



AgeFLAG Project

Report on national needs and priorities to improve health and well-being of the ageing population in LATVIA

Collected during a national needs assessment study - EXPERT SURVEY

Conducted on
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By
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In
RIGA

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Content

1. Background
2. Aim of the study
3. Facts and figures about health, well-being and ageing in LATVIA
4. Participants
5. Methodology
 5. 1 Reflection on study implementation and lessons learned
6. Outcomes: *Top five* priorities for action on healthy ageing in LATVIA

Annexes:

Situation in Latvia

Questionnaire

Cover letter

Information about the AgeFLAG project

1. Background

This report has been developed in connection to the project “Roadmap to improve the health and well-being of the ageing population in the Baltic Sea Region (AgeFLAG)”. The project seeks to identify the most important issues in relation to active and healthy ageing that countries in the region are facing. For this purpose, the project partners have organized national needs assessment workshops or expert survey, which will later feed into a joint regional report and guide the partners’ efforts to develop common solutions through cross-border cooperation.

The RTga Stradiņš University is a leading academic research institution in the fields of medicine, pharmacy, dentistry, rehabilitation and nursing sciences. The University has around 8800 undergraduate and professional programme students covering all healthcare professions, around 2000 social sciences students and 170 PhD students. That places RSU among the largest education institutions in the Baltic States in the areas of medicine and health sciences, and the only universal medical university in Latvia, having more than 20% students coming from abroad.

The basis of RSU research activity is the concentration of resources for the purpose of conducting outstanding, up-to-date, consistent with the contemporary public needs, fundamental and implementable scientific research targeted at improving the quality of life, welfare, technology transfer and purposeful commercialization of the acquired knowledge. In its operations RSU devotes particular attention to the integration of framework, pre-clinical and clinical research and linkage thereof to public health indicators. According to the global scientific information and citation database SCOPUS, RSU has released 788 publications from 2013 to 2018, therewith RSU is among the largest providers of scientific publications in Latvia. Within the past five years RSU has implemented 45 research projects for the total amount over 20 million EUR. Research projects: HORIZON 2020, FP7, ERA-NET, COST, EUREKA, ERASMUS, INTERREG IVA, EEA/ Norway Grants, Estonia, Latvia and Russia cross-border cooperation, GRUNDTVIG, within the framework of Leonardo da Vinci programmes.

Research at RSU is organized in three platforms and one of them is the Public Health Platform, which at the interdisciplinary level combines RSU resources for qualitative research to facilitate health promotion, health care organization and improvement of the work environment in Latvia, also including aspects related to population ageing.

2. Aim of the study

The aim of the study was to bring together the most relevant national stakeholders to identify the *top five* national needs that should be addressed to improve active and healthy ageing in LATVIA.

In Latvia, the study was conducted in the form of an expert survey, addressing representatives of various organizations based on publicly available information

about the organization's activities or based on RSU's previous cooperation experience in implementing various projects related to active and healthy ageing.

3. Facts and figures about ageing in LATVIA

In Latvia, on 6 September 2016, the Cabinet of Ministers approved the conceptual report Active Ageing Strategy for Longer and Better Working Life in Latvia, developed by the Ministry of Welfare in cooperation with other institutions and social partners. The conceptual report contains the following lines of action:

employment – an inclusive labour market for older people;

education – educated and competent older workers in accordance with changing labour market conditions;

health and active lifestyle – healthy and physically active older people who continue to live an active and independent life for as long as possible;

social security – socially protected elderly people.

The AgeFLAG project used the informative report of the Ministry of Welfare (MoW, June 2019) on the progress of the implementation of the conceptual report Active Ageing Strategy for Longer and Better Working Life in Latvia as an informative material for experts on the current situation of seniors in Latvia.

