

# POPULATION AGEING AND PROMOTING “ACTIVE AGEING” IN THE EUROPEAN UNION. SUSTAINABILITY OF SOCIAL SYSTEMS DIRECTLY CORRELATED WITH AGE

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## Summary

*The increased longevity as result of decreasing mortality rates for all ages, including elderly and of life expectancy increase is already a certainty at European level. The effects of this trend conjugated with the ones of fertility decrease have led to marked demographic ageing within the European Union. This is a reality that made necessary and possible to impose the concept and initiative of promoting “active ageing” at European level, in the context of the same initiative undertaken under the aegis of the United Nations. An important dimension of future social pressure exercised by the ageing process is synthetically reflected in the evolution of elderly dependency rates. The population ageing process and the increase of the elderly dependency rates in EU Member States trigger serious concerns regarding the sustainability of social systems directly related to age, such as the pension system, and the ones for health and long-term care.*

**Key words:** *active ageing; dependency rates; age correlated social systems*

**Jel classification:** E24; E61; H51; H55

## 1. AGEING POPULATION AT EUROPEAN LEVEL

The current population structure within the European Union is characterised by particularly high numbers of population born in the two decades after the Second World War, even though the period in which the number of births increased varies quite a lot among the Member-States. With respect to this generation reference is often made as the “baby-boom” generation containing population cohorts born between the mid- and end of the years 1940 and the end of the sixties. The first of the “baby-boom” generation cohorts is currently retired. The Eurostat projections regarding population forecast that the population numbers of those aged 60 and over shall increase by approximately two million persons per year in the following decades, while the working-age population shall begin constricting (as outcome of lower fertility rates among the “post baby-boom” generation).

The share of elderly persons aged 65 years and over has increased considerably within the European Union for 20 years, from 1990 to 2010. At EU-27 level, the share of persons aged 65 years and over in total population has increased by 3.7 percentage points in the considered period of time, reaching the level of 17.4%.

In some Member-States a particular quick growth was registered in the share of persons aged 65 years and over, respectively higher by five percentage points. These States, according to the registered increase are: Slovenia (5.9%), Germany (5.8%), Italy (5.5%), Latvia (5.6%), Lithuania (5.3%) and Greece (5.2%). By contrast, in a series of Member-States the shares of this population group increase by less than one percentage point: United Kingdom (0.8%), Denmark (0.7%), Luxemburg (0.6%) and Sweden (0.3%).

The only Member-State reporting a decreasing share of elderly aged 65 and over in total population was Ireland, even if it was a diminishment of only 0.1 percentage points.

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Romania, with an increase of 4.6 percentage points of this age segment's share, is closer to the group of countries with a quick increase in these numbers.

This ageing population structure among the EU Member-States has, in essence, the following triggers/determinants: increasing longevity as result of decreasing mortality rates for all ages, including elderly population and an increased life expectancy which already turned into a certainty at European level; the effects of this trend are added to the ones of the fertility decline; the efforts of turning around this trend representing a high concern at the level of European policy.

## **2. CONCEPT AND INITIATIVE OF PROMOTING “ACTIVE AGEING” WITHIN THE EUROPEAN UNION**

The initiative of promoting “active ageing” within the European Union is circumscribed to the context of efforts undertaken at world level under the aegis of the United Nations.

Both in the understanding of the concept “active ageing” given by the World Health Organization, and in the one outlined at European level are found important common earmarks: promoting health ageing, an active role in the society of the elderly, ensuring life security for the third age and an independent life while advancing in age. All these are regarded as having a determinant impact on the quality of life for “seniors”.

We consider that at European level the concern for promoting “active ageing” turned more vital in the context of the financial and economic crisis, together with the necessity of strengthening sustainability of social insurance systems, so that major emphasis is laid on extending the active life span and increasing employment rates among elderly. In order to turn this intent into reality there are necessary: increased opportunities for jobs dedicated to this population segment; unrestricted access to flexible working arrangements, including “part-time” working hours, to adequate and healthy work conditions, and to vocational training for the entire active life period, as well.

From the viewpoint of elderly population, the main benefits are healthy ageing, independent life and increased living standards, favoured by incomes from labour and not by substitution.

From the perspective of the society, the benefit is given by its capacity to meet the key-challenges triggered by demographic ageing: pressure on the pension systems, increased demand for health care and long-term care services, an increased number of professionals in these fields; potential deficit of labour force to the extent in which the numbers of working age population diminishes; potential inter-generational conflict with respect to the distribution of existing resources.

