

UNECE 2012

Ministerial Conference
on Ageing

ENSURING A SOCIETY FOR ALL AGES

Promoting quality of life and active ageing

Synthesis report on the implementation
of the Madrid International Plan of Action
on Ageing in the UNECE region



Vienna, Austria
19-20 September 2012



bmask

FEDERAL MINISTRY OF
LABOUR, SOCIAL AFFAIRS AND
CONSUMER PROTECTION



UNITED NATIONS
ECONOMIC COMMISSION
FOR EUROPE

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

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

September 2012

The present report reflects the status of reports received as of September 2012.



Executive Summary

The context of the second cycle of MIPAA/RIS implementation

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

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

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

Demographic change endures

When in 2002 the UNECE countries adopted the Regional Implementation Strategy for the MIPAA, some 154 million people among the region's population of 1.18 billion were aged 65 years or above (13 per cent). Ten years later, the number of people aged 65 years or above has increased to 174.5 million and presently accounts for 14.1 per cent of the region's total population. Out of eight UNECE countries where presently the proportion of people aged 65 years or above is below 10 per cent, only four are projected not to breach this threshold by 2030 (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan).

Life expectancy rises and low fertility rates persist

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

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

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

Economic and social environment deteriorates

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

The second cycle of MIPAA/RIS implementation took place in a very different economic environment: under the impact of financial crisis that unfolded in 2008, some more advanced UNECE economies stagnated, while the majority

of countries in the eastern part of the region experienced significant downturns in growth. This resulted in a rising inequality, high unemployment, and often intensified informal sector within countries. Countering the impact of financial crisis, governments in many UNECE countries introduced fiscal austerity measures that affected also pensions and various social benefits.

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

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

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

Mainstreaming ageing

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

Social protection systems

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

Labour markets

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

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

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

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

Across the region, work has been done on enhancing quality of care and capacities among care-staff. Increasingly, member States acknowledge abuse and violence against older persons as a challenge and have strengthened their legal frameworks, raised awareness, improved monitoring and provided support. Coordination of services of older persons remains a major challenge and countries have been conscious of the need to promote integrated health care and social services. To expand service provision more and more countries have improved frameworks for the non-profit and the private sectors to play a stronger role.

Tasks ahead for the third cycle of MIPAA/RIS implementation

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

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

- Issues around health and care will remain high on the agenda, in particular with regards to better integration and coordination of social and health services, financial sustainability, promotion of independent living and ageing in place, developing integrated models of long term care, supporting informal and family care givers and preventing violence and abuse.
- Changes in labour market policies have aimed to allow persons to continue working if they wish so, by increasing the retirement age and abolishing incentives for early retirement. Such reforms need to be further implemented. They need to go hand in hand with reforms of pension and social protection systems that aim to ensure sustainability while safeguarding minimum subsistence levels and countering poverty among older persons.
- Countries will continue working on life-long learning to keep the ageing workforce well-adjusted to changing realities at the workplace and also empowering older persons to live active and fulfilling life.
- Gender aspects are given more and more importance when formulating and analysing policies, using for example gender impact assessments or performing gender budgeting. Additional efforts will be required to facilitate reconciling work with family and care responsibilities.

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

1. Introduction

The MIPAA/RIS process

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

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

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

Countries were asked to report on progress made in implementing MIPAA/RIS for the first time after five years, in 2007. Based on common guidelines country reports were collected and compiled into a regional report that was published together with the proceedings of the Ministerial Conference *A Society for all Ages: challenges and opportunities* which took place in León, Spain, in the same year.¹ With the outcome document of the Conference, UNECE member States recommitted themselves to the policy framework of MIPAA/RIS.

The second review and appraisal cycle was launched in May 2011, asking countries to report on developments since 2007. To help national focal points on ageing prepare their reports, *Guidelines for Reporting on National Follow-up to the UNECE Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA)* were adopted by the UNECE Working Group on Ageing.² The reports submitted to the UNECE Secretariat can be accessed online.³ Information provided through the reports shall form the basis for discussion at the 2012 UNECE Ministerial Conference on Ageing, 18-20 September 2012, Vienna, which will mark the tenth anniversary of the adoption of MIPAA/RIS. Hosted by the Austrian government under the leadership of the Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK), the theme of the Conference will be *Ensuring a society for all ages: promoting quality of life and active ageing*.

Based on the country reports received, the synthesis report summarizes the main trends of MIPAA/RIS implementation, highlighting progress and identifying challenges. The synthesis report shall thereby inform

¹ UNECE 2008, *A Society for All Ages: Challenges and Opportunities*, <http://www.unece.org/pau/pub/mipaa.html>.

² UNECE 2011, *Guidelines for Reporting on National Follow-up to the UNECE Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA)*, http://www.unece.org/fileadmin/DAM/pau/_docs/age/2011/Policybriefs/Guidelines_on_National_Reporting_in_the_Context_the_2nd_R_A_Cycle_EN.pdf.

³ <http://www.unece.org/population-unit-home/areas-of-work/ageing/ageing/mipaa-ris/country-reports.html>.

discussions at the Ministerial Conference which is expected to result in the adoption of an outcome document to shape MIPAA/RIS implementation in the coming years.

Submissions

Most countries had submitted their reports by the end of 2011, with some reports still incoming in 2012. Submissions were requested in any of the three official UNECE languages, English, French or Russian. A total of 36 reports were received. One report (BGR) was only submitted in the national language and could therefore only be used partially.

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

Comprehensiveness

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

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

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

Methodologies used for preparing the report

The guidelines for preparing MIPAA/RIS implementation reports suggested a combination of quantitative and qualitative sources, emphasizing interaction with stakeholders, including with civil society and older persons. To prepare the reports, national focal points on ageing or the Ministry in charge of ageing-related policies have provided information available within their domains and have requested additional inputs from other ministries or departments, commissions, committees or advisory bodies with relevance for the topic (AUT, BLR, CAN, CYP, CZE, DNK, ESP, FIN, FRA, ISL, ISR, ITA, LTU, MDA, MKD, MLT, NLD, NOR, RUS, SRB, SVK, SWE, USA). Some countries report having invited inputs from government at decentralized levels (AUT, BLR, CAN, CZE, FIN, IRL, ITA, RUS). In addition, countries have based their reports on existing material, such as research expertise, recently prepared plans or reports on implementation of related national strategies or on ageing more generally as well as statistical data available from Statistical Offices or other official sources (ARM, AUT, BLR, CAN, CZE, DNK, ESP, GBR, IRL, ISL, ISR, ITA, LTU, MDA, MLT, NOR, RUS, SVN, SWE, TJK, USA). A number of countries have included views from civil society representing older persons or individual older persons (ARM, AUT, BLR, CAN, CZE, DEU, ESP, FIN, FRA, ISR, LTU, MDA, MKD, MLT, RUS, SRB, SWE, USA). Ireland, for example, used information collected during a recently concluded public consultation exercise to allow stakeholders to express their opinions about policies and service provision. Another report made special reference to having consulted with young people as well (MLT). Additional NGO comments on the officially submitted national report were received from the Netherlands. They were taken into consideration for the synthesis report. Several countries reported consultations with experts from academia, private sector or international organizations (ARM, AUT, CAN, CZE, LTU, MDA, SRB, SWE). A few countries have used information from focus group

discussions, public hearings or consultation processes to take into account stakeholder views (ARM, CZE, IRL, SRB, SWE).

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

Under embargo until 19 September 2012

2. Implementing MIPAA/RIS in the UNECE region

2.1. Main achievements and main challenges

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

✓ - Achievements

✗ - Challenges

COUNTRIES	C 1	C 2	C 3	C 4	C 5	C 6	C 7	C 8	C 9	C 10
Armenia (ARM)	✓		✗	✓	✗	✗	✓			
Austria (AUT)	✓ ✗			✓	✗		✓ ✗			
Azerbaijan (AZE)			✓	✓	✓					
Belarus (BLR)				✓	✓				✓	
Belgium (BEL)	✓ ✗	✓				✓	✗			
Bulgaria (BGR)				✓ ✗	✓		✓	✗	✗	
Canada (CAN)			✓ ✗	✓	✗		✓ ✗			
Cyprus (CYP)				✓	✗	✓	✗	✓		
Czech Republic (CZE)	✓			✓ ✗	✗		✗			
Denmark (DNK)		✓		✗	✗		✓ ✗			
Finland (FIN)				✓ ✗	✓ ✗		✓ ✗			
France (FRA)	✓			✓ ✗			✓ ✗			
Germany (DEU)	✓	✓			✗				✓	
Iceland (ISL)	✓ ✗			✓			✓ ✗	✗		
Ireland (IRL)	✓ ✗	✗	✗	✓			✓			
Israel (ISR)										
Italy (ITA)			✓	✓	✓	✗	✗		✗	
Lithuania (LTU)			✗	✓ ✗	✓ ✗		✓			
Malta (MLT)				✓ ✗	✓ ✗		✓		✓ ✗	
Netherlands (NLD)		✓	✓	✓ ✗	✗		✗			
Norway (NOR)	✓			✓	✓ ✗		✗	✗		
Poland (POL)	✓	✓		✗			✓ ✗			
Portugal (PRT)		✓ ✗			✓ ✗	✓ ✗				
Republic of Moldova (MDA)	✗	✗	✓	✓ ✗	✓					
Russian Federation (RUS)	✓	✓		✓ ✗				✗		
Serbia (SRB)	✓	✓	✗				✗	✓	✗	
Slovakia (SVK)	✓			✓ ✗	✓		✗			
Slovenia (SVN)	✓ ✗	✓		✓ ✗			✗			
Spain (ESP)	✓		✗	✓ ✗			✓ ✗			
Sweden (SWE)	✓	✗		✓			✓ ✗			
Switzerland (CHE)		✓		✓			✓			
The former Yugoslav Republic of Macedonia (MKD)		✓ ✗		✓		✗	✓ ✗			
Tajikistan (TJK)	✗	✓	✗	✓ ✗			✓			
Ukraine (UKR)					✓ ✗	✓ ✗	✗			
United Kingdom of Great Britain and Northern Ireland (GBR)	✓	✓		✓						
United States of America (USA)		✓	✗		✓ ✗		✓ ✗			
Achievements total	17	14	5	27	13	4	18	2	3	
Challenges total	7	5	8	15	15	5	21	4	4	

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

Four commitments stand out as priorities in implementing MIPAA/RIS, namely commitments 4 on social protection systems, 7 on health and well-being, 5 on labour markets and 1 on mainstreaming ageing. A majority of countries report major achievements in the area of adjusting social protection systems (commitment 4). Major efforts have been invested in reforming pension and social security systems, with the aim making social protection systems more sustainable (ARM, AUT, AZE, BGR, BLR, CAN, CHE, CYP, CZE, ESP, FIN, FRA, GBR, IRL, ISL, ITA, LTU, MDA, MKD, MLT, NLD, NOR, RUS, SVK, SVN, SWE, TJK). At the same time, a large number of countries have identified commitment 4 as an area of major challenges as a combined result of population ageing and the consequences of the global crisis, both of which threaten the sustainability of social protection systems. Continued attention will have to be paid to implementing recently adopted reforms (BGR, CZE, DNK, ESP, FIN, FRA, LTU, MDA, MLT, NLD, POL, RUS, SVK, SVN, TJK). Commitment 7 on health and wellbeing has received similar attention generating major achievements in this area (ARM, AUT, BGR, CAN, CHE, DNK, ESP, FIN, FRA, IRL, ISL, LTU, MKD, MLT, POL, SWE, TJK, USA). Interestingly, even more countries identify this area also as one where major challenges remain. This makes it the commitment most often reported as a main challenge (AUT, BEL, CAN, CYP, CZE, DNK, ESP, FIN, FRA, ISL, ITA, MKD, NLD, NOR, POL, SRB, SVK, SVN, SWE, UKR, USA).

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

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

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

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

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

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

During the second five-year cycle of MIPAA/RIS implementation many countries have accelerated efforts to mainstream ageing. A number of countries have elaborated (or are in the process of finalizing) specific ageing-related

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

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

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

In terms of institutional location of responsibility, several countries have been undergoing decentralization initiatives transferring more responsibilities to the local levels (municipalities) to handle service provision directly where need arises (DNK, ISL, MKD). In Israel every local authority must appoint a consultant for senior citizen's affairs to assist and advise the head of the authority on promoting programmes for older persons. Several countries have local level

bodies consisting of older persons with advisory functions on policy-making in the municipality and/or monitoring functions for service provision (BEL, DNK, IRL, ISL).

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

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

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

In the area of transport, offering tickets at reduced prices or free of charge for older persons remains a common strategy to achieve inclusion for older persons across the region (BEL, CYP, ESP, ISL, ISR, LTU, MKD, NOR, POL, RUS, SRB, SVN). More and more countries are finding ways to adjust their vehicle fleet of busses and trolleybuses as well as railway vehicles to the needs of people with reduced mobility (POL, RUS). In addition, Poland targets older persons in its road safety information campaigns and, towards the end of 2011, was preparing a *Transport Development Strategy until 2020* that addresses the needs of older persons. Austria has conducted several research projects focusing on the specific mobility patterns and needs of older citizens. Based on the results, a guide for barrier-free public transport was developed. The research and innovation promotion sub-programme *ways2go* has been geared to the specific mobility requirements and mobility behaviours of older persons. In the United States, the Federal Coordinating Council on Access and Mobility brings together 11 federal departments for the *United We Ride* initiative and produced a national dialogue consisting of key stakeholders in more than 1,200 cities to discuss how to improve access to affordable and reliable transportation for people with disabilities, older adults and people with limited income. Nevertheless, connecting more remote areas with public transport remains a challenge in some countries (e.g. SVN).

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

In Serbia, new buildings have to be accessible to aged persons and persons with disabilities, but the regulation lacks regular control mechanisms and activities to adjust existing buildings have reportedly slowed down since 2008.

Lithuania is providing concessions for older persons in case of renovations of houses to improve their thermal insulation. In Ireland, the *Senior Alerts* scheme provides funds to local community and voluntary organizations to install alarms and items of home security. Grants can be made to provide security measures for people aged 65 and above who are living alone. A sociological survey in Ukraine also showed that pensioners have taken responsibilities in self-governance in the block or house, street or districts, addressing problems in the housing environment.

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

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

To enhance efficiency of service provision at the local level, the Irish *Age Friendly Counties Programme* stands out. Initiated in 2008, the programme aims at aligning and mutually reinforcing services provided to older persons at local level. Examples involved health providers liaising with transport providers to ensure that there are bus stops outside health centres and hospitals. Cities in the United States, such as New York City and Portland, Oregon, have become part of the World Health Organization's *Global Age-Friendly Cities Programme*. The *Projecto cIDADES* (Cities project) in Portugal also aims to create age-friendly cities following the WHO approach, promoting non-slip sidewalks, good home support services and an efficient public transport network, among others. Canada has an Age-Friendly Communities Initiative: A *Guide to Age-friendly Rural and Remote Communities* was developed in 2007 to help communities create supportive and enabling environments for older persons.

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

The field of volunteering has been developing rather dynamically, also inspired by the *European Year of Volunteering* in 2011 which has contributed to having an additional focus on activities in this area. The first *Austrian Report on Volunteering (Freiwilligenbericht)* of 2009 showed that this was an important way for older persons to remain active. According to the report, the most important fields of activity of the age group 50 to 64 years – besides informal volunteering – were religion, culture, disaster relief and sports. Denmark issued a *National Civil Society Strategy* in 2010, with the aim of strengthening the involvement of civil society and voluntary organizations in the field of socially vulnerable people. The Administration on Ageing in United States funded a National Resource Centre for Engaging Volunteers in the Aging Network, a network of State Units on Aging, Area Agencies on Aging, tribal organizations, and native Hawaiian organizations. The center is developing and testing strategies for effective, replicable volunteer activities to increase the capacity of the National Ageing Network and to better address community needs.

Furthermore, the U.S. government created the United We Serve website at www.serve.gov to make volunteering opportunities easier to find through the internet. Germany financially supports its Volunteering Services for All Generations with the aim of sensitizing children and youth to volunteering, to draw on the experiences of older persons and to engage people with an immigrant background. Volunteers have to engage at least eight hours per week for at least six months and a written agreement has to be signed between volunteers and the service providers that engage them. Both Austria and the Former Yugoslav Republic of Macedonia have passed national laws on volunteering. In Slovenia, NGOs have demanded more support from government to improve the status of volunteers. The federal government in Canada reimburses reasonable out-of-pocket expenses of volunteers. A special Prime Minister's Volunteer Award was also created. The Russian Federation provides tax exemptions to support the volunteer sector. In Belgium, the Commission Communautaire Française issued a call for proposals to support initiatives of volunteering by older persons for older persons and other age groups. A number of activities have focused on fighting loneliness and isolation. In Malta, Caritas has encouraged the creation of social clubs, each of them run by a team of trained voluntary workers, the majority of them older persons themselves. In addition, self-help groups can play a role in enhancing older persons' participation in society. Serbia reported about a project *Dialogue of Civil Society Organizations on Problems of the Elderly in Western Balkans* under which self-help groups were developed to empower older persons to resolve their own problems. In the Former Yugoslav Republic of Macedonia, a project Care for the Elderly at Home works with six professional nurses and 60 volunteers. The nurses provide advice on health and diet; they measure blood sugar levels and blood pressure, while volunteers provide food and medicine, perform administrative tasks for the older persons and give them company.

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

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

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

Only a few countries have shared information about participation of older persons in the political sphere, a notable example being Serbia where a Party of United Pensioners of Serbia has obtained a Deputy Prime Minister post in 2008. In Slovenia, the Democratic Party of Pensioners of Slovenia brings together representatives of the older

population – in 2011, the party won 6.97% of the vote. In Malta, the two major political parties both have their own respective associations of pensioners and older persons which have a role in formulating and implementing the political party programmes.

