

Observations from the field study and recommendations

A. Introduction

Two fact-finding missions were carried out by UNECE Population unit staff in 2010, during which semi-structured interviews were conducted with representatives of all relevant stakeholder groups (including government, civil society, the private sector, academia, trade unions and international organizations operating in the country), based on an open-ended questionnaire (see Annexes I and II for the questionnaire and the list of interviewees). The main findings of both the field visits and the associated desk study are summarized in this chapter. The topics are organized, where possible, according to the commitment areas of MIPAA/RIS—although commitments 1 and 8 (mainstreaming ageing, and mainstreaming a gender approach) are not treated separately as they are intended to be cross-cutting throughout each of the other sections. Furthermore, some commitments feature more than once since different aspects of the commitment are covered by different sections of the Road Map as, for example, with commitment 2 which is linked to the first three sections below. At the end of each section, recommendations are given based on the observations in the text.

B. Observations and recommendations on areas related to the ten Commitments of the RIS

1. Integration of older persons in society

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

The World Summit for Social Development held in Copenhagen in 1995 defined successful social integration as the attainment of a ‘society for all’. Social integration is truly attained when all groups in society, including minorities, are able to enjoy full access to the opportunities, rights and services available to members of the mainstream of society.

MIPAA expanded on this definition of social integration by calling for a society for all ages. Challenging prevailing views which saw the relationships between generations and the roles of different age groups in social, economic,

cultural and political spheres as being necessarily antagonistic, MIPAA called for a recognition of the possibilities for complementary, mutually beneficial roles for people of all age groups, resulting in a diverse yet integrated society. Such a scenario demands acknowledgement of the benefits of active and healthy ageing, through which older persons, whether citizens, immigrants or refugees, are enabled and encouraged to play their part in building a stable society anchored in solidarity and reciprocity between generations. Integration and participation are therefore closely linked to notions of social cohesion, minimizing disparities and avoiding polarization and conflict.⁴²

Yet the barriers to older women’s and men’s integration into social, economic, cultural and political life are numerous and pervasive, evident at the global level and manifested in particular ways in Moldova. These include poverty, lack of access to, or information about, services and entitlements, low priority attached to health care for older persons, and persistent, often self-perpetuating negative images of older persons, such as the idea that quality of life is inevitably diminished in older age. Such barriers to the integration of older persons may reinforce the tendency to frame population ageing as a problem that needs to be avoided or reversed. In fact, population ageing is an inevitable element of demographic transition and hence rather than trying to avoid it, it is critical to develop a policy environment that enables and encourages integration and participation of older persons, and that relies increasingly on their skills, experience and wisdom—not only to take the lead in their own betterment but also to participate actively in that of society as a whole.

(a) Economic integration

Bringing about increases in labour force participation of all age groups is key to mitigating some of the challenges of population ageing. The current labour force participation rates of men and especially of women over 55 years of age in Moldova are low, underpinned both by the pervasive belief that individual productivity declines with age, and by widespread subscription to the ‘lump of labour’ fallacy: that is, the widely-held but false view that there is a fixed quantity of work to be done within an economy, so that by remaining in the work force, older workers deprive the younger generation of

⁴² UNECE (2009)

jobs. Both of these ideas should be challenged explicitly: individual productivity is more related to physical fitness and mental agility than to calendar age, and the amount of work available to the workforce as a whole is not exogenous. The absence of opportunities to update training and skills, together with a lack of age-friendly labour market policies, contribute to the perception that the productivity of older persons is low. This highlights the importance of continuous professional training and decent working conditions so that such perceptions are no longer reinforced.

Commitment to lifelong learning would increase the productivity and working life of older persons who have a lifetime of experience and, collectively, an immense accumulation of knowledge. Investment in extended labour market participation through continuous learning is required not only from the government but also from employers (who would benefit from a better trained, more up-to-date work force) and workers (who would benefit from improved skills which may intern command better incomes). Efforts should be made both to broaden the offering of continuing education and training programmes, and explicitly to include older workers in such programmes.

Apart from ongoing training in the workplace, education programmes for those already in retirement or those pre-pension-age persons who are not active in the labour market would make a large contribution to improving the social and economic position of older persons. There is currently no organized education for retired persons or pre-pension-age persons who are out of work in Moldova. However, the concept of the University of the Third Age, which provides a learning environment specifically for older persons, has become increasingly widespread in the ageing societies of Eastern Europe over the last decade. Moldova may be able to benefit from these countries' experiences, adapting their models to its own circumstances.

(b) Social integration

The older generation constitutes a substantial portion of the electorate (not least because absentee voting by emigrants, who are usually younger, is often difficult, making the relative influence of the older, resident voters even greater). As a group, then, older people hold considerable voting power in Moldova. This makes it important for the government to invest in the political literacy of the older population. Yet age discrimination is sometimes evidenced in barriers restricting older people's participation in political activity. The social exclusion that many older people encounter is compounded by political exclusion, such as exclusion from political debates and

activities relating to their interests, and in which their presence would have the potential to affect outcomes across a range of policy areas.

Encouragement of older persons to represent themselves and their peers in decision-making can be achieved via active older citizens' groups and organizations. Some older people are now taking part in new forms of political activity, marking a shift of focus from self-help to campaigning. This indicates a willingness amongst older people to participate in political activity around issues directly affecting them. They frequently gain strength and encouragement from campaigning achievements. This offers the potential for wider capacity-building among older people. By supporting such activity, and by involving older people in the development of the policies and services that affect them, health and social care workers can support older people to pro-actively counter discrimination and to influence issues of relevance to them.

(c) Cultural integration

Enhancing cultural participation could help in meeting some of the challenges of demographic change, by developing the motivations of older women and men to actively engage in community life and in volunteer activities, some of them with an intergenerational focus. Since cultural integration implies a particularly intensive form of social participation, older people who stay culturally active also tend to have a higher-than-average interest in education programmes, social engagement and community positions.

Among the most important barriers to engagement in cultural activities (whether community-based such as social club activities, or visiting cultural institutions such as theatres or libraries) are insecurities about travelling to and from these events, social isolation in residential care, and a lack of knowledge about available opportunities.

The rural environment has changed dramatically through large-scale migration, leaving a considerable number of people to grow old in isolated rural areas, rather than in the traditional environment of an extended family. They are often without adequate transportation and support systems. Transport provides an essential link to friends, services and the wider community – a vital route to maintaining independence. Lack of mobility can prevent older persons from participating in social activities and lead to loneliness and isolation. A large proportion of older people in Moldova, both in rural and in urban areas, is dependent on public transport. A sustained effort is necessary to tackle the barriers to mobility which they report, including low availability of public transport in rural areas; poor access to travel information such as new routes or price changes; poor attitude of transport

providers and drivers to older persons; and badly-lit waiting areas or stops. Cost remains a significant factor limiting people's ability to travel as often as they would like. Methods for maximizing access to transport should be considered very carefully; replacing free transport services for older persons with subsidized monetized systems may jeopardise access to public transport unless the size of subsidies is closely linked to actual prices.

Volunteering, both by the younger generation and older persons themselves, could be developed into a powerful way to strengthen community cohesion, mobilize largely untapped local resources and promote participation of older persons a variety of realms, in a concrete way. An

existing network of over 250 older volunteers with an average age of 66 years already operates in Moldova. This network has introduced an active sustainable structure of peer support between older women and men in rural communities where the number of members of the working-age population is low. Scaling up these self-help networks of older generations, and recognizing the model formally by ensuring the participation of these community-based groups in local decision-making could have a number of positive effects: it may result in a more cost-effective form of emotional and physical support very close to the clients, and at the same time may foster greater cultural and political engagement.

Recommendations

5. **Engage in public awareness-raising activities to tackle age discrimination at work, and especially to correct misconceptions relating both to the assumption of inevitable declines in productivity with advancing age, and to the 'lump of labour' fallacy.**
6. **Support a flexible labour market that recognizes the differing effects of ageing on individual productivity depending on the nature and demands of the job in question; productivity may indeed drop in jobs centred around physical labour, but mental productivity can easily be age-independent or indeed can increase with age.**
7. **Promote new working arrangements and innovative workplace practices aimed at sustaining working capacity and accommodating the needs of older workers as they age, by setting up employee assistance programmes.**
8. **Promote both public and private investment in lifelong learning initiatives and develop incentives for participation of all ages groups in such initiatives.**
9. **Encourage the activities of older persons' groups, especially where such groups have a campaigning or political element.**
10. **Take measures to enable the full and equal participation of older persons, in particular of older women, in political decision-making through provision of and facilitation of access to information.**
11. **Acknowledge that the limited physical and social activity levels of many older people may limit their ability to take part in political, social and cultural life, unless such participation is pro-actively facilitated; take measures to ensure that poverty or isolation do not lead to social exclusion of older persons.**
12. **Ensure that accurate and properly updated information on public transport facilities is available, especially in rural areas; that transport services run according to their schedules; and that waiting areas are safe. Take measures to tackle negative attitudes of transport providers towards older persons.**
13. **Recognize and encourage self-help networks of older persons and volunteers of all ages working for the better integration and assistance of older persons.**

2. Perceptions and images of ageing and older persons

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

(a) Existing media coverage

The general societal perceptions of older persons and ageing are important in shaping potential policy strategies. The media have a role in perpetuating – or questioning – common views on ageing and older persons.

Ageing and older persons are not generally covered with much frequency by the Moldovan media. Journalists tend to think (accurately or otherwise) that audiences will find stories concerning older people to be uninteresting. Such topics are viewed as relating to the long term, whilst it is issues of day-to-day or short term concern that journalists find to be more appealing to their audiences. The media seem to focus mainly on politics and celebrities. This bias appears to stem more from subjective interpretations on the part of journalists than from actual evidence of audience preferences, since research to determine which topics are of interest to audiences is scarce. According to some observers, the choice of topics to cover may also be driven by focusing on a celebrity whose appearance might attract advertisements.

When ageing or older persons are covered in the media, the reporting is usually about older people's struggle to survive on very low pensions, expressing sympathy for their difficult circumstances. In addition, reports may cover the opening of an older people's home or may feature older persons taking care of their grandchildren when their children have migrated. Beyond such family care, the active contributions and potentials of older persons are rarely acknowledged.

The investigative newspaper *Ziarul de Garda* reported having a large readership of older persons who often provide them with their personal stories. To appeal to the interests of a somewhat older and generally well-educated readership, the paper reports on the challenges met by older persons in their daily lives, and portrays them as heroes in their struggle to make ends meet. Among the stories they report on are accounts of older persons selling small goods in the market and being forced to pay bribes; the problems faced by older teachers; and the injustices of the pension system in providing more benefits to certain officials than to ordinary recipients.

Moldovan television is thought to reach a broader audience than print media. News coverage on television is driven largely by the pursuit of ratings, and as such 'yellow press' topics (that is, stories which are

sensationalist, often lacking in evidence or research) are more likely to be picked up than more serious themes. The channel Moldova 1, however, has produced talk shows about social issues as well as documentaries, for example about an older people's home in the region of the left side of the river Nistru and municipality Bender.

It may be useful to reach out more to television journalists, highlighting some of the interesting aspects of reporting on older people's concerns and older people's potential to contribute actively to society. Given the interest of young people in television production, young professionals or media students could be involved in a project to report on an issue concerning older people or to make a television production together with older people, thus raising awareness amongst youth of the issues at stake.

The *Independent Journalism Centre*⁴³ could be involved in a project to monitor media reporting on ageing, based on their experience in monitoring topics of specific public interest in the past. They could also be instrumental in organizing training for journalists on means of avoiding stereotypes, and on fostering high-quality reporting about ageing and older persons.

While raising awareness amongst journalists is important, the government may also wish to enhance its own capacity to reach out to the media and thus to the wider public. Government press agencies should actively inform the public about current topical issues relating to ageing and about the activities undertaken by different authorities in relation to these issues. This should entail more than merely disseminating press releases; active personal links should be maintained with a network of key journalists. Journalists have noted that they receive many press releases from the ministries that are not well targeted to their needs, because they cover minor events, use administrative language and are lacking in attention to the human interest aspect of the stories. The press offices of the ministries should seek to better understand the needs of journalists and become more responsive to them. Capacities should be built so that they can better fulfil their public information function. However, the ministries should not only communicate through their press offices. Ministers and operational staff should also be approachable directly and should actively seek to explain the substance of their work.

The NGO community may also wish to strengthen their media-related activities, actively advocating on the issues to which their work relates. Civil society, with its activities at the grass-roots level, is often very close to the human interest side of ageing which is especially interesting to the media. NGOs may use the personal angle of stories

⁴³ An NGO that provides assistance to Moldovan journalists and media, <http://www.ijc.md/eng/>

to transmit a more striking message about how to live together in a society where all generations have an opportunity to fulfil their potential. In addition, resident United Nations agencies could collaborate to develop a joint media strategy on ageing, each contributing its own perspectives. This may help to raise awareness within the general public as well as amongst public officials.

The overarching goal of media work relating to ageing and older persons should be to overcome the image of older persons as a group one should feel sorry for, instead highlighting their positive roles and thus creating an understanding that they are individuals with resources and potentials that could be capitalized upon for the overall development both of individuals and of society.

(b) Using the media to combat stereotypes

Whilst day-to-day media work is important, a well-designed and sustained media campaign could also serve to modify the prevailing perceptions of ageing which hinder open discussion of the topic and efforts to implement reforms. The issues that would need to be addressed in such a campaign are outlined briefly below.

Currently, intergenerational dialogue appears to be little more than a confrontation between young and old. In the workplace, older persons are seen as depriving younger generations of jobs. In reality it need not be a question of jobs going to one generation at the expense of another, but rather a matter of ensuring equal opportunities for all generations and an expansion of demand for labour overall. Age diversity in companies and organizations generally increases productivity when the contributions of all generations are actively sought and valued.

Often, the jobs sought by older persons are very different from those that younger people prefer. Providing income-generating opportunities to older persons also means that they can be more independent from reliance on transfers from their children and from the state. Possibilities for flexible working arrangements for older persons, such as shorter hours, may allow them to use the remaining time to help out with their children or grandchildren. A better understanding of these complexities in the wider society is needed, and a media campaign could contribute to this.

A media campaign may encourage broader discourse in society, exploring and explaining the potential consequences of population ageing and discussing possible responses. Such a campaign would enhance public understanding of the difficult decisions the government faces, and would hence facilitate discussion of the contributions that could be made by different elements of society. This enhanced public engagement would facilitate a participatory approach to the processes

of seeking and implementing sustainable solutions, and would ultimately enhance the public's sense of ownership of policy responses. A media campaign of this kind could focus on conveying the message that the earlier reforms are implemented, painful as they might be, the less difficult and expensive they will be in comparison to implementing them later as the demographic 'window of opportunity' begins to close.