The report is available on the website of the Ministry of Welfare:

<http://www.lm.gov.lv/lv/nozares-politika/darba-tirgus?id=91063>

Some findings from the report summary and conclusions:

- Current demographic trends in Latvia indicate an ageing population and a declining population, especially in people of working age, resulting in a declining share of the working age population. At the beginning of 2018, there were 1,934,379 inhabitants in Latvia, 40.9% (780,667) of which were older than 50 years. The age group of 50–64 years makes up 32.4% of the working age population (15–64 years).
- The working age population is declining even faster than the total population, driven mainly by the large decline in the 15–24 age group due to the low birth rate in the 1990s and the high emigration rates in recent years for the population under 35.
- Since the financial and economic crisis, the level of economic activity and employment has been gradually increasing in Latvia. An increase in the indicators is observed in all age groups. In 2017, the employment rate of persons aged 50–64 in Latvia was 67.5% (64.9% in the EU), while in 2011 the employment rate was only 59.3%.
- In the field of employment, the elderly population in Latvia is characterized by relatively high participation in the labour market, but the main challenge is unemployment and especially long-term unemployment, which is influenced by factors such as lower mobility, both in terms of changing jobs and returning to the labour market, stereotypes by employers, education and health aspects as well as care responsibilities.
- Improving knowledge and skills throughout life is particularly important for maintaining competitiveness in the labour market, and for older people in particular. However, the participation of older people in adult education is relatively low and less widespread than in other EU Member States. The low level of involvement in adult education activities is based on a lack of interest on the part of employees and

companies, costs, lack of time, availability of information and programs, and the structure of the economy and companies.

- The health status of the population in the context of an ageing population is one of the most important factors that has a major impact on employment opportunities and quality of life in general, so improving access to quality health care and long-term care and increasing its effectiveness is a key principle of health reforms.
- As part of the reform of the health care system, the Ministry of Health is implementing various measures to improve access to health care and reduce waiting times, as well as organizational aspects, which include significant improvements for patients in general, including the elderly, but funding for the health sector in general is still insufficient.
- In Latvia, compared to other EU Member States, the number of people at risk of poverty is increasing every year, and especially among the elderly. The population after the age of 60 is at a significantly higher risk of poverty than other age groups, moreover, in Latvia the increase in the risk of poverty in 2017 has been significant compared to other age groups.
- The MoW continues to work on improving the social security system. Social services are constantly being improved, as well as social protection policy measures are being implemented to improve the situation of population groups often at risk of poverty and social exclusion (pensioners, people with disabilities, families with children), positively influencing their future living standards, improving their social protection and reducing the risk of poverty and social exclusion.
- In general, it can be concluded that significant progress has been made in the implementation of several measures and it is necessary to continue the existing measures in the fields of employment, education, health, social security and other related areas, analysing their impact on changes in the situation. Significant challenges remain and respective improvements need to be made in the areas of access to health, skills development of employees, reduction of the risk of poverty, and quality of work to improve the situation of active ageing as a whole.

4. Participants

In Latvia, the study was implemented in the form of an expert survey.

Representatives from various organizations were approached as experts to participate in the survey, based on publicly available information about the organization's activities or based on RSU's previous cooperation experience in implementing various projects related to active and healthy ageing. The organizations addressed could be theoretically divided into the following areas:

- 1) Education and research in the fields of health, well-being and technological innovation - academic staff and project managers from various universities (Rīga Stradiņš University, Riga Technical University, Latvian Academy of Sport Education, Latvian Academy of Arts);
- 2) Public administration institutions in charge of public health and welfare issues – the Ministry of Health, the Ministry of Welfare and institutions subordinate to these ministries;

- 3) Local government structural units in charge of public health and welfare issues – Riga City Council, Jūrmala City Council, Latvian Association of Local Governments;
- 4) Senior organizations – Latvian Pensioners' Federation, association Riga Active Seniors' Alliance
- 5) Non-governmental organizations responsible for the provision of health and social services – Latvian Association of General Practitioners, Latvian Association of Rural General Practitioners, Samaritan Association of Latvia, Latvian Red Cross;
- 6) Commercial organizations responsible for providing health and social services to seniors – SIA Senior Latvia, SIA Aprūpe mājās, SIA Aprūpes birojs.