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

It is clear that the economic situation of UNECE member States has been severely affected by the consequences of the economic and financial crisis since 2008. Ukraine reported difficulties in meeting its social commitments declared in the budget during the years 2008-2009. Bottlenecks have necessitated short term measures such as freezing pension increases in Serbia or reducing monthly pension payments for periods of time in Iceland. In 2008, Lithuania had to fully exhaust the reserve fund to compensate for a serious deficit of the Social Insurance Fund. At the same time, many countries report, that governments have made it an explicit priority to uphold social welfare programmes that are relevant for older persons (e.g. ISL, RUS). Strategies in response to the crisis should not be to the detriment of vulnerable older persons (AUT). Economic development strategies are designed to bring countries onto a path of sustainable growth, thus providing opportunities for all generations and segments of society, promoting social inclusion and combating poverty (ARM, BLR, CAN, CYP, ESP, FIN, GBR, ITA, NOR, SWE, UKR). Canada, even though faring relatively well during the recovery from the global recession, prepares to address the needs of a growing and ageing population by ensuring a low and manageable public debt level and implementing an economic agenda that results in sustained long-term economic growth. EU member states as a result of the Open measure of Consultation in the area of social protection and social inclusion have had to formulate national strategies on social inclusion. Cyprus, in its strategy, focused on combating poverty and social exclusion by securing the opportunity of access to material and non-material resources, rights and services for all citizens. Countries have also aimed to promote employment growth and to increase the number of older persons in the labour force (BEL, NOR, UKR). Azerbaijan adopted a special programme for poverty reduction and sustainable development 2008-2015 which considers adult education as well as improvements in effectively providing social services. Austria has carried out special activities during the *European Year for Combating Poverty and Social Exclusion* in 2010, including projects and events with direct involvement of persons with poverty experiences. EU member states have also mentioned that their economic policy was aligned to the EU framework. Overall, countries are slowly recovering from the crisis and moving back towards more optimistic economic growth projections (e.g. ISL, LTU, MDA, UKR).

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

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

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

Due to population ageing and in light of the economic and financial crisis, countries have found it a challenge to uphold the sustainability of their pension systems. Therefore, many countries have taken steps to reform their pension systems to enhance its sustainability, for example by increasing required contributory periods, limiting early retirement options, increasing the retirement age and equalizing the retirement age between men and women (e.g. AUT, CAN, CZE, DEU, ESP, DNK, FIN, GBR, ISR, IRL, ITA, LTU, MKD, MLT, POL, PRT, SRB, UKR). In the United Kingdom, at

the 2012 Budget, the Chancellor announced reforms to the state pension system including introduction of a single tier pension, and adjustments to state pension age. These are intended to better support retirement saving for future pensioners and be more sustainable for future generations. In Slovenia, the *Pension and Disability Insurance Act II* had been adopted by the National Assembly in 2010 with the aims of achieving long-term financial sustainability, increase labour participation of older workers and ensure adequate pension for future pensioners. However, it was rejected at a referendum in 2011. Country leaders in the Russian Federation have seen no objective necessity to increase retirement age in the near future. Countries have introduced pension reforms that generally try to provide incentives to work longer or to allow more flexible transitions from work to retirement (CAN, FIN, FRA, NOR, SWE). For example, in Canada, amendments to the Canada Pension Plan will allow working recipients of the retirement pension to continue to contribute to the Plan and increase their retirement income. Similar changes were made to federally-regulated private defined-benefit pension plans in several provinces. Sweden has a statutory entitlement to remain in employment up to age 67 and a flexible retirement age from the age of 61 with the possibility for partial withdrawal of pensions and the possibility to de-retire. Serious challenges remain in countries like the Republic of Moldova where the age-limit pension only covered 70% of subsistence minimum in 2010, the biggest problem being the small contribution base. Only 1.8 persons ensure the pension for one retired person while the country estimates the ratio feasible to achieve sustainability to be 4:1.

Several countries have taken steps to reform their social security and welfare systems (e.g. AZE, FIN, GBR, NOR, PRT, SRB). Azerbaijan adopted a government programme to strengthen social welfare for older citizens for the years 2006-2008 and was working on legislation about social care to define the basis for government policies in the areas of social service provision of older persons. The United Kingdom of Great Britain and Northern Ireland introduced a *Welfare Reform Bill* in 2011, revising major elements such as the disability living allowance, housing benefits, benefit caps and local welfare assistance. Serbia has also introduced a new *Law on Social Welfare* in 2011, harmonized with modern European standards - improving protection of the poorest groups, including poor older people in rural areas and developing community services. Local government is responsible for social services in communities. The majority of municipalities provide services to older persons and their families, including short-term financial aid, aid in kind, home assistance and clubs for older persons. One third of Serbian municipalities offer day care centres, meals in soup kitchens, utilities, transport or medication. Belarus adopted the *Comprehensive Program of Social Services in 2011-2015* aiming to settle conditions for a sustainable improvement of access to social protection. The main aims of the reform of social transfer systems in Slovenia were to improve the transparency, efficiency and user-friendliness of the distribution of means-tested social transfers and subsidies and the harmonisation of the criteria for granting such transfers and subsidies while encouraging people to search more actively for solutions to their problems. Overall, achieving better means-testing and targeting of assistance has been found challenging when reforming social protection system (MLT, UKR). Austria has implemented a large-scale project *Invalidity in Transition (Invalidität im Wandel)* which pursued several goals since 2007, including the harmonisation of regulations, putting in place invalidity prevention initiatives and an improved interface management between the different stakeholders involved in health promotion.

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

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

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

The pension legislation may create important incentives to work beyond retirement age. Some countries allow receiving an income from work and the full pension at the same time (e.g. MLT, RUS). In Sweden, income-based

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

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

Countries have also taken an array of active labour market measures directed to employers. In some countries, they can benefit from subsidies if they employ older workers, especially those previously registered as unemployed (AUT, BEL, MKD, PRT, SRB, SVK, SVN). Labour market reforms in Austria have been designed with older persons in mind, for example to the effect of a decrease in non-wage labour costs for older workers. In Poland, employers hiring an unemployed person aged 50 years or older do not contribute to the Labour Fund and the Guaranteed Employee Benefits Fund for the period of 12 months. In Sweden, employers are exempt from employers' contributions when they employ persons aged 65 and over. In some countries, employers investing in training for older workers can be partially reimbursed (e.g. POL). Campaigns using print, audio and vision media, have targeted employers, advertising the qualities of the older workers (DEU, MLT). The quality seal *Nestor-Gold* is granted to enterprises and organizations offering age(ing)-appropriate conditions in Austria.

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

A range of measures to facilitate longer working lives are also directed to adjusting the setup of the workplace to better accommodate the needs of older workers. In Italy, for example, efforts concentrated in implementing the new legislation on health and safety at the workplace which came into force in 2008. A number of countries allow for more flexible work time arrangements, such as Lithuania where employers set more flexible work schedules for older women to support their reconciliation of family and work life. Austrian reforms have included the part-time working scheme for older workers. In addition, the *Employment Promotion Act (Beschäftigungsförderungsgesetz)* of 2009 made it possible to combine short-time working with skills development. The main beneficiaries were employees aged 45 years and above (AUT). In Sweden, the *Work Environment Act* states that employers shall make an allowance for the employees' special aptitudes for the work by adapting working conditions.

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

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

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

In many countries education is traditionally very focused on receiving an initial education and qualifying for a profession. Later, ongoing education is largely targeted towards very specific labour market needs, for example retraining or on-the job training on some new utilities or specific technologies (CZE, SWE, UKR). Several countries have put in place programmes to validate skills acquired on the job according to some external tests based on which candidates can be granted a certificate (BEL, ESP, ISL, PRT). In the United Kingdom, the Government's *Skill Strategy* is largely focused on unemployed people. Serbia has worker's universities in 18 towns, offering informal education to help adults and older persons to return into the labor market. Several countries have made efforts to establish closer links between educational institutions and employers, for example through employers federations and enterprises (GBR, ISL, POL, SRB, SWE). Some countries also offer training specifically targeted towards reintegration into the labour market of those who left the formal educational system early, the United Kingdom's programme on literacy and basic numerical skills being a case in point (cf. also ESP, IRL, PRT). The Former Yugoslav Republic of Macedonia has held a number of campaigns since 2006 to motivate Roma parents to involve their children in primary and secondary education. Finding courses for continued education may be difficult, the available options being too costly or of questionable quality. Building up the necessary infrastructure is a cumbersome process and attitudes towards education may change only slowly. Therefore, Poland has had national campaigns to promote life-long learning. In Slovenia a Lifelong Learning Week is organized every year to draw attention to the importance of learning at all stages of life.

In some countries, ongoing education is already more established (ISL, MLT, NOR). In Iceland for example, the Continuing Education Institute at the University of Iceland is the biggest provider of continued education, offering 400 short courses with 12,000 participants. In Malta, the two major political parties have established institutes aimed at the continuing education of their members. Major NGOs have developed their own package of non-formal and informal learning opportunities for particular categories of citizens at both central and community levels. Additional training centres are available through the private sector. In Azerbaijan, more than 30 training modules are available

for older job seekers in educational centres of the Ministry of Labour and Social Protection as well as in specialized educational institutions of the Ministry of Education. Moreover, Azerbaijan is currently elaborating a distance learning programme. With the help of financial support received from the European Social Fund, some 1,300 Distance Learning Centres were established in villages in Poland during 2007-2008. The Centres have helped overcome difficulties associated with low levels of computerization of older persons. Some countries have especially invested in training teachers for adult education (POL).

More and more countries offer learning opportunities to older persons in Universities of the Third Age (BLR, CZE, ESP, FIN, IRL, LTU, MKD, MLT, POL, RUS, SRB, SVN, UKR) or Colleges for the Elderly as they are called in Israel. In the Czech Republic these are linked to public universities. Funding is shared between student fees and government support. In the Third Age University in Belgrade participants have to cover their own fees and numbers of participants have dropped since 2007 in connection with the economic crisis. In the Russian Federation, Universities for the Third Age offer courses in creative arts, sports, health promotion and disease prevention as well as trainings in use of computers and mobile phones, cameras and modern appliances. In fact, IT and computer courses for older persons are offered in many countries in different settings (BEL, ESP, ISR, LTU, MKD, MLT). The Irish national *eInclusion Strategy Framework* prioritized action to increase access to information and communication technology (ICT) and increase ICT skills, including awareness of potential information and communication technology and how they can be used to assist older persons in their social or work life or at home to facilitate independent living. Partnerships in this area have involved academic institutions, locally-based IT multi-nationals and older persons' organizations. Several countries offer pre-retirement trainings (e.g. FIN, ISR, MLT, SRB). Canada has made special efforts to provide training on financial literacy to prepare for retirement for the next generation of seniors through the integration of financial planning for retirement in the high school education curriculum.

2.8. Commitment 7 - To strive to ensure quality of life at all ages and maintain independent living including health and wellbeing

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

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

Medical insurance coverage ensures good access to health care in many countries within the region. Some countries have compulsory medical insurance. The Russian Federation has passed a federal law to this effect in 2010. To reduce inequalities in access to health and social services, some countries provide a range of health care services free of charge (ARM, MLT). Many countries have also made provisions to allow older persons, especially those suffering from chronic diseases, access to medicine at reduced prices (e.g. MLT). In the United States, the Affordable Care Act was signed into law in 2010, calling for comprehensive health reform to make health care more affordable, expand health coverage, make health insurers more accountable and make the health system more sustainable. It is designed to help individuals make informed decisions about care options, plan for long-term services and streamline access to publicly supported programmes through single point of entry approaches.

In the care sector, there is a complementary mix between different forms of care from home care, to assisted living in age-friendly housing or day-care services in most countries. Even though services of all kinds co-exist in most countries, in many places they do not cover all in need. Overall, there is support among governments to enable seniors to continue to live as long as possible in their places of choice. Countries have a broad range of home-based care services in place to allow older persons to live independently for as long as possible, such as domiciliary nursing, telecare, home care or meals on wheels (CAN, CYP, FRA, ESP, GBR, IRL, ISL, LTU, MDA, MLT, TJK). In Denmark, all citizens are entitled to home nursing free of charge when prescribed by a practitioner. Denmark has carried out

research to integrate tools of ambient assisted living in care homes and at home. In Serbia, home-based care is currently only available in the capital but there is a plan to broaden the coverage to all major cities. To address the current gap, the Serbian Red Cross implemented a programme for independent living by providing home assistance through a network of around 1,000 volunteers of which 70% are themselves older persons. In the United States, a *Community Living Initiative* was implemented to work across government to remove barriers and to enhance the ability of individuals of all ages with disabilities to live independently in their communities. The initiative is a continuation of the *2009 Year of Community Living*. Israel's *Supportive Communities* provide older persons living in their homes with a panic button to summon help around the clock. The programme also includes a community mother or father, a doctor and ambulances for a small fee as well as social and cultural activities. For older persons who are no longer in a position to live independently countries offer institutional care. In several countries there is still a tendency of excessive hospitalization due to lack or imperfection of primary care or other services (e.g. UKR). Increasingly, however, countries are finding options to provide alternatives to institutionalization.

Developing systems of long-term care has received special attention in a number of countries (CZE, ESP, IRL, POL, SVK, SVN). Austria has a well developed system of benefits and services relating to long-term and nursing care and the globally highest rate of long-term care benefit recipients. Recent reforms of the system have aimed at increasing long-term care benefits and shortening procedures for determining the care level. The government of Norway has compiled a *Care Plan* with definitive measures in long-term care up to 2015, such as increasing the number of health personnel, strengthening their competence, investing in nursing homes and community care housing. In Ireland, the Working Group on Long-Term Care reported in 2008 on the policy options for a financially sustainable system of long-term care and on measures to rationalise the range of benefits, services and grants currently in place. The Nursing Home Support Scheme *A Fair Deal*, was introduced in October 2009 founded on the core principles that long-term care should be affordable and that a person should receive the same level of State support whether they choose a public, voluntary or private nursing home. The Scheme is the single funded means of accessing long-term nursing home care for all new entrants.

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

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

Alzheimer's disease and other forms of dementia remain of special concern across the region. Several countries have adopted or have been working on developing national mental health, dementia or Alzheimer strategies and plans (BEL, CAN, CHE, CZE, DNK, FIN, FRA, GBR, USA). In Slovenia, the Ministry of Health appointed a working group to deal with medical treatment of dementia patients, with the aim of developing clinical guidelines. The *British National Dementia Strategy*, published in 2009, sets out a vision for transforming dementia services, improving awareness of dementia, early diagnosis and high quality treatment. In Finland, the National Institute for Health and Welfare published guidelines for high quality dementia care in 2008. A number of memory clinics are available which focus on

diagnosing cognitive disorders in the ageing population. Israel has day care centres and programmes that aim to preserve cognitive functions of patients and to prevent deterioration. In Cyprus, training programmes for formal and informal carers of patients with Alzheimer and other forms of dementia were carried out. Germany offers sports activities to people with dementia as part of the project *Physical Activity network 50 plus*. The *Initiative on Knowledge and Support Networks in Dealing with Dementia*, started in 2009, includes an internet portal providing information about the diseases and available support and contact persons. Countries have also scaled up their research efforts (CAN, CHE, DNK, SRB), notably in the Danish Dementia Research Centre, established in 2007, in the Serbian Center for Dementia at the Faculty of Medicine of Belgrade University, opened in 2010, and through the *International Collaborative Research Strategy for Alzheimer's Disease* with contributions from Canada and other countries. In Spain, a National Center of Reference for Alzheimer's Disease pursues a multidisciplinary approach and specializes in research assessment and dissemination of data and knowledge regarding the best forms of socio-sanitary care. The centre also works to raise awareness to the needs of people suffering from Alzheimer's disease and their families.

Programmes for health promotion and disease prevention are in place in many countries (BLR, CAN, CHE, CYP, CZE, LTU, MDA, MLT, POL, SWE). Activities include vaccination programmes for older people, cancer screening, prevention of cardiovascular disease and diabetes, programmes to encourage healthy eating and physical activity as well as programmes on preventing falls and on promoting road safety (e.g. CAN, FIN, MLT, POL). A prevention package for older persons was launched in 2009 by the Department of Health in the United Kingdom. Denmark has a system of preventive house calls for persons of 75 years and above, where older persons are contacted at least once a year to give advice and guidance. In Austria, the City of Vienna conducted the project *Let's go outside. Health-promoting join-in campaign for older women and men in workout parks (Gemma raus! Gesundheitsfördernde Mitmachaktionen für ältere Frauen und Männer in Bewegungsparks)* between 2009 and 2011. *Go for Life* is the national Irish programme for sports and physical activity for older people. Physical Activity Leaders are trained to run sports sessions and a small grants scheme enables groups to purchase new equipment. In Denmark, the *Fredericia* project, under the motto *In your own life as long as possible* has been successfully pursuing an approach whereby older persons in need of care were trained to become more self-reliant.

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

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

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

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

government is analyzing the need for additional medical ambulances and acute vehicles. In other countries shortages of staff have contributed to difficulties in providing access to health and care in rural areas (MDA, SVN).