In both aforementioned understandings, prevails the opinion that regarding responsibility sharing a particular emphasis should be laid on the need to encourage and balance individual responsibility with an age friendly environment and inter-generational solidarity. On one hand, individuals and families should prepare in time for the third age, to make efforts for adopting positive practices in promoting a good health condition for all life stages. On the other hand, the support from the surrounding environment is necessary for making healthy options also facile options.

At world level, the efforts of promoting “active ageing” date from the beginning of the eighties, when on the first World Assembly on Ageing was adopted “the Vienna International Plan of Action on Ageing” a document focused on developed countries where the implications of population ageing were already acknowledged and well-defined. In 1991, the United Nations General Assembly adopted the paper “United Nations Principles for Older Persons”, encouraging governments to incorporate them in their national programmes.

These two documents were reaffirmed by the “Second World Assembly on Ageing” (Madrid, 2002) which was finalised by adopting the “Madrid International Plan of Action on Ageing”. This document requested changes of attitudes, policies and practices, so that elderly

no longer shall be perceived as mere beneficiaries, but also as active contributors to the development process.

Ten years later, the adoption of the document “Ageing in the Twenty-First Century: a Celebration and a Challenge” brings important contributions regarding the promotion of “active ageing”, among which we mention: acknowledging the necessity of including the ageing and elderly needs into the national policies and programmes of development so that this population segment would benefit of security, dignity, autonomous and independent life.

At European level, the initiative of promoting “active ageing” culminates with declaring the year 2012 as the year of “Active ageing and Solidarity between Generations”, an initiative that aims: to help in creating better opportunities for jobs and healthier and better working conditions; to support elderly in playing an active role in the society; to combat the idea that elderly are a social burden.

The European Year 2012 had also important preceding stages in promoting “active ageing”. Thus, in 2001, the European Council of Stockholm already laid down the background for a strategy that would meet the main economic and budgetary challenges related to population ageing, with emphasis on reforming the systems linked directly to an ageing population (pension systems, health care and long-term care services).

In October 2006, the European Commission presented its views on demographic challenges, within the paper “The Demographic Future of Europe – from challenge to opportunity” identifying five policy answers by which Member States could meet the demographic change. These potential policy mitigation reactions place on first place demographic renewal, the others being policy responses making reference to strengthening the economic mechanism based on the recommendations to Member States of promoting: employment, an extended active life which presupposes also increased job opportunities, but also healthy work conditions, adequate also for the elderly; a more productive and competitive Europe, sustainable public finances in Europe; receiving and integrating immigrants.

“Active ageing” is also part of the Europe 2020 Strategy. This growth strategy designed for the following decade, with respect to demographic ageing emphasises the importance of the EU capacity to meet the challenge presented by promoting health and active ageing, generating social cohesion at social level and higher productivity at economic level. This approach is illustrated in the strategy’s plan of indicators. Among the five main indicators figures also attaining an employment rate at EU-27 level of 75% for the age segment 20 to 64 years of age, until 2020. But, for this target to be reached, a higher share of the population must stay employed at a more advanced age. This aspect shall increase in importance, due to the fact that as the projections indicate the dimensions of the working age population within the EU have started to narrow.

The European Employment Strategy by the direction it tries to outline has as target also the elderly population, including in measures directed towards promoting a better health and occupational condition, as well as incentives for remaining on the job and discouraging early retirement. This approach is intended to promote financial sustainability of the social protection systems, to the extent in which it supports a longer active life of the population. A particularly important objective of the employment policy, related also to the employment condition of the elderly is improving the human capital by better education and skills. Thus, the efficient “lifelong learning” strategies, including training on the job can increase the chances of elderly of remaining in the workforce.

On 7 July 2010, the European Commission launched the debate about the future sustainability of pensions based on the Green Paper “On Adequate, Sustainable and Safe European Pension Systems” which, in essence, made reference to: reaching a proper balance between labour and pensioning, by facilitating a longer active life; the reform of the pension

systems and strengthening their long-term sustainability; ensuring adequate incomes from pensions, etc.

A last important stage in promoting “active ageing” foregoing the European Year 2012 is related to the European Social Fund (ESF). This represents an important financial instrument instituted for diminishing differences regarding prosperity and living standards existing between Member-States and EU regions.

