
VII *Synthesis Report on the Implementation of the Madrid International Plan of Action on Ageing in the UNECE Region*

Second Review and Appraisal of the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing (MIPAA/RIS)

EXECUTIVE SUMMARY

The context of the second cycle of MIPAA/RIS implementation

Over the last ten years, the ageing of the population was a dominant feature across all UNECE countries. And in the coming decades, the extent and pace of ageing in the region is not expected to abate: people 65 years old and above are set to account for more than a fifth of the total population by 2030, while those 80 years old and above will make up more than 5 per cent. The median age of the region's population will move up from 37.6 years presently to 41.8 years by 2030.

The Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS), both adopted in 2002, provide the main policy framework to direct the response to population ageing among UNECE Member States. It also requires the review every five years of the progress made in implementing MIPAA/RIS commitments in ten key areas, including health and well-being, employment, social participation and intergenerational solidarity.

In the present review and appraisal of the developments since MIPAA/RIS was adopted, and in particular during its second implementation cycle (2007-2012), countries highlighted the positive changes, determined areas for improvement, and identified emerging issues that must be addressed in an intergenerationally balanced way in the coming years. Countries also noted that implementation of the MIPAA/RIS in the UNECE region during the second cycle occurred in a difficult environment, with a financial crisis accompanied by economic, social and political instability in some parts of the region.

Demographic change endures

When in 2002 the UNECE countries adopted the Regional Implementation Strategy for the MIPAA, some 154 million people among the region's population of 1.18 billion were aged 65 years or above (13 per cent). Ten years later, in 2012, the number of people aged 65 years or above had increased to 174.5 million, accounting for 14.1 per cent of the region's total population. Out of eight UNECE countries where the proportion of people aged 65 years or above is presently below 10 per cent, only four are projected to remain below this threshold by 2030: Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

Life expectancy rises and low fertility rates persist

The extent and pace of population ageing depend on trends in life expectancy, fertility and, to some degree, migration. Over the last ten years, increases in life expectancy at birth and beyond age 65 were notable across the region, adding on average three years and nearly a year and a half, respectively. However, in some countries in the Eastern and South-Eastern part of the region, recent gains in longevity have not yet fully offset the significant losses in life expectancy of their citizens, particularly men, during the 1990s.

The disparities in life expectancy among UNECE countries and between men and women (among and within countries) remain large: at birth, for instance, for men they vary from 80.2 years in Switzerland to 62.8 years in the Russian Federation; for women, from 85.3 years in France and Spain to 73 years in Kyrgyzstan.

The average total fertility rate in the UNECE region had dropped to a low of 1.7 children per woman by 2000. In the past ten years, fertility rates marginally recovered in some countries, with the average for the region reaching just below 1.8 children per woman in 2010. Presently, the total fertility rate is below the replacement level (2.1 children) in 45 UNECE countries. In 19 of those countries the rate remains under 1.5 children per woman.

Economic and social environment deteriorates

During the first MIPAA/RIS implementation cycle, from 2002 to 2007, the entire UNECE region experienced a period of relatively high economic growth, increasing labour market participation and declining unemployment, including that of older workers. At the same time, a number of governments in the region also made significant progress in improving social security systems and enhancing healthcare and social services.

The second cycle of MIPAA/RIS implementation took place in a very different economic environment: under the impact of the financial crisis that unfolded in 2008, some more advanced UNECE economies stagnated, while the majority of countries in the Eastern part of the region experienced significant downturns in growth. This resulted in rising inequality, high unemployment, and often in the intensification of the informal sector within countries. Countering the impact of financial crisis, governments in many UNECE countries introduced

fiscal austerity measures that also affected pensions and various social benefits.

Although many countries in the region now seem to be on the path of economic recovery, important challenges remain in ensuring the sustainability of social security systems, strengthening intergenerational relationships, tackling rising inequalities and managing the consequences of migration flows.

Main findings from the second review and appraisal of MIPAA/RIS implementation

In the second review and appraisal of MIPAA/RIS, most UNECE Member States reported major progress in policy areas such as mainstreaming ageing, reforming social protection systems, and further developing health and care systems. However, they also indicated that the main challenges remain in these areas, especially in implementing reforms on social protection systems and further developing health and care systems, as well as adjusting labour markets.

Mainstreaming ageing

A number of countries have developed ageing-related strategic frameworks to streamline policy-making in the future. Both Armenia and the Republic of Moldova have benefited from UNECE assistance in developing *Road Maps for Mainstreaming Ageing*, providing concrete guidance based on a thorough analysis of the country situation. Several countries have established national-level multi-stakeholder bodies with government advisory functions that also include older persons or their representatives. Some countries have specifically strengthened the role of decentralized levels of government in policy implementation. Anti-discrimination legislation prohibits age-based discrimination in most UNECE countries.

Social protection systems

Social security expenditures take a large share of public budgets, and they are the focus of a majority of UNECE Member States' policymaking. Finding ways to sustain social protection systems has been one of the priorities in Member States. Realizing a need to adjust to population ageing and faced with the current economic downturn, a number of countries have taken steps to reform their pension systems, for example by increasing required contributory periods, limiting early retirement options and increasing the retirement age. In general, funded obligatory employment pension schemes financed by contributions of both employers and employees are complemented by social pension schemes based on social security contributions. Often, the mandatory pension insurance system exists alongside voluntary options so that more and more people are covered by supplementary pension schemes. Challenges remain in the area of pension reform implementation. Some countries have had difficulties in developing functioning

private pension systems. In addition to redesigning pension systems, several countries have engaged in comprehensive reforms of their social security and welfare systems.

Labour markets

In many countries, developing strategic frameworks to address population ageing dynamics from a labour market perspective has become a high priority. Special attention is given to measures directed toward extending active working lives. Legal frameworks prescribe equal treatment and non-discrimination based on age or disability. The pension legislation in some countries is being adjusted to facilitate working beyond retirement age. Active labour market measures have been directed at employers who can, for example, benefit from subsidies if they employ older unemployed workers. Employees may receive support in the form of job placement services and training. Adjusting the setup of the workplace and allowing for more flexible work time arrangements may be equally important to accommodating the special needs of older workers. Countries have supported entrepreneurship opportunities for older persons, some of them especially targeting older women.

Ensuring quality of life at all ages and maintaining independent living, health and well-being

Several countries have developed integrated ageing-related strategies or plans with relevance for the health and care sectors, with the aim of making service provision more sustainable and enhancing access to affordable health and care services. Medical insurance coverage ensures access to health care in many countries within the region.

To reduce inequalities in access to health and social services, some countries provide a range of services free of charge or at reduced prices for older persons with special needs. Most countries provide a continuum of care, aiming to privilege individual choice and independent living, offering home-based care, making efforts to further develop long-term care systems, geriatric and palliative care, as well as institutional care for those in need. However, providing access to affordable services continues to be a challenge. Countries have expanded their activities to address challenges around Alzheimer's disease and other forms of dementia. Practically all countries agree to the need for health promotion and disease prevention programmes.

Across the region, work has been done on enhancing quality of care and capacities among care staff. Increasingly, Member States acknowledge abuse and violence against older persons as a challenge and have strengthened their legal frameworks, raised awareness, improved monitoring and provided support. Coordination of services of older persons remains a major challenge and countries have been conscious of the need to

promote integrated health care and social services. To expand service provision, more and more countries have improved frameworks for the non-profit and the private sectors to play a stronger role.

Tasks ahead for the third cycle of MIPAA/RIS implementation

UNECE countries will be entering into the third cycle of implementation of MIPAA/RIS (2013-2017) with distinct awareness of the enduring demographic change and with an increasing recognition of both challenges and opportunities that population ageing generates in the region. The recent economic downturn in many parts of the UNECE region is likely to have a lasting impact on the social and economic environment in which the MIPAA/RIS commitments will be carried out.

Within the overall framework of a mainstreamed and integrated approach towards ageing, UNECE Member States will continue to focus on a number of specific policy-areas set out in the MIPAA/RIS framework:

- Issues around health and care will remain high on the agenda, in particular with regards to better integration and coordination of social and health services, financial sustainability, the promotion of independent living and ageing at home, developing integrated models of long-term care, supporting informal and family care givers and preventing violence and abuse.
- Changes in labour market policies have aimed to allow persons to continue working if they wish by increasing the retirement age and abolishing incentives for early retirement. Such reforms need to be further implemented. They need to go hand in hand with pension and social protection system reforms that aim to ensure sustainability while safeguarding minimum subsistence levels and countering poverty among older persons.

- Countries will continue working on lifelong learning to keep the ageing workforce well-adjusted to changing realities in the workplace and also empowering older persons to live active and fulfilling lives.

- Gender aspects are given more and more importance when formulating and analysing policies, using for example gender impact assessments or performing gender budgeting. Additional efforts will be required to facilitate the reconciliation of work with family and care responsibilities.

Implementing MIPAA/RIS in the region has been about using opportunities and addressing challenges related to population ageing. The second review and appraisal of the MIPAA/RIS culminated in the Ministerial Conference which took place on 19-20 September 2012 in Vienna, Austria, under the theme “Ensuring a Society for All Ages: Promoting quality of life and active ageing”. The outcome document aims to guide activities in the next cycle of implementation. The Working Group on Ageing provides the institutional framework to facilitate intergovernmental collaboration in this area, providing the structure to exchange experiences and jointly work towards a *Society for all Ages* in the countries and across the region.

1. INTRODUCTION

The MIPAA/RIS process

Madrid Plan of Action on Ageing (MIPAA), adopted at the Second World Assembly on Ageing in Madrid in 2002, provides the global policy framework to guide the efforts of countries in response to population ageing. In the UNECE region, Member States have devised a more targeted Regional Implementation Strategy (RIS), adopted in 2002 in Berlin. The Strategy highlights ten commitments that Member States agreed to focus on when implementing the Madrid Plan.

The 10 Commitments of the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing (MIPAA/RIS) 2002

1. To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages
2. To ensure full integration and participation of older persons in society
3. To promote equitable and sustainable economic growth in response to population ageing
4. To adjust social protection systems in response to demographic changes and their social and economic consequences
5. To enable labour markets to respond to the economic and social consequences of population ageing
6. To promote lifelong learning and adapt the educational system in order to meet changing economic, social and demographic conditions
7. To strive to ensure quality of life at all ages and maintain independent living, including health and well-being
8. To mainstream a gender approach in an ageing society
9. To support families that provide care for older persons and to promote intergenerational and intragenerational solidarity among their members
10. To promote the implementation and follow-up of the Regional Implementation Strategy through regional cooperation.

Countries were asked to report on progress made in implementing MIPAA/RIS for the first time after five years, in 2007. Based on common guidelines, country reports were collected and compiled into a regional report that was published together with the proceedings of the Ministerial Conference *A Society for all Ages: Challenges and opportunities* which took place in León, Spain, in 2007. With the outcome document of the Conference, UNECE Member States recommitted themselves to the policy framework of MIPAA/RIS.

The second review and appraisal cycle was launched in May 2011, asking countries to report on developments since 2007. To help national focal points on ageing prepare their reports, Guidelines for Reporting on National Follow-up to the UNECE Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) were adopted by the UNECE Working Group on Ageing. The reports submitted to the UNECE Secretariat can be accessed online. Information provided through the reports formed the basis for discussion at the 2012 UNECE Ministerial Conference on Ageing, 18-20 September 2012, Vienna, which marked the tenth anniversary of the adoption of MIPAA/RIS. Hosted by the Austrian government under the leadership of the Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK), the theme of the Conference was “Ensuring a Society for All Ages: Promoting quality of life and active ageing”.

Based on the country reports received, the synthesis report summarizes the main trends of MIPAA/RIS implementation, highlighting progress and identifying challenges. The synthesis report shall thereby inform discussions at the Ministerial Conference, which is expected to result in the adoption of an outcome document to shape MIPAA/RIS implementation in the coming years.

Submissions

Most countries had submitted their reports by the end of 2011, with some reports still incoming in 2012. Submissions were requested in any of the three official UNECE languages: English, French or Russian. A total of 40 reports were received.

Some countries indicated that they have found it difficult to submit their reports within the official deadline of 31 October 2011 due to various factors, such as the complex processes involved in working with different ministries and departments, as well as the need to acquire approval from different hierarchical levels before official submission. In addition, the guidelines requested the use of a participatory approach in preparing the report. Such processes take time and, where countries have made efforts to take into account stakeholder views, this may have contributed to delays in submission. For future review and appraisal processes it will be helpful to allow for more time in preparing the national reports.

Comprehensiveness

Reports were on average 30 pages long, not counting annexes. Some countries provided additional material in annexes, such as national ageing plans, information about laws and regulations, programmes and institutional set ups, descriptions of good practice examples or indicators (AUT, BEL, CZE, ESP, FRA, GBR, IRL, LTU, LVA, MDA, MLT, NLD, POL, ROU, SRB, TJK, UKR).