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

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

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

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

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

In the United Kingdom, a specific Ministry for Women has institutional competence to develop policies relating to gender equality. In Norway, the Equality and Anti-discrimination Ombudsman is in charge of enforcing the existing *Gender Equality Act*. The Ministry of Children, Equality and Social Inclusion coordinates gender mainstreaming at government level, but every ministry has to implement gender equality measures in its own area of responsibility. At local and regional level county governors are mandated to follow up with municipalities on their work to promote

equality, but governors have not given it high priority. In Malta, the National Commission for the Promotion of Equality represents the government machinery for mainstreaming gender equality. Efforts are made to mainstream gender when formulating and analyzing policies and methodologies for gender impact assessments were developed (cf. also FIN). In Canada, the federal government has improved accountability mechanisms for integrating gender-based analysis in government reporting instruments. In particular, Status of Women Canada leads the process of implementing gender-based analysis by developing and delivering training tools and public awareness materials. In Iceland, the government approved a three-year programme for introduction of gender considerations in economic management and budgeting. Related trainings have been provided to government officials and employers and gender budgeting is regularly applied in all government programmes. In Austria, gender budgeting has been enshrined in the constitution since 2009, according to which the federal provinces and the municipalities have a mandate to achieve de facto equality between women and men in budgeting. From January 2013, an impact-oriented budgeting will be introduced. In the budget preparation process each ministry will have to formulate a maximum of five impact goals, including one equality goal.

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

The Administration on Aging in the United States continues to collaborate with the National Education and Resource Center on Women and Retirement Planning, maintained by the Women's Institute for a Secure Retirement (WISER) to provide user-friendly financial education and retirement planning tools for low-income women, women of colour, and women with limited English-speaking proficiency. Through WISER's one-stop-gateway, women have access to comprehensive, easily understood information that promotes opportunities to plan for income during retirement and for long-term care. Services include an interactive website and a series of nationwide webinars.

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

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

Families are at the core of providing care. Countries take this into account and have strengthened their social welfare services with respect to assisting families in performing their care responsibilities while also being able to reconcile these with other responsibilities such as work and to avoid putting them at a disadvantage, for example in the pension system. Within its four year *Gender Equality Programme* (2011) Iceland has entrusted a special committee with examining how family life and working commitments can be harmonized and how people in employment can be enabled to meet care requirements. Austria has invested in research on the reconciliation of work and care-giving

duties. Several countries have adopted policies to facilitate the combination of work and family life and care obligations, such as flexible work time arrangements or teleworking (CZE, DEU, ESP, GBR, MLT, NOR, POL). Employees in Norway have a right to leave with income compensation to care for close relatives at home in a terminal stage for up to 60 days. There is also an option of unpaid leave for up to ten days to care for parents or spouses. Pension rights can be obtained during periods of unpaid care for children and sick family members in the National Insurance System (c.f. also BEL). In Germany, the law on reconciling care and work has come into force in 2012, allowing employees in case of an acute need of care of a family member to take up to ten working days of leave to organize and provide appropriate care. Employees also have an option of working part-time up to 24 months and be compensated in part for the income lost. Respite care is made available in Centres under the *System for the Autonomy and Care of the Dependent* in Spain. In Belgium respite care is offered in so-called *Hôtels de soins* (care hotels) or by providing attendance and care at night (c.f. also MLT). The costs of substitute carers replacing care-giving family members can be financed from a Support Fund for Care-Giving Family Members since 2007 in Austria. In Portugal, temporary hospitalization of a dependent person is possible to allow the caregiver to rest. Israel has development programmes to free up caregivers for part of the day or certain periods during the year to enable them to work, study or take holidays. In 2009, the USA began implementing the *Lifespan Respite Care Program*. This program brings together Federal, state and local resources and funding streams to help support, expand and streamline the delivery of planned and emergency respite services for persons of any age across the lifespan while also providing for the recruitment and training of respite workers.

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

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

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

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

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

Many UNECE member States have been active supporters of the MIPAA/RIS process from the beginning. They have participated in the first review and appraisal of MIPAA/RIS which culminated into the adoption of the *León Declaration* at the Ministerial Conference in León, Spain, in 2007. Since the creation of the UNECE Working Group on Ageing in 2008, member States have been regularly participating in its meetings and have been committed to making contributions towards implementing its programme of work. Many countries have provided good practice examples for the policy briefs and Armenia and the Republic of Moldova have engaged in developing *Road Maps on Mainstreaming Ageing*. Special commitment was shown by the members of the Bureau of the Working Group on Ageing, under the leadership of the chairs from Slovakia and, later, Austria and the co-chair from Armenia. After the government of Spain, which hosted the Ministerial Conference on Ageing in 2007, now the government of Austria has offered to host the Ministerial Conference in Vienna, in September 2012. Several member governments have invited the Bureau of the Working Group to meet in their countries (BEL, ESP, MLT). Several countries have supported MIPAA/RIS activities by giving extra-budgetary funds to the trust fund of the UNECE Working Group on Ageing and Germany made a special commitment, financing a junior professional officer post during three years. UNECE member states have participated in capacity building seminars organized in collaboration with the governments of the Czech Republic and Israel.

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

Beyond the integration into the UNECE framework, countries are engaged in a multitude of international collaboration. Some countries have taken part in the Open ended Working Group on Ageing, established by the General Assembly with resolution 65/182 in 2010 (CAN, DNK, LUX⁴, NLD, USA). For member States and those wishing to accede, the European Union is an important framework of reference. Countries in Eastern Europe and Central Asia have benefited from assistance received through UN offices such as UNFPA, UNDP or UN DESA. The International Institute on Ageing in Malta, a UN affiliate, has provided capacity building on MIPAA/RIS topics. Countries have also collaborated with the European Centre for Social Welfare Policy and Research in Vienna, which has a Memorandum of Understanding with the UNECE.

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

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

⁴ Luxembourg is a member of the Open-ended Working Group but has not submitted a report to UNECE regarding MIPAA/RIS implementation.

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

3. Conclusions and the way forward

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

Another challenge is to maintain the sustainability of public finances to uphold commitments made. Overall, the economic and financial crisis has had serious impacts on ageing-related policy-making in the region. Countries have struggled to uphold their ongoing obligations in social and pension payments but have generally made it a priority not to cut on measures that are meant to protect the most vulnerable from the consequences of the crisis. Economic strategies have aimed at stabilizing the economic situation in general, to create sustainable and equitable growth and reduce poverty (ARM, BEL, CAN, CYP, ISR, LTU, MDA, MKD, NOR, SRB, TJK, UKR). Overall, towards the end of the reporting period, the economic outlook across the region seems already slightly more optimistic. However, for a number of countries migration remains a major ongoing challenge (ARM, LTU, MDA).

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

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

A few countries have mentioned measures to avoid violence and abuse (CAN, SWE). Several countries will invest more in awareness raising, in combating ageism and old age stereotypes and in changing attitudes, for example with regards to longer working lives. However, perceptions do not change from one day to another and so this will remain an important challenge for the countries in the region (AUT, CZE, IRL, MDA, MLT).

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

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

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

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

Several countries have seen a need to further enhance monitoring and evaluation of MIPAA/RIS and ageing policies in their countries. They point to a need for better indicators and would like to improve policy-making based on evidence. Overall, the most professional way to develop targeted programmes is to base them on scientific insight. More work is certainly needed to enhance collection of gender and age-disaggregated data and to increase the evidence base for practical projects in different areas (ARM, IRL, MDA, MKD, NOR, RUS, SRB). Slovenia concretely outlined a scientific agenda which includes establishing a database for the monitoring of long-term care services and expenditures, analysing home-based care provided by public services and studying the active inclusion of older persons in the framework of the *European Year for Active Ageing and Solidarity between Generations* in 2012. Several other countries have mentioned their focus on active ageing, reflecting the current emphasis on the topic in the framework of the *European Year* (AUT, ESP, GBR, PRT, SVN).

In general, countries acknowledge the importance of continuous cooperation between countries in the region for sharing experience and best practices, as well as the coordination of activities within the framework of international organizations. Considerable exchange is taking place within the European Union. The UNECE, in turn, remains an important forum for cooperation of EU member States and other countries in the region as emphasized by several countries (ARM, LTU, MDA). The need for further capacity building in some areas relating to strategy development and implementation of existing programmes and action plans is stressed (e.g. ARM, MKD). Overall, countries are committed to further implementing MIPAA/RIS. Acknowledging the challenges within their countries, they express strong support for the regionally-coordinated MIPAA/RIS process the next phase of which will be shaped by the

decisions taken at the UNECE Ministerial Conference *Ensuring a Society for all ages: promoting quality of life and active ageing*.

Under embargo until 19 September 2012

Annex

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

COUNTRY	LANGUAGE OF REPORT	ADDITIONAL MATERIAL PROVIDED
Armenia (ARM)	English	No
Austria (AUT)	English, German	Activity examples
Azerbaijan (AZE)	Russian	No
Belarus (BLR)	Russian	No
Belgium (BEL)	French	Indicators
Bulgaria (BGR)	Bulgarian	No
Canada (CAN)	English	No
Cyprus (CYP)	English	No
Czech Republic (CZE)	English	Good practice examples, National Programme of Preparation for Ageing for 2008 – 2012
Denmark (DNK)	English	No
Finland (FIN)	English	No
France (FRA)	French	Good practice examples
Germany (DEU)	German, English (forthcoming)	No
Iceland (ISL)	English	No
Ireland (IRL)	English	Indicators, activity examples
Israel (ISR)	English	No
Italy (ITA)	English	Indicators
Lithuania (LTU)	English	Indicators
Malta (MLT)	English	Indicators
Netherlands (NDL)	English	Activity examples, elaboration of policies
Norway (NOR)	English	Norwegian Social Security and Labour Market Inclusion Policies
Poland (POL)	English	Additional explanation of institutional setting
Portugal (PRT)	English	Indicators
Republic of Moldova (MDA)	English	Indicators, information on laws and policies
Russian Federation (RUS)	English, Russian	No
Serbia (SRB)	English	Indicators, National Strategy of Ageing in Serbia, Anti-

		discrimination Law, Social Welfare Law, information on ageing-related research, Active ageing framework for Serbia
Slovakia (SVK)	English	No
Slovenia	English	No
Spain (ESP)	English	Yes
Sweden (SWE)	English	No
Switzerland (CHE)	English	No
Tajikistan (TJK)	Russian	List of laws
The former Yugoslav Republic of Macedonia	English	No
Ukraine (UKR)	English, Russian	Indicators
United Kingdom of Great Britain and Northern Ireland (GBR)	English	No
United States of America (USA)	English	No

Statistical Annex

UNECE countries: Population Ageing in figures

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

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

Apart from the main demographic statistics (tables 1-4), this Annex includes data on indicators broadly reflecting certain aspects of the three main topics of the 2012 Ministerial Conference on Ageing: *Promoting longer working life and maintaining workability* (tables 5-7), *Participation, non-discrimination and social inclusion of older persons* (tables 8-10), *Creating an enabling environment for health, independence and ageing in dignity* (tables 11-12). The annex is mainly based on data available from UN and other international databases (UNDESA Population Division, UNECE gender database, International Labour Organisation, World Bank, World Health Organisation, and Eurostat). To illustrate changes over the two cycles of MIPAA/RIS implementation, statistical data are provided for the years 2000, 2005 and 2010 whenever possible. The coverage of countries for individual indicators varies, depending on data availability and comparability. For a number of indicators the lack of data and/or data disaggregation by sex and relevant age groups, in particular for countries in the eastern part of the UNECE region, points to a need for better statistical coverage of population ageing at both national and regional levels.

Some observations on the current status and changes since 2000

Demographic developments

- In 2010, the number of people aged 65 years or above reached 174.5 million and presently accounts for 14.1% of the region's total population. This proportion is expected to exceed 20 % by 2030 (Annex table 1). In Germany and Italy, a fifth of population was 65 years old or above already in 2010, and is projected to reach over a quarter by 2030. This will also be the case in Austria, Finland and Portugal. Out of eight UNECE countries where presently the proportion of aged 65 years or above is below 10%, only four are projected not to breach this threshold by 2030 (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan).
- The proportions of older olds - 80 years or above - are also set to rise: this age group will account for more than 5% of UNECE population by 2030, and in Austria, Finland, France, Germany, Italy, Sweden and Switzerland it will exceed 7%.
- The median age of population in the UNECE region increased from 35.4 years in 2000 to 37.6 years in 2010 and is projected to reach 41.8 years by 2030. If in 2000 the median age was slightly above 40 years only in Italy, nowadays this is the case in more than twenty UNECE countries, while it remains below 30 years in only eight countries.

- In 2000-2010, some slowdown in the pace of population ageing was characteristic for countries with older population structures, while it speeded up markedly in 'younger' countries (Azerbaijan, Turkey, and Uzbekistan).
- The average total fertility rate in the UNECE region has dropped to a low level of 1.7 children per woman in 2000 (Annex table 2). In the last ten years, fertility rates marginally recovered in a number of countries, the average for the region mounting to just below 1.8 children per women by 2010.
- Presently, the total fertility rate is below the replacement level (2.1 children) in 45 UNECE countries. In 19 of those countries the rate remains under 1.5 children per woman. The fertility rates are projected to increase slightly by 2030, but in most countries they will remain well below replacement levels and, with the cohort of childbearing women declining in numbers, the impact on the pace of population ageing will be rather moderate.
- Mortality rates for adults (15-60 years old) declined markedly across the region. In 2005-2010, in many UNECE countries the mortality rates declined faster for adult men, but still remain more than twice as high the rates for adult women (Annex table 2).
- The increases in life expectancy at birth and at the age beyond 65 were notable across the region in the last decade, adding on average three years and nearly a year and a half, respectively. The strongest gains in longevity for both men and women were reported in Turkey (Annex table 3).
- The disparities in life expectancy among UNECE countries and between men and women (among and within countries) remain large: at birth, for instance, for men they vary from 80.2 years in Switzerland to 62.8 years in the Russian Federation, for women, from 85.3 years in France and Spain to 73 years in Kyrgyzstan. The divide between countries slightly narrowed from that of 2000, but the recent gains in longevity in many countries in the eastern and south-eastern part of the region have not yet fully offset the significant losses in life expectancy, particularly for men, during the 1990s.

Labour market participation

- In 2000-2010, labour force participation rates of the older population increased steadily for the region as whole: in the age group of 55-59 years old, the rates went up by 4.4 percentage points for men and 10.5 percentage points for women, and among 60-64 years old, by 6.9 and 8.8 percentage points, respectively (Annex table 5). Slight increases were observed also among men and women of 65 years and older. High gains in labour force participation among women, in particular in the age group of 55-59 years old, in many countries of the region were due to the rise in statutory retirement age. In a few UNECE countries, however, the labour participation rates of the older population declined, in some cases markedly (Republic of Moldova, Romania, Turkey).
- Unemployment dynamics contrasted sharply between 2000-2005 and 2005-2010 in the majority of UNECE countries (Annex table 6). In the first part of the decade, six out of ten countries for which data are presented reported declines in unemployment among prime and older age groups. By 2010, however, the tendency was opposite: seven out of ten countries reported higher unemployment rates for all age groups in 2010 as compared to 2005. Poland and Germany were striking exemptions to the latter trend.
- In 2010, in a number of UNECE countries unemployment rates for the 55-59 years old group reached double digits and often were markedly higher for men than women. Unemployment rates of the 60 years and older population were in general below those of younger groups in 2010, even though they were double the level of 2005 in a number of countries.
- The changes in labour force participation among older groups of population and to a certain degree the unemployment rates among them reflected changes in the labour market policies. During 2000-2010, in several countries of the region the statutory retirement age was raised and steps were taken to gradually close the gap between men and women (some EU countries, the majority of countries in the Caucasus and South-eastern Europe). On the other hand, no changes in retirement age were introduced in Belarus, Russian Federation, Ukraine and Uzbekistan since the break-up of the Soviet Union.
- In 2009, the statutory retirement age of 65 years or above was in force in 23 UNECE countries for men and in 13 countries for women. In 21 countries the retirement age for women was still five years lower than that for men.
- The effective retirement age, although gradually rising over the last decade, was generally lower than the statutory retirement age. However, in a few cases it was by a year or two higher for men and by two to five years higher for women (Bulgaria, Romania).

Life-long learning, volunteering and social inclusion of older population

- Data on life-long learning and volunteering are scarce and often non-comparable across the region.
- Information from EU labour force surveys on formal and informal training shows that in the last decade an increasing share of the EU's older population was undertaking training. In general, women were more active in training: in 2010, nearly a third of women in age group of 55-74 years old participated in training in Denmark, and between 15-20 per cent in Iceland, Sweden and Switzerland. Among men in the same age group, the highest proportion was in Switzerland (18.8%), followed by Denmark and Iceland (Annex table 8).
- The time-use surveys conducted in a number of UNECE countries indicate that 65-74 years old men spent up to 35 minutes per week on unpaid activities outside their households while women in that age group spent up to 51 minutes a week (Poland, Annex table 9). Data from other data sources point to a higher frequency of older women's participation in volunteering activities across the regions.
- During 2005-2010, a slight decline in the share of older population facing poverty or social exclusion (in relative terms, as defined by individual countries) was observed in the UNECE region. However, about two in ten countries reported rises in the share for the age group of 75 years old and above. The incidence of poverty and social exclusion was more frequent among older women than older men in all three age groups referred to in Annex table 10.