On October 6<sup>th</sup>, 2011, the European Commission proposed a new set of directives regarding the way in which ESF should operate in the period 2014-2020. The ESF objectives for this programming period – that is improving employment opportunities, promoting education and the “lifelong learning” process, increasing social inclusion and combating poverty – are closely aligned to the Europe 2020 initiative. For reaching these objectives, greater emphasis should be laid, among others, on sustained promotion of active and health ageing and supporting most disadvantaged groups.

### 3. MAIN SOCIAL CHALLENGES OF AN AGEING POPULATION

An important dimension of future social pressure exercised by population ageing is synthetically reflected in the evolution of elderly dependency rates.

The evolution of these rates on the time horizon 2010-2060 indicates a significant increase at the level of the EU-27 average, from 25.9% in 2010 to 52.6% in 2060 with the following meaning: the ratio between the number of contributors and the one of the beneficiaries shall develop from four contributors to one beneficiary to a ratio of only two to one (Tabel 1).

The highest dependency rates of elderly forecasted for 2060 are held by some of the States of the Eastern European Area with Latvia on the first position with a projected dependency rate of 68.0% followed by Romania (64.8%), Poland (64.6%), Slovakia (61.8%), and Bulgaria (60.3%). From among these countries, only Bulgaria and Latvia have levels of the dependency rate close to the one of the European average in 2010, the others recording, practically, a spectacular evolution: from a level of approximately 20% for Romania and Poland, and even much inferior to this one in the case of Slovakia (16.9%) up to a dependency rate of over 60% in 2060, that is much above the EU-27 level.

A contrary evolution is registered in some developed Western countries (the United Kingdom, Denmark, Belgium) which leave from a sufficiently high dependency level, close to the European average (about 25%) while the levels forecasted for 2060 decrease by about 10 percentage points under the European level (at just a bit over 40%).

Yet, the lowest dependency rate in 2060 pertains, by far, to Ireland (36,6%) which had the same hierarchical position also in 2010 with a level of 16,8%, similar to the one from Slovakia (16,9%).

In turn, some countries in transition shall have, by 2060, levels of the indicator placed only about 3 pp. above the European average. This is the case of Estonia (55,5%) and Lithuania (56,6%).

The population ageing process and the increase in the dependency rates of elderly in the EU Member States trigger serious concerns regarding the sustainability of the social systems directly correlated with age, such as the pension system, the health and long-term care systems.

	2010	2020	2030	2040	2050	2060
EU-27	25,9	31,4	38,3	45,5	50,2	52,6
Belgium	26,0	30,3	36,7	40,9	42,5	43,8
Bulgaria	25,4	32,5	38,7	46,0	56,1	60,3
Czech R.	21,6	30,4	34,3	40,1	50,1	55,0
Denmark	24,9	31,4	37,0	41,9	41,8	43,5

Germany	31,3	35,8	47,2	56,4	58,1	59,9
Estonia	25,2	30,1	35,8	40,5	48,3	55,5
Ireland	16,8	22,8	27,6	33,1	39,7	36,6
Greece	28,4	32,6	37,7	47,8	57,4	56,7
Spain	24,7	28,9	35,5	46,7	56,9	56,4
France	25,7	32,7	39,1	44,4	45,5	46,6
Italy	30,8	34,8	41,1	51,7	56,3	56,7
Cyprus	18,6	24,9	30,8	33,3	39,8	47,6
Latvia	25,2	28,8	36,2	43,3	54,2	68,0
Lithuania	23,3	26,6	35,2	41,8	47,3	56,6
Luxemburg	20,4	23,1	30,0	37,1	41,9	45,0
Hungary	24,2	30,0	33,6	39,5	50,2	57,8
Malta	21,3	31,7	39,2	40,2	46,5	55,6
the Netherlands	22,8	30,8	40,2	47,3	46,5	47,5
Austria	26,1	29,8	38,8	46,8	48,6	50,7
Poland	19,0	26,9	35,2	39,9	53,0	64,6
Portugal	26,7	31,3	37,9	46,7	55,6	57,2
Romania	21,4	25,7	30,2	40,7	53,8	64,8
Slovenia	23,8	30,4	38,8	46,1	55,0	57,6
Slovakia	16,9	23,6	31,4	38,0	51,4	61,8
Finland	25,6	36,2	42,7	43,5	44,9	47,4
Sweden	27,7	33,5	37,2	40,4	41,7	46,2
United Kingdom	24,9	29,6	34,8	38,9	39,4	42,1

Source: Dr. Iulija Moskvina, Lithuanian Social Research Centre (Lithuania), The changes of situation of older people. Socio-economic context.

