

**NATIONAL REPORT**  
**ON THE FOLLOW-UP TO THE REGIONAL IMPLEMENTATION STRATEGY (RIS) OF THE**  
**MADRID INTERNATIONAL PLAN OF ACTION ON AGEING (MIPAA)**  
**IN THE REPUBLIC OF MOLDOVA**  
**(2007-2011)**

**Republic of Moldova, 2011**

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## EXECUTIVE SUMMARY

Signing the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in 2002, the Republic of Moldova confirms the political will of its Government to align to the international standards in this area. In 2007, the first National Report on Strategy's implementation was presented. The Report covers the period of 2007-2011 and points out the fulfillment of the commitments on implementation of MIPAA assumed at the country level.

The report was developed by the MLSPF, as ministry responsible for MIPAA implementation, with the participation of the specialists from other ministries and central public administration authorities, academia and university' representatives and with the support of UNFPA. To ensure the participatory principle, consultations were organized among ministries while drafting the Report, with international organizations and nongovernmental organizations from the country. The Report includes summary information from public and civil society fields on national measures of achievement of the 10 priority commitments of RIS to implement MIPAA in support of elderly persons.

The actions presented in this report are specific to Republic of Moldova, where the aging demography, caused by decreased fertility and mortality rates, is compounded by the effects of emigration on a large scale, by continuous impacts of transition to a market economy, and more recently, by the global economic crisis (Annex 1, table 1.1). Hence, during the reporting period, in spite of the existing social-economic problems, the Government of the Republic of Moldova undertook a number of actions to recover the situation related to the population ageing process in the context of demographic decline.

*The main achievements should be mentioned:*

- fulfillment of actions to foster the economic growth of the country and poverty reduction, thus contributing to reducing the social exclusion of elderly persons; fulfillment of actions to manage migration and to use the remittances more efficiently, and to protect the children and elderly persons without care for family members left to work abroad (Anexa 2, tabelul 2.1);
- development of the integrated system of social services for creating better opportunities of social inclusion of the at-risk persons, including the alternative services for the residential ones, implementation of regulations of a "Protected dwelling" and a "Community house", and initiation of the palliative / geriatric services;
- reform of the pension system so as to adjust it to the social development realities and demographic perspective, and to diminish the existing discrepancies, etc.
- establishment of coordination mechanism in the demographic area through the National Commission on Population and Development, the collaboration between NCPD and CLAM, Academy of Public Administration, Academy of Science of Moldova, etc.;
- adopt and begin implementing the strategic objectives in the demographic area under the National Strategic Program on Demographic Security of the Republic of Moldova (2011-2025) (Annex 5, tables 5.1, 5.2).

*The important aspects to be improved in the future:*

- a) development of political measures, national programs meant to ensure the quality of life by offering the guaranteed minimum to elderly persons, observing their rights;
- b) prioritization of policies to foster the birthrate, to reduce morbidity and mortality, and migration so as to diminish the demographic decline;
- c) efficient management of the demographic ageing issues, mainstreaming this problem in the strategies meant to develop the objectives to adjust to the changes occurring in the population structure and to improve the qualitative indicators of the human capital for better productivity;
- d) development and support for entrepreneurial programs, including for elderly persons, which would improve their deplorable social-economic situation and would mitigate the negative consequences of the population ageing process;
- e) multilateral promotion of family policies and enhancement of the intra- and inter-governmental solidarity, as fundamental values for social development, social cohesion consolidation, etc.

*Conclusions:* Republic of Moldova has made great efforts to recognize the implications of phenomenon of aging of population and migration to the financial stability of the social security system and has invested significant efforts in the development of pension reform and bilateral agreements on migration. However, success will depend on whether the country can address the deeper aspects of aging, related to housing, education, public transportation conditions and cultural participation of the elderly, etc. In this context are enrolled the strategic priorities in demographic area which aligns the objectives assumed by the Government at the international and national levels in the socio-economic growth policies for sustainable medium term. Establishment of demographic imbalances caused by aging will require adaptation of social systems, economic, financial, and cultural, consumer production and marketing system to the special needs of older persons, including substitute of family care. Emphasizing the process of population aging over the next 2-3 decades cannot be avoided, hence the main objective of demographic policies, which will be to accommodate the society to a new profile of the population age structure (Annex 1, table 1.6). Gender imbalance in the most vulnerable segment of the population, people with old age, will require more effort for women's specialized social medical and psychosocial services, for elderly people.

## GENERAL INFORMATION

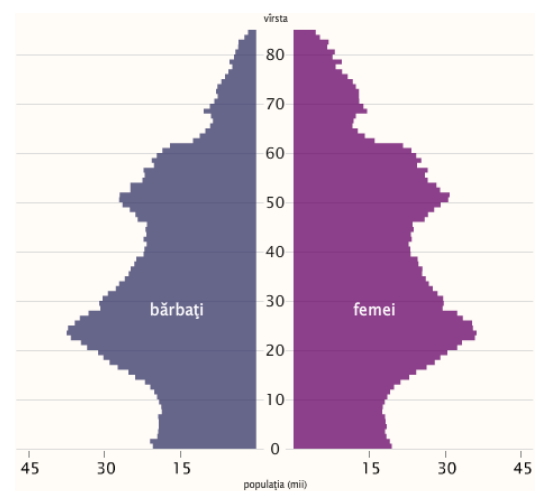
The Republic of Moldova is located in the central part of Europe, in the northeastern part of the Balkans, on a territory of 33843,5 km<sup>2</sup>. The stable population as of 01.01.2011 was 3560,4 thousand people. On August 27, 1991, the Republic of Moldova became an independent and sovereign state. In 1992, the Republic of Moldova became a member of the United Nations Organization; in 1995 it became a member of the Council of Europe. The Republic of Moldova ratified the majority of the main conventions related to human rights, engaging itself in the process of the implementation of these conventions. Joining the *Madrid International Plan of Action on Ageing and the Political Declaration from April 2002*, the Government generated efforts so as to improve significantly the situation of the elderly persons in the country. The Report covers the period of 2007-2010, pointing out the achievement of the 10 priority commitments of the RSI of the MIPAA in the Republic of Moldova.

The development of the report was coordinated by the specialists of the Division of demographic policies and others components of MLSPF, with the active involvement of the representatives from line ministries/structures in several areas, NGOs, international structure active in the area, with the support of UNFPA (Annex 5, table 5.5). The responsible person is Mrs. Larisa Rotaru, National Focal Point on Ageing for Moldova and Moldova's representative in the UNECE Working Group on Ageing. Contact information: +373 22 269366, [larisa.rotaru@mmps.gov.md](mailto:larisa.rotaru@mmps.gov.md).

The National Strategic Program on Demographic Security of the Republic of Moldova (2011-2025), including a special compartment on ageing and the need to respect fully the rights of older persons, was passed on October 12, 2011, via a Government Decision.

### I. NATIONAL AGEING SITUATION

Significant changes took place in the development of the demographical processes in Moldova during 2007-2011. The specialists ascertained the “demographic decline” phenomenon with a continuous decrease of population, due to the negative natural and migration growth (annex 1). The mechanisms that led to reducing the number and deteriorating the age structure of the population are induced by the unfavorable aspects related to fertility rate, external migration, and general mortality rate of the population. At the same time, the birthrate decrease provoked a misbalance in the age structure of the population and intensified the demographic ageing process.



*The number of resident population by age and sexes, of 01.01.2011 (NBS)*

The number of resident population as of 01.01.2011 was 3560,4 thousand persons, including 51.9% women and 48.1% men; the share of the urban population was 41.6%, and rural population was 58,4%. *The fertility rate* is 1.31%, this figure being insufficient for population reproduction. *Natural growth* represents „minus” 2520 inhabitants (-0.9%, difference between birth rate and mortality).

*Life expectancy at birth* is increasing for both sexes, registering 69.1 years in 2010: 65.0 years for men and 73.4 years for women. *The marriage rate* accounted for 7.4 marriages per 1000 inhabitants (2010), the number of marriages has declined by 1.1%; *the divorce rate* registered 3.2 divorces per 1000 inhabitants, the number of divorces has decreased by 3.2% as compared to 2009. *The birthrate* represents 11.4 newborns per 1000 inhabitants. The indicator of *general mortality* has increased from 12.0 cases (2007) up to 12.3 cases (2010) per 1000 inhabitants, being higher among men.

At the beginning of 2011, 512.3 thousand 60-year-old and older persons were living in Moldova, more than a half (60.5%) of which is women. One in four persons is 60-64 years old, and 14.1% are over 80 years old. Over the past year, the share of 60 years and older persons practically did not change, but in 2010 *the population ageing coefficient* increased by 0.4%, accounting for 14.4%. The population ageing process is more advanced in rural area as compared to urban areas (Annex 1, table 1.4).

Currently, the average life duration for 60-year-old women accounts for 18.2 years and for men it is 14.8 years, the gender gap being 3.4 years. The main causes for elderly persons' mortality are the following: circulatory system diseases (70.5%), malign tumors (11.3%), and digestive system disease (6.8%). Gender differences are noted in relation to death causes: “male over-mortality” – in case of tumors, respiratory system diseases, accidents, poisonings and trauma, and “female over-mortality” – in case of circulatory and digestive systems diseases (Annex 1, table 1.7). The increase in number of disabled persons represents a trend of great concern. The demographic ageing process is also determined by the *external migration* phenomenon.

As a result of the ageing process, the gradual increase of the demographic dependency or that of the pressure on the economically active population may be observed (Annex 3, table 3.3).

During 2007-2010, the economy of the Republic of Moldova registered a satisfactory development, the economic reforms being still under implementation. The economic growth registered a level between 3% and 6.9%. At the same time, in spite of the increase registered for some social-economic indicators for population incomes and life standards, a decreasing trend was registered over the last five years for the main labor force market indicators. There are a number of social-economic problems: the incomes per capita are the lowest in Europe, the living standard and social indicators register very low values as compared to other countries in transition. The elderly persons are among the most vulnerable categories of population exposed to poverty. In 2010, 21.9% of the country population was under the poverty line, and one in four elderly persons is poor (Annex 2).

The continuous decrease of the population number, the accelerated processes of demographic ageing, the high unemployment and migration rates, etc. represent major challenges for economy modernization and country development. The economic and social aspects of the demographic problems become more obvious, thus there is an imperative need for a comprehensive and sustainable approach to the problems related to human resources management available in the national development strategies. In this context, the Government's objective is to achieve a link between the demographic, economic, and social security of the country for its sustainable development.

With reference to the political situation is mentioned that, after the elections of April 5, 2009 no single party has not achieved a majority in these elections, making it impossible for parliament to reach a consensus and choose a president. Two subsequent parliamentary elections (29 July 2009 and 28 November 2010) and one referendum (5 September 2010) have not succeeded in overcoming this political impasse.

A pro-European coalition government was created after the 2010 elections by a three party alliance (the Alliance for European Integration) which changed the country's political orientation following eight years of communist rule. However this alliance did not acquire the parliamentary majority required to choose a president.

One of the priorities of the current government is finding a solution for the Transnistrian conflict, which has its roots in the years following Moldova's declaration of independence. A short but bloody military conflict led to the region proclaiming its autonomy. However, this region is not internationally recognized as being autonomous. Despite continuous efforts to solve this issue no consensus has yet been reached. The Transnistrian conflict not only affects the political stability of the country but also causes problems with data collection for developing national policies. The delay in resolving the Transnistrian conflict prevents the development of complex demographic policies applicable throughout the country.

## II. METHODOLOGY

The process of the multilateral assessment of the set priorities, as in any other area, is based on using a set of methods for the complex study of the population ageing phenomenon.

The methodology used to draft the given Report covers a comprehensive approach. The Report was developed by the MLSPF with the participation of the specialists from other ministries and central public administration authorities, being supported by UNFPA. The following was used to draft the given Report: sector reports in such area as social protection, family and child, health, education and youth, economy and trade, the reports of the Academy of Science of Moldova and National Bureau of Statistics, as well as the reports of the nongovernmental organizations. It should also be mentioned that the studies with direct or indirect tangents to the tackled area were also of great use (Annex 5, tables 5.3, 5.4).

The following can be mentioned among the methods used to perform the analysis in the respective areas: *the historical method* of research (when the development of economic, social, political and other actions and conditions is analyzed); *the comparative method* (when identical and divergent elements are established between two phenomena, *between genders*, between the situation in the Republic of Moldova and other countries); *the sociological method* (the analysis of social efficiency of the activities performed by different state bodies in regards to the population ageing problem), *the statistical method* was used to study the general process for priorities' assessment. The demographic security passport at the territory level is also of practical interest, as it concentrates the demo-social-economic indicators so as to perform a deep analysis of the demographic development, including determining the trends related to the ageing phenomenon and demographic security assurance at the national and local levels.

To assess the demographic situation and to estimate the demographic security level, it was suggested by scientists to apply an integral territorial demographic security indicator (ITDSI) which covers in an aggregated form the effects of the promoted social-economic policies, expressed in relevant indicators, confirmed in the National Strategic Program on Demographic Security. The ITDSI was determined based on 32 rayons, ATU Gagauzia, Chisinau and Balti municipalities, establishing 6 blocks referring to the most important social-economic policies which influence the demographic situation and the demographic security assurance in the country. The ITDSI shows the differences among the rayons in regards to demographic security assurance, being an important tool for developing and implementing demo-social-economic policies at the territory level by the LPA.

*Starting in 2007, the MPE methodology was introduced in Moldova within the framework of the "Exercise of Elderly People's Rights" Project. The results are significant: 3353 cases of elderly people who benefited from different types of assistance in 10 localities of the project; indirect beneficiaries – elderly people, members of their families, and their friends (about 32.000), representatives of LPA and civil society (about 100 persons).*

It should also be mentioned that cooperation was established in the demographic policies area, involving representatives from different structures and institutions of CPA, CSO, LPA, academia' representatives in drafting and implementing strategic documents: the Green Paper of the Population of the Republic of Moldova (2009), the National Strategic Program on Demographic Security of the Republic of Moldova (2011-2025), the Road Map for Mainstreaming Ageing in the Republic of Moldova, 2011 (draft), as the result of implementation effort of inter-functional mechanisms with the social partners and civil society of NCPD.

Consultations with ministries, international organizations, and nongovernmental organizations from the country, including those representing the interests of the elderly people were organized while drafting the given Report.

### III. REVIEW AND APPRAISAL OF NATIONAL ACTIONS TO FULFIL COMMITMENTS OF UNECE MIPAA/SRI

#### **RIS 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 reporting period, the ageing issues were included in country's strategic development documents and sector development strategies; the Green Paper of the Population was published (2009); long-term forecasts were drafted (2009-2050); statistics and thematic studies were elaborated in regards to the demographic ageing topic. Some methodological approaches were determined with demographic security indicators; the newsletter of information and analysis in demographic area was published "Population and Development" (NCPD/UNFPA), and the web site [www.demografie.md](http://www.demografie.md) was operating. IEIPS conducts research regarding the ageing impact on social-economic development (Annex 5).

