

UNECE

A Sustainable Society for All Ages

Realizing the potential of living longer

Proceedings
UNECE Ministerial Conference on Ageing
Lisbon, Portugal, 20-22 September 2017



UNITED NATIONS

UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE

A SUSTAINABLE SOCIETY FOR ALL AGES

Realizing the potential of living longer

Proceedings of the
2017 UNECE Ministerial Conference on Ageing
20-22 September 2017
Lisbon, Portugal



UNITED NATIONS

New York and Geneva, 2017

NOTE

The views expressed in authored sections of this publication are those of the authors and do not necessarily reflect the views of the United Nations Economic Commission for Europe, the Portuguese Government or the Ministry of Labour, Solidarity, and Social Security of Portugal.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

ACKNOWLEDGEMENTS

This publication is dedicated to the proceedings of the fourth UNECE Ministerial Conference on Ageing that took place in Lisbon, Portugal, on 20-22 September 2017. The Conference was hosted by the Portuguese Government under the auspices of the Ministry of Labour, Solidarity, and Social Security and received a financial support from the European Commission.

The Conference organizers would like to thank the contributors, including the keynote speakers and rapporteurs, as well as the Conference participants and the members of the UNECE Working Group on Ageing who acted as the preparatory committee for their contributions and engagement in the discussions.

The Conference proceedings include the keynote addresses and summaries of panel discussions, the 2017 Lisbon Ministerial Declaration as well as declarations from non-governmental organizations and the Research Forum. Importantly, it includes the Synthesis Report on the Implementation of the Madrid International Plan of Action on Ageing in the UNECE Region, which was launched at the Conference.

ECE/WG.1/27

UNECE Information Unit Palais des Nations CH-1211 Geneva 10 Switzerland	Phone: +41 (0)22 917 44 44 Fax: +41 (0)22 917 05 05 E-mail: info.ece@unece.org Website: http://www.unece.org
--	--

UNITED NATIONS PUBLICATION

Copyright © United Nations, 2017
All rights reserved
Printed at United Nations, Geneva (Switzerland)



FOREWORD

Demographic trends and projections leave no doubt: the proportion of older people will continue to grow, transforming the societies we live in. Member States of the United Nations Economic Commission for Europe (UNECE) have undertaken comprehensive reforms to tackle the challenges that population ageing presents to the sustainability of social protection systems and health care provision. The core of this publication is a review of such policy measures implemented between 2012 and 2017.

Living longer also holds opportunities for individuals, communities, the economy and society. Accordingly, the 4th Ministerial Conference on Ageing in Lisbon on 20-22 September 2017 focused on “realizing the potential of living longer to achieve a sustainable society for all ages”.

This Conference was the result of the collaborative effort of the Portuguese Government, under the coordination of the Ministry of Labour, Solidarity and Social Security, and the United Nations Economic Commission for Europe. We gratefully acknowledge financial support provided by the European Commission.

Participants exchanged views on progress made, identified remaining gaps and challenges and set priorities for the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy in 2018-2022. In the 2017 Lisbon Ministerial Declaration, UNECE member States set three priority goals they seek to reach by 2022:

1. recognizing the potential of older persons,
2. encouraging longer working lives and ability to work, and
3. ensuring ageing with dignity.

Population ageing presents challenges we must tackle, and opportunities that we need to realize. Finding the right policy responses becomes easier if we work together. We hope that the spirit of partnership and commitment at the Lisbon Ministerial Conference will remain with us as we work towards the ambitious goals set for the next five years. This publication is intended to support this journey to enable us to fully realize the potential of living longer. Older people are at the centre of this endeavour.



Ms. Olga Algayerova
United Nations Under-Secretary-General
Executive Secretary
United Nations Economic Commission for Europe



Mr. José António Vieira da Silva Minister of Labour,
Solidarity, and Social Security of Portugal

CONTENTS

List of tables	v
List of abbreviations	vi
Three-letter country codes for UNECE Member States	vii
Introduction	1
Chapters	
I. 2017 Lisbon Ministerial Declaration — A Sustainable Society for All Ages: Realizing the potential of living longer	3 - 5
II. Keynote Addresses.....	7 - 17
1. Heinz Koller, ILO Regional Director for Europe and Central Asia	7
2. Marianne Thyssen, Commissioner for Employment, Social Affairs, Skills and Labour Mobility, European Commission.....	9
3. Monica Ferro, Director, UNFPA Geneva Office	12
4. Stela Grigoras, Minister of Health, Labour and Social Protection, Republic of Moldova	14
5. Jim Daly, Minister of State for Mental Health and Older People, Ireland.....	15
III. Summary of Contributions.....	19 - 29
1. Expert Panel I: Recognizing the Potential of Older Persons	19
2. Expert Panel II: Encouraging Longer Working Life and Ability to Work	20
3. Expert Panel III: Ensuring Ageing with Dignity	22
4. High-Level Panel Discussion between Ministers and Civil Society representatives - Recognizing the Potential of Older Persons: Intergenerational perspective	24
5. First Ministerial Roundtable: Encouraging Longer Working Life and Ability to Work.....	26
6. Second Ministerial Roundtable: Ensuring Ageing with Dignity	27
IV. Non-Governmental Organizations’ Declaration and Research Forum Statement.....	31 - 34
V. List of Speakers	35 - 37
VI. Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the ECE region between 2012 and 2017	39 - 119
Statistical annex - UNECE countries: Population Ageing in Figures.....	71
Annex tables	78

LIST OF TABLES

V. List of Speakers

Table 1	Summary of the list of participants.....	37
---------	--	----

VI. Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the ECE region between 2012 and 2017

Table 1	The 10 commitments of MIPAA/RIS	42
Table 2	National reports considered in the Synthesis Report.....	43
Table 3	Major achievements and challenges as reported by countries in the national reports	45

VI. Annexes

General Demography Indicators

Table A1	Population of UNECE countries in 2015 and projections for 2030	78 - 81
Table A2	Fertility and mortality rates.....	82 - 83
Table A3	Life expectancy in UNECE countries, at birth and at age 65, by sex, in 2005, 2010, 2015	84 - 85

Indicators of Active Ageing

Participation in the Labour Market

Table A4	Statutory retirement age and average effective labour market exit age	86 - 87
Table A5	Employment rate by age group and sex in 2005, 2010 and 2015	88 - 93
Table A6	Unemployment rate by age and sex in 2005, 2010 and 2015	94 - 99

Participation in Society

Table A7a	Volunteering and political participation	100 - 101
Table A7b	Provision of informal care	102 - 103

Independent, Healthy and Secure Living

Table A8a	Physical activity and access to health services.....	104 - 105
Table A8b	Financial security.....	106 - 109
Table A8c	Independent living arrangements, physical safety and lifelong learning.....	110 - 113

Capacity and enabling environment for active ageing

Table A9a	Life expectancy and healthy life expectancy at age 55	114 - 115
Table A9b	Mental well-being and social connectedness	116 - 117
Table A9c	Educational attainment and Internet use.....	118 - 119

LIST OF ABBREVIATIONS

CIS	Commonwealth of Independent States
CRPD	UN Convention on the Rights of Persons with Disabilities
DKK	Danish Krone
ETUC	European Trade Union Confederation
EU	European Union
EURAG	European Federation of Older Persons
Eurostat	The statistical office of the European Union
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product
ICT	Information and communications technology
ILO	International Labour Organization
LGBT	Lesbian, gay, bisexual and transgender (persons)
MIPAA	Madrid International Plan of Action on Ageing
NGO	Non-governmental organization
OAA	Older Americans Act
OECD	Organisation for Economic Co-operation and Development
OEWG	UN Open Ended Working Group on Ageing
RIS	Regional Implementation Strategy
SDGs	Sustainable Development Goals
UNDP	United Nations Development Programme
UNDESA	United Nations Department of Economic and Social Affairs
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
USD	United States Dollar
WGA	ECE Working Group on Ageing
WHO	World Health Organization

THREE-LETTER COUNTRY CODES FOR UNECE MEMBER STATES

Albania (ALB)	Liechtenstein (LIE)
Andorra (AND)	Lithuania (LTU)
Armenia (ARM)	Luxembourg (LUX)
Austria (AUT)	Malta (MLT)
Azerbaijan (AZE)	Monaco (MCO)
Belarus (BLR)	Montenegro (MNE)
Belgium (BEL)	Netherlands (NLD)
Bosnia and Herzegovina (BIH)	Norway (NOR)
Bulgaria (BGR)	Poland (POL)
Canada (CAN)	Portugal (PRT)
Croatia (HRV)	Republic of Moldova (MDA)
Cyprus (CYP)	Romania (ROU)
Czech Republic (CZE)	Russian Federation (RUS)
Denmark (DNK)	San Marino (SMR)
Estonia (EST)	Serbia (SRB)
Finland (FIN)	Slovakia (SVK)
France (FRA)	Slovenia (SVN)
Georgia (GEO)	Spain (ESP)
Germany (DEU)	Sweden (SWE)
Greece (GRC)	Switzerland (CHE)
Hungary (HUN)	Tajikistan (TJK)
Iceland (ISL)	The former Yugoslav Republic of Macedonia (MKD)
Ireland (IRL)	Turkey (TUR)
Israel (ISR)	Turkmenistan (TKM)
Italy (ITA)	Ukraine (UKR)
Kazakhstan (KAZ)	United Kingdom of Great Britain and Northern Ireland (GBR)
Kyrgyzstan (KGZ)	United States of America (USA)
Latvia (LVA)	Uzbekistan (UZB)

INTRODUCTION

“Europe experienced population ageing sooner than many other parts of the world. And European countries are pioneering innovative policy responses to meet the challenges ahead.”
António Guterres, Secretary-General, United Nations

This publication documents the third cycle review and appraisal of the implementation of the Madrid International Plan of Action and its Regional Implementation Strategy (MIPAA/RIS, 2002) in UNECE member States between 2012 and 2017.¹ The review started in 2016 with the preparation of national progress reports by 46 member States and concluded with the Ministerial Conference on Ageing held in Lisbon, Portugal, on 20-22 September 2017. The Ministerial Conference, jointly organized by UNECE and the Government of Portugal, was attended by over 450 participants, including 46 member State delegations.²

“The challenges facing States require inclusive and sustainable policies for people of all ages that can guarantee healthy lives and promote well-being, achieve gender equality, promote the adaptation of labour markets, systems of social protection systems, social and health services, while ensuring their future sustainability.” José António Vieira Da Silva, Minister of Labour, Solidarity, and Social Security, Republic of Portugal.

The Lisbon Ministerial Declaration “A Sustainable Society for All Ages: Realizing the potential of living longer” that was adopted at the Ministerial Conference and is included in Chapter I of these proceedings recognizes the significant progress made by countries across the region in implementing the commitments of MIPAA/RIS. It identifies achievements in raising awareness among policymakers, social partners, media, civil society and the general public to population ageing, and welcomes multi-sectoral involvement and innovation to promote active ageing and foster participation of older persons in decision-making processes.

The Declaration also defines the policy priorities for the fourth implementation cycle 2018-2022 under three broad policy goals: (1) Recognizing the potential of older persons; (2) Encouraging longer working life and ability to work, and (3) Ensuring ageing with dignity. These same themes guided discussions and experience exchange at the Ministerial Conference. The keynote addresses and summaries of the plenary discussions, expert panels, high-level panel and ministerial roundtables are included in chapters II and III. Full statements and presentations are available for download on the Conference webpage.³

“The Lisbon Declaration is a strong foundation to recognize and better harness the potential that longer lives offer to individuals and societies. It guides us towards a sustainable society for all ages. It empowers old and young to participate in and contribute to society, according to their capacities, needs, and desires, through their lives. The Declaration affirms the need to safeguard human rights, it reinforces essential commitments, and it refines our focus.” Olga Algayerova, Executive Secretary of UNECE.

The Lisbon Ministerial Conference provided a platform for exchange among policy makers, researchers and civil society representatives. A research forum and an NGO forum were organized the day preceding the Ministerial Conference. The conclusions of their deliberations and recommendations were formulated in the respective outcome documents and were presented during the Conference. The NGO Political Declaration and the Statement of the Research Forum are included in Chapter IV.

The Synthesis Report on the implementation of MIPAA/RIS between 2012 and 2017 is included in these proceedings as Chapter VI. It informed discussions at the Ministerial Conference by summarizing progress made by UNECE member States towards the four policy goals of the 2012 Vienna Ministerial Declaration⁴ that had guided the third implementation cycle. These goals were (1) to encourage longer working life and to maintain the ability to work (2) to promote participation, non-discrimination and social inclusion of older persons (3) to promote and safeguard dignity, health and independence in older age; and (4) to maintain and enhance intergenerational solidarity. The national reports giving an account on progress made and challenges identified are available on the UNECE website. An important component of the Synthesis Report is its statistical annex, which provides an

¹ UNECE was mandated by the Economic and Social Council of the United Nations to carry out periodic reviews of progress on the implementation of MIPAA. The modalities for the third review and appraisal of MIPAA were agreed in Resolution E/Res/2015/5.

² The official conference report providing an overall short summary of the Conference is available on the conference website: http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Lisbon/Documents/ECE.AC.30-2017-2-E-Rev.1.pdf

³ http://www.unece.org/pau/ageing/ministerial_conference_2017.html#/

⁴ http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Vienna/Documents/ECE.AC.30-2012-3.pdf

overview of demographic trends and information on 22 active ageing indicators.

“We have to address the quality of life in older ages by making financial decisions. Moreover, we have to address these issues from cultural and human perspectives. ...Try not to be too financial, too economical or too political...Your fight is social...”
HE Mr. Marcelo Rebelo de Sousa, President of the Republic of Portugal

The UNECE Working Group on Ageing, consisting of national focal points from line ministries and designated institutions as well as representatives of the research community, NGOs and international organizations⁵ was instrumental in preparing the regional review, the Ministerial Conference and its outcome document. In Lisbon, UNECE member States renewed their commitment to the implementation of MIPAA/RIS and

to regional cooperation and collaboration in the field of ageing. To further support the intergovernmental collaboration in the field of population ageing, UNECE member States acknowledged the need to explore the possibility of a resource-neutral transformation of the UNECE Working Group on Ageing to a standing sectoral committee (paragraph 38 of the Ministerial Declaration).

Participants at the Lisbon Conference also acknowledged progress made on the advancement of human rights of older persons at global level, notably through deliberations in the Open-ended Working Group on Ageing⁶ and the activities of the Independent Expert on the enjoyment of all human rights by older persons.

These Conference Proceedings aim to support the work done by policy makers, researchers, and civil society by providing an overview of where we stand today and of the challenges that need attention.

⁵ <http://www.unece.org/population/wga.html>

⁶ <https://social.un.org/ageing-working-group/>

2017 Lisbon Ministerial Declaration

A Sustainable Society for All Ages:
Realizing the potential of living longer

Preamble

1. We, the representatives of the member States of the United Nations Economic Commission for Europe (UNECE), gathered at the fourth Ministerial Conference on Ageing from 21 to 22 September 2017 in Lisbon, Portugal, reaffirm our commitment made in the Berlin Ministerial Declaration in 2002 and subsequently confirmed by the León (2007) and Vienna (2012) Ministerial Declarations to fulfil the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) and to safeguard older persons' enjoyment of all human rights as laid down in the relevant international and regional instruments.

2. We note with satisfaction that life expectancy has increased for both women and men in the UNECE member States, although this increase in longevity is not always accompanied by good health. We particularly appreciate the richness of life experience and knowledge of older persons and their contributions for the benefit of our societies and their own personal fulfilment.

3. We recognize that the ongoing demographic changes present opportunities and challenges for policymaking and for individuals in our countries, and acknowledge a need for gender equality and intergenerational solidarity.

4. We appreciate that older persons are not a homogenous group, but diverse in their needs, preferences, and opportunities throughout their life course.

5. We acknowledge the significant progress made by many member States, either at the national or local level, in fulfilling the ten commitments of the UNECE RIS/MIPAA during the third five-year cycle. At the same time, we are aware that the implementation of the UNECE RIS/MIPAA during the past five years has occurred in an environment of economic stagnation, pressures on social spending, rising migration and technological transformation. Notable achievements in implementation in the region include, among others, the following:

(a) increasing attention of policymakers, social partners, media, civil society and the general public to the issues of individual and population ageing, including the observance of older persons' dignity and enjoyment of all human rights, and recognition of their contributions

to economic performance and society as well as to strengthening inter- and intragenerational solidarity

(b) advancing active ageing as the central concept and operational approach of national and regional policies on ageing

(c) setting up measures to adapt national social protection systems and labour markets to the consequences of demographic changes

(d) growing involvement of civil society, in particular organizations of older persons, in the development of policies addressing the rights, needs and fulfilment of the potential of older women and men

(e) wider use of innovative approaches in providing services related to education and training, employment, culture, leisure and social tourism, rehabilitation, health and social care, including technological and organizational innovations, as well as promoting stronger cross-sectoral multi-stakeholder involvement in developing such services.

6. We note that some UNECE member States have still to develop more comprehensive policy responses to the individual and societal needs of ageing populations, while other member States need to secure or enhance the existing access of older persons to adequate social protection and well-functioning systems of health and long-term care including access to advanced treatments offered by medical progress.

7. We are also cognizant that policies on health and welfare of older persons in many member States need to be complemented with measures aimed at empowering older persons, particularly older women, safeguarding their dignity and preventing all forms of discrimination, abuse, violence and neglect.

8. We realize that the contribution of growing numbers of older persons - as both consumers and producers - to economic and social innovation and development is not universally recognized. Likewise, the role of social and health service sectors supporting older persons calls for better appreciation not only as important and growing labour market, but also as contributing factor to the economy and social cohesion as well as healthy ageing.

9. We see a need to strengthen social cohesion in our societies by recognizing the potential of older persons and promoting opportunities for them to participate in society and the economy.

10. To foster the implementation of UNECE RIS/MIPAA during the fourth cycle from 2017 to 2021, we stress the importance of further mainstreaming ageing into relevant policy areas and combating ageism in its many forms. We stand together in reaffirming the commitment to designing and implementing integrated policies for active and healthy ageing, where older persons are continuously recognized as an asset for a sustainable and inclusive society for all ages.

11. We aspire to realize the potential of living longer and we are determined to work towards achieving the following policy goals by 2022:

I. Recognizing the potential of older persons by

12. *empowering* individuals to realize their potential for physical, mental and social well-being throughout their lives and to participate in and contribute to society according to their capacities, needs, and desires;

13. *developing and implementing* socially responsible and future-oriented economic and financial strategies that encompass the needs, capacities and expectations of current and future generations, while valuing the potential of older persons, their life experience, their responsibility and support for all generations and for society;

14. *fostering* effective consultations with, and involvement of, older persons and their representatives at the national, regional and local levels in designing policies, strategies and measures that directly or indirectly influence their lives, taking into account the diversity of older persons and their needs;

15. *promoting* a positive image of older persons, acknowledging their contributions to society and strengthening multigenerational discourse and intergenerational learning by all stakeholders, cultivating a life-course perspective in education, the media and other areas to promote better understanding of individual and societal ageing and the opportunities it presents;

16. *fostering* work and volunteering of younger and older persons in intergenerational settings to help them understand how important and rewarding communication, exchange of experiences, cooperation and intergenerational solidarity are in all areas of life, within and outside the family;

17. *encouraging* businesses, non-profit organizations and public enterprises to involve older persons as consumers in the planning and design of goods and services to match their needs and preferences, and to engage them in monitoring the quality of such goods and services;

18. *ensuring* that older persons can attain and maintain their highest possible level of health and functional capacity by supporting the development of age-friendly environments and housing, and adapting health and

social care systems to provide integrated, prevention- and person-oriented services, including in deprived urban, rural and remote areas.

II. Encouraging longer working life and ability to work by

19. *recognizing* the potential embedded in the employment of older workers and developing labour market strategies to promote maximum participation opportunities for workers of all ages;

20. *fostering* access to and promoting lifelong learning opportunities and development of skills as a prerequisite of an active and fulfilling life at all ages;

21. *developing* strategies to fight unemployment at all ages, reducing financial inequalities and poverty, taking up measures to reduce the gender pay gap as well as other gender inequalities, and preventing age-related discrimination in employment;

22. *encouraging* employers to value the experience of, and to retain and hire, older workers, promoting age management in both the public and private sectors, and supporting age-adapted, safe, health-promoting, and flexible working conditions throughout the entire working life

23. *providing* incentives for longer working life opportunities and more flexible retirement choices and fostering alternatives to early retirement including, but not limited to, rehabilitation, reintegration into work and flexible employment options to retain older workers

24. *planning and implementing* pension reforms, as far as not yet done, that take into account the increasing longevity and the extension of working lives, to ensure intergenerational fairness as well as the sustainability and adequacy of pension systems;

25. *facilitating* the reconciliation of employment and care work, providing access to flexible working arrangements and appropriate care services, and promoting an equal division of care work between women and men, while considering a possibility to account for the time spent on tasks of family care in the calculation of the old-age pension.

III. Ensuring ageing with dignity by

26. protecting older persons' enjoyment of all human rights and dignity, promoting their autonomy, self-determination and participation in society, and making sure that no law, policy or programme leaves room for discrimination of any kind;

27. supporting the necessary infrastructure and assistance to prevent all types of abuse and violence against older persons, ensuring their economic, physical, and psychological safety;

28. fostering the development of innovative methods and services as well as user- and age-friendly technology and products for reliable, accessible and affordable support and care suited to the varied and changing needs of older persons, allowing them to maintain social connections and stay in their preferred living environment for as long as possible;

29. raising quality standards for integrated social and long-term care and health services, as appropriate, and continuously adapting the status, training and working conditions of professional care workers, including migrant care workers, to the growing need for culturally-sensitive care and health services, thus alleviating the strain on family and informal caregivers while also recognizing and supporting them in their fundamental role of providing care;

30. supporting research on individual and population ageing processes to better address emerging needs in ageing societies, with special attention to the situation of persons with dementia and/or mental and behavioural disorders, and their families;

31. promoting the participation of both persons with dementia and/or mental and behavioural disorders and their informal carers in social and community life, and ensuring integrated care on a local basis with treatment, care, and support after diagnosis as needed, especially through community-based services;

32. respecting the self-determination, independence and dignity of older persons, especially, but not limited to, towards the end of life, through patient-centred medical and social care, including access to appropriate palliative care and aspiring to facilitate where possible the preferences of older couples to be cared for together.

IV. Final remarks

33. We emphasize that policies on ageing and their implementation are to be seen as a shared responsibility of all major actors in society. Consequently, there is a need for intergenerational dialogue and for effective collaboration among governments, policymakers, the private sector, social partners, researchers and non-governmental organizations, especially organizations of and for older persons, including migrant organizations, and older men and women themselves.

34. We underline the importance of monitoring and evaluating ageing-related policies on the basis of research and improved data collection, as specified in the UNECE Recommendations on Ageing-related Statistics, involving older persons and their organizations throughout this process.

35. We recognize the relationship between population ageing and economic, social and environmental development and uphold our commitment to the United Nations 2030 Agenda and its Sustainable Development Goals, including ending poverty in all its forms everywhere, ensuring healthy lives and promoting well-being at all ages, achieving gender equality, promoting full and productive employment and decent work for all as well as access to lifelong learning opportunities, and making cities and human settlements inclusive, safe, resilient and sustainable for persons of all ages.

36. We acknowledge recent international initiatives that highlight the importance of a life-course approach in mitigating entrenched inequities by implementing comprehensive, multisectoral policies that can deliver stronger growth, greater inclusiveness, and more intergenerational mobility.

37. We acknowledge the adoption of the Global Strategy and Action Plan on Ageing and Health adopted by the World Health Assembly in May 2016 which calls for combatting ageism, developing age-friendly environments, aligning health systems to the needs of older populations and developing sustainable and equitable systems for providing long-term care (at home, in communities, and in institutions).

38. We acknowledge that the UNECE Working Group on Ageing has proven its added value as an intergovernmental body that provides an institutional framework for the exchange of information and good practice and for engaging stakeholders, including civil society and the scientific community, in ageing-related policymaking. To further support the intergovernmental collaboration in the field of population ageing, we also acknowledge the need to explore the possibility of a resource-neutral transformation of the Working Group on Ageing to a standing sectoral committee without prejudice to the work of the UNECE in other areas of its mandate. We are committed to continue to actively participate in the Working Group for the implementation of the UNECE RIS/MIPAA and will contribute to its activities.

39. We appreciate the role of the UNECE secretariat and other stakeholders in assisting member States in implementing the UNECE RIS/MIPAA and the goals of the Ministerial Declaration 2017 through, inter alia, the support provided for developing national capacities on ageing.

40. We thank Portugal for hosting the fourth UNECE Ministerial Conference on Ageing in September 2017.

1. ACHIEVING A SUSTAINABLE SOCIETY FOR ALL AGES: GLOBAL GOALS REQUIRE NATIONAL AND LOCAL ACTION

Heinz Koller, ILO Regional Director for Europe and Central Asia

During my last visit to Lisbon last year for the Centenary of the Ministry of Labour and Social Security, we have had the opportunity to look back at what has been done over the last 100 years but even more to look at what will need to be done in the future.

This is precisely the purpose of the reflections initiated by the ILO Director General under the seven Centenary Initiatives set up in view of the ILO Centenary in 2019. In particular, the ILO Future of Work Initiative that almost everybody knows is now entering a new and decisive phase with the ILO Global Commission on the Future of Work just starting its work.

We live in a rapidly changing world

The world of work is also going through a lot of transformations triggered by mega-trends such as globalisation, technology, environmental changes and of course demography.

Whereas technological progress and its potential impact feed various speculations especially in the media, let us not forget the importance of other factors and drivers of change. In Europe and especially in the light of the refugee crisis, we are well placed to understand and discuss the impact of the demographic factor, its opportunities, and challenges for people and societies in general, and the world of work in particular.

Let me set out to test three working hypothesis:

1. The impact of demographic change on the world of work is profound
2. Older people have a right to work, often want to work, and in many cases are compelled to continue working
3. The "Silver Economy" holds both growth potentials and decent work risks.

The share of older workers in the global workforce expands while the working age population tends to slow down

Globally, the world population continues to expand. At the same time, the world population is ageing due to medical progress and longer life expectancy, on the

one hand, and to low fertility rates especially in Western old industrialized countries, on the other.

In any case, the share of older workers aged 55 and above in the global workforce expanded from 10.5 per cent in 1990 to an unprecedented 14.3 per cent in 2014. According to forecasts, it could reach 18 per cent by 2030, with 750 million older workers throughout the world (compared to around 480 million today).

Consequently, the working age population tends to slow down. By 2050, there will be only four people of working age for every person over 65, compared to nine in the year 2000. The largest slowdowns are expected to occur in the Middle East and North Africa as well as in Latin America. Only the Sub-Saharan region should see labour supply continue to rise at earlier pace. In Europe and Central Asia, labour supply is stagnating and expected to decline further.

From the ILO's perspective, this situation raises a number of questions and challenges for the future of work. How will countries cope with such challenges?

A mix of comprehensive, multi-dimensional, integrated, and innovative policy is needed

In 2013, the International Labour Conference held an interesting discussion on "Employment and social protection in the new demographic context". The conclusions adopted by the Conference rightly point out the need for a "comprehensive, multi-dimensional, integrated and innovative policy mix" that takes full account of such interdependent factors such as demographic changes, employment, labour migration, social protection and economic development. The importance of a life-cycle approach to the world of work has been emphasized in order to ensure at the same time skills development and jobs for youth; adequate working conditions and social protection for those unemployed; jobs and training for older workers and sustainable pensions for retirees. The conclusions adopted also mentioned the need for a "gradual and flexible transition from active working life to retirement through measures such as phased-in retirement, part-time work and job-sharing".

Various reforms are underway almost everywhere in Europe with active ageing becoming an important policy tool

In various countries, including in Europe, this is already the case. Many see active ageing as an opportunity for people and society. Today, various reforms are underway almost everywhere in our region, at various stages of development and also depending on the specific demographic situation of each country, including life expectancy.

In EU countries, various recipes have already been used, including working longer and postponing the retirement age. However, this issue of pension age is highly controversial everywhere, not only in the EU but also in Central and Eastern European countries. Indeed, at a moment when the sustainability of social security systems and their financing is clearly questioned, active ageing has truly become an important policy tool. Incentives for early retirement have been gradually phased out, and retirement ages of women and men have been equalized in a number of countries. Concerns remain regarding the adequacy of future pension levels for women due to their lower contribution periods during their working life. In this sense, the European Pillar of Social Rights provides a framework for anticipating the new challenges while promoting fairness and solidarity between the generations.

Fostering labour migration and female participation in the labour market are promising solutions

At the same time, and especially in EU countries, the ageing process is going fast. Fostering labour migration is increasingly considered as a solution to ageing workforce. Another part of the solution lies in fostering female participation in the labour market. Incidentally, this may be a powerful anti-poverty instrument due to the possibility given to receive social protection, maternity and childcare benefits and reconcile work and family. It also allows to find a solution to unpaid work performed mainly by women, especially caregiving, and to recognize the right of unpaid workers to decent work including social protection. Here, we are really talking about the concept of work, its importance for the society as a whole and how much it is worth to us, i.e. how can we also financially appreciate these countless hours for looking after children, parents and other relatives.

Very often, such jobs are also performed by female migrants: in particular domestic workers, child-minders, nurses and other occupations in personal care service, in response to care shortages in ageing higher income countries.

In this connection and in relation to a recently published ILO paper, it is important to have in mind the existing

gaps in long-term care for older persons everywhere, including in Europe, as well as the insufficiently affordable quality care where it exists. Urgent action from governments is needed here to fill the gap and avoid further pressure on unpaid work of family members.

Economies may benefit from utilizing the capacity of older workers

One generally considers that ageing has a negative impact on economic growth, due to skills mismatches but also to new investment needed by enterprises to adapt to specific needs of older workers. At the same time, such economies may also experience growth accelerations, due in particular to the capacity of older workers to build on their experience and make decisions. There is a nice phrase that “younger workers run faster, but older workers know the shortcuts”.

Moreover, the figures prove it: If looking at the EU for instance, the employment rate for older workers (55–64) ranged in 2015 from 34.3% in Greece to 74.5% in Sweden, with the EU average at 53.3% in 2015, and 55.3% in 2016, compared with 66.6% for those aged 15–64 as a whole. These figures constantly improved over the last 10 years and closed the gap. When interpreting this data, it is however important to avoid mixing up data on aging with knowledge on ageing. Ageing today is not the same as aging in the last century. Indeed, people are living longer without the mental and physical impacts that are typically associated to old age by medical sciences.

In addition, interesting, older workers tended to be less affected during the crisis –at least in the EU- than the average working age population and young workers. Unlike previous downturns, when older workers were often encouraged to choose early retirement, enterprises gave preference to their most experienced workers. However, for those older workers who did lose their jobs, it is clearly extremely difficult to find a new job. Indeed, with the current pace of technological development, the skills of older workers may become obsolete rapidly –or even be replaced by technology- and developing appropriate lifelong learning systems will be key to cope with an ageing working force.

Population ageing creates new labour market

Another aspect and potential source of future growth is the more and more mediatized “silver economy”. Age is becoming a market as such, though its boundaries are not clearly defined. Senior entrepreneurs are a potential driver of enterprises development and a potential source of job creation. This is the case in particular for the “care economy” for the oldest segment of the population, especially people aged 80 and above. This is also the case for the professions related to occupational

safety and health with a strong demand expected to occur in developed economies for physicians, nurses, medical technicians, physical therapists, and various workplace ergonomics expert jobs, and even “healthy old-age consultants” as mentioned in recently published Russian Atlas of Emerging Jobs.

Now, what types of jobs are we talking about? In the ILO perspective, it can only be decent jobs.

Indeed, as discussed last year in the World Economic Forum, it is not just the young who are vulnerable, older workers in ageing economies are often failing to find viable livelihoods as industries evolve. In the US for example, it was noted that older workers are more likely to be in alternative work arrangements like on-call jobs than younger people with a risk of increasing inequality.

Moreover, and although active ageing has become usual, old bias tend to persist – especially the myth according to which older workers would “steal” the jobs from the young.

ILO promotes the right to work for older workers

In this connection, the ILO had quite well anticipated our current concerns if considering the adoption -more than 25 years ago in 1980- of a Recommendation specifically devoted to Older Workers. This Recommendation no. 162 is still valid and promotes the right to work for older workers, including equality of opportunity and treatment, decent working conditions and protection adapted to their needs and capabilities, and access to retirement benefits. It also underlines the need for proper access to vocational guidance and placement

services, social security measures and welfare benefits, conditions of work, including occupational safety and health measures and access to housing, social services, and health institutions.

At universal level, another powerful instrument to reach decent work for all, including women and men senior workers, is the 2030 Sustainable Development Agenda that the ILO is also actively implementing. In particular, Goal 8 on decent work states the objective of achieving full and productive employment and decent work for all by 2030. Moreover, ageing is at the crossroad of several objectives set up by the 2030 Agenda, in particular Goal 1 on eradicating poverty, Goal 5 on gender equality and Goal 10 on reduced inequality, which also implies designing sustainable social protection systems for all – the latter being of particular importance for the European countries.

There are definitely a lot of opportunities and challenges in front of us throughout the 21st Century and I look forward to our today's discussions as a contribution to the ILO Future of Work Initiative. There is, as recently stated by the ILO Director General, a good reason for that. It is indeed “a fundamental desire of people across the world, above all in this period of transformative change and sometimes of uncertainty, that they can look forward and contribute to a better future of work – one with social justice and prosperity and decent work for all”.

We will also pursue this debate until 2019 and, very soon, in Istanbul during the ILO 10th European Regional Meeting that will also focus on the challenges and opportunities of the Future of Work in Europe and Central Asia.

* _ * _ * _ * _ * _ *

2. ENCOURAGING LONGER WORKING LIFE AND ABILITY TO WORK

Marianne Thyssen, Commissioner for Employment, Social Affairs, Skills and Labour Mobility, European Commission

We are all getting older. This is a fact of life.

Between 2004 and 2015 life expectancy of Europeans increased by 2.2 years.⁷ A baby born today here in Lisbon can expect to live until 81⁸ - three years more than baby born in 2004⁹. And if you turn 65 this year, congratulations: you will probably celebrate your 84th birthday as well.¹⁰

Mark Twain once said about getting old: “Age is a case of mind over matter. If you don't mind, it doesn't matter.” Unfortunately, I have to say, I do not agree with Mark

⁷ Eurostat. Life expectancy at birth, by sex. Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00025&plugin=1> Accessed 2 November 2017.

⁸ Ibid. Idem.

⁹ Eurostat. Life expectancy at birth by sex and NUTS 2 region. <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&plugin=1&language=en&pcode=tgs00101> Accessed 2 November 2017

¹⁰ Eurostat. Life expectancy at age 65, by sex. <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00026&plugin=1> Accessed 2 November 2017

Twain, because as we are all getting older, our societies face a number of challenges. Moreover, these challenges do matter.

Challenges

While the population of Europe will increase in the coming years, the working age population will shrink: from 306 million today, to 267 million in 2060. Today, four working people support one pensioner.¹¹ In 2060, the ratio will be two to one: two people at work will support one person staying at home. The cost of social support will increase. This poses challenges to our pension systems, the welfare state, the solidarity between generations, and the social fabric of our societies.

This is not just a European challenge. It is also a global challenge. In 2015, there were around 900 million people aged 60 years or older; this figure will rise to 1.2 billion by 2025.¹²

Opportunities

However, make no mistake: ageing does not just pose challenges. With the right active ageing approach, it also offers opportunities.

First, active ageing means more social opportunities. As older people contribute to society, we should empower them to contribute even more. We should empower them to work, learn, and volunteer, according to individual needs, preferences, and capacities. There is still much to be done, because in Europe, despite recent improvements, only four out of 10 of people of 'pre-retirement' age –the 60 to 64 age group – are in employment.

Second, active ageing means economic opportunities. Older people spend money, too. Certain studies estimate the silver economy at 3 trillion dollars per year globally, which makes it the third biggest market in the world.

In addition, experience and expertise of older workers is an indispensable asset for our economies; and this asset grows when older persons properly pass the torch by mentoring the younger generations. On top of this, a completely new economy is arising to make it possible for people to work longer, be independent longer, and be active longer. The "silver economy" creates opportunities and jobs for all.

¹¹ Based on an old age dependency ratio of 28.5 (2015) and 51.6 (2060). Source: Eurostat. Projected old-age dependency ratio. <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tsdde511&plugin=1> Accessed 2 November 2017

¹² United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, custom data acquired via website.

This November we are organising here in Lisbon, together with the Portuguese Government and the Calouste Gulbenkian Foundation, a conference on social innovation. Our aim is to showcase the new trends and to help share experience and build partnerships.

Potential of active and healthy ageing

However, let me give you already now just two examples to capture the economic and job-growth potential of a developed market for active and healthy ageing:

- First, the Scottish Telecare Programme; its objective is to support independent living. Over the period 2006-2010, it had generated savings of approximately 78.6 million pounds.

- And second, the development of "silver economy" brings important job opportunities: in the health and social services sector alone, one million new jobs are projected by 2020.

These two examples bring me to challenge an unsubstantiated myth that I have been hearing at times, especially since the beginning of the crisis. The myth claims that older workers by staying active longer steal young people's jobs. Let us today dispel this myth, because the opposite is true. The evidence shows that keeping older people at work actually improves employment prospects for all, including the younger generations.

Each generation has something different to offer and workers belonging to different generations are usually targeting different kinds or levels of jobs, so older and younger workers do not readily substitute for each other.

In addition, equally important, the number of jobs in the economy is not static. The more spending power in the economy, the more jobs can be created. Thus, active ageing definitely supports jobs creation! The experience of Germany, Denmark, and the Netherlands demonstrates that while people in these countries work longer; there is also lower youth unemployment.

Moreover, it feels me with confidence for the work ahead as active ageing has become a priority for the European Social Partners who reached a framework agreement on active ageing earlier this year. Indeed social partners have a key role in ensuring a healthy, safe, and productive working environment and work organisation for all ages.

Therefore, I warmly welcome the Ministerial Declaration approved today as a clear commitment to take action and to tackle issues of ageing as a priority. I welcome it because the Declaration does not just stress the need for reforming the welfare, pension, and health systems. It also underlines the contributions made by older people and shows our shared commitment to enable all people

to fully participate in our societies and economies. No one should be left behind or pushed aside.

Solutions: Social Pillar

In many ways, the Declaration reveals the Guiding Principles agreed at EU level during the 2012 European Year for Active Ageing and Solidarity between Generations. These Guiding Principles are very much reflected in the steps we are taking now in the European Union under the European Pillar of Social Rights. We have launched the Social Pillar because we have faced with profound challenges. And it is not only the demographic ageing. Among such challenges is also rapid innovation, which is changing the world of work. We need to update our European Social Market Economy for the 21st century. We need a comprehensive approach, an approach aimed at creating both a dynamic economy and a fair society. So it is a political choice and not simply a coincidence that Chapter one, verse one of the Social Pillar is about the right to quality and inclusive education, training and life-long learning. The Social Pillar also contains principles concerning equal opportunities, old age income and pension, and the inclusion of people with disabilities. In short, the Pillar sets the framework that will help us meet the challenges of an ageing Europe in a fast-paced world – a compass directing us towards the future European social model.

Concrete steps: European Semester

In line with the principles outlined in the Pillar of Social Rights, we have taken a number of concrete steps. For instance, following policy coordination through the European Semester, practically all EU Member States have reformed their pension systems, often in line with our country specific recommendations. For example, many EU Member States have taken measures to prolong working lives, limit early retirement and link pensions to life expectancy. This is essential to ensure that our pension systems remain financially sustainable and that pensions remain adequate to provide older people with a life in dignity.

Longer working lives have become a reality. Between 2011 and 2015, the number of people at work aged 55 to 64 increased by 5 per cent. Yet we must respond appropriately to help people to work and remain active in society longer. That is why we need to provide people with at least three things: jobs, skills, and access to the workplace, goods, and services.

Jobs and long-term unemployment

First, the jobs. We cannot expect people to work longer, if there are no jobs. So we must tackle unemployment, especially long term unemployment. Although labour markets are recovering, this remains an acute challenge.

Not just for the older people, however it is especially older people who find it is hard to get back to work. To create more and better jobs, we need to continue on the path of economic recovery with a triple focus on boosting investments, supporting reforms and promoting responsible public finances.

The European Commission is also taking targeted steps:

- our Recommendation on Long Term Unemployment aims to get people back to work by stressing early intervention and individual support; and
- 41 per cent of European Social Fund allocations target the unemployed, of which one fourth are the long term unemployed.

But creating jobs is not enough. The longer people are out of work, the more vulnerable they become. And even for those who are at work, life-long learning is an absolute necessity because in a fast-changing economy skills quickly become obsolete.

Skills

This is why we must also focus on skills development. Let me make this clear: not just for the old. If we only start updating skills once people become unemployed, it will be too late. There is no work or profession which is unaffected by technology. You are exposed to the changes that gig and shared economy bring whether you are a plumber, an accountant, a researcher, or for that matter a politician. If we want competitive and resilient economies, and if we want our people, both old and young, to have quality jobs and be able to fully participate in today's economy and society, investing in lifelong learning for everyone is the only way to succeed.

With our New Skills Agenda, we aim to get skills in line with labour market demand. We also aim to better understand current and future skill needs. We want to tackle one of the biggest challenges that Europe is facing: 70 million Europeans lack basic skills. For the very weakest on the labour market, our Upskilling Pathways initiative aims to boost basic literacy and numerical skills, and digital skills. Older people lacking these skills stand to benefit from this initiative. OECD data suggests that, on average, people of older age groups have lower levels of basic skills than people of younger age groups. If anything, this proves my point: we have to start teaching key skills at early age. In addition, let us not forget that by providing meaningful employment opportunities to both old and young people we all are becoming better and stronger.

On one hand, older people have much to teach, thanks to their knowledge and experience built up during a lifetime at work. Enabling them to stay at work longer allows for a more successful and smooth succession and transfer of this precious experience and knowledge. On the other hand, younger people often bring new

ideas challenging established ideas and processes, and expose older workers to new technologies and concepts.

Accessibility

Third, we must remove barriers to the workplace, goods, and services. To make sure that people can work as long as they want, we need to create healthy, safe, and accessible workplaces. Our European Accessibility Act aims to improve access for everyone, and our Work-Life balance initiative will make it easier to combine work with caring responsibilities, for instance for elderly parents.

In addition, through EU smart specialisation strategy and with the support of EU funding, 110 European regions have identified active ageing as a strategic priority. This has the potential to bring broad partnerships and innovative projects at a European scale.

Together, we must meet the challenge of an ageing world. This is a shared challenge for our societies, for all UN Member States. We must make sure, that everyone can participate – old and young. No one must be left behind. By putting ageing high on the agenda and working closely together, we can meet this challenge. Today, looking at the Ministerial Declaration and this conference, I am confident we will meet this challenge.

* _ * _ * _ * _ * _ *

3. RECOGNIZING THE POTENTIAL OF OLDER PERSONS: INTERGENERATIONAL PERSPECTIVE

Monica Ferro, Director, UNFPA Geneva Office

Older versus younger?

The discussion on population ageing often pitches the older against the younger generation. It is said that the younger generation is being squeezed to meet the expenditures that come with an increasing number of older persons – notably those associated with health care and pensions – and that vice versa the older generation is living it up without consideration of the burden they place on the younger generation. In accordance, the current generation is frequently referred to as the sandwich or Panini generation. You might think that such perceptions and statements are confined to the popular media, but you would be surprised that they go much deeper and are even reflected in the academic discourse.

To proclaim an inherent conflict of interest between generations is both misguided and counter-productive. It leads to anxieties, antagonism, and ageism. Against this background, it is most appropriate therefore, that last year's International Day of Older Persons has put the focus on combating the "negative" -- ageism and discrimination of older persons -- and that this year's Day of Older Persons is putting the focus on the "positive" -- the contributions of older persons to society.

Economics: roots of anxieties and reassurances

Both, the arguments that foster anxieties, and the arguments that seek to calm anxieties are often rooted in economics.

Of course, as the number of older persons grows and the payouts of pension funds or insurance companies

increase, there is a need for reform. Accounting tells us that payouts have to decrease, contributions have to increase, or a combination of both must be pursued to prevent insolvency. What solution a society opts for is to some extent determined by its economic circumstances, but more often than not it is determined by the political consensus that is feasible at a particular point in time. It is important however to underscore that these are issues that can be fixed and must be fixed, and that these are not catastrophes. Central bankers regularly change interest rates in response to macroeconomic changes, and policy makers change taxes, and subsidies. In a world where everything is changing, it is normal that payouts and/or contributions will also need to be adapted to new demographic and economic circumstances every so often.

Political will and social consensus are needed for reforms

Must changes of the pension or health care system inevitably have negative implications for someone? No. The scope for change very much depends on the growth of labour productivity and income, and how the economic resources are distributed between the economic actors in a society. In the developed economies that currently have the largest share of older persons, as well as emerging market economies that have the most rapid rate of population ageing, the growth of labour productivity and GDP per capita is usually sufficient to match any growth in expenditures for health care and pensions attributable to population ageing. Whether and how countries reform their health care and pension systems, and how they decide to

redistribute resources – not just between the old and the young, but also between employees and employers – is rarely dictated by economic circumstances, and more often than not dependent on political decisions and social consensus. It is not a question whether countries have the economic capacity to finance growing expenditures, but a question of whether countries have the political will to undertake reforms against established interests, and last but not least a question of whether the countries have the social consensus that supports a redistribution of resources. To be clear the social consensus that we have in my home country, Portugal, or the North of Europe, would never be acceptable in other countries.

Spending on the health and wellbeing is an investment

Furthermore, from a macroeconomic perspective it is inaccurate to see expenditures on health care, for example, as a cost to an economy. Everything that is a cost to some is, in a closed economy, inevitably income to others. Therefore, if we spend more on health care in Portugal, we also create more jobs in the health care sector of Portugal. Thus, if we have higher expenditures because we have older persons, it will give a boost to some industries, will create new jobs, and will raise income, and this is primarily to the benefit of the working-age population. It is wrong to see spending by some as detrimental to the wellbeing of others, and it would be wrong to see a contradiction between the spending on and by older persons as contradictory to the wellbeing of the younger generation.

Finally, spending on the health and wellbeing is properly understood as an investment. It is fundamental for healthy ageing, and empowering older persons to actively contribute to society for longer. That is exactly what many older persons do. Even if they retire from formal work, it does not mean that they stop working and contributing to society. They often support their families, for example by taking care of children, and volunteer in their communities. While many of these jobs are not paid, they are valuable. Moreover, these valuable but unpaid activities are an important element of the longevity dividend that comes with active and healthy ageing.

Promoting engagement, eliminating discrimination

Looking forward, there are however many ways in which we can further strengthen the engagement

of older persons in the economic, social, cultural, and political life of their countries. Primarily, it is important to eliminate all discriminatory practices, including mandatory retirement ages. However, older persons should be empowered to work longer if they want to and still have contributions to make; they should not be forced to work longer because they have to and cannot make ends meet. So, the call to abandon mandatory retirement must be accompanied by a call for adequate pensions and social protection at any age. Not doing so would be cynical. It would simply force people to work longer to survive, regardless of persons, social or economic conditions.

Towards wellbeing for all generations

To think about population ageing is not just about the wellbeing of older persons, but also about the wellbeing of younger persons and relationship between the generations. After all, the best way for a country to address any challenges that come with an increase of older population is to invest adequate resources in its younger population that enables and empowers this generation to make active and productive contributions to society. If countries manage to realize a first demographic dividend -- investing in health and education, strengthening human and physical capital, promoting technological progress and labour productivity -- they are best positioned to also address population ageing which will ultimately be the next step in the demographic transition.

Conclusion

Let me conclude by encouraging us to think about inter-generational cooperation in a comprehensive sense.

An inter-generational perspective cannot solely focus on the relations between younger and the older generation at a particular point in time, but needs to assume a life-course perspective and see the evolution of the younger and older generations over time. An intergenerational perspective is a life course perspective. The realization that we all live longer lives changes the very way we live our lives. If we know we have another 10 years towards the end, we probably do not just want to do the same things 10 years more. Instead, it will change the way we think about education and employment, work and leisure, and social protection. Thinking about population ageing – not just older persons, but also the younger generation, and the intergenerational relationships – is essential for comprehensive, coherent, and sustainable policy responses.

4. ENCOURAGING LONGER WORKING LIFE AND ABILITY TO WORK. EMPLOYMENT OF OLDER PERSONS IN THE LABOUR MARKET OF THE REPUBLIC OF MOLDOVA

Stela Grigoraș, Minister of Health, Labour and Social Protection, Republic of Moldova

Mainstreaming of ageing is a coordinated effort that has been employed in the Republic of Moldova for ensuring that the interests, concerns, and needs of older people are within the priorities in planning, development, and implementation of policies. Mainstreaming of ageing aims at taking all possible measures so that policy outcomes reduce the age gaps.