Health, independent living and age-related expenditure

- More people in the UNECE region not only live longer, they also remain in a relatively good health. Health-adjusted life expectancy at age 65 and beyond accounts for more than a half of total life expectancy for men and is slightly below 50% for women.
- The difference in healthy life expectancy between men and women is much less pronounced than for life expectancy in general. In fact, in a number of EU countries health-adjusted life expectancy is slightly higher for men than for women, while in the eastern and south-eastern part of the region men's health-adjusted life expectancy is markedly shorter than that of women (i.e. Russian Federation, Belarus, Ukraine, see Annex table 4).
- About one in seven men and women at the age of 65-79 live in a single-person household in the UNECE countries represented in table 5. The proportion is higher than 20% for the older olds (80 plus years old). In nearly one out of three countries the share of 80 years and older women living in a single-person household accounts for more than 25% (in Norway, Denmark and Germany, more than 30%, see Annex table 11).
- The proportion of older population benefitting from home care is on average at least twice as high as that of persons in institutional care. In Denmark, a quarter of 65-79 years old persons were provided with home care services while about 5 % per cent were in institutional care. In Iceland, Netherlands and Norway, home care services were provided for a fifth of the population in that age group in 2005. Home care was less available in most countries in the east and south eastern parts of the UNECE region; it is also much less developed in many eastern EU countries.
- Total old-age related expenditure as a proportion of GDP has increased with a few exceptions across the region in the recent years. In 2009, in four out of ten reporting countries it accounted for 10% or more. Currently old-age related expenditure accounts for about a half of all social benefits in Italy, Poland and Latvia and varies between 30-45 per cent in most EU countries (Annex table 12).

Table 1. Population of UNECE countries in 2010 and projections for 2030

Countries	2010					2030 projections				
	Total population, Thousands*	percentage of population at age			Median age, years	Total population, thousands	percentage of population at age			Median age, years
		50-64	65-79	80+			50-64	65-79	80+	
Albania	3,204	14.6	8.1	1.6	30.0	3,290	17.1	13.6	3.3	40.1
Andorra	85	18.6	8.9	4.4	40.1	112	..	..	..	..
Armenia	3,092	16.7	8.4	2.7	32.1	3,105	15.3	14.9	3.1	39.9
Austria	8,394	18.6	12.8	4.8	41.8	8,590	20.8	18.0	7.1	47.0
Azerbaijan	9,188	13.5	5.5	1.1	29.5	10,807	16.3	11.7	1.2	37.5
Belarus	9,595	19.3	10.4	3.1	38.3	8,883	20.1	15.6	3.6	43.6
Belgium	10,712	19.5	12.4	5.0	41.2	11,242	19.2	16.8	6.5	43.8
Bosnia and Herzegovina	3,760	19.8	11.4	2.6	39.4	3,473	22.1	18.5	4.7	47.0
Bulgaria	7,494	20.9	13.7	3.8	41.6	6,455	22.8	16.9	5.4	46.8
Canada	34,017	20.3	10.2	3.9	39.9	39,850	18.2	16.9	6.0	43.2
Croatia	4,403	20.7	13.4	3.8	41.5	4,185	20.6	17.6	5.8	45.9
Cyprus	1,104	16.6	9.0	2.6	34.2	1,301	19.1	13.4	4.3	41.6
Czech Republic	10,493	21.4	11.3	3.6	39.4	10,798	22.2	15.4	6.0	45.7
Denmark	5,550	19.6	12.3	4.1	40.6	5,885	18.8	15.5	6.8	42.1
Estonia	1,341	19.0	12.9	4.3	39.7	1,296	19.2	15.3	5.7	43.6
Finland	5,365	21.7	12.6	4.7	42.0	5,619	17.4	17.1	8.2	44.1
France	62,787	19.3	11.4	5.4	39.9	68,467	17.7	15.8	7.3	42.4
Georgia	4,352	18.1	11.1	3.2	37.3	3,760	19.5	17.8	4.2	44.2
Germany	82,302	19.7	15.3	5.1	44.3	79,469	20.5	20.1	8.0	48.8
Greece	11,359	18.7	13.7	4.8	41.4	11,621	22.9	16.6	6.7	47.4
Hungary	9,984	20.4	12.6	3.9	39.8	9,644	21.9	15.0	5.4	44.7
Iceland	320	17.3	8.7	3.4	34.8	390	17.1	13.9	4.8	39.1
Ireland	4,470	16.2	8.9	2.8	34.7	5,356	19.2	12.9	4.6	39.8
Israel	7,418	14.7	7.5	2.9	30.1	9,816	14.8	10.4	4.2	32.4
Italy	60,551	18.9	14.5	5.9	43.2	60,851	23.2	18.0	8.5	49.7
Kazakhstan	16,026	13.8	5.6	1.2	29.0	18,873	15.1	9.4	1.4	32.8
Kyrgyzstan	5,334	9.4	3.5	1.0	23.8	6,666	12.4	6.9	0.8	29.3
Latvia	2,252	18.4	13.7	4.1	40.2	2,073	19.9	15.9	5.4	44.4
Liechtenstein	36	21.1	11.0	3.2	..	42	..	..	..	..
Lithuania	3,324	17.9	12.3	3.7	39.3	3,068	19.2	15.7	4.8	43.3
Luxembourg	507	17.9	10.2	3.7	38.9	638	19.3	13.6	4.6	40.9
Malta	417	22.1	10.9	3.1	39.5	431	19.2	17.8	6.6	45.9
Moldova, Republic of	3,573	19.3	9.0	2.2	35.2	3,147	17.9	15.4	3.1	42.4
Monaco ^a	35	20.1	15.9	7.7	..	36	..	..	..	..
Montenegro	631	18.9	10.1	2.3	35.9	633	18.8	14.8	3.8	41.7
Netherlands	16,613	20.2	11.4	3.9	40.7	17,311	19.3	17.4	6.8	44.3
Norway	4,883	19.0	10.1	4.6	38.7	5,574	18.6	14.5	6.3	41.1
Poland	38,277	21.3	10.2	3.4	38.0	37,835	19.6	16.7	5.0	44.9
Portugal	10,676	18.8	13.4	4.6	41.0	10,309	23.4	18.1	7.2	49.1
Romania	21,486	19.0	11.8	3.1	38.5	20,291	23.8	14.7	4.5	45.3
Russian Federation	142,958	20.0	9.9	2.9	37.9	136,429	19.2	15.5	3.6	43.3
San Marino ^b	32	13.0	17.5	4.2	..	34	..	..	..	..
Serbia	9,856	19.1	11.2	3.1	37.6	9,479	20.5	15.0	4.0	43.0
Slovakia	5,462	19.6	9.4	2.7	36.9	5,547	21.4	15.6	4.2	44.6
Slovenia	2,030	21.0	12.4	4.1	41.7	2,059	21.7	18.2	6.5	47.6
Spain	46,077	17.5	12.0	4.9	40.1	49,998	24.0	16.4	6.8	48.0
Sweden	9,380	18.9	13.0	5.3	40.7	10,379	18.1	14.9	7.7	42.3
Switzerland	7,664	19.2	11.9	4.8	41.4	8,094	20.9	17.2	7.5	46.6
Tajikistan	6,879	7.3	2.8	0.7	20.4	9,016	9.5	5.3	0.7	25.5
The FYR of Macedonia	2,061	18.0	9.8	2.1	35.9	2,043	21.2	14.8	3.5	43.4
Turkey	72,752	12.2	5.1	0.8	28.3	86,665	17.8	9.7	1.7	35.9
Turkmenistan	5,042	9.8	3.4	0.8	24.5	6,165	14.2	7.0	0.9	32.0
Ukraine	45,448	19.5	12.0	3.4	39.3	40,515	20.2	15.5	4.0	43.9
United Kingdom	62,036	18.3	12.0	4.6	39.8	69,314	17.8	14.7	6.4	41.3
United States	310,384	18.8	9.3	3.8	36.9	361,680	16.4	14.7	5.2	39.1
Uzbekistan	27,445	9.6	3.4	0.9	24.2	33,375	14.0	7.4	1.0	32.5
UNECE region	1,240,917	18.3	10.4	3.7	37.6	1,331,985	18.5	14.9	5.2	41.8

Table 1. Population of UNECE countries in 2010 and projections for 2030: Sources and notes

Source: UNDESA Population Division, UNECE Gender database and national statistics.

Notes and definitions:

* Data refer to mid-year population estimates and may differ from the national statistics.

^a Data on population structure refer to population with Monaco nationality only.

^b Data by age groups refer to 51-60, 61-80 and 81+ years old population.

Median age of population refers to the 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.

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Table 2. Fertility and mortality rates in UNECE countries in 2000, 2005 and 2010

Countries	Total fertility rate			Adult mortality rate					
	2000	2005	2010	2000		2005		2009 ^b	
				Male	Female	Male	Female	Male	Female
Albania	2.2	1.8	1.5	119.2	58.9	103.6	50.0	96.4	46.7
Andorra	1.2	1.3	1.2	..	..	..	..	..	..
Armenia	1.7	1.7	1.7	200.2	97.9	175.9	84.6	164.1	79.6
Austria	1.4	1.4	1.4	126.3	63.1	111.4	55.0	99.3	50.1
Azerbaijan	2.0	2.3	2.3	221.1	118.4	197.5	103.3	184.4	80.0
Belarus	1.3	1.2	1.4	354.1	125.4	369.3	128.0	330.1	113.3
Belgium ^a	1.7	1.8	1.8	130.3	68.6	114.4	62.1	107.2	61.1
Bosnia and Herzegovina	1.4	1.2	1.1	161.1	81.4	146.5	74.1	136.8	70.1
Bulgaria	1.3	1.3	1.5	224.9	98.8	220.6	92.1	204.6	86.0
Canada	1.5	1.5	1.7	101.0	61.1	94.4	57.1	91.8	55.4
Croatia	1.4	1.4	1.5	174.6	71.0	159.7	65.0	144.0	58.3
Cyprus	1.6	1.4	1.4	90.7	47.5	84.1	43.4	78.4	39.4
Czech Republic	1.1	1.3	1.5	172.7	76.2	155.5	69.8	138.4	62.6
Denmark	1.8	1.8	1.9	125.9	78.8	111.2	69.3	106.7	64.9
Estonia	1.4	1.5	1.6	318.1	120.1	281.7	99.9	233.9	76.6
Finland	1.7	1.8	1.9	143.9	63.0	137.9	63.1	123.3	55.6
France	1.9	1.9	2.0	138.4	60.8	126.6	56.8	118.5	55.4
Georgia	1.6	1.6	1.6	197.2	76.5	184.2	70.8	178.4	67.6
Germany	1.4	1.3	1.4	124.1	63.0	110.0	57.2	101.5	53.7
Greece	1.3	1.3	1.5	116.0	49.2	108.5	46.7	102.2	45.8
Hungary	1.3	1.3	1.2	271.5	114.5	256.5	107.4	228.6	99.0
Iceland	2.1	2.0	2.2	98.8	59.1	68.9	48.7	63.7	39.8
Ireland	1.9	1.9	2.1	119.3	70.0	90.8	56.8	96.9	56.7
Israel	3.0	2.8	3.0	102.6	54.7	89.2	49.6	78.6	45.3
Italy	1.3	1.3	1.4	101.3	50.7	83.7	44.1	77.7	41.5
Kazakhstan	1.8	2.2	2.6	410.6	171.0	389.3	159.2	370.3	149.5
Kyrgyzstan	2.4	2.5	2.9	298.5	149.4	300.5	143.0	303.2	134.5
Latvia	1.2	1.3	1.2	320.8	116.8	310.6	111.3	247.4	94.3
Lichtenstein	1.6	1.5	1.4	..	..	..	..	..	..
Lithuania	1.4	1.3	1.6	293.2	103.2	325.9	109.7	275.0	95.1
Luxembourg	1.8	1.6	1.6	126.9	72.9	105.3	56.5	92.2	54.3
Malta	1.7	1.4	1.4	103.0	52.0	94.7	46.6	88.3	42.5
Moldova, Republic of	1.6	1.5	1.5	323.4	87.7	312.7	151.5	304.3	147.4
Monaco	1.8	1.8	1.5	..	..	..	..	..	..
Montenegro	1.8	1.6	1.7	175.8	87.7	176.5	95.3	167.8	90.5
Netherlands	1.7	1.7	1.8	100.1	67.2	82.7	61.3	75.4	55.9
Norway	1.9	1.8	2.0	106.6	61.1	88.1	55.9	82.4	49.9
Poland	1.4	1.2	1.4	218.4	86.7	208.3	79.8	197.5	76.1
Portugal	1.6	1.4	1.4	152.5	65.3	138.7	57.9	121.6	53.0
Romania	1.3	1.3	1.3	248.4	108.1	216.2	92.0	191.5	79.6
Russian Federation	1.2	1.3	1.5	443.0	158.5	466.8	173.3	371.7	139.2
San Marino	1.3	1.3	1.5	..	..	..	..	..	..
Serbia	1.5	1.4	1.4	177.8	97.5	163.3	89.2	152.7	83.4
Slovakia	1.3	1.3	1.4	216.6	79.6	201.8	77.5	184.2	74.3
Slovenia	1.3	1.3	1.6	168.1	73.6	140.1	63.6	124.2	53.5
Spain	1.2	1.3	1.4	122.2	49.0	110.0	45.0	94.2	42.6
Sweden	1.5	1.8	2.0	87.2	56.2	79.6	51.1	71.8	44.8
Switzerland	1.5	1.4	1.5	99.4	53.9	84.0	46.2	76.0	42.2
Tajikistan	4.0	3.6	3.2	266.2	147.3	247.1	139.4	227.9	130.0
The FYR of Macedonia	1.9	1.5	1.6	151.6	52.0	139.2	84.4	128.8	79.7
Turkey	2.3	2.2	2.1	180.9	112.2	153.9	89.6	138.8	78.6
Turkmenistan	2.9	2.6	2.4	313.0	171.5	310.9	165.9	305.5	160.2
Ukraine	1.1	1.2	1.4	377.8	135.3	403.5	150.2	..	..
United Kingdom	1.6	1.8	1.9	108.4	67.5	97.7	61.7	95.0	58.4
United States	2.1	2.1	2.1	143.7	83.2	141.4	81.6	138.5	79.9
Uzbekistan	2.6	2.4	2.5	249.2	143.4	246.8	141.7	243.9	139.6
UNECE region	1.69	1.70	1.79	201.3	93.5	196.1	84.6	167.3	80.9

Table 2. Fertility and mortality rates in UNECE countries in 2000, 2005 and 2010: Sources and notes

Source: Eurostat, World Bank and UNDESA Population Division.

Notes and definitions:

^a Total fertility rate data for Belgium refer to 2009 instead of 2010.

^b Adult mortality rate data for Austria, Iceland, and Italy refer to 2008, for Canada and United States refer to 2007 instead of 2009.

The total fertility rate is the 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.

The adult mortality rate is the probability of dying between age of 15 and 60 years per 1000 persons.

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Table 3. Life expectancy in UNECE countries, at birth and at age 65, by sex in 2000, 2005 and 2010