Most reports adhered to the general structure suggested in the guidelines, providing an executive summary, an overview of the national ageing situation, an explanation of the methodology used in preparing the report, an update of activities under each of the ten commitments, and finally conclusions and priorities for the future. Most countries that have followed the reporting logic by commitments have reported on all ten commitments. Where reports have deviated from the suggested structure, information was taken into account for the analysis of the relevant corresponding chapter.

In general, reports outline achievements and areas of activities and many, but not all, have attempted to also highlight areas where difficulties and challenges remain. Most countries have provided a vision of future activities on MIPAA/RIS implementation. Most countries focus on activities at the national level. However, the synthesis report attempts to extrapolate the information provided into advice for the desired role for international cooperation in the UNECE framework and beyond.

Methodologies used for preparing the report

The guidelines for preparing MIPAA/RIS implementation reports suggested a combination of quantitative and qualitative sources, emphasizing interaction with stakeholders, including with civil society and older persons. To prepare the reports, national focal points on ageing or the Ministry in charge of ageing-related policies have provided information available within their domains and have requested additional inputs from other ministries or departments, commissions, committees or advisory bodies with relevance for the topic (AUT, BLR, CAN, CYP, CZE, DNK, ESP, FIN, FRA, ISL, ISR, ITA, LTU, MDA, MKD, MLT, NLD, NOR, RUS, SRB, SVK, SWE, USA). Some countries report having invited inputs from government at decentralized levels (AUT, BLR, CAN, CZE, FIN, IRL, ITA, RUS). In addition, countries have based their reports on existing material, such as research expertise, recently prepared plans or reports on implementation of related national strategies or on ageing more generally, as well as statistical data available from Statistical Offices or other official sources (ARM, AUT, BLR, CAN, CZE, DNK, ESP, GBR, IRL, ISL, ISR, ITA, LTU, MDA, MLT, NOR, RUS, SVN, SWE, TJK, USA). A number of countries have included views from civil society representing older persons or individual older persons (ARM, AUT, BLR, CAN, CZE, DEU, ESP, FIN, FRA, ISR, LTU, MDA, MKD, MLT, RUS, SRB, SWE, USA). Ireland, for example, used information collected during a

recently concluded public consultation exercise to allow stakeholders to express their opinions about policies and service provision. Another report made special reference to having consulted with young people as well (MLT). Additional NGO comments on the officially submitted national report were received from the Netherlands. They were taken into consideration for the synthesis report. Several countries reported consultations with experts from academia, private sector or international organizations (ARM, AUT, CAN, CZE, LTU, MDA, SRB, SWE). A few countries have used information from focus group discussions, public hearings or consultation processes to take into account stakeholder views (ARM, CZE, IRL, SRB, SWE).

Overall, countries have found very individual ways of reporting, choosing to provide more details on selected issues and leaving out others. The summary below is based on the information provided in the reports and where countries have specifically reported about an item, they will be referenced. These reference lists may not be exhaustive since some countries may well be performing certain activities but have decided not to specifically highlight them in the report. It is important to bear in mind that many countries that submitted a report are implementing a wealth of activities well beyond what could possibly be covered. The present synthesis report, therefore, is rather a reflection of what countries have considered important and worth reporting about, and it tries to highlight good examples as much as possible.

2. IMPLEMENTING MIPAA/RIS IN THE UNECE REGION

2.1. Main achievements and main challenges

In the executive summaries of their reports, countries were asked to identify three to five major achievements and three to five important aspects to be improved as they present themselves at the end of the second review and appraisal cycle. Almost all countries included an executive summary in their report (except AZE, BGR, CHE, ISR, MLT) indicating the main achievements and challenges.

Four commitments stand out as priorities in implementing MIPAA/RIS, namely commitment number 4 on social protection systems, number 7 on health and well-being, number 5 on labour markets and number 1 on mainstreaming ageing. A majority of countries report major achievements in the area of adjusting social protection systems (commitment 4). Major efforts have been invested in reforming pension and social security systems, with the aim of making social protection systems more sustainable (ARM, AUT, AZE, BGR, BLR, CAN, CHE, CYP, CZE, ESP, FIN, FRA, GBR, IRL, ISL, ITA, LTU, LVA, MDA, MKD, MLT, NLD, NOR, ROU, RUS, SVK, SVN, SWE, TJK, TUR). At the same time, a large number of countries have identified commitment 4 as an area

of major challenges as a combined result of population ageing and the consequences of the global crisis, both of which threaten the sustainability of social protection systems. Continued attention will have to be paid to implementing recently adopted reforms (BGR, CZE, DNK, ESP, FIN, FRA, LTU, MDA, MLT, NLD, POL, ROU, RUS, SVK, SVN, TJK, TUR). Commitment 7 on health and well-being has received similar attention and generating major achievements in this area (ARM, AUT, BGR, CAN, CHE, DNK, ESP, FIN, FRA, IRL, ISL, LTU, LUX, MKD, MLT, POL, SWE, TJK, TUR, USA). Interestingly, even more countries identify this area as also one where major challenges remain, making it the commitment most often reported as a main challenge (AUT, BEL, CAN, CYP, CZE, DNK, ESP, FIN, FRA, ISL, ITA, MKD, NLD, NOR, POL, ROU, SRB, SVK, SVN, SWE, UKR, USA).

Much progress has been achieved in mainstreaming ageing (commitment 1) which is the third area of remarkable achievements (ARM, AUT, BEL, CZE, DEU, ESP, FRA, GBR, IRL, ISL, NOR, POL, RUS, SRB, SVK, SVN, SWE, TUR). Ageing-related matters have been addressed in a more holistic manner with a number of countries having comprehensive plans on ageing and institutional coordinating mechanisms in place. Five of the countries that identified mainstreaming ageing as an area where progress had been made acknowledged at the same time that additional efforts were needed in implementing strategies that had been developed during the reporting period (AUT, BEL, IRL, ISL, SVN, TUR).

Adjusting labour markets to respond to the economic and social consequences of population ageing has received considerable attention by governments (commitment 5). This area was frequently reported upon as an area of challenges (ARM, AUT, CAN, CYP, CZE, DEU, DNK, FIN, LTU, LVA, MLT, NLD, NOR, PRT, ROU, UKR, USA) and nearly as often as an area of achievement (AZE, BLR, BGR, FIN, ITA, LTU, MDA, MLT, NOR, PRT, ROU, SVK, UKR, USA). Measures in this area go hand in hand with reforms of the pension system that seek to provide incentives for people to work longer, if they wish to do so.

A number of countries reported on achievements in the area of commitment 2, integration and participation of older persons in society (BEL, CHE, DNK, DEU, GBR, LUX, MKD, NLD, POL, PRT, ROU, RUS, SRB, SVN, TJK, USA), while some are still seeing challenges in this area (IRL, LVA, MDA, MKD, PRT, SWE, TUR).

With the consequences of the economic and financial crisis being felt across the region, several countries indicated challenges in relation to commitment 3, the economic framework (ARM, CAN, ESP, IRL, LTU, SRB, TJK, USA). However, strategies to achieve sustainable economic growth and poverty reduction in response to the crisis have generated first results in some countries where this area is identified as one of major achievements (AZE, CAN, ITA, LVA, NLD, MDA).

Table 1: Major achievements and challenges as reported by countries in the national MIPAA/RIS implementation reports

COUNTRIES	C 1	C 2	C 3	C 4	C 5	C 6	C 7	C 8	C 9	C 10
Armenia (ARM)	✓		×	✓	×	×	✓			
Austria (AUT)	✓ ×			✓	×		✓ ×			
Azerbaijan (AZE)			✓	✓	✓					
Belarus (BLR)				✓	✓				✓	
Belgium (BEL)	✓ ×	✓				✓	×			
Bulgaria (BGR)				✓ ×	✓		✓	×	×	
Canada (CAN)			✓ ×	✓	×		✓ ×			
Cyprus (CYP)				✓	×	✓	×	✓		
Czech Republic (CZE)	✓			✓ ×	×		×			
Denmark (DNK)		✓		×	×		✓ ×			
Finland (FIN)				✓ ×	✓ ×		✓ ×			
France (FRA)	✓			✓ ×			✓ ×			
Germany (DEU)	✓	✓			×				✓	
Iceland (ISL)	✓ ×			✓			✓ ×	×		
Ireland (IRL)	✓ ×	×	×	✓			✓			
Israel (ISR)										
Italy (ITA)			✓	✓	✓	×	×		×	
Latvia (LVA)	×	×	✓	✓	×					
Lithuania (LTU)			×	✓ ×	✓ ×		✓			
Luxembourg (LUX)		✓				✓	✓			
Malta (MLT)				✓ ×	✓ ×		✓		✓ ×	
Netherlands (NLD)		✓	✓	✓ ×	×		×			
Norway (NOR)	✓			✓	✓ ×		×	×		
Poland (POL)	✓	✓		×			✓ ×			
Portugal (PRT)		✓ ×			✓ ×	✓ ×				
Republic of Moldova (MDA)	×	×	✓	✓ ×	✓					
Romania (ROU)		✓		✓ ×	✓ ×		×			
Russian Federation (RUS)	✓	✓		✓ ×				×		
Serbia (SRB)	✓	✓	×				×	✓	×	
Slovakia (SVK)	✓			✓ ×	✓		×			
Slovenia (SVN)	✓ ×	✓		✓ ×			×			
Spain (ESP)	✓		×	✓ ×			✓ ×			
Sweden (SWE)	✓	×		✓			✓ ×			
Switzerland (CHE)		✓		✓			✓			
The former Yugoslav Republic of Macedonia (MKD)		✓ ×		✓		×	✓ ×			
Tajikistan (TJK)	×	✓	×	✓ ×			✓			
Turkey (TUR)	✓ ×	×		✓ ×			✓			
Ukraine (UKR)					✓ ×	✓ ×	×			
United Kingdom of Great Britain and Northern Ireland (GBR)	✓	✓		✓						
United States of America (USA)		✓	×		✓ ×		✓ ×			
Achievements total	18	16	6	30	14	5	20	2	3	
Challenges total	9	7	8	17	17	5	22	4	4	

Source: Country Reports

✓ : Achievements - ×: Challenges

With an obvious political focus on remodelling social security systems, improving health care provision, mainstreaming ageing and adjusting labour markets (commitments 4, 7, 1, 5), some of the remaining commitments on lifelong learning, mainstreaming gender, intergenerational solidarity and regional cooperation (commitments 6, 8, 9, 10) have received comparatively less prominence in the discussion of major achievements and challenges. Nevertheless, many relevant initiatives can be found with regards to those commitments too, making them important elements of an integrated response, as outlined in the chapters relating to the individual commitments below.

2.2 Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages

During the second five-year cycle of MIPAA/RIS implementation many countries have accelerated efforts to mainstream ageing. A number of countries have developed (or are in the process of finalizing) specific ageing-related strategic frameworks or action plans (ARM, AUT, CYP, CZE, FIN, GBR, IRL, ISL, LTU, MKD, SRB, SVN, UKR). In four countries the strategic guiding documents with relevance to ageing are demographic strategies into which ageing-related issues are incorporated (BLR, MDA, RUS, UKR). In Armenia, the *Strategy on Demographic Policy* preceded the ageing strategy that takes the strategy on demographic policy into account. Two countries have benefited from UNECE's assistance in developing a *Road Map for Mainstreaming Ageing* (ARM, MDA). The *Road Maps* are a means to look systematically at all policy areas specified in the MIPAA/RIS and to provide recommendations on how to address ageing in all areas in more effective ways, based on a thorough analysis of the country situation. In Armenia, the development of the *Road Map* coincided with a national process of developing a *Strategy on Ageing Issues and Social Protection of Older Persons* and a corresponding *Action Plan*. The recommendations developed for the *Road Map* were channelled directly into the drafts of these documents, which were issued as a government decree in 2012. In a similar process in the Republic of Moldova, a *Road Map on Mainstreaming Ageing* was developed to complement the demographic strategy. In other countries, ageing has also been taken into account in specific policies, such as on poverty reduction, social welfare, employment or health. However, sometimes it remains difficult to achieve good coordination between these policies (e.g. SRB). In the absence of a national strategy on ageing in Italy, the region of Emilia Romagna developed a *Regional Action Plan for the Elderly Population* and in Liguria a *Promotion and enhancement of active ageing* law was adopted.

Responsibilities for ageing are located in different ministries, depending on the country. In addition to

the main ministry in charge, other ministries also work on ageing-related aspects, for example the Ministry of Health. Israel has set up a Ministry for Senior Citizens to highlight the issue of older person within government. Iceland has attempted to streamline different issues by merging the previously separate Ministry of Social Affairs and Social Security with the Ministry of Health into a new Ministry of Welfare. In Ireland an Office for Older People was established within the then Department of Health and Children (2008). At the same time, the Minister of State for Older People assumed responsibilities for older persons' issues across three government departments. However, coordination between ministries and departments remains a challenge. Serbia specifically raised the issue of lack of cooperation between ministries as well as between departments within ministries. The United Kingdom of Great Britain and Northern Ireland has attempted to enhance coordination by establishing the Ageing Society Strategy Group consisting of senior officials from different government departments. To strengthen government engagement on seniors' issues in Canada, an office of the Minister of State (Seniors) was created in 2007. This Minister assists the Minister of Human Resources and Skills Development, who is responsible for overseeing major initiatives concerning seniors.