In the context of population ageing, increase of the rates of employment of older workers is essential for contributing to economic growth, strengthening social cohesion, and ensuring the adequacy of pensions. It has been proven that adult education is an efficient means to retain workers or to reintegrate them into the labour market. Adult education is needed to reduce inequalities in the labour market, including gender and age inequalities, as well as to sustain the active ageing approach in policy measures. Under proper conditions, the employment of older persons can be maintained at a high level. The employment opportunities, however, may vary. The older workers are more often than younger workers absent from work due to sickness, while other causes of absenteeism are relatively rare. It also appears that the older employees are able to efficiently perform manual work in a stress-free labour environment.

The employment rate among older persons in the Republic of Moldova is declining. While the general employment rate decreased in the last decade (mainly due to migration and reduction of employment rate in agriculture), the employment rate among older persons, especially those aged 65+, fell as much as twice.

The employment rate of older persons in the Republic of Moldova is low as compared to other countries in the region. While the employment rate of workers of pre-retirement age (55–64 years) in the EU and OECD countries has been slightly increasing, in the Republic of Moldova it has been decreasing.

Significant gender differences exist in employment rates of workers of pre- and post-retirement age: the employment rates are much lower among women. This is largely owing to two factors: lower statutory retirement age for women, and, second, responsibility for care for children, or other member of the family, which is rests traditionally upon women.

The problems related to the employment at any age, and particularly among older persons, have been addressed in the Republic of Moldova in the course of implementation of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) for the region of the UN

Economic Commission for Europe (UNECE). In 2016, the Ministry of Health, Labour and Social Protection of the Republic of Moldova, with the support of the UN Population Fund and the UN Department of Economic and Social Affairs, has conducted the review and appraisal of the implementation of RIS/MIPAA in the country during the third implementation cycle of 2013–2017. The results of the review and appraisal exercise are presented in the national report of the Republic of Moldova.

The review has focused on the implementation of the Programme for Mainstreaming Ageing and its Action Plan for the period 2014–2016, which are based on the Roadmap for Mainstreaming Ageing, as well as on other national policy documents. The Programme for Mainstreaming Ageing and the related Action Plan are complex documents comprising both strategic and practical components and proving the ambitious response of the Government of the Republic of Moldova to ageing.

It should be acknowledged that the Programme for Mainstreaming Ageing and the Action Plan (2014–2016) have been fulfilled only in part, with a number of crucial arrears still requiring more intense policy efforts and allocation of appropriate resources. Both progress and problems for further actions within practically all reference commitments have been identified.

Meanwhile, the following main achievements can be mentioned:

- the special legal and regulatory framework on ageing has been adopted and being implemented: the Programme for Mainstreaming Ageing and the Action Plan for implementing the Roadmap for Mainstreaming Ageing (2014–2016);
- the institutional mechanism in this area has been developed: the National Commission for Population and Development, which cooperates with academia and civil society organizations including those active in the field of ageing;
- the Law on Pension System Reform has been amended, providing for increase in the retirement age for both women and men (from 57 to 63 for women and from 62 to 63 for men);
- the Labour Code of the Republic of Moldova (No 154-XV of 28 March 2003) has been amended and supplemented, introducing a new Article '1241 Paternity Leave', according to which fathers of new-born children acquired the right to a paternity leave;

- an integrated system of social services has been developed, with the aim of establishing better opportunities for social inclusion of persons in distress, including alternatives to the institutional services;
- the geriatric and palliative services have been expanded, including the approved mechanism for compensation of medicines from the Compulsory Health Insurance Funds, in order to improve the access to health services;
- the involvement of civil society organizations in addressing the issues of ageing has been increased through the established Ageing Platform, etc.

Thus, the issue of population ageing is on the agenda of the Moldovan Government. This issue has been addressed by the adoption of the legal and regulatory frameworks, creation of the institutional mechanism and carrying out a range of activities. The following measures are seen as priorities for future actions:

a) efficiently address the issues related to population ageing by mainstreaming it in sectoral policies and local development strategies, and by strengthening the professional skills;

b) develop and support entrepreneurship programmes, including those for older persons, which would improve their socio-economic situation, as well as the overall situation in the country;

c) encourage group activities of older persons, including through their political and socio-economic empowerment;

d) develop lifelong educational/training programmes to facilitate ongoing productivity of older employees;

e) improve and adjust the capacities of social and geriatric services, as appropriate; develop an integrated system of home-based medical and palliative care services, as well as programmes for promoting healthy lifestyles;

f) promote programmes for strengthening the solidarity within and between generations as fundamental values of societal development; strengthen the social cohesion.

All these measures will ensure a good quality of life and a decent life for older persons, as provided for in the RIS/ MIPAA.

* _ * _ * _ * _ * _ *

5. ENSURING AGEING WITH DIGNITY

Jim Daly, Minister of State for Mental Health and Older People, Ireland

The benefits of sharing international experiences at these discussions are immense. As we say in the Irish language, “ní neart go cur le chéile” – meaning that we have no strength without cooperation.

Dignity is at the heart of what it means to be a human being. We all have a right to be valued and respected, and have a duty to treat others the same way.

Ageing population: challenges and opportunities

As we are all aware, so many more people are living for so much longer which is one of the great success stories of our age. The successes achieved in recent decades by so many countries in improving health and extending life expectancy should be acknowledged and celebrated.

The quality of our lives as we age has vastly improved. We are enjoying full and busy lives for longer than our parents or grandparents could ever have contemplated.

For several decades now, there has been a worldwide Positive Ageing movement that reminds us that the later years can be a time of new beginnings and of new possibilities.

While an ageing population brings some challenges, I feel strongly that this also presents us with opportunities to bring about improvements in society to facilitate and accommodate our changing needs.

Ensuring dignity in ageing is essential. We, as members of Governments with responsibility for policy and decision-making, must foster the development of environments that allow people to live well and enjoy their communities. We must also ensure that people are protected when they are vulnerable, and have access to supports and services when they need them.

The Ministerial Declaration adopted at the conference yesterday and the work being carried out across the ECE region under the Madrid International Plan of Action on Ageing helps us as an international community to focus on creating an inclusive and equitable society for citizens of all ages and abilities. In working to achieve a good quality of life for our ageing population, we must also be aware of maximising independence, self-determination, and participation in society, while protecting older persons' enjoyment of human rights and dignity. In this context, I am particularly pleased that the Declaration includes an aspiration to facilitate where possible the preferences of older couples who

need care and who wish to be cared for together.

Positive Ageing in Ireland

As a Minister for Older People, I am very aware of the importance of planning for positive ageing. In my own country in 2013, we published the Healthy Ireland framework, which sets out a vision to improve the health and wellbeing of the entire population of Ireland. Its main focus is on keeping people healthier for longer. At the same time, the National Positive Ageing Strategy was developed to signpost what we can do to make Ireland a good country in which to grow older.

In the past, our policy in Ireland relating to older people tended to be too focused on health and social care issues. Our Positive Ageing Strategy highlights that a whole-of-Government response is required to address a range of social, economic, and environmental factors that affect the health and wellbeing of our ageing citizens.

The Strategy sets out high level Goals on themes of participation, health, security, and research. It includes a strong focus on enabling people to age with confidence, security, and dignity in their own homes and communities for as long as possible. Actions are identified for Government in areas such as improving living standards, safe and secure homes, developing age-friendly public spaces, and protections from elder abuse.

As a Government, we have recently re-committed to the core principles of the Strategy. We held the first National Positive Ageing Stakeholder Forum in March this year, giving organisations who represent the needs and views of older people in this area the opportunity to work together to identify key priorities to propose to Government. The Forum facilitates constructive dialogue between the decision makers and the representatives of older people.

A Healthy and Positive Ageing Initiative has also been established to implement the research objective of the Strategy. A first National Positive Ageing Indicators Report was published last year and it highlights many of the positive and negative aspects of growing old in Ireland and provides us with an important evidence resource to monitor the issues that matter in the lives of older people over time.

Age-friendly communities for inclusive society

I know several other countries have also developed comprehensive strategies at national level to foster active ageing and enhance wellbeing of older persons. At local level, a number of countries promote the development of enabling environments through age-friendly community initiatives, following the age-friendly city concept developed by the World Health

Organization. Simple changes such as providing designated parking spaces for older people, making public buildings more accessible and providing seating in public areas, go a long way towards achieving the kind of inclusive society we are all striving for.

As we age, we all aspire to live at home in our own community. In keeping with the Madrid International Plan of Action on Ageing and the Ministerial Declaration our Government policy in Ireland is to support older people to live in dignity and independence in their own homes and communities for as long as possible.

My Department is developing detailed plans to further enhance our home care services. A public consultation process is under way to ensure the views of older people themselves, their families, healthcare workers and all the relevant stakeholders are clearly heard.

While we support older people to live at home as long as possible, we have a national scheme of financial support for all those assessed as requiring long term residential care. The Nursing Homes Support Scheme, also known as A Fair Deal, is a means-tested scheme of financial assistance for those who need long term nursing home care.

The Scheme is designed to ensure that long-term nursing home care is accessible and affordable for everyone, and that personal preference is respected, where possible, when it comes to choosing an approved nursing home. Since the introduction of the Fair Deal Scheme, the average length of stay for people in long-term nursing home care has fallen dramatically from approximately 7 years to 2.2 years. This is a clear signal that our citizens enjoy greater opportunities to remain at home and in their communities for longer, which of course would be their wish.

Addressing dementia

In Ireland, we estimate that around two-thirds of nursing home residents have a dementia. We also estimate that two-thirds of people with dementia live in their own homes and communities. In 2014, Ireland's first National Dementia Strategy was published and a National Dementia Office has been established to implement it. The aim of the Strategy is to improve care services so that the increasing numbers of people with dementia can live well for as long as possible, can ultimately die with comfort and dignity, and can have services and supports delivered in the best way possible.

Palliative care: professional and compassionate

With so many more people living much longer worldwide, there are increased numbers of people living with, and dying from, chronic diseases and life-limiting illness. We want to ensure that all people will be provided with the type of palliative care services that

they need regardless of what diagnosis they have, how old they are or whether they die in a hospice, an acute hospital, a nursing home or at home. In recent years in Ireland, we have invested considerably in hospice and community palliative care services. We are also working to improve the quality of service delivery, and to ensure that all professionals who come into contact with palliative patients and their families have the skills they need to provide excellent, compassionate care.

Conclusion

As an international community, we are challenging the stereotypes, which older people can face through ensuring:

- that everyone, young and old, is a valued member of society,

- that older people are enabled to participate fully in the activities of their communities,
- that we foster a positive attitude towards our older family members and friends, and, importantly,
- that older people have a positive attitude towards themselves.

And we must pay particular attention to the needs of more marginalized, vulnerable, hard-to-reach and minority groups of older people.

With these in mind, we can fulfil the commitments of the Madrid International Plan of Action on Ageing to promote positive ageing and ensure ageing with dignity.

Expert Panel I – *Recognizing the Potential of Older Persons*

Expert Panel II – *Encouraging Longer Working Life and Ability to Work*

Expert Panel III – *Ensuring Ageing with Dignity*

Rapporteur: **Alexandre Sidorenko**, Senior Advisor, European Centre for Social Welfare Policy and Research

High-Level Panel Discussion between Ministers and Civil Society representatives – *Recognizing the Potential of Older Persons: Intergenerational perspective*

First Ministerial Roundtable: *Encouraging Longer Working Life and Ability to Work*

Rapporteur: **Agnieszka Chłoń-Domińczak**, Warsaw School of Economics, Poland

Second Ministerial Roundtable: *Ensuring Ageing with Dignity*

Rapporteur: **Giovanni Lamura**, National Institute of Health and Science on Ageing, Italy

1. RECOGNIZING THE POTENTIAL OF OLDER PERSONS

Expert Panel I

The first expert panel on recognizing the potential of older persons acknowledged the need of fostering a new vision of ageing and older persons in the twenty-first century. The panellists emphasized the importance of challenging traditional stereotypes of ageing and sensitizing societies to the potentials of older persons and their continuing contribution to various spheres of societal life. The contribution of older persons through volunteering, including their participation in various multigenerational projects, was underlined. Intergenerational engagement can also be envisaged in lifelong learning programmes. Public policy has to support the recognition and realization of the potential of older persons, and at the same time address their needs through adequate and sustainable measures of social security, health and social services.

In her introductory remarks the Chair of the panel emphasized that, in order to recognize and utilize the potential of older persons, we need to reclaim ageing as a universal phenomenon of the twenty-first century. To achieve a new vision of ageing and ensure new roles of older persons in society, it is necessary to review images of older persons, reform social institutions, redefine responses and rethink current policies.

In his address to the participants of the Lisbon Ministerial Conference, the President of the Republic of Portugal had stated that “life is a continuum, where there is no us and them, but everyone”. This message

was echoed in the presentation of the representative of AARP who quoted the words of the chief executive officer of this organization: “I want us to challenge our outdated beliefs about ageing and begin the hard work of developing new, innovative solutions that will allow more people to choose how they age. ...it’s not really about ageing - it’s about living”.

To tackle opportunities and challenges of demographic change we need to assert contemporary images of ageing and older persons

New images of ageing and older persons are finding their way into our societies while we are learning to view older persons as committed and competent contributors. It is also important to recognize that today’s older persons are as diverse as entire societies. The expert from the Russian Federation noted that older persons and their contribution to society may remain invisible owing to a communication gap between generations, which perpetuates pitiful and generally negative images of older persons. In Germany, reports on the older population regularly published by the Government have played an important part in promoting new images of ageing. Older persons themselves have to accept their central role in changing the images of ageing at individual level, as envisaged in the campaign “Disrupt Aging” initiated by AARP.

Older persons are continuing contributors to various spheres of society

According to AARP, 72 per cent of Americans between the ages of 45 to 74 years are planning to work in retirement. Participation in family life is also a significant part of engagement of older Americans. The potential of older Byelorussians encompasses their skills and experience in economic, educational, and scientific research and social spheres. The most visible formal contribution of older workers in Belarus is in the service sector, particularly in education, health care and social services. Informal contributions of older Byelorussians include their participation in social, educational and cultural activities, as well as volunteering and care for grandchildren.

The active role of older persons in society is particularly visible in their voluntary engagements. In Germany, about 11 per cent of the volunteers are over 50 years old. They are involved in social, ecological, cultural and sports activities. They provide support to refugee children and their parents in learning German, finding housings and dealing with the authorities. In the USA, older persons participate in the 'Experience Corps', providing voluntary assistance in schools to trailing pupils.

Intergenerational programmes help to realize the potential of older persons and promote social cohesion

Data of a research project presented revealed that in the Russian Federation older people contribute to society at the same rate as younger people. Yet their real and potential contribution often remains invisible and thus not recognized, owing to communication gaps between generations. To overcome this discrepancy, multigenerational programmes have to be in place: such programmes of "doing things together" would stimulate intergenerational exchanges and help to prevent communication gaps.

As was emphasized by the expert from Sweden, intergenerational and lifelong learning is a resource for social capital and a promoter of more cohesive societies for all ages. Intergenerational learning is an inclusive concept and process: it incorporates

lifelong learning, as well as 'life-wide' learning; the latter envisages intergenerational reciprocity in the learning process. This type of learning is supposed to be conducted in school and at the workplace, as well as through intergenerational ('young-to-old' and 'old-to-young') and multigenerational ('doing things together') arrangements.

The Government and civil society in Germany have promoted intergenerational contacts in the course of volunteering, encounters in multigenerational centres, and multigenerational living arrangements.

Other important approaches have been advocated by AARP within their "Disrupt Aging" campaign: the promotion of a multigenerational workforce, which helps to improve working climate and stimulate productivity, and the strengthening of intergenerational connections within the family, where older members play an indispensable role as caregivers.

Public policy support is needed for the recognition and realization of the potential of older persons

In order to promote active participation of older citizens in society, the German government has established a round table entitled "Active Ageing – Organizing Transitions". Representatives of academia, welfare organizations, municipalities, and organizations for older persons have worked together to produce strategies for action in three working groups: "Active Ageing Index", "Education in and for Old Age", and "Shaping Transitions". Priorities for intergenerational policies by the German government include fostering digital inclusion of older persons; supporting multigenerational living arrangements; promoting age-friendly communities with an older-person-friendly social infrastructure; and overcoming gender inequalities in ageing.

Equally important is to ensure that social support is available for older persons in order to sustain their engagement in societal life. A comprehensive system of social and healthcare services for older persons exists in Belarus, including daycare centers, mobile household services teams, sanatoriums and spas, regional geriatric centres, and health schools for the third age.

* _ * _ * _ * _ * _ *

2. ENCOURAGING LONGER WORKING LIFE AND ABILITY TO WORK

Expert Panel II

Encouraging Longer Working Life and Ability to Work was the theme of the second expert panel. The panellists acknowledged the lasting barriers to integration of older workers in the labour market and agreed that policy actions are required on both the supply and the

demand side of the labour market. Among such actions on the supply side, the facilitation of employability and labour mobility of older workers throughout their working lives were discussed. Particular emphasis was placed on such measures as career-long vocational

education and training; counselling for older jobseekers and testing their remaining work ability; and facilitation of self-employment of older persons. On the demand side, promising approaches and models include age management based on information about senior resources; age-specific working adjustments and benefits; and elimination of age-based discrimination.

Various barriers to an age-integrated workforce still exist

Introducing the subject of the panel, its moderator underlined the challenges of population ageing and the situation in employment and the labour market in economically advanced countries. The acceleration of population ageing has been accompanied by increasing economic inequality across age cohorts, especially at younger ages. At the same time, the gender gap in employment rates is particularly visible in older age cohorts; and lower educational level correlates with lower employment rates of older workers. Barriers to an age-integrated work force include age inequalities in employment, training, and digital knowledge and skills. Significant differences exist even in the relatively 'homogeneous' group of the EU states in such parameters as employment rates of older workers; participation rate of older workers in formal and non-formal training; and digital skills of older people.

In Norway, the challenges are seen in changing the working conditions and introduction of new technologies, which transform economies, labour markets, and working lives. Industrial changes, such as the emergence of new industries (e.g., cyber physical systems of the "4.0 industry") and the increasing processes of "creative destruction" have been associated with the early exit of older workers. Long-term unemployment and disability pensions have been the usual mechanisms of early exit.

The labour force in Slovenia is shrinking owing to two demographic developments: low fertility related to delaying first births to higher age between 1984 and 2010, and ageing and retiring of baby-boomers. Another significant trend in the country is low employment rates among the working age population owing to late first entrance to and early exit from the labour market. Employment rates of older workers in Slovenia are among the lowest in the EU. These developments may in the end endanger the sustainability of public finances.

Policy frameworks for addressing the challenges and opportunities of ageing labour markets have been elaborated by intergovernmental organizations and tested in various countries

The OECD has developed recommendations on ageing and employment policies for improving

job opportunities at all ages through supply-side and demand-side measures. Such measures form three pillars: rewarding longer working life and later retirement; encouraging employers to retain and hire older persons; and promoting employability throughout working life.

Measures for encouraging employers to retain and hire older persons may include the following: tackling age discrimination in the work place and in the labour market; aligning wages with productivity instead of seniority; and improving human resource management through counselling and training.

In order to facilitate labour mobility of older workers, policy actions have focused, among various other approaches, on helping older jobseekers by counselling and testing their remaining work ability; and on facilitating self-employment of older persons.

Employability of older workers can be improved by career-long vocational education and training, including training for improving digital skills. The obtained skills should be recognized by validating the acquired experience.

Job quality is an essential factor when promoting employment at any age. The corresponding measures encompass efforts to improve working conditions by, for instance, providing financial incentives to enterprises, and by helping employees to combine work and care responsibilities.

Shared commitment and concerted actions by employers, workers and their representatives are needed for designing and implementing the necessary policies and programmes. In March 2017, the European social partners launched an autonomous framework agreement on active ageing and an intergenerational approach in order to facilitate participation of older workers in the labour market and at the same time to ease intergenerational transitions in the context of high youth unemployment.

Initiatives to promote an inclusive late-career labour market are growing

As noted by the moderator, promoting the employability of workers throughout their working lives and strengthening employment opportunities at an older age remain crucial policy objectives. New potentials of a late-career labour market are related to new working conditions and technologies and can be utilized through an age-integrated life course approach; life-long learning and training; flexible working lives; job- and career mobility inclusive of 50+ workers; flexible working and retirement arrangements; and new types of jobs and job arrangements.

In Norway, senior employment rates have been increasing in recent decades for both women and men.

The Norwegian policy for promoting an inclusive, late-career labour market is based on the following principles and approaches: equality and confidence; universal education; universal healthcare services; employment-oriented economic policy; cooperation of social partners in developing and implementing employment, income and social policies; active and universal labour-market policy; and pension reform. Among the current and promising models of age management in Norwegian enterprises are knowledge-based information about senior resources; age-specific working adjustments and benefits; and life-course oriented human-resource policies and management.

In Portugal, the age-management model pursued in one of the established international businesses is based, among several approaches, on skill assessment and vocational training of workers of different ages. Other good practices in age management and flexible working arrangements exist, but their implementation remains poor, in particular in small and medium-sized enterprises. Moreover, in some countries, awareness about the challenges and opportunities of population ageing is still low in society and among businesses, which makes it necessary for governments to focus on advocacy measures.

* _ * _ * _ * _ * _ *

3. ENSURING AGEING WITH DIGNITY

Expert Panel III

During the third expert panel on Ensuring ageing with dignity, the discussion focused on the main dimensions of dignity in older age and policy measures for ensuring quality of life for older persons and mainstreaming dignity into policies and programmes on ageing. Ensuring human rights of older citizens and preventing age discrimination, abuse and neglect are the major pillars of policy for successful ageing in a society for all ages. Positive images of ageing and older members of society must replace the outlived negative stereotypes. Policy has to be evidence-informed and equipped with the appropriate tools for assessing the needs and expectations of older persons. Furthermore, it is important to monitor and evaluate interventions, disseminate good practices and to promote innovations. Ageing in dignity can be fostered at any age by supporting independence and preventing the loss of autonomy through various measures of care and rehabilitation, including “reablement” and support through assistive technologies.

A society fostering dignity as a fundamental value is a more just society and its people are more equal

The needs and preferences of older people must form the foundation of policy measures. The things that older people value usually include the following: to meet basic needs; learn, grow and make decisions; contribute; be mobile; and build and maintain relationships. Life course strategies aimed at fostering dignity in older age should strive to combat ageism; meet basic needs; organize lifelong learning; provide training and support for caregivers; develop and monitor systems for needs-based long-term care; and ensure the right to contribute to and not to be left behind by society. As was noted by one panellist, “living together for longer” raises the need for policies that actively promote “good ageing”, or “successful ageing,” and at the same time obliges us

to think about the evolution of our model of society and the redefinition of ageing and the intergenerational pact.

A positive image of ageing is a fundamental prerequisite for ensuring the dignity of older persons

Many aspects of the life of an older person are determined by the images and perception of ageing that prevail in a given society. Quite often, such images are negative and they can contribute to perpetuating discrimination and abuse. The Red Cross in Serbia focuses on utilizing three tools for promoting positive images of ageing and older persons. The first tool is to include information about ageing in education curricula, depicting ageing as a process rather than as the endpoint in one’s life course, hence preparing the coming generations for healthy and active ageing. The second tool is the use of campaigns aimed at the general public to help reconsider the negative images of ageing and viewing older persons as engaged and contributing members of society. Identifying positive role models among older persons is another powerful tool: older persons who demonstrate active, engaging life styles to their peers can inspire them as well as people of younger ages to view the continuing opportunities in their lives.

Dignity has to be mainstreamed into public policy on ageing. The issues related to dignity of older persons should be addressed from various perspectives

The key premise of a new Portuguese national strategy, currently under development, is ensuring ageing with dignity by acting in the following areas and reaching the corresponding objectives:

- Health: preventing and controlling non-communicable disorders, reducing physical and mental incapacity, and

promoting autonomy.

- Participation: promoting lifelong education (including health literacy), and physical and social environments that foster integration and participation.

- Security: minimizing risks, promoting wellbeing and security.

- Measurement, monitoring, and research: assessing needs, monitoring and evaluating interventions; strengthening research capacities; disseminating good practices and promoting innovations.

Human rights are at the centre of policy efforts to ensure dignity in older age in France, including the Law on the Adaptation of Society to Ageing, which was promulgated on 28 December 2015. The strategy of “successful ageing” is built in France around three key concepts:

- Foresight and prevention of loss of autonomy - so that people can live as long as possible in good health and without disability.
- Comprehensive adaptation of society to ageing - in order to better take into account age-related dysfunctions and to develop responses which are adapted to the needs of older persons and can support their autonomy;
- Support for the individual - shifting from social welfare policies based on collective integration schemes to policies of inclusion of individuals and personalized support.

At the centre of the French law is a multisectoral and multidisciplinary approach, which seeks, in a very concrete way, to bring existing actions into coherence and reinforce them across various sectors. Specific policy measures in France are aimed at preventing the medical risks and managing the quality of medical care for older persons, especially those living in institutions; combatting the isolation of older persons by, among various approaches, encouraging local volunteer involvement of and for older persons; and integrating ageing issues into local housing programmes and urban transport planning.

The Spanish Government views accessible and affordable technologies as promising tools for fostering physical, psychological, and social wellbeing for all ages. Accessible technologies can promote active ageing and independence in older age; longer working

life and ability to work; social inclusion of older persons; and intergenerational solidarity. Developing accessible technologies for older persons requires various stakeholders to work together and to share a person-centred vision in their work.

Care remains the essential sphere of action for ensuring the dignity of persons at any age

Care, the traditional area of addressing the needs of older persons and ensuring their dignity, has been undergoing significant transformations. In Denmark, as well as in several other countries across the globe, the idea and methods of reablement have emerged as a promising approach in care provision. Reablement is an individualised provision of home care aimed at supporting independent living by helping people with poor physical or mental health to accommodate their frailty through learning or relearning the skills necessary for daily living. Typical interventions within the reablement approach in Denmark include continuous assessment, with the involvement of older persons, of needs, services and outcomes; daily visits by social care worker for providing assistance in accomplishing activities of daily living; physical training for performing in-house activities (e.g., climbing the stairs), among others. Reablement requires multi-disciplinary efforts with occupational therapists and social care workers playing the central roles in provision of this type of care. The reablement can become an important component of social and health care, along with prevention, treatment, and rehabilitation.

Professional and family caregiving is of growing importance in ageing societies. In France, family caregivers are on average 60 years old, and 60 percent of them are women. Nearly half of the caregivers suffer from a chronic illness. The French Law on the Adaptation of Society to Ageing mentioned above recognizes the status of family caregivers and grants them a right to respite care, as well as other support measures. The new “caregiver arrangements” also apply to caregivers who are unrelated to the person they provide care to and to caregivers in institutions. The National Caregiver Day, which is observed in France on 6 October each year, strives to raise awareness about the role of caregivers who help those in need of care on a daily basis. It also aims to promote the recognition of the contribution of caregivers to society and draws attention to their needs through events organized throughout France.

* _ * _ * _ * _ * _ *

4. RECOGNIZING THE POTENTIAL OF OLDER PERSONS: INTERGENERATIONAL PERSPECTIVE

High-Level Panel Discussion between Ministers and Civil Society representatives

The theme of the high-level panel discussion was assigned to review the ways and means for recognizing the potential of older persons from an intergenerational perspective. The panel provided an opportunity for government and civil society representatives to share their views and present the results of their activities aimed at promoting a more inclusive society and better quality of life for all generations. The discussion focused on the existing barriers for active engagement of older persons and policy approaches for recognizing their potential in various spheres of societal life. Special attention was paid to intergenerational relations, including concepts and concrete measures to promote multigenerational cohesion.

The discussants acknowledged that the 2030 Agenda for Sustainable Development with its assurance that ‘no one will be left behind’ can serve as a background for designing measures to recognize the potential of older persons and promoting intergenerational solidarity.

The Madrid International Plan of Action on Ageing (MIPAA) has great potential to uphold the full spectrum of civil, political, social, economic and cultural rights of older persons. The next cycle of implementing MIPAA in the UNECE region (2018 – 2022) should focus on mainstreaming the rights of older persons and multigenerational cooperation into the measures implemented under the Regional Implementation Strategy. It is also important to foster the role and impact of the UN Open-ended Working Group on Ageing (OEWG), which has the mandate to promote the respect of the rights of older persons.

Recognizing and engaging the potential of older persons

There are several barriers to recognizing and engaging the potential of older persons. One of the most persistent barriers are the negative stereotypes associated with ageing and older members of society. Numerous changes in society have eliminated in many places the viewing of older persons as source of wisdom. Today ‘wisdom’ is not necessarily a synonym of older age. Negative stereotypes undeniably affect the opportunities for work and other forms of engagement of older persons. Ageism has been the most tolerated form of social prejudice that remains to be battled. It is not just an older person’s problem: ageism affects all members of societies: employers, employees, policy makers, caregivers, relatives, friends and personally all individuals as they age themselves. Thus, ageism must be perceived as a societal challenge that requires a collective action. Tolerance, open-mindedness, and

inclusion would be vital for eliminating ageism in our societies.

In order to bring the potential of older persons into the focus of policymaking, the Government of Latvia in 2016 approved the Active Ageing Strategy for Longer and Better Working Lives. This Strategy aims to address issues regarding different challenges older persons face in the labour market and is inclusive of experience and best practices from other countries.

Lifelong learning has emerged as a universal approach for promoting participation of older persons in various spheres of societal life. This approach has been utilized in various countries, including Norway, for improving employability of older persons through reskilling and upskilling their competencies.

Independent living is a central prerequisite of active ageing, and promoting independence in later years requires focusing on healthy life styles at all ages, access to health and social care, including early detection and prevention of non-communicable diseases, and a supportive living environment.

Towards intergenerational cohesion

There is a tendency to pit generations against each other, and this is particularly the case when it comes to younger and older people. The mentality of “us versus them” is pervasive. Meanwhile, age-based discrimination affects both older and younger people alike, manifesting in different forms the same phenomenon that excludes certain groups from society. Each generation needs to recognize their role, potential and contributions to society, without undermining the role, potential and contributions of other generations.

Human rights are a universal concept and a promising framework for addressing the needs and expectations of people of different ages. This assertion is particularly valid for designing and implementing policy measures and concrete programmes aimed at strengthening intergenerational cohesion.

Globalization and population changes and the post-industrial economy have instigated various social dynamics, which bring welfare system under pressure. The current state of welfare systems needs adjustment to ensure intergenerational solidarity. Adjustment are for example needed in the area of care provision to alleviate the burden of care shouldered by younger generations. Another area requiring adjustments is pension schemes. The paramount task in this area is developing an equitable intergenerational pension system, one that ensures the well-being of older people

through adequate pensions and simultaneously ensures the sustainability of pension schemes to prevent overburdening the young through high contributions.

Intergenerational policies: transforming risks into opportunities

The overall task of intergenerational policies is to transform what appears to be risks into opportunities. In this era of fundamental social changes a new social pact might be envisaged, the one that would pay greater attention to the needs and expectations of all generations, thus promoting intergenerational cohesion and ensuring the involvement of all in society.

Today's generations are much closer to each other than before both in values and lifestyle and that is a good starting point for designing intergenerational policies. Gender sensitivity must be an essential component of such policies.

To design appropriate intergenerational policies, more and better data should be made available about the situation of different age groups and the envisaged impacts of proposed measures. Meanwhile both younger and older people are often missing from or hidden within statistics. More extensive data collection and more data disaggregation by age and gender would support the creation of evidence-informed intergenerational policies.

In Norway, the policy efforts towards securing intergenerational fairness and cohesion include five elements: economic policy, pension reform, lifelong learning, provision of welfare, and family policy.

Economic policy focuses on intergenerational balance of the economy and finance: providing for the needs of older members of society while preventing "over-spending" in order to "not leave the bill to our grandchildren".

Pension reform constitutes the second element of intergenerational policy in Norway. The overall goal of the reform is to develop a sustainable pension system and attain fair balances of benefits and costs - between generations, and between social groups within each generation.

The third main element is lifelong learning. The new skills strategy launched this year by the Norwegian

Government together with the social partners strives to adjust to the changes of the skill profile of jobs caused by the digital transformation. Lifelong learning would help to meet the needs for reskilling and upskilling of workers of different ages and, among other tasks, facilitate employability of older workers.

A good provision of welfare, including public health and care services, is a crucial fourth element for ensuring intergenerational solidarity. As the State Secretary from Norway noted, 'We can work more and longer, and pay taxes, when we are sure of access to child care and long-term care services for the old and frail'.

Family policy is seen as the fifth main element of efforts to reach intergenerational cohesion. Its task is to balance work and family life; such balance is important for ensuring the participation of parents and carers in the labour market – both women and men.

NGOs: consulting and acting

NGOs active in the field of ageing are making multifaceted and concrete contributions to addressing the challenges and opportunities of population ageing in the UNECE region. The role of NGOs is particularly important in such activities as combating ageism through national awareness-raising campaigns.

In Latvia, major policy decisions concerning older persons are being discussed in the Council on Senior Affairs that is established under the Minister of Welfare and serves as a significant platform where NGOs can influence the policy-making process by expressing their views and positions. Public consultations in Latvia are mandatory before any legislative document of national policy is officially submitted to the Cabinet of Ministers. Such consultations give NGOs the possibility to express their opinion about the proposed legal initiatives.

Various NGO projects help to recognize the potential of older persons, promote cooperation between generations, encourage longer working life, and ensure ageing with dignity. Also in Latvia, within the project "Meet your Master" various craftsmen from all over the country transfer their knowledge, handicraft skills and traditions to younger disciples. Since 2009, annual activities of the project have been dedicated to the preservation of skills, their promotion, and transfer.

* _ * _ * _ * _ * _ *

5. FIRST MINISTERIAL ROUNDTABLE: ENCOURAGING LONGER WORKING LIFE AND ABILITY TO WORK

The participants of the roundtable underlined that population ageing is a process that is present in many countries. It is particularly fast in Central and Eastern Europe, where longer life expectancy is combined with very low fertility levels and in some countries with relatively high mortality rates of the middle-aged population. According to UN projections, population ageing in Europe is the most advanced compared to other world regions. The growing share of older people in the total population is both a challenge and an opportunity for national and international policies.

The welfare state in a time of population ageing

Population ageing can become a challenge for existing welfare state models and in particular old age pension systems. Providing adequate and sustainable pensions requires stable and far-reaching policies. These include frequently unpopular, but necessary steps, such as reducing access to early retirement and prolonging working lives. As the delegate from Luxembourg underlined, reforming welfare models should not only take into account fiscal sustainability, but also ensure dignity and human rights and help reach social goals. One of the policy directions mentioned during the discussion was smoothing employment-to-retirement transitions through the provision of more flexible working hours and flexible retirement options for workers who are getting closer to retirement ages. For example, the Fuller Working Lives Strategy in the United Kingdom includes the removal of the statutory retirement age, the introduction of flexible occupational and private pensions and offers new opportunities for phased retirement. Flexible pensions, including the possibility of combining a part-time pension with part-time work, were introduced in Germany, Norway, and Portugal. Mandatory retirement was also removed in Belarus. In Switzerland, incentives to retire from the labour market prematurely were eliminated, both in the public pension system and in the mandatory occupational pension scheme.

During the discussion, it was highlighted that meeting challenges associated with population ageing requires focusing on efficient policies and services to achieve the following:

Ensuring good health

First, it is necessary to ensure good health of older people. This includes focusing on prevention and early intervention to avoid long-term sick leaves, disabilities, and early withdrawal from labour markets. Protection of mental health is needed to meet the growing risk of mental problems in older age. Finally, yet importantly,

preventive occupational health measures, including ergonomic support at workplaces, are needed. Participants in the panel discussion mentioned many national initiatives in this area, for example: “fit2work” in Austria, and age-related risk assessments in the steel and automotive industries in Germany. Health policies should also take into account the growing share of older people among consumers of health services. For example, recently in the Republic of Moldova, palliative and geriatric services have been expanded.

Using new technologies

Second, new technologies facilitate the introduction of more efficient and affordable services. The example of the Scottish Telecare Programme shows that using new technologies can speed up access to early intervention and significantly save resources. Using the Internet and mass media helps to disseminate information on jobs available for older workers in the Russian Federation.

Removing barriers to participation

Third, it is important to remove barriers to the participation of older persons and fight negative stereotypes in order to support active ageing. This should be done by continuous efforts to raise awareness about the potential of older generations. People aged 50 and above are a growing segment of the population. Therefore, their contribution is becoming increasingly important for sustaining the development of national economies.

Improving quality of life and work

This includes adjustments to individual needs and requirements and the development of age-friendly environments at national, regional, and most importantly local level. Healthy, safe, and accessible workplaces are important prerequisites for ensuring good conditions for longer working lives. Promoting intergenerational age management and creating jobs for older workers is another policy area, which requires the engagement of employers; these policy areas were mentioned by discussants from Austria, Germany, the Republic of Moldova, and the United Kingdom. The Republic of Moldova supports entrepreneurship programmes targeted at older persons. Active ageing at work is promoted in Slovenia. Conditions for using the knowledge and expertise of older workers are being developed in the Russian Federation.

Realizing the potential of older generations

Fifth, policies should focus on unleashing the potential of older generations through enablement and social

investment. Lifelong learning policies focusing on developing and upgrading skills at all ages help to improve the quality of human capital to offset its quantitative loss caused by population ageing. Continuous updating of skills, both basic and digital, is important for prolonging working lives. Policy initiatives in this area are under way in several UNECE countries, including Austria, Azerbaijan, Germany, Norway, the Russian Federation, Slovenia, and Switzerland.

Ensuring gender equality

Finally, the gender perspective is crucial: women live longer and they constitute the majority of older citizens. Developing policies that can meet their needs and expectations is important. Women more frequently than men play important roles as carers of their children, grandchildren, their older parents and other family members. Improving equal opportunities for women and men should focus on promoting equal sharing of care responsibilities. Recently, the Republic of Moldova introduced changes in the Labour Code that grant fathers access to paternity leave to care for their new-born children.

Viewing population ageing as opportunity

Participants in the panel discussion underlined that population ageing is not only a challenge but also an opportunity. Older people in many countries have a lot to share with others through their social engagement in voluntary work and active participation in local communities. Furthermore, the silver economy can contribute to economic growth. There are new jobs and new sectors in the economy, which are developing to meet the needs of older consumers. This also means that new jobs are being created for people of all ages. The “second demographic dividend” is an opportunity, particularly in the more developed countries. For example, in Austria, a new programme of creating jobs for older people in local governments and non-governmental organisations is aimed at improving

administrative support and services for older people as well as supporting social networks.

Guaranteeing intergenerational equity

Promoting longer working lives and encouraging older workers to stay in the labour market is not being done to the detriment of younger generations. Generations do not compete in the labour market or in any other area; their skills in many areas are complimentary. The experience of older workers can be matched with the enthusiasm and digital skills of younger workers. Learning from each other is the best way to seize the multigenerational potential. The rights of all generations should be respected. Inter-generational equity means also that the most vulnerable at all ages should be cared for and protected. Fighting discrimination of older people is one of the important policy areas, among others, in the Russian Federation.

Integrating policies

Integrated policies necessitate integrated actions by different stakeholders: governments and policy makers, social partners, non-governmental organizations, and researchers. Such integration should be established at different levels: international, national, regional and local. Within the European Union, initiatives, such as the recently adopted European Pillar of Social Rights, support the recognition of principles concerning equal opportunities, adequate income and inclusion of older people, as well as people with disabilities. Engaging local businesses and acting at community level in order to encourage and support older workers is among the measures being undertaken in Austria and the United Kingdom. In Belarus, social centres for older people are established at local level.

Responding to demographic change requires international cooperation. Therefore, participants supported upgrading the Working Group on Ageing to a standing sectoral committee at UNECE.

* _ * _ * _ * _ * _ *

6. SECOND MINISTERIAL ROUNDTABLE: ENSURING AGEING WITH DIGNITY

The second Ministerial Roundtable highlighted both challenges and opportunities associated with the crucial issue of ensuring ageing with dignity. After the opening interventions by representatives from Armenia, Belgium, Cyprus, and Ukraine, an articulated discussion followed, based on the responses and statements provided by roundtable participants. The major topics of discussion are highlighted below.

Positive approach to ageing is a key

In order to safeguard dignity in older age, it is vital to maximise efforts to promote independence and self-determination as long as possible until the end of life. This is to be achieved by means of policies adopting a systematic approach centred on understanding the ageing process as a potentially meaningful, positive,

and active experience, and no longer focussed only on health-related deterioration. To this purpose, it is critical that older people keep a confident attitude towards themselves, as dignity cannot be “provided by others”, but should rather rest on each person’s fundamental rights. On the other hand, particular attention should be paid to restoring such positive attitude in persons belonging to disadvantaged groups, such as older displaced persons, who might experience additional, not age-related difficulties associated with their circumstances and/or conditions.

Comprehensive policies play a strategic role

The evident connection exists between the goal of ensuring ageing with dignity and the necessity to protect the human rights of older people as subjects characterised by specific needs requiring special attention. The specific needs of older persons require the adoption of comprehensive policy strategies. Such strategies have already been implemented in some countries. Some of these strategies were developed in connection with the UN Sustainable Development Goals. Implementation of policy documents envisages facilitation of cross-sectoral coordination of interventions often pursued via nation-wide action plans and/or networks. Such implementation tactic allows achieving a more successful mainstreaming of ageing in all main fields of collective life. Linking the action of different administrations helps to overcome the less integrated and less effective silo approach characteristic of more traditional models of governance.

Societal contribution and participation in older age should be recognized and facilitated

A fundamental step in building sensible, respectful policies for an ageing population lies in recognizing, as a starting point, that the overwhelming majority of people represents a beneficial resource for society until the very late stages of their lives. The contribution of older persons includes care provision to weaker members of the family network, such as grandchildren or relatives with a disability. Frequently, however, this contribution goes well beyond the boundaries of kinship ties, as evidenced by the large numbers of older people engaged in the Third Sector voluntary organizations and NGOs.

Building on this already remarkable civic engagement, public responsibility and investments should aim at enhancing opportunities for a fuller participation of older citizens in society, including the political decision-making process. This might be achieved, for instance, by means of a more systematic implementation of consulting bodies, such as senior councils, and other similar initiatives promoting a regular dialogue among all relevant public and private stakeholders. Public engagement of older persons facilitates

appropriate responses to the higher expectations of social participation harboured by the baby-boomer generations now entering older age.

Repeatedly, national representatives underlined the need to find adequate strategies to strengthen social bonds to prevent loneliness and social isolation, which are identified among the most dangerous risks affecting older persons. To this purpose, promising and effective initiatives can be found among existing and currently developing community and neighbourhood based programmes. Many of these programmes have an intergenerational approach, such as co-housing arrangements involving students and older people, or other broader initiatives, such as rebalancing pension systems in more generation-neutral ways.

A useful contribution towards the goal of increasing participation of older persons could also come from programmes, which promote education and learning opportunities along the whole life course. This would allow not only preserving the overall value of human capital in older age, but also facilitate a longer working life. Extending working life, together with other age-sensitive measures such as more flexible retirement schemes, would enhance the sustainability of our welfare systems. The prolonged stable employment in later life would also positively influence what many round table participants mentioned as the most urgent challenge to be addressed: reducing old-age poverty. Beyond labour market based strategies, additional approaches suggested to tackle this societal risk include introducing minimum income schemes or state-funded social pensions.

Another issue attracting the attention of participants was the necessity to intensify efforts to create more age-friendly and accessible environments. This objective can be fulfilled through the improvement of adequate transportation means, and by introducing the innovative methods of adapting new technologies to the specific and varied needs of the ageing population. An equally important role would have to be played by programmes aimed at improving the ability of older people themselves to utilize the new technological tools. Ad hoc training courses and similar activities would help older persons to overcome the digital divide and adapt more easily to our rapidly changing world.

Ensuring dignity in elder care provision requires multi-dimensional efforts

A central component of dignity in later life is the provision of health, social and long-term care for frail older people in need of assistance. Several contributions to the discussion dealt with initiatives aimed at postponing the age-related onset of frailty and disability, by means of public campaigns for the promotion of healthy life styles, prevention of diseases,

vaccinations, and even more broad-based strategies for improving the overall quality of later life. Once irreversible disability arises, older recipients' needs have to be carefully addressed through effective integrated care services. To this purpose, the design of new models of cooperation between service providers and users is required in order to achieve minimum standards of care quality via a user-driven approach and the most appropriate care-mix.

A number of participants highlighted the importance of shifting more persistently towards home and community-based care with the aim of further reducing institutionalisation and residential care. Ageing in place could be facilitated, among other approaches, by means of more affordable and accessible home adaptation programmes, and a more systematic support, including counselling and training of family caregivers. The need for a stronger recognition of the fundamental role played by the often neglected group of family caregivers has been confirmed. To address their needs, care leaves to allow caregivers to achieve a better work-life balance were suggested. The corresponding measures would help to prevent the risk of impoverishment of this category of caregivers through, for instance, cash-for-care benefits. At the same time, it is necessary to make sure that the overall effect of various measures does not lead to a gender-based "trap" affecting the labour market participation of women, who traditionally represent the majority of informal caregivers.

In case home care is no longer possible, dignity at the end of life should be ensured by sensible, tailored hospice and palliative care services, including appropriate psychological support for both care recipients and their informal caregivers. Specific approaches are needed for dementia patients, whose care will have to be safeguarded by properly trained professionals. Adequate investments to improve the

qualification of elder care staff, including also the care workers privately employed by many households in different countries, has been identified as a priority by a number of representatives attending the round table.

Finally, the need for more widespread and effective public campaigns to combat and prevent violence and discrimination against older adults has been highlighted, pointing out that in many countries this theme is still being considered a taboo. Help-lines are an effective preventive tool, as they allow older people to report in an anonymous and sensible way episodes of abuse.

Monitoring is needed for assessing the effectiveness of interventions

Some participants pointed to the necessity of planning interventions by using a long-term perspective, as only this approach would ensure a more careful and comprehensive consideration of all facets and implications of what ageing with dignity requires from policy makers and all other stakeholders operating in this area. Such a perspective would necessarily have to rely on rigorous monitoring of achieved results, using scientifically sound tools. These tools could range from surveys identifying needs in the preliminary phase of design and planning of interventions, to the dissemination of good practices to facilitate their transferability in the framework of international cooperation.

Concluding remarks

The common goal of ensuring ageing with dignity might be achieved via different methodologies and tools in each country. Its achievement does not depend so much on financial resources, but rather on the attitude of society and the determination of policy makers.

Non-Governmental Organizations' and Research Forum Declarations

NON-GOVERNMENTAL ORGANIZATIONS' POLITICAL DECLARATION

Preamble

1. We, the NGOs gathered in the NGO Forum have come together from across the UNECE region to take part in the 15th year review of the Madrid International Plan of Action on Ageing (MIPAA) and the UNECE Regional Implementation Strategy (RIS).

2. We welcome the opportunity offered to discuss the impact of MIPAA on older persons in the UNECE region. While we acknowledge that the MIPAA is not a human rights instrument, we note with concern that its great potential to uphold the full spectrum of civil, political, social, economic and cultural rights of older persons remains unused.

3. While acknowledging that many UNECE countries have undergone a difficult crisis during the past five years, the NGO Forum feels that MIPAA's potential to trigger policy changes that improve the situation of older persons has been under-utilized. We insist that fiscal uncertainty is not an excuse for inactivity.

4. The review of the Plan and its objectives beyond 2017 should focus on mainstreaming the full spectrum of older persons' rights into the Regional Implementation Strategy for the UNECE Region. Moreover, the renewal of UNECE Member States' commitments should build on the recent developments in the UN Open Ended Working Group on Ageing (OEWG) on improving the protection of older persons' rights.

5. The NGO Forum supports the recommendation of the UN Independent Expert on the rights of older persons, Ms. Rosa Kornfeld-Matte, to establish a binding legal instrument, such as an international convention, to address the specific barriers faced by older persons in realization of their human rights, and urges Member States to use the complementarity of the two processes to uphold human rights of older persons.

6. We, further, call on Member States to ensure that older persons are included in implementation measures for Agenda 2030 and the UN Sustainable Development Goals, and a life course approach is taken in all policy work related to Agenda 2030 and to the implementation of the SDGs, including monitoring and evaluation.

7. We also call upon Member States to implement the recommendations of the forthcoming 56th session of the Commission for Social Development on the third review and appraisal of MIPAA.

NGO Forum Recommendations:

To enhance the potential of the MIPAA as an instrument to protect the rights of older persons, the NGO Forum recommends that Member States:

8. Commit to follow-up action on the Synthesis Report on the implementation of the MIPAA in the ECE region between 2012 and 2017, (Note by the Secretariat ECE/AC.30/2017/3).

