and about 8 percentage points below the EU average (40.8%). Increasing age is associated with a decrease in the number of people accessing internet sources (Figure 15). In the urban area there is a higher proportion of internet use by people aged 60+ (average 42.8%), and a lower proportion in the rural area (average 28.9%). At the same time, women aged 70-79 (20.1%), compared to men of the same age (26.0%), had a lower share of internet use.

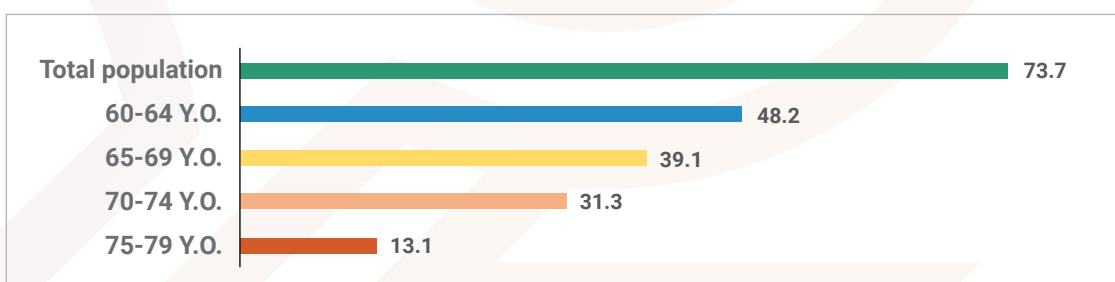


Figure 15. Share of population aged 60+ using the internet (%)

Source: *Ministry of Labour and Social Protection, UNFPA, Generations and Gender Survey*

Older people's digital skills are quite limited. Existing analyses (Figure 16) point to significant discrepancies in basic digital skills. The level of digital skills is low for both the 60+ and 45-59 age groups. Limited access to information technologies and low levels of digital literacy will have a significant impact, as these groups will have neither full access to digital public services, nor the possibility to communicate and access flexible forms of work or education, nor the simple possibility to get information from the digital environment.

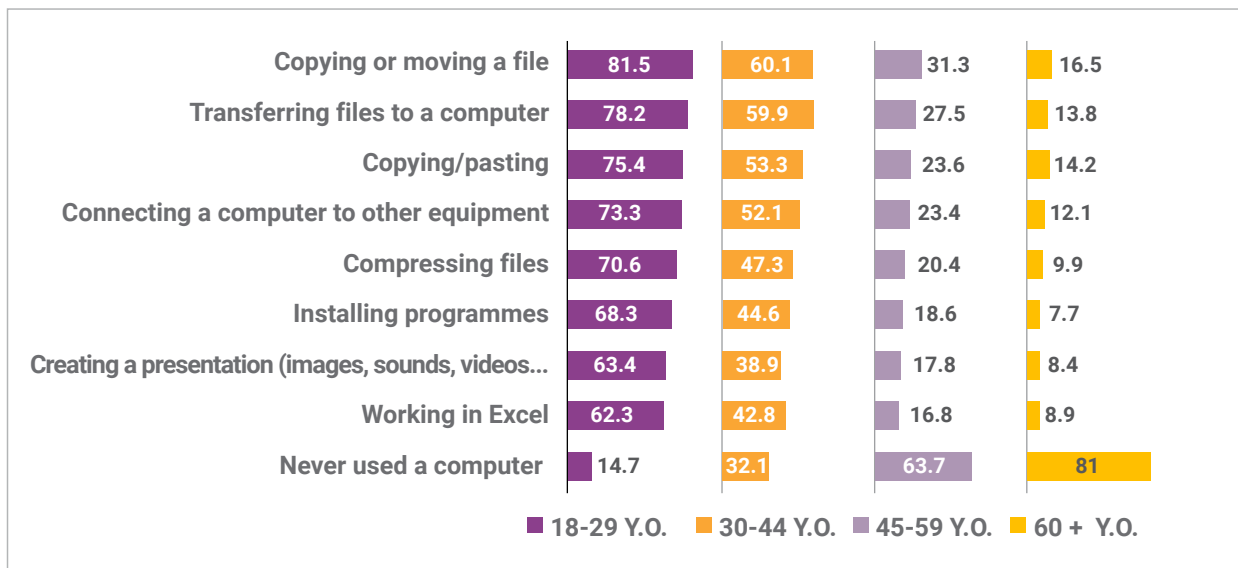


Figure 16. Level of basic digital skills, %

Source: *The uncertain path to adults' qualifications. An analysis of inequalities in lifelong learning in the Republic of Moldova. Study Chisinau, 2020*

A problem affecting the development and delivery of ongoing adult education, including for older people, is the lack of a clear mechanism for regulating the collection, processing, interpretation and provision of statistical data. Without data reflecting the skills and knowledge needs of this group of people, it is difficult to design specific interventions. In addition, there is a lack of systematically conducted scientific studies on training needs, which affects the understanding of training needs and aspirations, barriers, etc.

4. Labour market participation of older people

Due to the demographic decline, the labour market will be affected by the decreasing number of the most active people (the 20-64 age group). Thus, if at the beginning of 2022 there were about 1.6 million of people from the above group, the forecast for 2040 estimate a decrease by up to 1 million. Even if the proportion of the total population does not decrease significantly - from 61.4% to 58.1% - the rate of young to adult workers will increase in favour of the latter. As a result, we will see a labour shortage.

Ageing is associated with difficulties in participating in the labour market, and this challenge is worsening with retirement. More than 88.0% of people aged 60+ find it difficult and very difficult to find a job in the Republic of Moldova. In 2016-2020, the number of people aged 60+ in employment will decrease by 5.6 percentage points (from 19.4% in 2016 to 13.8% in 2020), compared to an increase in the share of the inactive population (Figure 17).

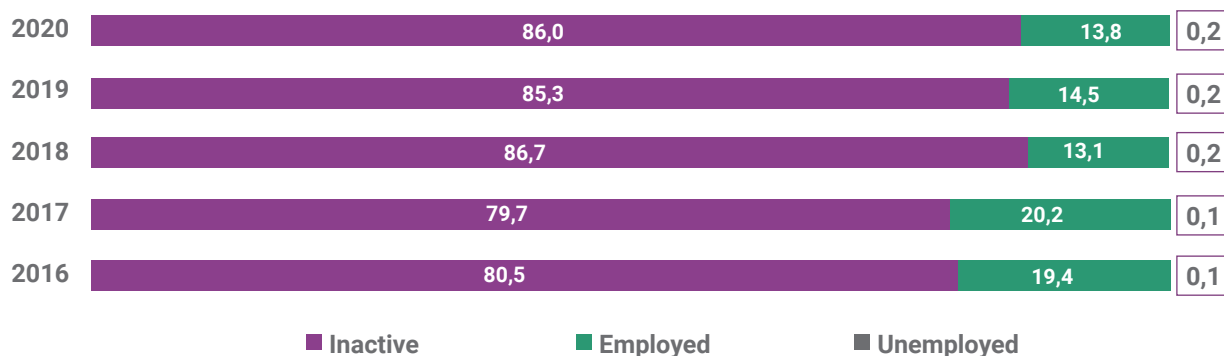


Figure 17. Participation of people aged 60+ in economic activity, 2016-2020 (%)

Source: National Bureau of Statistics

Labour market activity is higher among the 55-59 age group, with an employment rate of 52.9% in 2020. The employment rate falls towards the age of 74: less than 7% of the population aged 70-74 is employed (Figure 18).