Several countries have different forms of national-level multi-stakeholder bodies with advisory functions to government that also include older persons or their representatives (AUT, BEL, CYP, CZE, ESP, FIN, GBR, IRL, ISL, LTU, MLT, NOR, SRB, SVN). Canada created a National Seniors Council in 2007 to advise the federal government on all matters related to the well-being and quality of life of seniors. Consisting of seniors, seniors' organizations and experts, the Council conducts research and convenes expert panels and consultations. Ireland has carried out the most extensive consultation with older persons ever undertaken by government during 2009-2010 in view of informing the development of the *National Positive Ageing Strategy*. It is envisaged that a National Older Person's Advisory Council will be established as evolving from this process. It would comprise all relevant stakeholders, including central and local government, the voluntary sector, the research community, older persons' representative organizations and older persons themselves. Some reports mention provisions that stakeholder views need to be consulted when discussing policies and laws without having allocated any specific institutional responsibility for this (e.g. POL, SRB). In Malta, the associations of retired members of the country's major trade unions and the National Council of Women are consulted regarding the budget and policies relating to older persons. In the Russian Federation consultations were organized with representatives from public institutions dealing with pensioners, veterans and disabled people, giving them a forum to voice their concerns. Similarly, in Belarus, public associations

for veterans and disabled persons have a special legal status that entitles them to participate in governmental decision-making bodies.

In terms of institutional location of responsibility, several countries have been undergoing decentralization initiatives, transferring more responsibilities to the local levels (municipalities) to handle service provision directly where needs arise (DNK, ISL, MKD). In Israel, every local authority must appoint a consultant for senior citizen affairs to assist and advise the head of the authority on promoting programmes for older persons. Several countries have local level bodies consisting of older persons with advisory functions pertaining to policymaking in the municipality and/or monitoring functions for service provision (BEL, DNK, IRL, ISL).

Many countries have adopted anti-discrimination legislation or have relevant articles prohibiting age-based discrimination in their constitution (AUT, AZE, CAN, CZE, FIN, IRL, ISL, LTU, MKD, NLD, NOR, SRB, SVK, SWE, USA). Some have created additional institutions for oversight such as an ombudsperson (LTU, NOR, SRB, SWE) and the Norwegian Equality Tribunal. NGOs have played an important role in raising awareness about issues of older people's discrimination and abuse (e.g. SRB). In Germany, the Federal Anti-discrimination Office supports individuals facing disadvantages including those due to age. It made 2012 the *Year Against Old-Age Discrimination* under the motto "In your best age. Always". In addition to awareness raising activities, an expert commission was put in place which will develop recommendations to reduce age-based discrimination by the end of the year.

2.3 Commitment 2: To ensure full integration and participation of older persons in society

In general, ensuring integration and participation of older persons in society is an important motivation for many governments, and this becomes evident in the reporting across all commitments. Many countries use occasions like the *International Day of Older Persons* on 1 October, the *International Family Day* on 15 May, *Grandmothers Day* or the *Week for the Care of the Elderly* (15 to 21 November) to highlight contributions older persons make to society (AZE, BLR, CAN, CHE, FIN, GBR, MDA, MKD, RUS, SRB). Some countries use state awards and honourable distinctions as a way to acknowledge older persons' contributions (e.g. RUS). In Slovenia, the *Third Generation Festival* has been organized annually since 2000 to promote a positive image of ageing and to improve intergenerational understanding.

In the area of transport, offering tickets at reduced prices or free of charge for older persons remains a common strategy to achieve inclusion for older persons across the region (BEL, CYP, ESP, ISL, ISR, LTU, MKD, NOR, POL, RUS, SRB, SVN). More and more countries are finding ways to adjust their vehicle fleet of buses and trolleybuses as well as railway vehicles to the needs of people with

reduced mobility (POL, RUS). In addition, Poland targets older persons in its road safety information campaigns and, towards the end of 2011, was preparing a *Transport Development Strategy until 2020* that addresses the needs of older persons. Austria has conducted several research projects focusing on the specific mobility patterns and needs of older citizens. Based on the results, a guide for barrier-free public transport was developed. The research and innovation promotion sub-programme *ways2go* has been geared to the specific mobility requirements and mobility behaviours of older persons. In the United States, the Federal Coordinating Council on Access and Mobility brings together 11 federal departments for the *United We Ride* initiative; it also produced a national dialogue consisting of key stakeholders in more than 1,200 cities to discuss how to improve access to affordable and reliable transportation for people with disabilities, older adults and people with limited income. Nevertheless, connecting more remote areas with public transport remains a challenge in some countries (e.g. SVN).

Housing has been identified as an important area to enhance inclusion of older persons. Several countries maintain schemes to ensure access to appropriate housing either by subsidizing rent for apartments on the open market or by providing social housing (e.g. ARM, CAN, ESP, IRL, ISR, NOR, SRB). The Armenian government approved the *Concept Paper on Creating a Complex of Social Dwellings for Homeless Lonely Older Persons and Persons Belonging to Other Social Groups who Require a Dwelling* in 2010. Projects to create social dwellings in Armenia have been implemented since 2008. By the end of 2011, additional social dwellings were inaugurated in the city of Maralik. Similarly, the Czech Republic is constructing *care flats* for persons whose movement and orientation ability is reduced due to old age or ill health. Canada has a multi-pronged housing approach, providing substantial amounts of funding to support almost 615,000 low- and moderate-income households residing in existing social housing, one third of which is occupied by seniors. The United Kingdom of Great Britain and Northern Ireland has specifically addressed the issue of fuel poverty, developing policies that aim to reduce the costs of heating for older consumers. In particular, the *2011/12 -2014/15 Warm Home Discount* scheme (in Great Britain) provides a discount off energy bills to around two million low-income and vulnerable households per year. In addition, there are energy efficiency schemes offering insulation or energy efficient heating which aim to help households heat their homes more affordably. Several countries offer financial assistance to older persons in need for renovations or adaptations of the home due to reduced mobility (CAN, CYP, ESP, FIN, IRL, MLT, NOR, RUS, SVK).

In Serbia, new buildings have to be accessible to aged persons and persons with disabilities, but the regulation lacks regular control mechanisms; activities to adjust

existing buildings have reportedly slowed down since 2008. Lithuania is providing concessions for older persons for house renovations to improve their thermal insulation. In Ireland, the *Senior Alerts* scheme provides funds to local community and voluntary organizations to install alarms and home security items. Grants can be made to provide security measures for people aged 65 and above who are living alone. A sociological survey in Ukraine also showed that pensioners have taken self-governance responsibilities to address problems in the housing environment where they live: buildings, streets, neighbourhoods, or districts.

Culture is an important means to facilitate integration and participation. In Finland, as per a request of the Ministry of Education and Culture, a working group made proposals for future policies and measures to increase access to art and culture. Some countries mentioned discounts available for older persons to attend cultural events or visit museums and other cultural heritage sites (CYP, ESP, FIN, ISL, RUS). Since the beginning of 2010, Belgrade's citizens who are 65 years and older can use all libraries free of charge (SRB). The cultural sphere offers some leeway to create intergenerational communities. In a folk culture programme in Poland, for example, older persons pass on skills and knowledge of regional traditions to the younger generation. Workshops, courses, training programmes and folk culture festivals raise awareness among the young generation about the valuable elements of folk culture that need preserving. In the United States the National Endowment for the Arts, together with the Department of Health and Human Services, held a forum on *The Arts and Human Development: Framing a National Research Agenda for the Arts, Lifelong Learning, and Individual Well-Being*. The resulting white-paper proposes a framework to build capacity for future research and evidence-sharing about the role of the arts in human development.

Communication connectivity is seen as an important opportunity for older persons in many countries. Activities abound to enhance computer literacy and reap the benefits of modern communications technology, for example by providing computer courses or enhancing the access of older persons to the Internet (e.g. GBR, LTU, MLT, POL, RUS). In Lithuania, public libraries have been equipped with Internet access and courses have been organized that have generated a good response among persons aged 55 years and above. Findings indicate that older adults use those Internet connections for health, employment or e-government information.

To enhance the efficiency of service provision at the local level, the Irish *Age Friendly Counties Programme* stands out. Initiated in 2008, the programme aims to align and mutually reinforce services provided to older persons at the local level. Examples involved health providers liaising with transport providers to ensure that there are bus stops outside health centres and hospitals. Cities in the United

States, such as New York City and Portland, Oregon, have become part of the World Health Organization's *Global Age-Friendly Cities Programme*. The *Projecto CIDADES* (cities project) in Portugal also aims to create age-friendly cities following the WHO approach, promoting non-slip sidewalks, good home support services and an efficient public transport network, among others. Canada has an *Age-Friendly Communities Initiative*. A *Guide to Age-friendly Rural and Remote Communities* was developed in 2007 to help communities create supportive and enabling environments for older persons.

In addition to the multi-stakeholder bodies mentioned earlier, almost all countries have organizations and associations providing a voice to older persons (e.g. BEL, CHE, DEU, FIN, ISL, SVN, USA). It has become common practice to establish mechanisms that take into account older persons' views in service provision (e.g. FIN). In Armenia there are councils of older persons that can raise problems with the management of an institution and suggest solutions. In Slovenia, retired experts of the Federation of Pensioner's Associations are involved in supervising the work in older people's homes and social work centres. Several countries have user satisfaction surveys in place (DNK, ESP, ISL, PRT, SRB). User-friendliness in service provision is also enhanced by providing good access to information about available services via Internet portals and hotlines or information centres (e.g. ISR, RUS).

The field of volunteering has been developing rather dynamically, also inspired by the *European Year of Volunteering in 2011*, which has contributed to additional focus on activities in this area. The first *Austrian Report on Volunteering (Freiwilligenbericht)* of 2009 showed that this was an important way for older persons to remain active. According to the report, the most important fields of activity of the 50 to 64 year age group – besides informal volunteering – were religion, culture, disaster relief and sports. Denmark issued a *National Civil Society Strategy* in 2010, with the aim of strengthening the involvement of civil society and voluntary organizations in the field of socially vulnerable people. The Administration on Ageing in United States funded a National Resource Center for Engaging Volunteers in the Aging Network, a network of State Units on Aging, Area Agencies on Aging, tribal organizations, and native Hawaiian organizations. The Center is developing and testing strategies for effective, replicable volunteer activities to increase the capacity of the National Ageing Network and to better address community needs. Furthermore, the United States government created the United We Serve website at www.serve.gov to make volunteering opportunities easier to find through the Internet. Germany financially supports its *Volunteering Services for All Generations* with the aim of sensitizing children and youth to volunteering, to draw on the experiences of older persons and to engage people with an immigrant background. Volunteers have to engage at

least eight hours per week for at least six months and a written agreement has to be signed between volunteers and the service providers that engage them. Both Austria and the Former Yugoslav Republic of Macedonia have passed national laws on volunteering. In Slovenia, NGOs have demanded more support from government to improve the status of volunteers. The federal government in Canada reimburses reasonable out-of-pocket expenses of volunteers. A special Prime Minister's Volunteer Award was also created. The Russian Federation provides tax exemptions to support the volunteer sector. In Belgium, the Commission Communautaire Française issued a call for proposals to support volunteer initiatives by older persons for older persons and other age groups.

A number of activities have focused on fighting loneliness and isolation. In Malta, Caritas has encouraged the creation of social clubs, each of them run by a team of trained voluntary workers, the majority of them older persons themselves. In addition, self-help groups can play a role in enhancing older persons' participation in society. Serbia reported about its *Dialogue of Civil Society Organizations on Problems of the Elderly in Western Balkans* under which self-help groups were developed to empower older persons to resolve their own problems. In the Former Yugoslav Republic of Macedonia, *Care for the Elderly at Home* works with six professional nurses and 60 volunteers. The nurses provide advice on health and diet; they measure blood sugar levels and blood pressure, while volunteers provide food and medicine, perform administrative tasks for the older persons and give them company.

Countries are also looking more consciously for ways to fight stereotypes and promote positive images of ageing (e.g. BEL, CYP, CZE, FIN, IRL, ISL, MDA). Ireland has an annual *Say No To Ageism* awareness initiative, the aims of which are to raise public awareness about stereotyping of older people and to promote and support practical action for age-friendly service provision in key sectors. A specific theme is selected annually. The Belgian campaign *Oublie la démence, souviens-toi de la personne (Forget dementia - remember the person)* addresses images and stereotypes of persons with dementia. Several countries have taken steps to encourage media to transmit more positive images of ageing and older persons (BEL, CZE). In Belgium, in connection with a *Plan 2010-2013 pour l'égalité et la diversité dans les médias audiovisuels de la communauté française*, an annual barometer measures the presence of older persons in television broadcasting. In Tajikistan, the weekly newspaper *Evening Dushanbe* dedicates one page to older people's concerns. A brochure – *The world of the older generation* – is published six times a year by authors and journalists who are themselves older persons. In Canada, the *New Horizons for Seniors Program* continues to promote positive images of older persons by supporting senior-led or inspired community-based projects that encourage volunteerism, mentoring and social participation.