9. Take strong measures to raise awareness, address and eliminate neglect, abuse and violence, especially violence against older women, widows and persons with dementia, and create support services to address elder abuse.

10. Develop policies to effectively ban any form of age discrimination, ageism and pejorative behaviour towards older persons.

11. Address from a gender perspective the particular challenges older persons face with regard to access to: goods and services; adequate income to live in dignity; employment supported by life-long learning; social networks to fight loneliness and stimulate social participation; accessible, affordable, and quality health and long term care under Universal Health Coverage including the full spectrum of prevention, treatment, rehabilitation and palliative care.

12. Develop common indicators in the context of MIPAA objectives to assess the positive impact of social measures on older persons, and monitor what is the real impact of the existing MIPAA framework on their lives, showing how policy measures help fight ageism and ensure that older persons can live in dignity and actively participate in society.

13. Acknowledge and adopt the recommendation of the UN Independent Expert on the Rights of Older Persons to develop a binding instrument to address the specific barriers older persons face with respect to their human rights.

14. Remove barriers and strengthen the voice of older persons and their organizations in the monitoring and implementation of MIPAA (via more transparency and genuine consultation mechanisms) in order to utilize its full potential to build consensus among all stakeholders on the creation of an inclusive society for all ages, leaving no one behind.

15. Develop policies to implement the UNECE call for active strategies to meet the economic, social and healthcare needs of older migrants and refugees.

16. Intensify research and data gathering in the field of ageing and actively involve older and younger persons and their organizations in translating research outcomes in evidence-based co-produced policy decisions that sustain a society for all ages.

Recognizing the potential of older persons:

The NGO Forum calls on Member states to:

17. Fully recognize that older persons are valuable contributors to society, the national economy, their families and their communities and not always in need of assistance.

18. Actively consult with and involve older persons in designing policies and strategies that concern them, including them in all decision-making, implementation and evaluation processes from the beginning.

19. Recognize the opportunities that come with the marked increase in numbers of persons 80+ who are still fully participating in or wish to contribute to society, in the communities and places they choose to live in taking into account that most older persons wish to continue to live independently in their own homes.

20. Combat ageism through awareness-raising campaigns, including – but not limited to contributing to the WHO campaign against ageism. Ministries should partner with civil society to create training programmes to fight ageist and patronizing attitudes for a wide range of professions, including but not limited to police, health providers, public servants and administrators.

Encouraging and capacity building for longer working life:

21. Challenge stereotypes and age discrimination in the labour market through legislation banning age discrimination, and by strengthening the promotion of diversity in the work force: make funding available at national level to promote awareness of the value of older workers in the work place and in society at large.

22. Create specific employment targets for labour market participation of older workers and for the participation of older workers in life-long learning programmes. Foster educational programmes aimed at highlighting older persons' potential.

23. Recognise the value of informal care giving provided by older workers through acknowledgement of carers' rights, providing flexible care leave provisions and compensation to accommodate the needs of older workers, in particular older women.

24. Protect workers of all ages by implementing decent work standards, including health and safety rules that

include emotional and social risks linked to work, as well as enhance occupational health prevention by adapting work places to the needs of an ageing workforce. Support innovative entrepreneurship aimed at finding new solutions for older persons' employment.

25. Respect the right to work of older persons, including after pensionable age if they wish, as changing forms of work and better health will make a longer working life desirable for many older persons in the future. Encourage intergenerational approaches to work practice and foster possibilities for older persons to pass on their skills and knowledge to society and following generations.

26. Promote flexible pathways into retirement that allow older workers to reduce their working time without losing out on acquired social protection rights, such as pension or health insurance; create possibilities to combine part-time employment with part-time pensions.

Ensuring ageing with dignity:

27. Guarantee the adequacy of pensions and recognise individual pension rights for all to insure a dignified life in old age, including those with career breaks, mainly women, who assumed caring responsibilities for family members during their working life.

28. Enforce gender pay and career equality through measures such as investment in childcare and eldercare to ensure compensation and an adequate retirement income for women in the future.

29. Introduce transitional measures to address the unacceptable gender pension gap currently affecting older women.

30. Guarantee an adequate minimum income in old age to fight poverty and prevent social exclusion; recognize minimum income schemes such as minimum pension as a fundamental right to ensure dignity and independence.

31. Promote all older persons' right to dignity, physical and mental well-being, freedom and security. Quality standards should be introduced and adhered to for social, health and long-term care services.

32. Pay particular attention to radical changes foreseen in the provision of care and in the way older persons participate in society, given the increasing use of assistive technologies and robotics in older persons' lives. Ensure that the use of these new technologies does not reduce human care. Involve older persons in all stages of the development of new services, technologies and products, from conceptualization to access, and ensure affordability.

33. Implement the recommendations of the UN Independent Expert in her report on Digitalisation

and Use of Robots and ensure that the use of assistive technologies matches the needs and preferences of older persons.

34. Take measures to increase the recognition, training, and the payment of carers, in order to guarantee a life with dignity for carers as well as for those who need their care and assistance.

35. Improve participation of older persons in clinical trials of medicines and support research and pharmacovigilance to improve knowledge on the use and impact of medication.

36. Reach out, inform and help those older persons in particularly vulnerable situations who are unable to claim their rights: the very old, disabled and/or isolated older persons, older migrants, and refugees. Take measures to empower them to actively participate in their communities and in society at large.

37. Ensure equal access by older persons to appropriate services and resources before, during and after natural disasters and other humanitarian emergencies as recommended by WHO, ADCAP and other sources, and acknowledge older persons as a valuable resource in emergency management.

38. Recognize the importance of intergenerational relationships by providing opportunities supporting the development and growth of intergenerational cooperation.

39. Engage and collaborate with older persons and with civil society to ensure that the commitments made at the present Ministerial Conference are fully realized; convene planning meetings with older persons and organized civil society at the national level to take forward those commitments, and report publicly, both nationally and regionally, on the results of action taken.

* _ * _ * _ * _ * _ *

STATEMENT OF THE RESEARCH FORUM

1. We, about 80 researchers representing various disciplines of ageing research from across the UNECE region, have gathered at the Research Forum in Lisbon, Portugal, with the aim to foster a dialogue around the three themes of the Ministerial Conference ('Recognizing the potential of older people', 'Encouraging longer working life and ability to work' and 'Ensuring ageing with dignity'), to identify findings to underpin the Ministerial Declaration with evidence from research on ageing, and to identify priority areas of future research on ageing.

2. We support the Ministerial Declaration which strives to promote the Conference's theme 'A Sustainable Society for All Ages: Realizing the potential of living longer' and to further the implementation of the Madrid International Plan of Action on Ageing (MIPAA) and the United Nations Economic Commission for Europe Regional Implementation Strategy (UNECE RIS). This process needs to be informed by multidisciplinary research on ageing inclusive of a life course, gender and other essential perspectives.

3. We also support the endeavours of the United Nations in promoting Sustainable Development Goals (SDGs) addressing inter alia the fight against poverty, the reduction of inequalities and the advance of gender equality. In this context, we are mindful of the 'Global Strategy and Action Plan on Ageing and Health' adopted by the World Health Assembly in May 2016 with its focus on aligning health systems to the needs of older populations and developing sustainable and equitable systems for providing long-term care.

4. The unprecedented demographic changes in association with technological, political, economic and social transformations call for significant efforts to analyze the potential of living longer. This means finding new ways for extending healthy life years, developing more appropriate models of organizing work and prolonging work lives, and designing new technologies, products and services all with the involvement of older people and for their benefit, thereby ensuring ageing for all with dignity. We believe that this will require strategies to combat ageism, and enable equal access to services and facilities for people in need of care as well as acknowledging volunteering and informal caring as a precondition for sustainable development of a society for all ages. There are also significant opportunities around the Silver Economy.

5. Multidisciplinary research, combining contributions from basic science and theoretical frameworks to applied research, monitoring and evaluation will play an important role in understanding and adjusting to global demographic change. We appreciate the general acknowledgement of scientific research on ageing by national governments. However, there are still large differences in the extent to which economic and human resources as well as unconditional access to data and knowledge sources are provided. We consider these aspects a precondition for implementing both national and cross-national research on ageing. Indeed, mutual exchange of good practice and results of scientific research need to be extended across the UNECE region – programmes and initiatives that have been developed

within the European Union may serve as models for future cooperation within and beyond the larger Europe. We also recognize that such cooperation should be reciprocal and equitable.

6. We note that within the UNECE Region there are different groups of countries with specific challenges that need to be addressed appropriately. For example, processes of ageing populations in Eastern Europe must be understood in their specific idiosyncrasies. Another example is Southern Europe characterized by a familialistic society based on informal care and recently struggling under the effects of the crisis and adjustment programmes. These experiences and challenges allow for ample opportunities to learn from each other, to adapt successful strategies, and to exchange experiences in organizational structures and models of research, education and training.

7. To realize the potential both of population ageing and of individual men and women enjoying increasing longevity, we need to embark on a paradigm shift related to a range of societal institutions and cultural traditions, and social and economic values, that are shaping life-course patterns, as well as narratives of ageing. Based on an age-friendly culture that includes intergenerational and life course-oriented values and strategies, policies on ageing need to change from a discourse on costs towards a design of social investment. The reforms of the welfare state and adjustment of economic development towards sustainability with related amendments of legal frameworks need to promote preventative, participative and inclusive strategies across various policy sectors. Appropriate research approaches to underpinning such strategies should entail the following:

- Exploring the potentials of involving the various groups of older people in social, political and cultural discourse and planning
- Investigating necessary preconditions for implementing a culture of (positive) ageing with a view on the diversity of societal groups, in particular at higher ages

- Analysing social investment initiatives, including knowledge on the drivers of technology for an ageing population, and exploring possibilities to equally distribute the potentials of the silver economy
- Analysing the efficacy of policy measures to overcome poverty and inequalities, namely those based on gender, socio-economic, ethnic, sexual and generational status, and to combat social exclusion of older people in general
- Exploring the potentials of reducing and preventing cumulative inequalities by adopting a life course perspective as a framework to understand wellbeing in later life
- Exploring innovative ways to extend working lives and developing concepts of sustainable and valuable work lives in a life-course perspective (trajectories, interfaces)
- Exploring the challenges of men and women to reconcile paid work and nonpaid activities, including care provided outside kin relationships
- Promoting further multidisciplinary research on human rights in old age and measures for combating ageism, i.e. exploring attitudes and types of stereotypes, the role of media, institutional discrimination, definitions of 'dignity' and 'older persons' in different demographic, cultural and political contexts
- Identifying predictors of mistreatment of older adults in families, in the public sphere and in residential settings, and its consequences
- Synthesizing existing results of ageing research to learn from existing knowledge.

8. The participants of the Lisbon Research Forum commit themselves to contribute essential evidence to inform policy measures for implementing the MIPAA and the UNECE RIS/MIPAA during the fourth implementation cycle (2017–2022) with a view of reaching the goal of the MIPAA: A Society for all Ages.

THURSDAY, 21 SEPTEMBER 2017

Plenary session

- Chairperson: Mr. José António Vieira da Silva, Minister of Labour, Solidarity, and Social Security, Portugal
- Vice-chairperson: Ms. Martina Vuk, State Secretary, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Slovenia
- Speakers: Mr. José António Vieira da Silva, Minister of Labour, Solidarity, and Social Security, Portugal
Mr. Adalberto Campos Fernandes, Minister of Health, Portugal
Ms. Olga Algayerova, Executive Secretary, UNECE
Ms. Rosa Kornfeld-Matte, Independent Expert on the enjoyment of all human rights by older persons, OHCHR (video message)
Ms. Vitalija Gaucaite Wittich, Chief, Population Unit, UNECE
- Keynote Speaker: Mr. Heinz Koller, Regional Director for Europe and Central Asia, ILO
- Address by: HE Mr. Marcelo Rebelo de Sousa, President of the Republic of Portugal (after expert panel I)

Expert panel I

Recognizing the Potential of Older Persons

- Moderator: Ms. Sarah Harper, Co-Director, Oxford Institute of Population Ageing, University of Oxford
- Panellists: Ms. Elke Ferner, Parliamentary Secretary of State, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, Germany
Ms. Ekaterina Antipova, Head of the Department, Faculty of Geography, Belarusian State University, Belarus
Ms. Anne-Kristin Boström, ENCELL, National Centre for Lifelong Learning, Sweden
Mr. Josh Collett, Vice-President, AARP, United States of America
Ms. Gulnara Minnigaleeva, Founder, Wisdom Ripening, Russian Federation

Expert panel II

Encouraging Longer Working Life and Ability to Work

- Moderator: Mr. Stefano Scarpetta, Director of Employment, Labour and Social Affairs, OECD
- Panellists: Mr. Bjørn Halvorsen, Special Adviser, Ministry of Labour and Social Affairs, Norway
Mr. Boris Majcen, Director, Institute for Economic Research, Slovenia
Mr. Jorge Figueiredo, HR Director, Delta Cafés, Portugal
Ms. Montserrat Mir Roca, Confederal Secretary, ETUC
Mr. Nuño Biscaya, Representative, Business Europe

Expert panel III

Ensuring Ageing with Dignity

- Moderator: Mr. John Beard, Director, Ageing and Life Course Department, WHO
- Panellists: Mr. Pascal Froudière, Deputy Head of Department, Ministry of Solidarity and Health, France
Mr. Miguel Valero Duboy, Director, State Reference Centre for Personal Autonomy and Technical Aid, IMSERSO, Spain
Ms. Tine Rostgaard, Danish Institute for Local and Regional Government Research, Denmark

Mr. José Pereira Miguel, Professor, Faculty of Medicine, University of Lisbon, Portugal

Ms. Nataša Todorović, Red Cross of Serbia

Rapporteur: Mr. Alexandre Sidorenko, Senior Advisor, European Centre for Social Welfare Policy and Research

FRIDAY, 22 SEPTEMBER 2017

Ministerial segment: plenary session

Speakers: Mr. José António Vieira da Silva, Minister of Labour, Solidarity, and Social Security of Portugal
Mr. António Guterres, Secretary-General, United Nations (video message)
Ms. Olga Algayerova, Executive Secretary of ECE
Ms. Erika Winkler, Chairperson of the ECE Working Group on Ageing

Panel discussion between ministers and civil society representatives

Recognizing the Potential of Older Persons: Intergenerational perspective

Moderator: Ms. Mónica Ferro, Director, UNFPA Geneva office

Panellists: Mr. Jānis Reirs, Minister of Welfare, Latvia
Ms. Christl Kvam, State Secretary, Ministry of Labour and Social Affairs, Norway
Mr. Greg Shaw, Director, International Federation on Ageing
Mr. Ebbe Johansen, Vice-President, Age Platform Europe
Mr. Luis Alvarado Martinez, President, European Youth Forum

Presentation of the NGO declaration and the research community statement

Presenters: Mr. Dirk Jarré, President, EURAG
Mr. Kai Leichsenring, Executive Director, European Centre for Social Welfare Policy and Research

Ministerial round table I

Encouraging Longer Working Life and Ability to Work

Chairperson: Ms. Stela Grigoraș, Minister of Health, Labour, and Social Protection, Republic of Moldova

Keynote address: Ms. Marianne Thyssen, Commissioner for Employment, Social Affairs, Skills and Labour Mobility, European Commission

Interventions: Mr. Martin Klöti, President of the Cantonal Ministers for Social Affairs, Switzerland
Mr. Grigory Lekarev, Deputy Minister of Labour and Social Protection, Russian Federation
Ms. Edeltraud Glettler, Director-General, Federal Ministry of Labour, Social Affairs and Consumer Protection, Austria

Discussion: Heads of delegations from Belarus, Germany, Norway, Azerbaijan, Luxembourg, Slovenia, Portugal, Bulgaria, United-Kingdom, Iceland

Rapporteur: Ms. Agnieszka Chłoń-Domińczak, Warsaw School of Economics, Poland

Ministerial round table II

Ensuring Ageing with Dignity

Chairperson: Mr. Jim Daly, Minister of State for Mental Health and Older People, Ireland

Interventions: Mr. Artem Asatryan, Minister of Labour and Social Affairs, Armenia
Ms. Céline Fremault, Minister, Member of the French Community Commission of the Brussels-Capital Region, responsible for the Policy on help to handicapped persons, social action, family and international relations, Belgium
Ms. Olga Krentovska, First Deputy Minister of Social Policy, Ukraine

List of Speakers

Discussion: HE Mr. Andreas Ignatiou, Ambassador of Cyprus in Lisbon, on behalf of Ms. Zeta Emilianidou, Minister of Labour, Welfare and Social Insurance, Cyprus
Hheads of delegations from Hungary, the former Yugoslav Republic of Macedonia, Norway, Serbia, Austria, Slovenia, Sweden, Italy, Brazil

Rapporteur: Mr. Giovanni Lamura, National Institute of Health and Science on Ageing, Italy
Adoption of the Ministerial Declaration

Speakers: Mr. José António Vieira da Silva, Minister of Labour, Solidarity, and Social Security of Portugal
Ms. Olga Algayerova, Executive Secretary of ECE

Closing

Speakers: Ms. Vitalija Gaucaite Wittich, Chief, Population Unit, UNECE
Mr. José António Vieira da Silva, Minister of Labour, Solidarity, and Social Security of Portugal

Table 1: Summary of the list of participants

<i>Categories</i>	<i>Total</i>
Member State delegations	46
Government representatives / official delegates (ECE member States) – Total	130
of which	
- Ministers	12
- Deputy Ministers / State Secretaries	19
- High-level Representatives	11
Observer Government Representatives	15
Representatives of International Organizations	34
Representatives of Research Community	65
Representatives of NGOs	205
Invited Experts	8
Total	457

Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the ECE region between 2012 and 2017

I. Executive Summary

A. The context of the third cycle of MIPAA/RIS implementation

1. Population ageing continues across the ECE region

Since the adoption of the Madrid International Plan of Action on Ageing and the ECE Regional Implementation Strategy (MIPAA/RIS) in 2002, population ageing has continued to transform the demographic structure of countries in the region. By 2017, the number of people who are 65 years old and above has risen to 194.9 million among the region's population of 1.27 billion (15.4 per cent). This compares to 154.5 million people in this age group in 2002 (13.1 per cent of the region's total population). Rising life expectancy, enduring low fertility, as well as increasing migration have affected the extent and pace of population ageing. The ongoing trends of these factors indicate that, by 2030, people aged 65 years and older are set to account for more than a fifth of the total population in the ECE region. Persons aged 80 and above will make up 5.4 per cent. The median age of the ECE population will rise from 38.8 years today to nearly 42 years by 2030.¹

Over the last ten years, life expectancy at birth increased by three years on average in the ECE region, and at the age of 65 by more than a year and a half. In a number of Eastern European countries, the latest gains in longevity were markedly higher than the region's average. This allowed to offset the losses in life expectancy of their population, particularly among men, experienced during the 1990s. Nevertheless, the disparities in life expectancy among ECE countries, and between men and women (among and within countries) remain large. Life expectancy for men at birth varies from 80.6 years in Iceland to 64 years in Turkmenistan, and for women, from 85.3 years in Spain to 70.8 years in Turkmenistan.

¹ Demographic data and estimates in this section are from the United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision. New York: United Nations <https://esa.un.org/unpd/wpp/>

² No data was available for Andorra, Liechtenstein and San Marino.

The average total fertility rate in the region remains below the so-called replacement level (2.1 children) in 45 out of 53 ECE countries.² In 17 of those countries, the fertility rate stayed below 1.5 children per woman. However, over the last decade there was some marginal recovery of fertility in some ECE countries and the average total fertility rate for the region reached 1.8 children per woman in 2015.

2. Recovery from the global economic crisis is uneven

MIPAA/RIS implementation in the region over the past five years has taken place in an environment of difficult and uneven recovery from the global economic crisis, pressures on social spending, and rising migration. Overall, the rate of economic growth in the ECE region in 2012-2017 was around half of that observed in 2003-2007. While more recently the economic recovery in Europe has been gaining momentum, in many countries, in particular in the south of Europe, the crisis has left a legacy of persistent unemployment and increased rates of people at risk of poverty and social exclusion. In the Commonwealth of Independent States (CIS), the decline of oil prices that started in 2014 tipped the subregion into a recession. Growth in CIS has now returned, but past gains in improving living standards and reducing poverty have been stalled or reversed. In North America, the economy has continued to grow since 2012 and has been relatively job-rich.

The region's overall employment rate has recovered slightly since the economic crisis. The soundest rate increases were recorded among the older employees, in particular women in the age groups 55-59 and 60-64. This in part reflects the rise in statutory retirement age in a number of countries. The relative income security for older persons improved lately in relation to the younger generations. Nevertheless, on average, one in ten older persons in the region are still at risk of poverty and live in a situation of severe material deprivation.

B. Main findings from the third review and appraisal of MIPAA/RIS implementation

ECE member States have been engaging in wide-ranging reform programmes to adapt to the demographic

transformations in the region. Between 2012 and 2017, countries have been undertaking bold steps to transform the main pillars of social protection in older age – pensions, health services and long-term care – to respond to growing demand. The reforms have been designed to ensure that everyone can age in dignity and respect of their human rights. Governments are also mindful not to impose disproportionate burdens upon younger generations. Many ECE countries have developed or revised comprehensive national strategies on ageing to implement the concept of active ageing. They have developed policy responses that foster and enable the participation and independence of older persons for as long as possible. Countries like Armenia, Georgia, and the Republic of Moldova have benefited from ECE assistance in developing and following-up on road maps for mainstreaming ageing that provided concrete guidance based on a thorough analysis of the country situation.

Population ageing represents a major demographic challenge that is stimulating innovation along with a cross-sectoral response in which not only governments but also civil society, the private sector and the research community have been mobilized. The reports from ECE countries are testimony to the rich diversity of measures that have been designed and implemented.

Despite diversity across the region, the third review and appraisal of the implementation of MIPAA/RIS for the period 2012-2017 has identified common trends in the way countries have addressed the four priority goals agreed in 2012 at the ECE Ministerial Conference on Ageing in Vienna. ECE member States set out to (1) encourage long working life and maintain the ability to work; (2) promote participation, non-discrimination and social inclusion of older persons; (3) promote and safeguard dignity, health and independence in older age; and (4) maintain and enhance intergenerational solidarity. The following paragraphs briefly outline the key findings from the regional review.

1. Longer working life

The necessity to prolong working lives in line with growing longevity has stimulated pension reforms in 30 countries during the reporting period 2012-2017. Many countries have continued to raise and harmonize retirement ages between women and men. The necessity of cost containment and long-term financial sustainability have been important policy drivers.

Many older jobseekers face a competitive disadvantage in a labour market that places more value on young and healthy workers. Countries are responding to this challenge with employment services tailored to older jobseekers. They promote opportunities for lifelong learning and professional training, and provide incentives for employers to hire older persons. At the same time, early retirement is made less attractive.

Recently introduced retirement schemes allow the combination of part-time employment with part-time pensions, and the possibility of obtaining higher pensions in return for additional contributory years. Such measures aim to encourage older persons to postpone their retirement.

2. Participation, non-discrimination and social inclusion

The prevention of old-age poverty through the provision of minimum income security and access to affordable housing and other essential goods and services such as medicines and care featured prominently in the reports.

ECE member States have continued to facilitate older persons' participation in social, cultural and political life. Advisory bodies involving older persons in local and national policy processes have been established in many countries in the ECE region. Opportunities for volunteering, entertainment and cultural activities tailored to the needs and preferences of older persons have been widely promoted. Such activities have a positive role in promoting active ageing, health and well-being. Ceremonies, celebrations and events such as the International Day of Older Persons are widely used by countries to acknowledge and value the (lifetime) contributions of older persons.

As many countries have already adopted anti-discrimination legislation in previous reporting periods, only few reported on new activities in this realm. Measures included extending the coverage of existing legislation or efforts to streamline legal frameworks.

Governments reported on awareness-raising activities and information channels such as websites and hotlines to inform older persons about their rights and the services available to them. Growing investments in research and monitoring have been made to gain a better understanding of the situation of older persons, their needs and preferences.

3. Dignity, health and independence

Ageing in dignity requires equitable access to health, social care and supportive environments that enable people to remain independent and connected to their communities for as long as possible. Diverse measures have been implemented to make people's homes and communities more accessible. Services such as light repairs and housekeeping further support older persons in their day-to-day activities and enhance their mobility.

Population ageing in the region has amplified the demand for health and care services. To meet demand, some countries have been investing in facilities and in increasing the health and care workforce. Others reported on improving quality standards and better adapting treatments and services to the needs of older persons. Improved coordination and integration of

services, the development of geriatric skills of health professionals, and equality of access have been further areas of action.

There is a growing prevalence of dementia that is anticipated to further increase with longevity. This represents a challenge for older persons, their families and service providers. A growing number of ECE countries are therefore responding with national strategies and action plans on dementia.

A trend towards the decentralization of care services continues. Home-care and home-nursing services are increasingly being developed to enable older persons to remain living in their homes and communities. Residential care is progressively more reserved for those older persons who cannot be adequately cared for elsewhere.

Countries have developed a range of measures to address the problems of discrimination, violence, abuse and neglect of older persons. Particular attention was paid by some countries to the health and care sectors. The measures undertaken include research to better understand prevalence and types of abuse, information campaigns, and capacity-building to detect and respond to cases of abuse, as well as improved legislation and procedures to protect victims.

Family members, friends and neighbours in all countries in the region are a significant source of care and support for older persons. ECE member States acknowledge and count on the unpaid care work they provide. Governments are aware that the burden of care disproportionately falls on women. The unpaid care work they deliver reduces the ability of carers to engage in paid employment and makes them more vulnerable to social isolation. Policy responses to mitigate the negative impact on family carers include financial allowances, leave entitlements and respite care services.

4. Intergenerational solidarity

ECE member States reported on a range of educational initiatives and projects aimed at maintaining and enhancing intergenerational solidarity. A frequent approach has been to create opportunities for joint activities, including volunteering. Reforms to financially sustain social protection and welfare systems have been undertaken in a spirit of intergenerational solidarity to ensure that they will also benefit future generations.

C. Outlook and priorities for the future

Despite the significant progress achieved, further reforms and investments are needed to prepare social security systems, health and care services, including long-term care, to growing demand in the future.

1. Ensure a better quality of life and dignity in old age

Better integration and coordination of health and social care, both formally and informally provided, in the community and at home, are needed to enable older persons to maintain their independence, health and well-being as long as possible. Age-friendly community programmes need to be further developed and informal carers better supported. Challenges such as dementia, social isolation and loneliness need to be addressed and the needs and preferences of older persons better understood. This requires further research and innovation in service delivery as well as enhanced geriatric skills of careworkers and service providers.

2. Realize the potentials of longevity

Longevity offers an enormous potential for the economy and society, which has not been fully realized. Older persons contribute to the generation of wealth as entrepreneurs and employees. As consumers they stimulate innovation and contribute to developing new markets in the “silver economy”. They volunteer in civil society organizations and in their communities. They provide unpaid care and support for their families. One of the priorities that ECE countries have voiced is to recognize older persons as an important asset to a sustainable and inclusive society for all ages. Reaping the benefits of living longer includes investing in health promotion, lifelong learning, increased labour market participation, flexible retirement, access to health services and rehabilitation, and supportive and enabling environments.

3. Combat ageism

Rethinking old age, confronting pervasive negative stereotypes and discrimination is a key priority going forward. Further efforts are needed to tear down remaining barriers to the full inclusion and participation of older persons. It is important to protect their human rights and to prevent all forms of abuse, violence and neglect. Mainstreaming an ageing perspective across all areas of government policies and continued cross-sectoral and multi-stakeholder collaboration will be instrumental in making progress in this area.

II. Introduction of the Synthesis Report

A. The MIPAA/RIS process

The Madrid International Plan of Action on Ageing, adopted at the Second World Assembly on Ageing in Madrid in 2002, provides the global policy framework to guide the efforts of countries in response to population ageing. The Regional Implementation Strategy adopted in Berlin in 2002, highlights ten commitments that ECE member States agreed to focus on when implementing the Madrid Plan.

Table 1: The 10 commitments of MIPAA/RIS

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

At the onset of MIPAA, it was agreed to carry out a review and appraisal of its implementation every five years at both regional and global levels. In 2007, the ECE Ministerial Conference in León (Spain) concluded the review and appraisal for the first five-year cycle of MIPAA/RIS and in its Ministerial Declaration re-endorsed the ten commitments of the RIS. In 2012, the ECE Ministerial Conference in Vienna (Austria) concluded the second review and appraisal exercise at the regional level. The Vienna Ministerial Declaration with its four goals endorsed the concept of active ageing.

The third review and appraisal cycle for the period 2012-2017 was launched in June 2015. Countries were requested to report progress on each of the four priority goals specified in the 2012 Vienna Declaration: (1) to encourage longer working life and maintain the ability to work; (2) to promote participation, non-discrimination and social inclusion of older persons; (3) to promote and safeguard dignity, health and independence in older age, and (4) to maintain and enhance intergenerational solidarity.

The ECE Working Group on Ageing (WGA) adopted guidelines³ for national focal points and stakeholders and a list of suggested indicators for the statistical annex to facilitate the preparation of national reports.

The synthesis report summarizes the main trends of MIPAA/RIS implementation, and highlights progress and challenges identified in the national reports. It will inform discussions at the fourth Ministerial Conference

in Lisbon (Portugal), which is expected to result in the adoption of a ministerial declaration to shape MIPAA/RIS implementation in the next five years.

B. National reports

A total of 45 national reports were submitted for the third cycle review between October 2016 and August 2017. This represents an increase compared to 40 reports in 2012 and 35 reports in 2007. Reports were submitted in all three official languages of ECE: English, French and Russian. All reports submitted to the ECE Secretariat can be accessed online.⁴

Reports were between 12 and 50 pages long. Most countries further provided statistical data on a range of indicators for the statistical annex of the synthesis report. Some countries provided additional materials, such as national ageing strategies and action plans, information about laws and regulations, major achievements and descriptions of good practice examples.

Most reports adhered to the general structure suggested in the guidelines, providing an executive summary, an overview of the national ageing situation, an explanation of the methodology used in preparing the report, national actions and progress under each of the four goals of the Vienna Declaration and conclusions and priorities for the future. Some countries reported progress on each of the ten commitments of MIPAA/RIS rather than the four goals of the Vienna Declaration. In general, reports outlined achievements and areas of activities. Many, but not all, mentioned areas where

³ <http://www.unece.org/population/mipaa/reviewandappraisal.html>

⁴ <http://www.unece.org/pau/mipaareports2017.html>

Table 2: National reports considered in the Synthesis Report

Countries	Abbreviation	Language of report	Additional materials submitted
Albania	ALB	English, Albanian	Statistical data, summary of achievements and challenges
Armenia	ARM	English	Statistical data, list of organizations providing care and social services to older people and persons with disabilities
Austria	AUT	English, German	Statistical data
Azerbaijan	AZE	Russian	Statistical data
Belarus	BLR	Russian	Statistical data
Belgium	BEL	French	Summary of reforms
Bulgaria	BGR	English	Statistical data
Canada	CAN	English, French	Statistical data
Cyprus	CYP	English	Statistical data
Czechia	CZE	English	Statistical data, national action plan on positive ageing (2013-2017)
Denmark	DNK	English	Recommendations of the Home Care Commission
Estonia	EST	English	Statistical data
Finland	FIN	English	Statistical data
France	FRA	French	
Germany	DEU	English, German	Statistical data, mapping of reforms
Greece	GRC	English	
Hungary	HUN	English	Statistical data, policy information, good practices
Iceland	ISL	English	
Ireland	IRL	English	Statistical data, information on activities by sector
Israel	ISR	English, Italian	Statistical data
Italy	ITA	English	Statistical data
Kazakhstan	KAZ	Russian	Statistical data
Latvia	LVA	English	Statistical data, Active ageing strategy
Lithuania	LTU	English	Statistical data
Luxembourg	LUX	French	Statistical data
Malta	MLT	English	Statistical data
Monaco	MCO	French	Statistical data, list of laws
Netherlands	NLD	English	Statistical data
Norway	NOR	English	Statistical data
Portugal	PRT	English, Portuguese	Statistical data
Republic of Moldova	MDA	English	Statistical data, policy paper on the active ageing index
Romania	ROU	English	Statistical data, NGO projects, list of laws
Russian Federation	RUS	Russian	Statistical data
Serbia	SRB	English	Statistical data
Slovakia	SVK	English	National action plan on active ageing (2014-2020)
Slovenia	SVN	English	Statistical data, Slovene Strategy on Longevity
Spain	ESP	English, Spanish	Framework for action for older people (action plan), report on ageing progress in the Spanish Autonomous communities
Sweden	SWE	English	
Switzerland	CHE	English	
The former Yugoslav Republic of Macedonia	MKD	English	Statistical data, Activity and good practice examples
Turkey	TUR	English	Statistical data
Ukraine	UKR	Russian	Statistical data
United Kingdom	GBR	English	Statistical data, list of major achievements
United States of America	USA	English	
Uzbekistan	UZB	Russian	Statistical data, national programmes to strengthen social protection of older persons

difficulties and challenges remain that will be addressed in the years ahead.

The guidelines for preparing the MIPAA/RIS implementation report suggested a combination of quantitative and qualitative sources, emphasizing the importance of consultations of stakeholders, including civil society and older persons. National focal points on ageing or the ministry in charge of ageing-related policies provided information available within their domains. They requested additional inputs from other ministries or departments, commissions, committees or advisory bodies with relevance for the topic. Some countries invited inputs from regional and local governments. In addition, countries drew on research, recently prepared reports on the implementation of related national strategies or action plans, as well as statistical data available from national statistical offices or other official sources. Many countries have consulted stakeholders beyond government departments to include views of civil society organizations, research institutions, and service providers. A few countries have used information from focus group discussions, public hearings or consultation processes to take into account stakeholder views.

III. Implementing MIPAA/RIS in the ECE Region

Main achievements and challenges

ECE member countries were requested to identify three major achievements across the third implementation cycle of MIPAA/RIS as well as three areas for improvement. An overview by country is provided in Table 3 on the next page.

Four out of five countries reported both achievements (36) and challenges (38) in the implementation of Goal 3 / Commitment 7, indicating that improving health and well-being of older people was the priority concern and field of activity between 2012 and 2017.

Two in three countries (30) participating in the review indicated major achievements with respect to reforms of their social protection systems (Goals 1 and 2/ Commitment 4) compared to one in two countries (23) considering social protection as a key challenge, reflecting that significant progress in pension reforms has already been achieved to date.

The third most important area of attention has been to make labour markets responsive to population ageing (Goal 1/ Commitment 5) with 19 countries indicating achievements in this area and 17 countries seeing this as an area for improvement and continued focus.

18 countries reported achievements with regard to their commitment to mainstream ageing across policy fields and sectors, notably by adopting comprehensive policy

strategies on ageing and establishing mechanisms to enhance coordination and collaboration across government departments. Slightly fewer (16) saw this area as a priority for future work.

13 countries reported achievements with regard to their commitment to fostering social participation (Goal 2/ Commitment 2) and slightly fewer than one in four (10) saw this area as a challenge and priority for action for the next years.

Very few of the countries participating in this review reported Commitments 3, 6, 8, 9, and 10 among the top three areas in which they had done important progress or saw most need for improvement.

Commitment 7 (Goal 3) stands out as the area that countries have been most active in and continue to be most concerned about. In comparison, the majority of countries in 2012 had highlighted Commitment 4 (Goal 1) as the area with most achievements (30) and Commitment 7 (Goal 3) as a priority area for future action (22).

The following sections present progress as reported by ECE member States in implementing MIPAA/RIS since 2012. The four priority goals and actions specified under each of these goals in the Vienna Declaration 2012 provide the structure for the report.

Goal 1 - Longer working life and the ability to work

(a) Promoting and supporting healthy life styles and wellbeing in work, preventing and controlling non-communicable diseases, and ensuring safe and healthy working conditions, including measures for appropriate work-life balance with flexible working time schemes, through the entire working career.

Health is a key determinant in enabling a longer working life. Work-related stress and hazardous working conditions can deteriorate both mental and physical health and are a major cause for invalidity and early retirement. It is increasingly recognized that working conditions need to be targeted if longer working lives are to be enabled. Measures undertaken by ECE countries during the third implementation cycle included research to better understand the impact of workplaces and working conditions on health, support to employers in adapting workplaces to the needs of ageing workforces and activities targeted at employees to help manage their own health needs and work-life balance. France and Sweden adopted multi-year strategies on health and safety at work to enable healthy and long working lives.

To better understand the health implications of workplaces and working conditions, France has planned pilot projects to support employers with aged workforces to conduct situation analyses on working

Table 3: Major achievements and challenges as reported by countries in the national reports

COUNTRIES	C 1		C 2		C 3		C 4		C 5		C 6		C 7		C 8		C 9		C 10	
Albania	x	x		x			x						x	x						
Armenia	x						x	x		x			x	x						
Austria			x	x					x	x			x	x						
Azerbaijan		x	x				x						x	x						x
Belarus							x	x	x	x			x	x						
Belgium			x	x			x	x					x	x						
Bulgaria		x					x		x				x					x		x
Canada			x					x					x	x				x		
Cyprus		x					x		x	x			x	x						
Czechia	x	x					x						x					x		x
Denmark								x	x				x	x						
Estonia							x	x	x	x			x	x						
Finland								x		x			x	x				x		
France	x						x	x					x	x						
Germany	x							x					x	x				x		
Greece		x					x		x				x	x						
Hungary		x	x				x	x						x				x		
Iceland			x			x	x						x	x						
Ireland	x	x	x	x									x	x						
Israel								x		x			x	x				x		
Italy						x	x		x			x	x	x						
Kazakhstan	x			x			x	x					x	x						
Latvia		x							x	x									x	
Lithuania							x		x	x			x	x					x	
Luxembourg		x	x	x			x		x											x
Malta	x			x						x	x		x	x						
Monaco								x					x	x						
Netherlands			x					x	x	x			x	x						
Norway							x	x	x	x		x	x							
Portugal			x				x		x	x		x		x						
Republic of Moldova	x	x					x	x					x	x						
Romania							x	x	x	x			x	x						
Russian Federation	x						x	x		x			x	x						
Serbia			x		x	x	x					x		x						
Slovakia	x									x		x	x	x						
Slovenia	x						x			x			x	x					x	
Spain	x								x			x	x	x		x				
Sweden							x	x	x					x	x					
Switzerland	x	x		x			x						x	x						
The former Yugoslav Republic of Macedonia			x					x					x	x						x
Turkey	x	x	x	x										x				x		
Ukraine		x		x			x	x					x							x
United Kingdom	x	x					x		x											
United States of America	x						x	x					x	x						
Uzbekistan	x	x					x	x	x					x						
Challenges total	18	16	13	10	1	3	30	23	19	17	1	6	36	38	1	1	5	6	1	5

Major achievements (x) and challenges (x)

conditions (workspaces and work organization) and develop actions to improve them. Sweden reported on a pilot study conducted by the Swedish Work Environment Authority to explore the relationship between workplaces and sectors and early retirement. The Finnish Institute of Occupational Health supports well-being at work through multi-disciplinary research and programmes.

To support employers in adapting workplaces to ageing workforces, Spain developed a guide for the adaptation of workplaces for older persons. Austria provides consultancy services to businesses and Belgium subsidizes measures taken by employers to improve the working conditions of employees over the age of 45.

Other measures have been targeted at employees. In 2014, the UK extended the right to request flexible working from parents and working carers to all employees with 26 weeks of continuous service with their current employers. More flexibility over working schedules can reduce stress and help employees with specific health needs. The Austrian health insurance fund for trade and industry initiated the programme Self-employed and healthy that provides discounts when personal health targets are met (blood pressure, weight, and exercise, tobacco and alcohol consumption).

A number of ECE member States mentioned their support for the EU-wide campaign on Healthy Workplaces for All Ages 2016-17 led by the European Agency for Safety and Health at work by coordinating activities at national level and raising awareness on the topic (AUT, FIN, PRT, SWE).

(b) Achieving higher employment rates of older men and women through appropriate incentives related to, inter alia, taxation and social security systems, age-friendly working conditions, flexible working time schemes, information, age-appropriate training and re-training programmes, and age management measures in public and private sectors.

Efforts to increase employment rates among older persons has been a priority field in implementing Goal 1 of the Vienna Declaration. One of the challenges that countries identified in the national reports is unemployment among the older age groups and a number of measures taken have focused on enabling older workers to access employment opportunities. Austria significantly increased funding to its 50+ Employment Initiative from 150 to 250 million Euros, making funds available to promote hiring older workers. The Netherlands put in place an Action Plan 55plus in 2013 to tackle structural unemployment among older people aged 55 and above, increasing the scope to older people from the age of 50 in 2014.

A number of countries offered employment assistance services to older unemployed persons such as support

with writing CVs and identifying relevant employment opportunities (e.g. AUT, ISR). The Canadian Renewing Older Workers' Essential Skills for the 21st Century Multi-Generational Workplace Initiative from 2010 to 2016 developed a job-search website that matched the competencies of workers aged 45 and over with the essential skills needs of employers. By April 2015, 24,567 workers and 3,125 firms had registered and 5,298 jobs were posted. In the Russian Federation, older workers and retirees receive free consultations by employment services to enhance their opportunities to find employment.

Some countries reported measures targeted particularly at disadvantaged job seekers (CAN, HUN). The Canadian Targeted Initiative for Older Workers Programme supports unemployed workers aged 55 to 64 in small vulnerable communities through employment assistance services and employability improvement activities. The Danish government provides financial support to voluntary associations (so-called senior networks) where unemployed older people are helping each other in their job-search and are reaching out to employers. Currently there are 23 such networks in Denmark. Over 50 per cent of members were able to find a job in 2015.

Several countries promoted in-service training of older employees and mid-career reskilling to ensure that the professional skills of older workers remain relevant in a changing labour market as well as re-training of older unemployed workers to open up new job opportunities (AUT, BEL, CZE, EST, FRA, ISR, NLD, GBR, RUS, USA). In The Russian Federation, regional authorities have started to offer professional training and opportunities for new qualifications to people beyond the statutory retirement age in 2013.

In 2015, the Lithuanian Labour Exchange launched the project Support for the older unemployed with support from the European Union Structural Fund. Targeted at unemployed over the age of 54, it provides opportunities for older people to acquire and improve qualifications, competences and skills to help them reintegrate the labour market. Over the first year and half of the project, over 2200 people took the opportunity to acquire new professional qualifications. Israel reported on two programmes specifically developed to retrain engineers over the age of 45 whose jobs had become obsolete through changes in the economy. In Kazakhstan, unemployed workers over the age of 50 who participate in professional training receive support with the costs of transport and accommodation where necessary and employment centres provide support in identifying employment opportunities following the completion of the training.

Denmark, the Netherlands, Luxembourg and the United Kingdom reported on job placement schemes for older workers. In the Netherlands, it is possible to

“test-run” workplaces for two months while keeping unemployment benefits. The UK government is planning to create new apprenticeship opportunities for older people. In the United States, the Senior Community Service Employment Program offers work based job training to older people.

Many countries in the region introduced financial incentives for employers to hire older unemployed individuals (AUT, BEL, CZE, DEU, EST, GRC, HUN, ITA, LTU, NLD, SWE, SVK) or reduced the costs associated with older workers. The Netherlands for example reduced the period that employers need to pay for chronically ill employees from two years to 13 weeks to reduce barriers to hire older workers. Slovakia supports the creation of new jobs for the 50+ through financial contributions during the first 12 months to cover the expenses of advance insurance payments for health insurance, social insurance and pension contributions paid by the employer. Employers receiving this support in turn guarantee to maintain the jobs for at least 12 months. Greece has designed a new programme in 2016/2017 to create 15,000 full-time jobs for long-term unemployed persons over the age of 50 by covering up to 50 per cent of monthly wages and non-wage costs up to a ceiling of 500 Euros per month for up to 9 months. A similar incentive was introduced in Italy in 2012, exempting employers of 50 per cent of insurance contributions if they employ individuals over the age of 50. Luxembourg reimburses all insurance contributions for older workers (45+) hired up until their retirement, on the condition that they are hired for 18 months or given a permanent contract.

Belarus has introduced legislation to prevent unemployment of older workers. They enjoy job protection for the two last years before reaching retirement, provided that they do carry out their responsibilities and do not violate any rules.

Age-friendly working conditions provide another incentive for older workers to remain in or re-integrate employment in later years. In Norway, tripartite cooperation on a more inclusive working life has promoted measures to reduce sick leave, promote employment of people with impaired functional ability and increase active employment beyond the age of 50. Shorter and more flexible working time, supplementary vacation and improved information are among the measures most frequently implemented. Average economic activity above the age of 50 has increased from 9.5 man-years beyond the age of 50 in 2001 when the initiative first began, to about 11.5 man-years beyond the age of 50 in 2015. The U.S. federal government ‘walks the talk’ as an employer and has implemented policies and programs that enable older persons and persons with disabilities to continue working and enhance work-life balance. These include flexible and compressed work schedules and telecommuting options; workplace adaptations to individual needs; continued education

and training; and support for caring for dependents. Finland is paying particular attention to enhancing career opportunities for people who are unable to work full-time, due to chronic illness, injury or disability, and are at risk of labour market exclusion. A key project on this issue was launched to tackle problems and create pathways to employment for those concerned. A number of countries have facilitated part-time working for older workers through flexible transitions to retirement and partial pensions that are discussed in more detail later (see 1d).

The creation of age-friendly working conditions necessitates increased awareness and age management by employers. Czechia has acquainted employers with age-management tools, and in Israel the Ministry of Economy ran a public campaign on workforce diversity with a website providing information for both employers and employees. Slovenia is preparing a new programme (2017-2022) that will promote effective age management in companies and provide employers with technical assistance in the preparation of strategies and plans for efficient work with older employees. Special attention will be paid to overcoming the negative attitudes of employers and the public to older workers. An intensive campaign that will promote the skills, knowledge and competencies of older people, promote jobs for seniors and present and exchange good practice is also planned.

(c) Developing evidence-based labour market policies, which recognize that youth and older persons’ employment policies are complementary and beneficial to all. Promoting positive attitudes towards senior employees and combating age discrimination in the labour market.

While discrimination based on age is outlawed in most countries in the region, negative age-based stereotypes and attitudes remain widespread and represent a real barrier to the employment and career opportunities of older people. Attitudinal research on age-related stereotypes and age-discrimination in the labour market was reported by Norway where the Centre for Senior Policy publishes an annual Senior Policy Barometer based on interviews with employers and employees capturing attitudes and behaviours towards older workers.

A number of countries have reported awareness-raising campaigns and activities to break down misconceptions about older workers held by the business community and the general public (AUT, CAN, CZE, ISR, NLD). The Austrian campaign Einstellungssache 50+ highlights the source of know-how that workers 50+ represent for businesses drawing on their wealth of experience, their willingness and ability to learn and perform, and their wide range of skills. A similar campaign in the Netherlands Perspective for 50plus planned for 2017-2018, is supported by the appointment of an

ambassador for unemployed persons over the age of 50.

The UK Government appointed a Business Champion for Older Workers. The Business in the Community Leadership Team will spearhead the UK Government's work to support employers hiring and re-training older workers and actively promote the benefits of older workers to employers across England.

The Canadian province of Manitoba, in partnership with the Manitoba Chamber of Commerce, undertook a pilot project to engage the business community in recognizing older people as valued customers, employees and members of the community.

Benchmarking and business awards are another tool for raising awareness and acknowledging good business practice. In Israel, the Ministry of Social Equality and JDC-Israel – Eshel are working on incorporating the topic of ageing into the Maala CSE Index, benchmarking Israeli companies on managing and incorporating social values. The aim is to sensitize the business world on the topic of ageing and to create work places that enhance the quality of life of older persons. In Austria, the Ministry of Labour, Social Affairs and Consumer Protection awards the NESTORGOLD seal of quality to business pioneers in inter-generational age management.

While most countries reporting on this item focused on voluntary initiatives, Sweden introduced new legislation to tackle age-based discrimination in the labour market. Under the Swedish Discrimination Act all employers, private and public, are required to actively promote - through goal-oriented activities - equal rights and opportunities at work, irrespective of sex, ethnic origin, religion or other faith. A new amendment that entered into force in January 2017 added the requirement that these active measures should also cover discrimination based on age. The Finnish Non-Discrimination Act also sets clear obligations to all employers for active measures to promote equal opportunities for older employees. The legislation stipulates that plans must be effective by 1 January 2017 and updated on a regular basis.

(d) Making the transition to retirement more flexible and providing incentives for staying longer in the work force in accordance with the individual's needs and aspirations.

The possibility of a flexible transition to retirement was introduced by a number of countries, allowing eligible older workers to combine part-time employment with part-time pension payments (AUT, DEU, FIN, NOR). Denmark reduced the compulsory annual working hours for deferred old age pension from 1,000 to 750 hours, proving greater flexibility. In Norway, pensions can be withdrawn either fully or partially, and work and pension can be combined without earnings test between the ages of 62 and 75. The flexibility is based on

actuarial cost-neutral principles, with strong incentives to work longer.