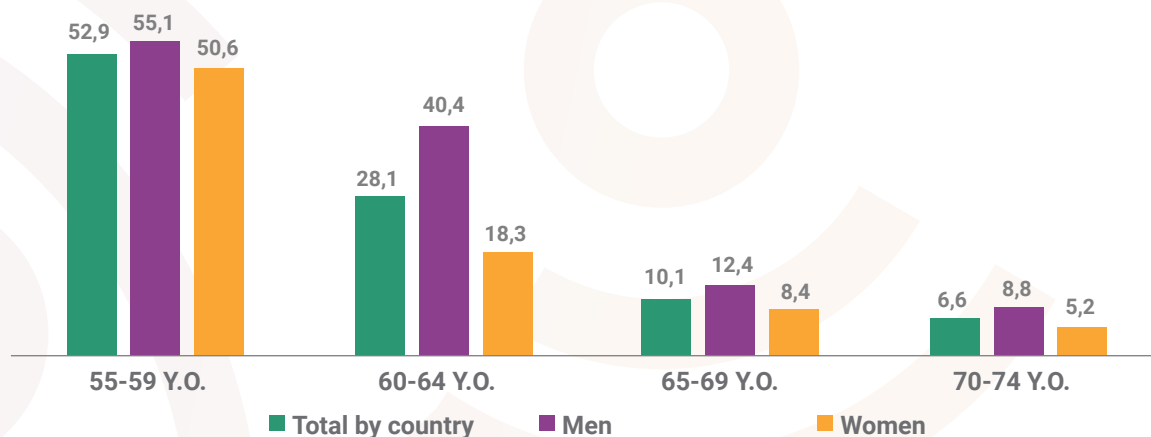


Figure 18. Employment rate of people aged 55-74, 2020 (%)

Source: Demographic Research Centre

Employment of older people is driven by gender inequalities. Disaggregated data show a gap in labour market opportunities for women. Women's employment rate is lower than men's, especially in the 60-64 age group (2.2 times lower) and the 65-69 age group (1.5 times lower), with the retirement age of women being one of the reasons. In addition to the differences generated by the retirement age limit, over the years women face a number of challenges related to gender inequalities in accessing economic opportunities, the division of paid and unpaid work, etc.

Older people are predominantly employed in low-productivity sectors and jobs. Most people aged 60+ work in agriculture and forestry (27.9%), education (14.8%), industry (11.9%), trade (10.6%), health and social work (9.4%) (Figure 19).

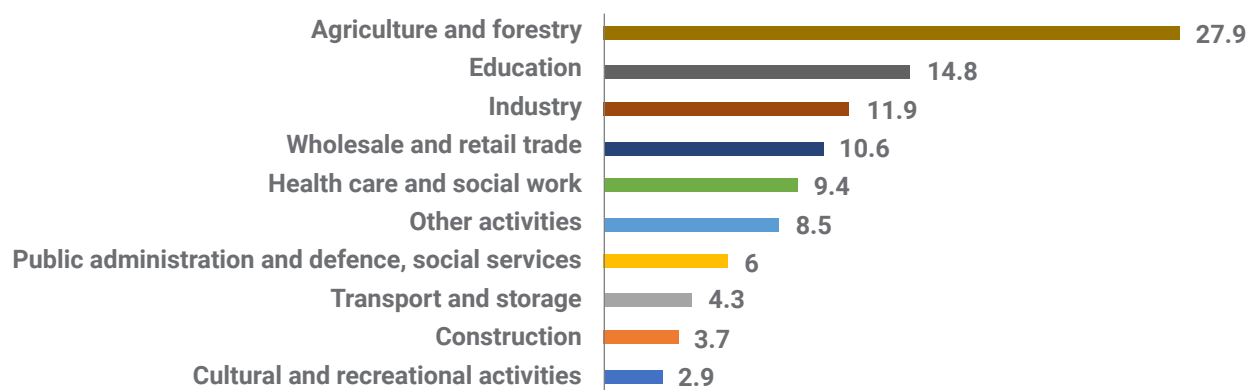


Figure 19. Share of people aged 60+ in employment, by economic activities in 2020 (%)

Source: National Bureau of Statistics

The increase of the number of unemployed people in the 45-64 age group – from 32% in 2019 to 37.2% in 2021 – is a noteworthy aspect. This impacts their subsequent integration into the labour market.

Discriminatory labour market practices against people who have reached retirement age have become more common. Data from the Council for the Prevention and Elimination of Discrimination and Ensuring Equality indicate that 8% of all complaints registered in 2021 alleged discrimination against old-age pensioners. Some older people feel they are not treated properly once they reach retirement age, given the small size of their pension. At the same time, 48.5% of people aged 60+ believe that older people are among the most discriminated groups in the Republic of Moldova, and about 27% have been discriminated against in the last 12 months.

5. Economic vulnerability

The economic vulnerability of older people is much more significant than that of the general population and they are more exposed to absolute poverty. In 2021, about 36% of older people were living in absolute poverty, which is an insignificant decrease compared to 2020 (37.2%), but an increase compared to 2016 (31.6%). The last 3 years show a significant discrepancy between the absolute poverty rate among people aged 60+ and other age groups (Figure 20).

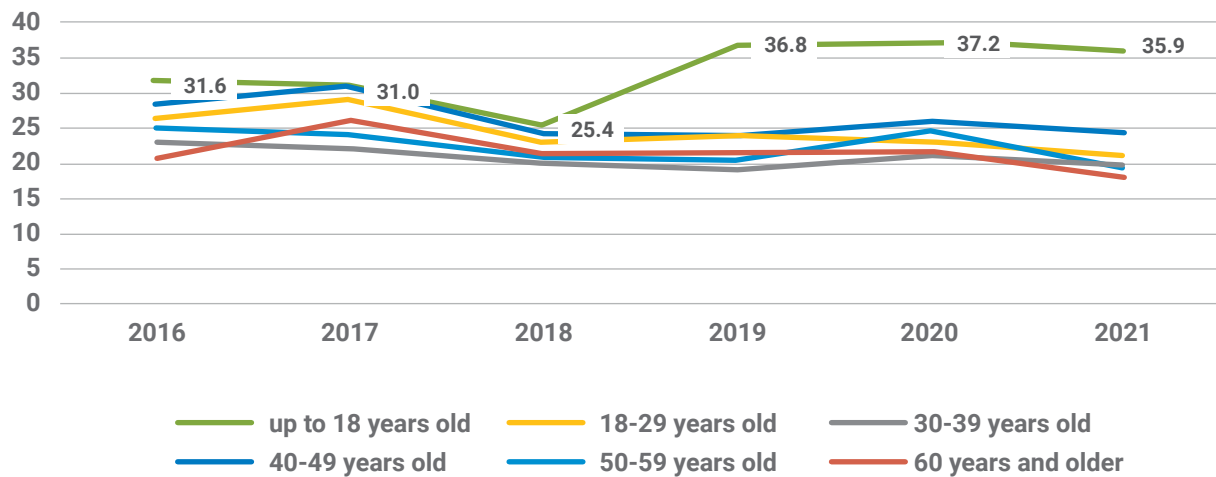


Figure 20. Absolute poverty rate by age groups in 2016-2021, in %

Source: National Bureau of Statistics

Rural households consisting exclusively of older people are in a poorer financial situation than the urban ones. At the same time, the older people depend on social benefits, which are the main source of income for households consisting only of older people in both urban (66.0%) and rural (65.2%) areas. Only in a fifth of all households consisting exclusively of older people in the urban area and in about a tenth of rural households the income is supplemented by salary-income (Figure 21).