To have a well-grounded approach to the policies related to population ageing, upon the request coming from the NCPD and with the support granted by UNDESA, UNFPA, UNDP, and WB, the "Population Ageing in the Republic of Moldova" study was conducted in Moldova (2011), according to the UNDESA model proven in research in Armenia, – the conclusions and the data of the respective study shall be taken into consideration when finalizing the Road Map for Mainstreaming Ageing in the Republic of Moldova (draft), developed with the UNECE support.

The pension system is being reformed at the present moment; the MLSPF has initiated the reform of the social protection system with the trend to create alternative social services for the residential ones. The MoH in collaboration with the National Company for Health Insurance has developed a number of normative acts so as to implement the palliative and home health care services. The MRDC developed the draft law on housing, including chapters related to social institutions and shelter-hotels, including for elderly people (Annex 5).

The institutional capacities in the area were enhanced: the NCPD was created, composed by the representatives from state structures and NGOs, and LPA. The collaboration between the NCPD and CLAM was established; the scientific community was involved in developing and implementing demographic policies; specialists started to be trained via training courses and exchange of experience; Master Degree in demographic issues was launched (AESM); public servants were trained within refresher courses under the APA – all these confirm the increase of awareness regarding the respective problem at all levels.

At the national and local levels, with the help and assistance from HelpAge and other partners, the groups of elderly people are supported in monitoring the implementation of national policies and exercise of their rights, including via the "Age Asks for Actions" campaign, launched in 2007 and other.

*In 2006-2007, the representatives of the "Second Breath" NGO, a network of 14 organizations supporting the elderly (with the support from Help Age), participated in developing the Draft Strategy on Ageing, a fact that marked the beginning of discussions in the Government about the need to grant more attention to the ageing issues and problems related to the development of the relevant legal framework.*

*Conclusions:* The ageing issue has a sound position on the political and social-economic agenda of the Government. There is political will to solve the demographic problems. The multitude of laws and Government Decisions related to social protection, pensions, and health confirms that the Government committed itself to reduce poverty among the elderly people. At the same time, although relevant normative documents were adopted, some *impediments* still persist: under-development of mechanisms to implement the respective documents, shortage of adequate resources, reduced capacities and knowledge of the CPA and LPA bodies on how to manage the demographic processes, gaps in social assistance and protection services system, low capacities of the CSO to develop voluntariness, etc. The art.82 (i) from the LC, providing for the age limit of up to 65 years old for the heads of state units, municipal units, or units with state majority capital to be employed at managerial positions, represents an aged-based discrimination and needs to be revised.

*Recommendations:*

- to institutionalize the Road Map for Mainstreaming Ageing in the Republic of Moldova by the Government Decision;
- to fortify the mechanisms for inter-sector collaboration, policy coordination, especially by consolidating the NCPD activities, the partnership with CLAM and academic community, CSO;
- to establish the Center for Demographic Studies;
- to implement the mechanisms for developing demographic forecasts and their plenary use in the development and planning programs, etc.

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

To foster the participation of the elderly people in the social-economic and cultural life and to harness their experience and skills, the Government initiated different informative-educational actions: celebration of the October 1, the Family Festival, the Grandmother's Day, etc.

The Government adopted a number of measures for the social-economic integration of the elderly people through the annual indexation of pensions, increase of salaries, provision of social benefits to some categories, etc. According to the legislation, the pensioners have the right to work. Dwelling assurance is not a problem for the elderly, as the majority of households (99.7%) own their dwelling. The social benefits represent the main subsistence source for the households formed only from elderly persons (69.2%) (Annex 2, table 2.6). In 2010, the number of economically active elderly people accounted for 5.3% of the total number of active persons and 13.0% of the total population of the same category of age (Annex 3).

During the local elections (June 2011), the 60 years old and older persons represented 13.20% of the candidates and 14.64% of the elected officials. The elderly population represents a substantial part of the Moldovan electorate. The activity of the veterans' organizations involving veterans of different categories should be mentioned in relation to the *social-political integration* matters. Their activity is focused more on the social support for their peers and on the information activity with the young generation (lessons, meetings in schools during different holidays). A positive trend is the creation of the elderly people's NGOs which represent a platform to explore elderly people's potential and to maintain the dialogue between the generations.

The volunteer activities of young people and elderly persons may consolidate the cohesion at the community level and mobilize local resources. Since 2009, six Community Centers operate in the Republic of Moldova offering integrated social services focused on elderly persons. Currently, a network of 264 elderly volunteers operate (212 women and 52 men), with an average age of 66 years old. The extension of these self-help networks for elderly generations and the support for community groups' participation in the local decision-making process may have positive effects, from emotional and physical support up to larger cultural and political involvement.

*Positive models: the experience of the elderly women from the Satul Nou village (Cimislia Rayon), who through their NGO offer education services to the left-behind girls. The NGO "Zolotoy Lotus" contributes to the active social integration of the elderly persons.*

Different contests and exhibitions are organized, Community Centers are created, and artistic groups, especially folk ones, are launched at the community and rayon levels with the involvement of the elderly persons on volunteer basis. At the same time, some impediments are registered: under-developed material basis of the recreational public places, poorly developed infrastructure (reduced responsibility and inadequate costs for public transportation, especially in rural zones).

*Among the problems can be mentioned the following:* lack of training programs for pensioners or persons of pre-pension age; lack of elderly-friendly policies on the labor market, based on the perception of low productivity of the elderly persons; existence of barriers that limit the participation of elderly persons in the social and political activity, in spite of the fact that there are no legal impediments based on age and sex criteria in this respect. The elderly persons remain to be one of the most vulnerable categories of population, one in four old persons is poor: the bills for services are an enormous burden, the level of



dwelling equipping and comfort is insufficient, the living conditions in rural localities are more precarious than those in urban areas (Annex 2, table 2.3).

*Recommendations:*

- to adopt some measures for developing flexible working places and innovation practices, so as to harness the experience and potential of the elderly persons;
- to support, including from financial point of view, the self-help networks for elderly people and for the volunteers of all ages who work to integrate and assist the elderly;
- to encourage the participation in public and political life of the elderly women and men by offering access to information, developing social appreciation, supporting their social and economic initiatives on priority basis;
- to encourage information campaign for combating the stereotypes related to the old age, by exploring the positive models for elderly people integration in different areas.

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

During the reporting period, the economic policy of the Government was focused on supporting the social-economic sustainability, continuing the reforms, re-launching the economy, extending the private sector, restructuring the economic units, consolidating fiscal areas, and encouraging entrepreneurship for all categories of population, etc.

In spite of the undertaken actions and on the basis of the world economic crisis, the poverty and inequality levels have developed unevenly over the years in Moldova (Annex 2). In 2009, for the first time in the last 3 years, the inequality level has increased, accounting for 0.309 – meaning that the gap between the living standards of the poor and the rich people has increased. In general, the rural areas were affected more badly by the economic crises than the urban ones.

According to the data of the MEc, the economy of the country recovers gradually from the crisis. The recovery of the demand from abroad and the elimination of some administrative constraints contributed to the economy re-launch starting in 2010. After an increase of the GDP by 6.9% in 2010, during the first quarter of 2011 the economic growth has exceeded any forecasts, reaching the level of 8.4%, as compared to the same quarter of the previous year. Refortification of the industrial sector, the increase in volume of the direct foreign investments, and the growth of exports at a higher pace than that of imports have all contributed significantly to the GDP increase<sup>1</sup>. The shift of the economic activities from the agricultural production area, characterized by a low level of productivity, to the industry and services areas, where the productivity is higher, explains the relative performance<sup>2</sup>. In this context, the opportunities to increase the pension indexation indicators were created (Annex 4).

The remittances from abroad (Annex 2, table 2.917) increase the income of the migrant families and investing money in the health sector, education, and small business. In 2009, remittances have reduced the absolute poverty rate by an average of 11.7%<sup>3</sup>. At the same time, labor migration of the parents has a contradictory impact: on one hand – it is benefic from economic-financial point of view, and on the other hand – it affects the children and elders left home alone. The migrants' children and the elderly members of the migrants' families frequently are subject to the risk to be socially excluded. To reduce the negative effects of migration, together with the migration management actions and a more efficient use of remittances, the Government has set the protection of children and elderly persons left without care for family members left to work abroad as one of its priorities.

At the same time, it should be mentioned that the economic growth was more extensive rather than intensive. The dynamics of the labor force has negatively affected the economic growth. The migration

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<sup>1</sup> Government Monitor. Official Bulletin of the Republic of Moldova Government. No. 6 (10) / 2011

<sup>2</sup> Moldova 2020 (draft)

<sup>3</sup> Specific needs of the children and elderly persons left without care for family members left to work abroad, 2011

trends which emerged during this period of time have determined the decrease of the activity rate in the national economy from 60 down to 44% (Annex 3). This decrease undermines the positive influence of the capital and productivity increase and leads to the erosion of the registered GDP growth.

*Recommendations:*

- to increase the economic productivity and competitiveness and to ensure the functionality of the labor market so as to provide for sustainable and fair economic development, it is necessary to have a permanent correlation of the national strategies with a prompt political reaction to the population ageing processes; the economic growth and social cohesion must be carried out simultaneously so as to benefit from mutual support;
- the adopted policies should ensure the financial stability of the social security systems, providing possibilities for the fair division of resources among different generations; these desideratum may be obtained only by ensuring measures meant to revise and correct the macroeconomic policies aiming to meet the needs of an ageing society.

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

Social protection in the Republic of Moldova (Annex 4) is in transition process from a system when the persons with special needs are placed in residential institutions towards a system based on offering social services at the community level. It is important to mention the adoption of the National Program regarding the creation of the integrated system of social services for 2008-2012 (G.D. no. 1512 dated 31.12.2008), of the Law No. 123 dated 18.06.2010 on social services. The legal-normative framework in social protection area is based on the principle of equal treatment of women and men.

In 2010, the Republic of Moldova ratified the UN Convention on the Rights of Persons with Disabilities and adjusted the national legal-normative framework. The Government approved a series of concepts on social services, including the concepts of “Protected Dwelling” and “Community House” (Annex 5). The roadmap for introducing some new methodology to determine disability level in the Republic of Moldova was presented in July 2011 (with UNDP support).

As of 01.01.2011, a number of 627.1 thousand pensioners were registered with the social protection bodies (with 2.5 thousand more persons than in the previous year), 73.4% of them were age-limit pensioners: 62 years for men and 57 years for women. Women represent the majority among pensioners of age-limit, disability, descendent, and length of service, as public servants. Women represent the minority among the pensioners – MPs, ex-members of the government, locally elected officials, a situation conditioned by their social and functional status.

In 2010, a number of 108 social institutions operated in the country, offering social services to 5240 persons/families, adults and disabled. Currently, community social services which will represent an alternative for the residential social services are being created and developed. The main aim of these services is to prevent social exclusion and to facilitate the reintegration of the beneficiaries in the family and community environment. The following can be mentioned as problems: shortage of personnel in the social assistance system and the need to train the existing employees so as to increase their professional level. At Community level there are a limited number of social services for elderly who need care and support daily.

Pensions represent the main income source for the elderly persons (Annex 2, table 2.6). The average size of the age-limit pension, as of 01.01.2011, accounts for 836.6 lei, being higher by 4.5% than in the previous year. At the same time, in 2010, the monthly age-limit pension could cover 70.6% of the subsistence minimum, as compared to 78.3% registered in 2009. Thus, the elderly persons encounter serious problems related to accumulation and redistribution of resources. It should be mentioned that in the last two years, amendments were made to the legislation on pension assurance and the Government undertook efforts to diminish the existing discrepancies.

The current pension system corresponds to the country’s economic system, the biggest problem being the small contributions and, respectively, the small accumulations into the state system (also being

influenced by migration). Hence, 1.8 able-bodied persons ensure the pension for one retired person, while the necessary relation is 4:1, a fact that impedes the rise of pension rate. The private pension system practically does not function – 2 private pension funds are registered, but they do not operate.

In the Republic of Moldova there are over 179 thousand persons with disabilities, of which 49.0% - women and 51.0% - men; about 59% of the total number of disabled people live in rural area. During 2006-2010, the share of persons with disabilities in the total number of stable and employed population of the country has increased, accounting by the end of 2010 for 5.0% and 15.7% respectively (Annex 1). In spite of the positive actions mentioned above, the social inclusion process of the disabled persons is rather difficult due to the limited physical access to different public institutions, and this fact impedes their participation in the social-cultural life of the society.

*Recommendations:*

- to adjust the system of social insurance and social assistance so as to ensure a minimum social support for the elderly persons with no other means of support, as well as for those who caring for dependents;
- to decentralize the social services so as to create opportunities for community intervention by developing sustainable partnerships with CSO, based on the development of service accreditation system;
- to make more efficient the calculation of revenues induced by use of agricultural land for the applicants requesting social help and to increase the population information level regarding the mechanism for granting these benefits.

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

The Labor Code of the Republic of Moldova prohibits expressly any discrimination of the employees based on sex, age, and other criteria (art. 8) and also prohibits the ill-founded refuse to recruit a person (art. 47). At the same time, the LC supports a number of preferential norms applicable only for some categories of employees. Such as: disabled persons, women, persons with family obligations, etc. (art. 115, 125, 250), (Annex 3).

It should be mentioned that the Government undertook efforts to stewardship the processes of labor force redistribution, creation of employment opportunities for different categories of population. The NEA implements a number of measures on the labor market with the aim to increase the population employment rate, including of women, by consulting citizens within the territorial agencies (in all the rayons of the country, including the ATU Gagauzia), via the [www.jobmarket.gov.md](http://www.jobmarket.gov.md), on the phone 0 8000 1000 (free call), through mediation activities, which are supported by organization of job fairs, etc. The number of persons employed on the labor market has increased as a result of such job fairs organized in 2007-2010.

The Government undertook a number of actions to support entrepreneurship programs, especially for youth and women ([www.odimm.md](http://www.odimm.md)). This context also includes some initiatives for developing programs to support the economic activity of the elderly persons (at the NGOs' initiative).

*HelpAge supports the programs for promoting the income generation activities among the elderly persons. The old persons manufacture different hand-made things, thus increasing their own income and contributing to poverty reduction.*  
*NGO "Zolotoi Lotos" offers counseling programs for the elderly persons as well as employment on labor market, if possible.*

During 2007-2010, the number of elderly persons (60 years old and older) active from economic point of view has decreased from 17.5% down to 13.0%. About 58.5% of employed persons of 60 years old and older were from rural area, as working in agriculture sector represents a sure modality to add to their incomes (Annex 3, table 3.4). In this respect, the CPA and LPA efforts should be mentioned regarding the granting of some support allowances in the agricultural area; nevertheless it is still problematic to assess the direct impact on the elderly persons.