**Table 1: Elderly Dependency Rates' Forecast, EU-27, 1 January (%)**

Some EU Member-States which reformed their pension systems in the recent past have introduced in the stipulation which determines the amount of the pension rights a “sustainability factor” and/or “diminishment coefficients”. This approach implements a component changing the amount of the pension depending on expected demographic changes, such as life expectancy at the time of retirement. In most cases this leads to a diminishment of the pension rights, with a positive impact on the sustainability of the public pension system and on the public finances.

Additionally, several countries have introduced a correlation between the pensioning ages and life expectancy in the pension system’s legislation. This approach is fully in agreement with the recommendations of the European Commission representing an efficient way of increasing the sustainability of the public pension systems.

The projections about pension expenditures for the time horizon 2010-2060 indicate high differences between countries in this regard. At EU-27 level, public expenditures with pensions are projected to increase by 1.5% from GDP in the period 2010-2060, up to the level of 12.9% of GDP.

The projected variations of this type of expenditures in the different EU Member-State are circumscribed to a large range of values (Table 2).

Country	Pensions		Health Care			Long-Term Care		
	Level	Variation 2010-2060	Level I	Variation 2010-2060		Level	Variation 2010-2060	
				I	II		I	II
Belgium	11,0	5,6	6,3	0,4	0,8	2,3	2,7	3,5
Bulgaria	9,9	1,1	4,3	0,5	1,1	0,5	0,3	0,4
Czech R.	9,1	2,7	6,9	1,7	2,4	0,8	0,7	1,0
Denmark	10,1	-0,6	7,4	0,9	1,5	4,5	3,5	3,5
Germany	10,8	2,6	8,0	1,4	2,0	1,4	1,7	1,8
Estonia	8,9	-1,1	5,2	1,1	1,8	0,5	0,3	0,5
Ireland	7,5	4,1	7,3	1,1	1,7	1,1	1,5	2,1
Greece	13,6	1,0	6,5	0,9	1,2	1,4	1,2	1,8
Spain	10,1	3,6	6,5	1,3	1,9	0,8	0,7	0,8
France	14,6	0,5	8,0	1,4	2,1	2,2	2,1	2,2
Italy	15,3	-0,9	6,6	0,6	1,0	1,9	0,9	0,9
Cyprus	7,6	8,7	2,6	0,4	0,5	0,2	0,1	0,1
Latvia	9,7	-3,8	3,7	0,5	1,1	0,7	0,4	0,4
Lithuania	8,6	3,5	4,9	0,7	1,3	1,2	1,1	3,2
Luxemburg	9,2	9,4	3,8	0,7	1,0	1,0	2,1	2,1
Hungary	11,9	2,8	4,9	1,1	1,6	0,8	0,6	1,0
Malta	10,4	5,5	5,4	2,9	3,6	0,7	0,9	3,2
The Netherlands	6,8	3,6	7,0	1,0	1,5	3,8	4,1	4,1
Austria	14,1	2,0	7,4	1,6	2,2	1,6	1,2	2,3
Poland	11,8	-2,2	4,9	1,9	2,6	0,7	1,0	1,9
Portugal	12,5	0,2	7,2	1,1	1,6	0,3	0,3	1,0
Romania	9,8	3,7	3,7	1,0	1,4	0,6	1,1	1,5
Slovenia	11,2	7,1	6,1	1,1	1,7	1,4	1,6	1,6
Slovakia	8,0	5,2	6,2	2,1	3,0	0,3	0,4	1,9
Finland	12,0	3,2	6,0	1,0	1,5	2,5	2,6	2,9
Sweden	9,6	0,6	7,5	0,7	1,2	3,9	2,5	2,5
United Kingdom	7,7	1,5	7,2	1,1	1,8	2,0	0,7	0,7
EU-27	<b>11,3</b>	<b>1,5</b>	<b>7,1</b>	<b>1,1</b>	<b>1,7</b>	<b>1,8</b>	<b>1,5</b>	<b>1,7</b>

Note: I=Reference Scenario; II=Risk Scenario

Source: The 2012 Ageing Report, Economic and budgetary projections for the 27 EU Members State (2010-2060), European Economy 2/2012, European Commission.