Figure 21. Average monthly income per person in households with older people in 2021 (MDL)

Source: National Bureau of Statistics

Older women are more exposed to economic vulnerability. Thus, women account for 73.8% of the beneficiaries of the Social Aid Canteen and 72.1% of the total number of older people who received cash support for disadvantaged families/people in 2021. As women get older, they are more likely to receive cash support (at least MDL 750): on average, 14.0% of women aged 60+ compared to 11.6% of men of the same age. Women aged 65+ have benefited to a higher extent from cash support in the last 12 months. Besides, women constituted most (83.4%) of Home Care beneficiaries in 2020. Data from the Generations and Gender Survey shows that, on average, only 17.5% of people aged 60-79 have enough income to cover basic needs, by 11.4 percentage points less than the general population. Older women, compared to men, have a lower proportion of sufficient income, indicating a reduced ability to meet basic needs (Figure 22).

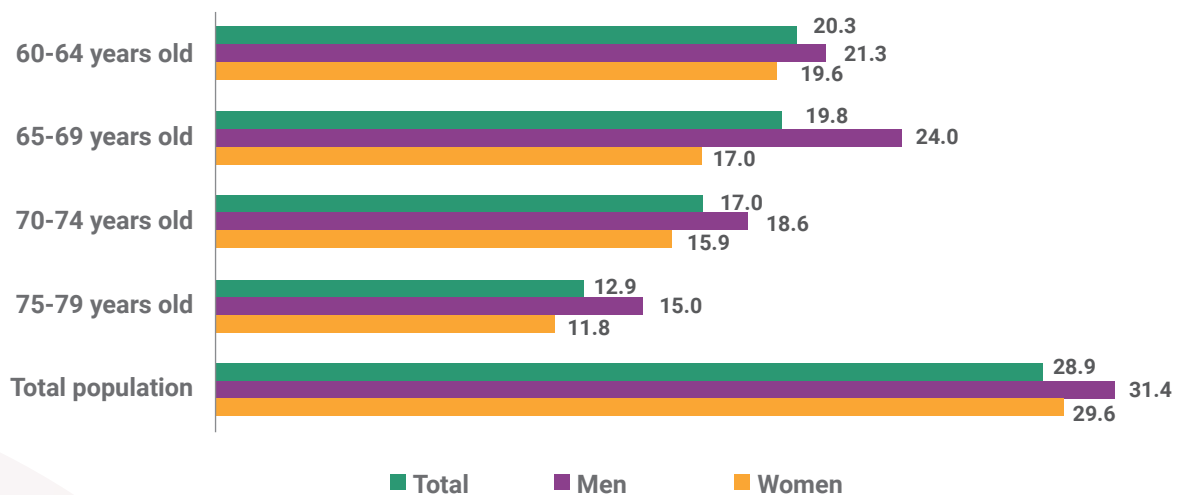


Figure 22. *Distribution of persons aged 60-79 by sufficiency of income to cover their basic needs (%)*
Source: Ministry of Labour and Social Protection, UNFPA, Generations and Gender Study

6. Intergenerational solidarity

Intergenerational networks are a relevant mechanism in ensuring active and healthy ageing. The provision of self-care support to older people is an indicator that reflects the level of solidarity between generations. In the case of the Republic of Moldova, only 6.6% of the population aged 15-79 regularly provided personal care in the last 12 months to people aged 75+, with a higher share among women. The participation of people aged 55+ in adult care is higher (15.5%) compared to the general population, with a more active participation of women. On the other hand, only 4.1% of people aged 65+ had received help with personal care in the last 12 months, with a higher proportion for people of higher ages and for men.

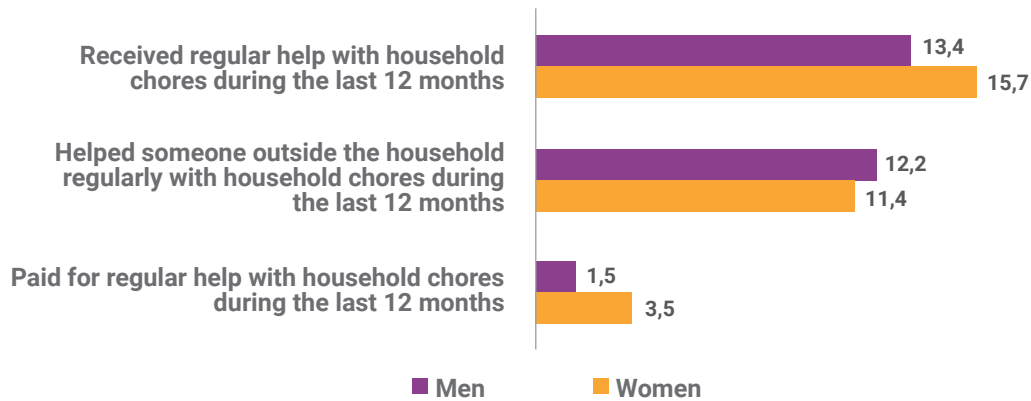


Figure 23. Share of people aged 60-79 received help and regularly provided help with household chores (%)

Source: Ministry of Labour and Social Protection, UNFPA, Generations and Gender Survey

The contribution of older people is also found in helping others with household chores. About 12% of people aged 60-79 provided help to other people outside the household with household chores, while 14.6% received such help (Figure 23). The precarious economic situation of people aged 60+ influences their ability to pay for third parties to carry out household chores: on average, only 2.5% could afford to do so in the last 12 months. The older generation contributes with support in caring for young children. Around a fifth of people aged 60-69 have provided such help in the last 12 months, with a higher involvement of women.

7. Participation of older people in civic and community life

The information level is relatively low among older people. Existing data on older people's level of information about the work of local public authorities, as well as their knowledge of human rights is lower compared to other age groups (Figure 24). An increasingly significant factor explaining these differences relates to the limited access of older people to digital information technologies. The way civil society organisations approach older people as part of their outreach or community mobilisation efforts is another relevant factor in this regard. Data of a survey conducted by the Office of the People's Advocate shows that about 7% of young people versus 2% of older people have been contacted by civil society organisations to share information on human rights.

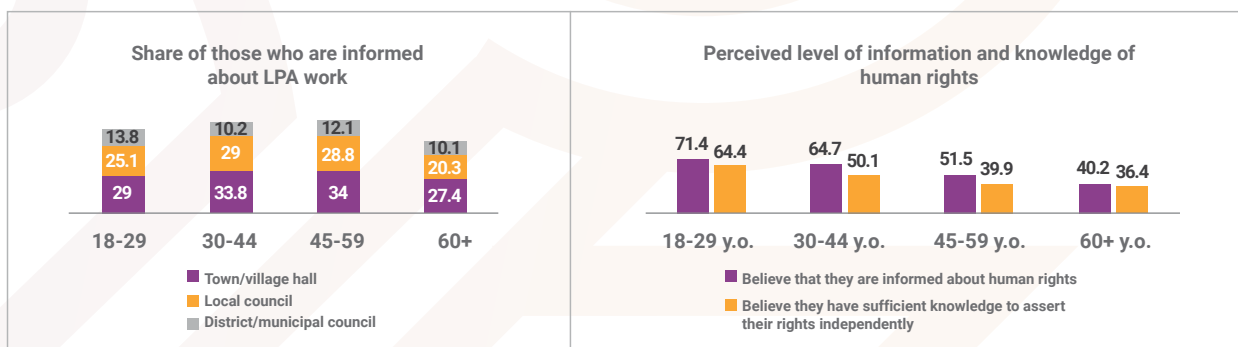


Figure 24. Level of information on the work of local public authorities and human rights, (%)

Source: Center Partnership for Development, Office of the People's Advocate

Older people have a rather restricted level of involvement in community activities.