The migration phenomenon represents a significant challenge in this respect (Annex 1). Although the young population predominates in the migration flows from Moldova, there is an obvious increasing trend for pre-pension persons to emigrate, thus pointing out the limited capacities of the national labor market to offer adequate employment opportunities. During 2010-2011, agreements between the Republic of Moldova and Bulgaria, Romania, Luxembourg, and Portugal have been signed in the social security area for migrants from the country. The problem of employment of elderly persons is of major importance.

*The main obstacles* for employment of the persons over 45 years are often below their low level of education and lack of entrepreneurial skills. Respectively, besides ensuring adequate jobs for the potential employees, it is also necessary to offer them training/retraining in the context of labor market transformation (computer skills, project writing, business-plan drafting, etc.). Informing population about their rights and possibilities to claim them represents an important pre-condition to ensure the real functionality of the legislation. Information of young people about the legislation in the labor area should be provided on continuous basis in the educational institutions.

*Recommendations:*

- to develop the public-private partnership so as to offer opportunities for elderly persons to extend the activity period in compliance with their wish and possibilities, thus exploring their potential and experience by introducing flexible work programs;
- inclusion of pre-pension persons in the labor market would reduce the need for them to emigrate so as to look for a job at this stage of their life and would ensure their continuous contribution to the national labor market development;
- to involve elderly persons and CSO in monitoring of the discrimination cases against the elderly persons based on age criterion, cases of forced retirement, and other cases.

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

Talking about the *continuous training* of the employees on the labor market, it should be mentioned that according to the Labor Code (art.213, (1)) the employer shall create the necessary conditions and favor the professional and technical training for employees which are trained on the job, follow refresher courses, or study in educational institutions, without taking them out of the activity.

During 2007-2011, the Institute of Continuous Training (ICT) undertook measures to finalize the normative framework for regulating the continuous professional training, coming up with amendments to be made to the Government Decision No. 1224, dated November 09, 2004 on Organization of continuous professional training and regarding The methodological norms for developing and applying the standards of the continuous professional training programs, and other. To identify and explore the funding possibilities for the elderly beneficiaries' continuous training, the ICT keeps collaboration relations with the institutions and organizations where these persons actually work. ICT has addressed the economic units with the request to allocate special funds for the personnel continuous professional training; nevertheless the companies do not rush in doing so, as the current legislative framework does not provide for fiscal measures that would support professional training in companies, as it is practiced in the European Union member states.

Over the past years, an increasing trend is noted for the number of elderly persons who got involved in the professional training process willing to reorient them-selves towards another profession/occupation or to get specialized in concret area (Annex 3, table 3.6). Taking into account the peculiarities of the elderly age of a considerable number of participants in the continuous training, the ICT developed and implemented programs and plans adjusted to the elderly persons' situation; normative courses are organized in correlation with their needs to get initiated in IT and communication, and to study foreign languages. The significant measures for optimizing the continuous professional training process favored the involvement of the elderly persons. At the moment, the ICT pays more attention to improving the offer of professional training, especially for the elderly persons, providing them a chance to access social-

professional integration. As a result, during the respective period of time, the number of graduates of 50 years old and over has increased (from 7 persons in 2007 up to 23 persons in 2011).

The persons with university degree, who cannot find a job, have the possibility to re-qualify (within the ICT, IES), can obtain a second diploma and work in the respective area. At the same time, the opportunities for refresher courses are limited; especially due to the economic factor (the ICT offers fee-based courses).

A number of 15 continuous training centers operate in the country. It is important to mention the experience in provision of refresher courses for teaching staff of such centers as ProDidactica, Pas cu Pas, and Training and Consultation Center under the SUM. We also appreciate the experience of some gender-sensitive training programs for students in SUM, ULIM, SPU, the methodology of which can be extended so as to cover the adults' training programs.

At the same time, it should be mentioned that there are no continuous training opportunities for the elderly persons who are no longer active on the labor market, as the country's education system is mainly focused on training the younger generations. The increase of life expectancy over 55 years old and the consequent extension of the work activity mean that the elderly people must enhance their competitiveness on the labor market and the possibilities to get employed on the labor market.

In the context of the education system reform and dismissal of a considerable number of labor force (the average age of the teaching staff is 45 years old), the problem appears in relation to re-direct these resources by offering them new options, for instance training them for intergenerational care and developing grandmothers' skills to take care of their grandchildren, and other.

*Recommendations:*

- to enhance the collaboration between the educational institutions and employers so as to make more efficient the re-qualification/professional reintegration of the elderly persons and those of pre-pension age, by using internship schemes, consultations regarding the training content and methodology;
- to adjust the educational system to the changing conditions of economic, social, and demographic transformations in the country.

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

A number of efforts were taken to extend the allowances meant for the elderly persons' care. The service of geriatric health care was initiated<sup>4</sup>. In collaboration with the NHIC, the MoH has developed a number of normative acts for implementation of palliative and home health care services. In 2010, costs have been approved for provision of community health services, home care and palliative services, based on the service provision contracts concluded with the NCHI, thus increasing the access of the socially-vulnerable persons to the home care and palliative services. The National Program for Healthy Lifestyle Promotion during 2007-2015 represented an important step forward, special attention being granted to organization of population information campaigns regarding different health aspects.

One of the most spread-out social services granted to the elderly persons is *social services provision at home for lonely and disabled persons* (Annex 4).

*The specialized medical-social services* include specialized day care centers for temporary placement and specialized protection for persons in difficult situations; they include both: medical and psychological assistance. A special working group was created within the MoH with the participation of the CSO representatives and foreign experts, which is developing the normative framework for facilitating the access of those with incurable diseases to adequate services.

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<sup>4</sup> The National Geriatric and Gerontology Center in Chisinau (2008) has 40 beds, the majority being offered to patients for short term (up to 14 days). Four regional sections (in Orhei, Balti, Cahul, and Hincesti) with 20 beds each and rayon sections with 10-12 beds were created. In 2009 a scientific laboratory in the gerontology area was created under the ASM and MoH. Impediments: lack of standards for diagnostic and treatment, as well as of clinical protocols for geriatric patients, insufficient health programs for nutritional, relational therapy, and kineto therapies and recovery, and gerontology counseling, etc.

*The activity of the Philanthropic Medical-Social Foundation “Angelus Moldova” is a positive model. It opened in 2010 two branches “Hospice Angelus” in Ocnita and Cimislia, which grant support to seriously ill patients, supporting thus palliative care in Moldova (about 150 patients on monthly basis). The Zubresti Hospice (Straseni rayon) was also contracted to provide palliative services so as to meet all the needs – physical, social, and spiritual – of the incurable patients who have advanced and final stages of cancer, as well as of their families.*

*To develop further on the home care services, contracts were signed for provision of medical-social services at home within the „Home Care Chisinau” Project of the Catholic Religious Mission, Caritas Moldova – which is really important for increasing the efficiency of the medical-social assistance granted to elderly persons, sick and disabled persons at home.*

The development of *highly specialized social services* provides for the reorganization and adjustment to quality standards of the services within the psycho-neurological boarding houses, improvement of balneo-sanatorium and prosthesis-orthopedic services. The National Center for Mental Health was created in 2010. The system of community-based mental health services is being developed in the country. The special needs in case of Alzheimer disease and dementia represent an important problem for the elderly persons and their family members. MoH provides continuous specialized medical-consultative and rehabilitation support to residential psycho-neurological institutions, ensuring the collaboration with the public, territorial, and republican medical-sanitary institutions to select, perform the medical control, and register the beneficiaries for staying in the respective institutions. To ensure the necessary stay conditions for the patients and to respect their human dignity, changes have been made to the internal configuration of the sections and rooms in some medical-sanitary institutions of psychiatric profile so as to ensure them with medical equipment. At the same time, there are a number of problems occurring in the activity of these institutions, which refer to the quality of beneficiaries’ life and their social integration.

MoH ensures the continuous monitoring and stewardship of activities performed in the area of auditive prosthesis, orthopedic prosthesis and articular endoprosthesis, so as to ensure a more efficient social integration of the elderly persons with disabilities. For the purpose of maintaining the quality of patients’ (including the elderly persons’) life and health at the maximum possible levels, improving the health indicators, preventing and reducing the level of temporary or stable work incapacity, the Service of Medical Rehabilitation and Physical Medicine was created (MoH Order No. 432 dated 25.05.2011). Auditive prosthesis were procured in a centralized way with sources from the State Budget so as to increase the medical-social support granted to the persons, especially the old ones, with hearing deficiencies (MoH Order No. 313-d dated 02.07.2010). Nevertheless, a lot of problems still remain unsolved in relation to granting qualitative health care and access for persons in difficult situation to high quality services, especially in case of rural inhabitants, as well as problems in ensuring the necessary palliative and psycho-neurologic care at home and within the psychiatric medical institutions, so as to respect human dignity and improve the quality of life of elderly persons.

*The Project “Exercise of Human Rights” and “Increasing the mechanisms for community support meant to ensure access to basic health assistance for vulnerable elderly persons” may serve as examples of HelpAge efficient activity. Volunteers granted support for the elderly persons, offering them information and community services, visiting the beneficiaries at home. The volunteers’ groups, with the support of the local health personnel, visited on monthly basis the beneficiaries of the project at home during a period of eight months, from October 2010 until May 2011. A total of 46 volunteers paid at least 800 visits at home, which were planned according to the project, and an additional number of 100 visits in line with the needs of the population from those two villages. The volunteers had medical kits (tensiometers for measuring blood pressure, sugar lever measuring meter, and other means necessary to offer the first help) and were trained in offering elementary care – to measure the blood pressure and the sugar level in blood. The general information and the observation regarding the beneficiaries’ health condition were noted in the monitoring registries, and the cases which need special attention were referred to the medical personnel.*

Special attention is granted to initial and continuous training of medical workers and social assistants. Nevertheless, the possibility to adjust the curriculum to the specific nature of the work with the elderly persons remains to be a major problem.

At this stage, the “Building Social Housing” Project funded by the Development Bank of the Council of Europe is being implemented. The MRDC developed the draft law on housing which provides for elderly and disabled persons to benefit, upon request, from social housing at the first floors of buildings. It should be noted that such a provision is set in the Housing Code, but because of lack of resources, it cannot be enforced.

There are also other impediments: low access to health services for elderly persons, especially in rural area, due to dissolution of medical facilities in many villages, thus persons have to go to other localities to get the necessary health assistance, and this is a real obstacle for many of them in obtaining necessary and timely medical care. Shortage of staff for family health care in rural areas undermines the objective regarding the broad accessibility to health care under the age structure of population (Annex 2, table 2.10).

*Recommendations:*

- to enhance the accessibility and quality of medical-social services, taking into account the specific age and the feminization of the elderly people category;
- to introduce a package of geriatric services, to set the standards for the medical workers based on the principle of a multidisciplinary geriatric team;
- to develop flexible psycho-social services, including by decentralizing them and including the suffering persons in families or organizing them in small family-type communities.

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

Over the past years, in the Republic of Moldova a specific legal-normative framework on gender equality was developed and implemented, the specific institutional mechanism was enhanced; multiple gender-based trainings for the specialists from the CPA and LPA were organized. The NPEGE and other documents provide for actions to prevent and combat gender discrimination, domestic violence, reconciliation of family and professional lives, etc. A number of indicators were developed for collecting data disaggregated by sex and age; different gender-based studies were conducted in relation to labor force market and social protection (Annex 5, table 5.2).

The legislation stipulates the equal treatment of women and men, including equal pay for work of equal value (LC, art.10). The wage rights of women and persons with family obligations are protected by a special norm – art. 247 of the Labor Code – which expressly prohibits decrease of the salary quantum based on such reasons as pregnancy and presence of under-six-years-old children. Nevertheless, gender discrepancies persist (in 2010 women’s average wage represented 76% of men’s average wage), although the situation improved as compared to the level of 68% registered in 2006. The existing salary discrepancies contribute to preserving the low level of accumulations for pensions, and this fact influences directly the pensions’ quantum, thus having an impact on women’s and men’s wellbeing.

In the context of legislation revision from perspective of elimination of gender based discrimination, the Law No. 168 on amending and completing different legislative acts was adopted on 9.07.2010. Hence, the Labour Code encompassed the “sexual harassment” term (art. 1) and excluded some protectionist provisions.

The current legislation in the field of social security does not contain any gender based discrimination of the contributors and beneficiaries to social benefits (pension, allowance). Nevertheless, de facto, gender differences exist in relation to the size of the social insurance pension, conditioned by women’s lower wages from which state social insurance contributions are paid and shorter contribution period (Annex 4).

Some studies in the area confirm the persistence of gender stereotypes in the society, in spite of the significant transformations of the family institute, gender roles, especially in the context of economic migration. It was found out that in rural area, some families divide the work activities between boys –

work that needs bigger physical efforts and girls – work related to housekeeping. In this respect, it is necessary to have gender trainings for elderly people who take care of children whose parents work abroad.

*Conclusions:* there is an ample legal-normative framework in gender equality area and an institutional mechanism. At the same time, there are many reserves regarding its functionality: dependency on personnel turnover, lack of continuous training for public servants in gender equality area, insufficient human and financial resources, imperfect mechanisms for identifying and solving the discriminatory situations on the labor market, including sexual harassment, etc. Domestic violence, which includes also violent actions of younger generation against the elderly people, represents an impediment in ensuring the old people's wellbeing.

*Recommendations:*

- to include gender dimensions in all sector policies and to allocate adequate resources;
- to fortify the dialogue between the state structures and CSO in the respective area through their direct participation in developing policy documents and concrete activities at the society and community levels;
- to develop gender education, informative-educational programs on preventing violence against the elderly people in public and family life, thus contributing to intergeneration solidarity increase.

**RIS Commitment 9: To support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members**

The Family Code stipulates equal rights and responsibilities in family relations for all married persons. Family relations are regulated based on the principle of taking care, providing education, and defending the rights and interests of the underage and disabled family members.

As families represent one of the most important social institutions which ensure the support and assistance for the elderly and intergeneration interaction and solidarity, the state structures in partnership with the CSO and academic institutions undertook a number of efforts to ensure the adjustment of family policies to the accelerated changes in the demographic area and to increase the awareness level about the family role in society (scientific research, scientific-practical conferences, round tables, etc). Since 2009, annually, the Family Festival dedicated to the International Family Day (May 15) is organized in the Republic of Moldova, in partnership with the MLSPF, LPA, CSO, and with the support of UN Agencies in Moldova. These activities aim to enhance the family institution in the context of social-economic transformations, including economic migration, especially in relation to the intergeneration relations. The Grandmother's Day was established and marked, being an occasion to appreciate the contribution of the elderly persons to the education of the young generations, and the consolidation of the intergeneration solidarity. Annually, during International Day of Elderly Person, different activities of elderly appreciation and material / social support actions are organized in the country.

