



**LIETUVOS RESPUBLIKOS SOCIALINĖS APSAUGOS IR DARBO MINISTERIJA**  
**MINISTRY OF SOCIAL SECURITY AND LABOUR**  
**OF THE REPUBLIC OF LITHUANIA**

A.Vivulskio str. 11, LT-03610 Vilnius Tel. +370 5 266 8176 Fax +370 5 266 4209 E-mail: post@socmin.lt

United Nations  
Economic Commission for Europe  
Palais des Nations  
8-14 Avenue de la Paix  
CH-1211 Geneva 10  
Switzerland  
e-mail: info.ece@unece.org

2016 -12- 3 0  
Ref.

No. (18.3-43) SD - 77/14

**NATIONAL REPORT ON THE IMPLEMENTATION OF THE MADRID  
INTERNATIONAL PLAN OF ACTION ON AGEING**

Hereby we send Report on the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing in Lithuania, which covers the period of 2012-2016, and is prepared according to the Guidelines presented by the UN Economic Commission for Europe.

The document reflects the consultations with the state, research institutions and non-governmental organisations. It contains a brief review of national progress in fulfilling the commitments of MIPAA/RIS and presents achievements in development of integral assistance, increasing of employment, measures for education and training of older persons in the area of health protection as well as measures in the area of education, conclusions and priorities for the future work.

Using this opportunity we would like to thank UNECE for its indispensable input to the development of active ageing policies in Europe, to the application of modern policy research tools and constant efforts facilitating exchange of the best practices between its member states.

Annex: Report on the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing in Lithuania with annexes (22 pages in total)

Chancellor of the Ministry

Danguolė Juozapavičienė

Tomas Milevičius, tel. +370 5 2668132, e-mail: tomas.milevicius@socmin.lt

## **Report on the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in Lithuania**

### **Part I**

#### **Executive summary**

##### **Methods used for this report; in particular, details of the bottom-up participatory approach used, if any**

When preparing this report, the Ministry of Social Security and Labour consulted state institutions, universities and non-governmental organisations, asking for information that is relevant to Lithuania's report. Information has been provided by the Ministries of Health, Culture, Economy, Agriculture, Transport and Communications, the Association of Local Authorities in Lithuania, and the Lithuanian Union of Pensioners "Bočiai".

The Social Report 2012–2016 as well as the annual versions of the Social Report, produced by the Ministry of Social Security and Labour, have also been used when preparing this report. The Social Report gives a detailed overview of the activities carried out by the Ministry of Social Security and Labour by individual areas. The Report is published online at <http://www.socmin.lt/lt/socialinis-pranesimas.html>. It should also be mentioned that in 2016, scientists from the Lithuanian Social Research Centre prepared guidelines for further development of the demographic policy, encompassing the analysis of demographic processes, population ageing, migration and family policy. The present report uses the insights provided in the above guidelines.

##### **Brief review of national progress in fulfilling (or lagging behind) the commitments of MIPAA/RIS. Include three to five major achievements since 2012 and three to five important aspects to be improved in the future**

Due to the ongoing demographic processes, i.e. low birth rates that do not guarantee a natural population replacement rate, a big scope of migration of working-age population and an increasing average life expectancy, the proportion of older persons has been rapidly growing in Lithuania. This phenomenon encourages being more active in searching for answers to questions how to take advantage of related opportunities and respond to arising challenges.

It should be noted that during the reporting period actions were carried out in all areas of the Madrid International Plan of Action. The report presents several examples that reflect the general national development tendencies and innovations in the activities targeted at older persons.

It should be noted that in the period of 2013–2015, a new **Lithuanian social model** of enhanced sustainability was developed, which embraces employment increase, improvement of labour relations regulation and sustainability of social insurance. The social model was developed in order to prepare a new legal-administrative model which could ensure the balance of labour relations and employment systems and encourage positive changes in the state social insurance and

pension system. Thus, the complex of these measures would help increase trust in the state social insurance pension system. The social model adopts a structural approach to social insurance, labour relations and employment, as well as aims at balancing changes in different social spheres. Although no final decisions have been passed regarding the implementation of this model yet, decision-makers, research community and the non-governmental sector participate in reasoned discussions on the challenges posed by population ageing as well as alternative solutions.

It should be noted that European Union structural assistance funds have been used to develop and launch special programmes targeted at the increase of employment of older persons.

Thus, the Integral Assistance Development Programme was launched in 2013. It is financed from the European Social Fund and aims at quality integral assistance (nursing and social services) for the disabled and elderly people, as well as consultations to their family members who take care of these persons.

A special programme targeted at improving health of older persons was approved in the area of health protection. The programme focuses on health education of older persons. The implementation of preventive health examination programmes was continued. During the reporting period, a series of publications on various aspects of preservation and improvement of health of older persons were prepared, health education and training events targeted at older persons were organised, and health information was promoted.

In the area of education the best international practice was used to develop the activities of universities of the third age, thus seeking to ensure that every willing older person could participate in the activities of universities of the third age, develop their competences in a qualified manner and take part in public life.

In the light of the new period of implementation of the Madrid International Plan of Action, **economic, social and cultural participation of older persons should be pointed out as one of the strategic directions of social policy.** This direction should focus on the higher participation of older persons in the labour market. The second strategic direction of social policy concerns **promotion of solidarity between generations at the family, community and state level.** One of the important objectives of this area is to develop care policy measures focused on an individual's life at his own home. The other objectives are: to form more favourable provisions regarding solidarity between generations; to create conditions for persons who take care of family members to reconcile work and family responsibilities. With regard to changes in the population age structure, ensuring sustainability of the pension system and economic independence of older persons remains important.

## General information

1. Country name: Lithuania

2. Name and contact details of the author(s) of the report: Ministry of Social Security and Labour of the Republic of Lithuania, Family and Communities Department, Family Policy Division

3. Name and contact details of official national focal point on ageing:

Ministry of Social Security and Labour, address: A. Vivulskio str. 11, 03610 Vilnius; .  
Phone: (+370 5) 266 4201, fax: (+370 5) 266 4209, e-mail: post@socmin.lt.