A media campaign could be coordinated by the Ministry of Labour, Social Protection and Family or by a joint body such as the Commission on Population and Development. A public relations agency could be used to manage its implementation. The campaign could use various communications channels, including billboard posters, newspaper advertisements and articles, television talk shows and/or a website. Some of these communication channels would not reach people in rural areas, since Internet connectivity, for example, is largely limited to the capital. Therefore, special regional-level awareness-raising weeks could be planned in addition to the media outputs. Activities could involve workshops in schools or older peoples' homes to increase age-sensitivity and intergenerational understanding. The content of such activities would include informational events combined with social, cultural, educational and environmental activities. A campaign would need to be well designed in terms of the issues to be covered and the messages to be conveyed. The campaign should have a time frame, for example three years, and its design should include monitoring and evaluation mechanisms.

Such a media campaign could capitalize upon the experience gained previously from a campaign carried out by the Asociația agențiilor de publicitate din Moldova (AAPM, Moldova Association of Advertising Agencies). Each year this Association organizes a competition as a corporate social responsibility activity. A call for submissions on a specific topic of social importance is launched and the best poster is selected for distribution on large billboards as well as in print advertisements. The year 2007 was dedicated to the topic of ageing, with the motto "Ageing is not a sentence". In parallel with the poster campaign, staff members of the Association visited an older people's home and found that its inhabitants had very little opportunity to read books or newspapers. A collection was initiated and two truck loads of books were delivered to the home. Thanks to collaboration with the newspaper *Komsomolskaja Prawda*, social advertisements could be published at reduced rates (a high tax on advertising impedes more frequent use of social advertisements). The Association has expressed interest in working more closely with government, for example in designing additional activities in the area of ageing. They would be willing to contribute professional knowledge to engage the public in more in-depth discourse on ageing.

Recommendations

14. Enhance media and press work undertaken by national and local government, NGOs and the United Nations agencies in Moldova. Professionalize communications targeted at news media.
15. Encourage journalists to follow good reporting practices on ageing and older persons: to widen their perspectives so that their stories relating to older people cover a greater variety of topics; to avoid the automatic labelling or separate categorization of older persons; and to take account of people of a variety of ages in news stories irrespective of the topic.
16. Develop monitoring of media reporting (for example, by commissioning academic studies) and publish the results of such exercises.
17. Launch a media campaign to broaden discourse in society surrounding the implications of ageing and potential solutions. Engage the public in an overarching discussion of potential solutions, thereby increasing public ownership of reforms.

3. Stakeholder participation

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

As ageing becomes an increasingly visible societal issue in Moldova, it is becoming the subject of active discussion among a wide range of stakeholders. These diverse actors can offer their expertise and help to broaden perspectives on priorities and directions for mainstreaming ageing. The Ministry of Labour, Social Protection and the Family would benefit from transparent dialogue between all those stakeholders with an interest in policy development and service provision relating to older persons in Moldova. The Government of Moldova has shown commitment to wide stakeholder consultation, for example in the process of developing the National strategic programme on demographic security for 2011-2025, which was opened for public consultation. There are differing but generally complementary priorities among the range of key actors. In order to build confidence in this national approach to mainstreaming ageing, and to ensure commitment to and ownership of resultant policies from all sectors, it is essential that the government seeks strategies that continue to appreciate and harmonize these priorities.

(a) Older persons as stakeholders in policymaking

Older persons must be full participants in the development process and must also be enabled to share in its benefits. Many older people are in good health and able to take care of themselves. They are also willing to provide help to their kin and to others, and to participate as active citizens. This opportunity and willingness must be supported, welcomed and capitalized upon.

As discussed above in relation to the integration of older persons in society, the older generation constitutes a

substantial voter base and therefore a significant political force. Inclusion of older persons in an open and honest dialogue on the design and implementation of policies and services that affect them will strengthen the ability of the Government to implement long-term, politically sustainable policies for an ageing society.

While welcoming and listening to the voices of older persons is clearly essential, the life-course approach as called for in MIPAA/RIS demands that all generations be given equal voice, not least because individuals pass through all the stages of life and the younger generations of today will be the older generations of the future. Enabling all age groups to participate fully in policy dialogue also reinforces efforts to strengthen a sense of solidarity and justice between the generations. Hence the full participation of all stakeholders must be taken to mean not only older persons but also youth and those in the middle generation.

(b) The private sector

The private sector has many roles to play both in devising and in implementing appropriate policies to mainstream ageing. A key function of the private sector in policy design is of course in research—collecting and analyzing the data needed for informed decision-making. Private sector research may be driven by different goals than public sector research – such as the need to understand target audiences for effective marketing of products and services – but the information produced can be equally valuable for informing policy design. Businesses, as employers, must also be involved as stakeholders in policy design regarding the length of working life and changes to labour market policies. As those closest to the employees themselves, employers can provide valuable input relating to changes in productivity and the needs of workers as they grow older. They must also be engaged if efforts to combat negative stereotypes and workplace discrimination are to succeed. Bringing businesses on board in developing strategies for improving lifelong

learning is essential as they will need to embrace these strategies if they are to be effective – it is therefore necessary to stress to private sector stakeholders that they could benefit from increased productivity of employees of all ages.

Roles of the private sector in implementation of strategies for mainstreaming ageing include supporting lifelong learning, both in and outside of the workplace; providing options for private health care, home-based care and institutional care; providing opportunities for non-state sources of retirement income; innovation in the design and delivery of products and services for older people, especially with devices and technologies for assisted living; providing suitable transport options for older persons where these are not provided by the state; and developing media, social and cultural activities which are either directly targeted towards older persons or which give them appropriate consideration and access.

(c) Non governmental organizations

Organizations of older persons are an important channel for enabling the participation of older persons in social life, both directly by bringing older people together, and through their advocacy work and promotion of intergenerational interactions. An active HelpAge International network of ten local NGOs working with and for older persons currently exists in Moldova, engaging mainly on issues of social and health service provision at the local level (a number of other, related NGOs remain inactive due to lack of funds). This network provides a strong bridge between statutory and community care for vulnerable people. The self-help group model developed by this network – based on older citizen volunteering – should be strengthened to encourage community support, especially in communities heavily affected by migration resulting in a high prevalence of ‘skipped generation’ households (that is, households in which the middle, parent generation is absent due to migration, leaving children and grandparents behind).

NGOs also serve a monitoring purpose, ensuring that policy failures or shortcomings in policy implementation come to light, and advocating for appropriate action. For example, NGOs working with older persons are likely to come into direct contact with those suffering from inadequate levels of social protection or those suffering from social exclusion. This function, a unique feature of civil society arising from the independence of NGOs, should be embraced and reinforced.

(d) Trade Unions

A quarter to one third of trade union members in Moldova are older than 50 years, and many union officials are aged 70 or older. Nevertheless, the main commitment of the unions at present is towards protecting the interests of younger workers, whom they

feel are disadvantaged in relation to older persons who receive pensions from the state. The argument that younger workers are the innovators and problem-solvers of the future is used to advocate for greater support for and training of youth. As stakeholders in the process of the design and implementation of policies on ageing, then, it is imperative that trade unions be brought on board to appreciate the necessity of intergenerational equity; to abandon the idea that prolonged workforce participation of older workers deprives the young of jobs; and to acknowledge the capacity for continued high productivity of older workers. To be politically successful and sustainable, age-friendly employment policies will have to be acceptable to the unions, and as such their voices will need to be heard; yet respondents reported that sometimes the concerns they raised with the Government were not taken up. Hence, inclusion of the unions as a legitimate partner in the process of participatory policy formulation is necessary.

(e) International organizations

Poverty eradication is a fundamental aim of the Millennium Development Goals (MDGs),⁴⁴ and as such is a central tenet of the development work of the United Nations agencies resident in Moldova.⁴⁵ Although attention in Moldova has recently been focused more explicitly on poverty eradication targets and policies, older persons still tend not to feature as a separate group in these policies and programmes. With the notable exception of UNFPA, ageing is not yet high on the agenda of the international organizations based in Moldova. Related issues are comprehensively considered by agencies; for example, the IOM works extensively in the issue of labour migration, and age differentials are of course highlighted.⁴⁶ Nevertheless, an explicit consideration of the situation of older persons – and especially of the social and cultural rather than economic elements of ageing – is yet to become a major theme.

Strengthening the role of the United Nations agencies and other international organizations in Moldova in ageing-related matters would be an important step in raising the general level of public awareness and understanding of these issues. Given the respect afforded to the United Nations, these institutions wield considerable power in this regard. The development and poverty-eradication mandates of the different organizations should also be capitalized upon where possible to help implement the goals identified in ageing policies.

The specialized agencies also possess specific technical knowledge, for example in the development and use of

⁴⁴ The eight goals for global development developed at the September 2000 Millennium Summit: United Nations (2000)

⁴⁵ For a full list of United Nations agencies resident in Moldova, see http://www.un.md/un_ag_mol/index_residents.html

⁴⁶ See, for example, IOM (2008), IOM (2009), etc.

gender- and age-specific poverty indicators, which could be used to help identify needs and monitor progress. An example of such collaboration is the survey on ageing undertaken with the assistance of the United Nations Department of Economic and Social Affairs (the latter being based at the United Nations Headquarters in New York, without a resident presence in Moldova); such initiatives should be encouraged wherever possible to make use of the knowledge, skills and financial support available.

(f) Academia

While opportunities for the academic study of demography are still limited in Moldova (see section below on research and data collection for more detail), academic and statistical institutions in Moldova have already been engaging closely with the government in collecting and analyzing information on population ageing. For example, such academic experts have been engaged in the preparation of the Green Paper⁴⁷ and the National strategic programme on demographic security for 2011-2025.⁴⁸

The National Bureau of Statistics, the Academy of Economic Studies of Moldova, and the Institute of European Integration and Political Sciences of Academy of Sciences as well as other academic bodies with suitable expertise, should remain key partners in the provision of technical information on population dynamics, helping to expand the knowledge base on population matters, including population ageing. A key role of academic bodies in the formulation of policies is ensuring that technical data and concepts are well understood by those who are not experts. In the realm of ageing this might include appreciation of the meaning of life expectancy figures (including the importance of using life expectancy at age 60 or 65 when talking about ageing, rather than life expectancy at birth); figures on the involvement of older persons in different sectors of the economy and social life; the role of fertility change in driving demographic ageing; and the limits to realistic and sustainable attempts to influence fertility.

Recommendations

- 18. Ensure that older persons' voices, as well as those of youth and the middle generations, are heard when devising policies which affect them.**
- 19. Increase and embrace channels for the private sector, civil society and trade unions to engage in policymaking, implementation, monitoring and evaluation.**
- 20. Engage resident United Nations agencies and other international organizations as stakeholders in matters related to ageing, for example where they interface with migration, poverty and development.**
- 21. Work with academia to ensure policies are based on accurate statistics and other information and their analysis, as well as a sound understanding of concepts.**

4. Sustainable economic growth and development

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

(a) Poverty and inequality

In Moldova and other countries of the region, the benefits of economic growth are felt by only a relatively small proportion of the population, while vulnerable groups remain poor and opportunities for advancement are limited. The legacy of the Soviet-era centralized social distribution system, the fiscal constraints of the subsequent transition period, and more recently the

global economic crisis have conspired to prevent the poorest segments of society from escaping poverty.

From 2000 to 2008 Moldova experienced positive real GDP growth rates ranging from 2 to almost 8 per cent per year. Such growth has been accompanied by a sharp decline in poverty headcount ratio (from a peak of 73 per cent in 1999 to 29 per cent in 2010),⁴⁹ but at the same time, inequalities have increased along age, gender and education lines. While young, middle class, urban, well-educated Moldovans have benefited from a general increase in prosperity in the early years of the twenty-first century, rural and older citizens have not reaped the same benefits. The Moldovan authorities have reacted to this with reforms of the social protection and social

⁴⁷ Matei et al. (2009)

⁴⁸ National Commission for Population and Development (2011)

⁴⁹ The poverty headcount ratio is the percentage of the population living below the nationally-defined poverty line. This poverty line is determined by the National Bureau of Statistics each quarter according to data collected from the Household Budget Survey. UNECE (2011a).

assistance systems,⁵⁰ which have reduced or eliminated some of the errors in the previous system – but problems remain. In particular, the pensions system is still being reviewed and refined with the aim of providing for the poorest older Moldovans.

Structural and social developments have led a large proportion of the better-trained (and less poor) to leave the country to work abroad. While such emigration could be expected to raise poverty levels amongst those remaining in the country, through removing from the population a high proportion of those who are relatively better-off, the emigrants have in fact been responsible for decreasing poverty levels in Moldova by way of their remittances – albeit such remittances mostly benefit the urban middle classes. A direct effect of this is that rural and elderly Moldovans have the highest prevalence of poverty and social isolation, while the better-educated, middle class, urban Moldovans have enjoyed both remittances from abroad and relative and absolute salary growth in recent years.

As in other countries of the region, simple transfers are able to bring about an improvement in poverty incidence, but the breadth and social implications of the structural poverty problem cannot be tackled through targeted cash benefits for the very poor alone. As the Government already recognizes, a more general and substantial reform of both the pension system and the wider social protection system is necessary for poverty among older persons and other highly vulnerable groups to be reduced significantly and sustainably. Economic growth and social cohesion must go hand in hand in order for each to support the other. For the poverty of older persons to be addressed effectively, then, policies relating to the well-being of older persons must be integrated with social and fiscal planning and supported by international development aid.

(b) Economic crisis

With an average annual GDP growth of 6 per cent between 2004 and 2008 – reaching a peak of 7.8 per cent in 2008⁵¹ – the pre-crisis economic record of Moldova looked relatively positive. However, this economic growth was driven mainly by consumption of imported goods purchased using remittances from family members working abroad. The share of GDP coming from remittances was (and still is) among the highest in the world. As the international economic crisis took hold, however, many Moldovans working elsewhere in Europe lost their jobs and some were forced to return home: in the first quarter of 2009 around 13 per cent of migrants returned to Moldova, and during the first half of that year the value of remittances decreased by one third if compared with the same period of 2008.⁵² With jobs

already scarce, this return migration put added strain on the domestic labour market. Such developments, in combination with the slowdown of the economic growth rate (GDP declined by 6 per cent in 2009 but rebounded in 2010⁵³) could further worsen the levels of social equality and cohesion in Moldovan society. As the effects of the global economic crisis continue to be felt, debates about the availability and distribution of jobs and other economic opportunities, socially acceptable pension levels, and entitlements for returning migrants continue to stress the urban/rural, younger/older and skilled/unskilled divides. Targeted policies to cultivate social inclusion and cohesion are necessary to combat these divisive influences.