Migration and urbanization have modified dramatically the traditional capacities of many families or small communities from the country to offer primary assistance for the old family members who became dependent on them. The elderly people become the primary care-givers for their left behind grandchildren and thus encounter different economic, physical, and psychological challenges. The majority of them place their grandchildren's and other dependent members' needs on the first place, in the detriment of their own needs; consumption distribution in the household is extremely uneven. Remittances which sometimes do not come on regular basis and in the same amounts cannot be perceived as a reliable income source. In this context, the health and mobility problems which appear with old age are forgotten when the elderly persons become care-givers. Many households with "one omitted generation" include a grandfather (grandmother) suffering of some chronic disease, thus the old persons face one more burden,



and children become vulnerable<sup>5</sup>. All these impose the need of a complex approach of phenomenon of family in the difficulty.

*Recommendations:*

- to enhance children's accountability for their parents (based on Family Code);
- to maximize opportunities for intergeneration relations in community;
- to examine the possibilities to include in the pension contribution period the time when the people take care of dependent people.

**RIS Commitment 10: To promote the implementation and follow-up of the regional implementation strategy through regional cooperation**

The fact that the Republic of Moldova joined the Madrid International Plan of Action on Ageing and the Political Declaration from April 2002 confirms the political will of the Government to align the country to the international standards in the area. The actions undertaken over the reporting years confirm the strong position to contribute to the implementation of the Regional Strategy and to the development of the regional collaboration.

The National Commission on Population and Development (NCPD) was created in February 2007, with the participation of the UNFPA Regional Office. The activity of the commission is coordinated by one of the Deputy Prime-ministers under the direct supervision of the Prime-minister and has political decision power on demographic field. We consider this to be one of the first positive steps to be undertaken in creating the adequate institutional infrastructure for supporting the analytical and other activities in the population area. Would be justified, also, the creation by the decision of NCPD of some working groups in the specialized areas, which are included in the National Strategic Program on Demographic Security. These working groups could include members of the NCPD, researchers and foreign experts, who can be requested to come up with recommendations and suggestions on various aspects and problems of concern to older people and strengthen the framework addressed to ageing issues.

#### **IV. CONCLUSIONS AND RECOMMENDATIONS**

**Conclusions:**

- The population ageing issue is on the political agenda of the RM Government, being reflected by adoption and implementation of the legal-normative framework and creation of the institutional mechanism in the area.
- During the reporting period, actions were taken to foster the economic growth of the country and to reduce poverty, which may also contribute to reducing social exclusion of the elderly.
- The Government undertakes actions to manage migration and to use more efficiently migrants' remittances, as well to better protect the left behind children and old people.
- The integrated system of social services is under development; it will create better opportunities for the social inclusion of persons in difficult situation, including services which will be an alternative for the residential ones, and the concepts of "Protected Dwelling" and "Community House", etc.
- The system of palliative, geriatric, and mental health services is under development.
- The costs of providing services and medicines remain a problem for older people.
- The majority of elderly consider it necessary to expand the list of medicines to be distributed free and perfecting existing compensatory mechanisms.
- The pension system is being reformed so as to adjust it to the social development realities and to decrease the existing discrepancies, etc.

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<sup>5</sup> Road Map for Mainstreaming Ageing in the Republic of Moldova, 2011 (draft)

- CPA and LPA, in cooperation with the civil society and with the support of international organizations organize multiple actions to implement the RIS/MIPAA, volunteer work structures functioning.
- The following may be mentioned among the major challenges: continuous decrease of the population, accelerated processes of demographic ageing, high unemployment rate and migration level, etc., which affect significantly the social-economic modernization of the country and impose the need to link the demographic security with the economic and social security of the country for development purposes.

#### **Recommendations:**

- To develop political measures, national programs meant to ensure the quality of life by offering a guaranteed minimum to the elderly, and respecting their rights.
- To ensure fair distribution of social benefits by increasing the correlation level between the pension amount and the person's individual contribution to the pension system.
- To create an equitable pension system for all the generations.
- To prioritize policies to foster birthrate and reduce morbidity and mortality, migration, so as to decrease the demographic decline.
- To manage efficiently the demographic ageing problems, integrating in the development strategies the objectives related to getting adjusted to the changes occurring in the population structure and improving the qualitative indicators of the human capital.
- To provide support, including financial one, to the elderly self-help groups and volunteers of all ages who work so as to integrate and assist the old people.
- To develop and support the entrepreneurship programs, including for the elderly, which would improve their difficult social-economic situation and would mitigate the negative consequences of the population ageing process.
- To promote on multilateral basis the family policies and to enhance the intra- and intergeneration solidarity as fundamental values for society development, to fortify social cohesion, etc.
- To enhance the institutional capacities in the area by creating the relevant structures, continuously training of the specialists, and extending the dialogue with civil society, especially with the groups of elderly people.
- To encourage the participation in public and political life of the elderly women and men by offering access to information, developing social appreciation, supporting their social and economic initiatives on priority basis.
- To organize information-educational campaigns to combat the stereotypes related to old age, to harness the positive models of old people's integration in different areas.
- To extend the collaboration in the area of demographic polices, especially in the area of ageing issues, with other states and international structures, to harness best practices.
- To strength accessibility and quality of medical and social services, taking into account the specific age and feminization of the elderly category;
- To promote policies to maintain the health of older people, reducing factors that contribute to increasing the number of people with disabilities by expanding preventive measures, increase access to medical services and medicines, access to health care and specialized treatment, etc;
- To involve older persons in developing, promoting and evaluating policies and programs addressed to ensure the health and welfare of the elderly;
- To increase the level of coordination and integration of activities between family doctors, social workers and geriatric doctors;
- To improve training and retraining of medical personnel to know the specific needs of older persons (physical, psychological, social, etc..) in order to better consultations, health care, rehabilitation, etc.

## LIST OF ABBREVIATION

APA – Academy of Public Administration  
ASM – Academy of Science of Moldova  
AESM – Academy of Economic Sciences of Moldova  
ATU Gagauzia – Administrative Territorial Unit  
CEC – Central Election Commission  
CLAM – Congress of Local Authority of Moldova  
CSOs – Civil Society Organizations  
GDP – Gross Domestic Product  
GD – Government Decision  
GFPs – Gender Focal Points  
CPA – Central Public Authority  
DV – Domestic Violence  
HelpAge – Non governmental organization in Moldova, component of "HELPAGE INTERNATIONAL"  
ICT - Institute of Continuous Training  
IES – Institute of Educational Sciences  
IEIPS – Institute of European Integration and Political Sciences  
ICT – Information and Communication Technologies  
ITDSI - Integral territorial demographic security indicator  
LC – Labour Code  
LPA – Local Public Authority  
MDL – Moldavian lei  
MEc – Ministry of Economy  
MEd – Ministry of Education  
MIPAA - Madrid International Plan of Action on Ageing  
MLSPF – Ministry of Labor, Social Protection and Family  
MoH – Ministry of Health  
MPE - Monitors – older persons  
MRDC – Ministry of Regional Development and Construction  
NBS – National Bureau of Statistics  
NDS – National Development Strategy  
NEA – National Employment Agency  
NPEGE – National Programme on Ensuring Gender Equality for 2010-2015  
NGO – Non-Governmental Organization  
NCPD - National Commission on Population and Development  
NHIC - National Health Insurance Company  
NSIH – National Social Insurance House  
SUM – State University of Moldova  
SPU – State Pedagogical University  
RIS – Regional Implementation Strategy  
UN – United Nations  
UNDP – United Nations Development Programme  
UNDESA – United Nations Department for Economic and Social Affairs  
UNECE – United Nations Economic Commission for Europe  
UNFPA – United Nations Population Fund  
ULIM – Free International University of Moldova  
WHO – World Health Organization

**Indicators regarding the follow-up to the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in the Republic of Moldova<sup>6</sup>**

**ANNEX 1. DEMOGRAPHIC INDICATORS**

**Table 1.1. Main demographic indicators**

	2007	2008	2009	2010	2011
Number of population at the beginning of the year, thousand persons	3581,1	3572,7	3567,5	3563,7	3560,4
Annual population growth rate, %	-0,2	-0,2	-0,1	-0,1	0,1
Natural growth, ‰	-1,42	-0,82	-0,37	-0,9	...
Migration growth, ‰	-0,93	-0,64	-0,69	-0,14	...
Population average age, years	35,6	35,8	36,0	36,3	36,5
<b>Share of population by certain age groups in total population, %:</b>					
0-14 years old	18,2	17,6	17,1	16,7	16,4
15-64 years old	71,5	72,1	72,7	73,2	73,6
65 years old and older	10,3	10,3	10,2	10,1	10,0
Demographic dependency ratio, %:					
of youth 0-14/15-64	25,4	24,4	23,5	22,8	22,4
of elderly 65+/15-64	14,4	14,3	14,1	13,8	13,6
total ((0-14)+(65+))/15-64	39,8	38,7	37,6	36,7	35,9
Ratio of old age (number of persons of 80 years old and older to the number of population of 65 years old and older)	5,5	6,0	6,3	6,8	7,3
Total fertility rate	1,256	1,277	1,326	1,309	...
Net reproduction rate	0,592	0,607	0,627	0,625	...
Gross reproduction rate	0,606	0,620	0,641	0,637	...
Birth rate	10,6	10,9	11,4	11,4	

Source: NBS

<sup>6</sup> Excluding the localities from the left side of the river Nistru and municipality Bender.

**Table 1.2. Marriages and divorces**

	2007	2008	2009	2010
Marriage rate (per 1000 inhabitants), %	8,2	7,5	7,5	7,4
urban area	9,9	9,1	9,1	8,9
rural area	7,0	6,4	6,4	6,4
Divorce rate (per 1000 inhabitants), %	3,9	3,5	3,3	3,2
urban area	7,5	7,3	7,0	6,9
rural area	1,4	0,9	0,8	0,6
Structure of divorces according to the marriage duration, % of total				
up to 1 year	5,3	4,7	3,6	3,0
1 – 4 years	24,6	26,5	27,4	28,6
5 – 9 years	20,0	19,6	20,9	21,6
10 – 14 years	17,1	15,6	14,9	13,7
15 – 19 years	13,4	13,5	13,8	13,3
20 and over	19,6	20,1	19,5	19,8

Source: NBS

**Table 1.3. Life expectancy by sex, at certain ages, years**

	2007	2008	2009	2010
<i>at birth</i>	68,78	69,36	69,31	69,11
men	65,04	65,55	65,31	65,00
women	72,56	73,17	73,37	73,41
<i>at 20 years old</i>	50,20	50,64	50,69	50,40
men	46,50	46,89	46,79	46,43
women	53,89	54,36	54,60	54,51
<i>at 65 years old</i>	13,30	13,56	13,56	13,56
men	11,87	12,08	11,93	12,11
women	14,36	14,65	14,78	14,76
<i>at 80 years old</i>	6,40	6,53	6,66	6,66
men	6,13	6,16	6,25	6,84
women	6,54	6,72	6,87	6,82

**Note:** Currently, the average duration of 60-years-old women's life is 18.2 years, for men – 14.8 years, the difference being of 3.4 years. Life expectancy for the elderly from urban area is longer with 2.5 years than that for elderly from rural area, being 18.3 and 15.8 respectively.

Source: NBS

**Table 1.4. Population ageing coefficient**

	Total			Urban area			Rural area		
	Both sexes	Men	Women	Both sexes	Men	Women	Both sexes	Men	Women
2007	13,7	11,2	16,0	11,6	9,70	13,3	15,2	12,2	18,0
2008	13,7	11,2	16,0	12,0	10,1	13,7	14,9	11,9	17,7
2009	14,0	11,5	16,4	12,7	10,8	14,3	15,0	12,0	17,9
2010	14,4	11,8	16,8	13,2	11,3	15,0	15,2	12,2	18,1

Source: NBS

**Table 1.5. Distribution of elderly by age groups and area, as of January 01, 2011**

Age group, years	Total		Urban area		Rural area	
	persons	%	persons	%	persons	%
60-64	156930	30,6	68048	34,7	88882	28,1
65-69	110158	21,5	42850	21,9	67308	21,3
70-74	101180	19,8	38126	19,4	63045	20,0
75-79	71852	14,0	23389	11,9	48463	15,3
80-84	46367	9,1	15580	7,9	30787	9,7
85 și peste	25777	5,0	8225	4,2	17552	5,6
<b>Total</b>	<b>512264</b>	<b>100,0</b>	<b>196218</b>	<b>100,0</b>	<b>316046</b>	<b>100,0</b>

Source: NBS

**Table 1.6. Forecast of the number of age pensioners for 2012-2050 years**

	2012	2015	2020	2025	2030	2035	2040	2045	2050
men 62+, persons	170,8	185,8	209,4	232,1	230,3	222,3	221,9	223,2	259,9
men 62+, %	10,0	10,9	12,6	14,4	14,9	15,1	15,9	17,0	21,2
women 57+, persons	392,4	416	459,8	472,6	473,2	477,2	489,5	522,7	542,5
women 57+, %	21,2	22,6	25,3	2,7	27,5	28,9	31,1	35,0	38,6
total pensioners, persons	563,2	601,8	669,2	704,7	703,5	699,5	711,4	745,9	802,4
total pensioners, %	15,8	17,0	19,2	20,8	21,5	22,4	23,9	26,6	30,5
Total population	3556,1	3537,1	3481,3	3389,2	3267,1	3125,2	2970,8	2805,7	2630,7
total men	1709,2	1697,2	1664,5	1613,2	1547,5	1473,4	1395,1	1312,5	1225,4
total women	1846,9	1839,8	1816,8	17761	1719,6	1651,8	1575,7	1493,2	1405,3

Source: Institute for European Integration and Political Science of Academy of Sciences of Moldova