Only 3% of the population aged 55+ say that at least once a month they participate in activities organised in the community by social and community services, educational and cultural associations, charitable organisations, etc. In addition, only 1% of the total income of pensioner households is spent on recreation and culture and 0.2% - on education, recording a decreasing trend compared to 2019. Participation in cultural activities keeps older people in the social life. In the case of the Republic of Moldova, it is not possible to assess older people’s access to cultural services due to the lack of disaggregated statistical data.

Participation in decision-making has increased, but willingness to participate remains low. Compared to 2018, in 2021, the participation rate of both older people and the other age groups in the decision-making process increased. This positive dynamic can be explained by the implementation of several programs and initiatives at the community level. At the same time, willingness to participate in the decision-making process remains relatively low by comparison. For example, in 2021, 35.9% of the general population and 37.3% of the population aged 30-44 were willing to engage in some activities to influence decision-making, the share of people aged 60+ willing to engage was 27.7% (Figure 25).

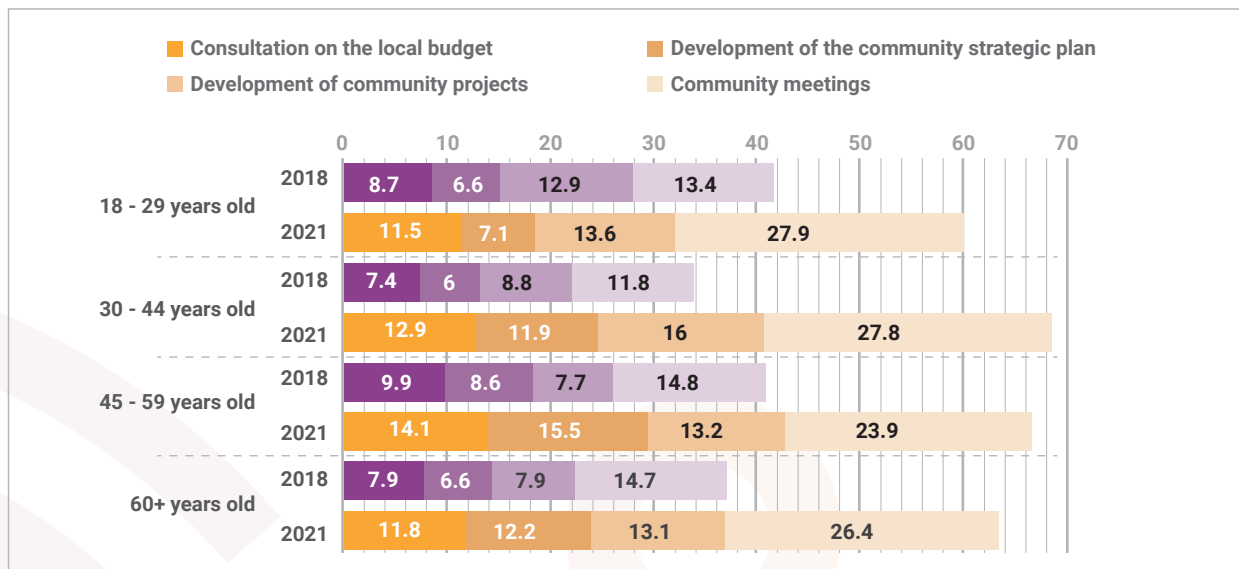


Figure 25. Level of participation in decision-making (%)

Source: An analysis of inequalities in the Republic of Moldova, 2021

8. Physical infrastructure and equipping households

Households consisting only of older people are less equipped with the main facilities compared to households where older people live together with other people. In about half of the households (on average 51.2%), older people have access to an indoor toilet, with a lower access for those in households consisting exclusively of older people (48.2%). At the same time, older people in this type of household have limited access to hot water (53.5%), indoor bath or shower (54.6%), gas supply (55.3%) and water supply (76.4%) (Figure 26).

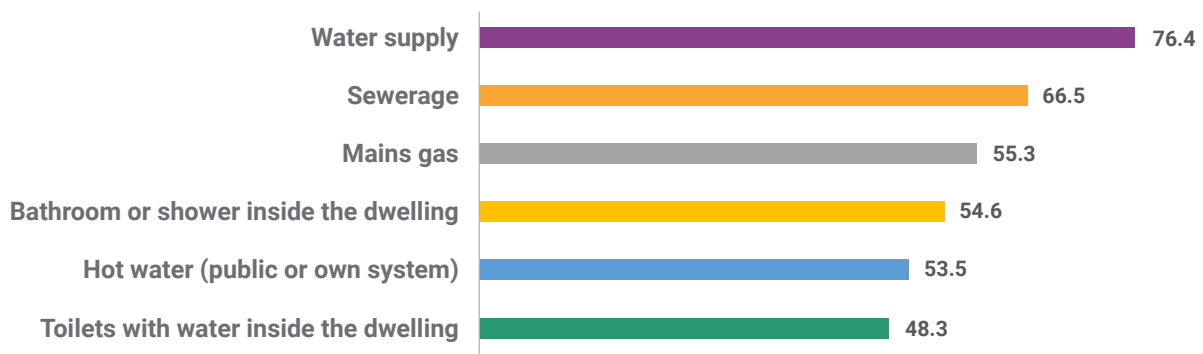


Figure 26. Equipping with main household amenities the households consisting only of older people, 2021 (%)

Source: National Bureau of Statistics

Older people's households are disadvantaged compared to young people's in terms of access to public utilities. This discrepancy is largely driven by the income gap these households have and their financial capacities to connect to services. For a significant proportion of older people, public utilities are expensive (Figure 27).

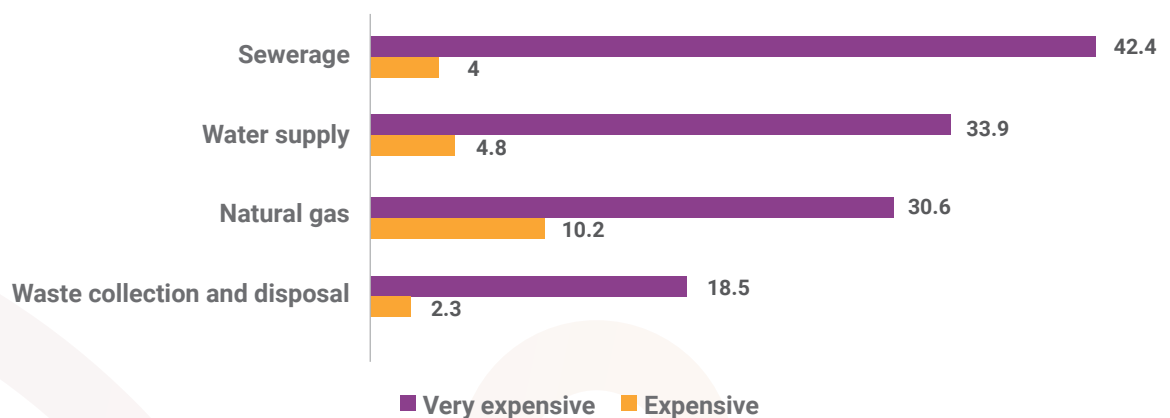


Figure 27. Share of people aged 60+ who consider public utilities too expensive, in relation to disposable income (%)

Source: Unequal Moldova: An analysis of inequalities in the Republic of Moldova, 2021

Thus, households of older people have limited access to services and utilities, given their income and status.