Other types of financial incentives for remaining in employment have been introduced (FRA, CAN, CZE, DNK, ESP, EST). Estonia for instance allows pensioners tax-free additional earnings and provides pensioners with access to employment services. Czechia provides a tax credit for working pensioners or pensioners running their own business. Denmark doubled the amount of annual work income taking into consideration in calculating old age pension from 30,000 to 60,000 DKK. In Belarus, pensioners can work while receiving a pension with either minimal reduction of pension payments or no reductions at all.

Flexibility in delaying one's pension beyond retirement age is another incentive to work longer. Belarus and Canada introduced a voluntary deferral pensions for up to five years (in Canada up to the age of 70) providing the option to receive one's pension later at a higher amount. The Russian Federation also introduced the possibility to delay pension payments with the outlook of earning a higher pension later on. Similarly in Sweden, pension payments increase with longer years worked, while income tax is reduced beyond the age of 65. The Netherlands introduced new legislation in 2016 to facilitate working beyond retirement age. Portugal introduced a monthly financial incentive for deferred pensions up to the age of 70, with credits varying between 0.33 per cent and 1 per cent per year of deferral. Iceland introduced flexibility to defer pension payments up to the age of 80 (in return for a higher pension).

(e) Carrying out pension reforms to adapt to demographic changes, including increasing longevity and, in certain Member States, to the growing numbers of older persons working in the informal sector. Promoting the sustainability and adequacy of both public and private pension systems and ensuring universal coverage, as appropriate.

Reforms over the reporting period adapted pension systems to increased longevity. Measures taken included increasing the revenues of national pension systems by increasing pension contributions (BGR), increasing the years of contributions required to become eligible (e.g. ALB, BGR, ITA), and – as was reported by most countries – increasing the retirement age (e.g. ALB, AUT, BGR, BLR, CAN, CZE, DNK, FIN, GBR, GRC, HUN, IRL, ITA, KAZ, NLD, PRT, SRB). Some countries introduced an indexation mechanism that allows future pension age increases in line with increasing life expectancy (e.g. in DNK, FIN, GRC, ITA, LUX, NLD).

Other reforms aim at making pension systems more sustainable by reducing expenditures through pension funds. The Slovene pension reform in 2013

eliminated pension entitlements that were not based on contributions paid. Other countries decoupled invalidity/incapacity pensions from the pension system as for example done in the Disability Benefits Reform implemented in 2015 in Norway. In Belarus, early retirement programmes for those working under harmful conditions have been paid out of the pension system. In future, they will be financed through mandatory special-purpose contributions by employers.

Another approach reported by ECE member States has been to reduce eligibility for early retirement on the grounds of incapacity to work and to encourage older people to re-enter the labour market after periods of incapacity to work. In Austria, for example, the right to retire on grounds of invalidity/incapacity changed for those born after 1964: instead of incapacity pensions, there will be an entitlement to up to six months of rehabilitation/retraining benefits. Persons who have completed rehabilitation are then entitled to unemployment benefits for a longer period, irrespective of age. Finland also introduced support for those on disability pension to re-enter the labour market. In Denmark, voluntary early retirement pay was reduced from five to three years before pension age, with a new senior disability pension covering those who are permanently unable to work five years prior to retirement.

(f) Promoting the role of older workers as transmitters of knowledge and experience to younger workers.

Czechia reported on three regional projects entitled Generation tandem – the promotion of generation alteration that were implemented with the aim of ensuring intergenerational solidarity in the labour market, ensuring on the one hand that older workers would remain in employment and that skills would be transferred to young recruits without job experience.

In Luxembourg, the association Perspective 45 promotes the employment of older workers over the age of 45. One project on mentoring seeks to highlight the value of experience that older workers transmit through a mentoring and training programme within companies. Belarus also reported on the introduction of mentoring in businesses and organisations to ensure the transfer of knowledge from older to younger workers. In Belgium, funding is provided to businesses who use experienced workers from the age of 45 to tutor less experienced workers drawing on their professional skills and experience.

Goal 2 - Participation, non-discrimination and social inclusion of older persons

(a) Reducing material deprivation, poverty and social exclusion among older persons, especially older women, and facilitating the access of older persons to resources to meet their needs

Poverty puts older people at risk of social exclusion and negatively impacts on their ability to meet their basic needs and participate in social life. Across the ECE region, about one in ten older persons live in a situation of severe material deprivation and one in ten live at risk of poverty.⁵ Member States have reported several approaches to address the risk of old-age poverty. These include interventions across the life course that enable people to earn sufficient income and accumulate pension contributions that will enable them to be financially secure in old age. They further include measures that alleviate the impact of major life events such as the loss of work or incapacity to work, and redistributive measures through the welfare and pension systems and provide a minimum income to those who would otherwise be destitute. Support with the costs of housing, and essential goods and services such as food, medicine and health and care services are provided to older persons who are not able to meet the costs themselves.

Different social welfare measures were reported that aim at ensuring a minimum income, including for pensioners (e.g. AUT, CYP, EST, GBR, RUS, SVK). In Austria, an Equalization Supplement raises low pension incomes above the poverty line. Cyprus introduced a Guaranteed Minimum Income in 2014 as part of a general welfare reform. Slovakia introduced a minimum pension in 2015 to ensure that people who have worked and contributed through most of their lives have access to a pension above the poverty line. Romania adopted a new social assistance programme for the poor in 2016, the Minimum Inclusion Income, that provides assistance to the bottom quintile of the Romanian population while providing improved incentives to work for those who can. In Portugal the Solidarity Supplement for the Elderly that was first introduced in 2006 to combat poverty among older persons, was increased in 2016 after a reduction in its value and coverage (-29.8 per cent) between 2013 and 2016. Furthermore, an information campaign on eligibility and benefits has sought to increase the take-up rate among those who need it.

Germany and the United Kingdom introduced minimum wages in 2015 and 2016 respectively to ensure living wages and reduce the risk of poverty among the working population. To reduce women's risk of poverty in old age, Kazakhstan introduced in 2014 a subsidy for mandatory pension contributions for employed women who are on maternity leave until their child is one year old.

⁵ For country-specific data see Table 8b in the Annex

To help people plan ahead for their own retirement, it is important that they are informed about future pension levels early. The Swedish Pensions Agency, for example, carries out regular information initiatives targeting people at risk of receiving a low pension. In the United States, the National Education and Resource Center on Women and Retirement Planning provides women with access to a one-stop gateway that integrates financial information and resources for retirement, health, and long-term care planning with Older Americans Act programmes. The Center makes user-friendly financial education and retirement planning tools available to traditionally hard-to-reach women.

Support with the costs of essential goods and services such as housing, food, medicines and health and care services are additional fields of action that were highlighted in national reports. A number of ECE member States introduced new measures to improve access to housing for older persons on low incomes (ALB, CAN, CZE, GRC, SWE). In 2015, Czechia approved the concept of social housing, which provides support to older persons without adequate housing or at risk of losing their housing. Ireland launched an action plan for housing and homelessness in 2016 to address, amongst others, the shortage of social housing and to diversify the range of housing options for older people. Canada invested over 200 million Canadian dollars in 2016 to support the construction, repair, and adaptation of affordable housing for more than 5,000 older persons on low incomes. The Canadian Government is further planning the development of a national housing strategy. Greece offers a housing assistance benefit of up to 362 Euro per month for people over the age of 65 who would otherwise not have the means to pay their rent.

Czechia and Kazakhstan provide medicines at reduced costs or free of charge to people in need. Albania offers free legal assistance to those on low incomes. In Uzbekistan, war veterans, people with disabilities and older persons in need receive free medical treatment. Portugal operates a Food Emergency Programme, as part of the Meal Centre Network, to help guarantee access to daily meals for the most deprived people and families. Cyprus provides support with the costs of care through a care services subsidy scheme. It supports people who meet certain conditions of the Guaranteed Minimum Income legislation and whose income is insufficient to cover the costs of their care needs. Hungary recently reorganized the social benefit system to target those most in need to meet their needs for nursing care and assistance.

(b) Taking measures to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation

Many countries in the region have outlawed discrimination based on gender, ethnicity, faith,

disability and sexual orientation. Impetus for new anti-discrimination legislation was provided through the implementation of European Union directives and UN conventions in national law. Greece for example implemented EU Directives 2000/43/EC, 2000/78/EC and 2014/54/EC into national law in 2016, strengthening the legislative framework with regard to the principle of equal treatment and prohibiting discrimination in employment and occupation.

Several countries reported on the adoption of new frameworks, strategies and programmes on gender equality during the reporting period (CYP, DNK, SRB) and new legislation on equal rights and opportunities for women and men was introduced in Armenia in 2013. Norway replaced four gender equality and anti-discrimination acts into one comprehensive Equality and Anti-discrimination Act in 2017. In Sweden, expanded protection against age discrimination entered into force in January 2013. It extended the scope of the age-discrimination legislation beyond areas of work and education. The legislation now also covers other areas of social life: goods, services, public office, care and health care, social services, social insurance, government study grants and public appointments.

Over and beyond the legislative framework, there is a need for pro-active measures to combat discrimination. Armenia for example carried out a number of awareness-raising campaigns on the principle of gender equality and gender-based discrimination in 2014-2015 in Yerevan and regions.

The Netherlands facilitated a number of activities aimed at over 300,000 lesbian, gay, bisexual and transgender (LGBT) persons over the age of 50 through the support of the Gay-Straight Alliance LGBT Elderly.

(c) Empowering people to realize their potential for physical, mental and social well-being throughout the life course and to fully participate in society according to their needs, desires and capacities

The Active Ageing Concept that ECE member States endorsed in Vienna in 2012 promotes this objective and all sections in this report highlight measures to achieve it. Several countries have developed comprehensive ageing strategies at national level to foster active ageing and enhance well-being of older persons (AUT, BGR, CZE, FRA, IRE, ESP, LVA, MKD, MLT, NOR, ROU, SVN, SVK, UKR).

At local level, a number of countries promote the development of enabling environments through age-friendly community initiatives, following the age-friendly city concept developed by the World Health Organization (FRA, CAN, CHE, ESP, IRL) or having developed independent approaches (AUT, BEL, LUX, ISR).

A critical juncture in the life course is the transition from working life to retirement. Pre-retirement education can help people master this transition successfully in a way that optimizes opportunities for well-being and social participation. Such programmes help prepare people for the changes ahead with respect to their financial situation, social circles and daily routines. The Ministry of Defense in Slovenia for example offers five-day seminars to their outgoing staff in which gerontologists, nutritionists, financial advisors and other experts present pitfalls and opportunities of the «third age».

Older people, particularly when they live alone and experience frailty and reduced mobility, are at increased risk of social isolation and feelings of loneliness. A number of countries mentioned measures targeted at older people at risk (DNK, LUX, NLD, PRT). Denmark responded to this challenge by developing a project where care assistants support older people who have problems sustaining a social life to make contact with voluntary organizations and to participate in social activities. The Netherlands developed a reinforced action plan against loneliness in 2014. In France, a multi-stakeholder national initiative against the social isolation of older persons, called MONALISA, was established in 2014 to reach out to marginalized older persons. Luxembourg highlighted the important role played by civil society organizations and volunteers in visiting and alleviating loneliness.

(d) Ensuring lifelong access to various forms of high quality education and training, including in advanced technologies

The promotion of lifelong learning was highlighted in many national reports. While there has been an increase in the participation in trainings and education courses by older persons in in some countries since 2012 (for example in France, Sweden and Switzerland) the overall level of enrolment remains low for both men and women (see Table 8c in the Annex).

Bulgaria, Estonia, and Romania introduced national lifelong learning strategies in 2014 (EST, BGR) and 2015 (ROU). A new adult education act came into force in Estonia in 2015. It aims to increase the transparency of the activity of in-service training institutions and to enhance the availability of high-quality adult education. Azerbaijan has started the development of a lifelong education system within its National Qualification Framework.

There is diversity in the provision and degree of institutionalization of lifelong education. Some countries mentioned ad-hoc courses and programmes provided through projects (ALB, HUN, LTU), employers (CYP), NGOs (FIN), or higher education institutions (EST, HUN, LUX, SWE). Bulgaria mentioned its support, through a national support service, of the

establishment and development of an Electronic Platform for Adult Learning in Europe. There has also been a trend in the establishment of new institutions dedicated to education for older people, including third age universities (BLR, NLD, PRT, SVN, RUS). Third age universities offer a wide range of courses to develop new skills in ICT, social and legal matters, healthy life style, history, sport, how to handle mobile phones, or video cameras, and modern home appliances.

Lifelong learning activities in some countries were explicitly designed to enhance employability and skills of older workers (ISR, MDA, NOR). The Netherlands introduced stipends for students over the age of 30 to facilitate continued learning and training in 2017. Norway developed a white paper on adult education (2015-2016) aimed at developing a coordinated and comprehensive policy ensuring low-skilled adults access to education and training to strengthen employability and faster transition to work. A national skills strategy presented in 2017 includes important adult education components such as targeted and business relevant continuing education and training for the workplace, retraining of low-skilled adults and validation and recognition of non-formal learning and informal learning. Azerbaijan adopted a strategy on education in 2016 to build an infrastructure that meets modern demands and enables lifelong learning. Czechia also advanced the recognition that learning is acquired through volunteering activities through a government resolution in 2015, which formalized volunteering as one form of lifelong learning.

Literacy, and increasingly digital literacy, are important facilitators of social participation. In times where digital relations with administrations and services are on the rise (e-government, tele-medicine), people's digital literacy and connection are an indicator of inclusion. There has been impressive growth in Internet use by older persons in the age range 55 to 74 over the past decade. If in 2005, 24.2 per cent of men and 14 per cent of women in the ECE region were using the Internet at least once a week in 2015 these proportions had increased to 52.3 per cent of men and 42.6 per cent of women in this age group. This also demonstrates a narrowing of the gender gap in ICT use (see Table 9c in the Annex).

Efforts to further enhance digital literacy skills were explicitly mentioned in one fifth of national reports (ALB, AUT, BEL, BLR, CYP, EST, FIN, LUX, SVK). Austria implemented a new broadband campaign (2015-2020) investing one billion Euros to make ultra-fast broadband access available nationwide. In the Russian Federation, third age universities specifically offer courses to train older people in using web portals for state and municipal services. In Belarus, one of the largest telecom companies launched in 2014 an educational project to increase the digital literacy of older generations. Fourteen courses cover information that is useful for

older people in everyday life. Teachers are all volunteers, including students, employees, as well as retirees. There are 32 educational centres throughout Belarus, 120 groups, over 2,000 graduates and 150 volunteers.

(e) Facilitating participation of older persons in political, economic, cultural and social life

Involving and engaging older people in diverse realms of societal life, reduces the risk of social isolation and loneliness in older age, contributes to health and well-being and carries many benefits for wider society. Volunteering for example gives older people the possibility to serve meaningful causes in different capacities, maintain and expand social networks, use their skills and competencies and gain additional ones, and engage in voluntary sector decision-making processes, shaping the development of civil society organizations and activities. Fostering participation contributes to the prevention of social exclusion and strengthens intergenerational contacts and solidarity.

A number of countries have developed policy frameworks to promote the involvement and participation of older people in economic, cultural and social life. The Lithuanian Action Plan of Motivation of Elderly People and promotion of Voluntary Activities (2016-2020) targets people above the age of 55 and aims to increase older people's participation in the labour markets and voluntary activities. It foresees developing older people's key competencies necessary for their active citizenship, social integration, employment and increasing possibilities of remaining in the labour market (for example through training, educational activities, information dissemination).

The National Strategic Policy for Active Ageing in Malta (2014-2020) intends to foster volunteering among older people through national programmes to involve older people as volunteers, particularly targeting those at risk of social exclusion, and managing an online platform that matches retirees with volunteer opportunities. The Romanian Active Ageing Strategy 2015-2020 has a dedicated chapter on social participation of older people in which it promotes participation of older people in social and physical activities through dedicated events and encourages volunteering. In Estonia, the committee for policies regarding older people within the Ministry of Social Affairs set an objective for 2016 to develop proposals for the Minister of Social Protection to facilitate voluntary work by older people. In Ukraine, the National Plan of Action on Ageing 2017-2021 contains a number of measures to create conditions for self-realization of older persons and their participation in the processes of societal development.

A number of countries reported on activities to facilitate volunteering among older people. In Cyprus, volunteer centres identify social problems and needs, match need and demand for volunteer service, register, train and

support volunteer placements and initiate volunteer projects. The Republic of Moldova developed a network of 300 older volunteers. The Ukrainian Veteran's Organization actively engages and coordinates volunteer activities by pensioners.

Cultural participation by older people is actively supported across the region. In the Netherlands, the Covenant on Older People and Culture (Covenant Ouderen en Cultuur) provides a platform for older persons to participate in society by engaging them in cultural activities. Its action programme 2013-2017 entails an array of activities by cultural institutions tailored towards older persons. It is jointly supported by the Ministry of Health, Welfare and Sport and the Ministry of Education, Culture and Science.

Many countries subsidize cultural activities to make cultural participation more affordable to older people. This includes discounts on cultural events and activities, museums, theatre visits (ARM, CYP, CZE, FIN, ISR, MCO, UKR) or tourist activities (e.g. HUN, GRC, PRT, ISR). In Hungary for example 64,000 retired persons were given the possibility to go on holiday since 2012 and another 45,000 were provided with tickets to baths at reduced prices through the Erzsébet Programme.

In Finland, art and cultural services are considered a structural part of health and social services. Funding was reserved for municipalities and other actors to improve current practice and create new approaches to improve the supply of art and cultural services and improve accessibility.

Accessibility concerns can be in part addressed by bringing culture to old people homes for the benefit of those who cannot go out to participate. It creates opportunities for entertainment and social contacts. In Armenia for example regular events with singers and musicians are organized in nursing homes.

Older people not only consume culture but actively contribute to its production. This contribution is both encouraged and valued across the region. Public funds support of amateur drama groups, choirs, or art classes that allow older people to develop their creativity in the company of others, find personal fulfilment and new social contacts. In Armenia, almost all day-care centres and nursing homes have their own amateur groups engaged in singing, dancing, and literature. Choirs and dance groups of older people also successfully perform at ceremonial events and festivals and the Ministry of Culture of the Republic of Armenia provides financial and organizational support for jubilees of famous persons, soirees of cultural luminaries, publishing books of older writers, and art exhibitions. In Azerbaijan, a Festival of Art by long-living Persons (70+) was organized in 2014. Czechia has encouraged amateur art activities since 2003 and funded eight projects directly aimed at older persons in 2015. An annual prize by the Ministry

of Culture is awarded for lifetime, significant and long-term contributions in the field of non-professional art. It further supports cultural events in which older persons and people with disabilities present their artistic activities to the public.

The Ministry of Culture of the Slovak Republic funded a nationwide parade of senior's folk bands, a nationwide exhibition of handmade products made by seniors in 2014 and a nationwide presentation of prose and poetry organized by the Union of Pensioners.

Hungary organized memoir writing projects between 2011 and 2013, with awards offered to 315 out of nearly 4,000 participating retired memoir writers. The winning works were collected in three anthologies and the authors met at public events organized all over the country. Between 2013 and 2015, two cross-border cultural and art contests were organized for people over the age of 60, mobilizing over 10,000 participants. National semi-finals and finals created the opportunity for numerous performances across the country. National shows where older persons perform songs, music and dance are also organized in the former Yugoslav Republic of Macedonia.

In addition to stimulating cultural life, countries facilitate social participation and entertainment for older people by providing opportunities for socializing through community centres and senior clubs where activities in company of others are facilitated such as sports, games and lifelong learning activities (CYP, MDA, MLT).

In Malta, the Parliamentary Secretariat for the Rights of Persons with Disabilities and Active Ageing runs a BeActive project in collaboration with sports clubs that encourages older adults to remain physically active. Annual sports days are organized for residents in long-term care and members of 'active ageing clubs', attracting 300 participants from residential homes and over 400 participants from the community in 2016. In the Russian Federation and the former Yugoslav Republic of Macedonia nationwide sports competitions for older people are organized.

Many countries use the opportunity of the International Day of Older Persons on 1 October or other occasions to engage older people through celebrations (AZE, ARM, AUT, GRC, MDA, ROU, RUS, UKR). This also includes contests and awards used to honour the lifetime contributions of older people (e.g. SVK). In Uzbekistan, 2015 was the year of attention to and care for the older generation. A state programme was developed spanning 66 events within six priority areas.

Civil society organizations are a key partner in the design and implementation of initiatives that foster the participation of older people (e.g. MKD). To strengthen the role and involvement of civil society organizations in this respect, the Danish government agreed to invest 40 million Danish Kroner in 2016-2018 to fund for instance

the establishment and operation of volunteer centres and analyzing the structure of the voluntary sector to further improve the support to civil society and volunteer organizations. In Hungary, the work of civil society organizations is supported through a network developed by the Civil Information Centre, which provides services such as support with fundraising and information exchange within the network of civil society organizations free of charge.

Political participation is another field in which older people contribute to society. Inaccessibility of polling stations for older people with functional impairments can be an important barrier to political participation, as was highlighted by an investigation of the Swedish Agency for Participation. To enable older persons with functional impairments to participate in elections, the Danish government introduced in 2014 flexibility regarding the polling stations used, enabling those concerned to choose another polling station that is more accessible than that to which they belong according to the electoral register. The Belgian region Wallonia has put in place a series of measures to facilitate political participation for older people. It sensitizes operators of local elections to the importance of making polling stations accessible, provides adapted transport to polling stations, encourages the operation of polling stations within nursing homes and tailors communication around elections to older people.

(f) Facilitating the participation of older persons, particularly women, in decision-making processes at all levels, both directly and through organizations of older persons across civil society

There are different ways in which older people feed into policy design and decision-making in areas that affect them, either directly or via organizations that represent their interests. In many countries governments have set up advisory bodies through which older people are given voice and a place at the table (e.g. ARM, BEL). They inform the policy making process, and this across different levels of government. Some advisory bodies are established at national level (e.g. AUT, CAN, HUN, MLT, NOR, SVK, ROU), and some countries such as Finland, Ireland and Romania have fostered their widespread establishment at municipal level.

In Finland, the Local Government Act stipulates that every municipality has to have an older people's council to secure the opportunity for older people to participate and exert and influence. It further requires that these councils have the necessary prerequisites for operation and are involved in the development and annual evaluation of local ageing plans. By 2014, all Finnish municipalities had established a council for older people. The National Positive Ageing Strategy in Ireland stimulated the establishment of Older People's Councils with a bottom-up role of monitoring the implementation of the strategy. They identify priority

areas of need, raise issues of importance, inform, and influence the decision-making process of city or county level age friendly initiatives. Representatives of the older people's councils play an important role in each of the Age Friendly Alliances in having the voice of the older person heard at a range of different decision-making tables. A national network of older people councils has been established to provide a platform for skill sharing and knowledge transfer. In Romania, committees of older people have monthly meetings with representatives of local authorities and public institutions to try and identify and solve the specific problems of older people at community level. In Canada, the Prince Edward Island's Engage PEI programme offers older adults an opportunity to become involved in nearly 70 government agencies, boards, and commissions as members of advisory, operational and regulatory boards. In Albania, the administration of the Greater Tirana Municipality, elected in 2013, started a process of involving older people into discussions for the development plan for the municipality and representatives of the older people organizations were consulted at all stages of preparation of a new law on palliative care for example. Some regions in the Slovak Republic established Municipal Parliaments of Seniors where older people can provide feedback on the conditions of life of older persons in their city.

In some cases, older people advisory bodies are connected to specific government departments, agencies, or programmes (EST, NLD, SWE). In Sweden for example the National Board of Health and Welfare has a council for older people that meets four times a year through which contact and cooperation with pensioner organizations can be established. Through this mechanism, older people and their organizations can contribute factual information to the Board's inquires and regulations.

Older people are also consulted in the absence of formalized advisory bodies. In the UK budget cuts led to the abolishment of the UK Advisory Forum on Ageing in 2015. It is now for each government department to engage and consult with older people that policies are designed to have the intended effects.

Another way of involving older people in the design and improvement of services, is by collecting their feedback as consumers. In the United States, programmes under the Older Americans Act (OAA) are designed from the bottom-up drawing on inputs provided by older adults receiving OAA services and their families, caregivers and providers. Denmark has been running an annual survey of user contentment among recipients of home care services who live in their own homes and recipients living in nursing homes. The information collected improves understanding about outcomes and effects of the services offered.

(g) Combating ageism through awareness campaigns and by encouraging the media and other opinion-making actors to give an age-balanced image of society, highlight the positive aspects of ageing, develop non-discriminatory images of older persons, and disseminate information about ageing as a natural phase in individual development. Involve older persons in the planning, implementation and evaluation of such media programmes.

Very few countries explicitly reported on this item. While the media are actively used to disseminate information to older people for instance through dedicated radio and TV programmes that are mentioned elsewhere in this report, governments in the region do not seem to actively engage media partners in the fight against negative stereotypes of ageing or at least have not chosen to report it.

Austria has promoted the positive image of older persons in the media through films, conferences and traveling exhibitions across the country.

In 2013-14, the older people's movement in Brussels and Wallonia in Belgium ran a public campaign entitled *Enéo Imag'Aînés* to raise the question of what place older people have in today's society. Through local actions, research and analysis, the project sought to demonstrate that being old does not mean being useless, to unmask stereotypes and highlight the value of older people to society.

One of the general objectives of the National Ageing Strategy in Romania is to raise the social profile of the older population and one of its priority actions in this regard is to influence mass media to improve attitudes towards older people and their role in society.

(h) Promoting easy access of young and older persons to information and education related to ensuring their dignity and human rights

In Austria there is a school subject entitled "education for democratic citizenship", which in 2012 focused on older persons and intergenerational solidarity. It is interdisciplinary in nature and deals with human right issues from various perspectives on an ongoing basis.

Estonia organizes regular target group surveys to monitor the situation of older people and their opportunities to participate in economic, social, cultural and political life.

In Azerbaijan a month of the rights of older persons was organized in 2015 in cooperation with United Nation Population Fund (UNFPA). It included conferences in different regions on the topic of Population Ageing: the importance of using the potential of older persons and a number of information materials were produced to inform about ageing. Furthermore, regular TV

programmes are broadcast on topics related to the rights of older persons, health, education and access to employment. This was also reported by Ukraine.

Several countries reported the implementation of website and other information services such as hotlines to provide information on entitlements and public services that are available to meet citizen needs (AUT, ISR, SVK, SVN). The Ministry of Social Equality in Israel operates a hotline for senior citizens and their families to provide information on all rights on a range of topics, such as health, housing, pensions, preparation for retirement, consumerism, culture and leisure activities. A consultation and information service operating in 12 hospitals ("Segula units") helps families and older people to exercise their rights in the health system. The service is provided by trained volunteers and managed by a social worker. Another example is the MATI-JA Network in Slovenia, set up in 2013, which offers older people access to a broad range of information, services and support. The network has several thousand registered users and connects many organizations that provide services and assistance to users. The National Board of Health and Welfare in Sweden offers online trainings for older people for example on side effects of medication or on how to prevent, identify and support older people who are victims of elder abuse. The information is primarily aimed at professionals but is available to anyone who is interested.

(i) Improving the collection and sharing of data, statistics and qualitative information for monitoring better the quality of life and dignity of older persons, including cases of violation and abuses of their rights, in order to design and implement appropriate evidence-based policy measures.

The collection of data on the situation and needs of older persons is of fundamental importance to identify problems, monitor trends and allow evidence based policymaking. A number of countries reported enhanced investments in ageing-related research.

Albania reported a significant increase in surveys and publications on ageing since 2012. In 2015, the Albanian Institute for Statistics published for the first time a report on Population ageing: situation of older people in Albania (with support from UNFPA and the Swiss Agency for Development and Cooperation). Also for the first time, estimates of various forms of abuse (physical, emotional and financial) among older people in Albania were published.

The USA launched a National Adult Maltreatment Reporting System in 2016. The system, to which states will submit data on adult maltreatment, will result in the first national data on elder abuse and will greatly improve the Federal government's ability to evaluate progress.

Canada launched the Healthy and Productive Work Signature Initiative in 2015 to respond to the changing Canadian workforce through innovative, evidence-informed and gender-responsive solutions to balancing caregiving responsibilities; retaining older Canadians in the workforce; physical and mental conditions experienced by workers; and the relative underemployment of people with disabilities. Twenty research teams were awarded funding in 2015.

At regional level, a number of countries participated in the ECE Task Force on Ageing-related Statistics, which published its recommendations in December 2016 (GBR, AUT, AZE, BEL, CAN, CZE, GEO, HUN, ISR, ITA, POL, SRB, SVK, CHE, USA). They are aligned with the four goals of the Vienna Declaration and for each identify topics that require measurement, address the availability of indicators, data comparability and quality.

(j) Taking into account the diverse needs of a growing number of older persons among ethnic minorities and migrants to ensure their integration and equal participation in society

Minorities and migrants often face obstacles and have specific needs that require targeted interventions, ranging from offering information and services in minority languages or ensuring that service providers are sensitized to the specific challenges that they may face.

In Austria, representatives of the visiting service for older people in the City of Vienna visit older migrants to identify their living environment and situation. A multi-lingual issue of the care journal «daSein» focused on the topic «migration and care» to enhance communication among care and nursing institutions. When it was first published in 2015 a kick-off event was organized to disseminate information and foster networking.

In Estonia, welcoming programmes are carried out to ensure integration of immigrants into society. In 2015, an amendment to the Citizenship Act entered into force. It simplified the application procedure for citizenship for people aged 65 and older. An interactive Russian-language module of an online legal assistance portal was launched in 2014 and 52 Estonian legal acts were translated into Russian.

In Sweden, the National Board of Health and Welfare has reported that minorities feel that care for older people is not sufficiently often provided in minority languages. Municipalities are now supported through a number of initiatives to more frequently deliver services in minority languages.

The Netherlands reported on awareness-raising activities around the needs of older members of the LGBT community. A tolerance scan («Pink Passkey») has been developed to assess care facilities on their LGBT friendliness. The results will assist facilities in optimizing their LGBT policy.

Goal 3 - Dignity, health and independence in older age

(a) Safeguarding the dignity of older persons, particularly those with disabilities, and fostering their sense of belonging and self-esteem through measures aimed at, inter alia, combating any form of prejudice, neglect, abuse and discrimination.

The UN Convention on the Rights of Persons with Disabilities (CRPD) adopted in 2006 was an important milestone in creating conditions for enhanced sense of belonging and self-esteem for persons with disabilities and for fighting forms of prejudice, neglect, abuse and discrimination. By 2017, 49 ECE member States had ratified the convention, 17 of which over the past five years (five signatories are yet to ratify it and only two ECE member States have not signed it).

Denmark will be investing 133 million Euros every year to ensure dignity in the care for older people. New legislation introduced in 2016 requires local authorities to formulate dignity policies with the involvement of the local senior citizen council and other stakeholders. These policies should cover the areas quality of life, self-determination, quality and coordination of care for older persons, and dignified death. Local dignity policies are intended to be an integral part of quality standards and are to be published on municipal websites.

A key concern with regard to safeguarding the dignity of older persons relates to the prevention of elder abuse. Close to one in three countries reported on policies and programmes in this area (AUT, AZE, CAN, CZE, FRA, IRL, ISR, MDA, MLT, NLD, PRT, ROU, SWE, USA).

Research was undertaken in some countries to better understand the prevalence and types of elder abuse (CAN, MDA, MLT, NLD, PRT, SRB). A number of countries implemented awareness raising campaigns (AUT, AZE, CAN, MLT, NLD, PRT) and measures that enhance capacity to detect elder abuse when it occurs, including through trainings (e.g. in MDA, PRT). Several countries developed guides to better prepare professionals and the general public to identify different forms of abuse and develop appropriate interventions (e.g. CAN, MLT, ISR). In Malta, in 2015, the National Commission for the Promotion of Equality developed a guide for professional people working with older persons on prevention and intervention in cases of violence or abuse on older women and men.

Recent efforts in some countries have specifically targeted elder abuse in the health and care sectors. In 2014 Sweden passed the National Strategy on Violence towards Older People in Care and Medical Care. The strategy targets municipalities with the aim to enhance prevention, identification and tackling of violence against older people in the care and health sector. In the same year, Ireland launched a National Policy and Procedures on Safeguarding Vulnerable Persons at risk

of Abuse that outlines the procedures to be followed by the health services when there is a concern of abuse, neglect or self-neglect of a vulnerable adult. In 2013, the Ministry of Health in Romania created a joint task force with the police corps responsible for crimes against public health safety in order to strengthen the inspections in residential health care facilities. In 12 months, over 1,000 inspections were carried out and 174 penal crimes could be identified.

Another area of abuse that was addressed is financial abuse (e.g. CAN, CZE). The Canadian Government funded the Uniform Law Conference of Canada to develop a uniform Enduring Powers of Attorney Act, which contains specific measures to ensure that protections and remedies to protect against the financial abuse of seniors exist in a harmonized way across Canada. Furthermore a financial literacy strategy Strengthening Senior's Financial Literacy was developed in 2014. In Czechia, an area of focus was to protect older people from unfair trade practices. New legislation was also introduced in Slovakia in 2014 to protect consumers from manipulative retail sales of goods and services and, in collaboration with the police and older people's associations, information brochures and prevention projects were implemented to enhance safe conduct.

After having achieved positive results in increasing awareness on elder abuse, the Netherlands extended their Older People in Safe Hands Action Plan 2011 until 2017. Reports on elder abuse increased from 855 in 2010 to 2432 in 2014, indicating greater awareness and fewer obstacles to reporting. The programme in 2015-2017 has included a public awareness campaign on physical, financial and emotional abuse and prevention of abuse by informal caregivers. The overall objective of the strategy has been to foster the development of local elder abuse policies and multi-sectoral collaboration between partners at municipal level.

Several countries reported on the introduction of new legislation and amendments to the Criminal Code to better protect older people from abuse and neglect and widen older people's procedural rights (CAN, CZE, MLT, SVK). The Protecting Canada's Seniors Act 2013 amended the Criminal Code of Canada so that the age of the victim is considered an aggravating factor for criminal sentencing purposes. In Slovakia, older people gained the right in 2015 to be accompanied by a confidant who can provide assistance and psychological support. Malta is currently planning new legislation to better protect older people from abuse.

Legal assistance to victims of elder abuse, neglect and exploitation is needed. The USA launched Elder Justice AmeriCorps in 2016, a 2 million USD grant programme to provide legal assistance and support to victims and to develop pro bono capacity building in this field.

(b) Strengthening measures of health promotion, care and protection, as well as disease and injury prevention at all ages, thus lowering the probability of illness and disability and helping to ensure high physical and mental functioning, independent living, as well as active participation throughout the life course.

Health, as the World Health Organization noted in its first World Report on Ageing and Health in 2015, is key to being able to seize the opportunities that longevity offers. Investing in the promotion and protection of health throughout the life course to prevent illness and functional decline, rather than dealing with these only as and when they occur, is an investment with benefits throughout life, and especially in later years.

Health 2020, the European Health Policy Framework adopted by the majority of ECE members during the 62nd session of the WHO Regional Committee for Europe in 2012, promotes a life-course approach that empowers people, builds resilience and capacity, promotes health and prevents disease.

One in five countries adopted new health policy frameworks during the reporting period (ESP, IRE, ITA, LTU, NLD, LVA, NOR, PRT, SVN) placing an emphasis on health promotion and prevention. Greece started a national pilot project concerning health prevention and promotion for older individuals, developed in cooperation with scientific and professional bodies for the prevention of specific diseases. In 2015, the focus was on diabetes, and in 2016 on osteoporosis. The project encompasses, among others, information and awareness-raising activities addressed to older people, their families and caregivers as well as health professionals. In the Netherlands, the government has been seeking to encourage health care partners, such as health care insurers, to put prevention high on their agendas, including for instance the maintenance of vaccination programmes and ensuring healthy and safe food provision. In 2015, a total of 1,265 partners pledged to actively contribute to a healthier society. Around 900 organizations actively cooperated under this scheme, including schools, workplaces, and communities. Belarus created health schools for the third age that offer classes to older people on specificities of disease treatments and diverse aspects of health promotion. 633 of such schools have been established and over the past five years 788500 older persons participated in classes.

Health promotion efforts in the region seek to promote healthy behaviours, such as physical exercise and a healthy diet and reduce risk factors for health such as unhealthy diet, alcohol and substance abuse, and smoking. Many countries in the region have introduced smoking bans in public buildings to reduce the exposure to passive smoking. Hungary introduced legislation in this regard in 2012. The Older Americans

Act Nutrition Programme in the United States provides vulnerable older adults at risk of food insecurity and food insufficiency with nutritious, safe, and appealing meals. In 2014, about 218 million meals were served to 2.4 million older adults in the United States and its territories, both in congregate meal settings and in home-delivered meal programmes. Austria issued nutritional recommendations in 2012 as part of its National Nutrition Action Plan, including a brochure with recipes in 2015 entitled: "Eating right if you are 65 or over - its easy".

The health benefits of physical exercise are widely known. It maintains functional capacity and plays an important role in promoting health and well-being, as well as in maintaining social relations. One in five countries in the ECE region have developed programmes and initiatives that engage older people in physical exercise, adapting activities to the level of functional ability (AUT, AZE, CAN, CYP, BGR, FIN, HUN, IRL, UKR). In Cyprus, the programme Exercise in Third Age aims to provide opportunities for physical activity and specialized exercises, to promote health of older people. It provides exercise and physical activity as part of the «Sport for All» Programme of the Cyprus Sports Organization. 1,500 older persons have participated in the programme. In Israel, a similar programme was developed involving older volunteers as trainers.

Measures to prevent and control non-communicable disease include health screenings and facilitating access to (early) diagnosis and treatment. Health screenings to detect diseases, such as cancer, at early stages were reported by a number of countries. Hungary, with EU support, set up 61 Health Improvement Offices to enhance the capacity of the health care system to conduct organised public health screening with the aim to reduce the prevalence of cancer in the long term. Albania introduced a new programme in 2015 that offers free annual check-ups to people over the age of 40 to identify and address unhealthy lifestyles. Health screenings for older people were also reported by Armenia. In Portugal, the programme Prevent to Win was developed by the Union of Portuguese Mutualities in 2014-2015 to promote health screening and facilitate access to (early) diagnoses and treatment referrals, focusing on cardiovascular and respiratory diseases, and hearing and vision problems. Albania introduced new mobile mammography services in 2015 to reach out to people in the community, particularly in rural areas the coverage of the health care infrastructure is lower. Israel provides mobile services to enable older people with declining functional ability to remain in their communities. Mobile services provided include dental care and exercise equipment (seniors fitness gym).

Older people have specific health care needs that differ from other age cohorts. The development and increased prevalence of geriatric services to better meet the health needs of a growing number of older patients

was mentioned by a number of countries (e.g. SVN, RUS). In 2016 a decree of the Ministry of Health in the Russian Federation introduced the provision of medical help under the speciality of «geriatrics». Denmark introduced a National Action Plan for the Elderly Medical Patient in 2016 to ensure that older patients have equal access to high quality healthcare across the country, that the healthcare system cooperates across sectors and meets older patients with dignity and self-determination, involves them in the treatment process and offers coherence in the course of treatment. It aims at preventing overcrowding in hospitals and ensuring that municipalities are ready to provide care and services for patients when these are discharged.

Norway has taken a new direction in health care placing greater emphasis on the provision of primary care services in municipalities close to where people live. Two white papers published in 2016 – The National Health and Hospital Plan (2016-2019) and the Primary Health and Care Services of Tomorrow provide details.

(c) Giving special attention to preventive measures, early diagnosis and to the treatment, care, especially long-term care, and social protection of persons with Alzheimer's disease and other dementias, while ensuring their dignity and non-discrimination in society.

Dementia is a syndrome that affects memory, thinking, behaviour and the ability to perform everyday activities. WHO Europe, in its European Mental Health Action Plan 2013, noted an increasing prevalence of dementia in ageing populations, typically 5 per cent in people over 65 and 20 per cent of those over 80.

One in five countries have developed national strategies and action plans to address the specific challenges related to dementia (AUT, DNK, NLD, NOR, ISR, IRL, ITA, PRT, SVN). Finland developed a national memory programme with the aim to make Finland a “memory-friendly country”. Measures aim to promote brain health and improve attitudes to care and rehabilitation for brain health and memory diseases. This includes ensuring a good quality of life for people with memory diseases and their carers by means of timely support, care and nursing, rehabilitation and services promoting comprehensive research and knowledge of memory diseases.

One of the identified needs in ensuring dignity and non-discrimination is to increase awareness about dementia and many countries are collaborating with national Alzheimer societies to implement relevant initiatives (CAN, CYP, DEU, ISR, MLT, MKD, USA). Germany set up an Alliance for People with Dementia at national level. Cyprus launched an education programme in 2014 that targets families and caregivers of people with cognitive disorders. Canada initiated Dementia Friends Canada in 2015 in collaboration with the Alzheimer Society of Canada. The digital engagement campaign

works to decrease stigma about what it is like to live with dementia. The First Link programme developed by Alzheimer Society organizations proactively connects individuals, families and caregivers to community supports. Germany's Alzheimer Society runs Dementia Partners with the financial support of the Federal government. This programme includes courses across Germany that provide information about the symptoms of the illness and on how to deal with people with dementia. The Alzheimer Association of Israel hosts various activities including workshops, family support groups, consultation services to raise public awareness and support those affected by the illness. Malta also specifically targets older people in their awareness-raising activities about mental health and dementia. A programme to educate older adults about the condition and to encourage social support by the community for persons living with dementia is run by Active Ageing Centres.

Services and programmes directed at individuals affected by dementia were reported by a number of countries. Since 2010, Cyprus has been running a Cognitive Empowerment Programme addressing people over the age of 65 suffering from cognitive disorders. In the United States, the Alzheimer's Disease Initiative Programme targets the provision of services to persons with disabilities at risk of developing Alzheimer's Disease or a related dementia. They also provide behaviour symptom training and expert consultations for caregivers. Dementia capability is further promoted through the Brain Health Initiative, an Alzheimer's awareness programme.

In Portugal, a new pilot project agreed in 2014 surveys the population with dementia with the aim to ensure prevention and early diagnosis and to provide patients with a better quality of life. A survey conducted as part of the two-year project found that 80 per cent of older people living in residential homes suffered from dementia, yet these institutions were not prepared to accommodate people with dementia. The project also included training of staff in social institutions.

In Israel the NGO MELABEV operates centres for the care of patients with Alzheimer's and dementia and offers home services for those who are at advanced stages of the illness and can no longer attend day care. It supports family members with advice and information and runs support groups for patients and their families. Services to support families in their care of relatives with dementia were also reported by Israel, Norway and Spain. Norway mentioned the development of digital communication tools to support family carers.

(d) Respecting self-determination and dignity as core values through the end of life of an individual. This in particular should be the principal attitude in nursing and medical practice, including long-term and palliative care.

ECE member States reported on diverse measures to enable people to approach the end of their lives with more self-determination and in dignity.

Ukraine is working on developing a palliative care strategy focusing on palliative care at home and local social service provision. Israel launched a National Program for People in End-of-Life Situations and for Palliative Care in June 2016. It aims to allow patients and families to live independently, in dignity, and to receive care suited to their preferences and values. The focus lies on the development of palliative services in hospitals and institutions of long-term care, in an effort to ensure continuity of care. The program emphasizes education, training and research.

Another measure taken by Israel to respect self-determination and dignity of older people was to amend the Legal capacity and Guardianship Law in 2015 to allow people with declined functioning to preserve their autonomy and maximal independence in managing their lives by reducing the amount of cases in which a guardian is appointed. Under the amended legislation, the appointment of a guardian is to be a last resort.

In Finland, the Advanced Healthcare Directive allows older persons to decide on their care when they are no longer able to make decisions for themselves due to illness or incapacity. The directive is the person's will on medical and care measures expressed in written or oral form. It can include the person's will on resuscitation, treatment or medical examinations, and whether the treatment should prioritize quality of life or longevity. The treating personnel should be informed about the existence of the patient's advance healthcare directive and they should respect the patient's will when making treatment plans. The directive should be updated regularly to keep it up-to-date with the patient's current will and wishes.

Canada has invested significantly in the past eight years in the area of palliative care research. In 2013, the Government committed funding to support training in palliative care to front-line health care providers. The training is provided through Pallium Canada, a national organization created to improve the quality of hospice and palliative care services through the development and dissemination of peer-reviewed education, resources and clinical decision-making tools for inter-professional health care providers. In addition, the Canadian government worked with the Canadian Hospice Palliative Care Association to provide home support workers serving First Nations communities with appropriate tools and resources to support palliative

care needs with the overall goal to improve end-of-life care in First Nation communities. Provincial end-of-life-care action plans and related measures were put in place in the Canadian provinces Alberta and British Columbia.

A small number of countries reported on legislation to regulate euthanasia and assisted suicide to regulate the conditions and procedures under which a person may choose their death (e.g. CAN, LUX). New legislation passed in Canada in 2016 enables safe and consistent access across Canada to medical assistance in dying. The legislation balances personal autonomy for those seeking access to medically assisted dying while protecting vulnerable Canadians. The legislation revises the Criminal Code to exempt health care practitioners who provide, or help to provide, medical assistance in dying from otherwise applicable criminal offences.

Austria has pooled federal, regional and local budgets to fund hospice care and a hospice and palliative care forum was set up in 2015 to implement measures to ensure dignity at the end of life. Further steps have been made to facilitate mobile hospice and palliative care by making funds from the Long-term care fund available for this purpose (2013) and increasing the number of mobile teams. Recent years have also seen an increase in the provision of in-patient hospices in Lower and Upper Austria.

(e) Aiming to ensure that older persons maintain the highest possible level of health, social and functional capacity before, during and after natural and man-caused disasters by enhancing coordinated support.

Older persons can be particularly vulnerable in emergency situations. ECE member States have therefore introduced a range of measures to ensure that their specific needs are taken in account by local authorities and service providers as they prepare for and respond to disasters.

In Finland, for example, special attention is given to the continuation of services and care for older persons in emergency preparedness planning. Those in charge of managing an emergency situation must for instance be aware of the number of older persons living in a given area. As older persons who depend on care are especially at risk in emergency situations, emergency planning special attention on how to ensure their continued care must be paid in the planning process. All care institutions in Finland must have an evacuation plan included in their safety plans. As municipalities are increasingly outsourcing services, outsourcing contracts must include conditions for ensuring service continuation in emergency situations and the responsibilities of private actors must be clearly stated.

From 2014 to 2016 national Red Cross organizations in a number of countries in the region (AUT, BGR, GBR,

HRV, LVA) participated in the EU project PrepAGE: Enhancing disaster management preparedness for the older population in the European Union with the aim to introduce specific recommendations for older people in emergency and disaster preparedness and prevention programmes. The project was co-funded by the European Civil Protection and Humanitarian Aid Operations. Azerbaijan, in cooperation with WHO, developed a course on the management of the public health system in extreme conditions (disasters).

Other measures focused on enhancing emergency preparedness by older people. Canada's Get Prepared Campaign aims to educate and assist all people in preparing for natural and man-made disasters, with a focus on helping those that have disabilities or special needs, including older people. From 2009-2013, the Government of Canada funded the University of Ottawa to lead a project entitled "Enhancing resilience among high risk populations to maximize disaster preparedness, response and recovery".

In Czechia, the Fire and Rescue Services provided trainings to prepare older persons on how to protect themselves in normal risk and emergency situations. Lectures and talks were given at "Older Persons Colleges", at third age universities, or in cooperation with older people associations. These activities were implemented by all Fire and Rescue Service regions in 2015 and often also addressed the leadership of local municipalities at the same time as older people to increase awareness.

Last but not least, it is important to consider the needs of older people in the aftermath of disasters. The Russian Federation for example provides free social services for victims of emergency situations and armed international and interethnic conflict.

(f) Facilitating access to age-appropriate, affordable and effective high-quality goods and services and improving mobility through age-friendly environments.

Being able to go out and about safely and having access to adapted means of transportation that allow mobility when one's functional capacities decline is key to continued social participation, and wellbeing, in older age. It is also essential to enable people to independently access needed goods and services. Countries in the ECE region have reported progress towards barrier-free and accessible public spaces, and providing adapted transportation options.

Norway adopted a National Action Plan for Universal Design (2015-2019) to improve accessibility and create environments that are safe and convenient to use, addressing areas such as transportation, housing and out-door areas with a focus on information and communication technologies (ICT) and welfare technology. Estonia set up an Accessibility Council in 2015 to raise public awareness on accessibility and

universal design, and to introduce the principles of an inclusive living environment.