**Table 1.7. Mortality**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Mortality rate (per 1000 inhabitants), ‰	12,0	11,8	11,8	12,3
urban area	9,4	9,1	9,0	9,2
ural area	13,9	13,6	13,8	13,4
men	12,9	12,7	13,0	13,5
women	11,2	10,9	10,7	11,0
Deceased under 1 year old – total	428	473	493,0	476,0
urban area	141	159	168,0	153,0
rural area	287	314	324,0	323,0
Maternal mortality rate (per 100000 births)	15,8	38,4	17,2	44,5
Maternal mortality, cases	6,0	16,0	7,0	18,0
Infant mortality rate (per 1000 live births),‰	11,3	12,2	12,1	11,7
Deceased, thousand persons	43050	41948	42138,0	43631,0
urban area	13855	13463	13296,0	13413,0
rural area	29195	28485	28843,0	30218,0
Deceased by main classes of death causes, per 100 thousand inhabitants:	1203,6	1175,0	1180,3	1223,7
infectious and parasitic diseases	20,9	20,0	20,0	19,0
tumors	152,6	157,4	160,3	159,8
circulatory system diseases	676,0	657,4	662,4	687,5
respiratory system diseases	72,1	68,9	64,6	68,2
digestive system diseases	119,4	112,3	115,3	121,8
accidents, intoxications, and injuries	101,9	99,4	96,9	103,5
suicides	15,7	17,4	18,8	19,0
murders	6,9	7,3	6,5	7,0
Deceased in working ages by main classes of death causes, per 100 thousand inhabitants of the respective age:	556,8	522,7	529,2	559,2
tumors	90,9	96,1	96,4	97,9
of which, malign tumors	89,2	94,2	95,0	96,3
circulatory system diseases	136,5	134,4	136,7	147,8
of which, acute heart attack	24,1	29,2	29,0	30,1

respiratory system diseases	34,5	38,1	34,4	37,4
digestive system diseases	87,5	81,9	86,1	94,6
accidents, intoxications, and injuries	112,8	109,2	108,2	114,5
suicides	19,9	21,4	23,6	24,2
Men – deceased in working ages by main classes of death causes, per 100 thousand men of the respective age – total	805,5	779,4	799,0	854,9
Women – deceased in working ages by main classes of death causes, per 100 thousand women of the respective age – total	299,8	256,4	249,3	250,1

Source: BNS

### Older persons deceased by area, age groups and sex

	Age groups	2007			2008			2009			2010		
		Both sexes	Men	Women	Both sexes	Men	Women	Both sexes	Men	Women	Both sexes	Men	Women
<b>Total</b>	60-64	2782	1623	1159	2675	1591	1084	3113	1830	1283	3796	2265	1531
	65-69	4960	2684	2276	4655	2548	2107	4491	2472	2019	4275	2331	1944
	70-74	5735	2791	2944	5608	2689	2919	5778	2882	2896	5661	2839	2822
	75-79	6621	2879	3742	6196	2719	3477	5975	2661	3314	6148	2728	3420
	80-84	5258	1784	3474	5256	1894	3362	5204	1928	3276	5593	2082	3511
	85-89	2909	966	1943	3118	1006	2112	3182	1033	2149	3305	1015	2290
	90-94	941	262	679	847	247	600	903	261	642	945	295	650
	95-99	265	76	189	238	52	186	272	64	208	271	65	206
	100+	40	3	37	27	3	24	28	6	22	33	3	30
<b>Urban area</b>	60-64	1000	616	384	959	610	349	1164	733	431	1380	885	495
	65-69	1643	916	727	1489	848	641	1416	836	580	1279	757	522
	70-74	1637	831	806	1681	809	872	1743	915	828	1707	863	844
	75-79	1837	798	1039	1694	734	960	1633	723	910	1538	676	862
	80-84	1609	501	1108	1585	553	1032	1568	558	1010	1664	603	1061
	85-89	809	223	586	840	254	586	898	251	647	942	267	675
	90-94	279	65	214	251	73	178	251	66	185	285	63	222
	95-99	54	17	37	70	11	59	79	22	57	84	21	63
	100+	7	0	7	9	1	8	7	2	5	8	1	7
<b>Rural area</b>	60-64	1782	1007	775	1716	981	735	1949	1097	852	2416	1380	1036
	65-69	3317	1768	1549	3166	1700	1466	3075	1636	1439	2996	1574	1422



	70-74	4098	1960	2138	3927	1880	2047	4035	1967	2068	3954	1976	1978
	75-79	4784	2081	2703	4502	1985	2517	4342	1938	2404	4610	2052	2558
	80-84	3649	1283	2366	3671	1341	2330	3636	1370	2266	3929	1479	2450
	85-89	2100	743	1357	2278	752	1526	2284	782	1502	2363	748	1615
	90-94	662	197	465	596	174	422	652	195	457	660	232	428
	95-99	211	59	152	168	41	127	193	42	151	187	44	143
	100+	33	3	30	18	2	16	21	4	17	25	2	23

Source: NBS

#### Mortality of elderly, per 1000 inhabitants in the respective age group, %

	2005	2006	2007	2008	2009	2010
<b>Total deceased</b>	<b>64</b>	<b>60</b>	<b>60</b>	<b>58</b>	<b>58</b>	<b>59</b>
Urban area	52	51	51	48	48	46
Rural area	71	66	65	64	65	67
Men	75	69	68	66	67	68
Women	58	55	55	53	53	54

Source: The Elderly in the Republic of Moldova, NBS

#### Deceased at 60 years old and older persons by main classes of death causes

Classes of death causes	2005		2008		2009		2010	
	Men	Women	Men	Women	Men	Women	Men	Women
Circulatory system diseases	9158	12783	8256	11934	8650	11791	8891	12283
Malign tumors	1660	1380	1787	1446	1859	1537	1880	1518
Digestive system diseases	1036	1333	828	1107	863	1136	911	1133
Respiratory system diseases	1139	724	926	586	862	592	909	618
Accidents, poisonings, and injuries	590	345	536	278	509	281	596	315
Total	13957	17114	12792	15830	13186	15764	13693	16327

*Note:* the annual average is about 59 deceased persons per 1000 population of 60 years old and older, the elderly mortality is higher in rural area (67 deceased per 1000 population as compared to 46 decreases in urban area) and in men's case ( 68 deceased per 1000 population as compared to 54 decreased for women of the respective age).

Source: NBS

#### Table 1.8. Disabled persons

Dynamics of the population and number of disabled persons	2007	2008	2009	2010
Number of resident population, thousand persons	3581,1	3572,7	3567,5	3563,7
Employed population, thousand persons	1247,2	1251,0	1184,4	1143,4

Number of disable persons, thousand persons	170,3	173,1	176,7	179,1
Ratio between the number of disabled persons and resident population, %	4,8%	4,8%	5,0%	5,0%
Ratio between the number of disabled persons and employed population, %	13,7%	13,8%	14,9%	15,7%

Source: NBS, NSIH

Persons of 16 years old and older recognized as disabled for the first time		Both sexes				Women				Men			
		2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Age groups - total	Total for country	13779	14021	14127	13275	5957	6005	5877	5302	7822	8016	8250	7973
	Urban area	5884	5767	5789	5352	2672	2531	2439	2215	3212	3236	3350	3137
	Rural area	7895	8254	8338	7923	3285	3474	3438	3087	4610	4780	4900	4836
50 years old and older	Total for country	7734	8232	8217	7466	3211	3319	3337	2786	4523	4913	4880	4680
	Urban area	3466	3570	3485	3123	1524	1512	1424	1234	1942	2058	2061	1889
	Rural area	4268	4662	4732	4343	1687	1807	1913	1552	2581	2855	2819	2791

*Note:* According to the results of the primary expertise, 13.3 thousand new cases of disabled persons were registered in Moldova in 2010, of which 0.9 thousand or 7.0% are persons of 57 years old and older. The preponderant share of the elderly in the total number of persons recognized as disabled for the first time is registered for the persons with eyes diseases (20.3%), malign tumors (10.6%), circulatory system diseases (9.6%), diabetes (5.2%), osteo-articular system diseases (5.1%), and nervous system diseases (4.2%).

New cases of disability are more frequent in urban area, 55.8% of total persons of 57 years old and older recognized as disabled for the first time. However, 54% of primary disable persons are women, the remaining 46% are men. Practically one in four persons from the total number of the disabled from this age category became disabled because of malign tumor and circulatory system diseases, and one in six persons – because of eyes diseases // *The Elderly in the Republic of Moldova in 2010, NBS*

Source: MLPSF, NSIH

## Table 1.9. Migration

### Emigrants

	2007	2008	2009	2010
The number of emigrants or persons who left the Republic of Moldova (persons), of which:	7172	6987	6663	4714
men	3276	3237	3138	2193
women	3886	3750	3525	2521
<i>including to:</i>				
Germany	253	195	264	220
Israel	140	137	278	232
Russia	3110	2663	1866	1162

S.U.A.	695	588	899	523
Canada	12	5	10	5
Ucraina	2663	3163	2952	2227
other countries	299	237	394	345
The number of persons who left abroad to look for a job (thousand persons), of which:	335,6	309,7	294,8	311,0
men	219,3	201,5	185,8	198,0
women	116,3	108,3	109,1	113,0
urban area	103,0	97,1	89,5	90,6
rural area	232,6	212,6	205,4	220,5

Source: NBS

### Number of elderly persons who left the Republic of Moldova

		60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85 years and more
2007	Men	115	102	59	32	13	9
	Women	134	162	110	68	37	18
2008	Men	103	71	67	33	25	8
	Women	132	130	127	73	42	16
2009	Men	114	44	36	22	7	10
	Women	130	94	90	60	32	10
2010	Men	98	45	45	18	25	8
	Women	132	76	81	60	36	21

**Note on migration impact:** In parallel with the positive economic effects, labor migration also results in decrease of financial flows to the Moldova's social fund. In the existing solidarity-based pension system, migration of the able bodied persons reduces the level of pensions and of other social benefits which can be paid to the current pensioners and other people in need; the fiscal burden increases for the economically active population left in the country; leads to a disconnection between the labor contribution of a person and the amount of pension the person will receive in future, thus reducing the incentives for paying the contribution to the social funds; and the most important, it deprives the migrants from the right to individual social protection benefits when turning old // *Road Map for Mainstreaming Ageing in the Republic of Moldova, 2011 (draft)*.

As migration involves men to a larger extent, the families "affected" by migration are more frequently represented by women. The group of families "non-affected" by migration is characterized by a big share of families formed from elderly people, the so-called "feminized" group due to the higher life expectancy among women // *Migrants' Health, 2010*.

The contribution period fulfilled by women in the national economy is 5 years 01 months shorter than the contribution period fulfilled by men. The differentiation registered for men's and women's contribution length is induced by the different retirement age and by the differences between the employment breaks duration. As a result, the elderly women receive smaller pensions and face a higher risk to live in poverty. As for the income, the poorest segment of Moldova population is represented by women of 70 years old and older; 41% of them live in poverty.

A clearer perspective is obtained from the comparison of the retirement age and the value of life expectancy at the respective age of men and women. This calculation is 14 years for women and 11 years for men, but nevertheless, as women survive more years, in combination with fewer years of work during which credits to pension are accumulated, benefit from smaller pensions. It should be noted that gender differences of the retirement age and life expectancy at the retirement age disadvantage men and women. Life expectancy at men's retirement age, is rather low, thus limiting the chances of men to benefit from the contributions they make during the life. // *Road Map for Mainstreaming Ageing in the Republic of Moldova, 2011 (draft)*.

Source: NBS

### Immigrated and repatriated persons

	2007	2008	2009	2010
Number of immigrated persons in the Republic of Moldova:	2070	2749	2010	2512
men	1437	1876	1318	1726
women	633	873	692	786
under 16 years old persons	20	43	28	33
pensioners	70	109	84	69
Arrival reason, persons:				
family immigration	847	1100	906	905
for studies	221	513	514	794
for work	1002	1136	590	813
Immigrants' level of education, persons				
higher	693	903	687	793
special secondary	557	877	481	537
general secondary	672	810	740	1068
secondary incomplete	75	100	53	56
primary or no education	73	59	49	58
Arrived in the Republic of Moldova from:				
Bulgaria	48	45	28	43
China	13	16	8	23
Jordan	9	13	7	3
Israel	56	183	278	482
Kazakhstan	9	21	14	17
Palestine	197	353	186	309
Romania	256	300	230	294

Russia	31	36	34	34
Syria	90	56	39	59
USA	4	4	3	4
Sudan	462	514	224	287
Turkey	394	579	436	375
Ukraine	501	629	523	582
Repatriated, persons	1763	2023	2222	1678
Russia	923	914	1033	856
Ukraine	469	609	812	529
other countries	371	500	377	293

Source: NBS

## ANNEXES 2. INCOME AND WEALTH INDICATORS

**Table 2.1. Main macroeconomic indicators**

	2007	2008	2009	2010
GDP (current prices), mil. MDL	53430	62922	60043	71849
GDP per capita (current prices), MDL	14937	17625	16839	20171
Real GDP growth, %	+3,0	+7,8	-6,5	+6,9
GDP (current prices), mil. USD	4402	6056	5404	5810
GDP per capita (current prices), USD	1231	1696	1516	1631
Exchange rate, MDL/USD	12,14	10,39	11,11	12,37

*Source:* NBS, National Bank

**Table 2.2. Main social-economic indicators of population income and life standards**

	2007	2008	2009	2010
Nominal monthly average salary of an employee in economy, MDL	2065	2529,7	2747,6	2971,7
Available incomes of the population (monthly average per one household member), MDL	1018,7	1188,6	1166,1	1273,7
Share of employment-based income in the total volume of available income, %	41,4	42,9	45,3	42,6
Monthly subsistence minimum, MDL	1099,4	1368,1	1187,8	1373,4
Absolute poverty line (MDL)	839,3	945,9	945,9	1015,9
Extreme poverty line (MDL)	453,9	511,5	511,5	549,4
Ratio between the available incomes and the subsistence minimum, %	92,7	86,9	98,2	92,7
Ratio between the monthly average salary and the subsistence minimum for the able-bodied population, %	178,1	174,9	219,6	204,5
Ratio between the monthly average pension and the subsistence minimum for pensioners, %	46,9	47,0	63,2	68,5
Share of population under the national absolute poverty line (absolute poverty rate), %	25,80	26,40	26,30	21,9
Share of population under the minimum food consumption, expressed in energetic value (2 282 kcal/day) (extreme poverty rate), %	2,80	3,20	2,10	1,40
Inequality coefficient (Gini), consumption expenses per person	0,298	0,292	0,309	0,302

*Source:* NBS, MEc

**Table 2.3. Structure and rate of poverty depending on the age of the household head**

Household head age	Poverty rate					Structure of poor population, %				
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010
up to 30 years	25,2	15,8	13,9	15,1	13,4	5,3	4,5	3,7	4,5	6,7
30-39 years	28,2	23,2	21,5	22,6	17,9	17,0	16,0	14,7	15,3	17,5
40-49 years	25,8	24,0	24,1	24,2	21,8	23,3	23,4	22,3	22,2	23,7
50-59 years	28,3	24,5	25,9	25,0	22,4	21,7	24,2	24,9	23,8	24,3
60-64 years	31,9	26,0	28,6	24,7	18,2	8,9	7,1	6,2	6,1	9,2
65 years and older	42,9	37,3	38,2	39,6	30,2	23,8	25,0	28,3	28,1	18,4
Total	30,2	25,8	26,4	26,3	21,9	100,0	100,0	100,0	100,0	100,0