9. Active ageing index

The social and economic context of the Republic of Moldova has an important impact on the situation of older people and their opportunities. Older people are exposed to a multi-faceted vulnerabilities, which can be identified by the Active Ageing Index. In 2020, the indicator was 28.7 points out of 100, 8.1 points below the European average (36.8 points) and about twice as low as the target of 57.5 points. The Active Ageing Index shows discrepancies between men (30.5 points) and women (27.1 points). Women, despite living longer, have unequal opportunities compared to men to age actively and healthily, being socially disadvantaged and having a high level of occupational, material, financial and physical vulnerability during old age. In this context, **less than a third of the population aged 55+ in the Republic of Moldova has opportunities to age actively and healthily.**

The 2021 review of Moldova’s implementation of the commitments under the Madrid International Plan of Action on Active Ageing (2002) reveals a number of shortcomings in the policies implemented so far (Figure 28) and the need to review public policies so that they fully meet the needs of both older people and of the entire population, in order to create an environment that provides opportunities for healthy and active ageing.



Figure 28. Weaknesses in the implementation of MIPAA commitments

Source: Based on the Evaluation Report of the 2018-2021 Action Plan implementing the Active Ageing Principle and the Madrid International Plan of Action on Ageing (MIPAA)

III. GENERAL PROGRAM OBJECTIVES



Creating an enabling environment for active and healthy ageing, respecting the dignity and recognising the potential of people of all ages, requires a cross-sectoral approach and a consolidated effort of all institutions. With the country's population ageing at a rapid pace, coherent and well-coordinated interventions are needed to maximise the impact of policies. In this context, the aim of the Program is to create conditions and opportunities for healthy, active and productive ageing for all people in the Republic of Moldova, helping increase the active ageing index by 8.1 points, from 28.7 points in 2020 to 36.8 points in 2027.

In order to achieve the goal, the following **general objectives** have been set:

- 1 expand older people's access to quality basic social services;
- 2 strengthen the policy and institutional framework to increase opportunities for healthy and active ageing by creating age-friendly environments and integrating ageing into areas of social life;
- 3 increase the number of older people participating in community-based empowerment programs, services and activities;
- 4 increase the number of older people using information technologies to access public services, communication and information.

IV. SPECIFIC PROGRAM OBJECTIVES

The general objectives are conceptualised through the set of specific, coherent and relevant objectives in relation to the main issues impacting the active and healthy ageing, as follows:

specific objective 1.1.

Establish and expand the basic social services for older people in 50 communities by 2027;

specific objective 2.1.

Increase by 60% the implementation of public policy objectives relevant to active and healthy ageing by strengthening the capacities of administrative authorities responsible for implementing the Programme, by 2027;

specific objective 2.2.

Mainstream active and healthy ageing into 5 sectoral policies by 2027;

specific objective 3.1.

At least 80 local public authorities to adjust the existing community services (culture, sport, etc.) to make them more age-friendly by 2027;

specific objective 3.2.

Fifty local public authorities to establish community-based services and programs for the mobilisation and self-organisation of older people by 2027;

specific objective 3.3.

Increase the number of civil society organisations implementing active ageing programs and activities at local level from 4 in 2022 to 25 in 2027;

specific objective 4.1.

Develop and ensure the functionality of the National Platform of ICT Equipment for Older People from 2024 onwards;

specific objective 4.2.

Initiate and implement the Support Program for Connecting Older People, ensuring that 25,000 older people have access to communication via modern equipment from 2024 to 2027;

specific objective 4.3.

Expand the national network of digital mentors for older people to more communities, helping to increase the number of mentors to 5,000 people with ICT skills and the ability to access public services, communication and social networking by 2027.

The Program objectives are in line with the commitments of the *Madrid International Plan of Action on Ageing*, impacting on the areas measured by the Active Ageing Index

V. IMPACT



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The implementation of this Program aims to increase the number of older people in the Republic of Moldova who are healthier, more productive and empowered to participate actively in all spheres of social life. In this context, the Program aims to overcome constraints on institutional capacities to address and mainstream active ageing into policies at national and local levels.

The expected impact of the proposed specific objectives and medium-term effects resulting from Program implementation are estimated in Table 1.

Table 1

Program Outcome Framework			
Outcomes	Indicators and data sources	Baseline data	Impact indicator 2027
<p>Impact: more older people in Moldova become healthier, more productive and empowered to participate actively in all spheres of society</p>	<p>Active ageing index (points/short) by the 4 areas, disaggregated</p> <p><i>Source: Report on Active Ageing Index in the Republic of Moldova</i></p>	<p>28,7 (2020)</p>	<p>36,8 EU average (2020)</p>

Outcomes	Indicators and data sources	Baseline data	Impact indicator 2027
<p>General Objective 1. Expand older people's access to quality basic social services</p>	<p>Number of men and women receiving services annually: (i) social food; (ii) home care service; (iii) day centres for older people;</p> <p><i>Source: Annual report of the National Social Assistance Agency</i></p>	<p>13 352 15 975 1 135</p>	<p>17 352 19 000 1 475</p>
<p>Specific Objective 1.1. Establish and expand the basic social services for older people in 50 communities by 2027</p>	<p>Number of local public authorities (cumulative) that have created new basic services and expanded social services</p>	<p>n/a</p>	<p>50</p>
<p>General Objective 2. Strengthen the policy and institutional framework to enhance opportunities for healthy and active ageing by creating age-friendly environments and integrating ageing into areas of social life</p>	<p>Implementation degree of public policy objectives relevant to active and healthy ageing by domain/sector</p> <p><i>Source: Annual reports on Program implementation; Evaluation reports on sectoral public policies</i></p>	<p>n/a</p>	<p>60%</p>
<p>Specific Objective 2.1. Increase by 60% the implementation of public policy objectives relevant to active and healthy ageing by strengthening the capacities of administrative authorities responsible for implementing the Programme, by 2027</p>	<p>Number of ministries responsible for Program implementation, actively developing at least one active and healthy ageing initiative relevant to sectoral policy</p> <p><i>Source: Annual report of ministries</i></p>	<p>n/a</p>	<p>At least 3</p>

Outcomes	Indicators and data sources	Baseline data	Impact indicator 2027
<p>Specific Objective 2.2. Mainstream active and healthy ageing into 5 sectoral policies by 2027</p>	<p>Number of sectoral policies factoring in the perspective of active and healthy ageing</p> <p><i>Source: Evaluation of sectoral policies</i></p>	3	5
<p>General Objective 3. Increase the number of older people participating in community empowerment programs, services and activities</p>	<p>Social participation index (points/score)</p> <p>Index on independent, healthy and safe living (points/score)</p> <p><i>Source: Gender and Generations Study, Active Ageing Index</i></p> <p>Cumulative number of people aged 55+ (disaggregated by gender) who are enrolled in public community sport, community participation and cultural activity services through the Program effort</p> <p><i>Source: Reports of the Ministry of Culture, Ministry of Education and Research, local public authorities</i></p>	<p>13.0 (12.3 men, 13.6 women; 2020)</p> <p>53.8 (59.0 men, 48.3 women; 2020)</p> <p>n/a</p>	<p>17.0 (17.0 men, 17.0 women)</p> <p>60.0 (60.0 men, 60.0 women)</p> <p>50,000 (10,000 men)</p>
<p>Specific Objective 3.1. At least 80 local public authorities to adjust the existing community services (culture, sport, etc.) to make them more age-friendly</p>	<p>Number of local public authorities that have adjusted the existing services to make them more age-friendly</p> <p><i>Source: Reports of the Ministry of Infrastructure and Regional Development, Ministry of Culture, Ministry of Education and Research</i></p>	n/a	At least 80