Countries	2000 ^a				2005 ^b				2010 ^c			
	Male		Female		Male		Female		Male		Female	
	at birth	at 65	at birth	at 65	at birth	at 65	at birth	at 65	at birth	at 65	at birth	at 65
Albania	72.0	13.5	78.0	17.2	72.1	14.9	78.6	17.8	72.9	..	77.8	..
Armenia	70.1	14.4	75.8	15.8	69.7	12.9	76.0	15.6	70.5	13.3	76.7	16.0
Austria	75.2	16.0	81.2	19.6	76.6	17.0	82.2	20.3	77.9	17.9	83.5	21.4
Azerbaijan	68.7	13.7	74.4	15.9	70.1	13.9	75.4	15.7	71.2	14.1	76.0	16.0
Belarus	63.4	11.6	74.8	15.8	62.9	11.3	75.1	16.1	64.8	11.8	76.6	16.9
Belgium	74.6	15.6	81.0	19.7	76.2	16.6	81.9	20.2	77.6	17.6	83.0	21.3
Bosnia and Herzegovina	71.3	..	76.7	..	72.1	..	77.5	..	72.4	..	77.7	..
Bulgaria	68.4	12.7	75.0	15.3	69.0	13.1	76.2	16.1	70.3	13.6	77.4	17.0
Canada	76.3	16.5	81.7	20.2	77.7	17.6	82.5	20.9	78.3	18.1	83.0	21.3
Croatia	71.2	13.4	78.3	16.9	71.8	13.8	78.8	17.3	73.5	14.6	79.9	18.2
Cyprus	75.4	15.9	80.1	18.3	76.8	16.8	80.9	19.1	78.6	18.1	83.6	20.9
Czech Republic	71.7	13.8	78.5	17.3	72.9	14.4	79.2	17.7	74.5	15.5	80.9	19.0
Denmark	74.5	15.2	79.2	18.3	76.0	16.1	80.5	19.1	77.2	17.0	81.4	19.7
Estonia	65.2	12.6	76.2	17.0	67.3	13.0	78.1	18.0	70.6	14.2	80.8	19.4
Finland	74.2	15.5	81.2	19.5	75.6	16.8	82.5	21.0	76.9	17.5	83.5	21.5
France	75.3	16.8	83.0	21.4	76.7	17.7	83.8	22.0	78.3	18.9	85.3	23.4
Georgia	67.5	12.9	75.0	15.7	69.7	13.8	78.4	18.1	70.0	14.5	78.8	18.3
Germany	75.1	15.8	81.2	19.6	76.7	16.9	82.0	20.1	78.0	17.8	83.0	20.9
Greece	75.5	16.1	80.6	18.4	76.8	17.1	81.6	19.2	78.4	18.5	82.8	20.4
Hungary	67.5	13.0	76.2	16.7	68.7	13.3	77.2	17.2	70.7	14.1	78.6	18.2
Iceland	77.8	17.8	81.6	19.8	79.6	18.4	83.5	21.0	79.8	18.3	84.1	21.5
Ireland	74.0	14.6	79.2	18.0	77.2	16.7	81.6	19.8	78.7	18.1	83.2	21.1
Israel	76.7	17.0	81.1	19.3	78.2	17.9	82.1	20.0	80.1	19.2	83.9	21.6
Italy	76.9	16.7	82.8	20.7	78.0	17.4	83.6	21.3	79.4	18.3	84.6	22.1
Kazakhstan	60.2	10.6	71.7	15.2	60.4	11.1	71.7	14.9	63.7	12.0	73.6	15.9
Kyrgyzstan	63.8	12.6	72.0	15.3	63.8	12.2	71.9	15.2	64.8	13.1	73.0	16.2
Latvia	64.7	12.5	76.0	17.0	65.4	12.5	76.5	17.2	68.6	13.3	78.4	18.2
Liechtenstein	73.9	15.2	79.9	19.5	77.4	18.2	84.1	21.6	79.5	19.6	84.3	21.8
Lithuania	66.8	13.7	77.5	17.9	65.3	13.0	77.3	17.6	68.0	13.5	78.9	18.4
Luxembourg	74.6	15.5	81.3	20.1	76.7	16.7	82.3	20.4	77.9	17.3	83.5	21.6
Malta	76.2	15.1	80.3	18.5	77.2	16.2	81.4	19.4	79.2	18.4	83.6	21.1
Moldova, Republic of	64.0	11.4	71.5	13.9	64.7	11.5	72.4	14.3	64.9	11.9	73.5	14.8
Montenegro	71.5	14.6	76.7	16.5	71.4	13.9	77.0	16.3	73.5	15.0	78.4	17.1
Netherlands	75.6	15.4	80.7	19.3	77.2	16.4	81.7	20.1	78.9	17.7	83.0	21.0
Norway	76.0	16.1	81.5	19.9	77.8	17.2	82.7	20.9	79.0	18.0	83.3	21.2
Poland	69.6	13.6	78.0	17.5	70.8	14.3	79.3	18.5	72.1	15.1	80.7	19.5
Portugal	73.2	15.4	80.2	18.9	74.9	16.1	81.3	19.4	76.7	17.1	82.8	20.6
Romania	67.7	13.4	74.8	15.9	68.7	13.4	75.7	16.1	70.1	14.0	77.6	17.2
Russian Federation	59.1	11.0	72.4	15.2	60.4	11.4	73.2	15.6	62.8	12.0	74.7	16.5
San Marino	77.9	18.6	86.6	23.7	79.7	18.3	85.9	24.2	77.6	..	..	..
Serbia	68.9	12.5	74.4	14.6	70.2	13.0	75.6	15.1	71.8	14.0	77.0	16.2
Slovakia	69.2	12.9	77.5	16.7	70.2	13.3	78.1	17.1	71.7	14.0	79.3	18.0
Slovenia	72.2	14.2	79.9	18.7	73.9	15.2	80.9	19.3	76.4	16.8	83.1	21.0
Spain	75.8	16.7	82.9	20.8	77.0	17.3	83.7	21.3	79.1	18.6	85.3	22.7
Sweden	77.4	16.7	82.0	20.2	78.5	17.4	82.9	20.7	79.6	18.3	83.6	21.2
Switzerland	77.0	17.0	82.8	20.9	78.7	18.1	84.0	21.7	80.2	19.0	84.8	22.4
Tajikistan	66.1	13.9	70.3	15.3	68.1	14.1	73.2	17.1	69.7	14.7	74.8	17.5
The FYR of Macedonia	70.8	13.1	75.2	15.1	71.6	13.4	75.9	15.2	72.9	13.9	77.2	16.0
Turkey	67.4	13.2	72.6	15.4	..	..	..	..	73.3	15.2	78.8	18.4
Turkmenistan	64.9	..	71.8	..	65.8	..	72.7	..	..	..	..	..
Ukraine	62.3	11.6	73.4	15.2	61.5	11.7	73.8	15.5	65.2	12.2	75.3	16.1
United Kingdom	75.5	15.8	80.3	19.0	77.1	17.0	81.3	19.7	78.7	18.3	82.6	20.9
United States	74.1	16.2	79.3	19.3	74.9	17.2	79.9	20.0	75.4	17.2	80.4	19.9
Uzbekistan	67.0	13.0	72.2	14.9	68.2	13.0	73.0	15.0	..	..	..	..
UNECE region	70.9	15.1	77.9	18.4	72.3	15.9	79.1	19.1	73.9	16.7	80.3	19.9

Table 3. Life expectancy in UNECE countries, at birth and at age 65, by sex in 2000, 2005 and 2010:

Source and Notes

Source: Eurostat, UNECE Gender Statistics database and World Health Organisation

Notes and definitions:

^a For Croatia and Latvia, data refer to 2002 instead of 2000.

^b For Armenia, Azerbaijan, Republic of Moldova, Russian Federation and Ukraine data refer to 2006 instead of 2005.

^c For Canada and United States data refer to 2007; for Albania, Bosnia and Herzegovina, Tajikistan to 2008; for Armenia, Belarus, Cyprus, Israel, Italy, Kazakhstan, Kyrgyzstan, Russian Federation and Turkey to 2009 instead of 2010.

Life expectancy at birth is the average number of years a new-born is expected to live, if the prevailing patterns of mortality at the time of her/his birth were to stay the same throughout her/his 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 she/he has reached the age of 65 were to stay the same throughout the rest of her/his life.

Table 4. Health-adjusted life expectancy in UNECE countries, at birth and at age 65, by sex in 2000, 2005 and 2010

<i>Countries</i>	2000 ^a				2005 ^b				2010			
	Male		Female		Male		Female		Male		Female	
	at birth	at 65	at birth	at 65	at birth	at 65	at birth	at 65	at birth	at 65	at birth	at 65
Albania*	55.9	..	61.3	..	59.5	..	63.3	..	63.8	..	64.3	..
Andorra*	68.7	..	72.9	..	69.8	..	74.6	..	63.8	..	75.9	..
Armenia*	54.9	..	60.9	..	59.4	..	62.6	..	59.1	..	63.1	..
Austria	64.6	10.1	68.0	11.1	58.3	6.8	60.1	6.9	59.3	8.5	60.7	7.9
Azerbaijan*	49.1	..	54.3	..	55.8	..	58.7	..	58.6	..	59.6	..
Belarus*	54.3	..	63.2	..	56.6	..	64.9	..	58.3	..	66.1	..
Belgium	65.7	11.2	69.1	12.5	62.4	9.4	62.2	9.8	64.1	10.4	62.7	9.7
Bosnia and Herzegovina*	59.9	..	64.8	..	62.3	..	66.4	..	65.4	..	67.6	..
Bulgaria	..	..	..	..	66.1	11.4	71.9	13.7	63.0	8.8	67.2	9.9
Canada	68.3	..	70.8	..	..	..	..	..	..	..	..	..
Croatia	..	..	..	..	..	..	..	..	57.4	6.4	60.6	6.4
Cyprus	..	..	..	..	59.9	6.8	58.3	5.0	65.1	10.0	64.9	8.2
Czech Republic	..	..	..	..	57.9	6.6	59.9	7.0	62.2	8.5	64.6	8.8
Denmark	62.9	7.7	61.9	9.9	68.5	13.2	68.5	14.0	62.3	11.8	61.9	12.8
Estonia	..	..	..	..	48.0	3.4	52.6	3.6	54.0	5.3	58.1	5.5
Finland	56.3	5.8	56.8	6.9	51.8	6.3	52.6	6.6	58.5	8.8	57.8	8.9
France	60.1	7.7	63.2	8.6	62.3	8.5	64.3	9.7	61.9	9.0	63.5	9.8
Georgia*	57.4	..	62.0	..	62.2	..	66.6	..	61.5	..	67.3	..
Germany	63.2	10.0	64.6	9.5	54.6	6.4	54.8	5.9	57.9	6.9	58.6	7.1
Greece	66.3	9.6	68.2	10.6	65.9	9.7	67.2	10.0	66.4	8.8	67.6	8.1
Hungary	..	..	..	..	52.2	5.1	54.3	5.0	56.4	5.4	58.6	5.9
Iceland	..	..	..	..	66.7	12.5	64.8	12.3	69.3	13.4	67.9	14.8
Ireland	63.3	10.0	66.9	10.7	62.9	9.1	64.1	9.8	65.9	11.1	66.9	11.2
Israel*	68.0	..	70.7	..	70.5	..	72.3	..	71.8	..	73.7	..
Italy	69.7	11.9	72.9	13.6	66.5	9.9	67.9	10.2	67.3	10.1	67.3	9.9
Kazakhstan*	48.4	..	55.7	..	52.6	..	59.3	..	52.7	..	59.7	..
Kyrgyzstan*	47.6	..	55.2	..	52.2	..	58.4	..	55.3	..	58.7	..
Latvia	..	..	..	..	50.8	5.0	53.4	5.5	53.5	4.9	56.5	5.6
Lithuania	..	..	..	..	51.4	5.2	54.5	4.3	57.7	6.3	62.3	6.7
Luxembourg	..	..	..	..	62.3	9.2	62.3	9.3	64.5	10.5	66.0	12.4
Malta	..	..	..	..	68.6	10.5	70.4	11.1	70.2	12.0	71.6	11.9
Moldova, Republic of*	54.0	..	60.6	..	57.2	..	62.4	..	58.0	..	63.0	..
Monaco*	68.5	..	73.1	..	70.7	..	75.2	..	71.3	..	75.7	..
Montenegro*	..	..	..	..	..	..	..	..	64.5	..	66.0	..
Netherlands	61.4	9.0	60.2	9.9	65.4	10.5	63.1	11.1	61.1	9.4	60.2	9.5
Norway	..	..	..	..	65.5	12.5	63.9	12.3	68.9	14.5	69.7	15.7
Poland	..	..	..	..	61.1	8.4	66.9	10.2	58.5	6.7	62.2	7.5
Portugal	60.2	8.4	62.2	8.8	58.5	6.5	56.8	5.2	59.2	7.1	56.6	5.7
Romania	..	..	..	..	..	..	..	..	57.4	5.9	57.4	5.0
Russian Federation*	51.4	..	61.8	..	52.8	..	64.3	..	54.6	..	65.5	..
San Marino*	70.5	..	73.8	..	70.9	..	75.9	..	74.3	..	75.6	..
Serbia	..	..	..	..	..	..	..	..	64.0	..	65.9	..
Slovakia	..	..	..	..	55.3	4.8	56.7	5.4	52.3	3.3	52.1	2.8
Slovenia	..	..	..	..	56.3	7.4	60.1	8.6	53.2	6.6	54.5	7.2
Spain	66.5	11.4	69.3	12.2	63.2	9.7	63.4	9.2	64.3	9.6	63.7	8.9
Sweden	63.1	9.4	61.9	9.3	64.7	10.7	63.3	11.1	71.7	14.1	71.0	15.5
Switzerland	..	..	..	..	..	..	..	..	65.5	11.5	63.5	12.2
Tajikistan*	46.4	..	52.4	..	53.1	..	56.4	..	57.8	..	57.0	..
The FYR of Macedonia*	60.6	..	64.0	..	61.9	..	65.0	..	64.7	..	66.3	..
Turkey*	58.4	..	60.9	..	61.2	..	62.8	..	64.1	..	67.5	..
Turkmenistan*	46.7	..	53.7	..	51.6	..	57.2	..	53.2	..	57.2	..
Ukraine*	52.9	..	62.0	..	54.9	..	63.6	..	55.3	..	64.2	..
United Kingdom	61.3	8.6	61.2	9.6	64.0	10.4	65.5	11.4	65.1	10.9	65.7	11.8
United States	67.2	15.3	71.3	17.9	..	..	..	..	..	..	..	..
Uzbekistan*	50.8	..	55.9	..	57.9	..	60.9	..	58.2	..	60.3	..
UNECE region	59.6	9.7	63.5	10.7	60.1	8.4	62.8	8.7	61.7	9.1	64.0	9.4

Table 4. Health-adjusted life expectancy in UNECE countries, at birth and at age 65, by sex in 2000, 2005 and 2010: Sources and notes

Source: Eurostat and World Health Organisation (*).

Notes and definitions:

* Data according to WHO definition and refer to 2002 instead of 2005 and 2007 instead of 2010. Data for different years is not necessarily comparable and should not be used to analyse trends over time.

^a Data for Canada refer to 2001 instead of 2000.

^b Data for Bulgaria refer to 2006 instead of 2005.

Health-adjusted life expectancy in case of:

Eurostat source refers to *the healthy life years* (HLY) that measures the number of remaining years that a person of specific age is expected to live without any severe or moderate health problems. The notion of health problem for Eurostat's HLY is reflecting a disability dimension and based on a self-perceived question which aims to measure the extent of any limitations because of a health problem that may have affected respondents as regards activities they usually do, for at least six months (the so-called GALI - Global Activity Limitation Instrument foreseen in the annual EU-SILC survey).

WHO source (*) refer to *Disability-adjusted life expectancy* (DALE) that is calculated using the Sullivan method based on age-specific information on the prevalence of non-fatal health outcomes. National DALE estimates are based on the life tables for each Member State, population representative sample surveys assessing physical and cognitive disability and general health status, and detailed information on the epidemiology of major disabling conditions in each country (See the World Health Report 2000 for further methodological details).

Table 5. Labour force participation rate in UNECE countries, by age and sex in 2000, 2005 and 2010

Countries	2000				2005				2010			
	25-54 years old		55-59 years old		25-54 years old		55-59 years old		25-54 years old		55-59 years old	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	89.6	66.2	77.5	28.5	89.9	66.1	77.4	31.3	89.3	66.1	77.6	34.5
Armenia	89.5	77.5	81.2	55.7	89.9	70.0	84.7	59.5	90.1	63.3	87.4	63.1
Austria	94.0	76.3	63.8	25.8	92.8	79.9	65.2	39.0	92.5	82.8	73.3	52.3
Azerbaijan	91.6	74.4	69.3	34.0	92.1	79.5	66.6	48.2	90.6	81.6	65.5	58.0
Belarus	88.2	86.8	71.7	28.3	84.6	83.2	71.4	33.3	81.4	79.6	71.3	38.5
Belgium	92.1	73.1	53.8	24.9	92.2	76.9	57.6	33.8	92.2	80.4	66.2	45.7
Bosnia and Herzegovina	80.1	49.4	54.2	19.5	79.6	48.5	54.2	19.3	82.7	54.5	55.8	21.9
Bulgaria	86.0	81.8	59.6	25.9	83.2	76.6	63.6	45.1	86.0	79.4	70.7	67.4
Canada	91.1	78.5	72.5	53.1	91.5	81.0	76.3	60.2	90.5	82.3	77.7	67.6
Croatia	89.7	73.7	55.4	21.0	86.3	76.0	61.7	32.1	83.7	77.1	64.6	36.8
Cyprus	95.3	68.8	83.2	42.9	95.3	76.7	84.3	42.8	93.4	81.1	87.8	58.7
Czech Republic	95.0	81.9	75.8	32.6	94.8	81.6	82.8	49.0	95.4	79.4	85.3	60.2
Denmark	91.5	84.4	82.9	67.7	91.7	84.5	86.3	79.9	92.4	85.6	85.7	77.9
Estonia	92.3	84.0	74.8	55.7	89.1	83.2	74.1	73.0	91.8	84.8	75.3	80.2
Finland	90.7	85.1	66.0	66.7	90.3	85.2	69.0	72.5	90.7	84.4	76.0	79.9
France	94.3	78.6	58.5	46.2	94.0	81.3	62.7	54.1	94.2	83.8	69.2	61.4
Georgia	87.3	67.6	88.2	65.9	90.5	69.9	85.2	72.4	90.8	70.1	85.8	72.8
Germany	93.5	76.9	76.1	55.7	93.6	79.0	82.2	64.5	93.1	81.4	84.8	70.3
Greece	94.5	62.3	72.1	31.4	94.6	68.4	73.0	32.9	94.3	72.4	75.0	41.1
Hungary	84.4	70.4	51.7	20.4	85.6	72.1	59.6	43.4	87.4	74.6	63.2	50.9
Iceland	96.1	88.1	96.9	80.2	94.3	85.0	93.0	87.3	93.3	85.2	91.5	85.4
Ireland	92.0	64.9	73.8	35.0	92.1	69.6	74.9	46.5	89.3	71.4	73.8	54.7
Israel	84.0	68.5	71.1	49.9	82.6	70.7	75.9	56.7	83.8	73.6	76.5	62.8
Italy	90.3	57.9	53.4	24.2	91.2	63.6	57.4	32.2	89.4	64.5	68.3	41.8
Kazakhstan	95.4	88.6	82.9	54.3	95.1	88.7	86.1	64.6	95.5	90.7	89.3	72.8
Kyrgyzstan	92.5	75.6	81.3	45.5	94.6	74.0	85.1	45.3	96.1	74.9	85.7	45.1
Latvia	88.5	82.8	73.2	40.6	89.4	82.0	77.8	64.8	91.3	85.9	76.6	77.8
Lithuania	90.4	88.3	76.1	53.9	90.0	85.8	73.1	66.7	89.1	87.9	76.4	72.1
Luxembourg	94.2	64.8	58.0	20.9	95.5	72.2	58.2	36.7	94.8	76.4	67.2	46.3
Malta	93.7	34.2	80.6	15.0	93.4	38.5	71.9	19.0	94.6	51.0	78.6	23.5
Moldova, Republic of	81.6	79.7	87.2	51.4	66.3	68.9	85.1	64.1	57.9	57.3	57.1	47.2
Montenegro ^a	88.7	68.7	63.3	28.6	88.9	71.9	64.9	29.3	88.0	72.9	65.7	36.0
Netherlands	93.9	73.1	70.3	39.2	93.8	79.0	78.3	50.1	93.3	82.4	85.0	61.2
Norway	91.4	83.5	84.8	71.8	90.1	83.0	82.9	71.9	90.2	84.4	82.9	75.8
Poland	88.5	76.6	51.4	31.8	88.9	76.7	52.4	29.5	89.7	78.5	64.6	36.3
Portugal	92.4	77.4	73.1	47.7	92.4	81.8	73.1	53.1	92.6	84.9	73.3	56.3
Romania	90.9	77.6	64.8	51.5	85.8	70.7	58.3	39.1	87.5	71.5	64.8	41.6
Russian Federation	91.0	85.7	70.4	38.1	91.2	85.5	61.4	42.4	92.2	85.9	75.3	49.9
Serbia ^a	88.7	68.7	63.3	28.6	88.9	71.9	64.9	29.3	88.0	72.9	65.7	36.0
Slovakia	93.9	82.9	65.6	17.2	93.8	82.0	79.8	27.0	92.9	80.8	81.0	51.3
Slovenia	90.6	84.6	44.6	18.4	91.0	86.5	62.7	27.3	91.7	88.2	61.7	35.5
Spain	93.0	62.8	75.7	28.2	92.4	69.0	75.4	37.7	92.5	78.3	79.6	49.0
Sweden	90.7	85.6	84.5	79.5	92.4	86.5	85.9	79.7	93.6	87.5	88.3	82.0
Switzerland	96.7	78.0	91.0	67.1	95.6	81.3	88.5	70.8	95.7	83.3	90.3	74.4
Tajikistan	94.5	78.8	87.0	51.3	94.4	78.3	86.5	50.4	94.1	77.6	86.0	51.3
The FYR of Macedonia	89.5	60.9	61.2	21.8	88.3	63.7	66.6	30.3	93.3	65.0	78.7	39.9
Turkey	89.5	28.9	58.4	24.3	89.2	27.3	50.6	16.0	89.7	34.1	50.6	19.1
Turkmenistan	91.2	64.0	81.6	40.9	92.2	62.4	82.7	39.9	92.0	60.8	82.6	39.0
Ukraine	88.9	83.5	69.2	32.4	86.4	78.7	67.6	37.6	86.5	78.8	65.9	38.6
United Kingdom	91.9	76.2	74.7	57.6	91.0	77.2	77.8	63.6	91.4	78.7	80.9	67.8
United States	91.7	76.7	77.0	61.4	90.5	75.3	77.6	65.6	89.3	75.2	78.5	68.4
Uzbekistan	89.6	63.9	80.2	40.9	90.2	63.6	80.8	40.6	91.2	62.8	81.9	40.2
UNECE region	91.4	74.3	70.5	45.8	90.8	74.2	70.8	51.1	90.6	75.6	74.9	56.3

Table 5. Labour force participation rate in UNECE countries, by age and sex in 2000, 2005 and 2010:

Source and Notes

Source: International Labour Organisation.