Source: NBS

**Table 2.4. Monthly average disposable incomes per equivalent adult person by age groups**

		Monthly average incomes per equivalent adult person, MDL	Ratio of average income per age groups to average income per total population
<b>2010</b>			
<b>Total population</b>		1949,4	x
Age of the household members (by groups)	25 - 54 years	2103,1	107,9
	55 - 64 years	1873,0	96,1
	65 - 74 years	1540,7	79,0
	75 years and over	1391,1	71,4
<b>2009</b>			
<b>Total population</b>		1802,02	x
Age of the household members (by groups)	25 - 54 years	1962,53	108,91
	55 - 64 years	1729,06	95,95
	65 - 74 years	1383,46	76,77
	75 years and over	1232,79	68,41
<b>2008</b>			
<b>Total population</b>		1829,89	x
Age of the household members (by groups)	25 - 54 years	1977,66	108,08
	55 - 64 years	1812,10	99,03
	65 - 74 years	1374,07	75,09
	75 years and over	1220,50	66,70
<b>2007</b>			
<b>Total population</b>		1579,02	x

Age of the household members (by groups)	25 - 54 years	1671,86	105,88
	55 - 64 years	1555,00	98,48
	65 - 74 years	1221,81	77,38
	75 years and over	1113,56	70,52

Source: NBS

**Table 2.5. Monthly average disposable incomes per equivalent adult person by age groups and quintiles**

		Monthly average incomes per equivalent adult, MDL		Ratio between the V and I quintiles
		quintile I	quintile V	
<b>2010</b>				
<b>Total population</b>		687,6	3988,6	5,8
Age of the household members (by groups)	25 - 54 years	658,2	4048,9	6,2
	55 - 64 years	703,7	3789,0	5,4
	65 - 74 years	795,5	3541,9	4,5
	75 years and over	801,9	3540,5	4,4
<b>2009</b>				
<b>Total population</b>		577,74	3819,84	6,61
Age of the household members (by groups)	25 - 54 years	555,29	3853,76	6,94
	55 - 64 years	569,80	3709,06	6,51
	65 - 74 years	687,15	3663,37	5,33
	75 years and over	697,19	3456,84	4,96
<b>2008</b>				
<b>Total population</b>		605,08	3885,09	6,42
Age of the household members (by groups)	25 - 54 years	573,95	3931,43	6,85
	55 - 64 years	636,75	3850,73	6,05
	65 - 74 years	688,88	3577,23	5,19
	75 years and over	679,88	3686,11	5,42
<b>2007</b>				
<b>Total population</b>		520,17	3363,88	6,47
Age of the household members (by groups)	25 - 54 years	497,68	3377,48	6,79
	55 - 64 years	544,82	3275,66	6,01
	65 - 74 years	601,80	3051,17	5,07
	75 years and over	583,32	3035,12	5,20

Source: NBS



**Table 2.6. Monthly average disposable income, per equivalent adult person and by age groups**

	Age of household members (by groups)			
	25 - 54 years	55 - 64 years	65 - 74 years	75 years and over
<b>2010</b>				
Monthly average incomes per equivalent adult person, MDL	1981,7	1821,3	1527,6	1365,5
<i>including in % by sources:</i>				
Income from salary-based activity	47,7	38,8	11,5	10,7
Income from agricultural individual activity	12,0	13,3	14,0	12,8
Income from non/agricultural individual activity	9,4	3,4	1,7	0,5
Income from property	0,2	0,0	0,1	0,1
Social benefits	8,7	29,6	61,8	62,5
Other incomes	22,1	14,9	10,9	13,4
<b>2009</b>				
Monthly average incomes per equivalent adult person, MDL	1867,16	1683,44	1350,91	1222,38
<i>including in % by sources:</i>				
Income from salary-based activity	50,16	41,01	12,87	13,37
Income from agricultural individual activity	10,46	11,39	12,31	11,23
Income from non/agricultural individual activity	9,07	3,46	1,54	1,75
Income from property	0,09	0,16	0,06	0,08
Social benefits	7,73	29,85	62,02	59,96
Other incomes	22,48	14,13	11,20	13,61
<b>2008</b>				
Monthly average incomes per equivalent adult person, MDL	1888,55	1708,17	1332,06	1204,87
<i>including in % by sources:</i>				
Income from salary-based activity	48,13	38,82	12,24	10,82
Income from agricultural individual activity	11,62	14,11	17,65	15,30
Income from non/agricultural individual activity	9,35	3,45	2,55	1,72
Income from property	0,22	0,37	0,24	0,33
Social benefits	6,54	24,97	53,15	53,94
Other incomes	24,14	18,28	14,17	17,89
<b>2007</b>				
Monthly average incomes per equivalent adult person, MDL	1606,00	1484,58	1192,28	1109,38
<i>including in % by sources:</i>				

Income from salary-based activity	46,17	37,18	11,20	11,09
Income from agricultural individual activity	16,95	20,94	24,38	21,02
Income from non/agricultural individual activity	8,11	2,81	1,39	1,50
Income from property	0,40	0,10	0,15	0,13
Social benefits	5,90	23,07	49,13	48,04
Other incomes	22,48	15,89	13,74	18,22

Source: NBS

**Table 2.7. Structure of disposable incomes for the households with old persons, 2010**

	Households only with elderly			Households with elderly and other persons		
	Total	Urban area	Rural area	Total	Urban area	Rural area
Total available incomes (monthly average per person), MDL	1247,5	1400,4	1150,9	1129,5	1317,6	1008,7
Including in % per source of formation:						
Income from salary-based activity	9,7	15,7	5,1	36,5	49,5	25,5
Income from agricultural individual activity	10,7	2,3	17,2	11,9	1,8	20,4
Income from non-agricultural individual activity	0,3	0,4	0,2	4,5	4,8	4,2
Income from property	0,2	0,5	0,0	0,0	0,0	0,0
Social benefits	69,2	69,3	69,1	31,1	31,3	30,9
Other incomes	9,9	11,9	8,4	16,1	12,8	18,9
Transfer from other countries	3,8	4,9	2,9	13,1	9,1	16,5

**Note:** According to the data of the Household Budget Survey, in 2010, one in five households from the total surveyed households has at least one person of 60 years old and older. 60.8% of the total number of households with elderly persons are in rural area and 39.2% are in urban area. The distribution of the households with elderly persons by number of persons in the household reveals a higher number of households set from one single person (63.7%), households set from 2 persons represent 36.1%.

The incomes of the households with elderly person are determined by a number of factors. If in average a household having a person of 60 years old and older has 1176,2 MDL per month per person, then the households from urban area are in a better situation, with a monthly income of 1350,2 MDL as compared to 1065,1 MDL in rural.

The situation of the elderly is different depending on the household composition. Thus, the households set only from the elderly are in better situation than the elderly who live in extended households. An explanation could be the fact that these households are numerous, and the incomes of the elderly are an important income source for the whole household.

Source: The Elderly in the Republic of Moldova in 2010, NBS

**Table 2.8. Structure of consumption expenses of the elderly in 2010**

	Households only with elderly			Households with elderly and other persons		
	Rural area	Total	Rural area	Total	Rural area	Total
<b>Total consumption expenses (monthly average per person), MDL</b>	<b>1321,4</b>	<b>1550,4</b>	<b>1176,5</b>	<b>1192,3</b>	<b>1394,0</b>	<b>1062,8</b>
including, %						
food products	48,4	46,2	50,3	44,3	42,8	45,5
clothes, footwear	5,8	4,5	6,8	10,1	9,1	11,0
dwelling maintenance	22,3	24,2	20,8	17,5	17,8	17,3
dwelling equipping	4,2	3,7	4,7	3,4	2,7	4,0
health	11,1	12,6	9,8	7,2	6,8	7,6
transport and communication	3,9	4,6	3,3	8,6	9,8	7,7
other goods and services	4,3	4,1	4,4	8,9	11,0	6,9
<p><i>Consumption expenses of the household with elderly persons</i> are determined by the amount of available incomes. In average, a household with elderly accounts for a monthly amount of 1243,3 MDL per person. The consumption expenses are higher in the urban area, accounting for 1455,5 MDL, as compared to the rural area, where the households with elderly people have monthly consumption expenses of 1108,0 MDL. The expenses of the households with elderly persons are mainly meant for the needs of food consumption (46.0%), followed by the expenses for dwelling maintenance – 19.5%, health and medical care – 8.8%, clothes and footwear – 8.3%. The remaining expenses are used for equipping the dwelling 3.8%, communication 3.4% and transport 3.3%. The households set only from elderly persons spend 1321,4 MDL on monthly basis per person, which is with 10.8% more than in the households which also have some other members. At the same time, the persons from the households having only elderly persons in their composition spend more on procurement of food products, dwelling maintenance, and health services.</p>						

Source: The Elderly in the Republic of Moldova in 2010, NBS

**Table 2.9. Remittances in relation to the GDP**

	2007	2008	2009	2010
Remittances in relation to the GDP, %	33,9	31,2	22,0	23,4

Source: National Bank

**Table 2.10. Assessment of the health status of elderly, in %**

	Total	Urban area	Rural area
<b>2007</b>			
Very good	0,1	0,2	0,1
Good	5,5	5,6	5,4

Satisfactory	52,8	54,8	51,7
Bad	36,2	34,2	37,4
Very bad	5,4	5,2	5,5
Total	100,0	100,0	100,0
<b>2008</b>			
Very good	0,1	0,3	0
Good	5,2	5,5	5,0
Satisfactory	54,2	56,3	52,9
Bad	34,7	31,8	36,5
Very bad	5,8	6,0	5,6
Total	100,0	100,0	100,0
<b>2009</b>			
Very good	0,1	0	0,1
Good	6,3	5,7	5,7
Satisfactory	54,2	56,5	56,5
Bad	34,7	33,6	33,6
Very bad	4,7	4,1	4,1
Total	100,0	100,0	100,0
<b>2010</b>			
Very good	0,1	0,1	0
Good	5,1	5,2	5,0
Satisfactory	56,7	60,9	54,0
Bad	34,4	30,8	36,7
Very bad	3,7	3,0	4,3
Total	100,0	100,0	100,0

Source: NBS

### ANEXA 3. LABOUR MARKET PARTICIPATION INDICATORS

**Table 3.1. Label of force employment (persons)**

	Economically active population			Employed population			Unemployed persons		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
<b>2007</b>	1313,9	663,0	650,8	1247,2	621,5	625,7	66,7	41,5	25,2
<b>2008</b>	1302,8	658,8	644,0	1251,0	628,8	622,3	51,7	30,0	21,8
<b>2009</b>	1265,3	648,5	616,8	1184,4	597,7	586,7	81,0	50,8	30,2
<b>2010</b>	1235,4	630,6	604,8	1143,4	573,3	570,1	92,0	57,3	34,4

*Note:* During 2003 – 2010, the activity, employment, and unemployment rates are decreasing among women, and starting in 2006-2007, these rates are smaller among men. In spite of the fact that the unemployment rate is higher for men (in 2009 – 7.4%) as compared to that of women (4.9%), women encounter more difficulties than men on the labor market, due also to gender particularities. The share of women among the inactive persons is higher than that of the elderly, accounting for 55.4%.

*Source:* NBS

**Table 3.2. Population employment rate (%)**

	2007	2008	2009	2010
Share of employed population in the total number of resident population, %	34,8	42,5	40,0	38,5
Employment rate, %	42,5	42,5	40,0	38,5
men	44,8	45,2	42,6	40,9
women	40,5	40,1	37,7	36,4
urban area	43,8	44,5	43,6	46,4
rural area	41,6	41,0	37,4	37,0
Share of inactive population in the total number of resident population, %	63,3	63,5	47,4	58,4
Share of unemployed persons in the total number of 15 years old and older population, %	2,3	1,8	2,7	3,1
General unemployment rate, %	5,1	4,0	6,4	7,4
men	6,3	4,6	7,8	9,1
women	3,9	3,4	4,9	5,7
urban area	6,9	5,5	8,0	9,6
rural area	3,6	2,7	5,0	5,4
young persons of 15-24 years old	14,4	11,2	15,4	17,8

*Source:* NBS, NEA

**Table 3.3. Indices of demographic dependence\*, %**

	Total			Urban area			Rural area		
	Both sexes	Men	Women	Both sexes	Men	Women	Both sexes	Men	Women
2007	52,26	44,29	60,46	41,68	36,15	46,98	60,70	50,39	71,94
2008	51,27	42,81	60,06	41,43	35,30	47,35	59,07	48,39	70,80
2009	50,60	41,60	59,90	41,50	34,80	48,00	57,70	46,70	69,90
2010	50,11	40,80	59,90	41,85	34,74	48,81	56,59	45,26	69,18

\* Number of persons in non working age at 100 persons in working age, calculated on average number of resident population.

Source: NBS

**Table 3.4. Economic activity of elder people****Participation of the elderly in the economic activity**

	2007	2008	2009	2010
<b><i>Participation in the labor force rate:</i></b>				
55-64 years old	51,3	50,9	44,8	43,1
15 years old and older	44,8	44,3	42,8	41,6
25-54 years old	62,2	61,4	59,5	57,5
<b><i>Employment rate:</i></b>				
55-64 years old	49,9	49,8	43,3	41,6
15 years old and older	42,5	42,5	40,0	38,5
25-54 years old	59,5	59,4	56,1	53,6
<b><i>Unemployment rate:</i></b>				
55-64 years old	2,7	2,3	3,3	3,4
15 years old and older	5,1	4,0	6,4	7,4
25-54 years old	4,3	3,4	5,7	6,7
25-45 years old	4,9	3,5	6,1	7,6
<b><i>Inactivity rate:</i></b>				
55-64 years old	48,7	49,1	55,2	56,9
15 years old and older	55,2	55,7	57,2	58,4
25-54 years old	37,8	38,6	40,5	42,5
25-45 years old	40,0	40,4	42,3	44,3
<b><i>Long term unemployment rate:</i></b>				
55-64 years old	1,5	1,3	1,2	1,9

15 years old and older	1,8	1,2	1,8	2,3
<b><i>Share of partially employed population by age categories:</i></b>				
55-64 years old	8,3	7,2	6,4	7,6
15 years old and older	7,2	6,5	6,7	7,0
25-54 years old	6,8	5,9	6,4	6,5
25-45 years old	6,6	5,7	6,1	6,3
<b><i>Rate of participation in the labor force of the 55-64 years old population:</i></b>				
urban area	48,7	50,5	45,9	43,8
rural area	53,2	51,3	43,9	42,5
<b><i>Average age of entry in labor force (age of the first job):</i></b>			20	
<b><i>Rate of participation in the labor force of the 55-64 years old population by level of education:</i></b>				
without graduating school	12,2	13,0	4,3	3,4
primary	23,0	20,6	11,1	16,1
secondary (gymnasium)	43,4	40,4	31,0	29,4
lyceum, secondary general	51,2	49,2	41,6	41,5
secondary professional	57,1	58,7	51,1	50,5
secondary vocational	51,5	52,2	48,1	41,6
higher education	65,0	62,2	59,7	58,1
<b><i>Employment rate for 55-64 years old persons by level of education:</i></b>				
without graduating school	12,2	13,0	4,3	3,4
primary	23,0	20,6	11,1	15,3
secondary (gymnasium)	42,7	39,8	30,3	29,1
lyceum, secondary general	49,6	48,1	40,0	38,9
secondary professional	55,6	56,9	49,5	48,8
secondary vocational	49,7	50,8	45,6	39,9
higher education	62,8	60,7	58,4	57,0
<b><i>Indirect labor costs (non-salary) in total labor costs, %</i></b>	<b>19,8</b>	<b>19,6</b>	<b>18,9</b>	<b>19,1</b>