In Belgium, specific activities have taken place to enhance the inclusion of older migrants. Statistical data were collected about the situation of older immigrants in service provision and in institutions. A pilot project was carried out in a nursing home and training was provided to staff on matters of intercultural communication. Portugal adopted a *Plan for Immigrant Integration 2010-2013* which mentions older immigrants as a new intervention area. The United States offer programmes and services in support of indigenous populations, such as American Indians, Alaska Natives and Native Hawaiians, taking into account the respective cultures and traditions (c.f. also CAN). The country also established its first national resource centre to assist communities in providing services and support to lesbian, gay, bisexual and transgender (LGBT) older individuals.

Some countries mentioned activities to address the needs of older persons as consumers. The Austrian project *Future Markets and Generations (Zukunftsmärkte und Generationen)* of the Federal Austrian Chamber of Economy won recognition as a European Good Practice in 2011. Germany advocates for the needs of older consumers, for example through the introduction of the *Generation-friendly shopping* quality label. In Switzerland, the NGO Pro Senectute partnered with the second-largest retail group in Switzerland, Coop, to improve the consideration of needs of older consumers. In 2008, magnifying glasses were installed at a large scale on shopping trolleys. Serbia reported that the private sector is discovering older persons as a specific target group, for example as clients in tourism.

Only a few countries have shared information about the participation of older persons in the political sphere, a notable example being Serbia where the Party of United Pensioners of Serbia obtained a Deputy Prime Minister post in 2008. In Slovenia, the Democratic Party of Pensioners of Slovenia brings together representatives of the older population – in 2011, the party won 6.97 per cent of the vote. In Malta, the two major political parties both have their own respective associations of pensioners and older persons which have a role in formulating and implementing political party programmes.

2.4 Commitment 3: To promote equitable and sustainable economic growth in response to population ageing

It is clear that the economic situation of UNECE Member States has been severely affected by the consequences of the economic and financial crisis since 2008. Ukraine reported difficulties in meeting its social commitments declared in the budget during 2008 to 2009. Bottlenecks have necessitated short-term measures, such as freezing pension increases in Serbia or reducing monthly pension payments for periods of time in Iceland. In 2008, Lithuania had to fully exhaust the reserve fund to compensate for a serious deficit of its Social Insurance Fund. At the same time, many countries report that governments

have made it an explicit priority to uphold social welfare programmes that are relevant for older persons (e.g. ISL, RUS).

Strategies in response to the crisis should not be to the detriment of vulnerable older persons (AUT). Economic development strategies are designed to bring countries onto a path of sustainable growth, thus providing opportunities for all generations and segments of society, promoting social inclusion and combating poverty (ARM, BLR, CAN, CYP, ESP, FIN, GBR, ITA, NOR, SWE, UKR). Canada, even though faring relatively well during the recovery from the global recession, is preparing to address the needs of a growing and ageing population by ensuring a low and manageable public debt level and implementing an economic agenda that results in sustained long-term economic growth. EU Member States, as a result of open consultations in the area of social protection and social inclusion, have had to formulate national strategies on social inclusion. Cyprus, in its strategy, is focussing on combating poverty and social exclusion by securing opportunities to access material and non-material resources, rights and services for all citizens. Countries have also aimed to promote employment growth and to increase the number of older persons in the labour force (BEL, NOR, UKR). Azerbaijan adopted a special programme for poverty reduction and sustainable development 2008-2015, which considers adult education as well as improvements in effectively providing social services. Austria carried out special activities during the *European Year for Combating Poverty and Social Exclusion* in 2010, including projects and events with direct involvement of persons with poverty experiences. EU Member States have also mentioned that their economic policy is aligned to the EU framework. Overall, countries are slowly recovering from the crisis and moving back towards more optimistic economic growth projections (e.g. ISL, LTU, MDA, UKR).

2.5 Commitment 4: To adjust social protection systems in response to demographic changes and their social and economic consequences

Social security expenditures make for a large share of public budgets, and pensions are an important part. In general, funded obligatory employment pension schemes financed by the contributions of both employers and employees are complemented by social pension schemes based on social security contributions paid by employers and general taxation. If the pension acquired through contribution periods at work is below a certain threshold, a social pension or social assistance can be paid to ensure minimum subsistence levels (ARM, BEL, CHE, DEU, ISL, ISR, POL, RUS, SRB). Some countries have minimum pensions in place to secure minimum income (AUT, BEL, CAN, ESP, FIN, ISL, NOR, UKR).

Often, the mandatory pension insurance system exists alongside voluntary options so that more and more people are covered by supplementary pension schemes

(e.g. DEU, MKD, NOR, SRB). In 2010, Canada's federal and provincial/territorial governments agreed on a framework for a defined-contribution Pooled Registered Pension Plan that will provide a low-cost private pension and assist Canadians meet their retirement objectives. In some countries the private pension system is not yet functioning well. In the Republic of Moldova, for example, two private pension funds are registered but reportedly do not operate.

Due to population ageing and in light of the economic and financial crisis, countries have found it a challenge to uphold the sustainability of their pension systems. Therefore, many countries have taken steps to reform their pension systems to enhance sustainability, for example by increasing required contributory periods, limiting early retirement options, increasing the retirement age, and equalizing the retirement age between men and women (e.g. AUT, CAN, CZE, DEU, ESP, DNK, FIN, GBR, ISR, IRL, ITA, LTU, MKD, MLT, POL, PRT, SRB, UKR). In the United Kingdom, at the 2012 Budget discussions, the Chancellor announced reforms to the state pension system, including the introduction of a single tier pension and adjustments to the state pension age. These measures are intended to better support retirement savings for future pensioners and enhance the system's sustainability for future generations. In Slovenia, the *Pension and Disability Insurance Act II* was adopted by the National Assembly in 2010 with the aims of achieving long-term financial sustainability, increasing labour participation of older workers and ensuring adequate pension for future pensioners. However, it was rejected during a referendum in 2011. Government leaders in the Russian Federation have seen no objective need to increase the retirement age in the near future.

Countries have introduced pension reforms that generally try to provide incentives to work longer or to allow more flexible transitions from work to retirement (CAN, FIN, FRA, NOR, SWE). For example, in Canada, amendments to the Canada Pension Plan will allow working recipients of the retirement pension to continue to contribute to the Plan and increase their retirement income. Similar changes were made to federally regulated private defined-benefit pension plans in several provinces. Sweden has a statutory entitlement to remain in employment up to age 67 and a flexible retirement age from the age of 61, with the possibility to partially withdraw pensions as well as to come out of retirement. Serious challenges remain in countries like the Republic of Moldova where the age-limit pension only covered 70 per cent of the minimum level for subsistence in 2010, the biggest problem being the small contribution base. Only 1.8 persons ensure the pension for one retired person, while the country estimates that the ratio needed to achieve sustainability is 4:1.

Several countries have taken steps to reform their social security and welfare systems (e.g. AZE, FIN, GBR, NOR,

PRT, SRB). Azerbaijan adopted a government programme to strengthen social welfare for older citizens for 2006 to 2008 and was working on social care legislation to define the basis for government policies in the area of social service provision of older persons. The United Kingdom of Great Britain and Northern Ireland introduced a *Welfare Reform Bill* in 2011, revising major elements such as the disability living allowance, housing benefits, benefit caps and local welfare assistance. Serbia also introduced a new *Law on Social Welfare* in 2011, harmonized with modern European standards – improving protection of the poorest groups, including poor older people in rural areas and developing community services. Local government is responsible for social services in communities.

The majority of municipalities provide services to older persons and their families, including short-term financial aid, aid in-kind, home assistance and clubs for older persons. One third of Serbian municipalities offer day care centres, meals in soup kitchens, utilities, transport or medication. Belarus adopted the *Comprehensive Program of Social Services in 2011-2015* aiming to settle conditions for sustainable improvement in access to social protection. The main aims of social transfer system reform in Slovenia were to improve the transparency, efficiency and user-friendliness of the distribution of means-tested social transfers and subsidies and the harmonization of the criteria for granting such transfers and subsidies while encouraging people to search more actively for solutions to their problems. Overall, achieving better means-testing and targeting of assistance has been found challenging when reforming social protection system (MLT, UKR). Austria has implemented a large-scale *Invalidity in Transition (Invalidität im Wandel)* project which has pursued several goals since 2007, including the harmonization of regulations, putting in place invalidity prevention initiatives and improved interface management between the different stakeholders involved in health promotion.

2.6 Commitment 5: To enable labour markets to respond to the economic and social consequences of population ageing

Labour market measures have had a high priority in many countries. Where countries have adopted integrated ageing strategies, labour market measures feature prominently (e.g. ARM). At the same time, where countries have adopted labour market strategies, they tend to take into account challenges such as demographic changes (e.g. ESP, MKD, SRB). In France, a specific action plan for the employment of older persons was adopted for 2006-2010 (*Plan national d'action concerté pour l'emploi des seniors sur la période 2006-2010*).

A first step towards ensuring equal opportunities usually is to prescribe equal treatment and non-discrimination based on age or disability into the labour legislation (AZE, GBR, IRL, MDA, POL, RUS). Not having a regulatory legal framework on prevention and prohibition of

discrimination on the grounds of age in the labour market in place was identified as a shortcoming by the Ukrainian report.

Pension legislation may create important incentives to work beyond retirement age. Some countries allow pensioners to receive an income from work and the full pension at the same time (e.g. MLT, RUS). In Sweden, income-based pensions and premium pensions can be drawn from the age of 61, and the amount increases the later the person decides to retire. If the individual continues to work after beginning to draw the pension or a partial pension, new pensions rights are earned irrespective of age. In Serbia, the *Labour Law* foresees retirement at age 65 with a minimum of 15 years of paid contribution, with the possibility of arranging with the employer to prolong work or make arrangements for gradual retirement. In Belgium, the *Bonus Pension* foresees additional pension rights for persons staying in employment after age 62 or after 44 years in employment respectively. In Finland, the reform of the income-related pension scheme allowed for more flexible retirement. At the same time, countries have limited options available to retire early, for example by elevating the age threshold for taking early retirement (BEL, DNK, UKR). In France, disincentives for taking up early retirement are created by limiting benefits and increasing taxation. In 2009, Canada announced support for a change in federal rules to prohibit federally regulated private sector employers from setting a mandatory retirement age to give older workers the option of remaining in the workforce if they wish to do so.

Governments have tried to work directly with social partners. In Norway, the *Tripartite Cooperation on Inclusive Workplaces* represents an agreement between government and the social partners aimed at reducing sick leave, increasing employment of persons with disabilities and raising the real average retirement age (c.f. also PRT). In Belgium, the Flemish authorities have concluded agreements with economic sectors to develop activities around the topic of ageing and vulnerable groups among the unemployed, including due to age or low education.

Countries have also taken an array of active labour market measures directed at employers. In some countries, they can benefit from subsidies if they employ older workers, especially those previously registered as unemployed (AUT, BEL, MKD, PRT, SRB, SVK, SVN). Labour market reforms in Austria have been designed with older persons in mind, for example to the effect of a decrease in non-wage labour costs for older workers. In Poland, employers hiring an unemployed person aged 50 years or older do not contribute to the Labour Fund and the Guaranteed Employee Benefits Fund for a 12-month period. In Sweden, employers are exempt from employers' contributions when they employ persons aged 65 and over. In some countries, employers investing

in training for older workers can be partially reimbursed (e.g. POL). Campaigns using print, audio and visual media have targeted employers, advertising the qualities of older workers (DEU, MLT). The quality seal *Nestor-Gold* is granted to enterprises and organizations offering age(ing)-appropriate conditions in Austria.

A diversity of measures is also directed towards employees to enhance the employment of older workers. In Italy, through the *2010 Finance Act*, it is now possible to finance the pension contribution for employees with 35 years of contribution who receive income support and accept an offer of work at a lower salary. In Canada, the *Targeted Initiative for Older Workers* ensures that displaced older workers in traditional sectors, such as forestry, fishing and mining, have access to the training and employment programmes they need to secure new employment. A 2010 evaluation shows that 75 per cent of participants found employment during or after participation in the programme. Moreover, Canada, established an Expert Panel on Older Workers in 2007 to examine the labour market conditions affecting older workers and to identify ways to enhance their labour market perspectives. Several countries have integrated functions into their public employment agencies to support persons with special needs, including older persons, to provide job placement services, training or otherwise improve access to the labour market (CYP, MDA, POL, SVK, SVN, SWE). In Malta, the Employment and Training Corporation, the entity responsible for providing public employment services, maintains an *Over 40s Scheme* with the aim of helping persons of this age group find employment. Some countries offer a service to develop individual action plans for non-employed persons (CZE, POL, SVK). In Austria, temporary jobs are made available in social enterprises to promote the long-term integration into the labour market of persons hard to place, including people 50 years and older. In addition, countries offer job fairs or job market websites that also benefit older persons (e.g. MDA). In Belgium, the *Centres d'accompagnement de carrière* provide professional support with regards to career development. Maintaining the motivation of employees towards the end of their career is an important aim of this service. In Lithuania, the employer-accessible database *Senjorų bankas* (*Seniors bank*) stores information about retirement-age job seekers. During 2007-2011, 5,000 job seekers of retirement age registered on this database. Providing such services through public employment services is not a given; this is illustrated by Tajikistan, where the public employment service at the Ministry of Labour and Social Welfare explicitly does not provide services to older people looking for employment.