Notes and definitions:

^a Data refer to Serbia and Montenegro together (long-term series).

Labour force participation rate is the share of the labour force (employed + unemployed persons) of the total population for a given age group.

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Table 5 (cont.). Labour force participation rate by age and sex in 2000, 2005 and 2010

<i>Countries</i>	2000				2005				2010			
	60-64 years old		65+ years old		60-64 years old		65+ years old		60-64 years old		65+ years old	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	47.5	22.0	27.9	8.3	48.4	23.1	27.3	8.1	49.3	24.4	27.5	8.4
Armenia	60.5	30.9	26.0	15.8	63.9	35.3	31.0	16.5	66.9	40.1	34.8	17.9
Austria	17.1	8.0	4.4	1.7	20.2	8.3	5.0	1.7	30.7	14.8	7.7	3.6
Azerbaijan	38.2	20.2	17.4	11.3	48.6	38.4	13.8	10.2	55.5	51.9	12.5	9.9
Belarus	26.0	10.8	5.2	1.6	28.3	13.6	5.5	1.8	30.6	16.9	5.7	2.0
Belgium	18.8	7.1	2.2	1.1	24.0	9.8	3.4	1.0	27.2	15.0	3.2	1.2
Bosnia and Herzegovina	28.4	7.7	7.1	3.4	28.4	7.6	7.1	3.3	29.1	6.7	6.5	3.2
Bulgaria	19.6	6.9	4.2	1.4	32.7	7.7	4.0	1.4	41.5	18.4	4.8	1.6
Canada	45.8	27.0	9.4	3.3	54.0	34.9	12.1	4.9	57.7	44.1	16.2	7.5
Croatia	22.7	9.2	10.7	5.3	30.0	17.2	9.2	5.6	34.1	17.0	6.5	4.2
Cyprus	51.8	22.4	17.5	4.6	59.6	20.9	19.6	4.8	59.8	29.1	20.5	6.3
Czech Republic	24.5	11.9	6.8	2.4	34.4	12.9	6.3	2.3	38.2	15.5	7.1	3.2
Denmark	39.3	23.7	3.9	1.6	47.6	29.1	9.2	2.7	49.4	32.3	9.9	3.4
Estonia	40.8	26.1	11.6	6.5	51.8	39.8	15.0	9.6	51.5	45.5	14.1	11.8
Finland	28.3	21.6	4.9	1.0	37.0	32.4	5.3	1.9	44.4	42.0	7.8	2.8
France	11.1	10.4	1.6	0.6	15.4	13.8	1.7	0.9	20.2	17.7	2.4	1.1
Georgia	78.8	54.8	60.2	42.7	81.2	58.4	54.8	42.3	81.6	59.1	53.9	40.9
Germany	30.2	13.3	4.4	1.5	40.7	22.9	5.1	2.2	53.7	35.5	5.7	2.8
Greece	45.2	20.5	8.4	2.7	45.4	20.7	7.0	2.0	44.3	21.2	6.3	2.2
Hungary	11.9	5.0	3.0	1.2	21.3	9.9	2.9	0.9	17.6	10.3	3.2	1.5
Iceland	91.9	72.6	34.1	12.2	86.3	75.2	27.7	11.7	84.7	73.0	29.2	17.3
Ireland	53.7	19.5	14.9	2.9	58.6	27.7	14.1	3.2	55.3	32.8	14.0	4.4
Israel	56.6	26.0	14.3	4.2	56.5	27.9	16.3	5.7	68.1	44.1	19.1	7.1
Italy	30.6	7.8	5.6	1.4	28.8	9.4	6.0	1.1	30.7	12.3	5.7	1.3
Kazakhstan	48.1	25.7	17.4	9.7	54.3	24.4	12.9	7.5	65.3	28.8	12.5	7.8
Kyrgyzstan	51.3	25.1	22.4	10.3	56.6	20.9	19.1	7.5	61.2	22.8	20.6	8.2
Latvia	33.9	16.1	10.5	5.2	43.4	33.0	17.1	6.8	36.9	31.1	9.7	6.0
Lithuania	40.5	17.1	10.1	6.8	54.0	22.6	6.3	2.6	46.1	29.9	7.0	3.4
Luxembourg	16.5	12.5	2.3	1.2	15.1	11.0	1.0	0.4	26.2	14.7	5.4	1.9
Malta	21.4	2.1	3.6	0.4	26.8	3.4	3.8	0.7	24.5	5.3	6.9	1.4
Moldova, Republic of	51.5	27.6	24.2	15.1	47.5	27.6	20.8	14.6	48.4	16.3	10.0	4.0
Montenegro ^a	34.3	15.9	16.7	8.9	31.3	12.8	11.5	6.2	37.8	15.9	16.5	9.1
Netherlands	26.8	11.4	4.3	1.4	33.8	18.1	7.8	2.1	49.7	27.8	9.4	3.2
Norway	60.6	48.4	8.7	4.0	64.1	51.8	10.4	5.4	63.9	55.2	14.8	7.2
Poland	29.7	16.3	12.4	5.2	27.7	14.0	9.3	3.9	28.4	13.1	7.7	3.0
Portugal	55.5	36.0	25.0	12.9	49.5	37.9	24.6	13.2	49.5	37.6	22.2	12.6
Romania	52.8	44.1	43.5	34.4	35.8	26.8	23.0	18.0	37.0	23.6	22.4	17.5
Russian Federation	37.4	21.6	9.5	4.5	46.7	27.9	9.5	4.6	33.9	21.3	8.1	4.0
Serbia ^a	34.3	15.9	16.7	8.9	31.3	12.8	11.5	6.2	37.8	15.9	16.5	9.1
Slovakia	10.6	3.4	2.0	0.6	22.1	7.6	2.3	0.9	29.9	8.0	2.8	1.2
Slovenia	20.3	11.3	10.8	5.4	22.9	9.8	11.5	5.5	27.4	13.2	10.4	5.2
Spain	43.3	16.6	2.6	1.0	48.8	20.4	3.2	1.1	46.6	27.3	2.7	1.5
Sweden	56.7	48.6	11.6	2.9	65.5	57.1	9.7	3.0	70.8	58.8	12.1	4.4
Switzerland	64.1	34.2	14.4	6.1	64.7	42.9	11.2	4.9	70.2	46.9	14.1	6.6
Tajikistan	57.3	23.5	20.7	8.3	58.5	23.8	21.0	8.5	59.7	24.0	21.3	8.7
The FYR of Macedonia	31.5	8.0	8.0	3.7	37.2	10.6	6.8	3.2	48.2	18.3	5.2	2.1
Turkey	47.8	18.6	32.5	11.3	37.2	13.2	22.1	6.6	40.0	15.0	19.9	5.9
Turkmenistan	54.8	20.2	20.8	7.9	55.5	19.7	21.1	7.8	55.4	19.3	21.1	7.6
Ukraine	28.5	17.4	17.7	10.8	32.2	24.7	22.7	17.3	34.4	26.8	24.0	20.7
United Kingdom	50.2	25.9	7.8	3.4	55.4	30.6	9.0	4.4	57.9	34.1	11.3	6.4
United States	55.0	40.2	17.7	9.4	58.0	45.8	19.8	11.5	60.0	50.7	22.1	13.8
Uzbekistan	53.8	20.2	20.4	8.0	54.2	20.1	20.6	7.9	54.9	19.9	20.9	7.8
UNECE region	39.6	22.7	11.7	5.7	44.5	28.1	11.9	6.2	46.5	31.5	12.6	7.1

Table 5 (cont.). Labour force participation rate in UNECE countries, by age and sex in 2000, 2005 and 2010:

Source and Notes

Source: International Labour Organisation.

Notes and definitions:

^a Data refer to Serbia and Montenegro together (long-term series).

Labour force participation rate is the share of the labour force (employed + unemployed persons) of the total population for a given age group.

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Table 6. Unemployment rate by age and sex in 2000, 2005 and 2010

Countries	2000				2005				2010 ^a			
	25-54 years old		55-59 years old		25-54 years old		55-59 years old		25-54 years old		55-59 years old	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania ^b	13.8	28.1	..	..	..	..	..	..	..	..	..	..
Armenia ^f	33.6	36.5	26.0	18.2	20.8	36.2	26.8	15.0	15.5	19.3	14.0	17.1
Austria	2.9	3.6	5.9	5.4	3.9	4.8	4.3	2.5	4.1	3.7	3.0	..
Azerbaijan	..	..	..	..	5.8	5.8	5.0	6.2	2.9	5.8	4.4	3.5
Belarus ^c	1.1	1.8	0.7	..	0.6	1.6	0.7	..	0.6	0.7	..	..
Belgium	4.9	7.6	3.2	3.8	6.6	8.9	3.9	5.8	7.3	7.6	4.4	5.7
Bosnia and Herzegovina	..	..	..	..	..	..	..	..	..	..	..	..
Bulgaria	14.7	14.6	14.1	9.0	9.0	8.9	9.0	8.5	9.5	8.5	10.6	9.1
Canada	5.6	5.7	5.4	5.5	5.7	5.6	5.1	5.1	..	..	..	..
Croatia	11.0	13.9	8.6	11.2	8.2	11.2	10.2	5.9	7.4	9.4	7.8	7.4
Cyprus	2.0	4.7	2.1	3.2	2.5	4.2	2.9	2.9	3.7	4.0	4.9	4.0
Czech Republic	6.0	10.0	5.4	5.8	5.3	9.3	5.3	6.8	5.2	8.0	7.5	7.2
Denmark ^{b,e}	3.9	5.3	6.2	8.1	3.7	4.7	5.4	6.6	7.1	5.8	8.8	5.5
Estonia	13.2	12.1	..	..	8.1	6.9	..	..	17.5	12.9	21.6	17.2
Finland	7.2	8.8	10.3	10.0	6.5	7.2	8.4	7.3	7.3	6.2	8.3	6.1
France	6.4	9.5	6.4	9.7	6.7	9.0	6.3	5.8	7.3	8.4	7.3	6.8
Georgia	9.6	10.3	5.9	5.8	13.8	13.0	9.9	6.9	15.5	13.0	13.7	9.7
Germany	6.5	7.4	14.9	18.2	10.3	10.2	13.0	14.2	6.9	6.1	7.9	7.4
Greece	5.8	14.3	3.7	5.1	4.9	13.6	3.2	4.6	8.9	14.8	6.7	7.7
Hungary	4.7	4.0	4.0	1.8	4.1	3.3	3.2	0.7	10.5	10.0	9.2	7.9
Iceland	0.9	2.1	..	2.0	1.5	1.7	1.3	1.5	6.6	5.4	5.0	2.5
Ireland	4.2	3.6	2.9	2.6	4.0	3.2	3.1	2.7	16.2	8.6	10.4	..
Israel	7.4	8.3	7.8	5.7	7.8	8.7	8.4	7.5	..	..	..	..
Italy	6.4	12.1	4.5	5.3	5.0	8.9	3.3	3.2	6.4	9.1	4.1	3.1
Kazakhstan	..	..	..	..	5.5	9.0	5.5	6.8	5.2	7.1	5.4	7.2
Kyrgyzstan	2.5	3.4	1.5	0.6	2.6	3.9	0.7	2.5	5.9	7.5	3.6	4.1
Latvia	17.4	15.2	11.9	8.4	9.9	9.7	12.0	7.1	20.3	14.1	20.6	13.9
Lithuania	17.6	13.4	16.4	9.6	7.5	8.2	8.4	7.8	19.7	13.3	19.0	16.0
Luxembourg ^d	2.2	2.8	..	..	4.0	4.4	..	..	2.5	4.3	..	..
Malta	6.5	5.3	2.5	4.0	4.6	6.0	..	2.3	4.6	6.0	..	..
Moldova, Republic of	8.5	6.1	2.9	1.5	7.9	5.2	4.0	2.5	8.8	5.3	5.5	2.4
Montenegro	..	..	..	..	..	..	..	..	..	..	..	..
Netherlands	2.7	4.5	2.6	1.8	5.7	6.8	5.0	4.4	3.5	3.7	4.4	3.6
Norway	2.5	1.8	1.9	1.2	2.3	2.4	1.6	0.9	3.0	2.3	..	..
Poland	24.0	34.0	9.3	9.9	27.4	35.2	15.0	10.3	7.7	8.6	8.0	7.5
Portugal	3.8	6.0	3.5	3.3	8.8	11.8	8.6	6.2	9.3	12.1	11.2	9.2
Romania	7.0	6.2	2.6	0.7	6.6	5.9	4.5	1.6	6.9	5.8	5.9	2.4
Russian Federation	9.6	8.7	8.2	7.9	6.3	5.9	5.0	3.6	6.7	5.9	6.0	4.0
Serbia	..	..	..	..	11.3	12.3	10.3	20.6	17.9	21.8	14.9	10.9
Slovakia	15.2	15.8	14.3	8.9	13.0	15.6	13.6	12.3	12.3	13.2	11.0	12.0
Slovenia	11.4	0.0	8.9	..	9.3	11.6	5.0	..	7.2	6.8	4.4	..
Spain	7.9	18.7	9.1	12.3	5.9	10.9	5.5	7.9	17.9	19.2	15.0	15.0
Sweden	4.2	3.7	4.9	0.5	5.1	32.7	4.0	6.5	6.0	6.4	6.2	4.2
Switzerland ^e	1.7	2.0	1.6	1.5	3.4	3.6	2.7	2.6	3.9	4.8	3.7	3.5
Tajikistan	..	..	..	..	..	..	..	..	..	..	..	..
The FYR of Macedonia	..	..	..	..	18.0	20.9	12.9	6.9	28.8	30.4	26.8	27.4
Turkey	5.4	4.8	3.5	0.4	9.8	9.1	5.9	0.5	9.2	9.9	..	..
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	10.7	10.7	7.2	2.8	6.7	6.6	4.8	0.4	8.9	7.5	6.8	3.9
United Kingdom	4.6	3.8	5.0	3.2	3.5	3.3	3.4	2.0	6.6	5.4	6.0	3.7
United States	2.7	3.2	2.2	2.4	3.8	4.3	3.3	3.3	9.3	7.8	7.8	6.2
Uzbekistan	..	..	..	..	..	..	..	..	..	..	..	..
UNECE region*	6.6	8.1	6.0	6.0	6.7	7.6	5.5	4.9	8.4	8.0	7.5	6.2

Table 6. Unemployment rate by age and sex in 2000, 2005 and 2010: Source and notes

Source: International Labour Organisation, UNECE Gender statistics database and national statistics

Notes and definitions:

* Weighted average for countries with data available.

^a Data for 2010 from UNECE Gender statistics database and national sources.

^b For Albania and Denmark data refer to 2001 instead of 2000.

^c For Belarus data refer to 55+ years old instead of 55-59 years old.

^d For Luxembourg data refer to 25-49 years old instead of 25-54 years old.

^e Data for Denmark and Switzerland from the Employment Office records.

^f Data for Armenia from national sources.

The unemployment rate is the share (in per cent) of the unemployed in the labour force.

Unless specified otherwise, data generally comes from labour force surveys, where unemployed population when measured for a short reference period, relates to all persons not in employment who would have accepted a suitable job or started an enterprise during the reference period if the opportunity arose, and who had actively looked for ways to obtain a job or start an enterprise in the near past (International Labour Organisation).