Source: NBS

**Distribution of employed population of 60 years old and older by professional status, in %**

	2005	2006	2007	2008	2009	2010
Employed population	100,0	100,0	100,0	100,0	100,0	100,0
<i>of which:</i>						
Employees	23,7	30,5	31,2	40,1	54,7	57,2
Own account workers	75,0	64,7	63,9	55,5	41,4	38,3
Other	1,3	4,8	4,4	4,4	3,9	4,5

Source: NBS

**Table 3.5. Job Fairs**

	2007	2008	2009	2010
Organization of job fairs	71	81	45	63
Number of companies participating in job fairs	777	936	413	458
Number of vacancies presented at the job fair	12501	15981	5508	7200
Number of persons participating at the job fair	13375	14267	6424	11100
Number of persons employed as a result of the job fair	2529	3182	1444	1785

Source: NEA

**Table 3.6. Level of education of adult persons, in %**

Level of education	2005	2006	2007	2008	2009	2010
<b>Total</b>	100,0	100,0	100,0	100,0	100	100,0
Low	18,8	18,4	18,3	17,4	17,7	18,7
Secondary	66,3	64,0	65,1	65,6	64,9	63,1
High	14,8	17,6	16,6	17,0	17,4	18,2
<b>Men</b>	100,0	100,0	100,0	100,0	100,0	100,0
Low	16,9	16,9	17,3	16,5	16,8	18,0
Secondary	69,1	66,3	67,5	68,1	67,4	65,9
High	13,9	16,8	15,2	15,4	15,8	16,1
<b>Women</b>	100,0	100,0	100,0	100,0	100,0	100,0
Low	20,5	19,7	19,2	18,2	18,5	19,4
Secondary	63,8	61,8	62,9	63,3	62,6	60,6
High	15,7	18,4	17,9	18,5	19,0	20,1
<b>Urban area</b>	100,0	100,0	100,0	100,0	100,0	100,0
Low	7,7	7,7	7,8	7,4	7,6	8,3
Secondary	66,7	62,4	63,5	64,0	63,0	60,9
High	25,7	29,9	28,8	28,6	29,4	30,8



<b>Rural area</b>	100,0	100,0	100,0	100,0	100,0	100,0
Low	28,1	27,2	26,4	25,2	25,7	27,0
Secondary	66,1	65,3	66,4	66,9	66,4	64,8
High	5,9	7,6	7,3	8,0	7,9	8,2

*Note:* Structure of population on 25-64 years by level of education:

*low level:* primary school;

*secondary level:* liceum, secondary, secondary vocational, secondary specialized;

*high level:* university, postgraduate

*Source:* NBS

**Table 3.7. Legislative provisions in restricting the work activity of the elderly persons**

The national legislation in force sets forth only the age at which a person acquires the capacity to work, but it does not stipulate the age at which the capacity to work is lost. Starting with the age of 16 years old, all the persons enjoy to an equal extent the right to work, this being a fundamental right established in the national legislation and international treaties to which the Republic of Moldova is a part.

Because of the above-mentioned reasons, labor legislation does not provide for a certain age as a general ground for dismissal; such age is provided only as some exceptions, for some categories of employees and only under certain conditions.

As for the restrictions existing in the public service, it should be mentioned that in line with art. 62 par. (1) let. d) from Law No. 158-XVI dated July 4, 2008 on public service and public servant status, the fact that the public servant turns the age which is necessary to obtain the age-limit pension represent a reason, based on which the labor relations may stop under circumstances that do not depend on parties' will.

At the same time, art. 49 par. (5) from the same Law provides that after turning the necessary age to obtain the right to age-limit pension, the public servant may be appointed, upon the decision of the manager, for a determined period of time that would not exceed the period of 3 years, for the same public function, receiving the salary and the pension according to the legislation.

As for the employees that do not have the status of public servant, there are no time limits for them to be in a certain function, except for the heads of the state units and the units with majority state capital. They are supposed to be dismissed when they turn 65 years old, according to art. 82 let. i) of the Labor Code. Nevertheless, individual labor contracts may be concluded with them as well, for a determined period of two years, based on art. 55 let. f) of the Labor Code – this is in case of exercising other functions than those of heads of state units or units with state majority capital.

Certain restrictions are set also for the persons who get employed in new jobs after reaching the retirement age limit. Just like the former state units' heads, these persons may be employed under the conditions of art. 55 let. f) of the Labor Code, for a determined period of time that will not exceed 2 years. But when the term of the contract expires, the parties are free to negotiate the extension of the contract duration under the conditions set in art. 54 and 68 of the labor Code (up to 5 years, and based on an additional agreement) or to conclude a new contract for a duration up to two years.

In the same context, it should be mentioned that some normative acts ruling areas of specific activity provide for certain age limits for holding certain jobs.

Hence, according to the Law on Police No. 416-XII dated December 18, 1990, the maximum age limits for holding a job within police bodies are the following:

- 1) from policeman, soldier of internal service to police captain, and captain of internal service – 45 years old;
- 2) from police major, and major of internal services up to police colonel and internal service colonel – 50 years old;

3) police major general and internal service major general – 55 years old;

4) police lieutenant general, internal service lieutenant general, police colonel general, and internal service colonel general – 60 years old.

Similar provisions are set also in the Law on Militaries' Status No. 162-XVI dated July 22, 2005.

Whenever dismissals are carried out based on some grounds that are not provided by the law, the employee may recover his/her job via a court decision, the access to justice being ensured according to art. 20 from the Constitution and the provisions of the Title XII of the Labor Code.

According to art. 355 of the Labor Code, the examination of the claims for solving individual labor litigations shall be submitted to the court:

a) within one year from the date when employee found out or had to find out about breach of his right;

b) within 3 years from the date of appearance of the respective employee right, in the situation that the object of litigation consists in payment of some wage rights of rights of another character, which are meant for employee.

The claims submitted by omitting the terms set in par. (1) based on well-reasoned grounds can be re-established by the court.

The court will examine the claims for solving the individual labor litigation within maximum 30 working days and will issue a decision with right of appeal which is mandatory for the employer to enforce.

The litigations referring to the lawful nature of the transfer to another place of work or that of a dismissal, the probation task is assigned to the employer (art. 89 of the Labor Code).

According to art. 90 of the Labor Code, in case of reinstatement in the workplace of the employee who was transferred or unlawfully dismissed from work, the employer is obliged to repair the damage caused to him/her, which includes:

a) obligatory payment of a compensation for the whole period of forced absence from work in the amount not less than the employee average wage for this period;

b) compensation of additional expenses related to appeal on transfer or dismissal from work (consultations with specialists, court expenditures etc.);

c) compensation of the moral damage caused to employee.

The amount for repairing the moral damage shall be established by the court, taking into account the assessment of the employer's actions, but cannot be less than one average monthly wage of the employee.

Instead of the reinstatement in the workplace, the court can cash in from the employer, with the employee's agreement and in his/her benefit an additional compensation of at least 3 monthly wages of the employee.

In case the actions of a public authority or of an assimilated authority represent the object of litigation, the litigation shall be examined in the common right courts, but according to an administrative procedure. According to art. 14 of the Law on Administrative Offences, before going to the court, the person who considers that her/his rights were violated, shall submit a preliminary claim within a period of 30 days since the day the respective act has been communicated, requesting the public authority that has issued the act (in our case, the dismissal act) or the hierarchically superior body to revoke totally or partially the respective act. The summons may be submitted in this case in a period of 30 days from the day when:

- the answer was received for the previous claim;
- the term provided by the law for solving the previous claim has expired;
- the refuse to solve a claim requesting the recognition of the alleged right has been communicated;
- the term provided by the law for solving such a claim has expired.

*Source: MLPSF*

## ANNEXES 4. SOCIAL PROTECTION AND FINANCIAL SUSTAINABILITY INDICATORS

**Table 4.1. Age-limit pensioners by age groups and sex**

	2008			2009			2010		
	total	men	women	total	bărbați	femei	total	bărbați	femei
Age-limit pensioners, thousand persons	455,3	132,4	322,9	457,9	130,4	327,5	460,5	129,4	331,1
Including by age groups, years:									
<59	66.3	0.8	65.5	62.6	0.6	62.0	58.9	0.4	58.5
60-64	72.9	17.6	55.3	84.7	18.5	66.2	101.8	22.5	79.3
65+	316.1	114.0	202.1	310.6	111.3	199.3	299.8	106.5	193.3
<p><i>Note:</i> Current Pension system sets the pension age to 57 years for women and 62 years for men. The minimum period of insurance and that, for the payment of social security contributions, is at least 15 years for a partial pension or at least 30.5 years for full pension. According to the legislation already adopted, the total working stage period needed to establish old-age pension will increase up to 35 years by 2020. Compared with countries from Central and Eastern Europe in Moldova pension age limit is lower for men and lower for women. On the other hand and life expectancy in Moldova is smaller compared with those countries. However, most countries in Central and Eastern Europe wants to increase the pension age in the next 10 years, especially provided for equalizing the pension age of women to men. Life expectancy of women is higher than men in all countries of Central and Eastern Europe, including Moldova. For this reason and because the pension age for women is lower than that of men in the Republic of Moldova, local pension system we find significant differences between the number of women and men beneficiaries of pensions and the amount of their pensions . Thus, in 2010, the average stage of contribution made to the grant of pension for women was 32.5 years and 37.5 for men and the average pension for age limit for women was 797.1 MDL, and for men 937. 8 MDL, as the size of the pension depends directly on the period of contribution, and the size of state social insurance contributions.</p>									

Source: MLPSF, NBS, NSIH

**Table 4.2. Number of pensioners by categories and sexes**

Categories of beneficiaries	2007			2008			2009			2010		
	beneficiaries	% to total	average monthly pension (MDL)	beneficiaries	% to total	average monthly pension (MDL)	beneficiaries	% to total	average monthly pension (MDL)	beneficiaries	% to total	average monthly pension (MDL)
<b>Total per country</b>	<b>619433</b>	<b>100,0</b>	<b>548-30</b>	<b>621400</b>	<b>100,0</b>	<b>646-42</b>	<b>624570</b>	<b>100,0</b>	<b>775-54</b>	<b>627185</b>	<b>100,0</b>	<b>810-86</b>

- women	393905	63,6	530-53	399747	64,3	623-92	404721	64,8	748-27	408325	65,1	782-26
- men	225528	36,4	579-34	221653	35,7	687-00	219849	35,2	825-74	218860	34,9	864-22
<b>Old age pensions</b>	<b>452262</b>	<b>100,0</b>	<b>565-83</b>	<b>455229</b>	<b>100,0</b>	<b>666-28</b>	<b>457920</b>	<b>100,0</b>	<b>800-82</b>	<b>460501</b>	<b>100,0</b>	<b>836-63</b>
- women	316765	70,0	543-27	322899	70,9	637-87	327563	71,5	764-83	331061	71,9	797-09
- men	135497	30,0	618-57	132330	29,1	735-59	130357	28,5	891-25	129440	28,1	937-76
<b>Pensions for disability</b>	<b>126538</b>	<b>100,0</b>	<b>467-42</b>	<b>128145</b>	<b>100,0</b>	<b>548-08</b>	<b>130227</b>	<b>100,0</b>	<b>652-23</b>	<b>131348</b>	<b>100,0</b>	<b>674-55</b>
- women	65720	51,9	456-60	66223	51,7	534-44	66933	51,4	635-63	67096	51,1	658-72
- men	60818	48,1	479-12	61922	48,3	562-68	63294	48,6	669-79	64252	48,9	691-09
<b>Pensions for successor</b>	<b>28157</b>	<b>100,0</b>	<b>318-95</b>	<b>25884</b>	<b>100,0</b>	<b>367-62</b>	<b>24526</b>	<b>100,0</b>	<b>431-50</b>	<b>23399</b>	<b>100,0</b>	<b>441-33</b>
- women	6033	21,4	300-92	5551	21,4	343-06	5348	21,8	403-03	5139	22,0	408-92
- men	22124	78,6	323-87	20333	78,6	374-33	19178	78,2	439-44	18260	78,0	450-46
<b>Seniority pensions</b>	<b>2614</b>	<b>100,0</b>	<b>833-40</b>	<b>2023</b>	<b>100,0</b>	<b>1213-15</b>	<b>1571</b>	<b>100,0</b>	<b>1802-04</b>	<b>1282</b>	<b>100,0</b>	<b>2213-51</b>
- women	1758	67,3	348-71	1230	60,8	464-16	833	53,0	664-68	601	46,9	819-81
- men	856	32,7	1828-81	793	39,2	2374-89	738	47,0	3085-83	681	53,1	3443-49
<b>Pensions of civil servants</b>	<b>5266</b>	<b>100,0</b>	<b>1292-19</b>	<b>5562</b>	<b>100,0</b>	<b>1514-51</b>	<b>5795</b>	<b>100,0</b>	<b>1800-50</b>	<b>6119</b>	<b>100,0</b>	<b>1953-83</b>
- women	3330	63,2	1224-86	3557	64,0	1443-79	3768	65,0	1732-94	4044	66,1	1898-32
- men	1936	36,8	1408-02	2005	36,0	1639-97	2027	35,0	1926-10	2075	33,9	2062-00
<b>Pension of Parliament members</b>	<b>116</b>	<b>100,0</b>	<b>5423-27</b>	<b>117</b>	<b>100,0</b>	<b>5873-71</b>	<b>129</b>	<b>100,0</b>	<b>6433-01</b>	<b>201</b>	<b>100,0</b>	<b>6225-28</b>
- women	13	11,2	5515-38	13	11,1	5984-15	17	13,2	6421-35	21	10,4	6464-09
- men	103	88,8	5411-65	104	88,9	5859-91	112	86,8	6434-79	180	89,6	6197-42
<b>Pensions of former members of the Government</b>	<b>84</b>	<b>100,0</b>	<b>5574-10</b>	<b>85</b>	<b>100,0</b>	<b>6054-28</b>	<b>84</b>	<b>100,0</b>	<b>6678-16</b>	<b>86</b>	<b>100,0</b>	<b>6742-29</b>
- women	7	8,3	5539-28	7	8,2	6010-00	6	7,1	6701-00	7	8,1	6724-85
- men	77	91,7	5577-27	78	91,8	6058-26	78	92,9	6676-41	79	91,9	6743-83