**4. Name, reference, and date of adoption or status of preparation of national strategy, action plan or similar policy document on ageing.**

With a view to creating legal, social and economic conditions that strengthen families, guarantee their full functioning and help overcome the negative consequences of population ageing, the Action Plan of Family Welfare and Reduction of Ageing Consequences 2016 was approved by Order No. A1-130 of the Minister of Social Security and Labour of the Republic of Lithuania on 10 March 2016. The Action Plan envisages measures aimed at promoting employment of family members and elderly people and creating conditions to reconcile family and work responsibilities, developing the network of services in order to ensure physical, material and psychosocial security of family, children and elderly people, and guarantee prevention of social exclusion, improving the system of provision of financial support to family which helps meet the security and social needs of a family, raise family self-esteem, analyse and evaluate demographic changes in order to efficiently implement family policy.

It is to mention, that issues of the ageing society are also reflected in other sectoral strategic documents, e.g. Programme for Increasing Employment 2014-2020, Action Plan for Ensuring Healthy Ageing in Lithuania 2014-2023.

Seeking proper planning and making decisions related to the country's demographic development, in consultation with society, the Action Plan provides for measure "Drawing up the guidelines for the future development of demographic policy (White Paper)". These guidelines have been drawn up by scientists from the Lithuanian Social Research Centre in 2016. A strategic planning document is currently under preparation. It will envisage measures and funds for tackling demographic problems and mitigating negative population ageing consequences in 2016–2019. This document is prepared by a working group formed by Order No. A1-580 of the Minister of Social Security and Labour of 26 October 2016, consisting of experts from the Ministries of Social Security and Labour, Agriculture, Education and Science, the Interior, and Health, as well as the Association of Local Authorities in Lithuania and the Lithuanian Social Research Centre. The working group may also consult independent experts and representatives of other state institutions, agencies and organisations, if necessary.

## **1. National ageing situation**

### **1. Presentation of demographic indicators that could help better understand the country's development regarding the issues discussed**

According to the data of Statistics Lithuania, in January 2012 Lithuania's population accounted for 3 003 641, while at the end of 2016 the total population was 2 859 709, i.e. the number of residents decreased by 143 000, or 4.8 per cent, from 2012 to 2016. Since 2005, the number of Lithuania's population has decreased by 433 900, or 12.9 per cent.

The decrease in the number of country's population has been caused by two reasons: the negative net international migration and the negative natural population replacement rate.

In 2015, the crude birth rate was 10.8, and the total fertility rate was 1.70. In 2015, the crude death rate (the number of deaths per 1 000 residents) was 14.4 (in 2012, 13.7). According to the data of Statistics Lithuania, in the period from 2012 to 2015, around 40 200 residents emigrated from Lithuania each year.

There still remains a significant difference in the average life expectancy of women and men – in 2015 it was 10.63 years (the average life expectancy of men was 67.88 years, and women – 78.51 years).

With the overall number of population decreasing, the number of older persons increases. In early January 2015, 547 100, i.e. 18.7 per cent of residents were aged 65 and older. At the beginning of 2015, there were 129 older persons per 100 children (at the beginning of 2005 – 93). Over a decade (2005–2014) the number of older persons in the country grew by 16 000, or 3 per cent.

### **2. Presentation of key quantitative social and economic indicators and features that may help to bring into focus the issues treated and to permit quantitative analysis**

### **3. Brief description of the social, economic and political situation, which may help to understand the context in which ageing-related issues are dealt with in your country.**

#### **Older persons and pensions**

According to the data of Statistics Lithuania, at the beginning of 2015, the share of the population who reached the retirement age accounted for 22.3 per cent of all permanent residents of the country (in 2015, the retirement age was 63 years and 2 months for men and 61 years and 4 months for women). The absolute number of people who have reached the retirement age has slightly decreased alongside with a decrease in the total population in the country. It should be noted that around 90 per cent of people who have reached the retirement age are beneficiaries of state social insurance old-age pensions (hereinafter referred to as 'old-age pensions'), while the rest are those who opted for receiving work incapacity (disability) pensions as well as people who have

not become entitled to receive an old-age pension, and others. In 2015, the average annual state social insurance old-age pension for individuals with the mandatory number of years of insurance record was EUR 254.33. Compared to 2014, the average annual old-age pension for individuals with the mandatory number of years of insurance record increased by 2.0 per cent, or EUR 4.91. The ratio between the average annual old-age pension for individuals with the mandatory number of years of insurance record and the average annual gross salary of individuals covered by full social insurance was 41.8 per cent. In December 2015, the average old-age pension for individuals with the mandatory number of years of insurance record was EUR 257.23, which, compared to December 2014, was an increase of 2.8 per cent, or EUR 7.10; taking deflation into account, the real old-age pension for individuals with the mandatory number of years of insurable employment increased by 2.9 per cent. From 1 January 2012, payment of old-age, work incapacity (disability) and widow's/widower's and orphan's pensions, which had been temporarily reduced in 2010–2011 in accordance with the Provisional Law of the Republic of Lithuania on the Recalculation and Payment of Social Benefits, was restored to the full amount, i.e. they were returned to the level of December 2009. Taking this into account, in January 2012, the average amount of old-age pension increased by around 9 per cent, compared to January 2011. Other state social insurance pensions also increased respectively: work incapacity (disability) pension – by around 3 per cent; widow's/widower's pensions – by around 6 per cent; orphan's pensions – by around 3 per cent; early old-age pension – by around 2 per cent.

In both 2012 and 2013, the amount of expenditure for state social insurance pensions exceeded the state social insurance pension revenue of that time. The situation changed only in 2014, when monetary revenue for pension social insurance was greater than expenditure for state social insurance pensions. As a result, state social insurance pensions were increased from 1 July 2015, when the basic amount of state social insurance pension was increased from EUR 105 to EUR 108 and the insured income of the current year was increased from EUR 431 to EUR 434. The average old-age pension, having the mandatory record of pension insurance, increased by around 2 per cent. From 1 January 2016, once again, the basic amount of state social insurance pension was increased to EUR 112 and the insured income of the current year was increased to EUR 445. Taking this into account, the average old-age pension, having the mandatory record of pension insurance, increased by around 3 per cent.

### **Employment promotion**

According to the statistical population employment survey conducted by Statistics Lithuania, the employment rate and activity rate of labour force were growing, while the unemployment rate was decreasing in the period of 2012–2015. In 2015, the population of 1 334 900 was in employment, or 59 200 (5 per cent) more than in 2012. The employment rate of population aged 15–64 in 2015 was 67.2 per cent and increased by 5.2 percentage points in the

period of four years. During this period, the rate of employment among the population aged 55–64 increased by 8.7 percentage points and accounted for 60.4 per cent in 2015. The unemployment level in 2015 was 9.1 per cent and was 4.3 percentage points lower than in 2012.