A range of measures to facilitate longer working lives is also directed at adjusting the setup of the workplace to better accommodate the needs of older workers. In Italy, for example, efforts have concentrated on implementing new legislation on health and safety in the workplace,

which came into force in 2008. A number of countries allow for more flexible work time arrangements, such as Lithuania where employers set more flexible work schedules for older women to support their reconciliation of family and work life. Austrian reforms have included the part-time working scheme for older workers. In addition, the *2009 Employment Promotion Act* (*Beschäftigungsförderungsgesetz*) has made it possible to combine short-time working with skills development. The main beneficiaries are employees aged 45 years and above. In Sweden, the *Work Environment Act* states that employers shall make an allowance for the employees' special aptitudes for the work by adapting working conditions.

A number of countries support entrepreneurship opportunities for older persons (LTU, MDA, SVN), some of them especially targeting older women (CYP, LTU, MDA, PRT, SRB). In the Republic of Moldova where older persons are often not in a position to obtain employment, HelpAge offers income-generating activities. At the same time, a new trend is showing that pre-pension persons are emigrating because of the limited capacities of the national labour market. Agreements were concluded in 2010-2011 between the Republic of Moldova and Bulgaria, Romania, Luxembourg and Portugal to ensure social security for those migrants. Other countries have also concluded international social security agreements to validate pension credits accumulated elsewhere (e.g. CAN).

2.7 Commitment 6: To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions

Lifelong learning has become more and more accepted as a model to allow people to remain employable throughout their lives and to stay integrated in society. Several countries have integrated lifelong learning into their ageing strategies (ARM, LTU, MDA, SRB) or have even developed separate strategies or action plans on lifelong learning and age-integrated education (ARM, ESP, POL, PRT, SVN, UKR). Austria, for example, adopted a strategy for lifelong learning in 2011 which commits to making a country-wide basic supply of quality, low-threshold education services available to older persons in the close vicinity of their place of residence. At the same time, some countries have found it difficult to uphold implementation of their lifelong learning goals in view of other competing priorities (ARM, UKR).

In many countries education is traditionally very focused on receiving an initial education and qualifying for a profession. Later, ongoing education is largely targeted towards very specific labour market needs, for example retraining or on-the-job training on some new utilities or specific technologies (CZE, SWE, UKR). Several countries have put in place programmes to validate skills acquired on the job according to some external tests based on which candidates can be granted a certificate (BEL, ESP,

ISL, PRT). In the United Kingdom, the government's *Skill Strategy* is largely focused on unemployed people. Serbia has worker's universities in 18 towns, offering informal education to help adults and older persons to return to the labour market. Several countries have made efforts to establish closer links between educational institutions and employers, for example through employers' federations and enterprises (GBR, ISL, POL, SRB, SWE). Some countries also offer training specifically targeted towards reintegration into the labour market of those who left the formal educational system early, the United Kingdom's programme on literacy and basic numerical skills being a case in point (cf. also ESP, IRL, PRT). The Former Yugoslav Republic of Macedonia has held a number of campaigns since 2006 to motivate Roma parents to involve their children in primary and secondary education. Finding courses for continued education may be difficult, the available options being too costly or of questionable quality. Building up the necessary infrastructure is a cumbersome process and attitudes towards education may change only slowly. Therefore, Poland has held national campaigns to promote lifelong learning. In Slovenia a *Lifelong Learning Week* is organized every year to draw attention to the importance of learning at all stages of life.

In some countries, ongoing education is already more established (ISL, MLT, NOR). In Iceland for example, the Continuing Education Institute at the University of Iceland is the biggest provider of continuing education, offering 400 short courses with 12,000 participants. In Malta, the two major political parties have established institutes aimed at the continuing education of their members. Major NGOs have developed their own package of non-formal and informal learning opportunities for particular categories of citizens at both central and community levels. Additional training centres are available through the private sector. In Azerbaijan, more than 30 training modules are available for older job seekers in educational centres of the Ministry of Labour and Social Protection, as well as in specialized educational institutions of the Ministry of Education. Moreover, Azerbaijan is currently elaborating a distance learning programme. With the help of financial support received from the European Social Fund, some 1,300 distance learning centres were established in villages in Poland during 2007-2008. The centres have helped overcome difficulties associated with the low computer skill levels of older persons. Some countries have especially invested in training teachers for adult education (POL).

More and more countries offer learning opportunities to older persons in "universities of the third age" (BLR, CZE, ESP, FIN, IRL, LTU, MKD, MLT, POL, RUS, SRB, SVN, UKR) or "colleges for the elderly" as they are called in Israel. In the Czech Republic these are linked to public universities. Funding is shared between student fees and government support. At the Third Age University in Belgrade, participants have to cover their own fees and numbers

of participants have dropped since 2007 in connection with the economic crisis. In the Russian Federation, universities for the third age offer courses in creative arts, sports, health promotion and disease prevention, as well as training in use of computers and mobile phones, cameras and modern appliances. In fact, IT and computer courses for older persons are offered in many countries in different settings (BEL, ESP, ISR, LTU, MKD, MLT). The Irish national *eInclusion Strategy Framework* has prioritized action to increase access to information and communication technology (ICT) and increase ICT skills, including awareness of potential information and communication technology and how they can be used to assist older persons in their social or work life or at home to facilitate independent living. Partnerships in this area have involved academic institutions, locally based IT multinationals and older persons' organizations. Several countries offer pre-retirement training (e.g. FIN, ISR, MLT, SRB). Canada has made special efforts to provide training on financial literacy to prepare for retirement for the next generation of seniors through the integration of financial planning for retirement in the high school education curriculum.

2.8 Commitment 7: To strive to ensure quality of life at all ages and maintain independent living, including health and well-being

In addition to those instances where overall strategies on ageing were adopted, several countries have developed integrated strategies or plans with relevance for the health and care sectors and ageing (AZE, BEL, CYP, DNK, FRA, ISL, MKD, SRB, UKR) or they have adopted new health care laws and acts (FIN, ISL, NOR, POL, SRB). In the United Kingdom, research has been done into inequalities in health, results of which were published under the title *Fair Society, Healthy Lives* (February 2010). This has served as a basis for discussion and policy-making.

To strengthen policy development, the Serbian Ministry of Health established a Commission for the Improvement of Aged Persons' Health in 2008. The Republic of Moldova has created a Working Group at the Ministry of Health with the participation of civil society organizations and foreign experts to develop a normative framework for facilitating access to adequate services to those with incurable diseases.

Medical insurance coverage ensures good access to health care in many countries within the region. Some countries have compulsory medical insurance. The Russian Federation passed a federal law to this effect in 2010. To reduce inequalities in access to health and social services, some countries provide a range of health care services free of charge (ARM, MLT). Many countries have also made provisions to make reduced-price medicines available to older persons, especially those suffering from chronic diseases (e.g. MLT). In the United States, the *Affordable Care Act* was signed into law in 2010, calling for comprehensive health reform to make health care

more affordable, expand health coverage, make health insurers more accountable and make the health system more sustainable. It is designed to help individuals make informed decisions about care options, plan for long-term services and streamline access to publicly supported programmes through single point of entry approaches.

In the care sector, there is a complementary mix between different forms of care, from home care to assisted living in age-friendly housing or day-care services in most countries. Even though services of all kinds co-exist in most countries, in many places they do not cover all in need. Overall, there is support among governments to enable seniors to continue to live as long as possible in their places of choice. Countries have a broad range of home-based care services in place to allow older persons to live independently for as long as possible, such as domiciliary nursing, telecare, home care or meals on wheels (CAN, CYP, FRA, ESP, GBR, IRL, ISL, LTU, MDA, MLT, TJK). In Denmark, all citizens are entitled to home nursing free of charge when prescribed by a practitioner. Denmark has carried out research to integrate ambient assisted living tools in care homes and at home. In Serbia, home-based care is currently only available in the capital, but there is a plan to broaden coverage to all major cities. To address the current gap, the Serbian Red Cross implemented a programme for independent living by providing home assistance through a network of around 1,000 volunteers, of which 70 per cent are themselves older persons. In the United States, a *Community Living Initiative* was implemented to work across government to remove barriers and to enhance the ability of individuals of all ages with disabilities to live independently in their communities. The initiative is a continuation of the *2009 Year of Community Living*. Israel's *Supportive Communities* provide older persons living in their homes with a panic button to summon help around the clock. The programme also includes a community mother or father, a doctor and ambulances for a small fee, as well as social and cultural activities. For older persons who are no longer in a position to live independently, countries offer institutional care. In several countries there is still a tendency towards excessive hospitalization due to lack of or imperfection in primary care or other services (e.g. UKR). Increasingly, however, countries are finding options to provide alternatives to institutionalization.

Developing long-term care systems has received special attention in a number of countries (CZE, ESP, IRL, POL, SVK, SVN). Austria has a well-developed system of benefits and services relating to long-term and nursing care and the highest rate of long-term care benefit recipients globally. Recent system reforms have been aimed at increasing long-term care benefits and shortening procedures for determining the care level. The government of Norway has compiled a *Care Plan* with definitive measures in long-term care up to 2015, such as increasing the number of health personnel, strengthening their competence, investing in nursing

homes and community care housing. In Ireland, the Working Group on Long-Term Care reported in 2008 on the policy options for a financially sustainable system of long-term care and on measures to rationalize the range of benefits, services and grants currently in place. A *Fair Deal*, a nursing home support scheme, introduced in October 2009, was founded on the core principles that long-term care should be affordable and that a person should receive the same level of State support whether they choose a public, voluntary or private nursing home. The scheme is the sole funded means of accessing long-term nursing home care for all new entrants.

Several countries have made efforts to develop their geriatrics care systems (BLR, MDA, POL, SVN, TJK, UKR). Slovenia reported on preparations for a *Strategy for the Development of Geriatrics and Gerontology* which would assess the population's needs for geriatric treatment and propose methods to restructure the health care system accordingly. In Poland in 2007, the Ministry of Health appointed a Team for Gerontology and developed a strategy for the development of the geriatric health care system. In Tajikistan, thanks to the initiative of a civil society organization and in partnership with the staff of the department of internal medicine, gerontologists have been trained and from 2010 onwards lectures on gerontology have been introduced at all faculties at the Tajik Governmental Medical University. Ukraine, which already has a tradition of geriatrics, has invested more in the pre- and post-graduate geriatric training of medical and social workers, volunteers and the general public. In Belarus, the Department of Gerontology and Geriatrics Education at the Belarusian Medical Academy of Postgraduate Education trained more than 1,300 doctors in geriatrics. A National Gerontological Centre is dedicated to scientific and methodological issues concerning the medical care of older persons.

Several countries have introduced or enhanced available palliative care services (CHE, LTU, MDA, SRB). In Switzerland, the *National Strategy for Palliative Care 2010-2012* was adopted to enhance the availability of palliative care. In Serbia, a concept on developing palliative and hospice care was developed for the period 2010 to 2014. In addition, an Institute of Palliative and Hospice Medicine was established and the national branch of the Red Cross trained 88 educators from civil society organizations to provide services in palliative care. The Canadian Institutes of Health Research, with funding from the federal government, conducts research on palliative end of life care, including care transitions, caregiving, pain management and care for vulnerable populations.

Alzheimer's disease and other forms of dementia remain of special concern across the region. Several countries have adopted or have been working on developing national mental health, dementia or Alzheimer strategies and plans (BEL, CAN, CHE, CZE, DNK, FIN, FRA, GBR, USA).

In Slovenia, the Ministry of Health appointed a working group to deal with the medical treatment of dementia patients, with the aim of developing clinical guidelines. The *British National Dementia Strategy*, published in 2009, sets out a vision for transforming dementia services, improving awareness of dementia, early diagnosis and high-quality treatment. In Finland, the National Institute for Health and Welfare published guidelines for high-quality dementia care in 2008. A number of memory clinics focussing on diagnosing cognitive disorders in the ageing population are available. Israel has day care centres and programmes that aim to preserve the cognitive functions of patients and to prevent deterioration. In Cyprus, training programmes for formal and informal carers of patients with Alzheimer's and other forms of dementia were carried out. Germany offers sports activities to people with dementia as part of the *Physical Activity network 50 plus* project. The *Initiative on Knowledge and Support Networks in Dealing with Dementia*, started in 2009, includes an Internet portal providing information about the diseases and available support and contact persons. Countries have also scaled up their research efforts (CAN, CHE, DNK, SRB), notably in the Danish Dementia Research Centre, established in 2007, in the Serbian Center for Dementia at the Faculty of Medicine of Belgrade University, opened in 2010, and through the International Collaborative Research Strategy for Alzheimer's Disease with contributions from Canada and other countries. In Spain, a national centre of reference for Alzheimer's disease pursues a multidisciplinary approach and specializes in research assessment and dissemination of data and knowledge regarding the best forms of socio-sanitary care. The centre also works to raise awareness to the needs of people suffering from Alzheimer's disease and their families.