In 2015, poor accessibility was included as a form of discrimination in the Swedish Discrimination Act. The same year, revised guidelines for accessibility were published by the Agency for Participation. They provide a theoretical basis for work on accessibility improvements as well as practical support on how improvements can be carried out. The guidelines have been widely disseminated in the public and private sectors.

In Spain, the State Plan for the promotion of Rental Housing, Rehabilitation of Buildings, Urban Regeneration and Renewal 2013-2016 included the installation of elevators, stair lifts, ramps, and other devices as well as accessibility aids. Albania has financed 126 projects in towns and villages to improve sidewalks, pedestrian areas, improved streetlights, and public parks under the "Urban Renaissance" Programme of urban infrastructure. In Cyprus, efforts were made to make beaches accessible to people with reduced mobility and routing plans for visually impaired people have been installed on sidewalks at several points in the cities. Most municipalities in Estonia have built roads for non-motorised traffic with the support of European Structural Funds. As a result, opportunities to be physically active have improved in Estonia. A number of cities in Canada (Hamilton, Ontario, Edmonton, Alberta) are engaging stakeholder organizations, older people and the broader community to respond to the needs of older residents by undertaking walkability strategies, prioritizing sidewalks and public transport (transit) improvements, providing age-friendly training to transit and taxi drivers and assist older people with private snow removal.

In addition to the barrier-free design of public spaces and walkability of neighbourhoods, the availability of accessible and affordable transportation options is key to mobility and progress in this area was reported by several countries in the region (CYP, EST, SVK, USA). An example is the introduction of low-floor buses for example in Cyprus and Estonia. In 2015, the U.S. Department of Transportation launched a National Aging and Disability Transportation Center. It provides technical assistance to improve the availability and accessibility of transportation options that serve the needs of people with disabilities, seniors, and caregivers.

Several countries provide discounts on public transport or even free access to older people (e.g. CYP, LUX, MCO, SVK, TUR, UKR). A card that is granted to people over the age of 60 provides free travel on buses in Monaco. In Ukraine, older people benefit from discounts on long-distance buses and enjoy free local transport. In the Slovak Republic persons 60+ can purchase a so-called Senior Rail Plus card that provides 40 per cent discounts for rail transport. Older people over the age

of 62 travel by rail free of charge. Turkey introduced in 2014 regulations on free or discounted travel cards for city and intercity buses, ferries, trains and airplanes for people aged 65+, disabled persons and their accompanying persons.

(g) Developing innovative methods and technologies for reliable, affordable and safe support and care of older persons at home.

Technology opens up new possibilities for assisted-living that enables ageing in place and provides support for family members and professional care providers. More than one in four countries reported investments in research and the development of products and services that increase the safety and security of older persons, support their independent living and enhance their social participation (e.g. AUT, CAN, CYP, DNK, EST, FIN, HUN, IRL, ISR, LUX, SWE, RUS).

Austria has been exploring ICT-based solutions for smart homes and smart services. Denmark has supported several research- and test processes towards integrating tools of ambient living in both nursing homes and senior social housing. In Sweden, the Agency for Participation has collaborated with several agencies and actors on a government inquiry on assistive technology and coordinated a support initiative to speed up the introduction of digital services in the municipalities such as personal emergency alarms.

The Canadian Government has funded research in technology and ageing through the AGE-WELL Networks Centre of Excellence which is a national research network in technology and ageing. Between 2014 and 2019 36.6 million Canadian Dollars are invested between industry partners, not-for-profit organizations and researchers. In 2014, the CanStay Home programme by CanAssist (a University of Columbia organization dedicated to helping people with disabilities improve their quality of life) developed a suite of innovative technologies that support vulnerable older people and others to stay in their homes longer. One example is the Wandering Deterrent System that uses computer screens that flash personalized messages to discourage a person from leaving the house late at night (which is a current occurrence among people with dementia). Another example is the VIDATRACK service developed by the Cyprus Telecommunications Agency. It is an emergency signal transmission and detection management system that enhances the feeling of security of older persons and their families. The University of Luxemburg conducts research on the interaction of older persons with new technologies to use the knowledge gained in the development of new tools that assist independent living at home.

The Belgian region Wallonia introduced a new software in the home care sector that permitted to simplify administrative processes such as billing of services

and allocation of subsidies that led to annual savings of over 4.5 million Euros. Ireland is introducing a Single Assessment Tool to implement a standardized IT-enabled health and social care assessment for older people nationally. This approach to care needs assessment, it is hoped, will facilitate a reduction of fragmentation so that assessment, care planning, and policy decision-making are effective, coordinated, and provide maximum value for money. Estonia restructured the organization of assistive technologies from a county-based into a national system in 2016 to simplify and improve the availability of assistive technologies.

An example of international cooperation in this field is the Active & Assisted Living Program (previously called Ambient Assisted Living Programme), a joint program of 20 European Union countries and Canada (since 2016). This program fosters the development and market entry of ICT-based solutions with the aim of facilitating older persons to live longer at home and as independently as possible. It is an investment with two goals, one is to improve the quality of life of older persons and support their self-management, and the second is to simultaneously, improve the effectiveness and efficiency of professional care.

(h) Ensuring 'ageing in place' by promoting services and support to the individual and the family to enable older persons to continue living for as long as possible in their own environment and community. These services should take into account the special needs of women, in particular those who are living alone.

Many countries have oriented their ageing policies to enable older people to remain in their own homes for as long as possible and in as good health as possible. The emphasis is put on independent living and deinstitutionalization by building and strengthening a comprehensive and integrated care and support infrastructure at local level supporting older people and their family caregivers in the community.

Support for "ageing in place" starts with providing information that help people plan ahead for their later years, to prepare before need arises. In Canada, the Forum of Federal/Provincial/Territorial Ministers responsible for Seniors published the guide Thinking about Aging in Place for older adults wishing to plan their future. In Austria, the website www.pflegedaheim.at provides targeted information to persons in need of care and family carers.

Social care and support is essential in helping older people to remain living in their homes when they no longer are able to take care of their everyday needs fully independently. A helping hand with running errands, gardening, and other chores of everyday life can make the difference as to whether an older person can remain living in their own homes. A diversity of home services

have been implemented in the region (e.g. EST, ITA). The Better at Home non-medical home support programme in British Columbia, Canada, provides simple, non-medical services such as light housekeeping and grocery shopping, to help older people remain in their own homes longer. In Uzbekistan, territorial programmes between 2015 and 2017 were developed to improve the housing conditions for older people and people with disabilities. These include annual repairs and yard maintenance that are actively supported by civil society organizations, local residents, youth and charity organizations. In Israel, the Repair Commando, a group of volunteers made up of electricians, plumbers, carpenters, technicians etc. carry out light repairs for older people. In the United Kingdom, an Hourly Service Centre for the provision of community-based or home-based social inclusion services has been established to provide a comprehensive service for people over the age of 65 who need help or are unable to look after themselves.

In many countries, social support and care are organized and delivered by municipalities at local level. In Finland, the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons requires municipalities to draw up plans on measures to support the wellbeing, health, functional capacity and independent living of the older population and to organize and develop the services and informal care needed by older persons. By 2014, 80 per cent of municipalities had drafted such a plan.

One way of ensuring that the social care needs of older people are identified and recognized is through preventive house visits (e.g. AUT, DNK). In Denmark home visits have long been established to detect problems and create a dialogue with older persons about their life situation and need for assistance. In 2016, the Danish law on preventive home visits was revised to address several target groups. Home visits are paid to all older people over the age of 80 (previously 75) but also to vulnerable people between 65 and 80 who are in a difficult life situation and therefore considered at risk, for example after losing a spouse.

Concern about ensuring equity in access to services has been raised by a number of countries (e.g. FRA, FIN, GRC, SVN). Finland's key government project equal, well-coordinated and cost-effective services for older persons and all aged informal carers aims to develop home care and services accessible from home as the principle form of care provision while at the same time developing equal access to such services across the country and enhancing their coordination. In the Netherlands the policy "Longer living independently" introduced in 2014 aims to support municipalities by enhancing collaboration between municipalities, care providers and other stakeholders by sharing innovations, collectively identifying barriers and preventing mismatches. France reported financial support to home

care service providers who are in economic difficulties and in the process of restructuring, in order to maintain service provision and save jobs in the care sector.

In the former Yugoslav Republic of Macedonia, the Red Cross of Skopje with the support of the Ministry of Labour and Social Policy and the City of Scopje have implemented a day-care centre for older persons and home assistance targeted at older people and people with disabilities who are in need of medical and psycho-social support and to those who are at risk of social isolation. In Greece the Home Social Care Programme, established in 2014 specifically targets uninsured older people, economically deprived individuals and those living with disabilities who are in need of social care and nursing services.

To make the administration and delivery of home care services more efficient and to enhance coordination centred around the needs of older persons, there have been increasing efforts to integrate social and nursing care services (e.g. FRA, LTU, MKD). In Lithuania, the Integral Assistance Development Programme was launched in 2013 to enable people to receive assistance at home and help family carers to remain in the labour market. Financed through the European Social Fund, the programme provides nursing and social services for people with disabilities and old people needing care, as well as advice to their family care givers. During the implementation period 2013-2015, 1,500 people received assistance, and 1,400 family members consultations. As both beneficiaries and municipalities positively evaluated the programme, a new Action Plan for Integral Assistance Development was approved for 2016-2019, spreading the programme to almost all municipalities in Lithuania from 2016.

(i) Promoting architectural alterations and innovative housing design aimed at adapting to the changing needs and functional abilities of persons as they age.

Age-appropriate, barrier-free housing is an important condition for enabling people to stay in their homes as long as possible. A number of countries reported on providing financial support for home adaptations (AUT, CAN, DNK, ESP, IRL, SWE).

In Ireland, funding is provided for housing adaptations to improve and aid mobility, such as stair lifts, access ramps through grants allocated through the Department of Housing, Planning, Community and Local Government. In 2016, 56.25 million Euros were made available for such grants. Sweden also provides grants for the renovation and modification of existing residential properties for older people to enhance accessibility and safety and the construction of new housing. In July 2016, an ordinance on government grants for arranging and providing housing for older people was passed by the Swedish Government and 15.4 million Euros were allocated for this purpose. Spain allocated close to 3.5

million Euros between 2012 and 2015 to support active ageing of people with intellectual disabilities, including building and adapting housing for them. Denmark allocated funds to prepare two guidelines on how to design and redesign nursing homes to better meet the needs of people with dementia. Funding was made available in 2015-2017 to reconstruct and redecorate nursing homes based on the recommendations made to better meet the needs of residents with dementia.

The Finnish Housing Development Programme for the Older Population 2013-2017 seeks to improve the housing stock by improving the accessibility and renovation of dwellings and diversifying housing solutions to support older persons to make their own preparations regarding housing and related services. The Canadian government worked with various stakeholders to improve safe stair constructions in new homes. In 2015, the National Building Code of Canada was updated to benefit older people and reduce the probability of falls.

Age-appropriate housing, social support and care need to be integrated to enable older people to age in place safely and with adequate support. Such a joined up approach has been taken on board by Dublin City Council following recommendations of the Housing working group of the Dublin City Age Friendly Programme. A new cross-departmental/inter-agency approach will be taken to progress housing initiatives for older people, including a pilot programme for a sixty-home development started in 2016. In Slovenia, the National Housing Programme 2015-2025 seeks to enhance the social inclusion of older people by constructing, renovating and adapting housing near day care centres and shopping centres and the design of appropriate housing options in mixed neighbourhoods.

(j) Supporting, by appropriate means, self-help arrangements of older persons for independent or assisted living, including inter-generational housing facilities and acknowledging that individual needs are assessed and properly addressed whether in an institution or at home.

Alternative living arrangements that meet older person's needs for company and support with activities of daily living are gaining increasing popularity. Finland reported on an inter-generational housing project launched in 2015 in Helsinki where young people under the age of 25 are provided with affordable accommodation in old people home in return for 3-5 hours of volunteering for the older residents. The Austrian regions Styria and Carinthia also introduced projects where flat sharing is offered to students free of charge in return for assistance to resident senior citizens. A similar programme was developed in Israel where the Ministry of Social Equality, the Ministry of Construction and Housing and the Students Union joined forces to establish and intergenerational social

programme. Students find living quarters in the houses of older persons. They provide company in exchange for inexpensive housing solutions and a significant stipend to help see them through their years of study.

Turkey has started to implement Elder Living Homes since 2012, which are assisted living arrangements for 3-4 older people of the same gender. Domestic help with housework and food preparation is provided as well as personal and nursing care where needed. These smaller units are often located near residential homes to share services and personnel but represent an alternative living arrangement.

In the Russian Federation, foster families for older people are becoming more wide-spread. In this model, foster families provide a home and service to an older person in return for a monthly state benefit. The living conditions of older persons in such families are regularly monitored. Belarus also mentioned foster families for older people.

(k) Ensuring a continuum of affordable, high-quality care, ranging from arrangements for primary and community-based care to various forms of institutional care.

In the context of population ageing, there continues to be growing demand for geriatric health care and long-term care services. In the region, these are provided through a broad infrastructure of formal health and care services provided in the community, at home, in day care centres, and nursing and residential care comes. The emphasis has been on supporting «ageing in place» as long as possible through mobile home nursing and support services and to provide residential long-term care for those who can no longer be cared for at home.

The provision of health care services in the home or community can help delay or prevent unnecessary hospitalisation or admission to nursing homes. Home nursing provides treatment and nursing at home for people who are temporarily or chronically ill or dying. In Denmark, all citizens in the municipalities are entitled to home nursing. When prescribed by a general practitioner, the municipalities must provide home nursing free of charge, including all necessary requisites. This entitlement is rooted in the aspiration of Danish ageing policy to provide help based on individual need rather than type of residence, to provide care at home for as long as this is possible and to secure access to nursing homes for those who can no longer be cared for at home. The Canadian province Saskatchewan runs Home First/Quick Response projects that target enhanced home care services for intense short-term needs or longer-term support service. It has the goal of sustaining older people in their homes for as long as possible in order to delay or prevent admission to long-term care, facilitate appropriate discharge from acute care to the community, prevent unnecessary admissions to emergency rooms and engage service

providers in the system to support seniors in their own homes. Austria invested significantly in the extension of mobile services and technologies for supporting care at home.

Many countries have increased investments in the provision and quality of long-term care service to meet growing demand (for example AUT, DEU, EST, NLD, ROU, RUS). Estonia increased the funding for nursing care services by approx. 40 per cent between 2012 and 2015. The Russian Federation has widened the coverage of inpatient institutions for social services where older persons live on a permanent basis, including in rural areas where new nursing homes of 15-50 places have been built in addition to modernizing already existing institutions.

Affordability of care and access is another very important issue that has been addressed in different ways across the region. Cyprus runs a care services subsidy scheme to cover the costs of care services for those who meet certain conditions of the Guaranteed Minimum Income legislation and whose income is insufficient to cover the costs of their care needs. Ireland has a Nursing Homes Support Scheme since 2009 that provides financial support to those in need of long-term nursing home care. The scheme aims to ensure that long-term nursing home care is accessible and affordable for everyone and that people are cared for in the most appropriate settings. The Scheme was reviewed in 2015 and recommendations are being implemented. In Austria, people in need of nursing are eligible for funding for 24-hour care if the general requirements for live-in care are met. The Long-term Care Act 2015 in the Netherlands covers the persons in the most vulnerable categories, such as those requiring permanent supervision or 24-hour care nearby, providing a broadly defined set of services, including residential care.

New legislation in Germany comprehensively restructured social long-term care insurance and improved benefits by a total of 5 billion Euros per year. Changes to the needs assessment have improved access to long-term care for people with dementia. The reforms also expanded services for all those in need of long-term care, strengthening home care services as well as in-patient facilities. To finance these improvements, contributory payments to the long-term care insurance were increased by 0.5 contribution rate points.

The fragmentation of services needed by older people who may have multiple needs is a challenge, both in terms of efficient administration and cost effectiveness but also in terms of ensuring that older people receive the care they need, regardless of where they live and of their ability to bear the costs. Ireland's Health Service Executive is working on a Single Assessment Tool to implement a standardised IT-enabled health and social care needs assessment for older people nationally. This new approach holds the potential to reduce

fragmentation so that assessment, care planning and policy decision-making are effective, co-ordinated and cost effective. Israel developed a pilot programme of individualized care management. The model is based on the local service system for diagnosis and referral to existing services and seeks to address the fragmentation of service providers.

Long-term care reforms that seek to deinstitutionalise care and place the emphasis on «ageing in place», such as for example in the Netherlands, have implied an increasing reliance on informal care in families and the community. To better integrate informal care within the broader landscape of care provision, some countries reported on measures that foster collaboration between formal and informal care providers. In Israel, MATAV – the largest NGO of home care workers, has begun to implement a programme to train the caregivers of older people to identify the needs of family members and set up effective cooperation for the benefit of the older person, their family members and the professional care givers.

In the Netherlands, recent government efforts have sought to enhance coordination between health care professionals and informal care providers. The project Yes to Informal Care (In voor Mantelzorg) facilitates better collaboration between informal caregivers and health care providers.

Ensuring the quality of care provided across a broad landscape of care providers and settings is a challenge. Providing a sufficient number of health care personnel that is adequately trained is one aspect that countries have been addressing, the introduction of quality standards and their enforcement another. The Swedish government earmarked over 100 million Euro in 2015 and a further 200 million in 2016 to increase staffing levels with the aim of raising the quality of care for older people, increasing reassurance for older people and improving conditions to ensure that the quality of care provided is equal across Sweden, including with respect to gender equality. Kazakhstan reported on increasing the number of nurses to improve the capacity to monitor older people with chronic diseases.

In order to ensure that care services provided are of adequate quality, countries advance regulation and controls in this area. Kazakhstan for example introduced standards for gerontology and geriatric care services in 2015. In Cyprus, the Social Welfare Services are promoting the adoption of legislation and regulations for home care that will lay down conditions for the qualifications and suitability of carers and their responsibilities towards care receivers. In Austria, roughly 20,000 visits are paid to the homes of care allowance recipients to assure the quality of home care. Graduate nursing specialists examine the specific care situation on the basis of standardized protocols. Since 2015, it is also possible to request these home visits. The

reform of social services in Albania includes a draft law on the regulation of provisions of services from third parties, introducing clear procurement procedures and quality standards.

With regard to the quality of care provided in nursing homes, the Netherlands launched a programme called Dignity and Pride. Loving Care for our Elderly that focuses on prioritizing the relationship between the client, their social support and healthcare professionals. By 2016, results of the programme included an increase in supervision of the Health Care Inspectorate on providers with high-risk profiles and reinforcement of good quality standards, structural implementation of 200 million Euros, providing additional resources for the education of nursing care. Another Dutch programme to enhance the quality of long-term care is the Care reform agenda: Living dignity with care which shifts attention from care provision as such to a broader perspective on the well-being of persons relying on long-term care by (1) giving people with severe limitations substantially more (financial) control to choose their support and care at their home or in other living arrangements, (2) encouraging more innovative health care providers in long-term care and (3) stimulating technological innovations in long-term care.

In Sweden, the National Board of Health and Welfare has worked with the Swedish Association of Local Authorities and Regions to develop a system of benchmarking to support national actors, service providers and practitioners to enhance the quality of care. The system of recurring indicator-based comparisons of quality and resource consumption in health and medical care, social services and public health reported at regional, county council, municipal or unit level aims to encourage these actors to analyze their operations, learn from each other, improve quality and efficiency.

(l) Recognizing and improving the situation of informal carers and formal careworkers, including migrant careworkers, through training and dignified working conditions including adequate remuneration

Geriatric training is increasingly developed in the ECE region to better equip caregivers for the diverse challenges they face in their work, increase the quality of care provided, but also to provide opportunities for professional development. Sweden for example offers a Leadership Development for Geriatric Managers to provide students with knowledge and skills to work as a manager with a focus on care for older people. Several Swedish universities and university colleges offer a postgraduate programme in specialist nursing with specialization in elder care. In Kazakhstan geriatrics was introduced as a medical specialty in 2009 and funds are allocated each year to foster the qualification and retraining of specialists in gerontology. Slovenia has recently developed a proposal for the development of

geriatric medicine to identify and deal with fragile and multi-morbid patients as part of the National Health Care Plan 2016-2025. In Belarus, professional training in “geriatrics and therapy” is offered to medical staff and teaching staff in medical faculties. Annually 300 professionals receive such training.

In Cyprus, the voluntary sector offers residential and day-care programmes, social services for older people that are coordinated by the Pancyprian Volunteerism Coordinative Councils and District Volunteer Coordinating Councils. They operate certified educational and experiential workshops for people working in elder care. Older people themselves participate in the workshops as trainees. The overall aim of these activities is to increase the quality of services for older people and to provide equal opportunities for senior citizens to lifelong education and training and social integration.

In Belgium, a professional network specialized in the support for formal careworkers and informal carers of dependent older people who live in their own homes. The network provides support through professional training and customized support to family carers.

(m) Recognizing and supporting family carers, who are mostly women, in accomplishing their demanding tasks, including provisions for reconciliation of work and family duties, as well as social protection measures.

Even in countries where a comprehensive care infrastructure is in place, a very significant part of the care and support needed by older people experiencing health problems and functional decline continues to be provided by families, friends and neighbours. Their share and responsibility grows where alternative sources of care and support are insufficient to meet demand.⁶

Providing care for older family members can negatively impact the health and well-being of those caring. Particularly when the care provided is time-intensive and emotionally straining it can enhance the risk of social isolation.

The Canadian province Newfoundland and Labrador works with regional health authorities and NGOs to support unpaid caregivers through programmes such as Caregivers Out of Isolation, delivered by the Seniors Resource Centre of Newfoundland and Labrador. In Austria, meeting points for family caregivers, recreational activities and information events are organized for family carers. Belarus, Cyprus, Denmark, France, Ireland, and Portugal reported on respite care services to allow carers a break from their caring responsibilities.

⁶ Table 7b in the Annex provides an overview of the share of persons 55 years old and above providing care to elderly or disabled relatives

Caring for older relatives while continuing to participate in the labour market can be a particular struggle for family carers. When the time intensity of care tasks or the inflexibility of employers force carers to give up paid work, they are faced with lost earnings, reductions in their own social security and ability to save for their own old age. To alleviate this burden, a number of countries in the region provide care leave entitlements and financial support to family carers that reduce the opportunity costs of lost earnings (e.g. AUT, DEU, ITA, RUS).

In the Russian Federation, a compensation benefit is paid to those who provide long-term care to those incapable to work. Czechia developed a proposal in 2016 and is planning to introduce a long-term nursing allowance by 2018 to compensate some of the lost earnings for informal caregivers. Over a period of three months, informal carers would receive 60 per cent of a daily assessment basis and enjoy job protection. Austria introduced a care leave with a legal entitlement to a care leave benefit for close relatives in 2013. The benefit is paid up to three months. Italy ran a Home Care Bonus Project between 2014-2016 funding bonuses between 200 and 1200 Euros per month for care and assistance costs for public employees and pensioners who provide care to non-self-sufficient individuals in the home.

The provision of day care centres for dependent older relatives is an important measure of support enabling family member to maintain their labour market attachment and reconcile paid work and care responsibilities. Israel for example provides 163 day care centres across the countries serving 18500 older people. The day care centres provide meals, socio-cultural activities, personal care and professional therapeutic services all under one roof, 6 days a week.

To value and recognize the unpaid care provided by family members, the Canadian province Manitoba adopted the Caregiver Recognition Act in 2011, which sets out general principles for government relating to caregivers and provides for a minister-appointed caregiver advisory committee, mandatory biannual reporting and an annual recognition event. The UK has funded a number of projects focussed on carers, including on technologies for carers and carers in employment, and is continuing to look at how better to support existing and future carers.

Goal 4 - Intergenerational solidarity

a) Promoting and strengthening multigenerational dialogue and intergenerational learning by all stakeholders, including governments, non-governmental organizations, the private sector, the media and the general public

To promote and strengthen multigenerational dialogue and intergenerational learning by all stakeholders, countries across the ECE region have put in place

a range of inter-generational projects. Civil society organization in many countries have taken the lead, and their intergenerational projects are often supported by government funding (AUT, CAN). Activities uniting the generations include creating spaces for discussion and exchange, such as multigenerational centres in Slovenia, or the Café des âges in Luxembourg, joint activities such as cooking, singing, doing crafts, telling stories, or gardening (AZE, MCO) provide occasions for contact, relationship-building and learning from each other (LUX, PRT).

Key partners in advancing this work are educational institutions. Sweden mentioned the important role of folk high schools in facilitating contact and shared learning. Dublin City University in Ireland welcomes older students by a number of measures put in place to make it more "age-friendly". The Czech report drew attention of the contribution played by museums and galleries. Age-friendly community initiatives in a number of member states, including Canada and Ireland play an active role in connecting the generations. Examples of projects in Ireland include 'My shoes/your shoe's and 'Age-friendly Libraries – keeping up with the kids'.

Contact between generations is important in building relationships that enhance mutual understanding and solidarity. In Finland for instance, some schools have introduced "school grandmothers and grandfathers" who actively join the classroom work and support students and teachers. Similarly, the Finnish Red Cross organizes a volunteer service where older persons act as substitutes grandparents for families who do not have grandparents or where these are absent.

Since 2013 State committee on problems of family, women and children in Azerbaijan carried out a project "let's learn from the older generation". Events with involvement of district union of seniors, youth organisations, NGOs, veterans, older people, youth and teenagers. They also organize annual meetings for older people living in residential home for veterans in which youth and teenagers also take place.

(b) Improving cooperation between youth organizations and older persons' organizations

Improved cooperation between youth organizations and older persons' organizations can help to advance intergenerational solidarity by getting ownership of key stakeholder organizations. The Austrian Senior Citizens' Council and the Austrian Youth Council have the status of "intergenerational social partners" in Austrian Law. Delegates of the Youth Council have observer status in the meetings of the Austrian Federal Senior Citizen's Advisory Council, a forum for talks and advisory body in the Ministry of Labour, Social Affairs, and Consumer Protection, which was created on the basis of the Austrian Senior Citizen's Act.

(c) Recognizing the value of and fostering the joint volunteering of people of all ages

Another way of facilitating contact is by fostering joint volunteering across generations. In Albania, for example, the network of older people associations teams up older activists with students for awareness raising campaigns.

The “house of people of all ages” – Aldeia de Santa Isabel in Lisbon (PRT) is a multi-purpose social action facility that houses a home for children and young people, an older people’s home a vocational training centre and a company that specializes in social/vocational training integration. The Aldeia de Santa Isabel Intergenerational Programme developed jointly by the vocational training centre in close collaboration with the offers joint activities for young and old, such as gardening, cooking, singing, dancing, sharing of experiences draws on the community and intergenerational dynamics offered by this specific setting.

(d) Designing and implementing educational campaigns for the general public, particularly the younger generations, on issues of population and individual ageing. It should include teaching about healthy, active ageing as part of the life-course into the curricula of all educational institutions, while also raising awareness among older persons on issues, living conditions and challenges of the younger generations.

A diverse range of educational activities and campaigns were designed and implemented in countries across the region to raise awareness about ageing (ALB, AUT, CAN, CYP, ISR, MKD). On the occasion of the European Year of Active Ageing and Solidarity between Generations in 2012, the school subject “Education for democratic citizenship” across Austria focused on older persons and intergenerational solidarity. The Government of Canada supported the development of a video, *Seniors are Cool!*, that targets school-aged children and is part of an educational toolkit designed for the use by educators to help dispel misconceptions around ageing and older people.

In Cyprus, lectures on the topic ‘Health in old age and active ageing’ were delivered in both urban and rural community centres in five municipalities and communities (in Nicosia). They were complemented by information materials and posters. The Judicial Academy in Czechia sensitized judges, prosecutors and court officials to ageing through seminars on the topics of ‘Self-reflection in advanced age’, ‘an older person as a victim of crime’, ‘psychology of interrogation of adults’. The Academy of the Prison Service trains prison staff on the rights of older persons as a group of people with special needs and incorporate this theme in all basic training for all prison service employees, courses for social workers within the prison service and lifelong learning courses.

In the former Yugoslav Republic of Macedonia, the Red Cross organized a week of events celebrating care for older persons. Youth were explicitly involved in activities. Creative workshop with older people, educational activities, visits to the homes of older people and to nursing homes and free medical examinations marked that week, benefiting around 2000 older people.

(e) Considering, that solidarity between generations also means adequate and sustainable social protection of older persons while recognizing that older men and women continue to make important contributions to their communities in various ways, including continued employment, performing non-paid caring of younger and older family members, participating in volunteering as well as cash and in-kind transfers to benefit younger members of their families and communities.

ECE member States highlighted the importance of recognizing that older persons represent an important asset to society and have undertaken various measures to foster their active participation in various realms of society, including employment (see Goal 1 - b), volunteering (see Goal 2 - e), and decision-making (Goal 2 – f). Measures to ensure adequate and sustainable social protection of older persons are covered under Goal 1 (a) and Goal 3.

(f) Developing and implementing socially responsible, financially sound and sustainable strategies encompassing the needs, capacities and expectations of current and future generations while promoting equal opportunities for their self-determination.

Solidarity between current and future generations implies socially responsible, financially sound and sustainable strategies that encompass the needs, capacities and expectations of current and future generations while promoting equal opportunities for self-determination.

Well-functioning welfare systems that include social security and support play an important role in social and economic development. Sweden and Cyprus mentioned the important role of social insurance / social security schemes in economic and social development and the enhancement of, for instance, gender equality. In France, pensioners are contributing less in terms of social insurance contributions than younger generations, but the gap has narrowed through the introduction of a generalized social contribution scheme and additional state pension. Albania reported that the recent pension reform that raised the retirement age and years of contribution and introduced social pensions provides a basis for stabilization of the intergenerational contract for the future while addressing the risk of poverty among older people. Since 2015 when the new pensions law came into force, more than 5000 people have already

benefited from the social pensions, in particular women in rural areas.

Finland, Norway and Hungary stressed the importance of stimulating employment and entrepreneurship development to nurture economic growth. Structural reforms in welfare provision (healthcare, pensions) were undertaken to save costs, increase efficiency and ensure financial sustainability in the long term.

A number of projects aimed at self-determination by older people were reported. In Estonia, the self-help and advisory association for Senior Citizens operating in Tallinn includes near 500 older people who themselves organize activities, are responsible for managing the building and for offering social support to the members of the association.

III. Conclusions and the way forward

A priority focus of governments in the region continues to be on the reforms that are required to adapt labour markets, social protection systems and the health and care sectors to the implications of population ageing and ensure their financial sustainability in the face of increasing demand (e.g. Monaco, Russian Federation, Sweden, Ukraine).

New risks and challenges are emerging. Maintaining income security for older persons and preventing poverty, particularly among the most vulnerable groups, is an important concern for many countries in the region (e.g. Azerbaijan, Kazakhstan, Ukraine, Uzbekistan). Countries also work on improving access to appropriate housing in older age, targeting those most in need (e.g. Canada, Germany, Malta, Portugal).

Effective policy responses to population ageing require a comprehensive, cross-sectoral and multi-stakeholder response. ECE countries have continued efforts to coordinate policies across government departments and different levels of government, fostering collaboration between actors across different sectors (e.g. Bulgaria, Uzbekistan). Some countries plan to strengthen cross-sectoral collaboration in the future (e.g. Belarus). Local governments play an increasingly important role in designing and delivering policies on ageing (e.g. Denmark, Finland, Ireland). A number of ECE countries have developed comprehensive policy frameworks on ageing or plan improvements to their existing frameworks (e.g. Bulgaria, Czechia, Greece, Norway, Turkey).

There is widespread consensus on the need to extend working lives in line with growing longevity in order to sustain social protection systems in the long term. Countries in the region have addressed this challenge through a combination of regulatory adjustments and incentives for remaining in work longer. Many countries

have devised tailored programmes to combat long-term unemployment and to support disadvantaged older jobseekers in the labour market (e.g. Austria) and some provide incentives to employers to hire older persons. Increasing labour market participation among older persons remains an important priority for the future (e.g. Armenia, Cyprus, Finland, Portugal).

Changing perceptions among older workers, employers and the general public to embrace the opportunities for employment in later life remains a challenge that requires continued attention in the future (e.g. Czechia, Israel, Latvia, Lithuania, Norway, Slovenia, Spain). Enabling strategies such as enhancing opportunities for lifelong learning continue to be of importance (e.g. Bulgaria, Norway, Slovakia, Spain, United Kingdom). Other countries have put emphasis on promoting constructive age management in businesses and organizations (e.g. Czechia, Slovakia).

There is a need to “rethink” old age to effectively dispel the negative stereotypes and ageist attitudes (e.g. Luxembourg). The challenges related to population ageing are by now widely known. Countries have noted the importance of actively raising awareness of older persons’ contributions and the untapped resource for society that they represent (e.g. Albania, Bulgaria, Estonia, Norway, Spain).

Countries seek to create framework conditions that allow people to lead independent and self-determined lives in dignity as they age. Some countries specifically foster health promotion and disease prevention to keep people healthier for longer across the life course (e.g. Austria).

Age-friendly environments facilitate independent living, foster social relations and intergenerational ties and promote participation of older persons in community life. They also help reduce the risk of social isolation and loneliness. ECE countries have reported a broad range of measures promoting cultural and social activities, including physical exercise. They have implemented diverse measures with the intention of creating more accessible, supportive and inclusive environments and continue to see this as an important priority in the future (e.g. Canada, Czechia, Kazakhstan, Norway, Portugal, Spain, Ukraine). This includes universal design approaches and making public spaces and buildings barrier-free and accessible to enhance mobility, increase safety, and foster participation (e.g. Portugal).

Investments in meeting the growing need for health and social care services and long-term care continue to be of particular importance in member States’ adaptation to population ageing. Much progress has been made over the past five years but access to health and social care also remains a challenge, particularly in the face of growing demand (e.g. Azerbaijan, Kazakhstan, Russian Federation, Ukraine). Some countries have reported

shortages in long-term care facilities and nursing staff (Romania, the former Yugoslav Republic of Macedonia, Turkey). ECE member States consider it important to enhance community-based and home-care services that support older persons to live in their own homes and communities for as long as possible (e.g. Austria, France, Monaco, Switzerland) and to support access to quality long-term residential care where this is appropriate (Ireland, Slovenia).

Another area of activity has been to improve the quality of services and better orient them to the needs of older persons and their families (e.g. Finland, Israel, Norway). Better coordination and integration of services, and equity of access, remain challenges that require attention (e.g. France). A number of countries have promoted geriatric education of health-care professionals to increase the number of qualified health-care workers and thereby the quality of services (e.g. Armenia, Slovenia, Sweden).

Discrimination, violence, abuse, and neglect of older persons in their various forms remain a significant challenge in the region. ECE countries have implemented a range of measures to address them. These have included awareness campaigns, capacity-building to empower older persons to report abuse, legal reforms and sensitization of professionals and the general public to adequately respond to cases of abuse when identified (e.g. Austria, Italy, Malta). Elder abuse and age-based discrimination continue to be an important concern (e.g. Belgium, Malta, Spain).

Longevity is accompanied by a growing prevalence of dementia. A number of countries developed national strategies and action plans on dementia over the last five years (e.g. Austria, Denmark, Ireland, Israel, Italy, Netherlands, Norway, Slovenia). Others are planning to do so in the near future (e.g. Germany, Iceland) to prepare families, communities and service providers to the challenges of living with dementia and to provide the care and support needed.

The time and effort invested in unpaid care work implies opportunity costs in terms of health and well-being, employment and financial security. Women are disproportionately affected by the risks of care giving. Some countries provide financial support. Others provide care leave entitlements that enable family members to provide care without jeopardizing their own employment. Comprehensive support services and flexible working arrangements will become ever more needed in the future as countries seek to further increase women's labour market participation (e.g. Belgium, Lithuania).

Women continue to be disadvantaged in the labour market and other realms of life and are at higher risk of abuse and poverty in older age. A gender-sensitive approach to ageing policies and targeted measures that

promote gender equality over the life course remain important policy areas (e.g. Armenia, Sweden, United States of America).

Contact, shared experiences and mutual understanding between the generations help dispel myths and stereotypes, strengthen ties and nurture solidarity. Member countries reported a range of intergenerational projects that create spaces to meet, volunteer or live together. Better intergenerational cohesion and cooperation remain important objectives for the future (e.g. Slovenia). Some countries plan to further promote volunteering and enhance public recognition of the important contribution to society that it represents (e.g. Hungary, Norway).

ECE member States consider it important to understand the real needs of older persons to ensure that services and policy responses meet their needs and are relevant. Some ECE member States seek to improve data collection and promote research (Belarus, Cyprus, Greece, Malta). Other countries plan to improve the evidence base for ageing-related policies by enhancing their monitoring capacity and evaluating the impact of the initiatives taken (Ireland, Luxembourg).

Countries value the exchange of experience on ageing-related topics. ECE member States have collaborated on ageing issues in a number of regional and international forums such as the United Nations Open-ended Working Group on Ageing (e.g. Austria, United States). A number of countries are collaborating with the World Health Organization (WHO) on fostering age-friendly environments through the WHO Global Network of Age-friendly Cities and Communities (e.g. Canada, Spain). International initiatives in the field of mental health (World Dementia Council, WHO Global Dementia Observatory) were also mentioned. Some countries have collaborated with the Independent Expert on the Enjoyment of all Human Rights by Older Persons, who was appointed by the Human Rights Council in May 2014 (e.g. Slovenia). Other countries in the region have benefited from support from United Nations entities such as the United Nations Department of Economic and Social Affairs and the United Nations Population Fund in implementing MIPAA/RIS (e.g. Albania, Republic of Moldova, the former Yugoslav Republic of Macedonia).

Since 2012, the ECE Working Group on Ageing has further strengthened its role as a regional platform for international cooperation, exchange of experience and policy discussion on ageing. The annual meeting of WGA is seen as a constructive mechanism to follow up on various activities related to MIPAA/RIS implementation. ECE member States actively participate in its activities. These have included since 2012 the Active Ageing Index project (in collaboration with the European Commission), road maps and several policy briefs on ageing. Topics covered are: the abuse of older persons, innovative and empowering strategies for care, dignity

and non-discrimination for persons with dementia, migration and older age and older persons in rural and remote areas. ECE member States have also engaged in the ECE Task Force on Ageing-related Statistics that was established in 2013. It developed recommendations for statistical offices to improve the availability, accessibility and comparability of statistical data in support of ageing-related policymaking.

ECE member States remain committed to the implementation of MIPAA/RIS and to adapting their societies to the implications of population ageing. The

Vienna Conference in 2012 endorsed the concept of active ageing, which has guided policy priorities for the third implementation cycle. Further work to translate active ageing into policy actions is planned. To realize the potential of longevity, it will be important to enable older persons to participate in the labour market, civil society and community life for longer, to combat all forms of discrimination, and to provide the services and financial security needed to ensure a good quality of life and dignity in older age.

STATISTICAL ANNEX

UNECE COUNTRIES: POPULATION AGEING IN FIGURES

In the course of preparation for reporting on the third cycle of MIPAA/RIS implementation in the region, the UNECE Working Group on Ageing, at its seventh meeting in 2014, agreed to use a common set of indicators as statistical annex to the Synthesis report. Given the goals of the 2012 Vienna Ministerial Declaration which set the priorities for the third cycle under the motto “Ensuring a society for all ages: Promoting quality of life and active ageing”, the decision was to complement demographic indicators with a number of indicators which would cover various aspects of ageing. The WGA agreed to use for this purpose the 22 indicators of the Active Ageing Index, to the extent possible following the original methodology.

To facilitate data collection and submission, the secretariat prepared pre-filled annexes for a number of countries for which data on active ageing indicators were available from international sources or established European surveys. For the other countries the secretariat organized two workshops aimed at filling data gaps for the indicators in question (November 2015, Geneva, and June 2016, Minsk).

This statistical annex has the following structure:

- General demographic indicators: Tables 1–3
- Labour market participation indicators: Tables 4–6
- Social participation indicators: Tables 7a–7b
- Independent, healthy and secure living indicators: Tables 8a–8c
- Capacity for active ageing indicators: Tables 9a–9c

Data for the annex come mainly from the United Nations and other international databases (UNDESA Population Division, UNECE statistical database, Eurostat, International Labour Organization, World Health Organization), surveys used for the Active Ageing Index calculations, and national reports.

To reflect the developments that took place in the UNECE region the indicators are provided for three data points 2005, 2010 and 2015 wherever possible. The data are provided separately for men and women to highlight the gender differences persisting in some aspects of active ageing. The average values for UNECE are computed for the indicators where comparability across countries could be ensured.

General Demography Indicators

Population of UNECE countries in 2015 and projections for 2030

Over the past fifteen years since the adoption of MIPAA in 2002, population ageing has continued to transform the demographic structure of countries in the region. If in 2002, some 154.5 million people in the region were 65 years old and above (13.1 per cent of total UNECE population), by 2017 their number has risen to 194.9 million (15.4 per cent of the region's population of 1.27 billion). Nowadays, about one third of the world's population of 65 years old and above lives in the UNECE region, while its share in total world population accounts just for 17 per cent.

The rising life expectancy, enduring low fertility as well as the increasing migration affect the population growth as well as extent and pace of ageing. The current trends of these factors indicate that by 2030 population numbers will decline in more than 20 UNECE countries and people of 65 years old and above will account for more than a fifth of total region's population while those of 80 years old and above will make up 5.4 per cent (Table 1).

In Finland, Germany, Italy, and Portugal, more than a fifth of population was 65 years old and above already in 2015, and they are set to account for over a quarter by 2030. This will also be the case in Greece, Slovenia and Spain. Out of eight UNECE countries, where presently the proportion of people aged 65 years and above is below 10 per cent, only four are projected not to breach this threshold by 2030 (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan).

The proportion of the older old – 80 years or above – is growing fast: by 2030, this age group is expected to breach an 8 per cent mark in Finland and 9 per cent in Italy, while in another 10 UNECE countries it will exceed 7 per cent of total population.

The median age of population in the UNECE region reached 38.8 years in 2015 and is projected to rise close to 42 years by 2030. Presently, the median age is already above 40 years in thirty UNECE countries, with nearly 46 years in Germany and Italy. Only in three UNECE countries, the median age will remain at or below 30 years by 2030. If measured by the rise in the median age, the pace of ageing is set to accelerate over the next fifteen years in Armenia, Azerbaijan, Cyprus, Turkey, Turkmenistan and Uzbekistan.

Fertility and mortality

In 2005, the average total fertility rate in the UNECE region stayed at a low level of 1.7 children per woman (Table 2). Since then, however, fertility rates marginally recovered in a number of countries, with the average for the region reaching just below 1.8 children per woman in 2010 and 2015. Presently, the total fertility rate is below the so-called replacement level (2.1 children) in 45 UNECE countries. In 17 of those countries, the rate remains under 1.5 children per woman. The fertility rates are projected to increase slightly by 2030, but in most countries they will remain well below replacement levels and, with the cohort of childbearing women declining in numbers, the impact on the pace of population ageing will be rather moderate.

Mortality rates for adults (15-60 years old) declined across the region in 2005-2015, though at an uneven pace among and within countries. In many UNECE countries, the mortality rates declined faster for adult men, but they still remain in most cases at least twice as high as the rates for adult women (Table 2).

Life expectancy at birth and at age 65

Increases in life expectancy at birth and at the age 65 have been notable across the region in the last decade, adding on average three years and more than a year and a half, respectively. Estimates show that since 2005 the stronger gains in life expectancy (at birth and at the age 65) were recorded for men than for women, in particular in the Eastern part of the region (Table 3). However, the gap between men and women remains large, as do the life expectancy disparities among the countries. At birth, for instance, for men they vary from 80.6 years in Iceland to nearly 64 years in Turkmenistan, for women, from 85.3 years in Spain to 70.8 years in Turkmenistan. At the age 65, in Canada, France, Iceland, Israel and Switzerland men can expect to live 19 years and more while in seven countries of Eastern Europe and Central Asia the life expectancy for men at this age is below 13 years. Similar differences can be observed also for women.

Participation in the labour market

Statutory retirement age and average effective labour market exit age

As part of implemented pension system reforms, the statutory retirement age has been increasing in many of the UNECE member States, and especially for women. Since 2009, the statutory retirement age was (gradually) raised for women in 28 UNECE countries and in 18 of them also for men. Kyrgyzstan, on the other hand, raised the retirement age only for men. In many countries this process continues. As of 2015, the retirement age was set at the age 65 or above in 27 countries for men and in

15 – for women. Half of UNECE member States have the same statutory retirement age for men and for women. At the same time, in 13 countries the retirement age for women is still 5 years lower than for men (Table 4).

The actual age of leaving the labour market has also increased in the majority of UNECE member States: in 30 countries for men and in 29 for women (out of 33 for which data for 2009 and 2013 are available). At the same time, in 22 member States (out of 36 countries for which data are available) the actual age of leaving the labour market is still lower than the statutory retirement age (Table 4).

Employment

Over the period 2005-2015, the region's average employment rate for both men and women was growing in all age groups, with the most impressive growth in the age groups 60-64 and 65-69 partly due to the rise in retirement age (Table 5). The only exception was the age group 25-49 where the region's average employment rate declined by 1 per cent for men.

The rise in employment rates was not a uniform development across the countries. An important decrease in employment rates was recorded in Cyprus, Greece, Republic of Moldova, Spain for all age groups while the rates were going up strongly in Bulgaria, Germany, Israel, Malta (especially among women), Poland (except for the oldest group) and others.

Though the employment rates of women outpaced those of men over the last ten years, the gender gap remains important: employment rate of men is about 15 percentage points higher in the age group 55-59, 14 percentage points – in 60-64, and 10.5 percentage points – in 50-54.

Unemployment

The upsurge in the unemployment rate across all the age groups in the aftermath of the global economic crisis has not yet been fully reversed. Thus, if compared with 2005, the region's average unemployment rate in 2015 was still slightly higher for all age groups and for both men and women, except for women in younger age groups. The increase was more pronounced for men than for women. In 2015, the unemployment rate among men was higher than that among women in all age groups except for the group 25-49 (Table 6).

The unemployment rate declines with age for both men and women; the only exception is a higher unemployment rate among men of the age group 55-59 (6.3 per cent) in comparison to a younger age group 50-54 (6.1 per cent).

Mirroring the decline in employment rates across all the age groups, the unemployment rates increased most noticeably in Cyprus, Greece and Spain. In their turn,

Armenia, Germany, Israel, Poland, the former Yugoslav Republic of Macedonia (the age group 65+ being an exception for some countries) reported an important decline in unemployment rates. Nevertheless, in the latter country, the unemployment rate for all the age groups remains one of the highest in the region.

Social Participation

Volunteering and political participation

Engaging in voluntary activities of those at age 55 and above is not homogeneous across the UNECE region. In the countries for which data are comparable the share of persons volunteering at least once a week varies from 0-3 per cent in countries of mainly Eastern Europe (e.g. Bulgaria, Latvia, but also Greece and Turkey) to over 15 per cent in countries of Northern and Western Europe (e.g. Ireland, Netherlands). In 22 countries (out of 40 for which data are available) the share of men 55+ who volunteer regularly is higher than that of women (Table 7a).

Men aged 55 and above also tend to be more active in political and civic life than women: only in five countries women have the same or higher level of political participation, which includes attending a meeting of a trade union, political party or political action group, taking part in a protest or demonstration, signing a petition, or contacting a politician or public official. The overall rate of political participation among those aged 55 and above varies across UNECE countries: from 3.9 per cent in Turkey to 52.4 per cent in Iceland (2012, based on comparable results only; Table 7a).

Provision of informal care

Over the period 2007-2012, more persons aged 55 and above became involved in provision of care to their children, grandchildren and disabled or older relatives. The share of those regularly engaged in caring for their children or grandchildren varies from 17.9 per cent in Germany to 53.7 per cent in Italy; in the case of care to older adults the range is from 6.3 per cent in Denmark to 17.1 per cent in Finland (2012, based on comparable results only). Women tend to be more involved in care provision than men: this is true for about half of the UNECE countries (Table 7b).

Independent, healthy and secure living

Physical activity and access to health services

The intensity of older persons' physical activity differs across countries of the UNECE region: the percentage of those practising such activity ranges from less than 2 per cent (Bulgaria, Romania) to over 40 per cent (Finland, Sweden) (2012, based on comparable results

only). Overall men are more physically active than women, but in 17 countries (out of 40 for which data are available) the situation is reversed (Table 8a).

In terms of older persons having their needs in medical or dental treatment met, the situation remained stable over the period 2008-2012 at the level of the UNECE region. However, while for most countries the changes were marginal, an 18 per cent increase occurred in Bulgaria, and more moderate, but higher than 5 per cent, – in Austria, Lithuania and Romania; at the same time the indicator value decreased by more than 5 per cent in Finland, Poland and Portugal. On average in the countries with comparable data (EU countries, Iceland, Norway, Serbia, Switzerland and Turkey) 88.6 per cent of men and 87.3 per cent of women aged 55 and above always received medical or dental treatment when they needed it (2012; Table 8a).