**Table 2: Forecast of Pension Expenditures, of health and long-term care services (% of GDP)**

On one hand, for Latvia is forecasted a decline of -3.8%, and on the other hand an increase of 9.4% of GDP can be observed for Luxemburg. The forecasts for Slovenia and Cyprus show an increase of the public pension expenditures higher than 7% from GDP. An increase placed between 5% and 7% of GDP is foreseen for other three Member-States: Slovakia, Belgium and Malta. A contrary scenario, a decrease of these expenditures for the time horizon 2010-2060 is forecasted for Denmark, Italy, Estonia, Poland and Latvia. For the rest of the countries, the forecasted increase is less than 5% from GDP. In this interval is situated also the increase foreseen for Romania of 3.7% of GDP.

Another resource consuming sector is the health care one. Public expenditures for health care depend on a series of factors acting both on the demand and supply side. The key-determinants of demand are the population size and structure, the health condition, individual and national income, etc. On the supply side, the determinants include availability and distance to health care services, technological progress and institutional building.

Population ageing might trigger an important risk for the sustainability of financing public health in two ways: first by increased longevity, without improving health condition leads to higher demand for health services for a long period of time. Very often there are arguments that new medical technologies have registered important successes in rescuing lives, against an increasing number of fatal diseases, but have recorded lesser success in preserving a good health condition of the population. Secondly, in several EU countries, public health is to a large extent financed by social insurance contributions of the employed population. Population ageing leading to an increase in the dependency rate of elderly means, actually, fewer contributors as compared with the number of services' beneficiaries. Considering that the dependency rate of elderly is forecasted to double in the time horizon 2010-2060, at EU-27 level, the consequence associated shall be the following: a much smaller share of population shall contribute to financing public health, while an increasing share of elderly population might put additional pressure on the supply of health goods and services. On the other hand, extending the active life period, the more so, if associated with better health condition of the population might diminish the impact of ageing.

Another important factor of influencing health care expenditures is also the income. At individual level, the correlation between income and health care expenditures is given by the following conditioning: if the care intervention is covered or not, and to what extent by public or private insurances. If an individual has complete coverage, by health insurances, than the demand for health care is independent of the individual income, respectively the demand elasticity for health services in relation to income is zero. However, if the care intervention is partially or not covered by insurances, the demand will depend on the individual income. The forecast of health care expenditures for the time horizon 2010-2060 indicates different outcomes depending on the scenario taken into account.

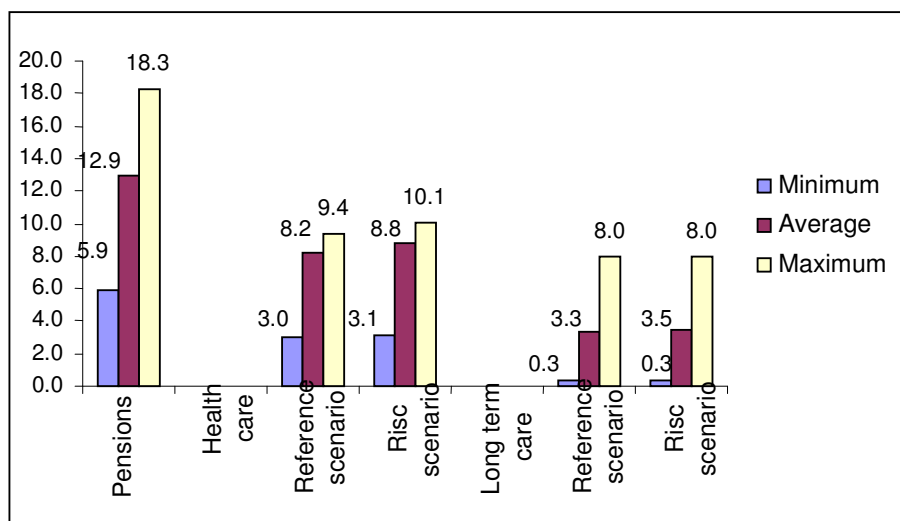
In the "Reference Scenario" the health care expenditures are based on the assumption that half of the future increase of life expectancy shall be spent in a good health condition and that the elasticity of the health care expenditures in relation to income shall converge from 1.1 in 2010 to unit in 2060. The cumulated impact of these factors is a forecasted increase of expenditures of about 1.1% of the GDP at EU-27 level until 2060. The individual outcomes on countries vary between 0.4% from GDP in Belgium and Cyprus, up to 2.9% of GDP in Malta. The forecasted increase for Romania is of 1.0% of GDP.