In 2013, the Programme for Increasing Employment 2014–2020 was approved with a view to reaching a comprehensive solution to urgent employment problems through consolidation of the business, education and labour market sectors as well as involvement of social partners and municipalities into shaping and implementation of the employment policy. The main goals (promoting job creation and demand for labour, improving compliance of labour force qualification with the labour market needs, sustainable integration of available labour resources into the labour market) and objectives for their achievement were set in the programme. To fulfil the goals and objectives of the programme and to achieve the planned results the Interinstitutional Action Plan 2014–2016 was approved by Resolution No. 204 of the Government of the Republic of Lithuania of 26 February 2014, which was revised for the periods of 2015–2017 and 2016–2018.

### **Social model**

The Ministry of Social Security and Labour, in cooperation with Public Institution Mykolas Romeris University and Lithuanian Social Research Centre, developed a legal-administrative model of labour relations and state social insurance. For the first time it presents a structural approach to social insurance, labour relations and employment, as well as aims at balancing changes in different social spheres. The package of legal acts was drafted for the implementation of the social model. One of them is a legal act regulating labour relations – the *Draft Labour Code*. The purpose of the provisions of the Draft Labour Code is to simplify the procedure of recruitment and dismissal, to establish more flexible working hours and more diverse forms of work (fixed term, temporary work, job sharing, working to several employers, apprenticeship agreement) – all these measures would encourage creation of more new jobs. Furthermore, the new model offers a more flexible system of labour relations and work schedule to working parents, enabling better reconciliation of family, studies and work.

The complex of these measures would help increase trust in the social insurance system and make it more attractive to both the insured and insurers. It is expected that rational and effective social security policy decisions will be adopted and guidelines for the reform of the state social insurance and pension system will be implemented.

The ageing society in Lithuania, as in many developed countries, is a considerable challenge in seeking to ensure adequate and sustainable pensions. This requires reform in the pension system. Taking this into account, **a draft new version of the Law on Social Insurance Pensions** (hereinafter referred to as the “Draft Law”) was drawn up. The proposed essential provisions of the new legal regulation in the Draft Law include the establishment of a new pension structure and pension funding sources. It is proposed to establish that pension consists of the general and

individual pension parts. The general part of pension would replace the current basic pension part and bonus for length of record, while the individual part of pension, reflecting the portion of contributions paid by the individual to the social insurance system, would replace the current supplementary pension part. It is proposed to establish that the general part of pension would be funded from the state budget. Funds of the State Social Security Fund are proposed to be used for funding the individual part of pension strictly related to contributions paid by the individual. The Draft Law is envisaged to enter into force as of 2018.

## **Method**

The report has been prepared on the basis of data from Statistics Lithuania and information provided by state institutions as well as NGOs.

Report drafters analysed the legal acts relevant to population ageing adopted by Lithuanian and EU institutions in 2012–2016 and the previous years, as well as publications published by research institutions.

The problems of population ageing were discussed during the meetings of the working group set up for the preparation of a strategic document in the area of demographics and population ageing.

## **Part II**

### **1. National actions and progress in implementation of MIPAA/RIS**

#### **Integral assistance development**

With society ageing and the human lifespan becoming longer, the need for community-based social services, which enable persons to receive assistance at home and help family members who take care of these persons to remain in the labour market, has been growing. Thus, the Integral Assistance Development Programme was launched in 2013. It is financed from the European Social Fund and aims at quality integral assistance (nursing and social services) for the disabled and elderly people, as well as consultations to their family members who take care of these persons. In 2013–2015, pilot projects were implemented under this programme in 21 municipalities: mobile teams were set up for provision of nursing and social services at home and also offering consultations to family members, etc. During the programme implementation period (2013–2015), integral assistance was provided to over 1 500 disabled and elderly people; consultations were provided to about 1 400 family members.

Beneficiaries and municipalities have evaluated integral assistance very favourably; therefore, the new Action Plan for Integral Assistance Development 2016–2019 was approved. Pursuant to this plan, integral assistance will be provided in all country's municipalities (except for



Neringa) as of 2016. A total of EUR 16.4 million are planned to be allocated from the European Union funds for the implementation of the new action plan.

In 2013–2015, the projects under the measure “Reconciliation of work and family life: development of integral assistance” were implemented in 21 municipalities (out of 60). These projects received funding of EUR 5.9 million in total. Twenty-two projects were financed under this measure, one of which is intended to determine efficiency and applicability of integral assistance. The outcome of the projects was the model of qualitative integral home assistance (social care and nursing at home) for people with disability, elderly people and counselling assistance to family members. This measure was aimed to help adult family members looking after their family members to reconcile work and family life. Upon implementation of the projects, by 31 December 2015, 801 persons participated in training, all of them successfully completed training, 633 nursing specialists were employed (social workers, assistants of social workers, nurses, assistants of nurses, physical therapists, and massage specialists). During the implementation of the projects, different technical equipment and vehicles were purchased; over 80 mobile teams were set up. 1 505 persons received integral assistance services.

Department of Supervision of Social Services under the Ministry of Social Security and Labour implemented the project in 2013–2015 within the framework of the measure “Building of competences of employees of social services institutions”. The measure was aimed at increasing competences of employees of social services institutions, improving their knowledge and skills. The project received funding of EUR 1.5 million. 4 862 employees of various social services institutions from 58 municipalities improved their qualifications. The specification of information system (registration journal) requirements was prepared and approved, and the information system module was developed.

### **Increasing employment**

Considering the fact that population is ageing, there is shortage of qualified workers, emigration reduces the labour force potential of the country, all Lithuanian residents of working age need to be concentrated, their more active participation in economic activities, integration into the labour market and staying in it as long as possible need to be promoted.

On 1 January 2015, the Lithuanian Labour Exchange launched the project “**Support for the elderly unemployed**”, funded from the European Union Structural Funds and the budget of the Republic of Lithuania. The project will contribute to the matching of labour supply and demand and increasing employment of the elderly unemployed.

The project aims at helping the unemployed aged 54 and over, who are registered in territorial labour exchange offices, to acquire and improve qualifications and/or acquire competences and missing working skills that facilitate their integration and establishment in the labour market, because every fourth job-seeker who applies to the labour exchange is aged 55 and

over; representatives of this age group find it more difficult to find a job independently due to the lack of qualifications or competences, age-related stereotypes in the labour market and other obstacles.