Overall, rural areas were worse affected than urban areas by the economic crisis. Rural households are especially dependent on remittances, which on average represent around 25 per cent of their total income.⁵⁴ Although in absolute terms the main benefit of remittances is felt by middle class urban Moldovans, in relative terms their importance is greatest for rural dwellers whose total non-remittance income tends to be smaller. With many older persons being rural residents and heavily reliant on remittances, they have suffered disproportionately.

(c) Mitigation strategies

Although the GDP figures for 2010 indicate that Moldova is gradually recovering from the effects of the crisis, the increase in poverty and inequality that it created will take time to resolve. Several strategic documents have been developed by the Government in an attempt to streamline and better coordinate the response to the crisis, including the Economic Stabilization and Recovery Program 2009-2011⁵⁵ and 'Rethink Moldova',⁵⁶

The former aims to prioritize public spending and cut back on its least efficient elements; to improve social protection measures for vulnerable households; and to assist businesses to survive the impacts of recession. It is not meant to replace existing strategy documents guiding policymaking, but rather is to be understood as an instrument to reach existing goals.

The implementation of these reforms presents an opportunity to take into account generational justice and the specific needs of older persons from the outset. For example, some of the actions envisaged to facilitate entrepreneurship – establishing administrative 'one stop shop' solutions, easing the administrative burden for start-ups, and facilitating access to funds – would benefit older persons who seek to establish their own businesses. The potential benefits for older persons of reforms aimed at improving the climate for entrepreneurs could more systematically be explored. The Economic Stabilization

⁵⁰ See following section on social protection

⁵¹ UNECE (2011a)

⁵² Expert Group (2009) p.10.

⁵³ UNECE (2011a)

⁵⁴ Otter (2009)

⁵⁵ Government of Moldova (2009)

⁵⁶ Government of Moldova (2010)

and Recovery Program 2009-2011 emphasizes the importance of the two-component pension system (consisting of a basic pension and an insured pension) for ensuring fair and efficient social protection for persons of pensionable age. Generally, a more integrated social protection system is called for. The needs of returning migrants and youth are considered, especially concerning work opportunities. The special social and economic needs of older persons, including the potential impacts on social protection for those with a history of participation in the informal rather than formal labour market, are not specifically addressed – and given the extent and nature of ageing in the country it would seem advisable to make additional efforts in this area.

‘Rethink Moldova’ is the vision of the Government for achieving a five-pillar set of reform priorities: European integration, economic recovery, rule of law, administrative and fiscal decentralization and reunification of the country. The document calls for the stimulation of economic growth to fight poverty and to promote human development in a non-discriminatory way. It explicitly mentions that employment opportunities should be open to all regardless of region, race, gender or disability status, but does not refer to age as an area in which such discrimination should be avoided. Proscription of discrimination on the basis of age should be included in central strategy documents such as this one to ensure

that older persons are given due consideration in poverty reduction and crisis management plans.

As in the Stabilization and Recovery Program, ‘Rethink Moldova’ details measures for supporting small to medium enterprises and facilitating entrepreneurship: but again, the relevance of this to older persons is not specifically highlighted. Measures for concessional lending for youth and women are called for, but such measures do not extend to older persons, even though older persons who aspire to self-employment face equal or indeed greater difficulties in accessing funding—with institutionalized discrimination in the form of age limits for start-up and lending schemes combining with less explicit ageism to make such access especially challenging for older persons.

Special efforts are called for in infrastructure development, especially to improve road infrastructure, energy infrastructure and reformulation of the heating sector. These improvements are of course necessary ideals, but it is worth noting that they are expensive and therefore require major long-term planning. Ensuring access to safe water supplies, sewerage systems and sanitation facilities is considered a top priority, given the direct impact of the deficiencies in these facilities on the public health status of the population. The particular health vulnerabilities of older persons mean that progress in these areas is particularly pertinent to them.

Recommendations

- 22. Ensure follow-through of planned pension reforms and reform of the social assistance system to ensure basic income security for all older people.**
- 23. Ensure that needs of older persons raised in this Road Map and in the National Strategic Programme on Demographic Security for 2011-2025 are taken into account and integrated into fiscal and economic policy, and are considered in future government strategy documents, including crisis management plans and structural reforms.**
- 24. Include specific consideration of the effects on older people when assessing the impacts of the economic crisis on vulnerable groups.**

5. Social protection

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

Social protection mechanisms are intended to protect people from the difficulties associated with insufficient incomes or sudden drops in income, from the need to make large financial outlays (e.g. in case of illness) and from lack of or insufficient access to services. These are

all risks that are particularly salient for older persons in Moldova. Population ageing necessitates careful adjustment of social protection systems, especially where they have evolved under earlier demographic regimes in which the needs of young families were predominant and therefore took priority.

Prior to 1998 the Moldovan social protection system was similar to the Soviet model.⁵⁷ Several institutional

⁵⁷ In which there was no social assistance element since there were deemed to be no specifically vulnerable groups in need of special assistance; pensions were not contribution-based; and pension systems were often insufficiently financed generating large pension debts [Cruc et al (2009) p.53]

reforms have taken place since 1998,⁵⁸ but the system remains complex and fragmented. The pension reform process, in particular, stalled in 2003 and has only recently begun to regain momentum, with projections of further population ageing and long-term deficits driving a renewed commitment from the Government. Ongoing difficulties include a lack of resources for implementation, and the fiscal centralization which has a tendency to undermine the capacities of local authorities.

(a) Institutional framework for social protection

Following the various reforms since 1998, the system can now be broadly divided into two parts: that of social insurance, in which income-based contributions are paid with the expectation of eventual benefits, according to the principle of solidarity between generations; and that of social assistance, in which cash transfers are given on a non-contributory, means-tested basis to vulnerable persons.⁵⁹ The social protection system, including the development, coordination and implementation of social protection policies, is the responsibility of the Ministry of Labour, Social Protection and Family. The National Social Insurance House is in charge of recording and distributing funds generated by the state social insurance contributions paid by employers and employees.

The social insurance system covers employed citizens, agricultural workers, and certain categories of self-employed persons. Social insurance contributions are taken at a rate of 6 per cent from monthly earnings, up to a maximum of five times the current national average monthly wage. Employers pay contributions at a rate of 22-23 per cent of the payroll. The contributions are used to finance pensions, sickness and disability benefits and allowances for the unemployed and for families with children.⁶⁰

In addition to this social insurance scheme, the social assistance system contains a number of different benefits, many of which are not granted on a means-tested basis but are given to specific categories of persons (such as those who have participated in military service, disabled persons, families with five or more young children, and those who suffered as a result of the Chernobyl accident). This lack of means testing results in a significant proportion of these targeted compensations being received by non-poor recipients. A further problem is that the system is apparently very complex, with a wide variety of different benefits and beneficiary groups. Simplification of the system might improve both

transparency and efficiency, and would contribute to the positive perception of the system by citizens.

(b) Pensions

The social insurance pension for older persons in Moldova is a defined-benefit pension scheme with a relatively early retirement age (57 years for women and 62 years for men). Life expectancy at birth is currently 73.48 years for females and 66.15 years for males,⁶¹ and this leads to a common argument that there is only a short period of post-retirement life expectancy, especially for men, so that raising the retirement age would be unfair. Comparing retirement age with life expectancy at birth, however, can be misleading in a context where total life expectancy is heavily shaped by relatively high infant and child mortality. A more meaningful perspective is gained from comparing the pensionable age with the figures for life expectancy at that same age, or, to give a figure that is comparable across men and women and across countries, life expectancy at age 65 (that is, the number of additional years of life to be expected by someone who has already survived to the age of 65). This latter measure is 14.98 years for women and 12.01 years for men,⁶² leaving women with more expected years of additional life than their male counterparts, combined with fewer working years during which to accumulate pension credits, since their retirement age is earlier. Gender differentials in life-course paths and gendered discrimination patterns throughout their lives also mean that women are often in a situation where they have worked fewer years and with lower salaries than men. This results in older women receiving smaller pensions and having a significantly higher risk of living in poverty. In terms of income, by far the poorest population segment in Moldova is women over the age of 70; 41 per cent of them live in poverty.⁶³

The size of the social insurance pension is very small; the minimum monthly pension is 641 lei (54.81 US dollars), or 570.66 lei (48.80 US dollars) for agricultural workers. The size of benefits is related to the number of years of contributions and the average monthly earnings during that time. The social assistance pension (known also as the 'social pension'), for those who do not qualify for the social insurance pension, is a mere 89.71 lei per month (7.64 US dollars).⁶⁴ A number of so-called 'privileged categories' enjoy larger pensions.⁶⁵

The pension reform aims to gradually increase pension entry age (as well as unifying the entry age for men and women) and to introduce a defined contribution format

⁵⁸ e.g. Laws: 156-XIV (14 October 1998); 489-XIV (8 July 1999); 547-XV (25 December 2003); Government Decisions: 141 (23 September 1998) & 416 (28 May 1999)

⁵⁹ Cruc et al. (2009)

⁶⁰ Social Security Administration (2010) p.211

⁶¹ United Nations Population Division (2011).

⁶² Ibid.

⁶³ Cruc et al. (2009)

⁶⁴ Social Security Administration (2010) p.212

⁶⁵ In 2011 the reform of pension system about privileged categories has started.

within a move towards the multi-pillar scheme promoted by the World Bank. A particular challenge for the reform will be ensuring adequate coverage of vulnerable groups: those working in the dramatically-expanded informal sector, low-income workers, migrants and returned migrants, and especially women who have accumulated pension entitlements over fewer working years due to care responsibilities at home.

(c) Other cash transfer programmes

The Ministry of Labour, Social Protection and Family following adoption of a law on means-tested social benefits in October 2008,⁶⁶ aims at targeting the poorest members of society to ensure a minimum monthly guaranteed income to the most vulnerable families. A household is eligible if the total household income is below the state's monthly minimum guaranteed income level⁶⁷ and if, at the same time, all adults in the family fall under at least one of the following categories:

- have reached pensionable age,
- belong to a group with a defined disability,
- are unemployed and registered as such by the territorial employment agency,
- care for a child aged less than 3 years,
- care for a child or children, or a person or persons with disability, or care for an older person aged over 75 years.

(d) In-kind transfers

Much of Moldova's social protection system consists of in-kind transfers, i.e. non-cash benefits such as goods and services. Many of the numerous components of this system affect older persons.⁶⁸ One example is social canteens which provide free hot meals for those in need, for up to 30 days per quarter (there were 129 such canteens in 2010, benefiting around 5,900 people). Home care services, such as household maintenance and adaptation, personal hygiene assistance, grocery shopping and socio-cultural support are provided on request and following a needs assessment; in 2010 such services were rendered to some 25,400 people, many of them older persons who live alone. The Annual Social Report 2010 details a wide range of other in-kind forms of social protection provided to older persons, ranging from several day care centres and temporary shelters to seven specialized 'socio-medical rehabilitation' centres,

which in 2010 benefited 463 beneficiaries.

Reducing older people's expenditure on health by ensuring their receipt of free or subsidized services and medication is of course as effective in reducing poverty as income supplementation. Age discrimination within health care provision (for example, ambulances not responding to calls by older people, or doctors prioritizing resources and time for younger generations) can be overcome with committed efforts to monitor service delivery and through proactive provision of information on eligibility criteria for existing programmes. Civil society can play a role in monitoring of statutory services and ensuring that older persons have up-to-date information about available services and entitlements, such as financial assistance in paying for utilities, transport or medicines. For example, the method of Older Citizen Monitoring⁶⁹ that relies on trained older persons for observing and recording access to health care by older women and men has already been applied in ten regions of Moldova since 2007.

(e) Improving the social protection of older persons

The Government has recognized that the social protection system, and in particular the pension system, must be overhauled to make it equitable, sustainable and realistic in the face of population ageing and return migration. A gradual transition from the solidarity pension system to mixed and subsequently to funded retirement plans is envisaged. It has been proposed that a draft law on optional pension funds should be developed. Such a law would be intended to relieve the stress on state social funds, safeguard future payments for retirees, and provide opportunities to develop additional tools for the social protection of older persons.

Promoting public understanding of pension systems through financial literacy schemes and awareness-raising campaigns is important for ensuring public appreciation both of the need for reforms, and of the ways in which these reforms will affect individuals. People often view retirement and an associated pension income as an entitlement; hence transparency about the rationale of the reforms will be necessary to ensure that people understand clearly how the reforms will affect them personally. In particular, those with low incomes, those working in the informal sector, or others with small or non-existent contribution histories must be made aware of the differences between the social pension and the contributions-based pension and the extent to which they will benefit from either or both of these when they reach

⁶⁶ Government Decision no. 1167 (16 October 2008)

⁶⁷ An amount set annually by the Government. The size of the transfer is calculated according to a method laid out in articles 18 and 19 of Government Decision no. 1167 (16.10.2008), based on the number and status of household members and the difference between their total income and the minimum guaranteed income.

⁶⁸ MLSPF (2011)

⁶⁹ For more details about Older Citizens' Monitoring, see <http://helppage.bluefountain.com/Researchandpolicy/MadridInternationalPlanofActiononAgeing/Citizenmonitoring>

retirement age. In concert with such awareness-raising, younger people should be empowered to develop saving strategies throughout their lives to decrease dependence on public services. For those in need and their family members, information about available services and eligibility criteria for entitlements should be made easily accessible.

The social protection system will need to take into account the increased size of the informal labour market over the past 20 years. As discussed in the section on migration, once returned migrants and informal workers, lacking records of any formal employment history, reach pensionable age, a safety-net mechanism will need to operate to guarantee a minimum non-contributory pension income in their old age that is sufficient to avoid widespread poverty: the current size of the social pension, as noted above, is less than 90 lei per month which is far too small to serve such a purpose.

Extending working lives to relieve the pressure on the financing of the pension system will be an especially significant challenge. Workers may be reluctant to work longer and employers may be averse to employing older workers, unless policies are put in place to create enabling environments for them to stay in the labour market, at the same time providing clear incentives for employers to retain their older workers. Public awareness-raising to counteract the 'lump of labour'⁷⁰ fallacy will be required to reduce the tendency to retire early in order to 'make room' for younger workers.

In a similar vein, social cohesion and stability depends upon a general perception of the social protection system as being fair. If any age or occupational group is unfairly privileged or disadvantaged, or even perceived as being so, the system will be vulnerable. Hence any reforms must be accompanied by research to evaluate public opinion, as well as information dissemination to ensure that changes are understood. This is true, for example, for changes in retirement age and rules surrounding pensions for those still active in the labour market.