Outcomes	Indicators and data sources	Baseline data	Impact indicator 2027
<p>Specific Objective 3.2. Fifty local public authorities to establish community-based services and programs for the mobilisation and self-organisation of older people</p>	<p>Number of local public authorities initiating community-based services and programs to mobilise older people</p> <p><i>Source: Reports of the Ministry of Labour and Social Protection</i></p>	30 (2021)	50
<p>Specific Objective 3.3. Increase the number of civil society organisations implementing active ageing programs and activities at local level from 4 in 2022 to 25 in 2027</p>	<p>Number of civil society organisations implementing programs and activities to promote active and healthy ageing at local level with the support of local and central public authorities</p> <p><i>Source: Ministry of Labour and Social Protection</i></p>	4 (2022)	25
<p>General Objective 4. Increase the number of older people using information technologies to access public services, communication and information</p>	<p>Share of people aged 55-74 using the internet at least once a week</p> <p><i>Source: Generations and Gender Survey, Public Opinion Barometer</i></p>	52.5% (56.3% men, 49.9% women; 2020)	60.0% (60.0% men, 60.0% women)
<p>Objective specific 4.1. Develop and ensure the functionality of the National Platform of ICT Equipment for Older People from 2024 onwards</p>	<p>Number of older people who have obtained ICT equipment under the National Platform</p> <p><i>Source: Annual Report of the Platform</i></p>	n/a	5,000 (1,500 men, 3,500 women)

Outcomes	Indicators and data sources	Baseline data	Impact indicator 2027
<p>Specific Objective 4.2. Initiate and implement the Support Program for Connecting Older People, ensuring that 25,000 older people have access to communication via modern equipment</p>	<p>Number of older people benefiting from data traffic subscriptions under the Program</p> <p><i>Source: Annual reports of the Program</i></p>	n/a	25 000 (7,500 men, 17,500 women)
<p>Specific Objective 4.3. Expand the national network of digital mentors for older people to more communities, helping to increase the number of mentors to 5,000 people with ICT skills and the ability to access public services, communication and social networking</p>	<p>Number of older people benefiting from the digital mentoring effort</p> <p>Number of digital mentors</p> <p><i>Source: Annual reports of the Program</i></p>	<p>630 (109 men, 521 women; 2022)</p> <p>175 (38 men, 137 women; 2022)</p>	<p>5,000 (1 000 men, 4 000 women)</p> <p>200 (70 men, 130 women)</p>

These impact indicators will be achieved during 2023-2027 and shall be assessed at the end of Program implementation.

VI. COSTS

The estimated amount of funds needed to ensure the implementation of the public policy document on active and healthy ageing in 2023-2027 is MDL 42.95 million, of which MDL 6.76 million (15.7%) from the state budget and MDL 36.19 million (84.3%) from development partners, identified at the time of drafting the Program.

The distribution of funds by objectives according to the planned activities shows a share of 51.3% for objective 1; 4.7% for objective 2; 27.9% for objective 3 and 16.1% for objective 4.

MDL 22.04 million related to Objective 1 are broken down as follows: specific objective 1.1 - 51.3%.

MDL 2.01 million related to Objective 2 are broken down as follows: specific objective 2.1 - 0.9% and specific objective 2.2 - 3.7%.

MDL 12.00 million related to Objective 3 are broken down as follows: specific objective 3.1 - 11.5%, specific objective 3.2 - 7.6% and specific objective 3.3 - 8.8%.

MDL 6.9 million related to Objective 4 are broken down as follows: specific objective 4.1 - 7.0%, specific objective 4.2 - 2.3% and specific objective 4.3 - 6.8%.

The distribution of funds by funding source for 2023-2027 is shown in Tables 2-4.

Table 2

Estimated costs from the state budget for Program implementation, million MDL						
General Objective	2023	2024	2025	2026	2027	Total
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0,48	0,68	0,88	1,1	3,62	6,76
4	0	0	0	0	0	0
Total	0,48	0,68	0,88	1,10	3,62	6,76

Table 3

Estimated costs from external sources for Program implementation, million MDL						
General Objective	2023	2024	2025	2026	2027	Total
1	10,04	9	0	0	3	22,04
2	0	0	0,26	1,55	0,2	2,01
3	0,5	1,6	0,7	1,315	1,125	5,24
4	0	3,9	1,0	1,0	1,0	6,9
Total	10,54	14,50	1,96	3,87	5,33	36,19

Table 4

Estimated total costs for Program implementation, million MDL						
General Objective	2023	2024	2025	2026	2027	Total
1	10,04	9,0	0	0	3	22,04
2	0	0	0,26	1,55	0,2	2,01
3	0,98	2,28	1,58	2,415	4,745	12
4	0	3,9	1,0	1,0	1,0	6,9
Total	11,02	15,18	2,84	4,97	8,95	42,95

The implementation of some of Program actions could generate additional costs that cannot be estimated at the time of Program development and which will be determined in the course of time.

The Program objectives and actions shall be linked to the funds planned in the Medium Term Budgetary Framework, in sectors and sub-programs such as Healthcare (18), in particular sub-programs 8010. Hospital care and 8015. Palliative health services, Education sector (21) subprogram 8812. Staff development, Youth and Sport sector (19), sub-program 8602. Sport, sub-program 8603. Youth, Culture sector (20) subprogram 8502. Development of culture, social protection sector (22) subprograms 9004. Protection of older people, 9010. Social assistance for people with special needs, 9012. Social protection in exceptional cases, 9019. Social protection of certain categories of citizens, by estimating implementation costs and prioritising reform actions with an impact on active ageing.

Given the limited availability of budgetary resources, central and local public authorities shall take actions to attract external funds for Program implementation. At the stage of drafting the policy document, UNFPA, UNDP and the EU (the "Partnerships for Social Canteen Services Project"), as development partners, are supporting the Government's efforts to ensure the implementation of the principle of active and healthy ageing.

VII. IMPLEMENTATION RISKS

Successful Program implementation could be affected by several risks, and measures have been identified to mitigate the impact and reduce the likelihood of these risks occurring.

Table 5

Risks in implementing the Program		
Risk identification and description	Assessment of the likelihood of risk materialisation and impact (low, medium, high)	Risk mitigation/removal measures
<p>1. Operational risk: Program implementation affected by electoral polls and low interest of local public authorities</p>	<p>Medium</p>	<p>1. Work with local public authorities to raise awareness of the need to promote and implement active and healthy ageing policies at local level 2. Involve the voluntary sector in promoting the principle of active ageing at local level</p>
<p>2. Economic risk: Program objectives compromised under the influence of the precarious economic situation</p>	<p>High</p>	<p>1. Intensify the dialogue with development partners to ensure financial coverage of planned actions 2. Adjust targets to the new economic realities</p>

Risk identification and description	Assessment of the likelihood of risk materialisation and impact (low, medium, high)	Risk mitigation/removal measures
<p>3. Risk of regional tensions: other areas prioritised in the context of the situation in Ukraine</p>	<p>High</p>	<ol style="list-style-type: none"> 1. Review the action plan and adapt it to the new realities 2. Advocacy to promote the rights of older people at risk
<p>4. Risk of insufficient data: lack or insufficiency of up-to-date statistical, administrative and other information for monitoring the fulfilment of objectives</p>	<p>Medium</p>	<ol style="list-style-type: none"> 1. Adjust the statistical system according to data needs 2. Working with academia to carry out regular research 3. Working with development partners and civil society to fund/conduct studies in the field

VIII. RESPONSIBLE AUTHORITIES/INSTITUTIONS

The Ministry of Labour and Social Protection shall be the central public authority responsible for overall coordination of implementation and submission of progress reports to the Government. At the same time, other institutions at central and local level shall be involved in the implementation of the Program and Action Plan, as follows: State Chancellery, Ministry of Education and Research, Ministry of Infrastructure and Regional Development, Ministry of Culture, Ministry of Health, Ministry of Finance, Ministry of Internal Affairs, National Bureau of Statistics, State Social Inspectorate, National Employment Agency, Republican Experimental Centre for Protection, Orthopaedics and Rehabilitation, National Social Assistance Agency, National Agency for Development of Youth Programs and Activities, higher education and research institutions, local public authorities.