The project will involve 14 000 elderly unemployed registered in territorial labour exchange offices. 6 200 of them will be provided with the opportunity to acquire a new qualification or improve already acquired competences, over 7 300 will be provided with the conditions to return to the labour market by paying wage subsidies to employers, and 450 elderly persons will take part in the measure regarding territorial mobility support of the unemployed. The project will be implemented until 31 December 2017.

The project value amounts to EUR 20 273 401.30, of which: EUR 15 336 219.88 from the European Union Structural Funds and EUR 4 937 181.42 from the state budget.

During one and a half years of project implementation, over 7 400 project participants established in the labour market, having acquired the following professions in demand: finisher, plumber, heavy truck driver, accountant, cleaner, seller, winterproof maker of buildings, turner, welder, cook or confectioner, tailor, nurse assistant, etc.

Employment competences and skills of job-seekers involved in the project are strengthened by maintaining their motivation and competences, first of all, by proposing to acquire professions in demand from among more than 7 000 training programmes. Having made a decision to acquire a profession in demand, job-seekers independently choose a training institution and acquire competences required for employment or self-employment (under a business certificate or an individual activity certificate). During training, the unemployed are reimbursed for the health check, travel and accommodation expenses and are also paid a grant. According to the experts of the Lithuanian Labour Exchange, older persons become more self-confident after they acquire a professional qualification or competence, yet this also requires job-seeker's decision to take up training. Experts also note that motivation and consultation of older persons is not an easy task, because it is often a case that they have not worked for more than a year and have already lost hope to become employed. These clients are offered a special measure to boost motivation and increase self-confidence, as well as help re-assess one's potential, which basically changes their attitude towards job search. It should be noted that these persons less often than representatives of other age groups discontinue participation in active labour market policy measures and are loyal to companies in which they are employed.

During one and a half years from the beginning of project implementation, more than 2 200 job-seekers took the opportunity to acquire new professional qualifications. In large cities project participants mainly selected vocational training programmes for finishers, plumbers, drivers, accountants, cleaners and sellers. The training programmes that were mostly in demand in regions concerned the professions of nurse assistant, tailor, cook, wood cultivation machinist, stock assistant, welder, woodcutter, seller, driver.

The project “Support for the elderly unemployed” also offers more opportunities to job-seekers and employers – those living in remote areas may use a territorial mobility measure and be reimbursed for commuting expenses. Employees have an opportunity to become employed in the workplaces that are located at a distance of over 30 kilometres from their place of residence, be partially reimbursed for commuting expenses and be reimbursed for accommodation expenses for three months. Travel expenses are reimbursed when they exceed 20 per cent of received wages per month and when the wage is smaller than two amounts of minimum monthly wage approved by the Government, if a person works full time. Having used the measures under this project, over 5 200 unemployed returned to the labour market. They became employed as sellers, sales managers, cooks, wide-profile builders, cleaners. Supported employment measures have been successfully implemented in all regions of Lithuania, bringing benefits not only to older persons, but also to companies of a variety of sectors.

The majority of project participants who have accomplished training programmes or have become employed by paying subsidies to employers remained in the same jobs after the measure funding period was over.

With the aim of promoting involvement of older persons and reducing social exclusion, the Action Plan of Motivation of Elderly People and Promotion of Voluntary Activities 2016–2020 (hereinafter referred to as the “Action Plan”) was approved by the order of the Minister of Social Security and Labour in 2016. The purpose of the Action Plan is to increase participation of older persons in the labour market and voluntary activities by creating favourable conditions to solve social and civil issues. The target group of the Action Plan includes persons aged 55 and older (up to the pensionable age) (hereinafter referred to as the “target group representatives”).

The Action Plan will be implemented by involving older persons in voluntary activities, providing consultations to them, motivating them and boosting their self-esteem, developing older persons’ key competences necessary for their active citizenship, social integration, employment and increase of possibilities to remain in the labour market, i.e. organisation of training, educational activities and information dissemination.

The Action Plan is financed from the European Social Fund within the framework of the Operational Programme for European Union Structural Funds Investments 2014–2020. The funds allocated for the implementation of the Action Plan amount to EUR 6 000 000.

### **Measures for education and training of older persons in the area of health protection**

On 16 July 2014, the Action Plan for Ensuring Healthy Ageing in Lithuania 2014–2023 was approved by Order No. V-825 of the Minister of Health. The purpose of the Action Plan is to envisage and define aims, objectives and strategic complex measures (implementers and resources of measures) and implement them in order to create the conditions for improved quality and accessibility of health care to older persons, reduce their morbidity by and mortality from major

non-infectious diseases and due to external reasons, thus helping improve the health of older persons, their quality of life, increase their integration in society, working capacity and physical activeness.

The main aims of this Action Plan include: improving the health of older persons by focusing on disease prevention, early diagnostics, health preservation, improvement, and restoration; improving accessibility to and quality of integrated health care services with regard to older persons, as well as developing these services.

In order to achieve the aims of the Action Plan, the following directions of implementation of the Action Plan have been envisaged: development of healthy lifestyle and other preventive health care services, prevention of falls, improvement of mental health, promotion of the creation of health-conducive conditions at work, organisation of the network of integrated nursing and geriatric health care services, prevention of inflammatory and degenerative rheumatic illnesses and prevention of concomitant disability.

It should be noted that during the reporting period a series of publications on various aspects of preservation and improvement of health of older persons were prepared, health education and training events were organised for older persons (aged  $\geq 60$ ), health information was promoted (see Annex 1 for the list of publications and events); therefore, the share of older persons who participated in health education and training events increased (1.6 per cent in 2012; 2 per cent in 2013 and 2014; 2.5 per cent in 2015). In accordance with the Action Plan for Ensuring Healthy Ageing in Lithuania 2014–2023 approved by the Ministry of Health, there are plans to increase the share of persons aged 60 and older, who have participated in health training events and health improvement programmes, up to 3.5 per cent by 2023.

The surveys of public health care specialists working in municipal public health offices about methodical publications for the health training of older persons, desirable topics and the needs for qualification improvement are regularly conducted.

With regard to scientific achievements, the country's relevant current issues, the requests of local specialists as well as the areas of competences of specialists of the health training and disease prevention centre, the topics for the informative methodical material and qualification improvement are selected.

A survey of older persons about provided preventive health care services was carried out (1 439 persons from 31 cities and districts were surveyed).