Financial security

Three selected indicators of financial security complement each other: the indicator of no material deprivation shows the situation of older persons in terms of absolute poverty (ability to buy or pay for certain items), while the two other indicators demonstrate the situation of older persons in relation to the income of younger generations (relative median income) or to a poverty line (no poverty risk). Thus to get a comprehensive picture of the financial security of older persons it is important to take into account all three indicators and analyse developments in one in conjunction with those in the other two (Table 8b).

The financial security of older persons (at age 65 and above) has been gradually improving over the period 2005-2015 in both absolute and relative terms. In 17 countries all three indicators went up. In Bulgaria, Estonia, Latvia, Lithuania and Poland the percentage of older persons who are not materially deprived increased despite a decline in the two other indicators. In the other countries the observed decreases were marginal.

The relative median income of older persons as percentage of the income of those younger than 65 varies from below 70 per cent (Estonia, Latvia) to over 105 per cent (Luxembourg, Serbia, the former Yugoslav Republic of Macedonia, Turkey). The share of those at age 65 and above who are not at risk of poverty ranges from below 84 per cent (Bulgaria, Croatia, Latvia, Switzerland) to over 98 per cent (Czechia, Denmark, Norway, Slovakia). The share of older persons who are not in the situation of severe material deprivation varies from below 60 per cent (Bulgaria, Turkey) to over 99 per cent (Denmark, Iceland, Luxembourg, Netherlands, Norway, Switzerland, Sweden).

On average for the UNECE region, all three indicators are above 90 per cent for men and women. The gender gap, though narrowing, persists in all three indicators

and is most pronounced in the relative median income (4.6 percentage points), meaning that older women are still less protected in terms of financial security.

Independent living arrangements, physical safety and lifelong learning

In 2012, the share of persons aged 75 and above living alone or in couple households accounted for about 85 per cent. Over the period 2008-2012 the situation changed only marginally. From 2008 to 2010, the indicator decreased for both men and women, but from 2010 to 2012 it grew faster for men than for women leading to a gender gap of 4 percentage points. At the same time, in 20 countries (out of 40 with comparable data available) the share of women 75+ living alone or with a partner exceeds that of men (Table 8c).

The share of persons aged 55 and above who feel it is safe to walk in the streets of their neighbourhood alone after dark has been increasing for both men and women across countries (with one exception for Cyprus) and in 2014 reached 81.5 per cent for men, and 61.4 per cent for women (only comparable data taken into account). Women feel less safe than men in all countries of the region (except Albania), and the gender gap is increasing (Table 8c). The indicator reflects a perception of people about their safety not only in terms of crime or violence, but also in terms of age-friendliness of their neighbourhood, e.g. if there is enough lighting or if sidewalks and streets are well maintained.

The share of persons aged 55-74 participating in education or training remains low: in 2015 it accounted for 4.8 per cent on average for the UNECE region (comparable data only). Only in Denmark, Finland, Iceland, Sweden and Switzerland more than 10 per cent of older persons reported being involved in a training or education (during four weeks prior to the interview). Women tend to be more involved in educational activities than men – this is true for 24 countries out of 32 for which data are available. In most countries the difference between results for women and men is rather small (1.1 percentage points on average), except for Denmark, Finland, France, Iceland and Sweden where the gender gap exceeds 5 percentage points (Table 8c).

Capacity and enabling environment for active ageing

Life expectancy and healthy life expectancy at age 55

Over the period 2005-2015, the life expectancy at 55 continued to grow in the region resulting in women gaining approximately 19 months (from 27.1 to 28.7 years), while men – about 21.5 months (from 22.8 to 24.6 years). On average the life expectancy at 55 for women remains higher than for men by about four

years. At the same time this gender gap varies from 1.8 years in Iceland to 7.2 in Belarus and Lithuania. Overall in 17 UNECE countries women's life expectancy at 55 is five or more years higher than that of men (Table 9a).

The growth of life expectancy at 55 does not appear to be accompanied by a similar increase in healthy life expectancy at the same age. On average, the number of healthy life years to be lived at the age 55 was without change for women and with an increase of 3.5 months for men over the period 2005-2014. In 22 (out of 36 countries) men have lower healthy life expectancy than women, however, at the level of the UNECE region women's healthy life expectancy at 55 is only about 2.8 months longer than that of men (14.9 and 14.7 years respectively) (Table 9a).

Mental well-being and social connectedness

Psychological (mental) well-being in the UNECE region has shown a slight improvement over the period 2007-2012 on account of growing share of women aged 55 and above who find themselves in a good mood and positive spirits. For men the situation stays stable, with about 70 per cent of men at age 55 and above enjoying the state of positive psychological well-being, while the share of women, though increasing, is still well below – about 63 per cent in 2012. The situation varies significantly across countries: in two countries the indicator was below 50 for men, and in seven – for women; at the same time in seven countries it was above 80 for men, and in three – for women (2012, taking into account 31 countries for which data are comparable; Table 9b).

In the countries of Eastern Europe persons aged 55 and above tend to socialize less often with their friends and relative than in the other countries of the UNECE region. The differences among countries are rather important: from 19 to 74.5 per cent for men and from 16 to 73 per cent for women (2014, comparable data only). On average social connectedness grew slightly (0.4 per cent) for women, but decreased by 3.6 per cent for men over the period 2006-2014. Women usually are more inclined to frequent socialization with their friends and relatives, however in 15 countries (out of 39 for which data are available) men show higher level of social connectedness than women (Table 9b).

Educational attainment and Internet use

The percentage of older persons with full secondary education and above is gradually increasing, and the gender gap, though still present, is narrowing down. Nonetheless, only in six countries (out of 52) this indicator is same or higher for women than for men. Also, the indicator varies significantly among the countries: from 20 per cent for men and 10 per cent for women to over 90 per cent for both men and women and tends to be lower in the countries of South Europe.

The increase is observed for all countries (except two) and is linked to the cohort effect as new generations enter the age of 55-74 (Table 9c).

Another indicator with a noticeable cohort effect is the frequency of the Internet use among persons aged 55-74. It showed the most impressive growth over the period 2005-2015. The share of men using the Internet at least once a week saw a more than twofold increase,

while women – threefold, and reached respectively 52.3 per cent and 42.6 per cent (Table 9c). There are still significant differences among countries, with countries of Eastern Europe, Caucasus, Central Asia and Western Balkans showing lower results. It is important, however, to keep in mind that this indicator is influenced strongly by the availability of the infrastructure necessary to access the Internet, and not only the will and capacity of older persons to use it.

ANNEX TABLES

GENERAL DEMOGRAPHY INDICATORS

Table A1: Population of UNECE countries in 2015 and projections for 2030

Countries	Total population thousands*	2015						Median age, year
		50-64		65-79		80+		
		Male	Female	Male	Female	Male	Female	
Albania	2 923	9.7	9.8	5.1	5.2	1.0	1.3	36.2
Andorra	72	..	..	..	..	..	..	40.6
Armenia	2 917	8.4	10.8	3.4	4.9	1.0	1.7	33.9
Austria	8 679	10.1	10.3	6.3	7.5	1.8	3.3	43.2
Azerbaijan	9 617	7.6	8.5	1.9	2.6	0.4	0.7	30.3
Belarus	9 486	9.6	11.8	3.8	7.0	0.8	2.7	39.6
Belgium	11 288	9.9	9.9	5.8	6.8	2.0	3.5	41.3
Bosnia and Herzegovina	3 536	10.7	11.1	5.2	6.9	1.3	2.3	41.0
Bulgaria	7 177	10.0	10.8	6.5	9.1	1.6	2.9	43.5
Canada	35 950	10.6	10.7	5.7	6.2	1.6	2.6	40.5
Croatia	4 236	10.4	11.0	5.9	8.1	1.5	3.4	42.6
Cyprus	1 161	8.3	8.3	4.7	5.3	1.1	1.7	34.9
Czechia	10 604	9.6	9.9	6.1	7.9	1.3	2.7	41.4
Denmark	5 689	9.4	9.5	7.1	7.7	1.6	2.6	41.6
Estonia	1 315	9.2	10.8	5.1	8.7	1.3	3.8	41.6
Finland	5 482	10.1	10.3	7.0	8.1	1.7	3.4	42.5
France	64 457	9.3	9.8	6.1	6.8	2.1	3.8	41.2
Georgia	3 952	8.9	10.7	4.5	6.9	1.0	2.2	38.0
Germany	81 708	11.0	11.1	7.2	8.3	2.0	3.6	45.9
Greece	11 218	9.6	10.1	6.3	7.5	2.5	3.6	43.3
Hungary	9 784	9.5	10.9	5.3	8.2	1.2	2.9	41.7
Iceland	330	9.1	9.2	4.9	5.1	1.5	2.2	36.0
Ireland	4 700	8.6	8.7	5.0	5.3	1.1	1.8	36.9
Israel	8 065	6.7	7.2	3.8	4.4	1.2	1.8	30.2
Italy	59 504	10.2	10.7	7.2	8.5	2.4	4.3	45.9
Kazakhstan	17 750	6.8	8.4	2.1	3.6	0.3	0.8	29.3
Kyrgyzstan	5 865	5.6	6.4	1.3	2.0	0.3	0.6	25.3
Latvia	1 993	9.2	11.4	5.1	9.3	1.2	3.7	42.5
Liechtenstein	38	..	..	..	..	..	..	..
Lithuania	2 932	9.5	11.5	5.0	8.6	1.3	3.8	42.7
Luxembourg	567	9.7	9.3	4.7	5.2	1.5	2.6	39.3
Malta	428	10.3	10.2	7.0	7.9	1.3	2.2	40.9
Monaco	38	..	..	..	..	..	..	46.3
Montenegro	628	10.0	10.2	4.7	6.1	1.2	1.9	37.7
Netherlands	16 938	10.3	10.2	6.6	7.0	1.6	2.8	42.1
Norway	5 200	9.2	8.9	5.8	6.2	1.6	2.7	39.2
Poland	38 265	10.0	10.9	4.8	6.8	1.2	2.8	39.7
Portugal	10 418	9.6	10.7	6.6	8.3	2.1	3.7	43.9
Republic of Moldova	4 066	9.4	11.5	3.0	4.7	0.7	1.5	35.6
Romania	19 877	9.2	10.1	5.3	7.6	1.5	2.7	41.3
Russian Federation	143 888	9.6	12.2	3.6	6.7	0.8	2.4	38.7
San Marino	32	..	..	..	..	..	..	..
Serbia	8 851	9.9	10.6	5.6	7.1	1.3	2.3	40.0
Slovakia	5 439	9.8	10.7	4.5	6.5	0.9	2.1	39.2
Slovenia	2 075	11.0	10.8	5.9	7.2	1.5	3.4	43.0
Spain	46 398	9.8	10.1	5.9	7.0	2.2	3.8	43.2
Sweden	9 764	9.0	8.9	7.0	7.4	2.0	3.2	40.9
Switzerland	8 320	10.0	9.9	6.1	6.9	1.8	3.2	42.2
Tajikistan	8 549	4.5	4.8	1.3	1.3	0.3	0.4	22.4
The former Yugoslav Republic of Macedonia	2 079	9.6	9.8	4.6	5.7	0.9	1.3	37.4
Turkey	78 271	6.3	7.2	2.8	3.5	0.5	1.0	29.9
Turkmenistan	5 565	5.2	6.3	1.4	1.9	0.3	0.5	25.6
Ukraine	44 658	9.2	11.8	4.5	8.0	0.9	2.5	40.3
United Kingdom	65 397	9.1	9.4	6.3	6.9	1.9	3.0	40.2
United States	319 929	9.6	9.9	5.1	5.9	1.4	2.3	37.6
Uzbekistan	30 976	5.7	6.3	1.5	1.8	0.3	0.6	26.3
UNECE region	1 269 043	9.3	10.1	5.0	6.3	1.4	2.6	38.8

Source: United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 Revision and national statistics.

Notes and definitions

Definitions:

Median age: age that divides the population in two parts of equal size, that is, there are as many persons with ages above the median as there are with ages below the median.

Notes:

* Data refer to mid-year population estimates and may differ from the national statistics.

Table A1: Population of UNECE countries in 2015 and projections for 2030 (cont)

Countries	Total population thousands*	2030						Median age, year
		50-64		65-79		80+		
		Male	Female	Male	Female	Male	Female	
Albania	2 933	8.7	9.7	7.7	8.5	1.8	2.4	41.5
Andorra	78	..	..	..	..	..	..	..
Armenia	2 907	7.2	9.4	5.7	8.7	1.0	2.0	40.4
Austria	8 946	10.1	10.3	8.4	9.2	3.0	4.3	46.5
Azerbaijan	10 680	7.8	8.9	4.5	6.0	0.4	0.8	36.7
Belarus	9 163	8.8	10.5	5.8	10.1	0.9	3.0	43.1
Belgium	12 002	9.5	9.3	7.8	8.4	2.7	3.9	43.4
Bosnia and Herzegovina	3 405	10.1	10.3	8.3	9.6	1.8	3.2	45.2
Bulgaria	6 431	11.1	11.2	7.5	9.9	2.1	4.0	47.1
Canada	40 618	8.9	9.0	8.2	8.7	2.8	3.6	43.3
Croatia	3 896	10.1	10.5	8.2	10.2	2.1	4.2	46.7
Cyprus	1 282	9.3	9.9	6.5	7.1	1.8	2.7	41.5
Czechia	10 528	11.5	11.3	7.3	8.7	2.4	4.1	46.8
Denmark	6 025	9.3	9.4	7.4	8.0	3.2	4.2	42.4
Estonia	1 254	9.6	10.1	6.9	9.9	1.9	4.9	45.3
Finland	5 739	8.6	8.6	8.0	9.0	3.4	4.8	43.9
France	67 894	9.0	9.1	7.5	8.6	3.2	4.7	43.3
Georgia	3 748	8.6	10.1	6.0	9.2	1.1	2.5	40.9
Germany	82 187	10.1	10.1	9.1	10.0	3.2	4.5	47.6
Greece	10 784	11.8	11.8	8.4	9.6	3.0	4.5	49.3
Hungary	9 235	11.0	11.6	6.7	9.5	1.8	3.9	46.1
Iceland	366	8.6	8.6	7.2	7.5	2.4	2.8	40.0
Ireland	5 220	9.9	10.1	6.6	7.1	2.1	2.8	41.3
Israel	9 984	7.2	7.4	4.6	5.3	1.7	2.2	31.7
Italy	58 110	11.3	11.4	9.1	10.2	3.8	5.5	50.9
Kazakhstan	20 301	6.7	8.0	3.4	5.7	0.3	0.9	32.0
Kyrgyzstan	6 997	5.7	6.5	2.9	4.3	0.2	0.5	27.7
Latvia	1 747	9.5	10.9	6.7	10.8	1.6	4.7	45.9
Liechtenstein	41	..	..	..	..	..	..	..
Lithuania	2 718	8.9	10.5	6.6	10.6	1.6	4.4	44.1
Luxembourg	675	9.8	9.4	6.7	6.9	2.0	2.7	41.0
Malta	440	9.5	9.1	8.4	8.9	3.1	4.1	45.3
Monaco	41	..	..	..	..	..	..	..
Montenegro	625	9.0	9.6	7.4	8.7	1.5	2.6	42.0
Netherlands	17 594	9.5	9.6	8.5	8.9	3.2	4.0	44.5
Norway	5 959	9.5	8.9	7.0	7.1	2.7	3.3	41.1
Poland	36 616	10.0	10.5	7.5	9.8	2.0	3.9	46.3
Portugal	9 877	10.9	12.0	8.5	10.3	3.2	5.2	50.1
Republic of Moldova	3 844	8.7	10.1	5.7	9.4	0.6	1.7	42.7
Romania	18 464	11.2	11.8	6.7	9.0	1.9	3.4	45.4
Russian Federation	140 543	8.4	10.1	5.7	10.1	0.9	2.7	42.6
San Marino	35	..	..	..	..	..	..	..
Serbia	8 355	9.7	10.2	7.1	9.0	1.7	3.0	43.2
Slovakia	5 387	10.5	10.8	7.0	9.2	1.5	3.1	45.1
Slovenia	2 059	11.0	10.5	9.0	9.8	2.7	4.2	48.0
Spain	46 115	12.3	12.2	8.4	9.5	3.0	4.8	50.1
Sweden	10 712	9.1	8.8	7.2	7.4	3.4	4.2	42.0
Switzerland	9 204	10.0	9.9	8.0	8.4	3.0	4.1	45.2
Tajikistan	11 194	5.1	5.5	2.2	2.8	0.2	0.4	24.8
The former Yugoslav Republic of Macedonia	2 076	10.2	10.2	7.0	8.0	1.3	1.9	42.6
Turkey	88 417	8.3	8.9	4.3	5.5	0.8	1.5	35.0
Turkmenistan	6 767	6.2	6.9	2.5	3.8	0.3	0.5	28.8
Ukraine	41 200	9.2	11.1	5.8	10.3	1.1	3.1	44.4
United Kingdom	70 579	9.0	9.3	7.3	7.8	3.0	3.9	42.4
United States	354 712	8.2	8.4	7.1	7.8	2.3	3.2	39.8
Uzbekistan	36 712	6.7	7.3	3.0	4.0	0.3	0.5	31.9
UNECE region	1 333 422	9.0	9.4	6.8	8.3	2.1	3.3	41.9

Source: United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 Revision.

Notes and definitions

Definitions:

Median age: age that divides the population in two parts of equal size, that is, there are as many persons with ages above the median as there are with ages below the median.

Notes:

* Data refer to mid-year population estimates (medium fertility variant) and may differ from national projections.

Table A2: Fertility and mortality rates

Countries	Total fertility rate			Adult mortality					
	2005	2010	2015	2005		2010		2015	
				Male	Female	Male	Female	Male	Female
Albania	1.9	1.6	1.7	114	61	106	59	84	53
Andorra	..	..	..	..	..	..	..	..	..
Armenia	1.7	1.7	1.7	187	90	201	91	182	78
Austria	1.4	1.4	1.4	118	59	104	51	91	47
Azerbaijan	1.9	1.8	2.1	207	121	191	92	176	88
Belarus	1.3	1.4	1.6	369	131	345	118	291	99
Belgium	1.7	1.8	1.8	123	66	109	61	96	57
Bosnia and Herzegovina	1.3	1.3	1.3	154	77	142	72	133	68
Bulgaria	1.2	1.5	1.5	219	94	210	90	191	86
Canada	1.5	1.6	1.6	97	59	90	55	80	51
Croatia	1.4	1.5	1.5	171	70	150	62	138	58
Cyprus	1.6	1.5	1.4	88	46	82	42	74	36
Czechia	1.2	1.4	1.5	165	73	144	65	124	57
Denmark	1.8	1.9	1.7	121	75	111	67	92	56
Estonia	1.4	1.7	1.6	303	111	259	90	188	67
Finland	1.8	1.8	1.8	137	60	130	57	108	49
France	1.9	2.0	2.0	135	60	121	56	110	52
Georgia	1.6	1.8	2.0	189	73	212	78	235	82
Germany	1.4	1.4	1.4	119	61	106	55	96	52
Greece	1.3	1.5	1.3	113	48	110	46	105	45
Hungary	1.3	1.3	1.3	259	110	239	102	193	88
Iceland	2.0	2.1	2.0	78	53	71	44	65	38
Ireland	2.0	2.0	2.0	107	62	92	56	84	49
Israel	2.9	2.9	3.0	95	52	83	46	75	42
Italy	1.3	1.4	1.4	94	48	80	43	71	40
Kazakhstan	2.0	2.5	2.7	403	167	380	155	306	127
Kyrgyzstan	2.5	2.8	3.1	298	150	303	140	255	113
Latvia	1.3	1.5	1.5	315	116	305	112	243	87
Liechtenstein	..	..	..	..	..	..	..	..	..
Lithuania	1.3	1.4	1.6	303	105	305	107	265	93
Luxembourg	1.7	1.6	1.5	122	64	106	59	85	49
Malta	1.5	1.4	1.4	87	51	80	46	73	42
Monaco	1.9	1.8	1.7	..	..	..	..	..	..
Montenegro	1.9	1.8	1.7	179	97	159	93	131	70
Netherlands	1.7	1.7	1.7	93	66	79	58	67	53
Norway	1.8	1.9	1.8	97	58	83	52	74	46
Poland	1.3	1.4	1.3	207	82	201	77	174	67
Portugal	1.5	1.4	1.3	146	62	129	53	115	48
Republic of Moldova	1.2	1.3	1.3	318	154	308	149	250	102
Romania	1.3	1.4	1.5	239	105	219	93	192	83
Russian Federation	1.3	1.4	1.7	459	169	413	153	331	125
San Marino	..	..	..	..	..	..	..	..	..
Serbia	1.7	1.6	1.6	189	100	170	91	155	81
Slovakia	1.2	1.3	1.4	208	80	192	75	162	67
Slovenia	1.2	1.4	1.6	161	70	135	56	105	48
Spain	1.3	1.4	1.3	113	47	98	43	82	40
Sweden	1.7	1.9	1.9	84	53	76	48	68	43
Switzerland	1.4	1.5	1.5	93	51	79	45	67	39
Tajikistan	3.6	3.5	3.5	199	137	183	120	168	109
The former Yugoslav Republic of Macedonia	1.6	1.5	1.5	159	81	147	79	132	71
Turkey	2.4	2.2	2.1	178	95	164	83	147	76
Turkmenistan	2.8	2.7	3.0	299	163	273	148	252	136
Ukraine	1.1	1.4	1.5	383	140	383	143	294	111
United Kingdom	1.7	1.9	1.9	104	64	96	60	85	54
United States	2.0	2.1	1.9	143	83	138	80	132	78
Uzbekistan	2.5	2.5	2.4	240	138	220	126	183	106
UNECE region	1.7	1.8	1.8	200	93.0	184	86.1	157	76.3

Source: United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 Revision.

Notes and definitions

Definitions:

Total fertility rate: the estimated average number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year.

Adult mortality rate: is the probability of dying between the ages of 15 and 60 per 1,000 persons.

Table A3: Life expectancy in UNECE countries, at birth and at age 65, by sex, in 2005, 2010, 2015

Countries	Life expectancy at birth						Life expectancy at 65					
	2005		2010		2015		2005		2010		2015	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	72.3	77.8	73.2	78.5	75.6	79.9	14.5	17.6	14.3	17.8	15.9	18.8
Armenia	69.1	75.3	69.4	75.8	70.6	77.0	13.8	16.5	13.6	16.5	14.1	16.7
Austria	75.9	81.7	77.3	82.8	78.4	83.5	16.4	19.9	17.4	20.7	18.0	21.2
Azerbaijan	64.6	70.3	66.9	73.4	68.6	74.6	12.3	15.0	12.7	15.8	13.2	16.0
Belarus	62.3	73.7	63.6	75.2	66.5	77.7	10.5	14.7	10.8	15.7	12.4	17.4
Belgium	75.3	81.4	76.8	82.3	78.0	83.0	16.0	19.9	17.0	20.6	17.7	21.1
Bosnia and Herzegovina	72.0	77.5	72.9	78.1	73.7	78.8	14.1	16.8	14.4	17.2	14.9	17.7
Bulgaria	68.8	75.8	69.7	76.7	70.8	77.8	13.0	15.8	13.4	16.5	14.0	17.3
Canada	77.2	82.1	78.4	83.0	79.7	83.8	17.2	20.5	18.2	21.3	19.0	21.8
Croatia	71.4	78.4	72.6	79.5	73.6	80.4	13.6	17.1	14.0	17.9	14.6	18.5
Cyprus	76.3	80.5	76.9	81.1	77.7	82.2	15.6	18.2	15.8	18.5	16.4	19.4
Czechia	72.2	78.8	73.8	80.1	75.1	81.2	14.0	17.4	15.0	18.4	15.6	19.1
Denmark	75.0	79.6	76.4	80.8	78.1	82.2	15.5	18.5	16.5	19.3	17.5	20.2
Estonia	66.0	77.1	68.3	79.0	71.9	81.2	12.9	17.4	13.5	18.6	14.9	19.8
Finland	74.9	81.7	76.1	82.9	77.7	83.7	16.0	19.9	17.0	21.0	17.8	21.5
France	75.8	83.1	77.4	84.3	78.8	85.0	17.0	21.5	18.1	22.4	19.0	22.9
Georgia	68.9	76.1	68.6	76.5	68.5	77.0	13.5	16.8	13.3	16.7	13.1	16.5
Germany	75.6	81.5	77.0	82.4	77.9	82.9	16.0	19.7	17.0	20.4	17.6	20.8
Greece	76.4	81.9	77.3	82.8	78.0	83.3	16.8	19.6	17.6	20.4	18.1	20.9
Hungary	68.3	76.7	69.6	77.8	71.7	78.9	13.1	17.0	13.6	17.6	14.3	18.2
Iceland	78.8	82.6	79.6	83.2	80.6	83.8	17.8	20.5	18.3	20.7	19.0	21.1
Ireland	75.3	80.4	77.4	82.0	78.7	83.0	15.5	18.8	17.0	20.1	18.0	20.8
Israel	77.4	81.6	79.0	82.8	80.0	83.7	17.3	19.7	18.3	20.5	19.0	21.2
Italy	77.3	83.1	78.8	84.1	79.9	84.7	17.0	20.9	17.9	21.6	18.6	22.0
Kazakhstan	59.1	70.4	60.6	71.9	64.3	73.9	10.4	14.6	10.7	15.1	11.5	15.4
Kyrgyzstan	63.0	71.0	63.5	71.7	66.4	74.3	12.1	15.1	11.6	14.7	12.4	15.7
Latvia	65.2	76.2	66.0	77.0	68.8	78.7	12.4	17.0	12.7	17.5	13.6	18.3
Lithuania	65.7	77.5	66.0	77.8	68.5	79.3	12.4	17.8	12.4	18.1	14.1	19.0
Luxembourg	75.1	81.4	76.7	82.2	78.8	83.5	16.0	19.9	16.7	20.4	18.0	21.3
Malta	76.8	80.2	77.7	81.1	78.6	82.0	16.2	18.3	16.8	19.0	17.3	19.6
Montenegro	70.6	76.2	71.9	76.5	74.0	78.8	13.5	16.2	14.0	16.3	15.0	17.4
Netherlands	76.2	81.0	78.0	82.2	79.4	83.1	15.8	19.5	17.0	20.4	17.9	21.1
Norway	76.8	81.8	78.3	82.8	79.5	83.6	16.5	20.0	17.5	20.7	18.3	21.2
Poland	70.4	78.8	71.3	79.8	72.9	81.0	13.9	18.0	14.6	18.8	15.4	19.6
Portugal	74.1	81.0	76.0	82.5	77.3	83.5	15.8	19.4	16.8	20.5	17.6	21.2
Republic of Moldova	63.6	71.6	64.4	72.1	66.7	75.2	11.3	14.2	11.4	14.2	11.8	15.8
Romania	67.9	75.2	69.5	76.7	71.4	78.4	13.3	16.1	13.8	16.8	14.6	17.8
Russian Federation	58.6	72.0	61.0	73.7	64.7	75.9	10.8	15.1	11.5	16.0	12.9	17.1
Serbia	69.4	75.4	70.6	76.1	71.8	77.5	12.9	15.6	13.3	15.9	13.9	16.8
Slovakia	69.8	77.8	70.8	78.6	72.7	79.8	13.2	16.9	13.7	17.5	14.6	18.4
Slovenia	72.8	80.4	75.0	82.0	77.3	83.3	14.6	19.0	16.0	20.0	17.2	20.9
Spain	76.5	83.3	78.1	84.3	79.6	85.3	16.9	21.0	17.8	21.8	18.7	22.6
Sweden	77.9	82.3	79.0	83.1	80.0	83.7	17.0	20.2	17.8	20.8	18.6	21.2
Switzerland	77.7	83.1	79.3	84.1	80.5	84.8	17.5	21.1	18.5	21.8	19.1	22.2
Tajikistan	63.6	69.6	66.0	71.9	67.7	73.5	12.8	16.3	13.0	16.6	13.4	16.9
The former Yugoslav Republic of Macedonia	71.3	76.4	72.1	76.3	73.2	77.2	13.4	15.7	13.7	15.4	14.1	16.0
Turkey	68.0	74.9	69.9	76.9	71.5	78.1	13.6	17.2	14.1	17.8	14.8	18.4
Turkmenistan	60.3	68.2	62.2	69.6	63.9	70.8	12.2	15.1	12.6	15.2	12.8	15.3
Ukraine	61.9	73.4	62.3	73.8	66.1	76.0	11.6	15.3	11.8	15.7	12.6	16.6
United Kingdom	76.1	80.6	77.5	81.8	79.0	82.8	16.2	19.2	17.4	20.1	18.4	20.9
United States	74.5	79.7	75.6	80.6	76.5	81.3	16.5	19.3	17.4	20.1	18.0	20.6
Uzbekistan	64.5	71.0	66.1	72.2	68.1	73.5	13.4	16.0	13.4	16.0	13.2	15.7
UNECE region*	71.2	78.2	72.7	79.4	74.4	80.5	15.2	18.4	16.2	19.2	17.1	20.0

Source: United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 Revision.

Notes and definitions

Definitions:

Life expectancy at birth is the average number of years a newborn is expected to live if the prevailing patterns of mortality at the time of his/her birth were to stay the same throughout his/her life.

Life expectancy at 65 is the average number of years a person at the age of 65 is expected to live if the prevailing patterns of mortality at the time when he/she has reached the age of 65 stay the same throughout the rest of his/her life.

INDICATORS OF ACTIVE AGEING

PARTICIPATION IN THE LABOUR MARKET

Table A4: Statutory retirement age and average effective labour market exit age

Countries	Retirement age		Average effective labour market age					
	2015 ^a		2005 ^b		2009 ^c		2013 ^d	
	Male	Female	Male	Female	Male	Female	Male	Female
Albania	65.0	60.0	..	..	..	..	..	..
Armenia	63.0	63.0	..	..	..	..	..	..
Austria	65.0	60.0	60.3	59.4	62.6	59.3	63.6	60.2
Azerbaijan	63.0	60.0	..	..	..	..	..	..
Belarus	60.0	55.0	..	..	..	..	..	..
Belgium	65.0	65.0	61.6	59.6	61.2	61.9	61.9	62.1
Bosnia and Herzegovina	65.0	65.0	..	..	..	..	..	..
Bulgaria	63.7	60.7	62.4	58.4	64.1	64.1	63.8	62.0
Canada	65.0	65.0	..	..	63.4	62.2	64.5	62.4
Croatia	65.0	61.5	..	..	..	..	62.4	61.4
Cyprus ^e	65.0	65.0	..	..	62.8	62.8	64.9	62.8
Czechia	62.7	61.3	62.3	59.1	61.4	59.6	63.1	60.7
Denmark	65.0	65.0	61.2	60.7	63.2	61.4	65.6	63.4
Estonia ^e	63.0	62.5	..	..	62.6	62.6	64.4	64.2
Finland	65.0	65.0	61.8	61.7	62.3	61.1	63.6	63.1
France	62 / 67	62 / 67	58.7	59.3	60.4	60.1	60.8	60.9
Georgia	65.0	60.0	..	..	..	..	..	..
Germany	65.3	65.3	62.1	61.6	62.2	62.7	65.1	64.2
Greece	62 / 67	62 / 67	62.5	61.0	61.3	61.6	64.4	64.5
Hungary	62.5	62.5	61.2	58.7	60.1	58.7	63.0	63.0
Iceland	67.0	67.0	..	..	69.7	65.4	69.4	68.0
Ireland	66.0	66.0	63.6	64.6	63.5	64.7	64.9	64.8
Israel	67.0	62.0	..	..	66.9	65.1	67.8	66.4
Italy	66.25	66.25 / 63.75	60.7	58.8	60.8	60.0	62.4	62.1
Kazakhstan	63.0	58.0	..	..	..	..	..	..
Kyrgyzstan	63.0	58.0	..	..	..	..	..	..
Latvia ^e	62.5	62.5	..	..	62.7	62.7	64.6	64.0
Liechtenstein	64.0	64.0	..	..	..	..	..	..
Lithuania ^e	63.2	61.3	..	..	59.9	59.9	62.8	61.9
Luxembourg	65.0	65.0	58.1	57.0	..	..	60.2	60.9
Malta ^e	62.0	62.0	..	..	60.3	60.3	62.0	61.0
Monaco	60.0	60.0	..	..	..	..	..	..
Montenegro	65.5	60.75	..	..	..	..	..	..
Netherlands	65.3	65.3	61.6	61.4	63.9	63.1	65.5	63.7
Norway	67.0	67.0	63.1	63.1	63.0	63.3	..	..
Poland	65.75	60.75	62.0	57.4	61.4	57.5	63.9	60.2
Portugal	66.0	66.0	62.4	63.8	62.9	62.3	64.3	63.9
Republic of Moldova	62.0	57.0	..	..	..	..	..	..
Romania	65.0	60.25	64.7	61.5	65.5	63.2	64.0	62.3
Russian Federation	60.0	55.0	..	..	..	..	..	..
Serbia	65.0	60.5	..	..	..	..	..	..
Slovakia	62.0	62.0	61.1	57.6	60.4	57.5	61.6	59.7
Slovenia ^e	64.5	62.5	..	..	59.8	59.8	62.5	60.0
Spain	65.0	65.0	62.0	62.8	61.8	62.8	62.8	64.1
Sweden	61 / 65	61 / 65	64.3	63.0	65.0	63.7	65.8	64.5
Switzerland	65.0	64.0	63.1	62.0	64.8	62.2	66.3	64.5
Tajikistan	63.0	58.0	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	64.0	62.0	..	..	..	..	62.0	60.0
Turkey	60.0	58.0	..	..	62.8	68.3	65.2	64.3
Turkmenistan	62.0	57.0	..	..	..	..	..	..
Ukraine	60.0	57.0	..	..	..	..	..	..
United Kingdom	65.0	62.5	63.4	61.9	64.1	62.0	64.9	63.9
United States	66.0	66.0	..	..	65.5	64.8	65.9	64.7
Uzbekistan	60.0	55.0	..	..	..	..	..	..
UNECE region*	60-67	55-67	61.8	60.6	63.4	63.0	64.5	63.5

Source: Council of Europe, European Commission, Eurostat, International Labour Organization, International Monetary Fund, Organisation for Economic Co-operation and Development, national reports.

Notes and definitions

Definitions:

Statutory retirement age is an age set by national laws at which one can retire without losses in pension benefits. In some countries deviations may apply for specific occupations, family circumstances, years of contribution etc.

In a number of countries pension reforms are being implemented and the statutory retirement age is being increased gradually. Such changes cannot be reflected here. For more information on each country's situation see the respective sections of the synthesis report and national reports available from <http://www.unece.org/pau/mipaareports2017.html>.

Average effective labour market exit age is the average age of withdrawal from the labour market. For more information on this indicator and different approaches to its calculation, see

http://ec.europa.eu/eurostat/cache/metadata/en/lfsi_exi_a_esms.htm

Notes:

- * For retirement age, figures refer to the range of the lowest and the highest age in the region; for average labour market exit age, data refer to the weighted average for countries with data available.
- ^a For Bulgaria, Czechia and Estonia data refer to 2014; for Croatia and Montenegro data refer to 2016.
- ^b For Germany data refer to 2006; for Luxembourg data refer to 2003.
- ^c For Bulgaria, Ireland, Lithuania, Romania and Slovenia data refer to 2006; for Belgium, Poland and Portugal data refer to 2007; for Latvia data refer to 2008; for Austria, Czechia, France, Germany, Italy, Spain and Sweden data refer to 2010; for Canada and Iceland data refer to a five year period 2004-2009; for Israel, Turkey and the United States data refer to a five year period 2007-2012.
- ^d For Canada, Iceland, Israel, Turkey and the United States data refer to a five year period 2009-2014; for Switzerland and the former Yugoslav Republic of Macedonia data refer to 2015.
- ^e For the average effective labour market exit age breakdown by sex is not available for Cyprus, Estonia (2009), Latvia (2008), Lithuania (2006), Malta (2009) and Slovenia (2006).

Table A5: Employment rate by age group and sex in 2005, 2010 and 2015

Countries	Age group 25-49						Age group 50-54					
	2005 ^a		2010 ^b		2015 ^c		2005 ^d		2010 ^e		2015 ^c	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	79.2	63.4	79.9	58.1	74.6	60.4	..	..	80.8	56.8	..	..
Armenia	79.9	52.7	77.1	51.0	71.8	50.0	..	..	76.6	60.2	71.8	59.0
Austria	88.8	76.7	88.4	79.9	87.1	80.8	82.2	66.6	84.3	73.9	84.7	78.1
Azerbaijan	87.4	79.0	87.9	77.3	85.6	77.4	..	..	94.7	76.6	93.4	87.3
Belarus	..	..	82.9	84.4	88.8	91.7	..	..	79.6	82.3	..	..
Belgium	87.2	73.0	86.0	76.2	83.0	75.4	80.5	56.7	83.1	65.7	80.7	70.4
Bosnia and Herzegovina	60.0	33.0	64.5	39.0	66.1	41.4	..	..	..	..	58.7	35.0
Bulgaria	76.6	70.8	78.4	72.6	79.1	73.0	70.7	67.4	73.6	72.4	75.7	76.8
Canada	86.7	77.1	84.3	77.3	85.9	77.5	83.3	73.4	82.1	76.2	82.6	77.6
Croatia	79.0	69.6	77.7	70.7	77.0	70.1	73.3	50.6	69.9	60.1	67.8	65.4
Cyprus	92.2	74.0	88.8	78.3	80.8	74.1	90.1	61.7	85.8	67.4	79.5	64.9
Czechia	90.8	72.8	91.2	71.8	92.1	74.9	85.2	79.4	86.7	82.0	90.5	87.2
Denmark	88.7	80.7	85.5	80.1	85.9	78.2	86.4	80.1	84.2	81.0	85.9	78.6
Estonia	82.8	77.0	76.8	73.3	88.8	76.8	69.6	80.8	70.8	77.3	81.8	84.7
Finland	85.5	78.6	84.6	78.4	82.8	76.2	79.7	80.6	80.3	82.7	81.1	82.3
France	88.3	74.5	87.5	76.9	83.7	75.1	85.2	71.9	86.6	76.2	83.3	76.0
Georgia	74.6	58.0	73.0	59.0	79.3	61.0	..	..	77.6	69.8	80.7	74.8
Germany	84.2	71.2	87.2	76.4	88.2	78.9	81.0	69.8	85.0	76.2	87.9	80.3
Greece	90.0	60.8	85.8	63.1	73.8	56.6	86.3	45.8	82.6	50.7	72.9	49.2
Hungary	82.6	67.4	79.6	66.6	87.9	73.4	70.1	66.6	69.0	69.4	80.5	80.3
Iceland	92.4	82.2	85.6	78.5	92.2	84.0	92.8	87.4	89.5	85.3	90.9	86.8
Ireland	89.3	68.8	75.3	65.9	80.7	68.7	82.9	58.0	74.2	62.4	79.4	64.2
Israel	76.7	65.6	78.6	69.4	87.7	78.6	74.9	60.0	77.4	66.1	81.2	71.6
Italy	86.9	59.5	83.3	59.4	77.9	57.9	85.2	49.2	85.1	55.1	81.9	57.7
Kazakhstan	90.4	80.3	84.9	84.9	91.7	84.5	..	..	..	..	89.3	84.8
Kyrgyzstan	89.7	68.4	88.5	64.8	88.8	60.0	..	..	79.9	61.1	80.3	63.3
Latvia	82.1	74.1	72.4	74.1	82.8	77.6	71.7	72.3	67.8	71.0	73.2	76.2
Liechtenstein	..	..	..	..	..	..	86.9	63.0	87.8	66.6	88.6	74.0
Lithuania	84.2	79.5	71.3	76.7	82.5	81.6	77.2	73.5	70.2	72.0	78.6	80.4
Luxembourg	93.4	70.6	92.9	74.6	89.7	78.5	89.2	54.9	86.7	61.1	87.1	61.5
Malta	90.4	39.6	89.5	51.6	91.7	66.5	83.0	21.1	86.9	29.0	89.1	44.9
Monaco	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..	..	..	..	..	..	..
Netherlands	90.8	77.0	90.5	80.5	88.0	78.0	87.5	67.1	87.7	73.6	85.2	72.6
Norway	86.4	79.9	87.2	82.3	85.3	80.8	86.5	80.3	86.4	81.8	85.4	80.2
Poland	78.7	66.1	84.6	73.1	86.4	74.5	63.9	49.8	73.0	65.7	76.4	70.7
Portugal	87.8	76.2	84.5	75.6	82.4	77.7	81.0	66.7	81.7	68.8	79.2	68.9
Republic of Moldova	59.4	65.0	52.6	52.9	51.2	53.7	..	..	57.9	57.4	59.2	61.0
Romania	81.3	68.4	86.3	70.6	85.9	70.2	73.0	56.7	76.8	58.3	80.7	62.7
Russian Federation	85.9	81.6	87.1	81.6	89.6	82.4	81.1	76.4	81.0	77.8	83.7	80.4
Serbia	77.7	55.5	71.9	57.9	73.5	61.3	69.2	46.0	64.8	51.4	71.8	58.8
Slovakia	82.1	68.9	82.1	69.7	86.0	70.1	77.3	70.5	77.6	71.9	80.2	75.6
Slovenia	88.6	83.8	86.1	83.8	86.8	79.9	75.2	67.8	80.7	73.9	82.3	77.6
Spain	87.2	64.5	75.9	65.1	75.4	64.6	83.9	48.0	75.4	56.6	73.3	58.8
Sweden	86.9	80.8	87.4	80.7	88.0	83.3	85.4	82.2	85.3	82.0	87.5	83.1
Switzerland	92.9	77.7	92.2	79.2	92.3	81.9	91.1	76.3	91.1	81.3	92.3	83.3
Tajikistan	..	..	..	..	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	62.0	41.6	65.7	45.5	68.9	49.7	60.7	37.4	68.3	43.2	69.9	47.4
Turkey	83.6	26.3	83.3	31.2	85.8	37.2	58.9	19.4	60.2	22.1	66.8	25.8
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	81.7	74.5	80.0	74.2	80.7	71.9	..	..	..	..	73.7	72.1
United Kingdom	88.4	74.9	85.9	74.0	88.9	76.3	84.4	74.1	82.5	75.6	85.6	77.9
United States	87.7	72.0	81.6	69.3	85.2	70.4	83.0	71.7	77.9	69.7	80.8	69.8
Uzbekistan	..	..	..	..	..	..	..	..	..	..	..	..
UNECE region*	85.8	69.7	83.6	70.1	85.0	71.0	80.5	65.9	79.4	68.5	81.1	70.4

Source: Eurostat, International Labour Organization, Organisation for Economic Co-operation and Development, UNECE statistical database.

Notes and definitions

Definitions:

Employment rate (employment-to-population ratio) is the share (in per cent) of employed persons of a given age in the total number of persons in that same age group.

Data generally come from labour force surveys, where the **persons in employment** or the **employed population** comprise all those of working age who, in a short reference period, were engaged in any activity to produce goods or provide services for pay or profit (in cash or in kind) (International Labour Organization).

Notes:

- * Weighted average for countries with data available.
- ^a For Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia and Turkey data refer to 2006; for Albania and Armenia data refer to 2007.
- ^b For Belarus data refer to 2009; for Bosnia and Herzegovina data refer to 2011.
- ^c Data refer to 2015 or latest available year.
- ^d For Serbia, the former Yugoslav Republic of Macedonia and Turkey data refer to 2006.
- ^e For Albania data refer to 2009; for Armenia data refer to 2011; for the Republic of Moldova data refer to 2012.

Table A5: Employment rate by age group and sex in 2005, 2010 and 2015 (cont)

Countries	Age group 55-59						Age group 60-64					
	2005 ^a		2010 ^b		2015 ^c		2005 ^a		2010 ^b		2015 ^c	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	76.8	37.7	..	..	..	..	58.3	16.7	..	..
Armenia	..	..	71.6	54.9	68.2	54.5	..	..	69.1	47.6	59.6	45.3
Austria	59.0	36.2	69.2	50.4	72.5	57.3	17.5	7.6	28.7	14.4	30.9	16.4
Azerbaijan	66.3	57.7	76.8	71.5	65.5	54.4	66.2	50.9	41.2	36.3	35.8	35.2
Belarus	..	..	78.5	47.8	81.2	49.2	..	..	37.9	23.9	36.5	24.4
Belgium	55.4	31.8	63.3	43.1	67.1	56.4	23.1	9.4	26.2	14.4	28.0	20.0
Bosnia and Herzegovina	45.6	18.9	42.3	21.3	47.3	27.0	22.0	8.2	29.6	13.9	26.0	12.6
Bulgaria	57.6	41.1	63.5	61.6	67.3	69.0	30.3	7.4	38.3	17.0	45.8	30.8
Canada	72.4	57.2	71.7	63.9	74.7	64.8	50.8	33.1	52.7	41.2	55.8	45.3
Croatia	55.5	30.2	61.5	35.3	58.9	39.7	28.2	16.9	36.6	20.8	36.2	20.9
Cyprus	81.4	41.1	83.4	56.2	68.0	49.1	57.9	19.8	56.7	28.0	46.4	28.9
Czechia	78.3	45.6	78.9	55.9	84.2	72.8	33.6	12.2	36.6	15.0	47.8	22.0
Denmark	81.6	74.5	78.7	75.0	82.6	76.9	46.3	28.4	48.5	33.2	56.1	41.4
Estonia	65.6	68.6	58.9	66.7	72.4	75.2	45.8	40.0	43.4	42.7	52.3	55.9
Finland	63.4	67.4	69.9	75.0	70.8	78.7	36.3	30.8	41.8	39.9	44.2	46.4
France	59.2	51.3	64.4	57.2	72.3	65.8	14.8	12.9	19.1	16.6	27.7	27.3
Georgia	76.2	67.3	73.3	65.2	80.6	73.7	73.7	57.1	69.2	58.9	78.7	64.7
Germany	71.6	55.3	78.2	65.3	81.8	73.2	35.9	20.7	49.4	33.1	59.1	47.9
Greece	70.6	31.0	69.9	38.0	58.8	31.0	44.0	20.1	42.1	20.5	31.2	18.5
Hungary	56.6	41.8	56.3	46.6	73.9	60.0	20.9	9.6	16.5	9.5	35.3	17.3
Iceland	92.0	86.3	86.9	83.3	91.9	80.2	85.7	72.4	80.2	69.4	84.9	80.3
Ireland	72.3	45.2	66.2	51.5	72.2	55.2	57.2	27.2	49.2	31.4	56.8	36.4
Israel	67.8	54.0	70.6	61.2	76.0	67.5	49.3	27.9	61.1	44.3	70.2	51.6
Italy	55.5	31.1	65.6	40.5	73.3	49.1	27.6	9.1	29.5	11.8	43.5	25.6
Kazakhstan	80.0	57.1	84.3	65.7	81.8	61.4	48.0	17.7	58.4	20.6	53.5	19.0
Kyrgyzstan	80.3	46.3	80.1	45.3	77.3	46.5	52.9	22.6	59.0	26.4	53.7	23.4
Latvia	66.3	58.2	60.3	66.8	69.0	71.3	40.3	31.5	30.7	28.3	48.9	45.0
Liechtenstein	82.0	54.8	83.8	59.7	85.3	65.0	51.1	29.5	51.5	31.2	54.5	35.4
Lithuania	67.6	61.3	61.7	60.4	70.9	73.3	50.9	22.9	40.2	29.0	51.2	41.5
Luxembourg	58.0	40.6	65.3	45.5	62.2	49.4	58.0	40.6	65.3	45.5	62.2	49.4
Malta	68.2	18.8	76.3	23.2	82.9	29.2	26.6	..	24.6	5.7	33.1	14.1
Monaco	..	..	7.32	2.93	5.30	3.42	..	..	1.72	1.29	2.08	1.37
Montenegro	49.6	25.5	57.6	38.4	57.1	41.7	16.4	12.5	36.1	9.4	38.2	21.9
Netherlands	74.9	48.3	81.2	59.0	80.3	63.4	32.3	17.5	47.7	26.7	60.9	40.2
Norway	80.1	69.5	81.3	75.0	81.5	75.9	58.5	48.1	62.9	54.8	69.0	61.0
Poland	42.7	24.0	59.4	33.6	67.1	52.4	24.6	12.9	26.7	12.7	39.7	18.1
Portugal	67.0	49.9	65.2	51.3	66.9	56.1	47.7	36.5	45.4	35.7	44.0	32.2
Republic of Moldova	73.3	57.5	57.5	42.2	58.3	43.5	52.2	31.2	38.9	19.4	41.6	20.4
Romania	55.6	38.5	61.0	40.6	65.6	43.7	35.4	26.6	36.5	23.3	35.8	20.5
Russian Federation	70.7	49.5	71.7	48.6	73.9	52.0	35.5	20.7	38.3	24.3	37.4	24.7
Serbia	60.1	33.3	52.3	31.6	59.0	38.0	35.5	15.8	33.3	12.2	38.5	15.9
Slovakia	68.7	23.5	72.1	45.0	74.3	65.4	20.1	6.1	28.5	7.7	30.7	15.8
Slovenia	59.0	26.5	59.0	34.0	61.9	48.4	22.5	9.7	26.5	13.0	21.0	11.0
Spain	71.0	34.9	67.4	41.5	64.4	49.2	45.8	19.4	40.4	24.2	41.4	29.5
Sweden	81.9	77.0	82.3	78.3	84.4	80.7	60.7	54.8	66.3	56.4	68.9	63.2
Switzerland	85.2	68.6	87.4	71.6	87.1	78.6	62.3	40.8	67.4	44.8	69.0	52.8
Tajikistan	..	..	..	..	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	43.7	23.2	57.6	28.9	63.6	37.8	26.4	9.4	32.3	14.3	39.1	17.9
Turkey	46.0	16.4	46.3	18.8	51.9	20.3	35.7	12.9	37.7	14.8	39.3	14.6
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	64.2	37.4	62.9	39.0	62.2	40.4	32.0	24.7	31.6	26.1	23.2	15.2
United Kingdom	75.5	61.9	75.9	66.0	77.5	69.3	53.9	30.8	54.7	33.8	58.7	41.1
United States	75.0	63.4	72.3	64.2	74.0	64.0	56.2	44.3	55.1	47.5	59.1	47.9
Uzbekistan	..	..	..	..	..	..	..	..	..	..	..	..
UNECE region*	67.9	49.8	69.5	53.3	72.4	57.5	41.5	26.6	43.7	30.4	47.8	34.2

Source: Eurostat, International Labour Organization, Organisation for Economic Co-operation and Development, national reports and national statistics.