IX. REPORTING PROCEDURES

The Program shall be monitored and evaluated by the Ministry of Labour and Social Protection in partnership with the Working Group set up by the Ministry to develop the Program. The Program monitoring shall include the preparation by the Ministry of Annual Progress Reports and their submission to the Government by 1 April each year.

The Program shall be evaluated in two stages. The mid-term evaluation shall be carried out in 2025, at the end of the first Program phase (2023-2025). The final evaluation shall be carried out at the end of Program implementation (2027). The mid-term and final evaluation shall be carried out in accordance with the Methodological Guide for the mid-term and ex-post evaluation of public policy documents.

The Ministry of Labour and Social Protection shall be responsible for coordinating both the mid-term and final evaluations. Program evaluations shall be carried out through a participatory, transparent, objective and comprehensive process, allowing for a review of the policy document (as a result of the mid-term evaluation) and the preparation of a new policy document for the next period (as a result of the final evaluation). The evaluation shall also consider the implementation of the Madrid International Plan of Action on Ageing commitments.

The results of Project monitoring and evaluation shall be discussed in the working group and published on the official website of the Ministry of Labour and Social Protection.



ACTION PLAN

for implementing the Active and Healthy Ageing Program for 2023-2027

Actions	Monitoring indicators BV = baseline value PV = planned value	Implementation costs, million MDL	Sources of financing, million MDL		Implementation period	Responsible authorities/institutions	Partners
			Budgetary sources	Other sources (indicative estimates for development partners)			

Objective 1. Expand older people's access to quality basic social services

Specific objective 1.1. Establish and expand the basic social services for older people in 50 communities by 2027

1.1.1. Increase the access of the older population to assistive devices/technical aids (walking frames, wheelchairs, crutches, adapted toilet seats, etc.)	<p>Number of older people benefiting from walking frames (BV=300, PV=390)</p> <p>Number of older people benefiting from wheelchairs (BV=2,000, PV=2050)</p> <p>Number of older people benefiting from crutches (BV=150, PV=300)</p> <p>Number of older people benefiting from adapted toilet seats (BV=200, PV=260)</p>	Within the limits of the institution's budget	Within the limits of the institution's budget		2027	<p>Ministry of Labour and Social Protection</p> <p>Republican Experimental Centre for Prosthetics, Orthopaedics and Rehabilitation</p>	
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<p>1.1.2. Expand the social services package for the older people (home care service, social food service, day centres for the older)</p>	<p>Draft law/Government decision drafted and approved</p> <p>Minimum quality standards for social food service developed and approved</p> <p>Number of home care beneficiaries (BV=15,975, PV=19,000)</p> <p>Number of social food recipients (BV=13,352; PV = 17,352)</p> <p>Number of social worker units (BV=2 068, PV=2 375)</p> <p>Number of day centres for the older (BV=18, PV=24)</p> <p>Number of beneficiaries of day centre services (BV=1 135, PV=1 475)</p>	<p>19,0</p>		<p>"Partnerships for social canteen services" Project, funded by the European Union</p>	<p>2025</p>	<p>Ministry of Labour and Social Protection</p>	<p>Civil society organisations; development partners</p> <p>HelpAge International</p> <p>Level II and I local public authorities</p>
<p>1.1.3. Evaluate the social home care service in terms of eligibility criteria in order to increase the access of vulnerable older people</p>	<p>Analysis conducted</p>	<p>0,04</p>		<p>0,04</p>	<p>2023</p>	<p>Ministry of Labour and Social Protection</p> <p>State Social Inspectorate</p>	<p>United Nations Population Fund</p> <p>International Organisation for Migration</p> <p>HelpAge International</p>

1.1.4. Establish a Multifunctional Centre for Older People	Number of centres created (VR=0, VP=1)	3,0		3,0	2027	Union of Pensioners	Civil society organisations; development partners
1.1.5. Start the analysis of needs of older people that are not covered with social services	Analysis developed	Within the limits of the institution's budget			2024	Ministry of Labour and Social Protection	Civil society organisations; development partners
1.1.6 Start an ex-ante analysis on the drafting of the Law on Older Persons	Ex-ante analysis developed	Within the limits of the institution's budget			2025	Ministry of Labour and Social Protection	Civil society organisations; development partners HelpAge International
1.1.7. Develop ongoing training courses for staff of social services for older people	Ongoing training courses developed, including a video recorded (BV=0, PV=2) Number of people trained (PV=300)	Within the limits of the institution's budget			2025	Ministry of Labour and Social Protection National Social Assistance Agency	Civil society organisations; development partners

Objective 2. Strengthen the policy and institutional framework to enhance opportunities for healthy and active ageing by creating age-friendly environments and integrating ageing into areas of social life

Specific Objective 2.1. Increase by 60% the implementation of public policy objectives relevant to active and healthy ageing by strengthening the capacities of administrative authorities responsible for Program implementation, by 2027

Healthcare

2.1.1. Expand long-term care services	Number of geriatric beds (BV=630, PV=730) Number of palliative care beds (BV=202, PV=224)	Within the limits of the institution's budget			2027	Ministry of Health National Health Insurance Company	Civil society organisations; development partners
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Education

2.1.2. Expand life-long learning opportunities for older people by implementing the "University for the Third Age" concept	Concept developed and piloted Methodology for identifying the life-long learning needs of older people developed Education programs developed (2027) (BV=0, PV=2) Number of older participants (BV=0, PV=60)	0,4		0,4	2027	Minister of Education and Research Ministry of Labour and Social Protection	United Nations Population Fund Higher education institutions VET institutions
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Employment							
2.1.3. Review the existing regulatory framework by regulating workplace mentoring, involving older people	Program concept developed Draft legislation prepared and approved, if needed	Within the limits of the institution's budget			2027	Ministry of Labour and Social Protection	
Regional development							
2.1.4. Mainstream ageing issues in regional and local development projects	Regional and local development projects factoring in the ageing perspective	Within the limits of the institution's budget			2027	Ministry of Infrastructure and Regional Development	United Nations Population Fund HelpAge International
Security							
2.1.5. Assess security risks in public spaces from the perspective of older people, including from a gender perspective	Study conducted	Within the limits of the institution's budget			2024	Ministry of Internal Affairs	
2.1.6. Integrate ageing into community policing	Revised and piloted program concept Roll out the program nationwide	Within the limits of the institution's budget			2026	Ministry of Internal Affairs	

Specific Objective 2.2. Mainstream active and healthy ageing into 5 sectoral policies by 2027

<p>2.2.1. Expand and improve the national statistical framework on ageing (healthy life expectancy, access to cultural services, etc.)</p>	<p>Data needs identified</p> <p>Disaggregated statistical data collected</p> <p>Active Ageing Index calculated</p>	<p>0,16</p>		<p>0,16</p>	<p>2025</p>	<p>National Bureau of Statistics</p> <p>Ministry of Labour and Social Protection</p> <p>Demographic Research Center</p>	<p>United Nations Population Fund</p>
<p>2.2.2. Mainstream demographic forecasts in the preparation of the Medium Term Budgetary Framework (MTBF)</p>	<p>Population forecast conducted</p> <p>Mechanism developed</p> <p>MTBF developed</p>	<p>1,45</p>		<p>1,45</p>	<p>2026</p>	<p>Ministry of Labour and Social Protection</p> <p>National Bureau of Statistics</p> <p>Demographic Research Center</p>	<p>United Nations Population Fund</p>
<p>2.2.3. Strengthen the capacity of civil servants in the area of mainstreaming active ageing in sectoral policies, including gender-sensitive active ageing</p>	<p>Curriculum reviewed and approved</p> <p>Module developed as part of continuous training programs for civil servants</p> <p>Curriculum developed</p>	<p>Within the limits of the institution's budget</p>			<p>2027</p>	<p>Ministry of Labour and Social Protection</p> <p>Minister of Education and Research</p> <p>State Chancellery</p>	<p>Moldova State University</p>