Programmes for health promotion and disease prevention are in place in many countries (BLR, CAN, CHE, CYP, CZE, LTU, MDA, MLT, POL, SWE). Activities include vaccination programmes for older people, cancer screening, prevention of cardiovascular disease and diabetes, programmes to encourage healthy eating and physical activity, as well as programmes on preventing falls and on promoting road safety (e.g. CAN, FIN, MLT, POL). A prevention package for older persons was launched in 2009 by the Department of Health in the United Kingdom. Denmark has a system of preventive house calls for persons of 75 years and above where older persons are contacted at least once a year to provide them with advice and guidance. In Austria, the City of Vienna conducted the *Let's go outside: Health-promoting join-in campaign for older women and men in workout parks (Gemma raus! Gesundheitsfördernde Mitmachaktionen für ältere Frauen und Männer in Bewegungsparks)* project between 2009 and 2011. *Go for Life* is the national Irish programme for sports and physical activity for older people. Physical activity leaders are trained to run sports sessions and a small grant

scheme enables groups to purchase new equipment. In Denmark, the *Fredericia project*, under the motto "In your own life as long as possible", has been successfully pursuing an approach whereby older persons in need of care are trained to become more self-reliant.

More and more countries consciously build on technology to improve their service provision, for example by supporting research into ICT-based products and services (e.g. AUT).

Coordination of services for older persons remains a major challenge (e.g. LTU). Conscious of the need to promote integrated health care and social services for dependent persons, the government of Portugal has set up the National Network for Continued Integrated Care under the joint responsibility of the Health, and Labour and Social Solidarity Ministries. Denmark has made efforts to enhance cross-sectoral cooperation, especially between primary health care and general practitioners. Norway implemented a major *Health Services Coordination Reform* to improve organizational development of services and encourage the professions to cooperate better. A new health and care plan will prepare the implementation of the *Coordination Reform*. Increasing older people's access to and awareness of government programmes is a challenge for many countries. In Canada, the federal Government provides Canadians with a single point of access to a range of information through service centres located across the country, phone and online channels, as well as specialized outreach services for seniors.

Budgetary constraints remain major obstacles to developing different forms of care (e.g. POL). Therefore, more and more countries count on the private sector to take on roles in service provision (e.g. BLR, DNK). Several countries have mentioned using public-private partnerships to construct and operate such institutions (MLT, RUS). In Malta, the *Department for the Elderly and Community Services* subcontracted the administration for two government-owned homes to CareMalta Ltd., a private organization. In another instance, the contractor builds and operates the home, while government pays for the service given once the home starts operating.

Countries have taken steps to ensure quality of care by setting standards and introducing monitoring mechanisms for institutions, and also for non-residential services (ARM, BEL, ESP, MLT). Austria has a *National Quality Certificate (Nationales Qualitätszertifikat)* for nursing homes, a countrywide uniform external procedure. With its *Charter on rights for people in need of care and support*, Germany has created an instrument to ensure quality in service provision. Among the accompanying measures are telephone and Internet-based consultation services. In Denmark, strengthening quality of health care has been found to be especially challenging in rural and remote areas. The government is analysing the need for additional medical ambulances and acute vehicles.

In other countries shortages of staff have contributed to difficulties in providing access to health and care in rural areas (MDA, SVN).

Capacity building among staff is recognized as a major factor in improving quality, efficiency and the humanity of services delivered to older persons. Several countries report that work with older persons is part of the initial education of health and care professionals (FRA, POL, SRB). Several countries also report about vocational and in-service training opportunities in this regard (CZE, GBR, ESP, MDA, MKD, MLT, SVK). The Canadian *Falls Prevention Curriculum Project* provides an opportunity for health care providers and community leaders to learn how to design, implement and evaluate fall prevention programmes for older persons. Special degrees have been introduced in some countries, such as Poland where there is now the possibility in post-secondary education to train for the profession of an older person's guardian. Members of the Ministry of Labour and Social Security in Azerbaijan have visited Germany to familiarize themselves with the German system of professional schools training social workers. Nevertheless, the availability of qualified staff remains a challenge in a number of countries (e.g. ARM, MDA).

Several countries have addressed the issue of abuse and violence against older persons (BEL, CAN, DEU, IRL, POL, PRT, SVN). In Poland, a nationwide survey on violence against older people and persons with disabilities was conducted and a national campaign to counteract domestic violence and to prevent violence against older persons and persons with disabilities was carried out in 2009. In Belgium contact points have been created to report cases of maltreatment. The Irish Elder Abuse Service has staff dispersed across the country. Activities include data collection, oversight mechanisms and awareness training programmes. Through the *Federal Elder Abuse Initiative*, Canada launched a national awareness campaign in 2009 entitled *Elder Abuse – It's Time to Face the Reality* to help seniors and others recognize the signs and symptoms of elder abuse and provide information on available support. The United States has a programme to train law enforcement officers, health care providers and other professionals on how to recognize and respond to elder abuse and to support outreach and education campaigns to increase public awareness of elder abuse and how to prevent it. The *Elder Justice Act* was signed into law in 2010, creating an Elder Justice Coordinating Council to foster coordination throughout the federal government on elder abuse issues. Countries have also strengthened their provisions to protect older persons from financial abuse (e.g. CAN, DEU, IRL).

2.9 Commitment 8: To mainstream a gender approach in an ageing society

Many countries have in recent years developed and adopted strategies or plans to advance gender mainstreaming and equality between men and women

that also cover aspects of ageing and intergenerational relationships (ARM, CYP, ESP, FIN, IRL, LTU, MDA, SRB). The Republic of Moldova, for example, has adopted a *National Programme on Ensuring Gender Equality for 2010-2015* which provides for actions to prevent gender discrimination, domestic violence, and reconciliation of family and professional lives. In Norway, a Public Committee on the Future of Gender Equality Policies has been mandated to deliver a report on the organizational framework of the gender equality policy. Based on this, the Ministry of Children, Equality and Social Inclusion will initiate work on a government *white paper* for the Parliament on the Norwegian gender equality policy.

A number of countries have adopted acts on gender equality and laws prohibiting discrimination based on gender (ESP, ISL, LTU, NOR, SRB). In some countries, gender equality is even included in the constitution (AUT, BLR, ESP, FRA, ISL, MLT, RUS). In Serbia, all regulations pertaining to social welfare were reviewed from a gender equality standpoint. Ukraine has also taken steps to improve the legal framework for gender equality, including the requirement of reviewing current legislation from the gender point of view. However, no mechanism for implementation of the findings or sanctioning mechanisms in case of failure to comply with the recommendations of the review have been put in place. The Portuguese Commission for Citizenship and Gender Equality promotes a *Gender and Ageing: Planning the future must begin today!* project which aims to improve knowledge about ageing populations from a gender perspective and make recommendations to policies and programmes to ensure mainstreaming gender from an age perspective.

In the United Kingdom, a specific Ministry for Women has institutional competence to develop policies relating to gender equality. In Norway, the Equality and Anti-discrimination Ombudsman is in charge of enforcing the existing *Gender Equality Act*. The Ministry of Children, Equality and Social Inclusion coordinates gender mainstreaming at the government level, but each ministry has to implement gender equality measures in its own area of responsibility. At local and regional levels, county governors are mandated to follow up with municipalities on their work to promote equality, but governors have not given it high priority. In Malta, the National Commission for the Promotion of Equality represents the government machinery for mainstreaming gender equality. Efforts are made to mainstream gender when formulating and analysing policies, and methodologies for gender impact assessments have been developed (cf. also FIN). In Canada, the federal government has improved accountability mechanisms for the integration of gender-based analysis in government reporting instruments. In particular, Status of Women Canada leads the process of implementing gender-based analysis by developing and delivering training tools and public awareness materials. In Iceland, the government

approved a three-year programme for the introduction of gender considerations in economic management and budgeting. Related training programmes have been provided to government officials and employers, and gender budgeting is regularly applied in all government programmes. In Austria, gender budgeting has been enshrined in the constitution since 2009, according to which the federal provinces and the municipalities have a mandate to achieve de facto equality between women and men in budgeting. From January 2013, an impact-oriented budgeting has been introduced. In the budget preparation process each ministry will have to formulate a maximum of five impact goals, including one equality goal.

Several countries refer to the importance of a labour legislation that ensures equal opportunities for employment, training and promotion as well as equal pay for equal work (AUT, FIN, ISL, LTU, MKD). In Italy the National Committee for Equal Opportunities in Employment of the Ministry of Labour and Social Policies formulated a programme in 2011 aimed at increasing women's employment and qualifications, eliminating wage and career disparities, fostering the creation and consolidation of businesses run by women, and creating networking opportunities. Activities also aim to facilitate the reconciliation of work and family duties: in 2011 The Fund for Family Policies financed projects from companies and social partners aimed at the introduction of new flexible working time systems and arrangements such as teleworking, programmes and activities for the reintegration of workers coming back from periods of parental leave of at least 60 days, as well as networks between local authorities, enterprises and social partners for the promotion of innovative services for reconciling work and family life. Under the *Gender Equality Act* in Iceland, employers and trade unions are obliged to take measures bring greater gender equality in the labour market. Since the amendment of the *Austrian Equal Treatment Act* in 2011, larger enterprises are now required to draw up a gender pay report. In Iceland employers have to take measures to enable women and men to balance family responsibilities, allowing for flexibility in working hours and facilitating the return to the workplace following periods of parental leave. Germany has a programme to support women seeking to rejoin the labour market following family-related interruptions, counselling the women, and in a second phase, also approaching their partners to take over family responsibilities. Raising employer awareness of gender issues is ongoing in many countries (AUT, CYP, CZE, FRA, GBR).

The Administration on Aging in the United States continues to collaborate with the National Education and Resource Center on Women and Retirement Planning, maintained by the Women's Institute for a Secure Retirement (WISER) to provide user-friendly financial education and retirement planning tools for low-income

women, women of colour, and women with limited English-speaking proficiency. Through WISER's one-stop gateway, women have access to comprehensive, easily understood information that promotes opportunities to plan for income during retirement and for long-term care. Services include an interactive website and a series of nationwide webinars.

Several countries report about available age-disaggregated data and gender-sensitive indicators (CAN, CYP, FRA, GBR, MDA, MKD, PRT, RUS, SRB). However, a lack of data on the social situation of older women remains a challenge. This may also be due to the fact that in surveys the 65 year and above age group, albeit diverse, is often not further subdivided (AUT).

2.10 Commitment 9 : To support families that provide care for older persons and to promote intergenerational and intragenerational solidarity among their members

Families are at the core of providing care. Countries take this into account and have strengthened their social welfare services with respect to assisting families in performing their care responsibilities while also being able to reconcile these with other responsibilities such as work, and to avoid putting them at a disadvantage, for example in the pension system. Within its four-year *Gender Equality Programme* (2011) Iceland has entrusted a special committee with examining how family life and working commitments can be harmonized and how people in employment can be enabled to meet care requirements. Austria has invested in research on the reconciliation of work and care-giving duties. Several countries have adopted policies to facilitate the combination of work and family life and care obligations, such as flexible work time arrangements or teleworking (CZE, DEU, ESP, GBR, MLT, NOR, POL). Employees in Norway have a right to leave with income compensation to care for close relatives at home in a terminal stage for up to 60 days. There is also an option of unpaid leave for up to ten days to care for parents or spouses. Pension rights can be obtained during periods of unpaid care for children and sick family members in the National Insurance System (c.f. also BEL). In Germany, the law on reconciling care and work came into force in 2012, allowing employees in acute need to take up to ten working days of leave to organize and provide appropriate care to a family member. Employees also have the option of working part-time for up to 24 months and be partially compensated for the income lost. In Spain, respite care is made available in centres under the *System for the Autonomy and Care of the Dependent*. In Belgium respite care is offered in so-called *Hôtels de soins* (care hotels) or by providing attendance and care at night (c.f. also MLT). Since 2007 in Austria, the costs of substitute carers replacing care-giving family members can be financed from a Support Fund for Care-Giving Family Members. In Portugal, it is possible to temporarily hospitalize a

dependent person to allow the caregiver to rest. Israel has development programmes to free up caregivers for part of the day or certain periods during the year to enable them to work, study or take holidays. In 2009, the United States began implementing the *Lifespan Respite Care Program*. This programme brings together Federal, State and local resources and funding streams to help support, expand and streamline the delivery of planned and emergency respite services for persons of any age while also providing for the recruitment and training of respite workers.