According to the survey findings, about a third of older persons visited health care institutions for the purpose of prevention, 45.4 per cent were satisfied with the quality of provided preventive services, 63.1 per cent were constantly deepening their knowledge of health issues, and 38.8 per cent took part in health promotion events organised in their living area. The survey revealed that more than half of older persons (52 per cent) had to pay the full or partial price for the provided preventive health care services, which shows that it is important to improve accessibility of preventive health care services to older persons (reduce the surcharge and the price of preventive

health care services (12.2 per cent of the respondents indicated that due to this reason they had to cancel their visit to the dentist).

### **Measures in the area of education**

The EU project entitled “Development of the adult education system by providing key competences to learners (Stage II)” was implemented. In 2012–2015, the following activities were carried out, targeted at persons of the third age: an analysis of performance of the system of universities of the third age (hereinafter referred to as UTA) was conducted, four trainings of the representatives of the UTA system administration and other levels were organised, as well as trainings of persons of the third age by modules: “Civic education of adults”, “Financial education of adults”, “Healthy lifestyle”, “Legal literacy”, “Computer training of adults” and “Artistic education”. Furthermore, the trainings of self-expression and development of artistic competences of persons of the third age were organised, and the book reflecting UTA experience in foreign countries, entitled “Acquisition of Competences and Learning in the Older Age”, was translated from German and published.

Having implemented the EU project “Development of the adult education system by providing key competences to learners (Stage II)” in 2012–2015, the following activities were implemented, which created the systematic UTA change possibilities and the qualitative change of learning for persons of the third age: the conducted analysis of performance of the UTA system presents an overview of the UTA situation in Lithuania and recommendations to all levels of education regarding further development of UTA activities; 89 target group representatives (the duration of each training was 24 academic hours) and 50 groups consisting of 500 persons of the third age from 28 Lithuanian municipalities (the duration of each training was 40 academic hours) were trained; 49 groups consisting of 609 persons of the third age from 26 Lithuanian municipalities and 28 groups consisting of 280 persons of the third age from 10 Lithuanian municipalities (the duration of each training per group was 40 academic hours) were trained; the produced educational film about UTA activities in Lithuania reveals UTA success stories, the diversity of forms of adult learning as well as the peculiarities of learning; the selected UTA pieces of creation reflect the everyday life experience of persons of the third age, attitudes, values, artistic skills and self-expression.

While implementing the project, examples of non-formal adult education of foreign elderly people’s organisations were found and adapted: the themes of activities, modes and forms of their organisation (e.g., Latvian, German, Portuguese, etc.). Gained valuable experience was used to develop and realise UTA administration and student trainings; organised trainings also involved new persons of the third age into activities and these persons subsequently joined further UTA activities.

With regard to the above, further development of UTA activities has been envisaged, by involving as many UTA students as possible and ensuring that every elderly person who decides to spend his/her time at UTA could find the activity that he/she likes and loves.

## **2. Conclusions and priorities for the future**

Like in other EU countries, the share of older persons has been growing in Lithuania. The comparison of various population ageing indicators shows that the Lithuanian average is very similar to the EU-28 average. Yet if we compare the change of the share of older persons during 10 or 20 years, Lithuania evidently stands out by a very rapid ageing pace. This intensive ageing pace is certainly related to both low birth rates and intensive migration flows. Lithuania has been increasingly approaching the situation of demographically oldest European countries. Lithuania's general ageing index has almost doubled since 2001: from 71 to 129. Further rather intensive ageing tendencies are forecasted: by 2060, the share of persons aged 65 and older will reach 25.8% (the current share is 19%), whereas the share of the oldest (80 years and older) members of society will even double (up to 11.4%) (the current share is 5.3%). If we consider the proportion of the youngest and the oldest persons in the future, the demographic dependency ratio forecasts are telling: this indicator will almost triple by 2060.

Since the juncture of the 20th and 21st centuries, when the old age indicator reached such a level that the number of older persons exceeded the number of children, Lithuania has been experiencing the most intensive wave of population ageing yet and it is not an even one. The analysis of ageing tendencies by sociodemographic groups reveals various disparities. The comparison of age structures between women and men in 2001–2011 demonstrates that in Lithuania top-down ageing is mainly determined by the increasing number of the oldest people, particularly women, which is related to the specific features of mortality of Lithuanian men. The indicators of the average life expectancy of men remain low, whereas the difference of the average life expectancy between women and men remains high and it is the highest among all European Union Member States. The ageing pace of women and men has been similar since 2001: the old age level of both genders has been consistently growing. The difference of the old age level between men and women increased from 6.9 percentage points in 2001 to 9.4 percentage points in 2016; therefore, the gender gap with respect to the old-age level has been increasing. The comparison of the average age also reveals a similar tendency. The average age of women has exceeded the respective indicator of men for a while; the second half of the 20th century recorded a significant breakaway of these indicators.

The unevenness is observed in the comparison of urban and rural ageing indicators. In the second half of the 20th century, rural population was significantly older than urban population, yet in the early 21st century, this difference has evened up. These changes are related to the different ageing pace in urban and rural areas: the ageing pace of rural population has slowed down since

1989, whereas the ageing process of urban population was quite rapid. The ageing of urban population is mostly determined by the increase in the number of the oldest residents, particularly women.

Regional fluctuations in the ageing index could also be observed. The highest values of the ageing index are characteristic of north-eastern and southern Lithuanian regions, whereas the lowest values are typical to suburbs. Regional comparison of various ageing indicators from 2001 to 2015 shows that significant changes affected almost all Lithuanian regions. In 2015, only the districts around major cities, as well as Kalvarija, Marijampolė, Mažeikiai district and Visaginas municipalities had the index lower than 121.

**Guidelines for the generation change policy.** The United Nations Active Ageing Index was used to determine problem areas related to ageing, which could be tackled by adequate social policy measures. According to the general comparison of the active ageing index in the context of EU countries, Lithuania is attributed to the group of countries that have the lowest index value. This means that the quality of life of older persons is poor. The results of the analysis of the Active Ageing Project helped identify the sorest problems: participation of older persons in the labour market by applying flexible work schedules and adjusting work load according to individual capacities; participation (engagement) of older persons in society (political activeness, voluntary activities, etc.); lifelong learning possibilities of older persons; adaptation of housing to self-sufficient life; economic welfare of older persons; decrease in the differentiation of mortality between women and men and other sociodemographic groups, social supervision and care challenges as well as challenges to the labour market.

**Economic, social and cultural participation of older persons** has been distinguished as one of the strategic directions of social policy. Particularly focus is on **the greater engagement of older persons in the labour market** by adapting workplaces in various economic sectors. Potential measures include: application of flexible forms of work to working persons of the pre-pensionable and pensionable age; implementation of programmes that help change the attitude towards older employees; boosting motivation of older persons to remain in the labour market.