Table 6 (cont.). Unemployment rate in UNECE countries, by age and sex in 2000, 2005 and 2010

Countries	2000				2005				2010 ^a			
	60-64 years old		65+ years old		60-64 years old		65+ years old		60-64 years old		65+ years old	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..	..	..	..	..	..	..
Armenia ^f	32.3	28.6	24.6	25.6	16.7	10.0	14.3	8.3	10.2	10.0	7.5	3.7
Austria ^g	3.0	2.0	..	..	2.2	3.8	..	..	..	..	..	..
Azerbaijan	..	..	17.0	27.2	1.2	..	..	..	0.7	0.0	..	..
Belarus	..	..	..	..	..	..	..	..	..	..	..	..
Belgium	2.5	0.5	1.9	..	3.9	4.3	0.7	..	..	..	..	..
Bosnia and Herzegovina	..	..	..	..	..	..	..	..	..	..	..	..
Bulgaria	7.2	6.7	3.4	5.8	7.1	4.4	1.4	1.8	8.1	..	..	..
Canada	5.4	5.4	2.4	2.6	5.7	5.5	3.0	3.5	..	..	..	..
Croatia ^g	3.6	..	..	..	4.4	1.5	..	..	..	..	..	..
Cyprus	2.4	2.7	..	..	2.0	4.1	..	..	5.4	..	..	..
Czech Republic	3.9	6.8	2.7	4.8	2.1	5.0	2.9	4.9	4.1	3.6	..	..
Denmark ^e	..	..	..	..	2.2	1.6	..	..	..	..	..	..
Estonia ^g	11.2	6.0	..	..	5.0	3.6	..	..	..	..	..	..
Finland	5.7	6.9	..	..	3.9	4.2	..	..	5.8	4.8	..	..
France	5.6	4.8	..	..	4.4	6.8	..	..	5.3	5.2	..	..
Georgia	6.1	4.3	3.4	1.0	8.3	1.7	1.9	0.7	12.4	2.5	1.0	0.4
Germany	8.7	5.3	0.9	..	12.5	10.4	..	..	8.3	7.0	..	..
Greece	3.0	3.1	..	..	2.7	2.7	..	..	5.1	..	..	..
Hungary	1.9	0.7	..	..	1.7	1.0	..	..	..	..	..	..
Iceland	2.3	5.6	2.2	7.0	..	4.4	0.9	..	5.4	5.0	3.6	3.5
Ireland	2.0	1.4	..	..	3.1	2.5	..	..	11.3	..	..	..
Israel	8.8	3.3	4.5	..	7.9	3.5	3.0	..	..	..	..	..
Italy	4.4	2.9	..	..	4.2	3.1	..	..	3.6	2.9	..	..
Kazakhstan	..	..	..	..	5.3	1.3	..	..	5.0	5.0	..	..
Kyrgyzstan	0.1	..	..	..	0.3	..	1.3	0.3	2.9	2.2	0.9	1.1
Latvia	8.1	9.0	..	..	6.7	5.5	..	..	..	..	..	..
Lithuania	6.7	4.4	4.8	..	5.6	0.9	0.9	..	12.5	2.0	2.1	1.9
Luxembourg ^g	0.8	0.5	..	..	2.7	2.1	..	..	..	..	..	..
Malta	..	..	..	..	..	..	..	..	..	..	..	..
Moldova, Republic of	2.0	1.4	0.4	0.4	2.3	0.5	0.1	..	1.9	1.4	..	..
Montenegro	..	..	..	..	..	..	..	..	..	..	..	..
Netherlands	2.1	0.0	..	..	4.3	2.7	..	..	..	..	..	..
Norway	1.8	..	..	..	1.3	0.0	..	..	..	..	..	..
Poland	8.8	8.4	4.5	3.9	7.5	6.1	2.8	1.6	6.2	..	..	..
Portugal	3.6	1.7	..	..	4.2	3.9	..	..	8.0	..	..	..
Romania	..	..	..	..	..	..	..	..	..	..	..	..
Russian Federation	7.0	6.6	3.3	5.6	3.0	3.2	3.7	4.3	4.4	4.0	3.7	3.8
Serbia	..	..	..	..	9.8	5.5	..	..	9.9	4.4	0.9	0.4
Slovakia	7.0	7.3	..	..	8.6	18.9	..	..	..	..	..	..
Slovenia ^g	4.9	0.4	..	..	..	..	..	..	..	..	..	..
Spain	7.5	9.0	..	..	5.3	6.4	..	..	13.2	11.6	3.7	..
Sweden	8.2	3.1	..	..	6.0	0.3	..	..	6.2	4.6	..	..
Switzerland ^e	2.0	1.0	..	..	3.1	2.3	..	..	3.4	..	..	..
Tajikistan	..	..	..	..	..	..	..	..	..	..	..	..
The FYR of Macedonia	..	..	0.0	0.0	11.1	5.9	3.5	7.0	33.0	21.6	..	..
Turkey	3.1	0.6	0.6	0.1	4.0	..	1.0	0.1	..	..	2.2	..
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	1.3	1.9	..	0.6	0.6	0.3	..	0.1	..	..	..	..
United Kingdom	5.5	1.8	..	..	3.0	1.0	..	..	5.8	2.3	3.4	..
United States	2.5	2.6	3.4	2.8	3.1	3.3	3.5	3.5	8.2	6.3	7.1	6.2
Uzbekistan	..	..	..	..	..	..	..	..	..	..	..	..
UNECE region*	4.8	3.9	3.1	3.0	4.5	3.8	3.1	2.7	7.2	5.7	5.7	5.5

Table 6 (cont.). Unemployment rate by age and sex in 2000, 2005 and 2010: Source and notes

Source: International Labour Organisation, UNECE Gender statistics database and national statistics

Notes and definitions:

* Weighted average for countries with data available.

^a Data for 2010 from UNECE Gender statistics database and national sources.

^e Data for Denmark and Switzerland from the Employment Office records.

^f Data for Armenia from national sources.

^g For Austria, Croatia, Luxembourg and Slovenia data refer to 60+ years old and for Estonia to 55+ years old instead of 60-64 years old group.

The unemployment rate is the share (in per cent) of the unemployed in the labour force.

Unless specified otherwise, data generally comes from labour force surveys, where unemployed population when measured for a short reference period, relates to all persons not in employment who would have accepted a suitable job or started an enterprise during the reference period if the opportunity arose, and who had actively looked for ways to obtain a job or start an enterprise in the near past (International Labour Organisation).

Table 7. Statutory retirement age in 2009 and average effective labour market exit age in 2001, 2005 and 2010

Countries	Retirement age		Average effective labour market exit age					
	2009		2001 ^a		2005 ^b		2010 ^c	
	Male	Female	Male	Female	Male	Female	Male	Female
Albania	65	60	..	..	..	..	..	..
Armenia	63	61	..	..	..	..	..	..
Austria	65	60	59.9	58.5	60.3	59.4	62.6	59.4
Azerbaijan	62	57	..	..	..	..	..	..
Belarus	60	55	..	..	..	..	..	..
Belgium	65	65	57.8	55.9	61.6	59.6	61.2	61.9
Bosnia and Herzegovina	65	65	..	..	..	..	..	..
Bulgaria	63	60	59.8	57.6	62.4	58.4	64.1	64.1
Canada	65	64	..	..	63.4	62.2	..	..
Croatia	65	60	..	..	..	..	..	..
Cyprus	65	65	..	..	..	..	62.8	..
Czech Republic	62	60	60.7	57.3	62.3	59.1	61.4	59.6
Denmark	65	65	62.1	61.0	61.2	60.7	63.2	61.4
Estonia	63	61	..	..	..	..	..	..
Finland	65	65	61.5	61.3	61.8	61.7	62.3	61.1
France	60-65	60-65	58.2	58.0	58.7	59.3	60.4	60.1
Georgia	65	60	..	..	..	..	..	..
Germany	65	60	60.9	60.4	62.1	61.6	62.2	62.7
Greece	65	60	61.1	61.5	62.5	61.0	61.3	61.6
Hungary	62	62	58.4	57.0	61.2	58.7	60.1	58.7
Iceland	67	67	..	..	69.7	65.4	..	..
Ireland	65	65	63.4	63.0	63.6	64.6	63.5	64.7
Israel	67	67	..	..	67.4	63.7	..	..
Italy	65	60	59.9	59.8	60.7	58.8	60.8	60.0
Kazakhstan	63	58	..	..	..	..	..	..
Kyrgyzstan	62	58	..	..	..	..	..	..
Latvia	62	62	..	..	..	..	62.7	..
Lithuania	63	60	..	..	61.1	58.9	62.3	61.7
Luxembourg	65	65	..	..	58.1	57.0	..	..
Malta	61	60	..	..	..	..	60.3	..
Moldova, Republic of	62	57	..	..	..	..	..	..
Montenegro	64	59	..	..	..	..	..	..
Netherlands	65	65	61.1	60.8	61.6	61.4	63.9	63.1
Norway	67	67	63.0	63.6	63.1	63.1	63.0	63.3
Poland	65	60	57.8	55.5	62.0	57.4	61.4	57.5
Portugal	65	65	62.3	61.6	62.4	63.8	62.9	62.3
Romania	63.4	58.4	60.5	59.2	64.7	61.5	65.5	63.2
Russian Federation	60	55	..	..	..	..	..	..
Serbia	64	59	..	..	..	..	..	..
Slovakia	62	57.5-61.5	59.3	56.0	61.1	57.6	60.4	57.5
Slovenia	63	61	..	..	..	..	59.8	..
Spain	65	65	60.6	60.0	62.0	62.8	61.8	62.8
Sweden	61-67	61-67	62.3	61.9	64.3	63.0	65.0	63.7
Switzerland	65	62	64.7	63.2	63.1	62.0	64.8	62.2
Tajikistan	63	58	..	..	..	..	..	..
The FYR of Macedonia	64	62	..	..	..	..	..	..
Turkey	60	58	..	..	62.8	68.3	..	..
Turkmenistan	62	57	..	..	..	..	..	..
Ukraine	60	55	..	..	..	..	..	..
United Kingdom	65	60	63.0	61.0	63.4	61.9	64.1	62.0
United States	66	65	..	..	65.5	64.8	..	..
Uzbekistan	60	55	..	..	..	..	..	..
UNECE region*	60-67	55-67	60.8	59.9	63.2	62.6	62.2	61.5

Table 7. Statutory retirement age in 2009 and average effective labour market exit age in 2001, 2005 and 2010: Source and notes

Source: Eurostat, European Commission White Paper on Pensions (2012) and national reports.

Notes and definitions:

* 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 and Greece data refer to 2002 instead of 2000.

^b For Luxemburg data refer to 2003 and for Germany to 2006 instead of 2005.

^c For Bulgaria, Ireland, Lithuania, Romania, Slovenia data refer to 2006; for Austria, Belgium, Poland, Portugal to 2007; for Latvia to 2008 and for Denmark, Greece, Hungary, Netherlands, Slovakia, United Kingdom, Norway, Switzerland and Finland to 2009 instead of 2010.

General statutory retirement age as indicated in the national laws. In some countries deviations may apply for specific occupations, family circumstances, etc.

Average effective labour market exit age is the average age of withdrawal from labour market.

Table 8. Share of 55-74 years old involved in training (formal and non-formal) in 2003, 2005 and 2010

<i>Countries</i>	2003 ^a		2005		2010	
	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..
Armenia	..	..	..	..	..	..
Austria	1.3	1.5	4.1	5.4	4.6	6.4
Azerbaijan	..	..	..	..	..	..
Belarus	..	..	..	..	..	..
Belgium	2.5	1.9	3.0	2.8	2.8	3.2
Bosnia and Herzegovina	..	..	..	..	..	..
Bulgaria	..	..	..	..	..	..
Canada ^b	7.6	..	6.1	..	..	..
Croatia	..	..	..	..	..	..
Cyprus	1.3	1.8	1.6	1.5	2.1	3.3
Czech Republic	1.4	1.2	1.6	1.2	2.2	2.1
Denmark	6.4	9.2	12.5	21.0	15.9	31.5
Estonia	..	..	..	..	1.9	4.2
Finland	6.0	8.7	8.1	12.9	8.2	14.1
France	1.3	1.6	1.0	1.4	1.2	1.8
Georgia	..	..	..	..	..	..
Germany	1.2	1.2	1.8	1.7	1.9	2.1
Greece	0.4	..	..	..	0.3	0.3
Hungary	0.8	0.6	..	0.2	0.3	0.2
Iceland	11.5	13.6	12.5	13.9	10.8	15.9
Ireland	3.4	4.7	2.0	3.3	1.9	3.4
Israel	..	..	..	..	..	..
Italy	0.7	0.8	1.2	1.2	1.8	2.0
Kazakhstan	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..
Latvia	1.8	2.4	0.9	2.4	0.8	1.2
Lithuania	..	1.8	..	..	..	..
Luxembourg	2.4	2.5	2.1	2.0	4.4	4.2
Malta	..	..	..	..	..	..
Moldova, Republic of	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..
Netherlands	4.8	6.0	5.0	6.6	6.4	7.4
Norway	9.0	8.6	7.8	8.0	7.6	9.0
Poland	0.3	0.3	0.9	0.5	0.8	0.8
Portugal	..	..	..	..	0.7	0.9
Romania	..	..	..	..	..	..
Russian Federation	..	..	..	..	..	..
Serbia	..	..	..	..	..	..
Slovakia	1.6	0.8	1.5	1.3	0.5	0.5
Slovenia	2.8	3.6	4.0	4.9	4.6	6.3
Spain	0.7	1.8	2.6	4.7	3.4	5.9
Sweden	21.0	25.5	9.4	16.8	9.5	20.0
Switzerland	16.3	14.7	14.6	14.9	18.8	17.8
Tajikistan	..	..	..	..	..	..
The FYR of Macedonia	..	..	..	..	..	..
Turkey	..	..	..	..	0.1	0.2
Turkmenistan	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..
United Kingdom	9.4	18.1	15.1	25.2	7.4	12.3
United States	..	..	..	..	..	..
Uzbekistan	..	..	..	..	..	..
UNECE region*	3.2	4.4	4.4	6.7	3.2	5.1

Table 8. Share of 55-74 years old involved in training (formal and non-formal) in 2003, 2005 and 2010:

Source and notes

Source: Eurostat and national statistics.

Notes and definitions:

* Weighted average for countries with data available.

^a For Iceland, Lithuania, Luxemburg, Norway and Switzerland data refer to 2004 instead of 2003.

^b Data for Canada are for male and female together, and refer to the percentage of workers aged 55-64 involved in job-related learning.

Indicator on *training (formal and non-formal)* refers to formal and non-formal education and training in the school/university systems but also courses, seminars workshops, etc. outside the formal education and regardless their topic.

Data are based on Labour Force Surveys (LFS); a special module on training was included in EU LFS in 2003.

Table 9. Participation and volunteering of population above age 65 or retired, latest available

Countries	year			
	<i>Time spent in unpaid activities (outside own household) ^a, minutes per week</i>		<i>Community work or volunteering by retired persons ^b</i>	
	65-74 years old		Percentage of retired persons who:	
	Male	Female	have done this	plan to do this
Albania	..	..	..	..
Armenia	..	..	..	..
Austria	..	..	36.8	9.8
Azerbaijan	..	..	..	..
Belarus	..	..	..	..
Belgium	00:17	00:08	28.3	9.2
Bosnia and Herzegovina	..	..	..	..
Bulgaria	00:08	00:11	11.8	10.8
Canada	..	..	..	..
Croatia	..	..	..	..
Cyprus	..	..	20.8	17.4
Czech Republic	..	..	12.0	12.6
Denmark	..	..	32.6	24.2
Estonia	00:20	00:20	20.0	8.5
Finland	00:32	00:26	50.3	10.5
France	00:32	00:24	44.4	10.5
Georgia	..	..	..	..
Germany	00:31	00:24	45.0	7.2
Greece	..	..	18.7	18.7
Hungary	..	..	22.8	15.3
Iceland	..	..	..	..
Ireland	..	..	37.8	11.0
Israel	..	..	..	..
Italy	00:26	00:39	32.2	13.4
Kazakhstan	..	..	..	..
Kyrgyzstan	..	..	..	..
Latvia	00:11	00:23	20.6	8.3
Lithuania	00:13	00:22	22.0	14.6
Luxembourg	..	..	45.4	9.3
Malta	..	..	24.5	7.1
Moldova, Republic of	..	..	..	..
Montenegro	..	..	..	..
Netherlands	..	..	52.2	6.3
Norway	00:25	00:27	..	..
Poland	00:35	00:51	21.5	10.3
Portugal	..	..	18.4	12.5
Romania	..	..	16.7	12.0
Russian Federation	..	..	..	..
Serbia	..	..	..	..
Slovakia	..	..	14.2	11.1
Slovenia	00:20	00:15	34.8	13.3
Spain	00:23	00:30	19.8	10.4
Sweden	..	..	36.7	12.3
Switzerland	..	..	..	..
Tajikistan	..	..	..	..
The FYR of Macedonia	..	..	..	..
Turkey	..	..	..	..
Turkmenistan	..	..	..	..
Ukraine	..	..	..	..
United Kingdom	00:28	00:28	42.0	6.7
United States	00:30	00:40	..	..
Uzbekistan	00:14	00:15	..	..
UNECE region*	00:28	00:32	33.8	10.1

Table 9. Participation and volunteering of population above age 65 or retired, latest available year : Source and notes

Source: Eurostat and national official statistics. EC Flash Eurobarometer No. 247 (2008)

Notes and definitions:

* Weighted average for countries with data available.