Some countries have also started to assist family carers by providing them with training (CYP, CZE, ESP, FRA, MLT). In the Czech Republic, the Ministry of Health provided financial resources for the operation of *Caring Online*, an Internet portal that assists family members in caring for dependent older persons at home. It is a source of information on health and social care, and carers can consult with professionals regarding specific questions. This project was chosen as a good practice example by the EU. Similar projects exist in Spain and in Germany, where Internet-based psychological counselling is offered to family carers of older persons. In some countries family carers may also be eligible to receive cash benefits (DNK, ESP, IRL, ISL, MLT, RUS, UKR) or tax deductions (CAN, RUS). Poland, in its *Act on Family Benefits*, allows a nursing benefit for family members who resign from gainful activities. In Denmark, persons in the labour market caring for a person severely in need of care can be employed by local authorities to do home care for that relative. Since 2008, Austria pays 100 per cent of the pension insurance contributions of family members no longer covered by pension insurance due to the provision of domestic care services to a long-term care benefit recipient. Other countries also take into account periods of unpaid care for children and old family members for the calculation of the pension (e.g. NOR). In France, a 2010 reform contains elements to better take into account part-time work, maternity leave, family solidarity leave and family support and care for the calculation of the pension.

Organizing care for older persons within the multigenerational family is a strong value in some countries (ARM, MDA, UKR). However, in Ukraine, multigenerational households bearing a double burden of caring for children and older persons also bear an increased risk of poverty. The situation of multigenerational households living in rural areas is especially dire. In addition, high levels of migration strain capacities to provide within-family care. This is especially obvious in the Republic of Moldova where high levels of work emigration have modified traditional capacities of families to offer primary assistance. Frequently, grandparents become the primary care givers to grandchildren, neglecting their own need for care. In response, the country has tried to reinvigorate the role of the family. However, given the economic needs

of the working-age population, additional steps will be necessary to address the gaps that are created due to migration.

In other countries, the working age generation with their children is more likely to live separately from grandparents, nevertheless maintaining close relationships (e.g. CHE). In such a context, Switzerland has focused efforts on developing solidarity in neighbourhoods. The NGO Pro Senectute, in partnership with a private foundation, developed a project in the canton of Vaud where older volunteers are encouraged to assist children in doing their homework. The award-winning national programme *Experience Corps* in the United States has engaged people aged 55 years and older in mentoring, providing literacy coaching, homework help and care. Independent research has shown that the *Experience Corps* has boosted student's academic performance and has helped schools and youth organizations operate more successfully while also benefiting the well-being of the adults involved. In Portugal, the *Errands and Company* project aims to create an intergenerational social support network through the establishment of local networks of young volunteers to support older people living alone in their daily activities.

Communities are playing an increasingly important role. The Austrian *Audit of Family-friendly Municipalities* supports processes to develop family-friendly measures in municipalities and formally recognizes their successful implementation. In Serbia, the national branch of the Red Cross has a project to care for older persons in local communities. The Serbian government also established a *Social Innovations Fund* which in 2007 to 2010 supported 117 projects in the area of home assistance, day care centres and clubs for older persons. Even though the community care sector has received increasing attention, this seems to be an area that needs to be further developed, with more solid information needed about functioning models that could be replicated across the region.

2.11 Commitment 10 : To promote the implementation and follow-up of the Regional Implementation Strategy through regional cooperation

Many UNECE Member States have been active supporters of the MIPAA/RIS process from the beginning. They have participated in the first review and appraisal of MIPAA/RIS, which culminated in the adoption of the *León Declaration* at the Ministerial Conference in León, Spain in 2007. Since the creation of the UNECE Working Group on Ageing in 2008, Member States have been regularly participating in its meetings and have been committed to making contributions towards implementing its programme of work. Many countries have provided good practice examples for the policy briefs, and Armenia and the Republic of Moldova have engaged in developing *Road Maps on Mainstreaming Ageing*. Special commitment was shown by the members of the Bureau of the Working

Group on Ageing, under the leadership of the chairs from Slovakia and, later, Austria and the co-chair from Armenia. After the government of Spain, which hosted the Ministerial Conference on Ageing in 2007, now the government of Austria has offered to host the Ministerial Conference in Vienna, in September 2012. Several member governments have invited the Bureau of the Working Group to meet in their countries (BEL, ESP, MLT). Several countries have supported MIPAA/RIS activities by giving extra-budgetary funds to the trust fund of the UNECE Working Group on Ageing, and Germany made a special commitment, financing a junior professional officer post during three years. UNECE Member States have participated in capacity building seminars organized in collaboration with the governments of the Czech Republic and Israel.

Overall the Working Group on Ageing has established itself as a much-valued mechanism in facilitating implementation of MIPAA/RIS. It has provided the framework for the present second review and appraisal. It is therefore well positioned to facilitate implementation of MIPAA/RIS in the follow-up to the Ministerial Conference “Ensuring a Society for All Ages: Promoting quality of life and active ageing” in Vienna, Austria (September 2012).

Beyond the integration into the UNECE framework, countries are engaged in a multitude of international collaboration. Some countries have taken part in the Open ended Working Group on Ageing, established by the General Assembly with resolution 65/182 in 2010 (CAN, DNK, LUX, NLD, USA). For Member States and those wishing to accede, the European Union is an important framework of reference. Countries in Eastern Europe and Central Asia have benefited from assistance received through UN offices such as UNFPA, UNDP or UN DESA. The International Institute on Ageing in Malta, a UN affiliate, has provided capacity building on MIPAA/RIS topics. Countries have also collaborated with the European Centre for Social Welfare Policy and Research in Vienna, which has a Memorandum of Understanding with the UNECE.

Some of the more economically advanced countries in the region have reached out to its other members, offering capacity-building. Austria, for example, has organized know-how transfer events with expert seminars taking place in Vienna for delegations from the Russian Federation, Croatia, Turkey and the Republic of Moldova. Austria has also posted Attachés for Social Affairs in Croatia, Serbia, Bosnia and Herzegovina, the Former Yugoslav Republic of Macedonia and the Republic of Moldova with the aim of sharing knowledge.

Across the region, there is a vibrant civil society comprising organizations that provide services at the grass-roots level and NGOs directed towards representing interests and influencing policy-making. Many of the organizations operating nationally are also actively engaged in international networks, feeding their opinions

and experiences into international policy-making forums. The National Federation of Senior Citizens in Iceland is a case in point. It serves as an umbrella body for more than 52 societies operating within the country. The Federation is a member of the European federation AGE that comments on European Commission and European Parliament initiatives. Civil society views play a prominent role during Ministerial Conference in Vienna, which is preceded by an NGO forum that culminates in the adoption of an outcome document. This document is taken into account when negotiating the outcome document of the UNECE Ministerial Conference. Scientists have been equally important partners in providing inputs into the international policy discourse. Some countries have benefited from international support in collecting data (e.g. ARM, MDA). Several countries have been active participants of the *Generations and Gender Programme* (GGP), consisting of a panel survey on relationships between parents and children (i.e. generations) and partners (i.e. gender) and a context database collecting information about the policy environment within a country (AUT, BEL, BGR, EST, DEU, FRA, GEO, LTU, HUN, ITA, NLD, NOR, ROU, RUS). The importance of data collection and research was acknowledged with the Research Forum that preceded the Ministerial Conference. Its outcome document was taken into account for the discussion of the Ministerial Conference.

3. CONCLUSIONS AND THE WAY FORWARD

Countries have reported progress on MIPAA/RIS implementation since 2007 in many areas across all commitments. There have been visible efforts to improve the normative framework to promote mainstreaming ageing. The challenge now is to implement this policy framework (ARM, IRL, MDA, MKD, SVN, UKR). Some countries plan to further work on mainstreaming ageing-related policymaking and on revising and improving national legislation to be more sensitive to matters related to ageing (e.g. UKR, TJK). A majority of countries has a well-developed civil society infrastructure in place to represent the interest of older persons – even though available financial means to support civil society may be perceived as too little (e.g. SVN). Several countries have enhanced institutional capacities by creating relevant structures, such as commissions or councils that discuss ageing from a cross-cutting perspective. Here again, the challenge is to achieve a coordinated approach that sustainably drives and directs policy action and takes into account the views of all stakeholders, including civil society and older persons themselves (ARM, MDA).

Another challenge is to maintain the sustainability of public finances to uphold commitments made. Overall, the economic and financial crisis has had serious impacts on ageing-related policymaking in the region. Countries have struggled to uphold their ongoing obligations in

social and pension payments but have generally made it a priority not to cut measures that are meant to protect the most vulnerable from the consequences of the crisis. Economic strategies have aimed at stabilizing the economic situation in general, to create sustainable and equitable growth, and to reduce poverty (ARM, BEL, CAN, CYP, ISR, LTU, MDA, MKD, NOR, SRB, TJK, UKR). Overall, towards the end of the reporting period, the economic outlook across the region seems already slightly more optimistic. However, for a number of countries migration remains a major ongoing challenge (ARM, LTU, MDA).

Some areas are of particular concern to Member States. For example they frequently prioritize health and care provisions for their future activities (BLR, CAN, FIN, MKD, POL, SRB). Member States will continue to strive towards better integration and coordination of health and social services (CYP, CZE, MDA, SVN, UKR, USA). Providing access to affordable and quality health and social services is an important challenge. Therefore, the financial sustainability of the health and social care sector is of utmost importance to uphold service provision. In addition, countries aim to further build up targeted care services and to refine them so they correspond to individuals' needs, building upon the principles of self-determination and self-management of older patients (AUT, CZE, DNK, SWE, UKR, USA). Enabling older persons to live independently for as long as they can has been a priority declared by many. Illustrating broad support for concepts such as ageing in place, home-based care and domiciliary services will be further strengthened as will be information accessibility with regards to available services (BEL, CAN, ISL, ISR, SWE, USA). Challenges are found particularly with regards to supporting informal care givers, especially in the family (AUT, ISL, MLT). Efforts have to be made to achieve inclusion and participation of older persons with reduced mobility, to allow them to maintain social ties and to address the issue of loneliness (MLT, NOR, POL). Member States are planning to expand community-based services, both in terms of making them available in more regions, including remote areas, and in terms of extending hours and scope of services (e.g. ISR, MDA, SRB, SVN, USA). Several countries intend to further develop and diversify the volunteer sector (BEL, CZE) to enhance social inclusion.

An area of special attention will be to design integrated models of long-term care (IRL). At the same time, countries agree that strategies to further explore the opportunities of eHealth and use of modern technology are important (AUT, CZE, DNK, GBR, IRL, SWE). Countries subscribe to the need for health promotion and disease prevention programmes, improving the social determinants of health (BEL, IRL, LTU, MDA, POL, USA).

A few countries have mentioned measures to avoid violence and abuse (CAN, SWE). Several countries will invest more in awareness raising, in combating ageism and old age stereotypes and in changing attitudes, for

example with regards to longer working lives. However, perceptions do not change from one day to another and so this will remain an important challenge for the countries in the region (AUT, CZE, IRL, MDA, MLT).

To create incentives to stay in work longer, several countries have increased their retirement age and abolished incentives for early retirement. Reforms to create pension and social protection systems that are sustainable and equitable for all generations and that ensure minimum subsistence levels and avoid poverty in old age have been key areas of activity. Carrying through and implementing reforms initiated during the reporting period to ensure adequate and secure income in retirement featured prominently among the future tasks listed (BLR, CAN, CZE, ESP, FIN, GBR, LTU, MDA, MKD, NLD, SRB, TJK, UKR).

Closely related is the focus on developing labour market and employment strategies that reflect the new realities of ageing societies (AUT, BLR, GBR, ISR, LTU, MDA, MKD, NLD, NOR, PRT, SRB, SWE). Among the priority areas are measures encouraging employees to work longer – including measures to increase the retirement age – as well as providing incentives, including financial ones, for employers to keep older persons employed or to newly employ older people who are seeking jobs. Countries have reported efforts towards adapting workplaces to the needs of older persons (CZE) or to adopt flexible work schedules that allow for the combining of work with training and continued education (BEL).

Several countries have worked on strategies for lifelong learning to keep the ageing workforce well-adjusted to changing realities in the workplace, although implementing such strategies remains a challenge in some places where it has been difficult to uphold this area against other priorities. However, many of the reports agreed that improving the computer literacy of older persons should be a priority to enhance connectivity and provide access to the advantages of modern information and communications technologies (BEL, GBR, MLT, SRB).

Some countries have paid special attention to gender-related activities to achieve more equality in addressing the specific situation of women often living longer than men and performing a considerable part of the care responsibilities. Further work on finding solutions to reconcile work and family responsibilities, including care for older family members, is recognized as important (BEL, SVK).

Several countries have seen a need to further enhance monitoring and evaluation of MIPAA/RIS and ageing policies in their countries. They point to a need for better indicators and would like to improve policymaking based on evidence. Overall, the most professional way to develop targeted programmes is to base them on scientific insight. More work is certainly needed to enhance the collection of gender and age-disaggregated

data and to increase the evidence base for practical projects in different areas (ARM, IRL, MDA, MKD, NOR, RUS, SRB). Slovenia concretely outlined a scientific agenda which includes establishing a database for the monitoring of long-term care services and expenditures, analysing home-based care provided by public services, and studying the active inclusion of older persons in the framework of the *European Year for Active Ageing and Solidarity between Generations* in 2012. Several other countries have mentioned their focus on active ageing, reflecting the current emphasis on the topic in the framework of the *European Year* (AUT, ESP, GBR, PRT, SVN).