The second strategic direction of social policy concerns **promotion of solidarity between generations at the family, community and state level**. One of the important objectives of this area is to develop supervision and care policy measures focused on an individual's life at his own home. The other objectives are: to form more favourable provisions regarding solidarity between generations; to create conditions for persons who take care of family members to reconcile work and family responsibilities. With regard to changes in the population age structure, ensuring sustainability of the pension system remains important.

## ANNEXES

**Annex 1**  
**Participation of persons aged 50+ in active labour market policy measures in 2012–2016**  
**(January–October)**

|      |   | 2012          | 2013          | 2014          | 2015          | 2016          |
|------|---|---------------|---------------|---------------|---------------|---------------|
|      | <b>Active labour market policy measures</b>                             | <b>14 986</b> | <b>14 493</b> | <b>17 798</b> | <b>21 015</b> | <b>18 546</b> |
| 1.   | Vocational training   | 165           | 250           | 397           | 2 921         | 3 615         |
| 2.   | Supported employment, of which:   | 12 820        | 12 697        | 15 899        | 16 560        | 13 360        |
| 2.1. | Subsidised employment   | 2 246         | 2 125         | 6 625         | 5 833         | 3 981         |
| 2.2. | Support for the acquisition of professional skills                      | 229           | 122           | 166           | 372           | 354           |
| 2.3. | Community service   | 10 319        | 10 409        | 8 954         | 10 313        | 9 010         |
| 2.4. | Job rotation  | 26            | 41            | 154           | 42            | 15            |
| 3.   | Support for job creation  | 1 998         | 1 539         | 1 497         | 1 444         | 1 486         |
| 3.1. | Reimbursement of expenses for the acquisition of a business certificate | 1 997         | 1 374         | 1 170         | 1 002         | 1 157         |
| 4.   | Support for territorial mobility of the unemployed                      | 3             | 7             | 5             | 116           | 85            |
|      | Activities according to a business certificate                          | 10 673        | 14 461        | 17 958        | 20 500        | 20 560        |



## **Annex 2**

**Material on the topic of health preservation and promotion for older persons, printed as well as published on the Internet:**

“Ilgo ir kokybiško darbingo amžiaus link” (*Towards a Long and Quality Working Life*), 2013  
Methodological publication “Kaip vyresnio amžiaus žmonėms išvengti traumų?” (*How Should Older Persons Avoid Traumas?*), 2013

Methodological publication “Sveikatos mokymo programa senyvo amžiaus žmonėms, patyrusiems sužalojimus” (*A Health Training Programme for Older Persons Who Have Suffered from Injuries*), 2015

Brochures on availability of prevention programmes (colorectal cancer, prostate cancer, breast cancer, cervical cancer, cardiovascular diseases) to older persons, 2012

Brochures on injury prevention: “Kaip vyresnio amžiaus žmonėms išvengti traumų” (*How to Avoid Traumas for Older Persons*), 2014; “Senyvo amžiaus žmonių traumos patalpose” (*Domestic Traumas of Older Persons*), 2015

### **Articles and other material on the website of the Centre for Health Education and Disease Prevention:**

“Gimdos kaklelio vėžys: problema, rizika ir prevencija” (*Cervical Cancer: Problem, Risk and Prevention*), 2012

“Kaip vyresnio amžiaus žmonėms išvengti traumų?” (*How Should Older Persons Avoid Traumas?*), 2013

“Kaip išvengti krūties vėžio?” (*How to Avoid Breast Cancer?*), 2013

“Geriausia prostatos vėžio profilaktikos priemonė – ankstyvoji diagnostika” (*Early Diagnostics – the Best Prevention of Prostate Cancer*), 2013

“Ką turėtume žinoti apie Alzheimerio ligą?” (*What Should We Know about Alzheimer’s Disease?*), 2013

“Rinkis kelią į sveiką širdį!” (*Choose Your Way to a Healthy Heart!*), 2013

“Geriausia gimdos kaklelio vėžio prevencija – reguliarus tikrinimasis ir skiepai” (*The Best Prevention of Cervical Cancer is Regular Examination and Vaccination*), 2014

“Paneikime mitus apie vėžį” (*Let’s Dispel the Myths about Cancer*), 2014

“Gegužės 6-oji – Euromelanomos diena “Sveikata ir grožis – be dirbtinės saulės!” (*May 6th – the European Melanoma Day “Health and Beauty without Artificial Sun!”*), 2014

“Limfomos – onkologiniai susirgimai, gresiantys tiek jauniems, tiek vyresniems žmonėms” (*Lymphoma is an Oncological Disease That May Strike both Young and Old*), 2014

“Ankstyvoji prostatos vėžio diagnostika, tinkamas gydymas – galimybė pasveikti” (*Early Diagnostics of Prostate Cancer and Adequate Treatment Gives a Chance to Recover*), 2014