Objective 3. Increase the number of older people participating in community empowerment programs, services and activities

Specific Objective 3.1. At least 80 local public authorities to adjust the existing community services (culture, sport, etc.) to make them more age-friendly by 2027

3.1.1. Expand the national "Cultural Voucher" program for low-income older people	Draft law drafted and approved Number of older beneficiaries (BV=0, PV=5 000)	2,5	2,5		2027	Ministry of Culture Ministry of Labour and Social Protection	
3.1.2. Mainstream the principle of active and healthy ageing, including from a gender perspective, in local strategies	Local development strategies developed, factoring in the ageing perspective (BV=n/a, PV=at least 3 local public authorities)	1,0		1,0	2024	Ministry of Labour and Social Protection Level II and I local public authorities	Civil society organisations; development partners HelpAge International
3.1.3. Analyse and develop the methodological and regulatory framework to adjust more age-friendly sport and culture programs	Analysis conducted Methodology developed Draft regulatory act drafted and approved	0,15		0,15	2024	Minister of Education and Research Ministry of Culture Level II and I local public authorities	United Nations Population Fund

<p>3.1.4. Train local sport and culture specialists on adapting local programs for the benefit of older people</p>	<p>Training program developed, including a video recorded</p> <p>Training materials developed</p> <p>Training sessions conducted</p> <p>Number of people trained</p>	<p>0,05</p>		<p>0,05</p>	<p>2024</p>	<p>Minister of Education and Research</p> <p>Ministry of Culture</p> <p>Level II and I local public authorities</p>	<p>United Nations Population Fund</p>
<p>3.1.5. Pilot and evaluate, by regions, sport and culture services/programs adapted for the older</p>	<p>Number of localities where services/programs were piloted (VP=10)</p> <p>Number of participants</p> <p>Evaluation study conducted</p>	<p>1,0</p>		<p>1,0</p>	<p>2025</p>	<p>Minister of Education and Research</p> <p>Ministry of Culture</p> <p>Level II and I local public authorities</p>	<p>United Nations Population Fund</p> <p>HelpAge International</p>
<p>3.1.6. Expand the adapted programs</p>	<p>Number of localities that have taken over programs (VP=10)</p>	<p>0,25</p>		<p>0,25</p>	<p>2027</p>	<p>Minister of Education and Research</p> <p>Ministry of Culture</p> <p>Level II and I local public authorities</p>	<p>Local public authorities</p> <p>HelpAge International</p>

Specific Objective 3.2. Fifty local public authorities to establish community-based services and programs for the mobilisation and self-organisation of older people by 2027

3.2.1. Develop the regulatory and methodological framework for community-based services/programs for mobilising and empowering older people at local level	Minimum quality standards developed and approved	0,3		0,3	2024	Ministry of Labour and Social Protection	United Nations Population Fund
3.2.2. Develop guidelines and related materials on local services/programs for mobilising and empowering older people	Guide and materials developed	0,1		0,1	2024	Ministry of Labour and Social Protection	United Nations Population Fund
3.2.3. Implement a training program for local public authorities and civil society organisations in community mobilisation	Training program developed Training sessions conducted	0,2		0,2	2027	Ministry of Labour and Social Protection	Level II and I local public authorities
3.2.4. Expand community mobilization services/programs for older people for communities with a high level of ageing	Number of community mobilisation services/programs (BV=n/a, PV=12)	2,0		2,0	2027	Ministry of Labour and Social Protection	United Nations Population Fund Level II and I local public authorities

<p>3.2.5. Strengthen the capacities and skills of volunteer coordinators in Youth Centres in carrying out activities involving older people</p>	<p>Number of trainings conducted (PV=6)</p> <p>Number of activities carried out by volunteer teams (PV=100)</p> <p>Number of older people involved in activities (PV=2,000)</p>	0,19		0,19	2026	<p>Minister of Education and Research</p> <p>National Agency for the Development of Youth Programs and Activities</p>	United Nations Population Fund
<p>3.2.6. Expand the National Active Ageing Award Competition "For an active life at any age"</p>	<p>Regulation reviewed and approved annually</p> <p>Number of older people awarded (BV=4, PV=23)</p> <p>Number of young people awarded</p>	0,46	0,46		2027	Ministry of Labour and Social Protection	
<p>Specific Objective 3.3. Increase the number of civil society organisations implementing active ageing programs and activities at local level from 4 in 2023 to 25 in 2027</p>							
<p>3.3.1. Implement the Active Ageing Small Grants Program</p>	<p>Number of small grants offered (BV=4, PV=25)</p>	3,8	3,8		2027	Ministry of Labour and Social Protection	

Objective 4. Increase the number of older people using information technologies to access public services, communication and information

Specific Objective 4.1. Develop and ensure the functionality of the National Platform of ICT Equipment for Older People from 2024 onwards

4.1.1. Develop and approve the concept paper on the operation of the National Platform	Concept paper developed and approved	0,5		0,5	2024	Ministry of Labour and Social Protection	United Nations Population Fund
4.1.2. Develop the methodology for identification and distribution of ICT equipment to older people	Methodology developed	0,5		0,5	2024	Ministry of Labour and Social Protection	United Nations Population Fund
4.1.3. Identify partners/members in the Platform	Number of institutional partners willing to contribute with ICT equipment to the program (BV=1, PV=10)	Within the limits of the institution's budget			2024	Ministry of Labour and Social Protection	United Nations Population Fund
4.1.4. Develop/approve annual plans for equipment collection and distribution. Manage and monitor the equipment collection and distribution process	Annual collection and distribution plans implemented	2,0		2,0	2027	Ministry of Labour and Social Protection	United Nations Population Fund

Specific Objective 4.2. Initiate and implement the Support Program for Connecting Older People, ensuring that 25,000 older people have access to communication via modern equipment from 2024 to 2027

<p>4.2.1. Build the portfolio of affordable connection packages and services for low-income older people</p>	<p>Number of packages and services developed (BV=0, PV=1)</p> <p>Number of older people benefiting from data traffic subscriptions under the Program (BV= n/a, PV=25,000)</p>	<p>0,5</p>		<p>0,5</p>	<p>2024</p>	<p>Ministry of Labour and Social Protection</p>	<p>United Nations Population Fund</p>
<p>4.2.2. Develop the regulatory framework for the implementation of the National Program</p>	<p>Concept developed</p> <p>Regulatory framework developed and approved</p>	<p>0,5</p>		<p>0,5</p>	<p>2024</p>	<p>Ministry of Labour and Social Protection</p>	<p>United Nations Population Fund</p>

Specific Objective 4.3. Expand the national network of digital mentors for older people to more communities, helping to increase the number of mentors to 5,000 people with ICT skills and the ability to access public services, communication and social networking by 2027

4.3.1. Develop a minimum training program to guide older people in using ICT	Training program developed Program piloted	0,9		0,9	2024	Ministry of Labour and Social Protection	United Nations Population Fund HelpAge International
4.3.2. Select every year volunteers as digital mentors and train them	Number of volunteers participating annually in the Network (BV=175, PV=200)	Within the limits of the institution's budget			2027	Ministry of Labour and Social Protection	United Nations Population Fund HelpAge International
4.3.3. Identify and select annually older people for digital mentoring	Number of older beneficiaries (BV=630, PV=5,000)	2,0		2,0	2027	Ministry of Labour and Social Protection	United Nations Population Fund HelpAge International



Active Ageing