Notes and definitions

Definitions:

Employment rate (employment-to-population ratio) is the share (in per cent) of employed persons of a given age in the total number of persons in that same age group.

Data generally come from labour force surveys, where the **persons in employment** or the **employed population** comprise all those of working age who, in a short reference period, were engaged in any activity to produce goods or provide services for pay or profit (in cash or in kind) (International Labour Organization).

Notes:

- * Weighted average for countries with data available.
- ^a For Bosnia and Herzegovina and Turkey data refer to 2006; for Serbia data refer to 2008.
- ^b For Albania data refer to 2009; for Belarus data refer to 2012; for the Republic of Moldova data refer to 2013.
- ^c Data refer to 2015 or latest available year.

Table A5: Employment rate by age group and sex in 2005, 2010 and 2015 (cont)

Countries	Age group 65-69						Age group 70-74					
	2005 ^a		2010 ^b		2015 ^c		2005 ^a		2010 ^b		2015 ^c	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..	..	..	..	..	..	..
Armenia	..	..	43.8	32.2	52.7	28.9	..	..	36.1	24.9	32.8	20.5
Austria	8.4	3.5	11.5	6.6	11.6	7.3	3.8	..	7.2	4.5	8.2	4.8
Azerbaijan	15.0	7.2	8.3	5.4	7.4	4.9	..	..	..	..	..	..
Belarus	..	..	18.7	11.1	16.3	12.2	..	..	7.1	4.2	7.3	3.3
Belgium	5.6	1.6	5.7	2.7	7.0	2.9	3.0	0.8	2.8	1.0	3.7	1.5
Bosnia and Herzegovina	9.7	6.0	9.5	5.4	8.3	4.4	7.4	3.7	7.2	4.2	5.8	3.2
Bulgaria	7.4	2.7	10.7	4.0	13.0	6.4	3.4	..	4.0	..	4.4	1.8
Canada	22.3	11.6	28.5	16.5	30.1	19.3	9.8	4.4	14.7	6.1	15.2	8.8
Croatia	12.0	9.9	11.3	8.2	8.5	5.3	10.1	6.0	7.4	6.0	5.5	2.4
Cyprus	30.1	8.7	29.6	11.7	17.0	7.6	17.4	5.3	19.6	5.8	10.0	4.5
Czechia	11.1	5.8	12.4	7.1	13.8	8.1	5.2	1.7	5.3	2.4	6.5	3.8
Denmark	18.9	8.2	17.9	7.1	22.1	8.9	10.5	..	8.8	3.4	11.2	3.3
Estonia	25.1	20.4	20.7	16.8	26.8	30.9	9.4	8.8	12.8	12.2	17.1	10.7
Finland	9.4	4.4	14.7	7.0	18.0	10.7	4.7	2.0	6.6	2.2	8.4	3.8
France	3.3	2.4	5.1	3.0	7.2	4.7	1.8	0.7	1.7	0.8	3.1	1.7
Georgia	61.3	54.2	60.3	47.5	65.0	52.3	53.9	46.3	54.1	36.2	56.9	46.2
Germany	8.4	4.7	10.8	6.5	18.3	11.0	4.3	1.7	5.0	2.4	8.6	4.0
Greece	15.4	4.6	15.1	5.4	9.3	6.5	5.2	1.4	5.3	1.9	2.6	0.8
Hungary	5.9	2.2	6.5	3.6	5.7	3.8	2.1	0.6	2.2	1.1	3.2	1.3
Iceland	68.5	36.6	57.4	38.9	63.0	45.6	20.0	7.8	24.1	10.8	26.6	8.5
Ireland	23.4	7.2	23.1	10.3	26.2	12.4	12.8	..	12.6	3.5	14.9	4.2
Israel	29.0	11.8	40.5	18.1	46.6	27.4	20.5	8.0	23.6	8.3	24.2	11.0
Italy	11.6	2.8	10.6	3.6	13.0	4.6	5.1	0.8	6.1	1.2	6.3	1.9
Kazakhstan	15.9	10.3	14.0	7.5	12.1	9.1	5.9	4.0	5.8	4.6	3.9	2.4
Kyrgyzstan ^d	28.7	10.6	31.5	12.0	20.8	11.1	13.0	4.4	10.9	4.9	9.8	4.5
Latvia	26.1	12.7	14.2	12.3	19.8	16.1	12.1	5.3	8.7	5.8	14.6	8.2
Liechtenstein	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	11.9	6.7	12.0	9.5	19.4	13.9	..	..	..	..	..	..
Luxembourg	..	..	8.6	..	6.8	..	..	..	..	..	..	..
Malta	7.8	..	10.4	..	14.2	3.3	..	..	7.1	..	7.2	..
Monaco	..	..	0.4	0.3	0.6	0.4	..	..	0.1	0.1	0.2	0.1
Montenegro	3.1	5.9	6.5	1.5	18.3	9.2	2.3	0.0	3.0	1.2	4.0	4.4
Netherlands	13.3	5.2	16.5	7.7	18.3	7.9	7.7	1.6	9.6	3.1	10.4	2.4
Norway	23.2	16.3	32.4	20.5	35.3	22.5	6.0	2.8	9.8	4.4	11.6	4.2
Poland	14.1	6.9	13.4	6.4	14.4	5.8	8.4	3.7	7.5	3.3	5.8	2.4
Portugal	35.1	21.5	28.7	20.0	23.6	13.6	24.7	15.0	24.2	15.2	18.9	8.4
Republic of Moldova	28.9	21.5	15.4	12.1	21.4	13.0	20.0	13.8	10.6	4.3	11.6	6.9
Romania	27.2	22.8	27.1	21.9	19.4	15.1	23.5	19.7	22.5	19.5	16.7	15.1
Russian Federation ^e	17.4	11.0	16.8	10.2	17.2	12.4	10.1	5.4	7.9	5.0	6.5	4.9
Serbia	22.1	14.1	17.5	9.9	17.9	9.3	17.4	10.2	10.4	6.1	13.6	7.2
Slovakia	4.4	..	4.6	2.9	7.5	3.5	..	..	..	..	3.1	..
Slovenia	15.3	8.9	14.8	8.2	7.7	5.9	12.8	6.6	11.9	6.6	6.3	3.8
Spain	6.8	2.8	6.2	4.5	5.8	4.2	2.4	1.1	2.2	1.1	1.6	0.9
Sweden	19.0	8.6	23.2	11.6	26.0	17.3	8.5	2.1	11.3	3.8	14.1	5.9
Switzerland	20.2	11.1	25.1	14.5	28.3	16.5	12.6	4.9	12.4	5.4	16.8	9.4
Tajikistan	..	..	..	..	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	6.5	3.1	5.5	2.5	5.4	2.8	4.5	2.3	6.2	2.8	3.6	2.2
Turkey	28.4	8.7	29.0	10.6	29.8	10.7	20.0	6.2	20.7	6.3	19.7	5.9
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	22.7	17.3	22.5	18.7	11.3	8.8	..	..	..	..	..	..
United Kingdom	18.7	10.5	24.1	15.6	26.1	16.5	7.0	4.0	9.1	5.5	12.9	7.4
United States	32.5	22.9	33.5	25.2	35.4	26.8	20.0	12.3	20.8	13.9	21.8	14.4
Uzbekistan	..	..	..	..	..	..	..	..	..	..	..	..
UNECE region*	19.0	11.7	20.7	13.5	22.3	14.5	10.9	6.0	11.3	6.4	12.6	7.2

Source: Eurostat, Organisation for Economic Co-operation and Development, national reports and national statistics..

Notes and definitions

Definitions:

Employment rate (employment-to-population ratio) is the share (in per cent) of employed persons of a given age in the total number of persons in that same age group.

Data generally come from labour force surveys, where the **persons in employment** or the **employed population** comprise all those of working age who, in a short reference period, were engaged in any activity to produce goods or provide services for pay or profit (in cash or in kind) (International Labour Organization).

Notes:

- * Weighted average for countries with data available.
- ^a For Bosnia and Herzegovina and Turkey data refer to 2006; for Serbia data refer to 2008. For the age group 70-74, for the former Yugoslav Republic of Macedonia to 2006.
- ^b For Belarus data refer to 2012; for the Republic of Moldova data refer to 2013.
- ^c Data refer to 2015 or latest available year.
- ^d For the age group 70-74 data refer to the age group 70+.
- ^e For the age group 70-74 data refer to the age group 70-72.

Table A6: Unemployment rate by age and sex in 2005, 2010 and 2015

Countries	Age group 25-49						Age group 50-54					
	2005 ^a		2010 ^b		2015 ^c		2005 ^d		2010 ^e		2015 ^c	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	13.2	11.9	9.8	14.1	15.6	16.8	12.2	11.8	10.5	11.7	11.6	12.9
Armenia	16.6	32.3	15.9	19.7	17.2	21.6	18.1	29.3	13.8	17.6	12.7	13.8
Austria	4.6	5.4	4.6	4.2	5.6	5.2	4.0	4.6	4.4	4.0	5.0	3.2
Azerbaijan	5.6	5.6	2.8	6.3	3.3	5.3	5.6	4.3	3.6	3.8	2.5	3.2
Belarus	..	..	..	..	..	..	..	..	..	..	..	..
Belgium	6.8	8.6	7.4	7.7	8.5	7.5	5.2	7.1	6.0	5.9	6.7	5.3
Bosnia and Herzegovina	26.7	34.0	19.2	26.7	24.1	30.8	19.3	17.6	16.0	16.6	17.8	22.6
Bulgaria	9.1	9.0	10.0	8.9	9.2	7.9	9.1	8.6	8.8	8.7	8.6	7.3
Canada	5.9	5.9	7.5	6.6	6.2	5.5	5.4	4.8	6.8	5.2	6.1	5.0
Croatia	9.6	12.9	9.8	11.7	13.6	16.3	8.2	11.6	6.0	8.2	11.6	12.0
Cyprus	3.7	5.6	5.7	5.6	13.0	13.2	2.8	5.1	4.2	3.1	12.4	13.0
Czechia	5.1	9.4	5.1	8.1	3.7	6.0	6.1	9.0	5.7	7.6	3.6	4.9
Denmark	3.8	4.8	7.4	6.0	5.5	6.1	3.2	3.2	6.6	5.1	4.7	5.9
Estonia	8.3	7.1	17.6	12.8	5.2	5.7	10.7	5.6	16.3	12.6	6.1	6.2
Finland	6.6	7.2	7.2	6.4	7.9	7.7	6.0	7.2	7.8	5.5	7.6	6.8
France	6.9	8.8	7.7	8.4	9.9	9.6	5.0	6.1	5.0	5.6	7.5	6.4
Georgia	17.6	16.2	20.2	17.1	15.1	12.8	8.7	10.6	12.4	10.1	10.9	8.8
Germany	10.4	10.1	7.0	6.2	4.8	4.1	11.3	10.9	6.6	6.0	4.0	3.7
Greece	5.7	14.9	9.9	16.3	21.5	29.8	3.5	9.8	7.4	10.3	17.4	21.8
Hungary	6.3	7.1	10.8	10.5	5.5	6.8	4.7	5.4	9.9	8.4	6.0	5.5
Iceland	1.7	1.9	7.6	6.2	2.6	3.9	1.6	1.4	4.1	2.5	2.5	2.7
Ireland	4.0	3.3	16.5	8.9	10.4	7.1	4.1	2.7	13.1	5.7	8.6	6.4
Israel	..	..	6.2	5.9	4.5	5.0	11.0	7.4	5.6	5.1	4.4	4.1
Italy	5.4	9.5	6.9	9.6	11.0	13.3	3.0	4.6	4.3	4.5	7.5	7.1
Kazakhstan	5.4	9.0	5.1	6.9	4.4	6.2	5.2	8.7	3.9	6.5	3.9	4.9
Kyrgyzstan ^d	5.8	7.4	5.9	7.9	5.2	8.1	8.7	6.0	5.0	5.9	5.1	3.3
Latvia	8.7	9.0	21.1	14.8	10.1	8.6	15.2	11.9	22.1	15.3	12.2	8.8
Liechtenstein	..	..	2.1	2.9	2.1	3.0	..	..	2.4	3.6	2.6	3.9
Lithuania	7.2	8.0	20.7	13.3	9.5	7.6	8.9	10.7	16.7	14.8	9.5	8.4
Luxembourg	2.8	5.4	3.1	5.1	5.1	6.8	1.3	4.8	2.7	4.6	4.3	3.4
Malta	4.4	5.6	6.1	5.7	4.4	4.5	5.6	5.7	4.4	9.4	3.7	4.3
Monaco	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro	37.6	23.2	..	..	16.7	17.7	18.8	15.6	..	..	13.6	11.2
Netherlands	3.8	4.6	3.6	3.7	4.9	6.2	3.7	4.0	3.4	3.5	5.3	6.6
Norway	4.1	3.9	3.6	2.7	4.4	4.1	2.3	1.9	2.2	1.5	2.8	2.3
Poland	14.2	17.8	7.9	8.9	6.2	7.3	14.8	15.4	8.2	7.8	6.1	6.4
Portugal	6.1	8.9	9.4	12.8	10.9	11.8	6.7	5.7	8.4	8.2	10.6	10.3
Republic of Moldova	8.3	5.5	8.7	5.5	6.7	3.5	7.4	4.2	6.3	3.8	3.7	2.1
Romania	7.0	6.2	6.8	5.8	7.1	5.2	5.0	4.3	6.4	4.6	5.3	4.8
Russian Federation ^e	6.6	6.0	6.9	5.9	5.0	4.5	5.5	4.9	6.4	5.3	4.9	4.0
Serbia	15.6	28.3	17.9	21.8	16.8	19.4	11.2	16.3	14.1	14.3	11.9	13.3
Slovakia	13.4	16.0	12.6	13.4	9.0	12.3	12.4	14.6	11.5	12.8	9.3	11.7
Slovenia	5.2	6.6	7.3	7.2	7.5	10.5	5.2	3.6	6.0	4.8	6.3	8.8
Spain	6.1	11.0	18.4	19.5	19.1	22.8	4.8	8.2	14.5	15.0	18.0	20.0
Sweden	6.6	6.8	6.4	7.0	5.9	6.0	4.1	3.7	5.7	4.8	5.1	4.5
Switzerland	3.1	4.9	4.0	4.9	4.0	4.5	3.4	3.2	2.9	3.7	3.3	3.8
Tajikistan	..	..	..	..	..	..	..	..	9.5	8.4	..	..
The former Yugoslav Republic of Macedonia	34.2	38.2	30.1	31.5	25.5	24.9	27.9	25.2	23.9	24.5	20.7	21.5
Turkey	9.1	9.5	9.2	10.4	7.9	11.8	8.2	2.6	8.2	4.8	8.9	6.7
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	6.8	6.8	8.9	6.7	9.4	8.0	6.1	5.4	6.9	5.7	8.2	6.1
United Kingdom	3.6	3.4	6.7	5.8	3.9	4.4	3.3	2.6	6.1	3.6	3.9	3.0
United States	4.0	4.6	9.4	8.1	4.5	4.7	3.3	3.2	8.5	6.6	3.8	3.7
Uzbekistan	..	..	..	..	..	..	..	..	..	..	..	..
UNECE region*	6.6	7.7	8.7	8.5	7.0	7.7	5.8	5.8	7.5	6.4	6.1	5.7

Source: International Labour Organization, UNECE statistical database.

Notes and definitions

Definitions:

Unemployment rate is the share (in per cent) of unemployed persons in the total number of persons in the labour force.

Data generally come from labour force surveys, where the **unemployed population**, when measured for a short reference period, relates to all persons of working age not in employment who had actively looked for ways to obtain a job or start an enterprise in the near past and who would have accepted a suitable job or started an enterprise during the reference period if the opportunity had arisen (International Labour Organization).

Notes:

- * Weighted average for countries with data available.
- ^a For Bosnia and Herzegovina data refer to 2006; for Albania and Armenia data refer to 2007.
- ^b For Bosnia and Herzegovina data refer to 2008.
- ^c Data refer to 2015 or latest available year.
- ^d For Bosnia and Herzegovina, Iceland, Luxembourg and Malta data refer to 2006; for Albania and Armenia data refer to 2007.
- ^e For Bosnia and Herzegovina data refer to 2008; for Tajikistan data refer to 2009.

Table A6: Unemployment rate by age and sex in 2005, 2010 and 2015 (cont)

Countries	Age group 55-59						Age group 60-64					
	2005 ^a		2010 ^b		2015 ^c		2005 ^d		2010 ^e		2015 ^c	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	11.3	5.6	6.7	12.3	13.2	9.4	6.5	0.5	7.7	3.1	10.1	7.9
Armenia	20.8	28.7	14.0	17.1	17.0	10.3	21.0	18.3	10.2	10.0	15.4	8.7
Austria	5.1	2.6	3.4	2.3	6.1	4.0	4.2	2.3	1.3	0.6	4.4	0.7
Azerbaijan	5.5	2.3	3.4	3.5	2.2	3.3	3.4	..	3.0	..	2.8	..
Belarus	..	..	..	..	..	..	..	..	..	..	..	..
Belgium	3.8	5.8	4.4	5.7	7.0	5.1	3.5	5.0	3.8	3.9	4.6	3.5
Bosnia and Herzegovina	16.1	14.7	18.5	9.6	13.9	14.1	9.5	3.8	12.3	5.1	14.3	6.7
Bulgaria	9.5	8.9	10.2	8.9	9.1	8.3	7.2	8.2	7.7	7.7	9.8	7.3
Canada	5.2	5.2	7.1	5.3	6.2	5.4	5.8	5.7	7.9	6.2	7.2	5.4
Croatia	10.2	5.8	6.8	7.7	13.1	12.5	8.7	..	7.9	..	10.9	6.5
Cyprus	2.9	3.0	4.9	4.0	16.3	14.0	4.1	3.2	5.4	4.4	19.2	10.3
Czechia	5.3	6.5	7.5	7.2	4.5	5.8	2.0	5.3	4.1	3.6	3.3	2.0
Denmark	5.5	6.7	8.6	4.8	4.2	5.0	2.8	2.7	3.6	2.0	3.7	4.5
Estonia	8.5	5.6	21.9	17.1	6.6	7.6	3.2	2.2	14.7	8.1	7.4	2.1
Finland	8.4	7.1	8.3	6.1	9.6	7.0	4.9	3.8	5.8	4.8	8.4	7.0
France	4.9	4.2	6.4	5.8	7.7	7.2	4.5	3.3	4.6	4.4	8.7	5.7
Georgia	10.6	7.1	13.7	9.7	9.3	5.8	9.3	2.2	12.4	2.5	7.0	3.2
Germany	13.0	14.2	7.8	7.3	4.9	3.9	11.7	9.7	8.2	6.9	5.7	4.5
Greece	3.4	5.7	6.7	7.7	18.7	18.8	3.2	2.9	5.1	4.2	16.9	12.5
Hungary	5.0	3.7	9.5	7.7	5.1	5.1	2.0	5.0	4.4	4.3	7.6	7.0
Iceland	1.3	1.2	5.0	2.5	3.3	3.4	0.9	2.6	5.4	4.8	3.0	3.1
Ireland	3.1	2.9	10.4	6.3	9.4	4.9	1.3	1.5	11.5	4.4	8.8	5.9
Israel	8.7	7.3	5.1	4.8	4.7	3.4	13.3	7.3	5.4	3.7	4.0	3.4
Italy	3.4	3.3	4.0	3.0	6.7	4.8	4.2	3.1	3.6	2.8	5.8	3.1
Kazakhstan	6.0	7.2	5.4	7.2	6.5	6.3	5.3	1.8	5.0	5.0	2.5	0.2
Kyrgyzstan	3.4	4.5	3.6	4.1	4.5	3.6	1.0	1.4	2.9	2.2	3.5	1.6
Latvia	13.3	8.3	21.5	14.4	12.5	8.8	4.7	4.2	15.6	9.4	10.1	4.6
Liechtenstein	..	..	2.8	3.3	2.8	4.8	..	..	2.5	2.4	2.6	1.1
Lithuania	9.3	6.3	18.9	15.9	11.4	8.4	3.3	1.3	12.7	2.1	9.0	4.4
Luxembourg	0.4	2.9	2.8	1.6	4.9	4.8	1.1	..	2.3	3.6	2.9	1.6
Malta	2.5	3.2	4.6	3.9	4.6	4.0	3.0	9.8	4.2	10.3	7.2	1.6
Monaco	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro	..	14.7	..	..	12.6	..	17.7	14.7	..	..	..	..
Netherlands	4.4	3.7	4.4	3.6	7.1	7.0	4.2	3.0	4.0	4.0	10.3	8.7
Norway	1.7	1.4	1.9	1.1	2.0	1.8	1.3	0.9	1.6	0.7	1.4	1.1
Poland	14.1	9.5	8.0	7.5	6.0	5.4	5.9	4.5	6.2	3.1	5.8	2.9
Portugal	8.4	6.0	11.1	9.3	14.1	11.7	5.9	3.7	7.9	5.0	13.7	8.8
Republic of Moldova	5.2	2.9	5.5	2.4	3.9	2.0	2.7	0.3	1.9	1.4	1.4	0.6
Romania	5.1	1.1	6.0	2.4	5.5	2.9	1.0	0.5	2.7	0.3	3.4	0.6
Russian Federation	4.8	3.5	6.1	4.1	4.5	3.0	3.1	3.5	4.4	4.0	3.4	3.2
Serbia	11.9	9.1	14.9	10.9	13.6	12.3	9.3	5.8	9.9	4.4	10.7	3.6
Slovakia	14.2	12.7	11.0	12.0	8.9	11.2	6.6	9.7	3.9	2.8	6.5	7.9
Slovenia	3.2	2.8	4.5	4.2	7.6	7.4	0.8	1.0	3.3	1.5	9.9	6.1
Spain	5.7	8.1	15.0	15.1	19.7	19.5	5.6	6.3	13.3	11.6	16.2	17.2
Sweden	4.6	3.1	6.6	4.7	5.6	4.4	6.8	3.7	6.7	5.0	6.6	4.8
Switzerland	3.7	3.0	3.7	3.5	4.7	3.6	3.8	4.8	3.4	3.2	3.9	3.1
Tajikistan	..	..	10.0	5.6	..	..	..	..	7.3	..	..	..
The former Yugoslav Republic of Macedonia	34.4	23.2	26.8	27.4	22.3	20.0	29.1	11.9	33.0	21.6	23.0	10.2
Turkey	5.9	0.7	7.4	1.4	8.3	4.1	3.9	0.7	5.0	0.9	7.3	2.0
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	5.1	0.4	6.6	0.2	7.5	2.0	0.6	0.3	0.1	..	..	0.1
United Kingdom	3.5	2.1	6.1	3.6	4.1	3.1	3.1	1.3	5.7	2.3	3.4	2.8
United States	3.4	3.4	7.8	6.2	4.0	3.5	3.1	3.3	8.2	6.3	3.9	3.7
Uzbekistan	..	..	..	..	..	..	..	..	..	..	..	..
UNECE region*	5.7	4.8	7.4	5.6	6.3	5.0	4.7	3.9	6.4	4.9	5.8	4.1

Source: International Labour Organization, UNECE statistical database.

Notes and definitions

Definitions:

Unemployment rate is the share (in per cent) of unemployed persons in the total number of persons in the labour force.

Data generally come from labour force surveys, where the **unemployed population**, when measured for a short reference period, relates to all persons of working age not in employment who had actively looked for ways to obtain a job or start an enterprise in the near past and who would have accepted a suitable job or started an enterprise during the reference period if the opportunity had arisen (International Labour Organization).

Notes:

- * Weighted average for countries with data available.
- ^a For Belgium, Bosnia and Herzegovina, Cyprus, Iceland, Ireland, Lithuania, Luxembourg, Malta, Romania and Slovenia data refer to 2006; for Albania and Armenia data refer to 2007.
- ^b For Bosnia and Herzegovina data refer to 2008; for Tajikistan data refer to 2009.
- ^c Data refer to 2015 or latest available year.
- ^d For Belgium, Bosnia and Herzegovina, Bulgaria, Cyprus, Finland, France, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Poland, Portugal, Romania and Slovakia data refer to 2006; for Albania, Armenia, Croatia, Malta, Norway and Slovenia data refer to 2007.
- ^e For Bosnia and Herzegovina data refer to 2008; for Malta and Tajikistan data refer to 2009; for Luxembourg and Romania data refer to 2011.

Table A6: Unemployment rate by age and sex in 2005, 2010 and 2015 (cont)

Countries	Age group 65+					
	2005 ^a		2010 ^b		2015 ^c	
	Male	Female	Male	Female	Male	Female
Albania	..	..	1.7	4.9	1.6	0.0
Armenia ^d	11.0	6.6	8.6	3.6	9.9	6.9
Austria	0.6	0.3	0.4	0.2	0.2	0.8
Azerbaijan	..	..	..	..	..	..
Belarus	..	..	..	..	..	..
Belgium	0.7	1.0	0.4	1.8	1.1	0.4
Bosnia and Herzegovina	2.8	1.1	..	..	2.6	4.9
Bulgaria	2.8	3.2	3.8	7.0	4.4	4.1
Canada	3.2	3.8	5.0	4.4	4.8	4.2
Croatia	1.4	..	1.6	0.8	1.6	..
Cyprus	..	..	0.6	0.5	0.9	2.0
Czechia	3.3	3.6	0.9	2.0	1.1	1.0
Denmark	0.3	1.6	1.2	0.2	0.9	0.2
Estonia	2.2	1.8	3.1	3.2	3.0	4.4
Finland	0.3	0.7	0.3	1.3	1.1	0.9
France	0.9	2.3	2.3	2.6	2.7	2.7
Georgia	1.9	0.7	1.0	0.4	1.5	0.3
Germany	0.6	1.0	1.1	0.8	0.8	0.8
Greece	0.9	2.0	1.4	1.3	12.3	6.3
Hungary	1.4	0.9	0.9	0.2	3.3	1.4
Iceland	0.9	4.2	3.6	3.6	0.8	0.5
Ireland	0.4	0.4	1.7	2.5	1.5	2.9
Israel	5.6	..	4.8	3.3	3.5	3.1
Italy	1.0	2.7	1.1	1.2	1.5	2.7
Kazakhstan	..	..	..	..	0.4	0.2
Kyrgyzstan	0.8	2.1	2.1	1.3	2.9	1.3
Latvia	2.8	1.9	7.4	2.6	1.2	4.6
Liechtenstein	..	..	..	..	..	..
Lithuania	0.7	2.5	2.3	1.9	1.8	0.3
Luxembourg	..	..	..	..	2.3	4.1
Malta	2.5	..	0.6	..	1.3	3.6
Monaco	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..
Netherlands	0.8	1.4	3.5	3.4	5.3	3.6
Norway	1.3	0.2	0.5	1.0	1.1	0.6
Poland	1.4	1.5	1.5	2.6	1.4	1.6
Portugal	0.0	0.1	0.3	0.9	2.3	2.9
Republic of Moldova	0.4	0.9	0.7	..	1.0	..
Romania	0.2	0.0	0.1	0.0	0.1	0.2
Russian Federation ^e	4.0	4.3	3.5	3.8	3.1	2.6
Serbia ^f	1.1	0.8	0.9	0.4	1.3	0.4
Slovakia	1.6	1.4	1.6	4.2	2.7	2.8
Slovenia	..	..	..	..	..	..
Spain	1.7	3.6	3.4	1.3	4.1	3.3
Sweden	1.7	3.2	1.6	3.0	2.2	2.8
Switzerland	0.8	1.2	0.9	0.4	1.5	1.5
Tajikistan	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	3.6	0.9	8.3	2.3	6.7	7.0
Turkey	0.8	0.2	1.7	0.1	2.9	0.7
Turkmenistan	..	..	..	..	..	..
Ukraine ^g	0.1	0.1	..	..	0.5	0.1
United Kingdom	2.5	1.4	3.4	1.7	2.0	1.8
United States	3.5	3.5	7.1	6.2	3.8	3.9
Uzbekistan	..	..	..	..	..	..
UNECE region*	2.1	2.4	3.4	3.0	2.7	2.5

Source: International Labour Organization, UNECE statistical database.

Notes and definitions

Definitions:

Unemployment rate is the share (in per cent) of unemployed persons in the total number of persons in the labour force.

Data generally come from labour force surveys, where the **unemployed population**, when measured for a short reference period, relates to all persons of working age not in employment who had actively looked for ways to obtain a job or start an enterprise in the near past and who would have accepted a suitable job or started an enterprise during the reference period if the opportunity had arisen (International Labour Organization).

Notes:

- * Weighted average for countries with data available.
- ^a For Canada, Czechia, Denmark, Estonia, Georgia, Israel, the Russian Federation, Spain, the former Yugoslav Republic of Macedonia, Ukraine and the United States data refer to 2005; for Armenia, the Netherlands and Norway data refer to 2007; for Malta data refer to 2008.
- ^b For the Republic of Moldova data refer to 2009; for Armenia, Croatia, Cyprus, Kyrgyzstan and Romania data refer to 2011; for Germany, Israel and the Netherlands data refer to 2012.
- ^c Data refer to 2015 or latest available year.
- ^d For 2010 and 2015 data refer to the age group 65-75.
- ^e Data refer to the age group 65-72.
- ^f For 2010 the data refer to the age group 65-74.
- ^g Data refer to the age group 65-70.

PARTICIPATION IN SOCIETY

Table A7a: Volunteering and political participation

Countries	Percentage of persons aged 55 and above engaging in volunteering				Percentage of persons aged 55 and above involved in political and civic life			
	2007 ^a		2012 ^b		2007 ^c		2012 ^d	
	Male	Female	Male	Female	Male	Female	Male	Female
Albania ^e	..	..	3.8	0.7	..	..	37.7	21.0
Armenia	..	..	..	..	..	..	..	..
Austria	15.7	8.7	21.0	11.9	30.3	17.3	27.0	18.3
Azerbaijan	..	..	..	..	..	..	..	..
Belarus ^f	..	..	0.5	0.4	..	..	..	..
Belgium	13.5	16.6	15.8	7.7	22.9	19.5	17.5	16.0
Bosnia and Herzegovina	..	..	..	..	..	..	..	..
Bulgaria	0.4	1.7	0.7	1.6	14.5	11.6	9.8	8.1
Canada ^f	39.2	38.0	37.5	36.3	33.0	21.4	25.2	17.0
Croatia	1.8	2.2	6.3	4.5	11.4	3.7	28.4	15.8
Cyprus	7.5	5.4	5.8	2.9	18.5	6.4	20.2	12.1
Czechia	3.3	2.1	7.2	5.4	22.9	8.3	22.5	13.6
Denmark	17.2	14.5	20.3	14.9	32.7	25.9	37.6	28.2
Estonia	7.3	8.0	0.8	4.9	15.6	9.2	11.1	5.3
Finland	6.4	13.5	10.6	14.8	28.4	23.7	20.4	22.9
France	20.0	21.6	14.7	17.0	33.9	24.6	33.8	25.0
Georgia	..	..	..	..	..	..	..	..
Germany	18.2	12.9	11.2	8.1	34.1	18.7	25.8	15.8
Greece	5.0	6.2	1.0	1.2	15.8	8.5	11.6	3.5
Hungary	5.4	4.1	3.2	1.8	10.4	7.9	8.7	2.9
Iceland	..	..	11.3	14.2	..	..	55.8	49.0
Ireland	11.5	10.8	18.7	21.0	26.1	14.8	25.1	17.8
Israel ^e	..	..	9.4	12.1	16.1	10.5	21.7	14.1
Italy	11.9	11.3	12.0	9.4	21.1	9.6	17.9	9.8
Kazakhstan	..	..	..	..	..	..	..	..
Kyrgyzstan ^f	..	..	..	..	17.8	16.2	29.1	29.1
Latvia	3.2	6.4	0.8	1.7	26.6	12.2	9.1	13.4
Liechtenstein	..	..	..	..	..	..	..	..
Lithuania	4.2	1.7	2.0	3.0	23.8	8.5	10.5	7.2
Luxembourg	17.2	12.7	21.2	14.3	31.4	27.5	45.8	19.5
Malta	6.0	8.2	11.1	8.6	17.7	8.8	17.4	7.7
Monaco	..	..	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..	..	..
Netherlands	23.4	27.2	21.8	19.3	37.3	25.5	28.3	25.5
Norway ^{ef}	23.6	15.4	16.8	13.0	44.7	38.8	41.5	44.3
Poland	3.9	4.5	4.0	1.8	16.4	10.2	10.7	8.0
Portugal	3.8	4.8	4.9	6.3	10.3	3.2	8.8	4.5
Republic of Moldova ^f	..	..	2.6	5.6	..	..	3.1	1.4
Romania	1.7	0.0	2.2	2.9	12.3	3.8	9.6	5.5
Russian Federation ^e	4.3	0.6	0.3	2.3	17.8	14.7	12.9	14.2
Serbia	..	..	3.0	1.3	..	..	23.2	13.5
Slovakia	4.7	5.5	3.0	0.2	18.1	15.9	13.1	8.3
Slovenia	7.5	7.3	8.9	3.1	18.3	10.0	8.3	5.3
Spain	2.1	2.7	5.7	6.0	12.6	8.3	18.0	7.8
Sweden	16.1	18.4	17.0	18.5	42.8	49.3	41.5	45.9
Switzerland ^{ef}	..	..	25.7	17.7	44.2	34.0	50.5	38.7
Tajikistan	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	..	..	..	..	..	..	..	..
Turkey	2.8	3.1	1.0	0.0	7.4	3.2	6.4	1.5
Turkmenistan	..	..	..	..	..	..	..	..
Ukraine ^e	0.8	1.8	1.1	2.3	16.7	17.8	13.0	10.6
United Kingdom	12.4	17.4	13.2	17.0	27.9	25.6	31.7	29.7
United States	..	..	..	..	..	..	..	..
Uzbekistan	..	..	..	..	..	..	..	..

Source: Eurofound (European Quality of Life Surveys (EQLS) 2007, 2012), European Social Survey (ESS 2012, 2014), national time use surveys and other national surveys, data collected under the Active Ageing Index project.

Notes and definitions

Definitions:

The indicator of **volunteering** refers to the percentage of persons aged 55 and above who regularly do unpaid voluntary work through organisations. For the countries covered by the EQLS the indicator takes into account volunteering at least once a week over the period of 12 months preceding the survey.

Indicator of **political participation** refers to the percentage of persons aged 55 and above who are involved in political and civic life. For the countries covered by the EQLS the indicator takes into account the following activities: attending a meeting of a trade union, political party or political action group, attending a protest or demonstration, signing a petition, including an e-mail or on-line petition, or contacting a politician or public official over 12 months preceding the survey.

Note on changes in definitions:

A modification of the question on participation in voluntary activities was introduced between the EQLS 2007 and 2012. For details see <https://statswiki.unec.org/display/AAI/Active+Ageing+Index+Home>.

Notes:

- ^a For the Russian Federation and Ukraine data refer to 2006; for Canada data refer to 2010.
- ^b For Norway data refer to 2011; for Canada data refer to 2013; for the Republic of Moldova data refer to 2014; for Belarus data refer to 2015.
- ^c For Canada, Israel, Norway, the Russian Federation and Ukraine data refer to 2008; for Kyrgyzstan and Switzerland data refer to 2010.
- ^d For Canada data refer to 2013; for the Republic of Moldova and Switzerland data refer to 2014; for Kyrgyzstan data refer to 2015.
- ^e Data for both indicators for Albania, Israel, the Russian Federation and Ukraine, and for the political participation indicator for Norway and Switzerland are based on the ESS and while comparable within this group of countries, may not be comparable with other countries' data.
- ^f Data for the volunteering indicator for Belarus, Norway (2012) and Switzerland, for the political participation indicator for Kyrgyzstan, and for both indicators for Canada and the Republic of Moldova may not be comparable with other countries due to the different methodology and data sources used.

Table A7b: Provision of informal care

Countries	Percentage of persons aged 55 and above providing care to their children, grandchildren				Percentage of persons aged 55 and above providing care to elderly or disabled relatives			
	2007 ^a		2012 ^b		2007 ^a		2012 ^c	
	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..	..	..
Armenia	..	..	..	..	..	..	..	..
Austria	13.0	16.1	22.2	27.3	9.1	17.7	10.8	12.8
Azerbaijan	..	..	..	..	..	..	..	..
Belarus ^d	..	..	11.2	18.0	..	..	..	..
Belgium	21.7	22.6	40.3	37.3	20.9	17.6	14.3	14.7
Bosnia and Herzegovina	..	..	..	..	..	..	..	..
Bulgaria	6.4	13.9	27.0	27.8	8.2	14.6	11.3	12.2
Canada ^d	19.3	20.8	..	..	18.0	23.6	..	..
Croatia	20.2	28.9	34.9	32.8	12.2	12.6	10.6	18.3
Cyprus	18.6	28.4	37.9	50.1	6.0	10.7	8.3	9.5
Czechia	13.6	21.9	38.3	36.3	10.3	14.7	17.5	12.7
Denmark	17.9	18.4	26.8	26.8	5.5	15.3	5.2	7.4
Estonia	17.7	22.5	21.1	29.8	11.7	12.4	13.5	12.2
Finland	24.2	18.0	28.6	32.9	13.0	19.5	15.9	18.0
France	22.2	25.1	38.9	32.9	13.7	10.6	11.3	14.4
Georgia	..	..	..	..	..	..	..	..
Germany	18.7	14.6	17.3	18.2	10.7	12.4	7.4	9.5
Greece	10.7	20.7	27.7	39.6	2.9	18.4	7.1	14.9
Hungary	25.8	26.3	36.6	40.6	10.8	14.7	13.4	13.1
Iceland	..	..	49.4	51.8	..	..	16.7	13.1
Ireland	15.5	19.7	34.8	43.7	12.2	13.8	12.1	20.1
Israel	..	..	..	..	..	..	..	..
Italy	27.0	28.4	50.0	56.8	15.0	22.2	15.1	18.4
Kazakhstan	..	..	..	..	..	..	..	..
Kyrgyzstan ^d	4.2	13.9	7.8	25.2	1.4	3.4	1.5	4.4
Latvia	20.3	18.6	22.9	36.1	13.5	12.8	6.9	12.8
Liechtenstein	..	..	..	..	..	..	..	..
Lithuania	16.4	21.1	33.4	33.2	16.5	14.6	16.0	11.7
Luxembourg	12.7	9.9	31.8	31.5	15.8	13.4	15.0	8.9
Malta	26.3	22.4	31.4	31.9	8.0	17.6	12.5	17.0
Monaco	..	..	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..	..	..
Netherlands	21.3	14.9	32.6	29.4	11.7	19.3	14.0	14.1
Norway	26.9	31.9	..	..	11.1	14.6	..	..
Poland	22.4	21.6	17.3	26.2	16.0	12.6	11.1	14.8
Portugal	16.7	16.0	29.4	26.8	6.5	17.6	12.6	16.1
Republic of Moldova ^d	..	..	26.4	33.3	..	..	3.0	4.2
Romania	29.0	16.1	28.2	29.1	8.9	11.7	7.4	14.0
Russian Federation ^d	13.2	22.2	..	..	6.0	7.9	..	..
Serbia	..	..	54.0	46.7	..	..	15.6	9.0
Slovakia	6.0	12.5	27.1	34.4	21.7	19.7	9.4	13.2
Slovenia	27.0	37.2	37.7	43.9	11.9	13.8	13.0	8.8
Spain	19.0	23.3	30.4	41.0	4.4	17.5	13.1	17.9
Sweden	16.3	17.4	26.9	25.4	8.6	12.8	10.6	9.8
Switzerland ^d	..	..	11.3	22.6	..	..	15.0	20.4
Tajikistan	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	..	..	..	..	..	..	..	..
Turkey	4.5	25.5	27.6	33.4	8.4	9.2	10.9	17.8
Turkmenistan	..	..	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..	..	..
United Kingdom	14.6	17.8	26.3	27.1	18.2	14.2	14.3	17.5
United States	..	..	..	..	..	..	..	..
Uzbekistan	..	..	..	..	..	..	..	..

Source: Eurofound (European Quality of Life Surveys (EQLS) 2007, 2012), national time use surveys and other national surveys, data collected under the Active Ageing Index project.

Notes and definitions

Definitions:

Indicator of **provision of care to children, grandchildren** refers to the percentage of persons aged 55 and above who regularly provide care to their children or grandchildren. For the countries covered by the EQLS the indicator takes into account provision of care at least once a week.

Indicator of **provision of care to elderly or disabled relatives** refers to the percentage of persons aged 55 and above who regularly provide care to elderly or disabled relatives. For the countries covered by the EQLS the indicator takes into account provision of care at least once a week.

Note on changes in definitions:

A modification of the question on provision of care to children and grandchildren was introduced between the EQLS 2007 and 2012. For details see <https://statswiki.unecce.org/display/AAI/Active+Ageing+Index+Home>.

Notes:

- ^a For Canada and Kyrgyzstan data refer to 2010; for the Russian Federation data refer to 2011.
- ^b For Switzerland data refer to 2013; for the Republic of Moldova data refer to 2014; for Belarus and Kyrgyzstan data refer to 2015.
- ^c For the Republic of Moldova data refer to 2014; for Kyrgyzstan data refer to 2015.
- ^d Data for Belarus, Canada, Kyrgyzstan, the Republic of Moldova, the Russian Federation and Switzerland may not be comparable with other countries due to the different methodology and data sources used.

INDEPENDENT, HEALTHY AND SECURE LIVING

Table A8a: Physical activity and access to health services

Countries	Percentage of persons aged 55 and above taking part in sports or physical exercise		Percentage of persons aged 55 and above who report no unmet need for medical and dental examination or treatment					
	2012 ^a		2008 ^b		2010 ^c		2012 ^d	
	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..	..	..
Armenia ^f	..	..	..	..	76.0	76.0	80.9	80.9
Austria	22.4	22.1	89.6	89.8	93.7	92.4	96.1	96.8
Azerbaijan ^f	7.5	3.5	..	..	..	..	..	..
Belarus ^f	5.6	9.0	..	..	88.0	83.5	89.2	83.8
Belgium	21.5	12.4	97.4	96.5	97.2	97.1	94.6	94.0
Bosnia and Herzegovina	..	..	..	..	..	..	..	..
Bulgaria	0.5	0.8	70.2	65.5	78.5	75.5	80.6	78.8
Canada ^f	51.2	45.8	92.6	90.8	90.9	90.2	91.3	90.1
Croatia	8.6	6.6	..	..	85.5	84.6	87.8	87.3
Cyprus	18.7	9.7	87.9	87.7	85.2	85.2	88.4	87.8
Czechia	3.7	5.8	93.2	94.5	92.5	93.7	93.3	93.6
Denmark	24.9	25.5	96.2	95.6	94.1	95.9	90.5	93.2
Estonia	18.1	21.2	81.0	78.7	87.9	90.0	82.7	80.9
Finland	47.0	50.4	96.5	95.3	90.8	88.4	89.4	87.3
France	27.4	18.6	92.3	91.4	92.4	90.3	91.4	91.0
Georgia	..	..	..	..	..	..	..	..
Germany	14.2	10.8	92.0	91.8	92.0	91.1	92.3	92.7
Greece	8.4	4.8	86.6	84.6	87.5	84.8	83.7	81.1
Hungary	7.5	4.2	85.1	85.4	87.6	89.9	87.4	87.5
Iceland	31.2	37.5	90.3	89.7	89.5	90.2	87.3	88.2
Ireland	21.5	29.1	96.1	94.6	96.0	94.8	..	..
Israel ^e	20.3	15.0	..	..	..	..	..	..
Italy	6.3	4.6	85.5	83.9	87.0	85.0	87.7	86.0
Kazakhstan	..	..	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..	..	..
Latvia	11.5	12.2	68.0	68.7	67.7	64.5	69.2	67.9
Liechtenstein	..	..	..	..	..	..	..	..
Lithuania	12.5	22.0	86.6	83.6	92.8	91.3	91.6	91.1
Luxembourg	24.7	23.7	95.7	96.0	95.8	95.4	94.9	95.7
Malta	19.3	15.0	97.3	96.5	91.8	91.9	95.3	95.6
Monaco	..	..	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..	..	..
Netherlands	22.6	24.1	97.5	97.8	97.7	97.5	98.3	97.2
Norway ^e	33.3	27.1	95.1	94.4	94.4	93.8	94.3	94.6
Poland	8.1	6.2	81.4	81.8	78.1	76.2	78.5	75.9
Portugal	6.3	5.7	89.1	88.3	85.0	83.1	79.0	78.2
Republic of Moldova ^f	12.0	15.2	..	..	..	..	73.1	72.4
Romania	1.3	1.2	67.3	64.9	70.6	66.2	73.0	67.7
Russian Federation ^f	1.7	2.2	..	..	97.6	97.7	..	..
Serbia	3.1	4.0	..	..	66.9	69.2	72.2	73.6
Slovakia	4.8	5.4	92.3	92.4	90.5	91.4	91.5	89.8
Slovenia	9.2	9.9	98.5	99.1	98.6	97.8	97.0	97.6
Spain	16.3	15.4	89.1	89.7	88.9	89.9	89.9	89.4
Sweden	42.4	42.9	86.3	83.6	88.0	86.6	87.2	86.9
Switzerland ^e	39.3	43.4	95.5	93.6	94.8	93.4	94.8	93.4
Tajikistan	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	..	..	..	..	..	..	..	..
Turkey	9.5	2.6	75.6	78.2	73.3	73.4	79.4	78.8
Turkmenistan	..	..	..	..	..	..	..	..
Ukraine ^f	13.3	9.2	..	..	..	..	..	..
United Kingdom	17.4	16.5	94.0	94.7	95.7	95.7	94.5	93.8
United States	..	..	..	..	..	..	..	..
Uzbekistan ^f	41.2	28.7	..	..	..	..	..	..

Source: Eurofound (European Quality of Life Survey (EQLS) 2012), European Social Survey (ESS 2014), Eurostat (European Union Statistics of Income and Living Conditions (EU-SILC)), national reports, national time use surveys and other national surveys.

Notes and definitions

Definitions:

Physical activity indicator refers to the percentage of persons aged 55 and above who regularly take part in sports or physical exercise. For the countries covered by the EQLS the indicator takes into account engaging in physical activity every day or almost every day.

Indicator of **no unmet need for medical and dental examination or treatment** refers to the percentage of persons aged 55 and above who report that over the last 12 months there was no instance of not receiving such examination or treatment when needed. For more information on health variables of the European Union Statistics of Income and Living Conditions (EU-SILC) see http://ec.europa.eu/eurostat/cache/metadata/en/hlth_silc_01_esms.htm.