- “Sukurkime savo širdžiai sveiką aplinką!” (*Let’s Create a Healthy Environment for Our Hearts!*), 2014
- “Gyvenimas su šizofrenija – iššūkis, kurį galima įveikti” (*Life with Schizophrenia – a Challenge We Can Face*), 2014
- “Paneikime mitus apie diabetą” (*Let’s Dispel the Myths about Diabetes*), 2014
- “Sveikos akys – didelė vertybė” (*Healthy Eyes Are a Great Asset*) (on the occasion of the World Glaucoma Day), 2015
- “Išvenk vėžio – sumažink rizikos veiksnius” (*Avoid Cancer – Reduce Risk Factors*), 2015
- “Nebūk abejingas – pasitikrink” (*Don’t Be Indifferent – Go for the Check-up*) (prevention of breast cancer), 2015
- “Parkinsono liga – ką būtina žinoti kiekvienam” (*Parkinson’s Disease – What Should Everybody Know?*), 2015
- “Giliųjų venų trombozės rizikos veiksniai ir prevencija” (*Risk Factors and Prevention of Deep Vein Thrombosis*), 2015
- “Mesk rūkyti – išvenk plaučių vėžio” (*Quit Smoking – Avoid Lung Cancer*), 2015
- “Sveiki širdžiai pasirinkimai kiekvienam ir visur!” (*Healthy Choices for the Heart for Everyone Everywhere!*), 2015
- “Osteoporozė – “tylioji epidemija” (*Osteoporosis – the ‘Silent Epidemic’*), 2015
- “Vasario mėnuo – burnos vėžio mėnuo” (*February – the Month of Oral Cancer*), 2016
- “Pasaulinė kovos su vėžiu diena: “Mes galime. Aš galiu” (*World Cancer Day: We Can. I Can.*), 2016
- “Pasaulio sveikatos diena 2016: Įveik diabetą” (*World Health Day 2016: Defeat Diabetes*), 2016
- “Išsėtinė sklerozė – sunki lėtinė liga” (*Multiple Sclerosis – a Severe Chronic Disease*), 2016
- The following methodological guidelines have been prepared:
- “Pagyvenusių žmonių sveikatos stiprinimas” (*Health Promotion of Older Persons*), 2012
- “Pagyvenusių žmonių fizinis aktyvumas ir sveikata” (*Physical Activity and Health of Older Persons*), 2013
- “Visuomenės sveikatos stiprinimo vadovas savivaldybėms” (*Public Health Promotion Guide for Municipalities*), 2014, 2015 (supplemented)
- “Žingsniai geros savijautos link. Kas svarbu vyresniems žmonėms pradant ėjimo, šiaurietiško ėjimo pratybas” (*Steps towards Good Well-Being. Things to Know by Older Persons When Starting Walking and Nordic Walking Exercises*), 2015
- “Senyvo amžiaus žmonėms palankių (sveikatos požiūriu) bendruomenių kūrimas” (*Creation of Elderly-Friendly Communities (with regard to Health)*), 2015
- “Sveikatos mokymo senyvo amžiaus pacientams, patyrusiems sužalojimus, programa” (*A Health Education Programme for Older Persons Who Have Suffered from Injuries*), 2015
- Descriptions of the best practice of health improvement of older persons, 2014, 2015

### **Annex 3**

#### **References**

Mikulionienė, S. Gedvilaitė-Kordušienė, M. (2014). Lietuvos gyventojų senėjimas XXI a. pradžioje: demografinis ir gyvenimo kokybės aspektai. Mokslo studija „Lietuvos gyventojai: demografinė raida ir struktūros“. Vilnius: Lithuanian Social Research Centre

Gedvilaitė-Kordušienė, M. (2014). Normatyvinis kartų solidarumas migracijos kontekste: vyresnio amžiaus tėvų, likusių Lietuvoje, požiūris. *Filosofija. Sociologija* 25(4): 263–271

Gedvilaitė-Kordušienė (2013). Gyventojų senėjimas ir jo iššūkiai: suaugusių vaikų pareigos pagyvenusiems tėvams Lietuvoje, *Lithuanian Journal of Statistics*

Šeima ir socialiniai tinklai: tarpgeneracinė perspektyva. Family and social networks; intergenerational perspective, Mykolas Romeris University, Vilnius, 2013

Lietuvos šeima: socialinių saitų perspektyva, Mykolo Romerio universitetas, Vilnius, 2014

Social Reports: <http://www.socmin.lt/lt/socialinis-pranesimas.html>

| INDICATOR  | SUGGESTED VARIABLE  | POSSIBLE SOURCE   | Year 1 (2005 or close) |      | Year 2 (2010 or close) |       | Year 3 (2015 or close) |        |       |      |        |
|--|---|---|------------------------|------|------------------------|-------|------------------------|--------|-------|------|--------|
|  |   |   | TOTAL                  | MALE | FEMALE                 | TOTAL | MALE                   | FEMALE | TOTAL | MALE | FEMALE |
| <b>1. Labour market (older people's contribution through paid activities)</b>              |   |   |                        |      |                        |       |                        |        |       |      |        |
| 1.1. Employment rate for the age group 55–59   | Same as indicator   | Labour Force Survey                                       | 64,1                   | 67,6 | 61,3                   | 61,0  | 61,7                   | 60,4   | 72,2  | 70,9 |        |
| 1.2. Employment rate for the age group 60–64   | Same as indicator   | Labour Force Survey                                       | 34,7                   | 50,9 | 22,9                   | 33,7  | 40,2                   | 29,0   | 45,7  | 51,2 |        |
| 1.3. Employment rate for the age group 65–69   | Same as indicator   | Labour Force Survey                                       | 8,8                    | 11,9 | 6,7                    | 10,5  | 12,0                   | 9,5    | 16,1  | 19,4 |        |
| 1.4. Employment rate for the age group 70–74   | Same as indicator   | Labour Force Survey                                       | –                      | –    | –                      | 4,1   | –                      | –      | 5,8   | –    |        |
| <b>2. Participation in society (older people's contribution through unpaid activities)</b> |   |   |                        |      |                        |       |                        |        |       |      |        |
| 2.1. Voluntary work by older adults (aged 55+)   | Percentage of older population (aged 55+) providing unpaid voluntary work through the organizations (at least once a week)  | Relevant survey   | –                      | –    | –                      | 2,6   | 4,2                    | 1,7    | 2,5   | 2,0  |        |
| 2.2. Care to children, grandchildren by older population (aged 55+)                        | Percentage of older population (aged 55+) who provide care to their children and grandchildren (at least once a week)   | Relevant survey   | –                      | –    | –                      | 19,2  | 16,4                   | 187,1  | 33,2  | 33,4 |        |
| 2.3. Care to older adults by older population (aged 55+)                                   | Percentage of older population (aged 55+) providing personal care to elderly or disabled relatives (at least once a week)   | Relevant survey   | –                      | –    | –                      | 15,3  | 16,5                   | 14,6   | 13,6  | 16,8 |        |
| 2.4. Political participation of older population (aged 55+)                                | Percentage of older population (aged 55+) taking part in the activities or meetings of a trade union, political party or political action group, or signing petitions, including email and online petitions | Relevant survey   | –                      | –    | –                      | 14,4  | 23,8                   | 8,5    | 8,4   | 10,5 |        |
| <b>3. Independent, healthy and secure living</b>   |   |   |                        |      |                        |       |                        |        |       |      |        |
| 3.1. Physical exercise for older adults (aged 55+)   | Percentage of people aged 55 years and older undertaking physical exercise or sport almost every day  | Relevant survey   | –                      | –    | –                      | –     | –                      | –      | 18,5  | 12,5 |        |
| 3.2. Access to health and dental care (for those aged 55+)                                 | Percentage of people aged 55 years and older who report <b>no unmet need</b> for medical and dental examination or treatment during the last 12 months preceding the survey                                 | Relevant survey   | 84,7                   | 86,6 | 83,6                   | 91,7  | 92,8                   | 91,1   | 91,3  | 91,6 |        |
| 3.3. Independent living arrangements (for those aged 75+)                                  | Percentage of people aged 75 years and older who live in a single household alone or in a couple household  | Relevant survey   | 76,7                   | 79,8 | 75,3                   | 81,9  | 82,1                   | 81,8   | 84,2  | 85,2 |        |
| 3.4. Relative median income (for those aged 65+)   | Ratio of the median equivalised disposable income of people aged 65 and above to the median equivalised disposable income of those aged below 65  | Income and living conditions statistics / relevant survey | 81,0                   | 90,3 | 75,3                   | 93,0  | 101,3                  | 89,8   | 77,2  | 83,4 |        |
| 3.5. No poverty risk (for those aged 65+)  | 100 – Percentage of people aged 65 years and older who are at risk of poverty (using the 50 per cent of median income threshold)  | Income and living conditions statistics / relevant survey | 93,5                   | 97,8 | 91,3                   | 96,3  | 96,3                   | 96,4   | 91,7  | 94,7 |        |
| 3.6. No severe material deprivation (for those aged 65+)                                   | 100 – Percentage of people aged 65 years and older who are severely materially deprived (having an enforced inability to afford at least 4 out of the 9 selected items*)                                    | Income and living conditions statistics / relevant survey | 59,5                   | 67,5 | 55,4                   | 76,0  | 78,9                   | 74,5   | 81,8  | 83,9 |        |
| 3.7. Physical safety (for those aged 55+)  | Percentage of people aged 55 years and older who are feeling very safe or safe to walk after dark in their local area   | Relevant survey   | –                      | –    | –                      | 43,0  | 48,5                   | 40,5   | 53,2  | 61,1 |        |