In general, countries acknowledge the importance of continuous cooperation between countries in the region in sharing experience and best practices, as well

as the coordination of activities within the framework of international organizations. Considerable exchange is taking place within the European Union. The UNECE, in turn, remains an important forum for the cooperation of EU Member States and other countries in the region as emphasized by some countries (ARM, LTU, MDA). The need for further capacity building in some areas relating to strategy development and the implementation of existing programmes and action plans is stressed (e.g. ARM, MKD). Overall, countries are committed to further implementing MIPAA/RIS. Acknowledging the challenges within their countries, they express strong support for the regionally coordinated MIPAA/RIS process, the next phase of which will be shaped by the decisions made at the UNECE Ministerial Conference “Ensuring a Society for All Ages: Promoting quality of life and active ageing”.

Table 2: National reports considered in the *Synthesis Report* on the implementation of the Madrid International Plan of Action on Ageing in the UNECE Region

COUNTRIES	Language of report	Additional material provided
Armenia (ARM)	English	No
Austria (AUT)	English, German	Activity examples
Azerbaijan (AZE)	Russian	No
Belarus (BLR)	Russian	No
Belgium (BEL)	French	Indicators
Bulgaria (BGR)	Bulgarian, English	No
Canada (CAN)	English	No
Cyprus (CYP)	English	No
Czech Republic (CZE)	English	Good practice examples, <i>National Programme of Preparation for Ageing for 2008 – 2012</i>
Denmark (DNK)	English	No
Finland (FIN)	English	No
France (FRA)	French	Good practice examples
Germany (DEU)	German	No
Iceland (ISL)	English	No
Ireland (IRL)	English	Indicators, activity examples
Israel (ISR)	English	No
Italy (ITA)	English	Indicators
Latvia (LVA)*	English	Indicators
Lithuania (LTU)	English	Indicators
Luxembourg (LUX)*	French	No
Malta (MLT)	English	Indicators
Netherlands (NDL)	English	Activity examples, elaboration of policies
Norway (NOR)	English	<i>Norwegian Social Security and Labour Market Inclusion Policies</i>
Poland (POL)	English	Additional explanation of institutional setting
Portugal (PRT)	English	Indicators
Republic of Moldova (MDA)	English	Indicators, information on laws and policies
Romania (ROU)*	English	Indicators
Russian Federation (RUS)	English, Russian	No
Serbia (SRB)	English	Indicators, <i>National Strategy of Ageing in Serbia, Anti-discrimination Law, Social Welfare Law</i> , information on ageing-related research, <i>Active ageing framework for Serbia</i>
Slovakia (SVK)	English	No
Slovenia (SVN)	English	No
Spain (ESP)	English	Indicators
Sweden (SWE)	English	No
Switzerland (CHE)	English	No
Tajikistan (TJK)	Russian	List of laws
The former Yugoslav Republic of Macedonia (MKD)	English	No
Turkey (TUR)*	English	No
Ukraine (UKR)	English, Russian	Indicators
United Kingdom of Great Britain and Northern Ireland (GBR)	English	No
United States of America (USA)	English	No

(*) Not included in the text of the *Synthesis Report* due to late submission. Main challenges and achievements included in Table 1, page 50.

STATISTICAL ANNEX

UNECE COUNTRIES: POPULATION AGEING IN FIGURES

In their review and appraisal of developments since the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) were adopted in 2002, and in particular during its second implementation cycle (2007-2012), countries marked the positive changes, determined areas for improvement and identified emerging issues that must be addressed in an intergenerationally balanced way in the coming years. Overall, the reports showed that UNECE Member States will be entering into the third cycle of implementation of MIPAA/RIS with a distinct awareness of the enduring demographic change and with an increasing recognition of both challenges and opportunities that population ageing generates in the region.

Many countries supplemented their national reports on MIPAA/RIS implementation with some factual information and statistics on demographic change, labour market developments, health and social care services, and volunteering by older people. Such information is a valuable complement, but due to differences in the coverage and non-comparability of the data provided, it was not possible to refer to it in a consistent manner in the Synthesis of the national reports. At the fourth meeting of the Working Group on Ageing, the UNECE secretariat's initiative to provide a more consistent statistical annex on selected indicators to the Synthesis Report was endorsed.

Apart from the main demographic statistics (tables A1-A4), this annex includes data on indicators broadly reflecting certain aspects of the three main topics of the 2012 Ministerial Conference on Ageing: *Promoting longer working life and maintaining workability* (tables A5-A7), *Participation, non-discrimination and social inclusion of older persons* (tables A8-A10), *Creating an enabling environment for health, independence and ageing in dignity* (tables A11-A12). The annex is mainly based on data available from UN and other international databases (UNDESA Population Division, UNECE gender database, International Labour Organization, World Bank, World Health Organization, and Eurostat). To illustrate changes over the two cycles of MIPAA/RIS implementation, statistical data are provided for the years 2000, 2005 and 2010 whenever possible. The coverage of countries for individual indicators varies, depending on data availability and comparability. For a number of indicators the lack of data and/or data disaggregation by gender and relevant age groups, in particular for countries in the Eastern part of the UNECE region, points to a need for better statistical coverage of population ageing at both national and regional levels.

Some observations on the current status and changes since 2000

Demographic developments

- In 2012, the number of people aged 65 years or above reached 174.5 million and presently accounts for 14.1 per cent of the region's total population. This proportion is expected to exceed 20 per cent by 2030 (table A1). In Germany and Italy, a fifth of population was 65 years old or above already in 2010, and is projected to reach over a quarter by 2030. This will also be the case in Austria, Finland and Portugal. Out of eight UNECE countries where presently the proportion of people aged 65 years or above is below 10 per cent, only four are projected not to breach this threshold by 2030 (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan).

- The proportions of older olds – 80 years or above – are also set to rise: this age group will account for more than 5 per cent of UNECE population by 2030, and in Austria, Finland, France, Germany, Italy, Sweden and Switzerland it will exceed 7 per cent.

- The median age of population in the UNECE region increased from 35.4 years in 2000 to 37.6 years in 2010 and is projected to reach 41.8 years by 2030. If in 2000 the median age was slightly above 40 years only in Italy, nowadays this is the case in more than twenty UNECE countries, while it remains at or below 30 years in only eight countries.

- In 2000-2010, some slowdown in the pace of population ageing was characteristic for countries with older population structures, while it sped up markedly in “younger” countries (Azerbaijan, Turkey and Uzbekistan).

- The average total fertility rate in the UNECE region dropped to a low of 1.7 children per woman in 2000 (table A2). In the last ten years, fertility rates marginally recovered in a number of countries, the average for the region reaching just below 1.8 children per women by 2010.

- Presently, the total fertility rate is below the replacement level (2.1 children) in 45 UNECE countries. In 18 of those countries the rate remains under 1.5 children per woman. The fertility rates are projected to increase slightly by 2030, but in most countries they will remain well below replacement levels and, with the cohort of childbearing women declining in numbers, the impact on the pace of population ageing will be rather moderate.

- Mortality rates for adults (15-60 years old) declined markedly across the region. In 2005-2010, in many UNECE countries the mortality rates declined faster

for adult men, but still remain more than twice as high as the rates for adult women (table A2).

- Increases in life expectancy at birth and at the age beyond 65 have been notable across the region in the last decade, adding on average three years and nearly a year and a half, respectively. The strongest gains in longevity for both men and women were reported in Turkey (table A3).

- The disparities in life expectancy among UNECE countries and between men and women (among and within countries) remain large: at birth, for instance, for men they vary from 80.2 years in Switzerland to 62.8 years in the Russian Federation, for women, from 85.3 years in France and Spain to 73 years in Kyrgyzstan. The divide between countries slightly narrowed from that of 2000, but the recent gains in longevity in many countries in the Eastern and South-Eastern part of the region have not yet fully offset the significant losses in life expectancy, particularly for men, during the 1990s.

Labour market participation

- In 2000-2010, labour force participation rates of the older population increased steadily for the region as whole: in the 55-59 year age group, the rates went up by 4.4 percentage points for men and 10.5 percentage points for women, and among those 60 to 64 years old, by 6.9 and 8.8 percentage points, respectively (table A5). Slight increases were also observed among men and women aged 65 years and older. High gains in labour force participation among women, in particular in the 55-59 year age group, in many countries of the region were due to the rise in statutory retirement age. In a few UNECE countries, however, the labour participation rates of the older population declined, in some cases markedly (Republic of Moldova, Romania, Turkey).

- Unemployment dynamics contrasted sharply between 2000-2005 and 2005-2010 in the majority of UNECE countries (table A6). In the first part of the decade, six out of ten countries for which data are presented reported declines in unemployment among prime and older age groups. By 2010, however, the tendency was the opposite: seven out of ten countries reported higher unemployment rates for all age groups in 2010 as compared to 2005. Poland and Germany were striking exemptions to the latter trend.

- In 2010, in a number of UNECE countries unemployment rates for those 55-59 years old reached double digits and often were markedly higher for men than women. Unemployment rates of those 60 years and older were in general below those of younger groups in 2010, even though they were double the level of 2005 in a number of countries.

- Changes in labour force participation among older population groups and to a certain degree unemployment rates among them reflect changes in labour market policies. During 2000-2010, the statutory retirement age

was raised and steps were taken to gradually close the gap between men and women in several countries of the region (some EU countries, the majority of countries in the Caucasus and South-Eastern Europe). On the other hand, no changes in retirement age were introduced in Belarus, Russian Federation, Ukraine and Uzbekistan since the break-up of the Soviet Union.

- In 2009, the statutory retirement age of 65 years or above was in force in 25 UNECE countries for men and in 14 countries for women. In 21 countries the retirement age for women was still five years lower than that for men.

- The effective retirement age, although gradually rising over the last decade, was generally lower than the statutory retirement age. However, in a few cases it was a year or two higher for men and two to five years higher for women (Bulgaria, Romania).

Lifelong learning, volunteering and social inclusion of older population

- Data on lifelong learning and volunteering are scarce and often non-comparable across the region.

- Information from EU labour force surveys on formal and informal training shows that in the last decade an increasing share of the EU's older population was undertaking training. In general, women were more active in training: in 2010, nearly a third of women in age group of 55-74 years old participated in training in Denmark, and between 15-20 per cent in Iceland, Sweden and Switzerland. Among men in the same age group, the highest proportion was in Switzerland (18.8 per cent), followed by Denmark and Iceland (table A8).

- The time-use surveys conducted in a number of UNECE countries indicate that men 65-74 years old spent up to 35 minutes per week on unpaid activities outside their households while women in that age group spent up to 51 minutes a week (Poland, table A9). Data from other data sources point to a higher frequency of older women's participation in volunteering activities across the regions.

- During 2005-2010, a slight decline in the share of older populations facing poverty or social exclusion (in relative terms, as defined by individual countries) was observed in the UNECE region. However, about two in ten countries reported rises in the share for those aged 75 years and above. The incidence of poverty and social exclusion was more frequent among older women than older men in all three age groups referred to in table A10.

Health, independent living and age-related expenditure

- More people in the UNECE region not only live longer, they also remain in relatively good health. Health-adjusted life expectancy at age 65 and beyond accounts for more than a half of total life expectancy for men and is slightly below 50 per cent for women.

- The difference in healthy life expectancy between men and women is much less pronounced than for life expectancy in general. In fact, in a number of EU countries health-adjusted life expectancy is slightly higher for men than for women, while in the Eastern and South-Eastern part of the region men's health-adjusted life expectancy is markedly shorter than that of women (i.e. Russian Federation, Belarus, Ukraine, see table A4).

- About one in seven men and women at the age of 65-79 live in a single-person household in the UNECE countries represented in table A5. The proportion is higher than 20 per cent for the older olds (80 plus years old). In nearly one out of three countries the share of women 80 years and older living in a single-person household accounts for more than 25 per cent (in Norway, Denmark and Germany, more than 30 per cent, see table A11).

- The proportion of older population benefitting from home care is on average at least twice as high as that of persons in institutional care. In Denmark, a quarter of 65-79 years old persons were provided with home care services while about 5 per cent were in institutional care. In Iceland, Netherlands and Norway, home care services were provided for a fifth of the population in that age group in 2005-2007. Home care was less available in most countries in the East and South-Eastern parts of the UNECE region; it is also much less developed in many Eastern EU countries.

- Total old-age related expenditure as a proportion of GDP has increased with a few exceptions across the region in recent years. In 2009, in four out of ten reporting countries total old-age expenditures accounted for 10 per cent or more of GDP. Currently old-age related expenditure accounts for about a half of all social benefits in Italy, Poland and Romania and varies between 30 and 45 per cent in most EU countries (table A12).