The "Risk Scenario" is based on the assumption of a partial continuation of trends registered recently in the evolution of health care expenditures. The forecasted level of expenditures for 2060 at EU-27 level is of 8.9% of GDP which means an increase by 1.7% from GDP in relation to 2010. The lowest forecasted increase is registered for Cyprus (0.5% of GDP) , while Malta holds the highest forecasted increase (3.6% from GDP).

"Long-term care", even though associated with a smaller amount of expenditures still register an increasing share of the GDP. In the year 2010, the highest level of the weight of this type of expenditures from GDP was registered by Denmark (4.5%), Sweden (3.9%), and the Netherlands (3.8%), countries that record also the highest variations for the time horizon 2010-2060, while the EU-27 average was of 1.8%. The smallest weights were held by Bulgaria (0.5%), Portugal and Slovakia (0.3%) and, respectively, Cyprus (0.2%).

The forecast for the time horizon 2060 of the minimum and maximum average levels (EU-27) of pension expenditures, health care and long-term care services is presented hereunder (Figure 1).

For the year 2060, the average forecasted level of pension expenditures for EU-27 is of 12.9% of GDP, under the conditions of a very high variation on member countries: from a minimum level of 5.9% of GDP for Latvia, at a maximum level of 18.3% from GDP for Slovenia.



Source: The 2012 Ageing Report, Economic and budgetary projections for the 27 EU Members State (2010-2060), European Economy 2/2012, European Commission.

**Figure 1: The average, minimum and maximum level of pension, health care and long-term care services' expenditures within the EU at the time horizon 2060 (% of GDP).**

Health care services register in the majority of cases differing variations of associated expenditures, within the two scenarios considered. The average levels of this type of expenditures are of 8.2% from GDP and, respectively, 8.8% from GDP. The minimum levels of expenditures in both scenarios are in Cyprus (3.0% and, respectively, 3.1% from GDP), while the maximum levels are held by Germany and France in the first scenario (9.4% from GDP) and only by France (10.1% from GDP) in the second scenario.

“Long-term care” presupposes a smaller amount of expenditures which also represents an increasing share of GDP. The average forecasted levels are of 3.3% from GDP and, respectively, 3.5% from GDP. The minimum level, which is uniform in both scenarios is for Cyprus (0.3% from GDP), while the maximum level is also identical in both scenarios for Denmark (8.0% from GDP).

#### 4. CONCLUSIONS

The current population structure within the European Union bears the fingerprint of the ageing process, under the conditions in which the share of elderly increased considerably in the last 20 years.

The implications of demographic ageing on one hand, and the increased life expectancy, respectively health life expectancy on the other hand constitute the reality which made necessary and also possible imposing the concept and initiative of promoting “active ageing” within the EU, as well. The European initiative of promoting “active ageing” is circumscribed to the efforts made in the same direction under the aegis of the United Nations.

The meanings of the concept are similar at European and world level. Yet, we consider that in the European understanding, a higher emphasis is laid on extending active life, under the conditions of a necessary strengthening of social security systems' sustainability. The European initiative culminated with proclaiming the year 2012 as the “Year of Active Ageing



and Solidarity between Generations”, but also had important foregoing stages, marked by concerns in identifying policy mitigation answers to demographic change.

An important dimension of the future social pressure, exercised by demographic ageing is synthetically reflected in the evolution of the elderly dependency rate, which at EU-27 level is concern raising: for the time horizon 2010-2060, it shall practically double from 25.9% to 52.6%. this evolution has as significance a considerable deterioration of the ratio between the number of contributors and the one of beneficiaries, with significant implications on the sustainability of financing pension systems, health care and long-term care services.

The pension systems, and the ones of health care presuppose larger shares of GDP expenditures, than the long-term care services.

For the time horizon 2010-2060, the forecasted variation of pension expenditures is not positive for all Member-States, and some of them register a sometimes even considerable decline (-3.8% from GDP for Latvia and -2.2% from GDP for Poland).

Health care constitutes another large resources consuming sector with a significant weight in GDP. We mention that the GDP share of this type of expenditures is on increase for all Member-States and within both considered scenarios.

Long-term care expenditures have associated a smaller share of the GDP, but also on increase. The very swift increase in the numbers of very old individuals (80 years of age and over) within the Member-States triggers a serious challenge regarding the sustainability of financing this type of expenditures.

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