Recommendations

25. **Adjust social assistance to ensure a liveable minimum income for older persons with no other means of support, in particular those living alone or those caring for dependents; adjust social insurance system to complement this with fair and adequate benefits commensurate with contributions.**
26. **Reduce the complexity of qualifying conditions and of benefits and entitlements, especially where special categories of recipients receive non-means-tested benefits; make clear information available on eligibility criteria for all existing social benefits and entitlements.**
27. **Engage civil society, including older persons themselves, in the monitoring of service delivery.**
28. **Introduce information campaigns to increase financial literacy and understanding of the pension scheme, especially when reforms are being considered and implemented.**
29. **Encourage younger people to begin saving from an early age.**
30. **Take steps to ensure that non-contributory social protection systems cover, to the greatest extent possible, workers in the informal sector including migrants, who have not been able to contribute through the social insurance scheme.**
31. **Monitor public opinion regarding the perceived justice or otherwise in the social protection system.**

6. Labour Market

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

(a) ***Older workers in the labour market***

In Moldova, as in many countries, both difficulties in accessing the labour market and the risk of losing one's employment rise with advancing age. At the same time,

the financial needs of older persons may increase as they age, for example due to deteriorating health status. As detailed above in the section on social protection, most retirees in Moldova need supplementary retirement income in addition to the state pension, regardless of their place of residence or former field of economic activity, since pensions do not cover all expenses required to maintain an adequate basic standard of living, even amongst those who qualify for the full pension, and certainly not amongst those receiving only the social

⁷⁰ See earlier section on integration of older persons

pension. Therefore the risk of poverty after reaching retirement age is extremely high, especially for those with little or no contribution history which is particularly likely for women. As such many people find it necessary to continue working beyond the retirement age. While this is fully permitted by the law,⁷¹ in practice it is often difficult as older workers find that they face explicit or unintended ageism.

The rate of employment of persons in the pre-retirement and retirement-age groups is, like that of all age groups, rather low, fuelled by a general lack of employment opportunities throughout the labour market. In recent years there has been a constant decline in the share of people aged 45 years or older amongst all those who are employed, even as the relative size of this population group has continued to grow. The main area of employment for people in these age groups is agriculture, in which the jobs are usually poorly paid and often informal. Fostering the conditions for greater access of older people to employment in the formal sector would help to ensure that such workers benefit from health and safety legislation and other labour protection measures.

Given the difficulty of finding employment after age 45, people in the pre-retirement age groups may face a future of long-term unemployment. Since the period between age 45 and the state retirement age⁷² is currently 12 years for women and 18 years for men, unemployment or underemployment during this period has a considerable bearing on the length of service and size of contributions used to determine pension entitlements. As such, discriminatory employment practices make many of those in the pre-retirement ages vulnerable to the risk of poverty in the future.

Such discriminatory practices include the preferential hiring of younger people and people with higher levels of education when this is not specifically justified by the requirements of the job. There is a preconceived notion among many employers that younger people are in better health, are more efficient, have superior technological skills and are better trained in the substantive areas of their professions than their older counterparts. Those opinions, however, are not necessarily justified, and they overlook the benefits of accumulated experience and professionalism of older employees, and the possibilities they present for passing on knowledge and skills to younger generations. Employers should be made aware of the potential benefits of employing people from a diversity of age groups.

⁷¹ The Labour Code does not permit any discriminatory provisions relating to older persons, and the National Employment Strategy explicitly demands compliance with the Code and eradication of ageism. [Labour code, law no. 154-XV (28 March 2003) & Ministry of Economy & Trade (2007).]

⁷² The state retirement age is 57 for women and 62 for men.

(b) Access to the labour market

Any strategy for increasing employment opportunities for older workers requires the comprehensive support of public authorities, employers and trade unions. Whether through legislation, incentives or voluntary action, employers should be encouraged to adjust working conditions so that older workers can continue at their previous level of productivity, by making small changes to the work environment (lighting, temperature, sound conditions, workspace equipment etc.); by providing flexible working arrangements to allow for reduced or non-standard hours and home-working; and by the use of new technologies to facilitate ‘telecommuting’ or other flexible forms of employment.

To enable them to counteract discriminatory tendencies in the employment of older workers, job seekers of pre-retirement age and beyond must have access to sufficient information on opportunities and on their employment rights. Centres could be developed – with the cooperation of the National Employment Agency, for example – as hubs for a network of social services for older workers in the labour market, including sources of information on jobs, and social and psychological assistance. This would require innovative, cross-disciplinary collaboration and agencies thinking beyond the usual boundaries of their own field of responsibility.

Integration of older workers into the labour market also requires raising awareness amongst employers of the benefits of hiring people of all ages, including older people and those in the pre-retirement ages. Incentives for the establishment of positions suited to older workers are necessary, but this should not come at the expense of younger employees.

(c) Employability of older workers

The main obstacles to the employment of those aged 45 and above are their often lower level of education and a lack of entrepreneurial skills. Hence, as well as ensuring that jobs are available which are suitable for potential employees, it is important to consider the opposite angle, namely to ensure that older employees are suitable for the available jobs. This can be achieved through training and retraining,⁷³ improving continuing professional education, and facilitating the conditions for older workers to transfer their skills to younger counterparts.⁷⁴

⁷³ According to Moldovan labour legislation, an enterprise should allocate not less than 2 per cent of the enterprise’s wage payments fund for the purposes of personnel training and retraining. However, this is rarely put into practice, particularly for people older than 45 years. [Labour code, law no. 154-XV (28 March 2003) Article 213(3)]

⁷⁴ Continuous learning is discussed in more detail in the section on education.

The responsibility for retraining and continuous learning lies not only with employers but also with workers themselves. Encouraging those who face difficulties in finding full employment to consider retraining in a new field would be one means of raising their chances of employment in a changing labour market. Older workers would be more willing to consider a career change under a social protection system that safeguarded them during the period of retraining.

Promoting the development of entrepreneurial skills amongst older people, and facilitating the efforts of such entrepreneurs, will increase their chances of remaining economically active. Tax credits for older people establishing businesses, simplified processes for business registration and administration, and improved transparency could all contribute to this. Specific programmes to facilitate entrepreneurship amongst older women and rural dwellers would help to reduce the particular barriers faced by these groups.

Recommendations

- 32. Take measures to combat explicit ageism amongst employers, other workers and trade unions.**
- 33. Increase opportunities for flexible working arrangements and changes to work environments, as well as improved curricula for lifelong learning and training, to facilitate the continued productivity of older workers.**
- 34. Enhance the availability of information on employment opportunities, career counselling, and employment rights for people who are unemployed and those looking to change career, including older persons.**
- 35. Streamline and improve transparency in business registration and administration, and consider providing tax credits to older people establishing businesses.**

7. Migration/returning migrants

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

Demographic ageing is not unique to Moldova—it is a widespread phenomenon across the UNECE region and much of the world, following inevitably from the long-term changes known as the demographic transition. In Moldova, however, large-scale net out-migration significantly exacerbates the pace and scale of ageing, reducing the absolute number and relative proportion of people in the main working ages much more rapidly than would be the case from fertility and mortality decline alone. The extent and the often undocumented nature of emigration from Moldova may have a range of negative impacts on the state, on the stability of social funds, and on migrants' individual savings and entitlements. Long-term separation of 'middle-generation' migrants from their families often leads to family breakdown and can have detrimental effects on intergenerational relationships and the well-being of older persons.

(a) The nature of migratory flows

Migration has been an important feature of population dynamics in Moldova since the onset of the post-Soviet transition. A much higher share of the economically

active population is involved in migration in Moldova than in the other ageing countries of the region, such as Belarus, Ukraine or Romania. According to official statistics,⁷⁵ the number of people aged 15 years or older working or looking for work abroad increased over the period 2000-2010 from 138,300 to 311,000. However, data from other sources including sample surveys⁷⁶ suggest that these numbers may be far from accurate and the true figure may be very much higher, perhaps as many as 600,000 people. Motivations for migration are often characterised as 'push factors' and 'pull factors'. Among the 'push factors' in the Moldovan case are the economic crisis and inflation, reduced availability of jobs in agriculture, high unemployment and low wages. 'Pull factors' include better employment opportunities and higher salaries abroad.

The demographic profile of those involved in migration flows reflects the structural problems of the labour market in Moldova, such as the lack of jobs in rural areas, high youth unemployment, and difficulties faced by women in finding employment. Hence more than two-thirds of migrants come from rural areas, and the rate of migration of Moldovan women is high and continues to rise. The share of women amongst the total number of migrants increased from 30-32 per cent in the early years of the last decade, fluctuating but overall

⁷⁵ National Bureau of Statistics (2010b)

⁷⁶ Pantiru, Black & Sabates-Wheeler (2007) pp.8-9.

gradually rising to 36 per cent in 2010.⁷⁷ The proportion of migrants with higher education has increased rapidly over the past decade, from 7.7 per cent in 2000 to 10.7 per cent in 2010.⁷⁸ Most of the migration out of Moldova is undertaken by those in the younger age groups: those aged 15-24 years account for 22 per cent of the entire migration flow, while one-fifth of the total population in this age group are emigrants. The share of migrants in the adjacent age groups is likewise high.

Rapid adaptation and social integration in the host countries is typical of young migrants, and as a consequence it is common that even if they begin with the intention of migrating only temporarily, they then alter their plans and become permanent emigrants, resulting in the loss of a part of Moldova's future labour force (and, in view of the often higher educational level and the degree of motivation and energy of those driven to migrate, the loss may be even greater than would appear by considering numbers alone; that is, migrants include amongst them many of those with the greatest productive and innovative potential. This is the so-called 'brain drain' in action). Such permanent emigration adds to the declining share of youth in the labour force, already underway due to internal demographic change, and reduces the flexibility of Moldova's economic system, adding to the challenges of continued development and modernization. Without measures to foster working environments conducive to increased productivity for older workers, the slowdown in innovation resulting from such a change in the balance of youth and older workers may bring about a reduction in per capita output, and a decrease in real wages, investment and demand.

Although the younger population predominates in migration flows out of Moldova, an increasing trend of emigration of people in the pre-retirement ages has become evident. The number of labour migrants aged 50-54 years has increased by more than seven times over the past ten years, whilst those in the age group of 55-59 year-olds (a group which has only been considered separately in the migration records since 2002) increased by more than four times between 2002 and 2009.⁷⁹ As well as suggesting an appreciation of their experience and skills in the countries to which they migrate, this may indicate a limited capacity of the national labour market to provide adequate employment for people in these age groups, and it points to the need to reform the labour market, taking into consideration both the migration process and the overall ageing of Moldova's population.

(b) Impacts of migration

Despite the positive effects of migration, such as the large influx of remittances from the migrants and the potential

to reduce pressure on the national labour market at a time when jobs are scarce, the scale of migration out of Moldova has an overall negative impact on the country's economic, social and demographic development in the long term.

While the migration of younger people has major consequences for the national economy, the impacts of migration of people in the pre-retirement ages are more acutely felt by the migrants themselves. This is because the period between ages 45 and retirement age represents the period of greatest income-earning potential, and it is this which underlies the accrual of pension entitlements through income-based contributions. For most of those who migrate during this period of their lives there is no legal recognition of their earnings while abroad, nor any facility to transfer accrued pension contributions from the host country, and consequently their work during this period will remain beyond the social insurance pension scheme in the future, if and when they return to Moldova.

The unfavourable conditions for unskilled labour – psychological stress and very long working hours – raise the risk of various health effects for migrants, and especially female migrants. During a survey every third migrant woman indicated that her health had deteriorated as compared with her state of health before migration, while men reported a worsening of their health in a quarter of cases.⁸⁰ Migrants' access to health care is often difficult as they may lack health insurance, or may be unable or unwilling to seek the help of doctors due to their undocumented status, restrictions on leaving the workplace, or their remote location in rural areas. The health effects of undocumented or unregulated migration thus on Moldovan migrants could in turn have consequences for the future of Moldova's workforce, as well as on the demands placed on its health and social welfare systems by older returned migrants with diminished health status.

Migration has mixed effects on the economy of Moldova. On the one hand, migrants' remittances are a very significant source of income. In 2007 they amounted to 34.1 per cent of total GDP.⁸¹ A large proportion of remittances is probably transferred informally without using the banking sector, so that the actual quantity of transfers may be larger than this. While an over-reliance on remittances presents risks (especially in times of economic crisis at home and abroad), remittances can contribute to economic growth by fuelling an increase in household consumption. For many families remittances constitute the main source of income. Surveys conducted in recent years⁸² revealed that the money earned by

⁷⁷ National Bureau of Statistics (2010b)

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ministry of Health (2010)

⁸¹ UNDESA (2009)

⁸² CIVIS & IASCI (2010)

migrants abroad is usually spent primarily on consumer needs and is distributed among the family members remaining at home and unable to work (children, parents). Although this has to some extent helped reduce poverty, the small size of the migrants' wages prevents them from accruing savings for use in their own old age.

On the other hand, labour migration results in a reduction in the financial flows to Moldova's social security fund. Under the existing solidarity-based pension system,⁸³ migration of people in the working ages reduces the amount of money that is collected to pay out pensions and other social payments, placing a strain on the system; increases the tax burden on the economically active population remaining in the country; leads to a disconnect between a person's labour contribution and the amount of pension they eventually receive, thereby reducing incentives for the payment of contributions to social funds; and most importantly deprives migrants of the right to their own social welfare benefits in their old age.

(c) Addressing the challenges of migration in relation to older persons

The diversity of destination countries of migrant workers – about 60 per cent go to the Russian Federation and nearly 40 per cent to the EU countries, particularly Italy – and the differences inherent in the social and migration policies of those countries complicates considerably the processes of negotiation between Moldova and the receiving countries. Such negotiations are necessary to reach bilateral agreements on return migration and the development of a unified approach to the issues of mutual recognition of records of service, the period of accrual of insurance contributions, and the opportunity for transferring accrued insurance payments to Moldova when a migrant returns home.

The Government has developed a tool to safeguard the social (including pension) rights of Moldovan migrants, by transferring social insurance contributions to the National Social Insurance House for every year of a migrant's stay abroad. Moreover, the migrants are given an opportunity to transfer those contributions retrospectively to cover a preceding period of up to ten years. However, the number of migrants who have actually paid such contributions is extremely small compared with the actual number of migrant workers and makes up only around 300 people a year on average. This mechanism, of course, also only applies to legal, documented migrants.

A variety of measures on many different fronts is necessary to mitigate the adverse economic effects of

labour migration and help Moldova to implement the planned changes to the pension system.⁸⁴ One such measure is to address the issue of possible visa-free entry of Moldovan citizens to the countries of the EU, and a relaxation of regulations concerning their employment in these countries. This would ease the problems of illegal movement and employment of migrants, at least in part. Providing channels for legal migration and employment would ensure migrants' social protection in the host country and at home, and this in turn would facilitate return migration and ease some of the challenges of providing pensions to older persons in Moldova.