|   |   |  |      |      |      |      |      |      |      |      |
|---|---|--|------|------|------|------|------|------|------|------|
| 3.8. Lifelong learning (for those aged 55–74)                 | Percentage of people aged 55 to 74 who stated that they received education or training in the four weeks preceding the survey | Labour Force Survey  | 1,0  | –    | 1,4  | 1,5  | –    | 2,0  | 2,2  | –    |
| <b>4. Capacity and enabling environment for active ageing</b> |   |  |      |      |      |      |      |      |      |      |
| 4.1. Life expectancy at age 55                                | Same as indicator   | Demographic statistics: Life Expectancy estimates                                | 22,6 | 18,7 | 25,9 | 23,5 | 19,4 | 26,8 | 24,6 | 20,5 |
| 4.2. Healthy life expectancy at age 55                        | Same as indicator   | Healthy life expectancy estimates  | 9,0  | 9,1  | 8,9  | 12,0 | 11,0 | 12,7 | 11,6 | 11,1 |
| 4.3. Mental well-being (for those aged 55+)                   | An index that measures self-reported feelings of positive happy moods and spirits   | Based on WHO ICD-10 measurement  | –    | –    | –    | 46,5 | 59,6 | 38,8 | 49,8 | 54,4 |
| 4.4. Use of ICT by older adults (aged 55–74)                  | Share of people aged 55 to 74 using the Internet at least once a week   | ICT Survey or any other relevant survey  | 5,0  | 5,0  | 4,0  | 19,0 | 20,0 | 19,0 | 36,0 | 38,0 |
| 4.5. Social connectedness of older people (aged 55+)          | Share of people aged 55 or more that meet socially with friends, relatives or colleagues at least once a week                 | Relevant survey  | –    | –    | –    | 31,6 | 29,4 | 32,6 | 25,3 | 25,0 |
| 4.6. Educational attainment of older people (aged 55+)        | Percentage of older persons aged 55 to 74 with upper secondary or tertiary educational attainment                             | Labour Force Survey / general statistics on educational attainment by age groups | 54,4 | 57,6 | 52,1 | 71,6 | 74,7 | 69,4 | 86,2 | 86,5 |
| <b>5. Other indicators (if applicable)</b>                    |   |  |      |      |      |      |      |      |      |      |

\* 1) to pay their rent, mortgage or utility bills; 2) to keep their home adequately warm; 3) to face unexpected expenses; 4) to eat meat or proteins regularly; 5) to go on holiday; 6) a television set; 7) a washing machine; 8) a car; 9) a telephone

| 3e) FEMALE |                | DATA SOURCE | VARIABLE AND METADATA  |
|------------|----------------|-------------|--|
| 73,3       | Eurostat       |             |  |
| 41,5       | Eurostat       |             |  |
| 13,9       | Eurostat       |             |  |
| –          | Eurostat       |             |  |
| 3,0        | EQLS           |             | For the year 2010, data for 2007 are used; for 2015, data for 2011/12 are used       |
| 33,2       | EQLS           |             | For the year 2010, data for 2007 are used; for 2015, data for 2011/12 are used       |
| 11,7       | EQLS           |             | For the year 2010, data for 2007 are used; for 2015, data for 2011/12 are used       |
| 7,2        | EQLS           |             | For the year 2010, data for 2007 are used; for 2015, data for 2011/12 are used       |
| 22,0       | EQLS           |             | For the year 2015, data for 2011/12 are used   |
| 91,1       | SILC           |             | For the year 2005, data for 2008 are used; for the year 2015, data for 2012 are used |
| 83,8       | SILC           |             | For the year 2005, data for 2008 are used; for the year 2015, data for 2012 are used |
| 73,8       | Eurostat, SILC |             | For the year 2015, data for 2014 are used  |
| 90,2       | Eurostat, SILC |             | For the year 2015, data for 2014 are used  |
| 80,7       | Eurostat, SILC |             |  |
| 48,5       | ESS            |             | For the year 2015 data for 2014 are used   |

|      |   |  |
|------|---|--|
| 2,7  | Eurostat  | For the year 2005, data for 2007 are used; for 2010, data for 2011 are used    |
| 27,8 | Eurostat  | For the year 2015, data from 2014 are used                                     |
| 12,1 | Eurostat, life tables and a question on Self-perceived long-standing limitations in usual activities due to health problem by sex, age and labour status [hlth_silc_06] | For the year 2015, data from 2014 are used                                     |
| 47,3 | EQLS  | For the year 2010, data for 2007 are used; for 2015, data for 2011/12 are used |
| 34,0 | Eurostat  |  |
| 25,6 | ESS   | For the year 2015 data for 2014 are used                                       |
| 86,0 | Eurostat  |  |