<b>Pensions of prosecutors and judges</b>	<b>395</b>	<b>100,0</b>	<b>4015-21</b>	<b>406</b>	<b>100,0</b>	<b>4389-01</b>	<b>450</b>	<b>100,0</b>	<b>4378-41</b>	<b>470</b>	<b>100,0</b>	<b>4429-60</b>
- women*	-	-	-	-	-	-	-	-	-	116	24,7	4258-06
- men*	-	-	-	-	-	-	-	-	-	354	75,3	4485-81
<b>Pensions of participants in liquidation of the Chernobyl accident</b>	<b>2187</b>	<b>100,0</b>	<b>1197-53</b>	<b>2168</b>	<b>100,0</b>	<b>1398-43</b>	<b>2136</b>	<b>100,0</b>	<b>1669-90</b>	<b>2110</b>	<b>100,0</b>	<b>1736-44</b>
- women	84	3,8	1176-83	82	3,8	1373-35	80	3,7	1631-33	81	3,8	1676-45
- men	2103	96,2	1198-36	2086	96,2	1399-43	2056	96,3	1671-40	2029	96,2	1738-83
<b>Pensions of military and their family members</b>	<b>1436</b>	<b>100,0</b>	<b>474-74</b>	<b>1374</b>	<b>100,0</b>	<b>668-43</b>	<b>1302</b>	<b>100,0</b>	<b>731-24</b>	<b>1216</b>	<b>100,0</b>	<b>730-26</b>
- women	129	9,0	398-57	112	8,2	513-52	92	7,1	570-03	77	6,3	577-07
- men	1307	91,0	482-26	1262	91,8	682-19	1210	92,9	743-50	1139	93,7	740-62
<b>Pensions of customs workers</b>	<b>24</b>	<b>100,0</b>	<b>1644-04</b>	<b>20</b>	<b>100,0</b>	<b>1786-55</b>	<b>19</b>	<b>100,0</b>	<b>2083-15</b>	<b>18</b>	<b>100,0</b>	<b>2157-22</b>
- women	7	29,2	1652-28	7	35,0	1856-42	7	36,8	2137-42	7	38,9	2209-85
- men	17	70,8	1640-65	13	65,0	1748-92	12	63,2	2051-50	11	61,1	2123-72
<b>Pensions of local elected</b>	<b>354</b>	<b>100,0</b>	<b>1684-22</b>	<b>387</b>	<b>100,0</b>	<b>2015-01</b>	<b>411</b>	<b>100,0</b>	<b>2343-50</b>	<b>435</b>	<b>100,0</b>	<b>2448-13</b>
- women	59	16,7	1700-03	66	17,1	2072-37	74	18,0	2426-05	75	17,2	2529-62
- men	295	83,3	1681-06	321	82,9	2003-22	337	82,0	2325-38	360	82,8	2431-15
* For the years 2006-2009 there not has been selection criterion of statistical data such as gender												

Source: MLPSF, NSIH

**Table 4.3. Average amount of the pension for age limit**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Average amount of the monthly pension set for age limit, MDL (at the end of the year)	565,8	666,3	800,8	836,6
Pension for age limit in % as compared to the previous year, nominal terms	123,7	117,8	120,2	104,5

Pension for age limit in % as compared to the previous year, real terms	109,4	109,8	119,7	96,7
Inflation rate, % (December, previous year = 100)	113,1	107,3	100,4	108,1
<i>Note:</i> The average amount of the age limit pension as of 01.01.20 11 was 836,6 MDL, registering an increase of 4.5% as compared to the previous year. The monthly average value of the subsistence minimum for pensioners in 2010 accounted for 1184,3 MDL, registering an increase of 15.8% as compared to the previous year. The subsistence minimum for pensioners differs depending on the area of residence. Thus, the subsistence minimum for urban pensioners is with 150,0 MDL higher as compared to the rural area, due, mainly to the higher costs for different services. At the same time, the monthly pensions set for the age limit could cover the subsistence minimum for this category of population at a level of 70.6%, as compared to 78.3% in 2009. // <i>The Elderly in the Republic of Moldova in 2010, NBS</i>				

Source: MLPSF, NSIH

**Table 4.4. Social assistance granted to the elderly and disable at home**

	2007	2008	2009	2010
Number of home social assistance sections	97	91	146	99
Number of social workers	2540	2510	2554	2497
Number of served elderly and disabled, thousand persons	25,8	26,3	26,3	25,6

Source: MLPSF, NSIH

**Table 4.5. Social canteens**

	2007	2008	2009	2010
Number of canteens	99	131	143	129
Number of beneficiaries	5425	5884	5873	5901
Number of beneficiaries, who benefited from hot meals at home	580	1578	1579	1589

*Note:* social canteens were organized to improve food security of the socially-vulnerable segments of the population; the elderly persons also are beneficiaries of these canteens. In 2010, a number of 129 canteens operated in the country (free of charge, organized with LPA support), which provided daily services to 5.9 thousand persons. The average cost of meals provided in the social canteens and at home is 14 MDL per person/day.

Source: MLPSF, NSIH

**Table 4.6. Beneficiaries of state monthly allocations**

	Number of beneficiaries, persons			
	2007	2008	2009	2010
War invalids:				
I degree	530	506	486	457
II degree	3309	3126	2947	2764
III degree	496	474	463	438
War participants and ex political detainees	6006	5052	4209	3359
Free citizens employed in the army				59

Persons decorated with orders and medals	1257	1115	954	803
Persons who were in Leningrad during the blockade	75	68	63	59
Wives of survivors incapable of work – second world war veterans	3750	3382	3018	2681
Children of the second world war veterans or participants of military actions in peace time, soldiers died on duty and children of participants at the liquidation of Chernobyl accident consequences	99	80	78	64
One of the parents, unable to work, of the participants in operations for the protection of Moldovan territorial integrity and independence, and participants at liquidation of Chernobyl accident consequences, deceased	253	267	280	272
<b>Total</b>	<b>15775</b>	<b>14070</b>	<b>12489</b>	<b>10956</b>

*Source:* MLPSF, NSIH

## ANNEXES 5. OTHERS

**Table 5.1. Legal-normative framework providing actions to recover the situation related to the demographic decline and population ageing process**

- Law No. 133-XVI of 13.06.2008 on Social Aid;
- Law No.180-XVI of 10.07.2008 on Labor Migration;
- National Action Plan on Human Rights for 2011-2014 years (Parliament Decision No.90 of 12.05.2011);
- National Strategic Program on Demographic Security of the Republic of Moldova for 2011-2025 years (Government Decision No.768 of 12.10.2011);
- National Action Plan on the protection of children without parental care for 2010-2011 years (Government Decision No.450 of 02.06.2010);
- The Government Activity Program “European Integration: Freedom, Democracy, Wellfare” for 2011-2014 and the afferent Action Plan (Government Decision No.179 of 23.03.2011);
- National Program on creating the integrated system of social services for 2008-2012 years (Government Decision No.1512 of 31.12.2008);
- National Program for promoting healthy lifestyle for 2007-2015 years (Government Decision No.658 of 12.06.2007);
- National Program on Ensuring Gender Equality for 2010-2015 years (Government Decision No.933 of 31.12.2009);
- National Development Strategy for 2008-2011 years (Law No.295-XVI of 21.12.2007);
- Strategy on social inclusion of the disabled persons for 2010-2013 years (Law No.169 of 09.07.2010);
- Rethink Moldova - Priorities for medium-term development, Report for the Consultative Group meeting in Brussels, March 24, 2010, etc.

**Table 5.2. Legal-normative framework, national mechanism and statistics on gender equality**

- a) Legal-normative framework:**
- *Law No. 5-XVI dated 09.02.2006 on ensuring equal opportunities for women and men and National Program for ensuring gender equality for 2010-2015* (Government Decision No. 933 of 31.12.2009), gender equality being tackled as a transversal problem of human rights;
  - *Law No. 45-XVI of 01.03.2007 on preventing and combating domestic violence;*
  - *Strategy of the National Referral System for protecting and assisting victims and potential victims of trafficking in human beings and Action Plan on implementing the Strategy of the National Referral System for protecting and assisting victims and potential victims of human beings trafficking ale for 2009–2011* (Government Decision No. 257 of 05.12.2008);
- b) Currently the Republic of Moldova has an **institutional mechanism** well defined via the Law on ensuring equal opportunities for women and men (2006), specifying their concrete rights and duties in the area:
- Governmental Commission for equality between women and men (which coordinates the activity of CPA and LPA authorities related to problems on equality between men and women) includes representatives of CPA and civil society
  - Division of Gender Equality Policies Elaboration and Violence Prevention, MLSPF (which develops and promote policies in gender equality area, and ensures the secretariat activities of the Commission)
  - Gender focal points from the line ministries / departments (who monitor the observation of the legislation in gender equality area within CPA authorities). In 2010, Gender Equality Councils were created within the line ministries: MLSPF, Ministry of Finance, Ministry of



Economy, Ministry of Defense, and Ministry of Justice.

**c) Elaboration and publication of gender sensitive statistics (www.statistica.md):**

The Gender Statistics User's Guide was developed and published in 2008;

"Women and Men in the Republic of Moldova", 2008;

"Women and Men on Republic of Moldova Labor Market", 2008;

"Population of the Republic of Moldova by age and sex, in territorial profile as of January 01" (2007, 2008, 2009, 2010);

"Population and demographic processes in the Republic of Moldova" (2007, 2008, 2009, 2010);

"Gender inequality in incomes and other wellbeing indicators of the population" (study based on Household Budget Survey Data), 2008;

"Conditions for setting up and developing enterprises: gender-based analysis", 2009;

"Reconciliation of the professional and family life in the Republic of Moldova": results of the statistical survey in 2010, etc.

**Tabelul 5.3. Lista Studiilor care au analizat direct sau indirect problemele îmbătrînirii demografice:**

1. Green Paper of Population of the Republic of Moldova, 2009;
2. Approaches to social exclusion in the Republic of Moldova. Methodological and analytical aspects. Chisinau, 2010. www.undp.md.
3. Specific needs of children and elderly left without care for family members left to work abroad. Chisinau, 2011. www.mmprsf.gov.md
4. National Human Development Report 2010/2011: Republic of Moldova from Social Exclusion to Inclusive Human Development / UNDP. Chisinau, 2011;
5. Moldovan migrants' health. Impact of Social-economic situation. Chisinau, 2010;
6. Demographic ageing of the Republic of Moldova: economic and social consequences / G.Paladi, O.Gagauz, O.Penina. ASM, IEIPS. Chisinau, 2009;
7. Pensioners' Protection: current challenges and debates. Social Monitor, No. 2, 2010. IDIS, Chisinau, 2010;
8. The Elderly in the Republic of Moldova. Editions for 2008, 2009 and 2010 years, NBS. www.statistica.md

**Tabelul 5.4. Activity of the Institute of European Integration and Political Science (IEIPS)**

Through the Demographic Sector, the IEIPS carries out research and studies related to different aspects of the demographic processes, which are performed within the Strategic Activity Direction in the scientific research area "Harnessing human, natural, and information resources for sustainable development". Project "*Social-demographic evolution of the working age population and its impact on social-economic development of the Republic of Moldova during 2007-2010*" served as basis for carrying out the following:

1) Demographic forecasts have been developed for a long period of time (2009-2050, three scenarios with an interval of one year), which may serve as basis for policy development. The respective forecasts were revised and accepted by the meeting of the National Commission on Population and Development. The evolution of the demographic processes in the Republic of Moldova was interpreted based on the institutional approach, epidemiologic transition, and theory regarding the second demographic transition. The pattern of the RM demographic development was developed, the common mechanisms of the population evolution for the European countries were pointed out from the perspective of demographic modernization and their specific nature at the national level, the impact of the demographic structure on sustainable social-economic development was assessed, and the interaction between the institutional factors in population reproduction was established. The respective activity allows developing a number of social policies, especially for the elderly category.

The following was developed based on the scientific reflection of the demographic processes' evolution in the Republic of Moldova, social-demographic research and demographic forecast:

- the concept of the RM demographic security,
- methodological principles of policies' monitoring in population area,
- scientific grounded proposals for the National Strategy in the area of Demographic Security of the Republic of Moldova, related to mitigation of the unfavorable consequences of birthrate reduction, population ageing, and mass migration.

2) There was performed the retrospective and in perspective assessment of the number and structure by age of the working age population, the economic and social consequences of population ageing;

3) There was performed the transversal and longitudinal analysis of the marriage, fertility and birth rates; the population birthrate evolution was forecasted for short and medium term (years 2009-2050), as determinant factors that influence the demographic processes and implicitly, population ageing;

4) Studies were performed regarding able-bodied population mortality by death causes, differentiated analysis of mortality by age, sex, and area in territorial-administrative profile, as a factor which contributes to deepening the misbalance between different population age groups;

5) Able-bodied population morbidity and the determinant factors were analyzed;

6) Research was performed regarding the involvement of different age groups in migration processes and the way in which the respective processes increase the pressure on social funds at the moment and in future.

Based on the obtained scientific results, practical recommendations were developed to mitigate the unfavorable consequences induced by the modification of the population age structure and its ageing. The respective research represents a scientific support for tackling more policies related to human resources administration, including the ones related to social security. Thus, the IEIPS of the ASM, through social-demographic scientific research contributed to *the development of activities in the scientific area; to collecting and analyzing data on population ageing in the Republic of Moldova*

**Table 5.5. List and contact details of organizations that are directly involved in preparation of the Report**

<b>No.</b>	<b>Institution</b>	<b>Contact tel. number</b>
1.	United Nations Population Fund in Moldova/UNFPA	+373 22 214-002
2.	Ministry of Health	+373 22 268-823
3.	Ministry of Education	+373 22 233-402
4.	Ministry of Economy	+373 22 250-640
5.	Ministry of Justice	+373 22 201-471
6.	Ministry of Regional Development and Constructions	+373 22 204 571
7.	National Bureau of Statistics	+373 22 403-110
8.	National Social Insurance House	+373 22 257-829

9.	National Employment Agency	+373 22 227-816
10.	Institute for European Integration and Political Science of Academy of Sciences of Moldova	+373 22 274-282
11.	Economic, Finance and Statistics Institute	+373 22 501-107
12.	Institute of Continuing Education	+373 22 854-677
13.	National Confederation of Trade Unions	+373 22 266-564
14.	Central Electoral Commission of Moldova	+373 22 232-258
15.	Departments of MLSPF	+373 22 269-310
16.	Social assistance department mun. Chişinău	+373 22 223-459
17.	National Participation Council	+373 22 204-551
18.	NGO HelpAge Moldova, Chişinău	+373 22 225-098
19.	NGO "Respirația a Doua", Bălți	+373 231 318-76
20.	NGO "Zolotoy Lotus", Chişinău	+373 22 878-018
21.	NGO "GenderCentru", Chişinău	+373 22 577-739
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