A necessary step in addressing the problems caused by migration is better analysis of current numbers and forecasts of future migratory flows. Studies are needed to determine Moldova's migration potential (people intending to leave) as well as the estimated number of migrants who are likely return home. International figures suggest that up to 50 per cent of migrants become assimilated into their host countries and remain there permanently. This process has not yet been studied in the specific case of Moldova. Currently a number of different government institutions deal with the registration and organization of migration in Moldova. These include the Ministry of Interior, the Ministry of Foreign Affairs and European Integration, the Ministry of Technologies and Communications, the Frontier Guard Service.⁸⁵ Close coordination and sharing of information between these agencies would aid the development of such forecasts.

Information provision for migrants should be strengthened, by providing up-to-date online information for those who intend to leave as well as those considering returning. Information service centres, websites or hotlines may be useful tools (although the limited access of people in rural areas to such resources must be borne in mind). Clear and freely-available information on migrants' rights, particularly of those around retirement age, may help to protect Moldovan migrants both from deliberate abuse and from inadvertently missing out on entitlements due to lack of knowledge, e.g. about opportunities for building up pension contributions from overseas. Wider dissemination of such information may also help to increase the share of migration taking place through formal channels.

(d) Returning migrants

Many migrants have returned to Moldova after losing their jobs abroad as a result of the economic crisis.⁸⁶ This, combined with the general view that it is desirable to encourage the return of young, highly-skilled emigrants, means that strategies must be developed in order to

⁸³ 'Solidarity' refers to an unfunded pension scheme, i.e. one in which the contributions of current workers are used to pay the pensions of current pensioners rather than being set aside as investments for future pensions.

⁸⁴ Outlined in the section on social protection

⁸⁵ National Commission for Population and Development (2011)

⁸⁶ See section on sustainable economic growth and development

ensure that employment opportunities are available to them when they return. This is especially important for rural areas to avoid high unemployment. Particular attention should be paid to those fields and occupations in which the migrants can apply expertise gained during their time abroad (whether in studies or employment). Strengthening the interactions between Government authorities and businesses to better capitalize upon returning migrants' new skills should be a key part of this endeavour.

In this regard, a new pilot programme has recently been introduced⁸⁷ to encourage the return of those Moldovans who have studied abroad, by helping to identify employers, providing administrative assistance, covering transport costs, and providing a living allowance during the period of job search for up to six months. This collaboration between the National Employment Agency, the Ministries of Youth and Sports and of Education, and the IOM, opened for its first round of applications in spring 2011 and will benefit 30 graduates. A full analysis of the effectiveness of this pilot programme in preventing permanent emigration and the 'brain drain' effect will be necessary to determine whether and how to roll it out more broadly.

Opportunities should also be created for returning migrants to integrate into business activities in Moldova; for example by encouraging and facilitating the establishment of small and medium-sized businesses; by providing accessible loans and grants for the creation of new jobs or the introduction of high-tech systems; by simplifying the registration procedures for new businesses, and perhaps by changing tax rates. All measures that ease the rapid integration of returned migrants into the labour market will help to bolster the financing of the social protection system, both supporting current pension recipients and safeguarding the future pension coverage of the returned migrants themselves.

(e) Regulating migratory flows

One strategy in reducing the negative impacts of large-scale migration is to increase the cooperation of authorities and businesses, both in Moldova and in receiving countries, to diminish the numbers of illegal migrants. This alone will not be effective, however, without far greater attention to the social and economic factors that motivate people to migrate. With respect to older persons, for example, greater inclusion of people in the pre-retirement ages in the labour market would reduce incentives for them to emigrate to find work at this stage of life, while at the same time enabling their continued contribution to the domestic labour market.

Regulation of migration processes on the level of bilateral agreements with the countries receiving migrants largely depends on the attitude adopted by the host countries. The demands of the labour markets of the host countries, and the employment of most migrants in the informal sector or in activities such as domestic work have driven the migrants out of the reach of the legal framework and deprived them of opportunities for social protection both in the host country and upon their return to Moldova. Agreements on labour migration and contracts for the social protection of migrants made with a number of European countries⁸⁸ are positive developments; however, the guarantees of social protection they provide will not act retrospectively, i.e. those who migrated prior to the agreements will receive no credit for periods worked in host countries prior to the agreements.

(f) Non-economic impacts of migration on older persons

In addition to the economic impacts discussed above, the scale of migration in Moldova has social and psychological effects on the older persons whose younger family members have gone abroad, especially if they are left caring for their grandchildren.⁸⁹ Assistance should be provided – whether by social workers, NGOs or other agencies – to those suffering from feelings of loneliness and isolation following the emigration of their offspring or other family members, as well as those left with care duties in 'skipped generation' households.

Recommendations

- 36. Step up negotiations with the EU and the Russian Federation to reach agreements on labour migration and on the international transfer of social protection accruals and benefits for migrants and returning migrants.**
- 37. Continue to engage in discussions with the EU to devise ways of reducing the undocumented nature of Moldovan migration to, and employment in EU countries.**

⁸⁷ IOM Moldova (2011)

⁸⁸ For details see IOM (2008b) pp. 17-20

⁸⁹ See, for example, the section on intergenerational solidarity

Recommendations

38. Improve systems for estimating current migratory flows and projecting future flows, including likely numbers of returning migrants; improve systems of registration of current migrants' foreign and domestic social security contributions.
39. Improve access to information about current and future social protection rights of migrants; through improved information dissemination, encourage voluntary payments to pension schemes, including for undocumented migrants.
40. While recognizing the positive aspects of temporary migration for work or study in terms of knowledge, skills or funds gained, encourage migrants to return to Moldova and invest these assets in the development of their home country.
41. Improve the incentives for migrants to return, including improved job opportunities for returning migrants and incentives for creating small and medium-sized businesses.
42. Improve capacities of social workers and/or NGOs to assist older persons left behind by migrants, not only in practical but also in emotional terms.

8. Education and lifelong learning

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

(a) The Moldovan general education system⁹⁰

Education in Moldova is organized in sequences. According to the Law on Education,⁹¹ children must first undergo one year of compulsory pre-school education. Primary school follows this, for children aged from seven (or in certain cases, six) years, usually ending at age ten (depending on the age at which the child began and on whether they have had to repeat any years). This is followed by five years of lower-secondary education in a Gymnasium. After graduation from the Gymnasium, compulsory education ends. Those who wish to continue their education may decide whether they prefer a two year certificate of general secondary education or a three year course at a Lyceum. Lyceum education is the prerequisite for entering higher educational institutions such as universities, academies and institutes. University graduates receive a bachelor's degree, which may optionally be followed by master's and doctoral degrees. Moldovan law stipulates that at least 7 per cent of Moldova's GDP should be spent on education.⁹²

The absolute number of pupils enrolled in secondary education has fallen over the past decade, both because

the size of school-age cohorts has fallen following low birth rates in previous years, and because of the scale of emigration. A recent initiative to streamline the school system has led to schools being restructured, especially in rural areas.

(b) Intergenerational challenges for teachers in Moldova

In Moldova, there is a scarcity of qualified teachers, in particular those of the younger generation and in rural areas. The profession is not considered sufficiently attractive by younger people: while qualification requirements for becoming a teacher are high, salaries only provide a below-average income. Teachers are therefore often retained in service beyond retirement age. In a context in which ongoing training of teachers in new teaching methods and curricula has been weak, some of these older teachers may use less modern approaches, which are in turn perceived negatively by students. Such experiences may foster poor attitudes amongst young students towards older persons more generally.

It would be more desirable for all age groups to be represented more evenly amongst teachers, so that pupils could profit from both the experience of older teachers and, perhaps, the newer approaches of younger ones. Opportunities should be provided to older teachers and pupils to increase their intergenerational interactions. Training to raise both teachers' and pupils' awareness of and sensitivity to age diversity may help to reduce prejudice and tensions.

Attempts have been made to send younger teachers into rural areas for their first assignments, but this is often not considered attractive by new recruits. However, a system could be introduced whereby young teachers agree to

⁹⁰ Ministry of Education (2011a)

⁹¹ Law no. 547-XIII (21 July 1995)

⁹² Ibid.

work in rural areas for a period of time after graduation, for example two years, receiving some benefits in return such as accelerated promotion prospects.

The labour market for teachers should be restructured so that they are able to pursue more appealing career paths which might attract more young people to the profession. In the medium term, salaries should be adjusted so that they correspond to the training required and the responsibilities held.

(c) Continuing education

Following compulsory schooling, there are several options available for further education. Vocational training and professional courses of three to nine months are available in, amongst other fields, construction, services, office work and handicrafts. The Ministry of Education operates 72 vocational and professional schools.⁹³ However, overall, the Ministry of Education has no strong mandate for education beyond university and post-graduate studies. In order to achieve an integrated education system it is advisable to strengthen capacities in the Ministry of Education with respect to adult education and lifelong learning, for example by employing staff with expertise in this field or by training existing staff. Most adult education activities seem to be centred on professional skills. More focus on information technology, management and language skills – all of which are relevant across different professions – may be useful. Such courses, which may help people to remain attractive in the labour market, are currently offered by private institutions. These institutions are required to obtain a licence from an authorizing body⁹⁴ which then also monitors the quality of training. The extent to which this authorizing body is able to guarantee quality is not clear, and quality is therefore ensured instead only through the market, insofar as this is possible.

Employers should be encouraged to engage in training of their staff. There could be an incentive system whereby employers are required to pay a percentage of their salary as an education tax and employers who offer training for their staff could recoup those taxes. In addition, people of working age who personally invest in their education could be offered tax benefits. Employers should also more explicitly be involved in the planning of adult education activities and in designing curricula, to make sure they correspond to actual needs.

The option of distance learning could be used more widely, as this model enables persons of different age groups to receive education without having to leave their workplaces or homes. It is important, though, to recall

that internet access is limited in rural areas, so distance learning should not be solely internet-based.

Specific learning opportunities for older people are largely unavailable in Moldova. The Ministry of Education has no explicit responsibility in this area. As discussed above in the section on integration of older persons in society, some countries have had positive experiences with Universities of the Third Age upon which Moldova could draw in devising its own strategy. In addition, opportunities for older persons to learn about housekeeping, gardening, handicrafts, prevention of disease, healthy eating or other fields may be explored at the community level. Such activities could be carried out with the help of volunteers. Training activities of this kind help to increase the ability of older persons to live independently, to stay fit by being mentally and/or physically active, to enhance their social and cultural inclusion by engaging in group activities, and to raise their self-esteem.

At the community level it may be useful to invest in the voluntary sector to build incentives for volunteer trainers – for example pensioners – to pass on their skills. Small investments, such as reimbursing costs of transport and meals and providing necessary training materials, may help. At the same time, younger people may be encouraged to volunteer as trainers in technological skills for older people.

Options for lifelong learning such as job-related training for older persons who are no longer active in the labour market have been largely absent, and the educational system of Moldova has focused mostly on the training of younger generations. Increases in life expectancy beyond age 55 and the consequent extension of potential working life mean that older people must increase their labour market competitiveness and employability.

It is important to equip older persons with the skills required to handle new technological tools such as computers and wireless communication devices, and to develop their cognitive, physical and sensory skills, not only for daily life but also to facilitate their continued integration in the labour market. An enabling environment for lifelong learning needs to be created in which available options are transparent and of high and consistent quality. Hence it is important to include all relevant stakeholders (including international donors and experts in matters related to lifelong learning, educational institutions, local employment offices, employers, trade unions, relevant NGOs and employees) in the development and implementation of a lifelong learning strategy. When further developing the law it would be advisable to create a working group composed of representatives of such stakeholder groups, and involve this working group in policy formulation.

⁹³ Ministry of Education (2011)

⁹⁴ The *Camera de Licentiere* (licensing board) [Law no. 547-XIII (21 July 1995) Article 37 (1)]

To further develop lifelong learning activities, it may be useful to explore cooperation with foreign partners who have functioning systems in place for bilateral support in this realm. Bilateral assistance may be useful for improving educational systems, curricula and competencies of staff.

Overall, a culture of lifelong learning should be developed and strengthened whereby the general public understands the importance of continuous learning. Starting from an early age, school children should be made aware of the concept of continuous learning so that they are willing to embrace the concept in the future, rather than feeling that their education is necessarily over when they leave school. Any campaigning activities related to the issue of an ageing society should include a component of lifelong learning. The advantages of ongoing education, including additional income generation, enhanced career prospects and integration into social networks⁹⁵ should be continuously highlighted via a diversity of communication channels. Available training opportunities or other incentives, such as tax reductions, should be advertised broadly.

Educational curricula should also be developed in a gender sensitive manner. Women and men may choose to develop different skills in order to pursue gainful employment or to spend their free time. They may also have been exposed to different learning opportunities in earlier stages of their life course, resulting in different training needs now. Resources should be distributed in

a way that considers the needs and preferences of men and women to an equal extent.

The 2010 draft Education Code for Moldova⁹⁶ addresses some of these issues. The Action Plan on Implementation of the National Development Strategy for 2008-2011⁹⁷ included objectives such as optimizing the educational system, ensuring access to quality extracurricular education and the establishment of regional continuous education centres for teaching staff within higher education institutions. 'Rethink Moldova'⁹⁸ (the strategic document discussed previously in the section on sustainable economic growth and development) confirms the major directions for educational reform: optimization of public expenditures for education, demand-based development of vocational education and training, and reforming the system of residential education (boarding schools). However, at the same time this report notes that most of the previous educational policies have not so far been implemented. Therefore, the Ministry of Education has developed a preliminary version of a new Education Law, which includes consideration of lifelong learning, creation of an education code and training of well-qualified teachers. As soon as this law comes into force, it will provide equality of opportunities for education to people of all ages. While it focuses on quality and efficiency in order to improve the economic competitiveness of the younger generations, it will also better integrate older persons into the contemporary labour market.