Notes:

- ^a For the Russian Federation data refer to 2011; for Azerbaijan, Canada, Israel, Norway and Switzerland data refer to 2014; for Belarus, Ukraine and Uzbekistan data refer to 2015.
- ^b For Canada data refer to 2005.
- ^c For Belarus, Croatia and the Russian Federation data refer to 2011; for Serbia data refer to 2013.
- ^d For Belgium data refer to 2011; for Armenia, Canada, the Republic of Moldova and Serbia data refer to 2014; for Belarus data refer to 2015.
- ^e For the indicator of physical activity data for Israel, Norway and Switzerland are based on the ESS and while comparable within this group of countries, may not be comparable with other countries' data.
- ^f Data for Armenia, Azerbaijan, Belarus, Canada, the Republic of Moldova, the Russian Federation, Ukraine and Uzbekistan may not be comparable with other countries due to different methodology and sources used.

Table A8b: Financial security

Countries	Ratio of the median income of persons aged 65 and above to that of persons aged below 65						Percentage of persons aged 65 and above who are not at risk of poverty					
	2005 ^a		2010 ^b		2015 ^c		2005 ^a		2010 ^d		2015 ^e	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..	..	..	..	..	..	..
Armenia ^f	..	..	106.0	106.0	104.0	104.0	..	..	93.5	93.5	92.4	92.4
Austria	103.8	92.5	94.1	86.4	102.9	94.3	97.4	95.7	93.0	88.2	93.9	92.0
Azerbaijan	..	..	..	..	..	..	..	..	..	..	..	..
Belarus ^g	98.3	92.1	102.9	92.9	102.8	93.1	96.8	95.9	97.9	95.5	98.7	96.8
Belgium	74.1	72.6	77.5	73.8	80.6	77.8	90.1	90.9	91.8	92.5	95.8	93.9
Bosnia and Herzegovina	..	..	..	..	..	..	..	..	..	..	..	..
Bulgaria	82.7	75.5	79.8	69.9	78.5	65.1	94.7	87.8	85.1	73.0	87.4	76.3
Canada	93.6	87.1	94.0	86.8	94.5	90.5	97.0	94.6	95.1	93.3	95.1	94.2
Croatia	..	..	84.1	73.1	90.1	82.7	..	..	83.9	78.8	85.4	82.5
Cyprus	59.1	55.0	66.1	64.4	87.5	75.7	73.9	65.7	81.9	75.1	95.8	91.8
Czechia	85.2	81.0	82.5	79.9	82.5	79.9	98.6	98.8	99.3	98.2	98.6	97.9
Denmark	71.8	69.5	74.2	70.7	78.0	76.7	97.6	95.9	95.0	94.2	98.7	98.2
Estonia	75.7	69.8	79.0	68.7	67.6	56.6	96.1	92.1	98.2	95.4	91.4	88.3
Finland	80.4	70.7	83.8	73.6	87.6	76.9	97.2	93.0	97.5	93.8	98.2	96.4
France	93.2	88.1	104.3	93.4	109.3	100.9	93.7	91.0	96.7	95.8	97.6	96.7
Georgia ^g	109.0	104.1	111.7	105.6	112.3	103.8	86.7	84.2	88.9	87.2	92.5	90.2
Germany	97.4	91.3	89.8	87.9	88.5	85.3	94.5	92.5	93.5	92.6	91.9	90.2
Greece	82.5	78.2	88.3	82.6	108.8	100.8	84.5	80.5	92.6	88.7	93.0	92.9
Hungary	107.0	97.0	105.7	99.3	109.4	97.6	99.0	97.1	99.1	98.3	97.5	98.0
Iceland	82.4	76.9	101.7	90.5	93.4	83.9	95.3	98.3	98.5	97.3	96.7	94.9
Ireland	67.1	64.9	87.8	84.2	90.4	86.7	89.5	89.9	93.4	94.5	94.3	94.1
Israel ^f	..	..	79.9	79.9	88.9	88.9	..	..	..	..	..	..
Italy	87.1	83.9	94.3	90.1	102.1	97.1	90.6	86.5	93.7	90.8	93.7	92.9
Kazakhstan	..	..	..	..	..	..	..	..	..	..	..	..
Kyrgyzstan ^g	..	..	..	..	..	..	58.1	56.9	72.4	72.8	76.6	79.8
Latvia	77.5	73.3	83.5	73.8	71.4	61.9	94.7	91.1	94.2	93.7	90.0	80.6
Liechtenstein	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	90.3	75.3	101.3	89.8	80.2	67.5	97.8	91.3	96.3	96.4	92.3	85.7
Luxembourg	94.8	98.0	105.7	104.7	112.1	104.3	96.4	97.5	97.0	96.9	96.9	96.5
Malta	79.1	72.6	82.2	80.9	78.2	73.0	87.4	89.3	89.4	91.4	91.7	91.7
Monaco	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..	..	..	..	..	..	..
Netherlands	88.5	88.1	89.0	86.5	89.9	87.6	98.0	97.6	98.5	97.4	98.6	97.1
Norway	84.3	73.1	89.2	80.3	97.3	88.2	97.3	91.9	98.9	96.7	99.1	98.4
Poland	120.4	102.2	102.7	87.7	106.1	93.1	97.4	95.8	95.4	91.9	95.7	93.5
Portugal	77.2	76.3	88.4	77.8	98.2	89.2	86.4	85.5	92.7	88.0	92.7	89.7
Republic of Moldova ^g	..	..	64.3	47.3	65.8	43.7	..	..	84.5	83.8	..	..
Romania	84.8	71.3	106.4	91.1	110.5	92.4	85.6	75.5	94.4	87.3	92.3	85.6
Russian Federation ^f	..	..	74.1	74.1	..	..	..	..	..	..	..	..
Serbia	..	..	113.8	94.2	120.8	100.3	..	..	90.1	85.2	89.8	85.6
Slovakia	90.3	81.9	86.1	82.1	93.6	90.3	98.3	95.3	99.4	96.7	98.8	98.1
Slovenia	94.3	80.4	96.2	81.0	98.5	85.4	94.7	82.6	94.8	84.6	94.7	87.4
Spain	79.1	76.4	90.2	85.8	106.4	97.5	83.4	82.8	89.2	88.8	95.9	92.9
Sweden	88.7	76.1	86.8	72.8	86.5	72.3	98.1	95.1	97.7	93.6	96.8	92.4
Switzerland	86.9	82.7	84.0	77.3	86.9	79.9	85.0	83.8	84.3	81.7	85.7	81.6
Tajikistan	..	..	..	..	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	..	..	108.2	96.5	119.6	107.4	..	..	86.9	89.0	92.5	90.1
Turkey	110.5	114.1	107.8	108.0	107.6	108.4	85.0	83.9	85.6	85.5	87.5	85.8
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine ^g	..	..	104.6	91.2	101.2	89.8	..	..	99.8	98.5	99.4	98.2
United Kingdom	77.1	73.3	84.6	78.8	89.3	87.2	88.3	84.8	90.4	85.9	91.5	89.4
United States ^f	..	..	88.6	88.6	86.5	86.5	..	..	..	..	..	..
Uzbekistan ^g	..	..	..	..	..	..	..	..	..	..	94.8	94.8
UNECE region*	90.6	85.4	90.9	85.9	94.6	90.0	91.5	89.1	93.3	91.3	94.0	92.2

Source: Eurostat (European Union Statistics of Income and Living Conditions (EU-SILC)), Organisation for Economic Co-operation and Development (OECD), national reports, national statistics of income and living conditions and other national surveys.

Definitions:

Relative median income indicator refers to the ratio of the median equivalised disposable income of persons aged 65 and above to the median equivalised disposable income of those aged below 65.

For the countries covered by the EU-SILC, disposable household income includes: all income from work; private income from investment and property; transfers between households; all social transfers received in cash including old-age pensions; the OECD-modified equivalence scale is applied to calculate the equivalised disposable income. For more information on the methodology see Eurostat metadata for the EU-SILC http://ec.europa.eu/eurostat/cache/metadata/en/ilc_esms.htm.

National equivalence scales may differ in the other UNECE member States.

No poverty risk indicator refers to the percentage of persons aged 65 and above with disposable income above the poverty line. The methodology of setting the poverty line or at-risk-of-poverty threshold varies across the UNECE member States.

For the countries covered by the EU-SILC, the at-risk-of-poverty threshold here is set at 50 per cent of the national median equivalised disposable income after social transfers. For more information on the methodology see Eurostat metadata for the EU-SILC http://ec.europa.eu/eurostat/cache/metadata/en/ilc_esms.htm.

Notes:

- * Weighted average for countries with data available.
- ^a For Bulgaria and Turkey data refer to 2006; for Romania and Switzerland data refer to 2007.
- ^b For the Russian Federation data refer to 2011; for the former Yugoslav Republic of Macedonia data refer to 2012; for Israel, the Republic of Moldova, Serbia and the United States data refer to 2013.
- ^c For Canada and Turkey data refer to 2013; for Armenia and the Republic of Moldova data refer to 2014.
- ^d For the Republic of Moldova and Serbia data refer to 2013.
- ^e For Canada and Turkey data refer to 2013; for Armenia data refer to 2014.
- ^f No breakdown by sex is available for Armenia for both indicators, and for Israel, the Russian Federation and the United States for the relative median income indicator.
- ^g Data for the no poverty risk indicator for Kyrgyzstan and Uzbekistan, and for both indicators for Belarus, Georgia, the Republic of Moldova and Ukraine may not be comparable with other countries due to different methodology and sources used.

Table A8b: Financial security (cont)

Countries	Percentage of persons aged 65 and above who are not severely materially deprived					
	2005 ^a		2010 ^b		2015 ^c	
	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..
Armenia	..	..	..	..	..	..
Austria	98.0	97.7	98.7	97.6	98.7	98.6
Azerbaijan	..	..	..	..	..	..
Belarus	..	..	..	..	99.5	97.3
Belgium	97.2	95.9	97.1	97.2	98.5	97.4
Bosnia and Herzegovina	..	..	..	..	..	..
Bulgaria	32.1	27.4	46.2	38.9	65.6	54.7
Canada	..	..	..	..	..	..
Croatia	..	..	87.4	82.4	86.2	85.1
Cyprus	87.5	84.4	93.9	91.8	95.2	94.7
Czechia	91.4	87.7	96.3	95.2	96.7	94.6
Denmark	100.0	99.6	98.6	99.4	98.9	99.3
Estonia	89.7	82.9	96.3	92.0	96.8	93.7
Finland	97.7	97.3	98.8	97.9	99.0	98.6
France	96.7	96.4	96.9	96.3	98.7	97.7
Georgia	..	..	..	..	..	..
Germany	98.0	96.8	98.4	97.5	98.2	97.0
Greece	84.7	77.3	90.2	85.6	86.3	83.5
Hungary	84.2	77.7	89.9	83.6	89.6	83.6
Iceland	99.7	99.0	99.4	99.7	99.7	99.6
Ireland	98.1	98.2	98.7	98.3	96.7	97.1
Israel	..	..	..	..	..	..
Italy	95.7	93.5	94.6	93.0	92.3	91.4
Kazakhstan	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..
Latvia	58.0	46.9	77.5	70.1	84.9	80.3
Liechtenstein	..	..	..	..	..	..
Lithuania	67.5	55.4	78.9	74.0	83.9	80.7
Luxembourg	99.6	99.9	100.0	99.8	100.0	99.5
Malta	94.8	92.8	95.4	94.7	95.3	95.3
Monaco	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..
Netherlands	98.5	98.9	99.8	99.6	99.2	99.7
Norway	98.3	99.0	99.7	99.4	99.5	99.5
Poland	68.9	59.9	87.1	81.4	93.8	91.0
Portugal	88.8	85.0	92.1	89.2	93.3	90.4
Republic of Moldova ^d	..	..	58.6	56.1	..	..
Romania	53.8	47.2	70.6	65.6	82.9	75.5
Russian Federation	..	..	..	..	..	..
Serbia	..	..	77.2	70.1	77.4	71.7
Slovakia	75.6	75.4	90.7	87.7	92.0	90.1
Slovenia	95.2	91.8	94.6	93.1	95.6	92.6
Spain	97.4	96.2	98.3	97.3	98.2	97.5
Sweden	99.6	98.0	99.2	99.4	99.3	99.8
Switzerland	99.1	99.0	99.4	99.4	99.7	99.5
Tajikistan	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	..	..	66.7	63.9	74.9	64.7
Turkey	48.6	45.4	48.8	46.2	58.5	56.0
Turkmenistan	..	..	..	..	..	..
Ukraine	..	..	..	..	77.3	71.1
United Kingdom	98.2	98.2	98.8	98.6	97.9	98.8
United States	..	..	..	..	..	..
Uzbekistan	..	..	..	..	..	..

Source: Eurostat (European Union Statistics of Income and Living Conditions (EU-SILC)), national reports, national statistics of income and living conditions and other national surveys.

Definitions:

No severe material deprivation indicator refers to the percentage of persons aged 65 and above who are able to afford at least six out of the following nine items: to pay their rent, mortgage or utility bills; to keep their home adequately warm; to face unexpected expenses; to eat meat or proteins regularly; to go on holiday; a television set; a washing machine; a car; a telephone. For more information on the methodology see [Eurostat metadata for the EU-SILC http://ec.europa.eu/eurostat/cache/metadata/en/ilc_esms.htm](http://ec.europa.eu/eurostat/cache/metadata/en/ilc_esms.htm).

Some UNECE member States may apply a different list of items to calculate the indicator of material deprivation.

Notes:

- ^a For Bulgaria and Turkey data refer to 2006; for Romania and Switzerland data refer to 2007.
- ^b For the Republic of Moldova and Serbia data refer to 2013.
- ^c For Turkey data refer to 2013.
- ^d For the Republic of Moldova data refer to the percentage of households with a head aged 65 and above that are able to pay their utility bills for electricity, heat, natural gas, and buy sufficient food.

Table A8c: Independent living arrangements, physical safety and lifelong learning

Countries	Percentage of persons aged 75 and above who live in a single-person or a couple household						Percentage of persons aged 55 and above who are feeling safe in their local area					
	2008 ^a		2010 ^b		2012 ^c		2006 ^d		2010 ^e		2014 ^f	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..	..	..	66.7	72.3	..	..
Armenia	..	..	..	..	..	..	..	..	..	..	..	..
Austria	76.3	81.4	82.0	83.4	80.9	84.5	82.6	64.9	72.1	65.4	92.6	72.7
Azerbaijan	..	..	..	..	..	..	..	..	..	..	..	..
Belarus ^g	..	..	22.9	47.9	..	..	..	..	..	..	..	..
Belgium	90.9	91.2	88.5	88.0	90.3	88.3	85.1	62.4	86.9	67.2	86.5	70.2
Bosnia and Herzegovina	..	..	..	..	..	..	..	..	..	..	..	..
Bulgaria	73.0	69.1	74.1	70.9	75.5	69.8	60.5	37.4	66.7	42.8	71.8	49.2
Canada ^g	91.8	79.4	91.8	79.4	..	..	80.8	44.0	86.1	51.6	88.1	51.2
Croatia	..	..	68.7	69.4	76.4	79.3	87.6	80.5	92.7	83.1	..	..
Cyprus	86.8	87.9	83.9	82.6	82.1	84.7	94.0	81.1	83.1	63.4	77.6	66.6
Czechia	85.4	83.8	87.1	85.4	86.4	88.4	66.7	60.0	77.4	57.6	79.2	60.5
Denmark	99.6	99.4	98.8	99.4	99.6	99.4	94.4	74.6	95.0	77.2	97.2	82.4
Estonia	82.4	83.6	84.0	82.9	84.7	83.3	63.3	42.7	76.6	58.9	72.0	55.5
Finland	93.3	94.0	94.5	94.9	95.7	96.3	94.6	78.3	96.4	79.2	97.1	82.1
France	93.0	93.8	94.4	94.0	95.8	95.7	79.4	55.4	83.7	55.0	87.8	59.1
Georgia	33.8	34.0	40.0	31.7	35.2	31.3	..	..	..	..	..	..
Germany	95.4	94.6	96.9	94.5	97.8	95.7	85.6	62.4	85.5	65.5	89.1	66.6
Greece	75.8	75.6	75.9	79.5	77.2	75.4	69.8	63.3	55.2	39.1	..	..
Hungary	82.0	76.7	84.2	76.8	79.9	76.4	76.1	67.8	70.6	56.3	71.9	65.1
Iceland	94.6	95.8	93.4	95.4	94.5	95.6	97.3	73.4	96.6	71.8	..	..
Ireland	91.2	88.8	90.6	84.9	..	..	77.3	52.7	84.0	61.8	80.6	63.4
Israel	..	..	..	..	..	..	90.1	77.3	88.4	83.5	95.2	81.7
Italy	79.5	85.0	79.5	86.0	80.1	85.1	74.6	57.3	79.2	58.7	..	..
Kazakhstan	..	..	..	..	..	..	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	72.8	72.2	73.3	71.3	73.1	74.2	..	..	55.1	34.9	..	..
Liechtenstein	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	79.8	75.3	82.1	81.8	85.2	83.8	..	..	48.5	40.5	61.1	40.5
Luxembourg	89.9	86.3	86.1	83.1	88.5	87.6	76.1	50.9	..	..	..	..
Malta	79.9	85.9	75.6	78.7	74.4	80.5	..	..	..	..	..	..
Monaco	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro	..	..	55.8	57.5	..	..	..	..	..	..	..	..
Netherlands	97.8	98.1	97.3	97.5	97.7	97.4	88.6	66.4	88.9	72.0	92.4	72.5
Norway	97.3	98.0	98.1	99.3	99.3	94.6	95.6	80.1	96.0	75.9	97.4	80.4
Poland	71.2	73.6	65.5	70.8	68.2	69.1	78.0	66.5	87.8	78.9	89.1	79.6
Portugal	78.9	81.1	80.2	80.8	80.8	79.5	73.2	70.0	71.2	63.8	85.2	72.1
Republic of Moldova ^g	..	..	80.7	68.7	71.9	68.7	..	..	49.4	33.3	..	..
Romania	71.8	69.3	73.6	71.3	75.9	73.5	..	..	71.8	63.6	..	..
Russian Federation ^f	..	..	45.1	56.0	..	..	58.5	47.4	67.5	56.9	66.2	49.0
Serbia ^f	..	..	61.8	65.0	61.5	65.5	..	..	83.8	62.9	..	..
Slovakia	74.0	79.0	70.6	73.4	71.2	72.9	69.8	47.5	74.3	55.5	70.3	52.1
Slovenia	75.0	75.1	82.9	84.8	84.4	83.8	94.1	82.2	97.5	87.0	97.2	89.4
Spain	70.1	71.9	70.4	71.4	72.9	73.7	82.8	66.1	78.4	71.8	86.7	73.6
Sweden	98.7	99.1	99.1	99.3	98.2	99.1	90.4	72.4	91.3	72.7	92.3	78.1
Switzerland	94.3	94.5	94.3	97.2	94.3	97.2	85.8	64.3	92.0	68.4	89.9	76.6
Tajikistan	..	..	..	..	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	..	..	..	..	..	..	..	..	..	..	..	..
Turkey ^g	..	..	56.2	58.6	58.3	60.9	79.7	67.0	77.3	65.6	..	..
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..	56.3	38.2	60.6	35.6	58.8	40.6
United Kingdom	93.6	95.1	93.9	95.2	93.7	94.6	72.3	46.6	80.3	57.9	84.1	62.6
United States	..	..	..	..	92.5	79.1	..	..	..	..	..	..
Uzbekistan	12.1	13.7	5.3	8.4	4.3	5.5	..	..	..	..	..	..

Source: Eurostat (European Union Statistics of Income and Living Conditions (EU-SILC)), national reports, national statistics of income and living conditions and other national surveys.

Definitions:

Independent living arrangements indicator refers to the percentage of persons aged 75 and above who live in a single household or in a couple household consisting of two adults without dependent children.

Physical safety indicator for most countries is based on the ESS and refers to the percentage of persons aged 55 and above who feel safe walking alone in their local or neighbourhood area after dark.

Notes:

- ^a For Georgia and Uzbekistan data refer to 2005; for Canada data refer to 2006.
- ^b For Belarus data refer to 2009; for Canada, Croatia, Montenegro and the Russian Federation data refer to 2011; for the Republic of Moldova and Serbia data refer to 2013.
- ^c For Belgium data refer to 2011; for the Republic of Moldova and Serbia data refer to 2014; for Georgia and Uzbekistan data refer to 2015.
- ^d For Italy data refer to 2002; for Canada, Czechia, Greece, Iceland, Luxembourg and Turkey data refer to 2004; for Croatia and Israel data refer to 2008.
- ^e For Latvia, Romania and Turkey data refer to 2008; for Canada data refer to 2009; for the Republic of Moldova data refer to 2011; for Albania, Iceland and Italy data refer to 2012.
- ^f For Bulgaria, Cyprus, the Russian Federation, Slovakia and Ukraine data refer to 2012.
- ^g Data for the independent living arrangements indicator for Belarus, the Russian Federation and Turkey, and for both indicators for Canada, the Republic of Moldova and Serbia may not be comparable with other countries due to different methodology and sources used.

Table A8c: Independent living arrangements, physical safety and lifelong learning (cont)

Countries	Percentage of persons aged 55-74 involved in training or education					
	2005 ^a		2010 ^b		2015 ^c	
	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..
Armenia	..	..	..	..	..	..
Austria	4.0	5.4	4.5	6.4	5.0	7.0
Azerbaijan ^d	..	..	1.8	1.0	3.9	2.2
Belarus	..	..	..	..	..	..
Belgium	3.0	2.8	2.9	3.2	3.0	3.2
Bosnia and Herzegovina	..	..	..	..	..	..
Bulgaria	..	..	..	..	..	..
Canada	..	..	..	..	..	..
Croatia	..	0.2	0.2	0.2	..	..
Cyprus	1.6	1.5	2.1	3.3	2.0	4.2
Czechia	1.6	1.2	2.2	2.1	2.9	2.9
Denmark	12.5	21.0	15.9	31.6	14.8	28.9
Estonia	2.2	3.5	1.9	4.4	2.0	4.3
Finland	8.1	12.9	8.2	14.1	9.5	16.5
France	1.0	1.4	1.2	1.8	7.0	12.0
Georgia	..	..	..	..	..	..
Germany	1.8	1.7	1.9	2.2	2.0	2.3
Greece	0.2	0.2	0.3	0.3	0.4	0.3
Hungary	0.2	0.2	0.3	0.2	2.1	2.0
Iceland	12.5	13.9	10.9	15.9	11.8	17.6
Ireland	2.0	3.3	1.9	3.5	1.7	2.7
Israel	..	..	..	..	..	..
Italy	1.2	1.2	1.8	1.9	2.8	3.3
Kazakhstan	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..
Latvia	0.6	2.1	2.0	3.5	0.9	2.3
Liechtenstein	..	..	..	..	..	..
Lithuania	..	1.4	..	2.0	..	2.7
Luxembourg	2.1	2.0	4.4	4.2	6.5	4.5
Malta	2.4	1.5	2.2	2.7	2.6	2.7
Monaco	..	..	..	..	..	..
Montenegro	..	..	..	..	11.3	..
Netherlands	5.0	6.6	6.5	7.6	8.1	9.0
Norway	7.8	8.0	7.6	9.0	9.4	10.3
Poland	0.9	0.5	0.8	0.8	0.5	0.8
Portugal	..	0.5	0.7	1.0	2.9	3.7
Republic of Moldova ^e	..	..	0.1	0.2	..	..
Romania	..	..	0.4	..	..	..
Russian Federation	..	..	..	..	..	..
Serbia	0.2	0.2	0.6	0.3	0.4	0.4
Slovakia	1.5	1.3	0.5	0.5	0.6	0.7
Slovenia	4.0	4.9	4.6	6.3	2.8	4.9
Spain	2.6	4.8	3.4	6.0	2.7	3.7
Sweden	9.4	16.8	9.6	20.3	12.0	24.7
Switzerland	14.6	14.9	18.8	17.8	20.5	20.3
Tajikistan	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	..	..	..	..	..	..
Turkey	0.0	0.1	0.1	0.2	0.3	0.6
Turkmenistan	..	..	..	..	..	..
Ukraine ^d	..	..	..	..	0.3	0.2
United Kingdom	15.1	25.2	7.5	12.4	7.1	10.3
United States	..	..	..	..	..	..
Uzbekistan	..	..	..	..	..	..

Source: Eurostat, national reports, national labour force surveys, time use surveys and other national surveys.

Definitions:

Lifelong learning indicator refers to the percentage of persons aged 55-74 who report receiving training or education within a certain period before the survey. For the European Union (EU) countries, it is based on the EU Labour Force Survey and takes into account attending any courses, seminars, conferences or receiving private lessons or instructions within or outside the regular education system during the four weeks preceding the survey.

Notes:

- ^a For Turkey data refer to 2006; for Croatia, Latvia and Lithuania data refer to 2007; for Estonia, Greece and Serbia data refer to 2008.
- ^b For Azerbaijan data refer to 2009; for Lithuania data refer to 2011; for Croatia, Latvia and the Republic of Moldova data refer to 2012; for Romania data refer to 2013.
- ^c For Azerbaijan data refer to 2014.
- ^d For Azerbaijan data refer to the age group 55-64; for Ukraine data refer to the age group 55-70.
- ^e For the Republic of Moldova data may not be comparable with other countries due to different methodology and sources used.

CAPACITY AND ENABLING ENVIRONMENT FOR ACTIVE AGEING

Table A9a: Life expectancy and healthy life expectancy at age 55

Countries	Life expectancy at age 55						Healthy life expectancy at age 55					
	2005		2010		2012		2006 ^a		2010 ^b		2014 ^c	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania ^d	21.0	25.6	22.8	27.7	23.8	28.3	..	..	..	..	..	..
Armenia ^d	20.5	24.9	20.8	24.9	21.3	25.5	..	..	..	..	..	..
Austria	24.8	29.1	25.7	30.2	26.2	30.2	11.6	12.8	12.9	13.3	13.3	13.0
Azerbaijan	20.2	23.6	20.7	24.3	22.3	25.3	..	..	..	..	..	..
Belarus ^{ef}	16.4	23.7	17.1	24.6	19.0	26.2	..	..	..	..	18.3	18.3
Belgium	24.4	28.9	25.5	29.9	26.2	30.1	15.4	15.8	16.5	16.1	17.1	17.1
Bosnia and Herzegovina ^d	20.8	24.9	22.2	25.8	22.9	26.6	..	..	..	..	..	..
Bulgaria	19.5	24.5	20.4	25.4	20.6	25.9	17.3	21.1	13.8	16.2	13.8	15.2
Canada ^f	25.9	30.3	26.9	30.3	27.9	31.1	17.7	18.5	18.2	18.3	18.6	18.4
Croatia	20.9	26.0	21.9	26.8	22.4	27.3	..	..	11.3	12.0	10.8	10.9
Cyprus	24.8	28.0	26.7	30.2	26.9	30.0	12.8	10.5	16.2	14.2	17.0	15.7
Czechia	21.5	26.2	22.7	27.6	23.5	28.1	11.7	13.1	14.0	15.2	14.0	15.7
Denmark	24.0	27.5	24.9	28.2	26.1	29.3	19.9	20.7	17.9	18.7	16.2	18.3
Estonia	19.2	26.4	20.9	27.9	22.4	29.2	7.0	7.9	9.6	11.2	9.0	10.9
Finland	24.4	29.6	25.2	30.3	26.3	30.8	10.6	11.2	13.7	14.3	14.2	14.7
France	25.4	30.9	26.6	32.2	27.2	32.3	14.6	16.3	15.0	16.2	16.4	17.1
Georgia ^d	21.6	26.2	20.9	25.2	20.5	25.8	..	..	..	..	..	..
Germany	24.7	28.9	25.7	29.7	25.7	29.7	10.6	10.6	11.6	12.3	11.2	11.8
Greece	25.1	29.1	26.1	29.9	26.3	30.3	16.1	17.4	15.3	15.8	14.1	13.9
Hungary	19.3	25.2	20.2	26.1	20.9	26.2	8.4	9.0	9.6	11.0	10.7	11.6
Iceland	26.6	29.9	27.1	30.6	28.4	30.2	19.1	19.1	20.9	21.2	22.3	21.6
Ireland	24.7	28.3	26.1	29.6	26.9	29.8	15.0	16.4	16.9	17.9	17.9	18.8
Israel ^d	25.9	28.6	27.3	30.1	27.9	30.8	..	..	..	..	..	..
Italy	25.6	30.1	26.7	31.1	27.3	31.2	16.8	17.1	14.4	13.4	14.0	13.6
Kazakhstan ^d	15.7	22.1	17.0	22.8	18.1	23.7	..	..	..	..	..	..
Kyrgyzstan	18.2	22.6	18.8	23.4	18.5	24.0	..	..	..	..	..	..
Latvia	17.8	24.9	19.1	26.0	20.5	27.1	8.7	10.0	8.9	10.1	7.8	9.0
Liechtenstein	26.0	30.7	27.4	30.9	27.9	30.7	..	..	..	..	..	..
Lithuania	18.7	25.9	17.4	26.8	20.3	27.5	9.1	8.9	11.0	12.7	11.1	12.1
Luxembourg ^e	24.5	29.0	25.5	30.3	27.3	30.7	15.0	15.0	16.5	18.7	16.8	17.2
Malta	24.6	28.2	26.9	30.1	27.0	30.5	17.8	18.6	19.4	19.5	20.8	21.8
Monaco	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro ^d	20.2	24.3	21.7	24.9	22.4	25.3	..	..	..	..	..	..
Netherlands	24.7	28.8	26.0	29.7	26.8	29.7	16.7	17.3	15.3	15.2	16.9	15.3
Norway	25.5	29.6	26.4	29.9	27.5	30.5	20.0	19.7	21.3	22.2	22.3	22.4
Poland	20.9	26.8	21.8	27.9	22.6	28.5	13.5	16.7	11.6	13.3	12.4	14.0
Portugal	24.0	28.5	25.1	30.0	25.9	30.7	11.8	10.0	12.2	10.4	12.1	10.2
Republic of Moldova ^{df}	16.5	20.8	17.3	21.9	18.9	24.3	..	..	..	..	13.7	15.0
Romania	19.7	24.1	20.8	25.9	21.1	26.3	12.9	13.6	10.4	9.6	10.7	10.5
Russian Federation ^d	15.6	22.6	17.1	24.0	18.2	25.3	..	..	..	..	..	..
Serbia ^f	19.7	23.2	20.8	24.4	21.3	25.1	..	..	..	..	15.4	16.2
Slovakia	19.9	25.5	20.9	26.5	22.0	27.3	9.5	10.1	7.1	7.0	8.6	8.4
Slovenia	22.7	27.9	24.3	29.8	25.4	30.3	12.6	14.4	10.8	11.8	12.6	14.5
Spain	25.2	30.3	26.7	32.0	27.2	32.1	15.7	15.2	15.7	15.4	16.1	16.0
Sweden	25.8	29.5	26.7	30.0	27.5	30.4	16.8	17.1	19.0	20.0	22.9	24.1
Switzerland	26.4	30.7	27.4	31.4	27.9	31.4	18.8	18.2	18.0	18.4	20.3	20.8
Tajikistan ^d	17.2	22.8	17.8	22.9	19.9	25.0	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	20.8	24.0	21.3	24.2	21.8	24.6	..	..	..	..	..	..
Turkey ^d	21.4	26.1	22.3	26.8	23.1	27.5	13.1	11.2	..	..	..	..
Turkmenistan ^d	17.3	21.2	18.0	22.6	17.6	22.5	..	..	..	..	..	..
Ukraine ^d	16.5	22.8	17.8	23.8	18.8	24.8	..	..	..	..	..	..
United Kingdom	25.0	28.3	26.4	29.5	26.9	29.6	16.0	17.3	17.1	18.2	15.9	16.9
United States ^d	24.5	27.9	25.4	28.8	26.0	29.3	..	..	..	..	..	..
Uzbekistan ^d	18.7	22.7	19.0	23.0	20.0	23.9	..	..	..	..	..	..
UNECE region*	22.8	27.1	23.9	28.2	24.6	28.7	14.4	14.9	14.4	14.7	14.7	14.9

Source: Eurostat (European Union Statistics of Income and Living Conditions (EU-SILC)), World Health Organization Global Health Observatory data repository, national reports, national statistics of income and living conditions, data collected under the Active Ageing Index project

Definitions:

Life expectancy at 55 is the average number of years a person at the age of 55 is expected to live if the prevailing patterns of mortality at the time when he/she has reached the age of 55 stay the same throughout the rest of his/her life.

Healthy life expectancy (healthy life years) at 55 represents the average number of years a person at the age of 55 is expected to live in a healthy condition. Healthy condition here refers to a self-reported absence of long-standing limitations in usual activities due to health problem.

Notes:

- * Weighted average for countries with data available.
- ^a For Romania, Switzerland and Turkey data refer to 2007
- ^b For Italy data refer to 2009.
- ^c For Switzerland data refer to 2012; for Belarus, the Republic of Moldova and Serbia data refer to 2013; for Canada data refer to 2015.
- ^d For Albania, Armenia, Bosnia and Herzegovina, Georgia, Israel, Kazakhstan, Montenegro, the Republic of Moldova, the Russian Federation, Tajikistan, Turkey, Turkmenistan, Ukraine, the United States and Uzbekistan life expectancy is provided for the age group 55-59 based on the World Health Organization Global Health Observatory data repository.
- ^e For Belarus and Luxembourg no breakdown by sex is available for the healthy life expectancy indicator.
- ^f For Belarus, Canada and the Republic of Moldova data for the healthy life expectancy indicator may not be comparable with other countries due to different methodology and sources used

Table A9b: Mental well-being and social connectedness

Countries	Percentage of persons aged 55 and above who report being in positive mood and good spirits				Percentage of persons aged 55 and above who meet regularly with friends, relatives or colleagues					
	2007 ^a		2012 ^b		2006 ^c		2010 ^d		2014 ^e	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..	47.3	46.8	..	..
Armenia	..	..	..	..	..	..	..	..	..	..
Austria	63.0	58.0	80.9	71.1	56.0	60.3	51.9	52.3	57.1	55.8
Azerbaijan	..	..	..	..	..	..	..	..	..	..
Belarus ^g	..	..	..	..	..	..	..	..	66.8	74.0
Belgium	84.7	74.9	75.5	72.7	59.6	65.9	64.1	64.1	58.7	65.3
Bosnia and Herzegovina	..	..	..	..	..	..	..	..	..	..
Bulgaria	43.6	30.0	62.1	50.1	42.3	48.5	46.7	48.8	48.7	47.8
Canada ^g	77.0	76.3	77.3	79.1	..	..	72.9	78.1	69.7	77.2
Croatia	53.5	45.8	66.9	60.1	66.9	61.1	55.7	53.6	..	..
Cyprus	63.3	34.6	67.4	48.1	37.7	35.5	40.1	36.1	44.9	34.9
Czechia	67.3	54.7	61.0	61.8	31.8	40.4	45.3	49.9	39.2	45.2
Denmark	85.5	82.2	90.6	84.6	66.5	71.7	70.7	74.7	66.1	70.0
Estonia	47.8	51.6	51.8	56.1	36.0	50.7	22.2	35.7	28.8	35.2
Finland	79.6	82.2	82.5	81.5	52.2	62.5	54.4	68.7	53.6	64.3
France	76.4	67.8	69.9	66.0	56.8	63.6	56.2	60.3	55.6	69.6
Georgia	..	..	..	..	..	..	..	..	..	..
Germany	86.6	78.4	77.3	72.5	40.8	50.9	45.4	50.3	41.8	49.4
Greece	64.8	46.3	55.6	42.8	27.9	15.1	30.3	24.4	..	..
Hungary	73.9	55.7	66.6	57.9	24.0	24.0	24.4	21.8	19.2	16.1
Iceland	..	..	90.3	86.5	65.8	73.1	55.9	69.5	..	..
Ireland	79.7	71.9	82.7	72.6	66.6	65.4	64.6	55.7	56.0	53.3
Israel	..	..	..	..	63.2	65.1	74.7	74.6	58.5	64.0
Italy	58.6	54.9	74.1	64.1	56.4	52.9	58.7	58.9	..	..
Kazakhstan	..	..	..	..	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..	..	..	..	..
Latvia	49.4	47.7	56.2	49.0	..	..	42.0	36.6	..	..
Liechtenstein	..	..	..	..	..	..	..	..	..	..
Lithuania	59.6	38.8	54.4	43.3	..	..	29.4	32.6	25.0	25.6
Luxembourg	83.0	69.1	84.1	72.8	55.9	58.1	..	..	..	..
Malta	49.5	40.3	63.4	61.5	..	..	..	..	..	..
Monaco	..	..	..	..	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..	..	..	..	..
Netherlands	92.6	79.1	77.4	70.7	61.4	74.3	65.7	72.2	62.1	69.5
Norway ^f	82.1	81.7	87.9	88.3	62.5	72.2	69.3	75.0	60.8	68.4
Poland	51.0	54.8	52.3	51.6	36.1	31.6	31.0	30.7	30.4	35.3
Portugal	53.2	45.1	68.3	61.6	85.2	81.3	77.9	74.2	74.5	73.2
Republic of Moldova ^g	..	..	66.5	59.9	..	..	27.0	36.0	..	..
Romania	44.7	28.1	50.2	39.8	..	..	25.1	25.0	..	..
Russian Federation	..	..	..	..	37.7	42.9	41.6	41.0	36.3	38.0
Serbia ^g	..	..	42.8	34.8	..	..	38.2	42.4	..	..
Slovakia	50.6	46.7	57.9	53.6	50.2	47.5	52.7	48.0	51.5	49.1
Slovenia	65.6	52.4	49.8	54.7	40.4	37.9	46.0	44.7	48.2	38.8
Spain	74.1	60.6	72.4	64.9	78.8	68.8	70.5	70.9	70.6	67.4
Sweden	86.4	75.4	89.5	78.3	57.7	64.6	63.2	67.6	61.2	69.9
Switzerland ^f	..	..	93.3	88.9	65.1	67.7	59.0	64.8	54.4	59.9
Tajikistan	..	..	..	..	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	..	..	..	..	..	..	..	..	..	..
Turkey	39.0	26.4	53.0	43.8	57.0	51.8	51.4	45.6	..	..
Turkmenistan	..	..	..	..	..	..	..	..	..	..
Ukraine ^d	..	..	..	..	38.3	44.6	31.0	39.0	38.3	44.0
United Kingdom	76.5	68.2	73.9	61.7	69.5	69.1	65.8	69.5	58.1	65.0
United States	..	..	..	..	..	..	..	..	..	..
Uzbekistan	..	..	..	..	..	..	..	..	..	..

Source: Eurofound (European Quality of Life Surveys (EQLS) 2007, 2012), European Social Survey (ESS), national reports, national time use surveys and other national surveys, data collected under the Active Ageing Index project.

Definitions:

Mental (psychological) well-being indicator for most countries is based on the EQLS and refers to the percentage of persons aged 55 and above who are in the state of positive psychological well-being. Mental well-being is considered positive if the score exceeds 13 points based on the WHO-5 questionnaire (<http://www.who-5.org/>).

Social connectedness indicator for most countries is based on the ESS and refers to the percentage of persons aged 55 and above who meet socially with friends, relatives or colleagues at least once a week. "Meet socially" implies meet by choice rather than for reasons of either work or pure duty.

Notes:

- ^a For Canada data refer to 2010
- ^b For Norway data refer to 2012; for Switzerland data refer to 2013; for Canada and the Republic of Moldova data refer to 2014.
- ^c For Italy data refer to 2002; for Czechia, Greece, Iceland, Luxembourg and Turkey data refer to 2004; for Croatia and Israel data refer to 2008.
- ^d For Austria, Canada, Latvia, Romania and Turkey data refer to 2008; for Albania, Iceland, Italy and the Republic of Moldova data refer to 2012
- ^e For Bulgaria, Cyprus, the Russian Federation, Slovakia and Ukraine data refer to 2012; for Canada data refer to 2013; for Belarus data refer to 2015.
- ^f For Canada, Norway (2012), the Republic of Moldova and Switzerland data for the mental well-being indicator may not be comparable with other countries due to different methodology and sources used.
- ^g For Belarus, Canada, the Republic of Moldova and Serbia data for the social connectedness indicator may not be comparable with other countries due to different methodology and sources used.

Table A9c: Educational attainment and Internet use

Countries	Percentage of persons aged 55-74 with upper secondary or higher level of education						Percentage of persons aged 55-74 who use the Internet regularly					
	2005 ^a		2010 ^b		2015 ^c		2005 ^d		2010 ^e		2015 ^f	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania ^g	..	..	42.0	18.0	48.0	26.0	..	..	..	..	..	..
Armenia ^{gh}	73.0	67.0	80.0	77.0	..	..	..	..	..	..	9.8	9.8
Austria	74.2	54.0	79.9	59.2	83.7	64.8	24.0	10.0	48.0	29.0	65.0	45.0
Azerbaijan	85.1	68.3	87.3	71.0	89.1	73.6	7.9	7.2	8.0	7.2	11.1	9.7
Belarus	..	..	77.0	72.8	..	..	..	..	26.2	18.0	31.4	24
Belgium	45.4	36.4	51.9	45.5	58.2	53.2	30.0	17.0	57.0	40.0	68.0	59.0
Bosnia and Herzegovina ^g	..	..	48.0	16.0	57.0	22.0	..	..	..	..	..	..
Bulgaria	50.1	47.7	62.7	61.3	72.5	72.0	5.0	3.0	13.0	12.0	22.0	22.0
Canada ^f	69.8	66.3	76.7	75.7	81.1	80.7	38.1	34.8	60.5	58.6	67.2	66.7
Croatia	62.7	33.0	70.3	46.0	77.4	57.6	9.0	6.0	17.0	9.0	39.0	28.0
Cyprus	43.5	27.0	52.0	38.1	57.5	47.7	8.0	3.0	19.0	8.0	37.0	29.0
Czechia	89.6	69.2	92.3	76.3	93.4	80.1	16.0	8.0	33.0	23.0	52.0	45.0
Denmark	78.2	63.5	70.3	57.0	72.6	66.2	51.0	43.0	71.0	63.0	85.0	83.0
Estonia	73.9	72.6	77.4	80.3	86.1	89.1	19.0	22.0	31.0	34.0	62.0	62.0
Finland	53.1	51.8	62.8	62.6	70.5	73.8	38.0	27.0	61.0	55.0	76.0	75.0
France	48.4	37.8	56.0	45.8	64.9	55.9	29.0	22.0	50.0	39.0	64.0	58.0
Georgia ^h	64.2	60.1	64.8	62.4	68.1	66.1	..	..	..	..	20.4	18.3
Germany	84.1	62.0	88.2	71.6	89.5	78.6	36.0	19.0	57.0	38.0	71.0	58.0
Greece	33.7	21.2	37.6	30.3	46.0	40.6	5.0	2.0	13.0	5.0	29.0	23.0
Hungary	54.5	40.9	69.2	55.1	78.8	66.6	14.0	10.0	31.0	23.0	44.0	37.0
Iceland	57.5	30.7	61.5	40.4	72.0	53.8	55.0	48.0	81.0	68.0	91.0	89.0
Ireland	34.7	37.3	42.9	46.5	52.0	56.1	17.0	12.0	30.0	28.0	46.0	49.0
Israel ^g	69.1	67.9	74.0	73.8	78.1	78.0	..	..	..	..	..	..
Italy	27.9	19.4	34.7	26.8	42.0	36.1	14.0	4.0	28.0	13.0	46.0	29.0
Kazakhstan ^g	..	..	66.0	56.0	77.0	68.0	..	..	..	..	15.9	17.1
Kyrgyzstan ^g	..	..	62.0	49.0	74.0	65.0	..	..	..	..	..	..
Latvia	62.4	64.7	73.7	79.0	85.3	86.6	10.0	6.0	22.0	20.0	46.0	47.0
Liechtenstein	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	57.6	52.1	74.7	69.4	86.5	86.0	5.0	4.0	20.0	19.0	38.0	34.0
Luxembourg	62.9	37.1	75.2	56.2	73.3	57.8	60.0	20.0	80.0	57.0	95.0	80.0
Malta	15.7	7.9	21.1	12.2	25.4	19.2	16.0	7.0	29.0	18.0	53.0	43.0
Monaco	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro	..	..	74.3	48.9	82.2	57.9	..	..	23.0	14.0	45.3	34.6
Netherlands	65.8	43.7	65.5	46.1	68.1	52.0	56.0	33.0	77.0	63.0	85.0	82.0
Norway	76.8	69.5	78.5	73.2	81.2	77.5	56.0	30.0	79.0	66.0	88.0	86.0
Poland	67.1	55.9	76.2	67.7	82.6	77.3	9.0	5.0	23.0	15.0	34.0	32.0
Portugal	11.2	8.5	13.5	11.7	20.0	18.6	13.0	6.0	23.0	15.0	36.0	26.0
Republic of Moldova ^h	59.2	41.7	..	..	60.8	44.1	..	..	2.1	3.3	..	..
Romania	49.6	28.8	59.7	38.4	64.7	46.4	4.0	2.0	9.0	6.0	23.0	18.0
Russian Federation ^g	67.9	63.0	80.6	82.2	..	..	..	..	..	..	..	..
Serbia	70.8	60.1	71.5	61.3	70.8	52.6	5.0	4.0	12.4	7.3	34.5	20.1
Slovakia	78.4	56.8	86.0	68.8	89.1	77.3	12.0	6.0	38.0	28.0	40.0	34.0
Slovenia	75.2	50.8	78.8	59.5	80.8	69.6	19.0	6.0	30.0	22.0	41.0	31.0
Spain	25.2	15.4	31.0	21.9	37.8	29.1	14.0	5.0	29.0	17.0	50.0	39.0
Sweden	63.9	66.6	68.2	62.2	72.0	69.9	60.0	44.0	73.0	67.0	81.0	74.0
Switzerland	82.9	63.4	85.8	70.1	88.1	77.9	..	..	..	..	73.0	62.0
Tajikistan ^g	..	..	63.0	30.0	72.0	44.0	..	..	..	..	..	..
The former Yugoslav Republic of Macedonia	46.7	26.5	56.7	33.7	61.5	44.4	12.0	5.0	15.0	14.0	36.0	24.0
Turkey	14.8	6.0	17.9	7.3	22.2	9.7	3.0	1.0	9.0	2.0	17.0	8.0
Turkmenistan ^g	..	..	70.0	52.0	79.0	65.0	..	..	..	..	..	..
Ukraine ^g	70.3	63.9	84.0	79.9	94.1	92.1	..	..	3.8	2.9	17.5	16.0
United Kingdom	72.6	54.6	74.4	56.5	76.3	65.0	38.0	22.0	60.0	52.0	80.0	74.0
United States ^g	86.0	86.7	89.2	89.9	89.1	90.0	..	..	..	..	..	..
Uzbekistan	36.6	25.0	47.2	33.4	53.2	40.5	..	..	..	..	..	..
UNECE region*	64.7	56.4	71.0	64.8	73.7	68.1	24.2	14.0	38.4	27.1	52.3	42.6

Source: Eurostat, Organisation for Economic Co-operation and Development, World Bank, national reports, time use surveys, census and other national surveys.

Definitions:

The indicator of **educational attainment** refers to the percentage of persons aged 55-74 who have a full secondary or higher education (level 3 and above in terms of the International Standard Classification of Education (ISCED)).

The indicator of **Internet use** refers to the percentage of persons aged 55-74 who use the Internet at least once a week.

Notes:

- * Weighted average for countries with data available.
- ^a For Armenia data refer to 2001; for the Russian Federation data refer to 2002; for the former Yugoslav Republic of Macedonia data refer to 2006.
- ^b For Latvia data refer to 2008; for Belarus data refer to 2009; for Armenia and Montenegro data refer to 2011.
- ^c For the Republic of Moldova data refer to 2013; for Azerbaijan data refer to 2014.
- ^d For Bulgaria, Czechia, Italy, Slovenia and Turkey data refer to 2006; for Croatia, Estonia, France, Portugal, Romania and Serbia data refer to 2007; for the former Yugoslav Republic of Macedonia data refer to 2008.
- ^e For Belarus data refer to 2011; for Montenegro and the Republic of Moldova data refer to 2012.
- ^f For Canada data refer to 2012; for Armenia, Azerbaijan, Iceland and Switzerland data refer to 2014.
- ^g For the indicator of educational attainment, for Albania, Armenia, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan data refer to the age group 60+; for Israel and the United States data refer to the age group 55-64; for the Russian Federation data refer to the age group 55-69; for Ukraine data refer to the age group 55-70.
- ^g Data for the Internet use indicator for Armenia, Georgia and the Republic of Moldova may not be comparable with other countries due to different methodology and sources used. For Armenia no breakdown by sex is available for this indicator.

A Sustainable Society for All Ages

Realizing the potential of living longer

Information Service
United Nations Economic Commission for Europe

Palais des Nations
CH - 1211 Geneva 10, Switzerland
Telephone: +41(0)22 917 44 44
E-mail: info.ece@unece.org
Website: <http://www.unece.org>