^a Data on time spent on unpaid activities are based on Time Use Survey (TUS) undertaken by reporting countries at some point during 1998-2005 period. For United States data refer to 2010 and to the time spent in organizational, civil, religious activities.

^b Data refer to September 2008 and are based on a survey results published by EC Flash Eurobarometer No. 247 (2008) – Family life and the needs of an ageing population.

Indicator *time spent in unpaid activities (outside own household)* refers to time spent in unpaid, i.e. organisational work, informal help to other households and participatory activities.

Table 10. Percentage of people at risk of poverty or social exclusion in 2005 and 2010

Countries	2005 ^a						2010 ^b					
	50-64 years old		65-74 years old		75+ years old		50-64 years old		65-74 years old		75+ years old	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Albania	..	..	..	..	..	..	..	..	..	..	..	..
Armenia	..	..	..	..	..	..	..	..	..	..	..	..
Austria	16.0	24.1	8.3	14.8	15.4	23.5	15.3	20.6	8.9	18.2	14.5	20.9
Azerbaijan	..	..	..	..	..	..	..	..	..	..	..	..
Belarus	..	..	..	..	..	..	..	..	..	..	..	..
Belgium	23.0	32.7	20.0	20.0	25.4	29.2	22.4	25.4	18.6	20.3	22.1	22.9
Bosnia and Herzegovina	..	..	..	..	..	..	..	..	..	..	..	..
Bulgaria	..	..	..	..	..	..	35.8	40.3	47.1	55.6	54.1	65.0
Canada ^c	..	..	3.4	8.4	..	..	..	..	3.4	6.7	..	..
Croatia	..	..	..	..	..	..	34.7	34.6	27.7	34.0	31.5	43.6
Cyprus	18.1	32.3	41.5	51.5	64.6	66.0	18.4	29.0	30.0	38.1	56.5	59.0
Czech Republic	15.1	22.3	9.3	16.8	10.4	19.8	11.7	18.7	4.6	11.9	6.5	16.0
Denmark	10.8	14.6	11.1	14.1	24.4	23.7	12.6	16.4	12.8	14.1	25.3	24.9
Estonia	25.5	27.1	17.4	32.9	16.6	38.2	25.5	22.3	11.4	19.3	9.0	27.4
Finland	17.6	16.7	10.0	17.6	17.4	32.8	17.0	16.5	9.5	17.2	17.7	31.4
France	19.1	24.3	16.0	18.4	17.7	21.2	17.5	21.3	9.2	11.2	12.2	17.0
Georgia	..	..	..	..	..	..	..	..	..	..	..	..
Germany	20.4	26.5	10.0	16.4	14.2	19.6	21.1	25.1	13.0	17.9	11.9	13.7
Greece	29.3	38.2	29.2	38.6	40.8	45.4	26.0	30.5	18.4	27.2	28.7	32.7
Hungary	30.5	36.8	19.7	25.3	15.1	30.1	27.5	31.4	12.5	19.8	11.2	19.2
Iceland	9.7	8.9	9.2	7.6	8.6	15.0	10.2	8.1	4.4	1.9	2.5	12.6
Ireland	24.0	25.3	27.8	32.5	31.9	40.9	30.7	32.3	13.5	11.2	12.8	14.5
Israel	..	..	..	..	..	..	..	..	..	..	..	..
Italy	22.7	29.6	20.4	27.3	20.8	30.0	19.4	25.8	15.0	21.1	16.2	26.0
Kazakhstan	..	..	..	..	..	..	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	46.6	51.0	46.4	59.0	49.2	60.3	37.7	40.4	28.8	39.4	30.6	44.3
Lithuania	42.1	44.3	35.9	47.6	31.8	58.3	34.4	38.1	26.4	31.0	22.0	34.5
Luxembourg	16.0	23.5	10.1	7.3	9.1	5.6	16.9	21.8	5.1	6.2	6.3	7.0
Malta	18.6	27.7	24.4	29.0	28.0	27.2	19.8	23.8	22.3	22.4	23.3	20.1
Moldova, Republic of ^d	31.9	..	..	..	..	..	18.2	..	..	..	..	..
Montenegro	..	..	..	..	..	..	..	..	..	..	..	..
Netherlands	16.6	23.7	6.4	7.3	5.8	5.8	11.6	18.7	4.7	5.7	7.1	7.8
Norway	9.3	12.6	6.3	11.5	12.3	39.2	9.9	11.8	3.8	8.0	4.2	31.2
Poland	48.5	50.7	33.6	42.6	32.8	43.6	28.8	33.3	19.9	29.8	16.1	26.3
Portugal	22.5	30.5	26.0	28.0	40.6	41.5	24.3	29.2	20.1	23.0	25.0	35.0
Romania	..	..	..	..	..	..	39.8	44.5	32.9	37.8	38.8	49.6
Russian Federation ^e	3.5	9.1	..	..	..	..	2.5	7.5	..	..	..	..
Serbia ^f	17.7	16.9	18.6	24.3	..	..	16.3	15.7	16.4	19.5	..	..
Slovakia	26.8	35.4	24.8	28.6	27.5	34.4	17.8	23.3	9.9	18.1	16.5	21.8
Slovenia	22.6	28.7	12.8	26.6	18.1	33.9	22.8	29.5	12.6	23.6	12.4	36.4
Spain	21.6	25.6	23.6	30.7	32.1	35.0	24.1	27.7	19.5	21.3	21.7	26.6
Sweden	10.4	11.6	6.1	9.8	7.2	19.0	10.2	10.2	6.0	12.0	11.3	31.6
Switzerland	..	..	..	..	..	..	11.2	17.0	22.5	26.4	27.9	35.8
Tajikistan	..	..	..	..	..	..	..	..	..	..	..	..
The FYR of Macedonia	..	..	..	..	..	..	..	..	..	..	..	..
Turkey	..	..	..	..	..	..	..	..	..	..	..	..
Turkmenistan	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..	..	..	..	..	..	..
United Kingdom	21.0	24.0	20.3	24.4	26.6	32.0	20.0	21.0	16.5	21.2	21.2	29.9
United States	..	..	..	..	..	..	..	..	..	..	..	..
Uzbekistan	..	..	..	..	..	..	..	..	..	..	..	..
UNECE region*	22.7	23.2	16.8	24.0	20.9	28.1	21.5	21.3	14.6	20.0	16.9	24.0

Table 10. Percentage of people at risk of poverty or social exclusion in 2005 and 2010: Source and notes

Source: Eurostat and national statistics.

Notes and definitions:

* Weighted average for countries with data available.

^a Data for the Russian Federation refer to 2002 and for the Republic of Moldova and Serbia to 2006 instead of 2005.

^b Data for Canada and Serbia refer to 2009 instead of 2010.

^c Data for Canada refer to age 65+ instead of 65-74 years old.

^d For the Republic of Moldova data are reported to male and female together in the age group of 60-64 instead of 50-64 years old group.

^e For the Russian Federation data refer to women 55+ and men 60+ years old instead of 50-64 years old group.

^f For Serbia data refer to 55-64 years old instead of 50-64 age group and to 65+ years old instead of 65-74 years old group.

This indicator is one of the many poverty measurements and is based on the methodology used by Eurostat presenting data on a 'before housing costs' basis and in some cases it may differ from the national poverty statistics (i.e. UK).

Data for Russian Federation, Republic of Moldova, Serbia and Canada may not be comparable with other countries due to the different methodology used.

For EU countries the results are based on EU-SILC survey where the indicator of People at-risk-of-poverty rate or social exclusion (AROPE) refers to the share of the population which is either at risk of poverty, severely materially deprived or lives in a household of very low work intensity. *At-risk-of-poverty rate* is the percentage of people with an equivalised disposable income below the 'at-risk-of-poverty threshold' that is set for each country at 60% of the national median equivalised disposable income. The *severe material deprivation rate* measures the percentage of the population that cannot afford at least three 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. *Work intensity* is calculated by dividing the sum of all the months actually worked by the working age members of the household by the sum of the workable months in the household – i.e., the number of months spent in any activity status by working age members of the household. A work intensity equal or inferior to 0.20 is considered as very low.

Table 11. Living arrangements and share of persons benefiting from home and institutional care, by age, latest available year

Countries	Percentage of living in single-person households						Percentage of benefiting from home care and institutional care ^b	
	50-64 years old		65-79 years old		80+ years old		Home care	Institutional care
	Male	Female	Male	Female	Male	Female	65-79 years old	65-79 years old
Albania	..	..	..	..	..	..	..	..
Armenia	..	..	..	..	..	..	0.4	0.3
Austria	14.4	19.2	13.4	17.2	20.3	28.5	14.4	3.3
Azerbaijan	..	..	..	..	..	..	..	..
Belarus	..	..	..	..	..	..	..	..
Belgium	..	..	..	..	..	..	..	..
Bosnia and Herzegovina	..	..	..	..	..	..	..	..
Bulgaria	8.6	10.9	11.3	15.9	21.3	13.6	..	..
Canada ^a	..	..	14.0	28.2	22.7	38.5	10.0	3.4
Croatia	..	..	..	..	..	..	..	..
Cyprus	3.4	8.8	6.9	11.2	17.6	12.6	..	..
Czech Republic	14.0	16.5	15.1	18.4	23.8	19.9	7.2	3.5
Denmark	16.6	21.1	21.5	18.7	34.4	32.3	25.1	4.8
Estonia	16.8	23.9	17.9	24.5	22.8	19.5	1.0	1.6
Finland	17.3	22.4	19.0	19.2	26.2	25.8	16.6	5.5
France	10.9	15.1	13.6	18.4	18.8	25.9	4.9	3.1
Georgia	..	..	..	..	..	..	..	..
Germany	13.9	18.4	14.6	20.9	24.5	32.3	6.7	3.8
Greece	5.6	9.7	7.4	13.7	11.8	11.3	..	..
Hungary	10.4	16.4	12.8	20.0	20.3	18.3	1.9	2.2
Iceland	..	..	..	..	..	..	21.1	9.3
Ireland	12.5	10.4	18.3	11.9	24.0	15.4	6.5	3.6
Israel	..	..	..	..	..	..	16.9	4.6
Italy	8.3	9.6	10.6	15.9	18.8	25.5	2.8	2.0
Kazakhstan	..	..	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..	..	..
Latvia	11.0	16.1	11.7	16.8	13.9	11.7	1.9	1.5
Lithuania	12.1	19.3	12.9	21.6	17.2	16.9	0.6	0.8
Luxembourg	12.3	14.4	12.8	16.7	19.2	21.1	5.9	4.3
Malta	..	..	..	..	..	..	..	..
Moldova, Republic of	..	..	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..	..	..
Netherlands	12.3	16.3	14.4	16.1	23.0	24.5	21.1	6.5
Norway	17.4	19.0	20.1	17.0	29.5	35.8	19.3	5.3
Poland	10.9	14.2	12.1	16.5	18.9	16.0	0.0	0.7
Portugal	5.0	8.6	8.0	12.8	13.8	14.2	3.9	3.4
Romania	6.5	10.8	9.6	15.7	19.4	13.6	..	..
Russian Federation	..	..	..	..	..	..	3.9	0.7
Serbia	..	..	..	..	..	..	..	..
Slovakia	11.1	17.8	13.7	21.4	25.7	21.3	2.3	1.7
Slovenia	9.6	11.1	10.4	17.3	15.2	17.8	9.0	4.0
Spain	7.1	7.0	9.1	12.5	13.9	19.0	4.2	4.1
Sweden	..	..	..	..	..	..	9.7	6.0
Switzerland	..	..	..	..	..	..	12.4	6.6
Tajikistan	..	..	..	..	..	..	..	..
The FYR of Macedonia	..	..	..	..	..	..	..	..
Turkey	..	..	..	..	..	..	..	..
Turkmenistan	..	..	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..	1.7	1.5
United Kingdom	14.0	16.0	..	..	..	..	12.6	3.5
United States	..	..	..	..	..	..	2.7	4.3
Uzbekistan	..	..	..	..	..	..	..	..
UNECE region*	11.2	14.3	12.5	17.9	20.0	25.6	5.2	3.0

Table 11. Living arrangements and share of persons benefiting from home and institutional care, by age, latest available year: Source and notes

Source: Eurostat, national statistics and European Centre for Social Welfare Policy and Research (2009), *Facts and figures on Long-term care*, page 72.

Notes and definitions:

* Weighted average for countries with data available.

^a Data for Canada refer to 2001 to persons aged 65-74 and 85+ years old.

^b Data for Ukraine refer to 2000, for Russian Federation to 2001, United States to 1999-2000, Canada to 2003, Ireland, Israel, Italy refer to 2004, Estonia, Hungary, Slovakia, Finland, Iceland to 2005, Armenia, Austria, Czech Republic, Germany, Luxembourg, Netherlands, Spain, Switzerland, Poland, United Kingdom refer to 2006, Sweden, Slovenia, Denmark, France, Latvia, Lithuania, Norway, Portugal to 2007.

Indicator *Percentage of living in single-person households* refers to one-person household, i.e. a person who lives alone in a separate housing unit or who occupies, as a lodger, a separate room (or rooms) of a housing unit but does not join with any of the other occupants of the housing unit to form part of a multi-person household.

Institutional care refers to long-term care services that are supplied or available 24 hours a day in institutions that also serve as place of residency for those receiving care. Institutional care does not include temporary or short-term stays, such as respite care (European Centre for Social Welfare Policy and Research (2009) *Facts and figures on Long-Term care*)

Home care refers to long-term services provided to care recipients that live in their own houses, or in ordinary apartments. This also includes day care, respite care and direct support to individuals who provide care, such as care allowances and care leaves (European Centre for Social Welfare Policy and Research (2009), *Facts and figures on Long-Term care*).

Table 12. Age-related expenditure (health, pension, long-term care) in 2005 and 2009

	2005			2009		
	Total old-age expenditure, % of GDP	Old-age expenditure as % of total benefits	Total public expenditure on long-term care, % of GDP	Total old-age expenditure, % of GDP	Old-age expenditure as % of total benefits	Total public expenditure on long-term care, % of GDP
<i>Countries</i>						
Albania	..	..	..	..	..	..
Armenia	..	..	..	..	..	..
Austria	11.3	40.6	1.3	12.7	42.3	1.5
Azerbaijan	..	..	..	..	..	..
Belarus	..	..	..	..	..	..
Belgium	8.4	32.4	1.6	9.4	32.7	2.2
Bosnia and Herzegovina	..	..	..	..	..	..
Bulgaria	6.8	46.5	0.2	7.8	46.8	..
Canada	..	..	1.4	..	..	1.5
Croatia	..	..	..	..	..	..
Cyprus	7.2	40.0	0.2	7.9	38.5	0.2
Czech Republic	6.8	38.4	0.2	8.3	41.9	0.3
Denmark	11.0	37.5	2.1	12.1	37.1	2.7
Estonia	5.3	43.1	0.2	7.9	41.9	0.3
Finland	8.7	33.6	2.2	10.4	35.3	2.7
France	11.1	37.4	1.5	12.4	39.2	1.9
Georgia	..	..	..	..	..	..
Germany	10.0	34.5	2.0	10.0	33.1	2.1
Greece	11.5	47.8	..	11.3	41.4	..
Hungary	7.8	36.5	0.3	9.1	39.6	0.3
Iceland	6.1	28.6	1.9	5.3	21.2	1.7
Ireland	3.7	22.2	..	5.6	21.1	..
Israel	..	..	..	..	..	..
Italy	12.9	50.7	..	14.4	50.8	..
Kazakhstan	..	..	..	..	..	..
Kyrgyzstan	..	..	..	..	..	..
Latvia	5.7	46.3	1.4	7.5	45.2	0.2
Lithuania	5.4	42.1	0.4	8.4	40.6	1.0
Luxembourg	5.6	26.3	1.8	6.2	27.3	1.5
Malta	7.5	41.0	..	8.5	42.9	..
Moldova, Republic of	..	..	..	..	..	..
Montenegro	..	..	..	..	..	..
Netherlands	9.7	37.4	1.3	10.4	35.2	2.5
Norway	6.9	29.4	2.2	7.8	30.1	..
Poland	9.3	48.3	0.4	9.8	50.7	0.4
Portugal	9.5	41.2	0.4	11.2	43.5	0.4
Romania	5.3	39.9	0.5	8.0	47.4	0.8
Russian Federation	..	..	..	..	..	..
Serbia	..	..	..	..	..	..
Slovakia	6.2	39.1	0.0	6.7	36.8	0.3
Slovenia	9.5	42.4	1.1	9.2	38.8	1.2
Spain	6.5	32.3	0.8	7.7	31.3	0.9
Sweden	11.5	37.8	3.7	12.7	40.2	3.9
Switzerland	12.0	44.1	2.2	11.4	46.0 ^a	2.2
Tajikistan	..	..	..	..	..	..
The FYR of Macedonia	..	..	..	..	..	..
Turkey	..	..	..	..	..	..
Turkmenistan	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..
United Kingdom	10.8	41.7	..	12.0	42.6	..
United States	..	..	0.9	..	..	1.0
Uzbekistan	..	..	..	..	..	..
UNECE region*	8.4	37.1	0.9	9.7	38.5	1.0

Table 12. Age-related expenditure (health, pension, long-term care) in 2005 and 2009: Source and notes

Source: Eurostat

Notes and definitions:

* Weighted average for countries with data available.

^a Data refer to 2008.

Old-age expenditure is the sum of the total expenditure for pension beneficiaries in old-age function (old-age pension, anticipated old-age pension and partial pension) generally granted to beneficiaries above the legal retirement age (under European System of integrated Social Protection Statistics classification).

Expenditure on long-term care refers to care services that continues over a long time period and is usually provided as an integrated programme across service components. The services may be provided in a variety of settings including institutional, residential or home care.