Recommendations

- 43. Develop incentives to attract younger people into teaching careers; ensure that all age groups are represented amongst teachers.**
- 44. Provide training on age diversity and sensitivity to both teachers and pupils.**
- 45. Offer accelerated career development prospects for new teachers undertaking a period of work in rural areas.**
- 46. Adjust teachers' salaries to correspond to their level of training and responsibility.**
- 47. Cultivate links between educational institutions and employers, e.g. through internship schemes and consultation on the content of school curricula.**
- 48. Promote and encourage lifelong education; increase powers of licensing bodies to monitor quality of training offered by private institutions.**
- 49. Strengthen capacities in the Ministry of Education with regard to adult education and lifelong learning, with a focus on information technology, management and language skills.**
- 50. Encourage employers to offer training to staff and non-staff.**
- 51. Involve employers in the design of adult education activities.**
- 52. For further development of educational policy, create and consult a working group comprising members of all stakeholder groups.**

⁹⁵ UNECE (2010a)

⁹⁶ Draft Education Code (2010)

⁹⁷ IMF (2008)

⁹⁸ Government of Moldova (2010)

9. Health and well-being of older persons

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

(a) Existing health system and policy

The current health system in Moldova evolved from the Soviet health system which provided generous access to broad health care services. In independent Moldova, it became clear that maintaining the same level of guarantees was unrealistic and unsustainable. From 1998 onwards, reforms were carried out with support from the World Bank. The Basic Law on Health Care⁹⁹ and the Law Regarding the Minimum Package of Free Medical Assistance Guaranteed by the State¹⁰⁰ limited state provision to a basic set of free health services.¹⁰¹ The Health Sector Strategy for 1997-2003¹⁰² focused on developing family-centred primary health care. The Strategy mandated the re-routing of resources from tertiary to primary care and the establishment of a network of family doctors.¹⁰³ Administrative reform of the health care system led to further decentralization, allocating more responsibilities to regional authorities while the role of the Ministry of Health shifted to setting guidelines and designing, implementing and monitoring health policies.¹⁰⁴ The actual provision of services, including home-based and long-term care, is handled district and municipal health care institutions. Local public authorities act in cooperation with the Ministry of Health to create the conditions necessary for the effective provision of public health care services.¹⁰⁵

In 1998, the Moldovan parliament decided to introduce compulsory health insurance for employed people¹⁰⁶ with a view to easing the financial strains on the system and improving performance. Although the law was adopted in 1998, however, it took until 2002 to establish the National Health Insurance Company (NHIC), and the mandatory health insurance system did not begin to function until 2004.¹⁰⁷ Employers and employees each contribute 3.5 per cent of the gross salary to the insurance fund.¹⁰⁸ Self-employed people or those working

in the informal sector can purchase insurance coverage on a voluntary basis, while certain economically inactive groups (including pensioners, disabled persons and those registered as unemployed, amongst others) qualify for free health insurance provided by the state.

The Health System Development Strategy 2008-2017¹⁰⁹ is designed to improve the stewardship of the health system. It calls for enhanced intersectoral collaboration with the inclusion of patients, civil society and professionals in decision-making. There is a focus on improved health system funding, service provision and the availability of human resources.¹¹⁰

The National Health Policy 2007-2021¹¹¹ prioritizes the reduction of health inequalities and the scaling-up of prevention. The chapter on the health of older persons focuses on a healthy lifestyle, nutrition, social integration, and involvement of civil society and community in rendering community services to older persons in need. It calls for local public administrations to systematically involve key actors at the community level, for example in the development of community care structures and social networks of shelters for older persons. Overall, the National Health Policy accurately reflects the health-related components of internationally-agreed policy frameworks on ageing. However, implementation of such a comprehensive policy will be a major challenge, and will need to entail breaking down the sometimes abstract principles into concrete actions.

In addition to specific health policies, reforms were introduced with the EU–Moldova Action Plan¹¹² with the aim of harmonizing the national framework with EU standards. Health aspects were also considered in the Economic Growth and Poverty Reduction Strategy¹¹³ and the subsequent National Development Strategy 2008–2011.¹¹⁴

Overall, improving the efficiency and quality of health care service provision is a major concern. Among the key challenges are the motivation of health personnel and prevention of their continued exodus from the country, and a lack of managerial capacity and skills in the administration of the health care system. Primary care facilities remain under-funded and under-equipped, and patients are faced with high out-of-pocket expenses. Older people in particular need of health care services may be the least able to make such out-of-pocket payments. A significant proportion of citizens is not covered by insurance, many of them belonging

⁹⁹ Law no. 411-XIII (28 March 1995)

¹⁰⁰ Law no. 267-XIV (3 February 1999)

¹⁰¹ MacLehose (2002), p.21

¹⁰² Government Decision no. 668 (17 July 1997)

¹⁰³ Cruc et al (2009) pp. 140-141; Atun et al (2008) p.121

¹⁰⁴ MacLehose (2002) pp.14-15

¹⁰⁵ Cruc et al (2009) p.150

¹⁰⁶ Law no 1585-XIII (27 February 1998)

¹⁰⁷ Cruc et al (2009) p.141

¹⁰⁸ Ibid. p.157

¹⁰⁹ Government Decision no. 1471 (24 December 2007)

¹¹⁰ Atun et al (2008) p.119

¹¹¹ Republic of Moldova (2007) & Government Decision no. 886 (6 August 2007)

¹¹² European Commission (2004)

¹¹³ Government of Moldova (2004)

¹¹⁴ Law no. 295-XVI (21 December 2007)

to the poorest households.¹¹⁵ A key challenge in service provision is the rural-urban divide. A large share of older persons lives in rural areas, and as such they are more likely than urban-dwellers to be distant from any medical service facilities.

(b) Health promotion and disease prevention

In Moldova, cardiovascular disease, cancer and respiratory diseases (that is, the major categories of non-communicable diseases) are major causes of death. Mortality due to cardiovascular disease increased by more than 40 per cent between 1992 and 2008.¹¹⁶ Alcoholism, hypertension, high levels of blood cholesterol and tobacco smoking are amongst the main risk factors for morbidity and mortality in Moldova. Mortality from smoking and alcohol-related causes is among the highest in the entire WHO European region.¹¹⁷ In this context, raising awareness of the dangers of unhealthy lifestyles at all stages of the life course, and enhancing the ability of people of all ages to make healthy choices, are important for minimizing the incidence and prevalence of non-communicable chronic diseases. This is true at all ages, but in particular for this Road Map it is important to emphasize that raising awareness of ways and reasons to reduce the incidence of non-communicable diseases throughout the life course will help people to age healthily, lowering the eventual impacts of these diseases amongst older persons.

The Government of Moldova has shown a strong commitment to taking measures for disease prevention. A National Programme to Promote Healthy Lifestyles¹¹⁸ was approved by the Government, proposing health promotion activities to be implemented, with support from the European Union. Furthermore, the National Centre for Preventative Medicine is currently being restructured into a National Centre for Public Health, Prevention, Promotion and Prophylaxis. The National Health Policy for 2007-2021 also includes a chapter on prevention. It emphasizes the importance of integrated involvement of all sectors of society at all levels: the state, with its central policymaking role; the various levels of administrative units (regions, municipalities, towns, villages); and businesses, families and individuals. The strategy recognizes the need for complex intersectoral actions to address the risk factors for non-contagious chronic diseases, by improving the socio-economic conditions to which these risk factors are linked systematically.¹¹⁹

¹¹⁵ Atun et al. (2008) pp. 112-114 & p.122

¹¹⁶ Cruc et al. (2009) p.142

¹¹⁷ Ibid. p. 147; WHO (2006) p.1; WHO (2011a)

¹¹⁸ Government Decision no. 658 (12 June 2007)

¹¹⁹ Republic of Moldova (2007) p.31

(c) Health care

The health care system in Moldova consists of primary, secondary, and tertiary care as well as public health services and emergency services.¹²⁰ The primary care sector is serviced by general practitioners, called family doctors. These family doctors are the first line of contact with the patients and provide general medical care for common conditions and injuries, as well as health promotion and disease prevention.¹²¹ Primary care institutions are usually public institutions, overseen by local authorities and the Ministry of Health. In general, there is an acute deficit of qualified family doctors in rural areas. Those institutions that are better organized have been somewhat more successful in attracting young doctors to rural areas, but others have resorted to re-employing retired family doctors.

Secondary care includes specialized ambulatory services and basic hospital care (excluding long-term care institutions), while tertiary care includes more complex specialist medical services.¹²² At the end of 2009 (the most recent figures available), there were 83 hospitals in Moldova, of which 73 were public and 10 were private.¹²³ In 2009 there were 609 hospital beds and 310 physicians per 100 thousand people.¹²⁴

Public health services are provided by the State Public Health Surveillance Service and include health promotion, non-communicable disease control, and immunization programmes. The state emergency service ensures availability of emergency care within 25 kilometres throughout the country.¹²⁵

Generally, the mandatory health insurance is supposed to cover medical expenses, including all primary and specialized ambulatory care consultations, as well as medical services and drugs delivered via the hospitals. Uninsured persons can receive a free consultation with a family doctor and assistance in major emergency cases. Otherwise, uninsured patients face considerable formal and informal out-of-pocket payments in order to access health care.¹²⁶ Around one quarter of the population does not have health insurance beyond the basic minimum package guaranteed by the state: a large share of this group is to be found in rural areas, since agricultural workers often have low incomes and no formal contracts.¹²⁷ Furthermore, a large proportion of older persons lives in rural areas and many of them may not have access to health insurance that goes beyond the basic state coverage for pensioners.

¹²⁰ Cruc et al (2009) p.151

¹²¹ MacLehose (2002) p.32

¹²² Ibid. p.38

¹²³ National Bureau of Statistics (2010b) p.185

¹²⁴ WHO (2011b)

¹²⁵ Cruc et al. (2009) pp.151-152

¹²⁶ Ibid. p.152

¹²⁷ Ibid. p. 163 & 169

In practice, both insured and uninsured patients are often required to make formal and informal payments which represent a considerable barrier to receiving health care.¹²⁸ Older persons in particular have been known to hesitate in seeking health care because of fear of the size of informal payments they would be requested to make and doubts about whether they would be able to afford them. Public opinion surveys in 2002 and 2003 found that respondents were in favour of introducing official tariffs to replace informal payments.¹²⁹

(d) Geriatric care

In recent years, some effort has been put into expanding geriatric care facilities. The Centre for Geriatrics and Gerontology, based in Chişinău, was founded in 2008 and has 40 beds. Most of them are offered to short-term patients for up to 14 days. The four regional departments (Orhei, Balti, Cahul, Hancesti) have 20 beds each. Geriatric care facilities have also been established in the districts (raioane), where ten to twelve geriatric care beds have been made available, depending on the size of the district. In addition, a scientific research laboratory for gerontology was established in 2009 under the auspices of the Academy of Sciences and the Ministry of Health.

It is not clear how well the number of beds made available for older persons corresponds to actual needs. It is important to monitor demand more systematically and to adjust capacities accordingly if this is found to be necessary. Since they are covered by the basic medical insurance system, geriatric care beds are designed to be occupied for a limited duration only. Meanwhile, palliative care (care of patients whose symptoms are not responsive to curative treatment: such care includes pain management and social and psychological support) is not yet readily available, if at all, and where it does exist it is usually provided by NGOs. A new legal framework for palliative care provision has been developed with the active participation of NGOs.¹³⁰ Actual needs for palliative care should be evaluated and services should become an integral part of the health care system. Non-governmental care providers who already have some experience in this field may assist in implementation.

(e) Home-based care

With the share of older persons in the population increasing, and the multigenerational family model – which has traditionally been a source of reciprocal care and support – becoming less universal, home-based care services may be the sole option for some older persons to stay at home and continue living independently.

Often, the provision of small, simple services at home can help older persons to avoid institutionalization and can increase their quality of life considerably. Some efforts have been made to introduce a functioning home-based care system in Moldova, using the established systems in France, Israel and the United States as models. Currently, home-based care is divided between medical and non-medical service provision. While medical services can be covered by the health insurance system for a maximum of three months, social services are often provided by NGOs. The Ministry of Labour, Social Protection and Family, working in collaboration with local public authorities, also employs social workers. Country-wide, 146 home-based care offices employ a total of 2,554 social workers, providing services to around 26,000 single elderly or disabled adults and children.¹³¹ More efforts are needed to ensure a diversity of skills within teams of home-based care workers so that they are able to provide multi-disciplinary services in order to address all the actual and potential needs of their older clients.

To improve access of older people and persons with disabilities to health care services at home, the Ministry of Health together with the National Health Insurance Company adopted a common order on home-based care services which allows contracting-out of service provision to private and non-profit institutions.¹³² This provides the framework for diversifying service provision by outsourcing some services to NGOs, the private sector or public-private partnerships.¹³³ A diversity of providers increases competition and provides additional choices to the clients. While this ideal framework exists in principle, it needs to be used more in practice.

Access to home-based care services is very uneven between urban areas and the rural areas where most older people live. To expand availability of both medical and social services, it may be worthwhile investing in expansion of volunteer medical services, including general practitioners as well as teams of specialists. With small incentives, neighbourhood solidarity could be enhanced so that older people who are in relatively good health could provide care for their more frail peers.

(f) Nursing homes

Traditionally, older people in Moldova have been taken care of by family members in multigenerational family settings. To move into a nursing home in older age is generally not seen as a desirable option and is even stigmatized. However, there may be circumstances where care cannot be provided in the traditional multigenerational family context – for example if the

¹²⁸ Ibid. p.158

¹²⁹ Ibid. p.159

¹³⁰ Ibid. p.171

¹³¹ National Bureau of Statistics 2010, p.206

¹³² Order no. 253 (MH from 20 June 2008)/no. 115-A (NHIC from 1 July 2008)

¹³³ Atun et al. (2008) pp.118-119

older person in question did not have children, has no surviving children, has no family remaining in Moldova due to international migration, or is him- or herself an immigrant or refugee. Large-scale international and internal migration, combined with low fertility, is making the traditional form of multigenerational family support less of a reality. Alternatives to care within the extended family therefore need to be made available. Meanwhile, efforts should be made to de-stigmatize institutional care. Six state-run homes for disabled adults and the elderly currently provide institutional care to over 2,000 people.¹³⁴ It is necessary to obtain a more complete picture of how many institutional places are actually needed. Efforts need to be made to offer fair access to nursing homes for all those requiring a place, especially to those most in need of specific protection such as refugees. Information about available options should be easily accessible and institutions should have transparent selection criteria.

Respondents interviewed on the topic indicated a need to carry out more systematic assessments of both the supply of and demand for long-term care. Such assessments would need to consider both needs and capacities in home-based care, geriatric and palliative care, day care centres and social canteens. Some of these services are currently only offered by NGOs, with the help of international donors, so efforts need to be made to sustain them on a longer-term basis. Day care centres do exist but are neither common nor evenly spread across Moldova, and it is evident that the need for such institutions must be examined more thoroughly. Once the level of need is better quantified, it will be easier to devise strategies to fulfil such need.

While expanding services is important, the largest share of care work will continue to be done by informal carers. Their important role needs to be acknowledged and they need to be supported to be able to fulfil their role adequately. Such support could be provided through community-based programmes offering financial aid, information and training. Respite or day care centres could help care-giving family members to combine their caring role with income-generating activities.

(g) Health Care Staff

The need to educate medical staff in the area of geriatrics and gerontology has been recognized by the Government over recent years. A five day training course in geriatrics – including doctor-patient relationships – was introduced into the curriculum of medical schools. In post-university training, a two week course is offered in which doctors of all specializations can participate. In addition, a diploma degree course in geriatrics has recently been established.

These avenues should be utilized to train new staff to work in the recently-created geriatric centres as well as in palliative care. Training programmes therefore need to be consolidated and expanded as necessary, and the status and recognition of health and social care staff working with older people should be improved.

Generally, there is a shortage of trained health care staff in Moldova, especially in rural areas where working conditions may be less attractive. Yet many older people live in rural areas and they may have health care needs that they find difficult to meet with the limited services available to them. Incentives need to be created to encourage health care staff to practice in rural areas. This may include financial incentives, opportunities for accelerated career advancement or other benefits. A system could be introduced whereby medical students, after finishing their studies, are encouraged to serve in remote areas for two to three years to gain experience of rural practice.

One of the reasons for the limited availability of qualified health care staff is the low salary level for this field of work, which both reduces the attraction of training for this type of career, and leads often to the emigration of trained health care workers. Many trained health professionals have found better-paying work abroad. Others who have remained in the system may resort to demanding informal payments from patients as a means of supplementing their low income.¹³⁵ Consequently, corruption in the health system presents major barriers to access, especially by older persons who may not be in a position to pay such charges. Fighting corruption in the health system, increasing transparency of charges and installing complaints mechanisms should therefore receive priority attention. Working conditions and salary levels should be adjusted so that staff have an incentive to remain in the country and do not resort to extracting additional charges from their patients. In addition, ethics trainings and awareness-raising on good practice should be enhanced. Since the introduction of the state health insurance scheme, payment levels for medical staff have increased somewhat and a system of bonuses linked to performance has been introduced for family doctors.¹³⁶ However, such structural problems are not easily overcome and demand continued attention.

The Ministry of Health should systematically monitor the ratio of health care staff to patients and maintain appropriate ratios, taking into consideration internationally-accepted standards for such ratios. While it is important to ensure sufficient numbers of qualified staff in rural areas, the Ministry should also make sure that an oversupply in urban areas is avoided.

¹³⁴ Cruc et al. (2009) p.170

¹³⁵ Mosneaga and Sava (2003) p.4

¹³⁶ Cruc et al. (2009) pp.155, 173-4

Training of health staff should also cover the area of relationships with patients. Personnel at all levels need to be constantly aware of the special needs of older persons, which will only increase in proportion among those seeking health care in the future. Communication with older persons may not always be easy. In addition, older persons may feel particularly vulnerable when coming into contact with the health care system. Their right to be treated with respect and to live in dignity when institutionalized must be protected. Continuous training of health care staff should include components specifically addressing the issue of relationships between patients and health care or social care staff, encouraging a sensitive and positive attitude towards older persons with special needs.

(h) Quality of care

The Government of Moldova has begun to take up the issue of assuring the quality of health care. Steps have been taken towards the development of clinical guidelines and protocols, and the setting of standards for care at different levels.¹³⁷ Such standard operating procedures have yet to be adopted by health care staff in their daily work, however, and more needs to be done to make these procedures an integral part of health care provision. In geriatrics, an existing collaboration of Moldovan care providers with French experts on standards of treatment for older persons¹³⁸ has been beneficial and should continue. Standards and guidelines should be regularly updated by groups of selected experts. Some standards for home-based care and palliative care have been developed, although development of long-term care policy is still pending.

Older persons who feel that they have been treated unjustly or unprofessionally should have the possibility of lodging a formal complaint with an ombudsperson who could mediate between the parties involved. In institutional settings, intermittent inspections and quality controls do take place. However, integrated quality assurance processes that are organizationally-led and aimed at continuous improvement are absent.¹³⁹ Some countries have had positive experiences with standing committees which include representatives of the inhabitants of institutions, to oversee quality on a regular basis and to address grievances. Similar structures could be implemented in Moldovan institutions of long-term care, such as nursing homes or day care centres.

To date, the potential for using information and communication technologies has not been fully exploited. There has been some use of modern technology for administrative, financial and epidemiological reporting. Increasing electronic storage and organization of data could help in monitoring quality of treatment, but good levels of data protection should be ensured. Such data, once appropriately anonymized, could also be used for scientific purposes. Data broken down by age and gender could be reviewed, thus helping to better target services in gender- and age-sensitive ways. More use should be made of the Internet to provide independent health information, as well as information about availability of services. An information policy should use electronic and other channels to ensure a smooth flow of information and to allow patients to make informed decisions and claim the services they need.

Recommendations

- 53. Improve affordability and accessibility of health care for vulnerable population groups, including older persons; expand the coverage of medical insurance, both ensuring that the basic state-provided package covers the needs of those who rely on it, and increasing the proportions covered beyond this level.**
- 54. Increase the sensitivity and responsiveness of the health care system to the special needs of older persons.**
- 55. Undertake research to gain a better understanding of the demand for long-term care (including nursing homes, palliative care facilities and day care centres) and for geriatric care beds.**
- 56. Develop an integrated system for provision of home-based and palliative care, better integrating medical and social services.**
- 57. Promote a competitive environment in which a diversity of providers can offer increased choice and efficiency to clients; create a framework conducive to outsourcing services and enhance the use of external service providers including NGOs, the private sector and public-private partnerships.**
- 58. Redouble efforts to de-stigmatize institutional care.**

¹³⁷ Cruc et al. (2009) p.166

¹³⁸ For details see http://usmf.md/index.php?page=relatii-interuniversitare_en

¹³⁹ Atun et al. (2008) pp.125

Recommendations

59. Increase access to nursing homes with the aim of providing a place for all those in need of one, especially those under the specific protection of the State such as refugees. Make information about available options and selection criteria easily accessible and transparent.
60. Give official recognition to informal caregivers and provide them with financial and practical support.
61. Expand and consolidate training programmes for health and social care staff working with older people, while working to improve their reputation and recognition.
62. Improve working conditions and salary levels and incorporate performance-based incentives; both as a disincentive for health care professionals to emigrate and to counteract the practice of extracting extra payments from patients. Supplement this with ethics training.
63. Monitor the ratio of health care staff to patients and maintain appropriate ratios.
64. Introduce standing committees, including representatives of inhabitants, in long-term care institutions.
65. Systematically implement ongoing quality assurance and monitoring mechanisms, and ensure that a complaints system is in place; engage expert groups to regularly update standards and guidelines for health care provision and preparation of medical personnel.
66. Enhance the use of information technology and the Internet in health care provision and record-keeping (accompanied by adequate data protection measures), and in the provision of independent health-related information, and information about service availability.

10. Housing and independent living

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

The majority of older Moldovan people live in rural areas.¹⁴⁰ Many of these live alone or as a couple, or in ‘skipped generation’ households. It is not uncommon for villages to consist almost entirely of ‘skipped generation’ and older-persons-only households. In urban areas, many older people live in low-quality apartment buildings in a poor state of repair. Given the scale of internal and international migration of younger people (detailed above in the section on migration), an ever-decreasing share of these older persons is able to rely on their families for domestic support, whether from regular visits or by sharing a home with kin. With a large proportion of younger Moldovans living abroad – especially women who have traditionally borne the majority of the family caregiving responsibilities – older persons often find themselves with no option but to live alone or even in a situation in which they are giving, rather than receiving, care (i.e. providing care to grandchildren).

¹⁴⁰ According to Moldovan official statistics, 62 per cent of residents aged above the national retirement ages lived in rural areas in 2010. [National Bureau of Statistics of the Republic of Moldova (2010b)]

(a) Housing quality

Even before the end of the Soviet era, much of Moldova’s housing stock was privately held because of the country’s strong tradition of private home ownership (especially in rural areas). In 1993 all remaining state-owned housing was scheduled for privatization, and this process was largely completed by the end of the last decade.¹⁴¹ Some categories of tenants, including those with a work history of more than 35 years, received free transfer of their previously state-owned homes.¹⁴² Hence many older persons in Moldova own the apartments they live in. However, much of the housing transferred to private owners was in very poor repair and is in need of constant maintenance. In addition, rising energy costs mean that older people on meagre pensions find it increasingly difficult to heat their homes. The housing privatization process has thus increased the depth of social inequality as already vulnerable people acquired inferior housing that is costly to maintain, while better-off households obtained their higher-standard homes at the same low cost.¹⁴³

As detailed above in the section on social protection, the incomes of many older people in Moldova are very small. Furthermore, many whose working lives took place entirely or mostly under the Soviet system have few or no savings. This means that they have little money

¹⁴¹ Law no. 1324-XII (10 March 1993)

¹⁴² UNECE (2002a)

¹⁴³ Tsenkova (2007)

available to pay for rent and/or for the maintenance of housing. Housing conditions of older people are often substandard, especially in rural areas; the buildings may be in poor condition and homes may lack basic amenities such as running water or hot water, sewerage, central heating, and essential household fixtures and appliances.¹⁴⁴ Repairs and renovation are often beyond the financial reach of older people.

There are currently no institutions specifically tasked with conducting research related to housing quality (data collection, analysis, policy evaluation).¹⁴⁵ The establishment of such institutions, or the provision of funding to academic researchers in existing institutions, would facilitate the construction of an evidence base upon which to further develop policies relating to housing quality.

(b) Independent living

Most older persons wish to remain in environments that are familiar to them as they age, and in particular to stay in their own homes for as long as possible. Since this is not only the preferred option of most older people, but also the most cost-efficient strategy from the viewpoint

of the state, high priority must be given to ensuring that existing and new housing allows older people to live independently, healthily and in dignity in their own homes as an alternative to institutional care. This entails addressing issues of affordability, provision of necessary utilities and services, and physical accessibility. Forward planning is required to ensure that housing stock is suited to this goal of 'ageing in place'; that is, when building new homes or renovating existing buildings, consideration should be given to the accessibility needs of older people even when the current inhabitants are young, reducing the need to seek alternative housing as they age.

As discussed in more detail in the section on health, programmes to support community-based long-term care should be strengthened both in rural and in urban areas, especially for older persons living alone. Training for health and social services personnel on methods for enabling older persons to enhance their self-reliance is especially important, along with clear minimum standards for home-based care. Community-based peer support groups could be used to provide simple and effective monitoring of vulnerable older persons through regular home visits.

Recommendations

- 67. Ensure all housing, new and old, is adequately supplied with clean water, sanitation and heating facilities.**
- 68. Consider providing subsidies to low-income pensioners to cover energy costs and essential building repairs.**
- 69. Develop research infrastructure on housing quality and specifically on the housing conditions of older persons, e.g. through providing targeted grants for specific research projects.**
- 70. Determine minimum standards of accessibility of housing for older and disabled persons (e.g. ramps at entrances, elevator access to higher floors, etc.) and ensure that all newly-constructed housing complies with these standards. Develop programmes to retrofit existing housing stock to comply with standards.**

11. Intergenerational solidarity

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

Ensuring intergenerational solidarity is critical for maintaining social cohesion and a sense of fairness in the distribution of rights and responsibilities between generations.¹⁴⁶ It is a key notion when designing social

protection programmes, and is especially relevant in the design of pension schemes and long-term care schemes. The pursuit of intergenerational equity is reflected in the widely-held view that members of successive generations should pay broadly the same share of their disposable income during their economically-active life in order to receive equal benefit entitlements in terms of pension replacement rates during retirement.

A particular area in which the relationships between generations is changing rapidly, and where solidarity may be under threat, is in the giving and receiving of informal care between family members. Migration and urbanization have dramatically changed the traditional capacity of many Moldovan families or small communities

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

¹⁴⁶ UNECE (2010b)

to offer primary care to their dependent older family members. Indeed, older persons are emerging as primary carers for their grandchildren where the parents have migrated to seek employment.¹⁴⁷ There is thus a need to challenge stereotypes of the roles of generations within families and within Moldovan society.

(a) Informal care of older persons

A large-scale change in family care arrangements for older persons is taking place as a consequence of the growing trend of labour migration, both internal and international,¹⁴⁸ which results in reduced availability of family members for caring functions. Even in cases where the ‘middle generation’ of working age does remain in Moldova, it can be very difficult for them to balance caring responsibilities for both their children and their ageing parents with the demands of an increasingly challenging and competitive working life.

In this context of changing family environments, community care for older persons should be considered as a preferred policy option, not least because it is most often the preferred option of older people themselves, and also because home-based care is generally less costly than residential care. There is a risk, however, that home-based care may not be adequately resourced, which might result in economic and social strains on the caregivers and hence in an erosion of intergenerational cohesion. Policies supporting family-based care for older persons should specifically take measures to recognize the substantial role of women and their role as the brokers of intergenerational cohesion in this regard. This would require official recognition of informal care provision, e.g. through financial compensation, as well as acknowledgment of full-time carers’ essential role in the labour market. Absence from the paid labour market during periods of caring can result in financial penalties for the carers, not only in terms of foregone wages but in low pension contributions, most notably for women.

(b) Older persons who care for family members

The Moldovan proverb “if you don’t have an older person in your home, you have to buy one” sums up the value that the older generation brings to a household, often as reliable caregivers. At a time of life when it has traditionally been common for adult children to look after their ageing parents, many older persons in Moldova now find themselves with the responsibility of caring for their children or grandchildren, in many cases acting as the sole caregivers for grandchildren in the absence of the middle generation. Indeed, a critically

important and increasingly prevalent category of non-dependent older persons as primary caregivers for children, persons with disability and other older persons has arisen in the context of large-scale labour migration, since members of the working age population might be absent for some years. Data from a joint Government/UNICEF/HelpAge International study in 2008¹⁴⁹ found that around 75,000 children in Moldova had at least one parent living abroad, and 35,000 did not live with either of their parents.¹⁵⁰ These figures have shown an upward trend since 2000, and the study found that in most cases it was older persons, usually grandparents, who took on the duties of caring for these children.

Older caregivers and the children for whom they provide care face specific challenges: economic, physical and psychological. First, it may be legally or practically difficult for ‘skipped generation’ households to access certain public services and benefits. For example, findings from work with ‘skipped generation’ households in Moldova¹⁵¹ show that since care of migrants’ children by grandparents is usually organized on an informal basis, the older carers are unlikely to have access to child benefit payments. Formal recognition of this care arrangement would enable social services to ensure delivery of entitlements.

Second, many migrants support their children and ageing parents financially through remittances. Evidence shows, however, that older carers tend to prioritize their grandchildren or other dependants over their own needs, so that intra-household distribution of consumption is extremely uneven.¹⁵² Furthermore, the remittances are often erratic in size and frequency and cannot be relied upon as a source of income for the older caregivers.

Third, the specific health and mobility challenges that come with increasing age are compounded when older people find themselves with caregiving responsibilities. Many of the ‘skipped generation’ households contain a grandparent who suffers from a chronic disease, meaning that the older person or persons have an additional burden whilst the children are vulnerable.

Changes in family and household formation patterns are inevitable during the course of social change. Lamenting the demise of the ‘traditional family’ does not help to address the new challenges posed by such changes. It is important to find new ways to safeguard intergenerational solidarity. The majority of people in Moldova do maintain close relationships with their family members throughout their lives, and provision of care works in all directions: from young to old, from

¹⁴⁷ Grant, Falkingham and Evandrou (2009); HelpAge International (2008b)

¹⁴⁸ For more detail refer to earlier section on migration

¹⁴⁹ Reported in HelpAge International (2008b)

¹⁵⁰ Ibid. p.3

¹⁵¹ HelpAge International & Second Breath Moldova (2010)

¹⁵² Grant, Falkingham & Evandrou (2009) .

old to young, and within generations. Older people are not only, or necessarily, recipients of care but can provide substantial contributions in the form of care themselves. It is beneficial for all sectors, including the government, to strengthen these ties in a way that supports intergenerational solidarity.

(c) Society-wide intergenerational solidarity

Safeguarding intergenerational solidarity entails focusing not only on the relations between generations within families, but also on the broader relationships between different age groups in society as a whole. Solidarity is fostered when policies do not appear to favour any group at the expense of another, whereas tensions can arise when perceptions of unfairness (whether accurate or otherwise) become pervasive.¹⁵³ Hence in Moldova it is important to ensure that younger persons,

currently facing the challenges of economic crisis, high unemployment and changing demands for educational attainment, do not feel threatened by efforts to improve the conditions of life for older persons. This holds true with regard to pensions and other benefits, labour laws including those relating to retirement age, and the distribution of funds between different social services and facilities (schools, transport, health infrastructure etc.). As discussed in several of the preceding sections (on integration, stakeholder participation and others), increased transparency and active dissemination of information is key to enabling members of all age groups to remain informed about the policies affecting them, as well as to engage in the policymaking process itself. Cultivating a sense of trust in the stability of policies will allow younger generations to feel more confident that the support they provide to older persons during their youth will be afforded to them later in their own life.

Recommendations

- 71. Maximize opportunities for maintaining and improving intergenerational relations in local communities by facilitating meetings and cultural exchange for all age groups and avoiding generational segregation.**
- 72. Consider special provisions for families, and especially women, who provide informal care to older and/or disabled family members, such as credits towards pension contributions and health insurance for those whose care duties prevent them from holding employment.**
- 73. Consider the specific needs of older carers, especially grandparents caring for the children of migrant parents. In particular, afford formally-recognized carers the same benefit and service entitlements as parents.**
- 74. Ensure that the needs and perceptions of all age groups are taken into account in devising and publicizing policies aimed at older persons, so that a sense of intergenerational justice is maintained.**

12. Research and data collection landscape

The National Bureau of Statistics (NBS) has the main responsibility for collection, analysis and dissemination of national statistical data in a wide range of areas including, amongst many others, an array of themes relevant to the present subject: population; the labour market; gender; incomes, expenditures and living standards; health; education; housing; and social assistance (for a full record of activities see the National Bureau of Statistics' annual report).¹⁵⁴ Two divisions of the NBS are of particular relevance: the division for social and living standards statistics (comprising the social statistics section and the living standards statistics section) and the division for labour force and demography statistics (comprising the employment statistics section, the salary

statistics section and the demography statistics section). The NBS has published studies on health care, education, living standards, social exclusion, harmonized indicators for gender-sensitive development.

The Bureau conducts a Household Budget Survey, a Labour Force Survey and an agricultural survey at three-month intervals. The results of the 2004 census were used as the first-stage sampling frame for each of these surveys, with electricity companies' customer lists providing the basis for a second stage of sampling, producing a master sample used for all three surveys.¹⁵⁵ Census undercount and the absence of any mechanism to account for changes of address mean that this master sample is far from perfect. There is no longitudinal element to the surveys, meaning that it is not possible to use them to analyze the evolution of poverty or social exclusion on an individual-level basis. The survey instruments do contain some age-related elements, but a more systematic review

¹⁵³ Zaidi, Gasior & Sidorenko (2010)

¹⁵⁴ National Bureau of Statistics (2009b)

¹⁵⁵ National Bureau of Statistics (2008) p.8

is needed to ensure that pertinent topics are covered. Furthermore, age-disaggregated data need to be both generated and published in summaries and reports on all relevant topics.

The NBS provides data, downloadable on its website,¹⁵⁶ on morbidity and mortality by five-year age group, urban/rural location, disease classification or causes of death, location, marital status and by single years since 1980. A wide variety of other demographic indicators and data on topics such as health, education, employment and household income can also be accessed via this online database. Sources of data for this databank include the household surveys and population censuses, as well as other surveys conducted by the NBS. The interface allows creation of simple tables, graphs and maps but does not have the facility to cross-tabulate more than one indicator.

The next national census is due to take place in 2013 and is seen as an opportunity to improve data collection, especially in the area of recording migration data. So far, collecting migration data has been difficult since data collected under the Soviet system are no longer available and, today, citizens are not legally required to register or re-register as residents when they move. Therefore, migration data depend very much on administrative sources, for example the records collected by border guards and the Ministry of the Interior. More generally, many types of data have only been collected from 1998 onwards which can result in problems in detecting long-term trends.

The National Bureau of Statistics has made continuous efforts to improve the quality of its activities. As part of this endeavour, a Strategy of National Statistics Development for the period 2008-2011 was adopted.¹⁵⁷ The greatest challenges highlighted in this strategy were a lack of adequate financing for statistical work and a shortage of staff trained in statistical methods. Several areas for priority action were identified: improving information and communications technology (ICT) and related equipment; improving indicator systems and calculation methods; advancing statistical information collection systems; improving quality of publications and approaches to information dissemination; capacity-building among staff; and enhancing international collaboration.

In addition to this strategy, other efforts to enhance the activities of the National Bureau of Statistics are ongoing or planned for the future. These include a UNDP-financed project that has been underway since 2007 entitled 'Strengthening the National Statistical System'¹⁵⁸

involving a partnership between UNFPA, UN Women and UNICEF, along with several ministries. This project aims to improve the statistical infrastructure for monitoring progress towards development goals; to enhance capacities of both creators and users of statistics; to streamline data sources; increase levels of age-, sex- and other disaggregation; improve accessibility of data; and to further align the statistical system with international standards.

The National Bureau of Statistics has also requested to participate in a 'global assessment of the statistical activities' to be undertaken jointly with UNECE, EUROSTAT and EFTA. This will provide an update to a previous, similar assessment in 2007.¹⁵⁹ It may be hoped that specific attention will be paid to the production and analysis of demographic and ageing-related statistics.

Research related to ageing is also carried out by the Academy of Sciences of Moldova and the Academy of Economic Science. For example, ageing-related work has been carried out based on the demographic data available from the National Bureau of Statistics¹⁶⁰ and a generic analysis of ageing in Moldova was undertaken by a researcher funded by the Erste Foundation.¹⁶¹ However, no systematic demographic surveys have been undertaken in recent years, due to a lack of human or financial resources for demographic research, as well as to the lack of scientific expertise in the specific field of ageing. The most recent demographic survey was the 2005 Demographic and Health Survey (DHS),¹⁶² which is the only round of the DHS to take place in Moldova to date. In 2009, the Academy of Sciences carried out a pilot survey on women of reproductive age in the Chişinău municipality. The survey found that family and children were valued highly, that women wanted to have children, but that poverty, the housing situation and lack of care opportunities for small children often prevented women from fulfilling their intentions.

In 2010-2011 a study of ageing was conducted with the help of the United Nations Department of Economic and Social Affairs and UNFPA. This study drew on existing survey data, as well as including a module on ageing run on a reduced sample from the existing survey samples. The data, when available, should provide useful information for discerning benchmarks against which to measure future progress in the economic and social situation of older persons.

Overall it is evident that there is only a small circle of specialists in the area of demography and population ageing in Moldova. Until recently no direct training in demography was available within Moldova, so that

¹⁵⁶ <http://statbank.statistica.md/pxweb/database/EN/databasetree.asp>

¹⁵⁷ National Bureau of Statistics (2007)

¹⁵⁸ for details see <http://www.undp.md/projects/Statistics.html>.

¹⁵⁹ De Vries (2007)

¹⁶⁰ Paladi, Gagauz & Penina (2009)

¹⁶¹ Sainsus (2010)

¹⁶² NCPM & ORC Macro (2006)

experts in this area were usually primarily trained in sociology, economics, medicine or law, with demography featuring as a part of their education or subsequent career development. Many of these experts developed their demographic expertise on their own initiative, for example through doctoral studies. Continuing education opportunities at the Vienna Institute of Demography have been utilized by some, for example to learn about statistical analysis, statistical modelling, population projections, and analysis of demographic processes. In 2009, a new master's programme in economic

demography was launched at the Academy of Economic Studies.¹⁶³ The first fifteen students from this programme received their degrees in 2011. Career prospects for these new graduates are as yet unclear; whilst in theory there is a demand for their knowledge and capacities in various contexts, in practice the corresponding posts for demographers are yet to be established and funded. At the same time, for those already employed in the area, funds to enable participation in international conferences or training opportunities need to be made available on a regular basis.

Recommendations

- 75. Review regular household surveys for ageing-related content and enhance where necessary.**
- 76. Enhance the availability of age-disaggregated data from existing surveys and other data sources.**
- 77. Continue to build the capacities of the National Bureau of Statistics and the Academy of Sciences in data collection, analysis and evaluation and enhance integration into international data collection activities.**
- 78. Further develop education and career paths for experts in demography and intergenerational issues, including ageing.**

13. Monitoring and evaluation of ageing-related policies

For policymaking on such a broad and complex issue as ageing to be effective, especially when its overarching goal is mainstreaming ageing into all policy areas, it must incorporate a comprehensive approach to monitoring and evaluation (M&E). This entails examination of both instrumental variables (the laws, policies and programmes put into place) and impact variables (measures of progress towards desired outcomes, such as poverty and well-being indicators).

The field studies undertaken in 2010 reviewed the current Moldovan practice and capacities – in terms of both infrastructure and knowledge – to perform the necessary M&E tasks. The preliminary conclusion was that in principle the monitoring capacities are in place, but they seem to be in need of a general overhaul. This stems from the finding that existing monitoring practice is mostly geared towards accounting for resources spent in fulfilment of some specific task, rather than towards specific targeted achievements which have been agreed upon by an inclusive mechanism.

Evaluation efforts are not yet undertaken in a systematic way, and it seems that there is a belief that routine reporting and/or ad hoc analytical analyses are an adequate substitute for such systematic evaluation. Monitoring elements are not often included as integral parts of new policies and programmes. Standard routine line ministry reporting from the relevant ministries is in

place, though not necessarily in the form and shape that a modern reporting system requires.

As discussed in the section on the research and data collection landscape, the general basis for measuring key variables (as a basis for indicators) to assess the state of society, the economy, the regional and global environment is relatively strong. However, capacities for measuring the strengths and weaknesses of ageing-related policies and programmes, strategic issues and the factors underlying the evolving situation of key target groups, all need to be improved.

Successful M&E requires cooperation across all different levels of government and between state agencies and line ministries, as well as close cooperation between the state, public institutions and civil society organizations. The objective is to ensure that implementation of the recommendations of this Road Map results in outcomes that are satisfactory to all stakeholders in terms of quantity, quality and timing.

Effective M&E should take place throughout the policy design and implementation process, and continue on an ongoing basis after the new policy measures have become established. Such an approach will enable any problems in implementation to be identified and corrected in a timely manner. Stakeholders should be able to learn and adapt by systematically tracking the implementation of specific recommendations, and by assessing how the situation changes as a consequence of the related activities and outcomes.

¹⁶³ <http://www.ase.md/carteia/en/index.php?page=egd>

Recommendations

79. **Explicitly integrate elements of monitoring and evaluation into the implementation plans for each of the goals and actions identified in the annex table of this Road Map.**
80. **Assign clear responsibilities for regularly reviewing monitoring data and for generating advice on concrete actions suggested by the data. Incorporate both self-evaluation and external assessment, including participatory assessment by a range of stakeholders such as the target groups of policies and programmes.**
81. **Enhance capacities for monitoring and evaluation amongst those already skilled and knowledgeable in the area of data collection and analysis, such as those working in the National Bureau of Statistics and the Ministry of Labour, Social Protection and Family. Providing training to those with existing data handling skills will be an efficient means of capitalizing upon existing capacities. Such training should distinguish between data production and policy analysis, and should emphasize the monitoring and evaluation of both instrumental and impact variables.**

C. Outlook: the road ahead

The observations and recommendations identified in the preceding chapters, as well as the action plan in annex III, make it clear that the future holds many hurdles, some of them very significant. The interrelated challenges of migration, social protection and pension reform, coupled with the urban-rural divide and the persistence of poverty, form a particularly difficult backdrop against which to uphold the commitments of MIPAA/RIS. Nevertheless, both government and civil society in Moldova have demonstrated a strong commitment to achieving these goals and this is clearly a fundamental prerequisite for ensuring their fulfilment. Prioritizing from amongst the broad array of recommendations, identifying opportunities for efficiency gains, building capacities at all levels and ensuring the continued involvement of the full spectrum of stakeholders are all ongoing requirements to guarantee that this commitment is translated into successful implementation of the Road Map. Maintaining pressure on all ministries and major decision makers to enforce the concept of ‘mainstreaming ageing’—incorporating it into plans and programmes across all sectors—will also need to be a focus in the years ahead, given the diversity of other challenges competing for attention in the country.

The action plan annexed to this Road Map contains goals, objectives and actions deemed to be feasible,

in principle, during the period 2012-16. Nonetheless, many of them will require additional funding beyond the existing budgets of the entities responsible for their implementation. On top of this, the Road Map includes recommendations for other, longer-term or more complex and costly interventions, whose implementation will take longer than the period defined in the action plan. With all of this in mind, the international donor community is called upon to support all of these efforts. Even so, while it is true that many of the actions called for will require additional financing, it is also true that numerous others do not require extra resources but rather a redirection of efforts, improved efficiency and/or innovative approaches to existing practices. Hence, the road ahead must be viewed with an open mind in which new ideas are welcomed.

As member States across the UNECE region and United Nations Member States across the globe embark upon the second five-year cycle of review and appraisal of MIPAA, this Road Map and action plan place Moldova in a unique position in having undertaken this thorough appraisal of the current situation and analysis of the steps needed to move forward. In the spirit of regional cooperation, Moldova can now pass on lessons learned in this process to neighbouring countries and other countries across the region facing similar demographic, social and economic challenges.

Старость - не приговор!



Old age is not a sentence!
Andrei Lis (©)