Out of more than 50 experts contacted (e-mail sent with information about the project and a link to the electronic survey), 26 experts completed the survey. In some cases, the reasons why the addressed experts did not participate in the survey were also established – leave, parental leave, no time to complete the questionnaire in the specified time period.

5. Methodology

Initially there was the workshop methodology designed to identify and prioritize the national needs to improve active and healthy ageing through a 4-step process: presentation of the most recent national data, mapping of all possible needs, prioritization of needs and identification of top five needs in the country. Initially, the project seminar in Latvia was scheduled for the end of March 2020. As an emergency situation was declared in Latvia on March 12 and various restrictions for the control of COVID-19 infection were in force until June 9, the research methodology in Latvia was changed and the seminar was replaced by an online expert survey.

The expert survey was based on the Delphi method, but the survey was carried out in a single round (see the questionnaire in the annex). In this procedure, we tried to maintain the four-step structure of the seminar – the cover letter provided the experts with the most recent national data and other information, as presented in the facts and figures section of this report, and used the Ministry of Welfare's informative report on the concept report Active Ageing Strategy for Longer and Better Working Life in Latvia (MoW, June 2019) as informative material. In the survey, experts were asked to prioritize needs and constraints that, according to the expert's knowledge and experience, are essential to promote health and well-being of seniors in Latvia, thus obtaining a wider range of information to select the five most important needs and constraints as a result of the analysis.

In June, potential experts were identified for inclusion in the survey (see Chapter 4) and an online survey was set up. From June 29, experts were sent an e-mail inviting them to participate in the survey (until July 10). In addition, information about the AgeFLAG project and a link to the informative report of the Ministry of Welfare was added, which summarizes up-to-date information on the situation of seniors in

Latvia. If necessary, the experts could contact the study coordinators by phone or e-mail to clarify any questions; at least 8 experts used this opportunity.

When processing and analysing the data, the top five national priorities were identified. The data obtained in the survey were compiled in Excel spreadsheet format, the content of the replies was analysed by identifying the most important keywords that were included in the keyword matrix. The priority level of the mentioned problem was also taken into account in the keyword analysis (see the data summary in the annex).

5.1 Reflection on workshop implementation and lessons learned

In general, the format of the expert survey is in line with the objectives of the project. The response rate of the experts may have been higher, which was definitely affected by the time of the survey (end of June and beginning of July). At the same time, given the different impact of COVID-19 infection control measures on the workload of experts in different areas of activity, it cannot be argued that the response rate would be higher if the survey was conducted in April or May. The expert survey could be carried out in several rounds (at least two), but the identified priorities were quite convincingly represented from the different fields of activity represented by the experts, therefore, they can be regarded as reasonable and credible. In spring, specialists in various fields were regularly (including repeatedly, at regular intervals) asked to participate in various surveys related to the study of the consequences of COVID-19 infection and their control measures, and experience shows that the initial response has fallen sharply over time, possibly precisely because of the intensive survey regime. That is why it was decided to conduct the survey in a single round.

The circle of potential experts was theoretically wide enough, corresponding to the current situation in Latvia, and almost all initially selected areas of activity are also represented among the active participants of the survey (except for commercial organizations responsible for providing health and social services for seniors).

6. Outcomes: *Top five priorities for action on healthy ageing in LATVIA*

Where applicable and possible, the identified priorities we link to the action areas proposed in the WHO Decade of Healthy Ageing: 1) age-friendly communities, 2) person-centred integrated care, 3) community-based social care and support.

Needs:

Provision and availability of health and social care – availability of health and social care services in various aspects (including rehabilitation) (2, 3), implementation of the principles of integrated care (2), qualification of specialists to work with seniors (2), development of the range of health and social care services and quality of services (1, 2, 3).

Financial and social security (1) – sufficient and sustainable financial support for seniors in order to meet their daily needs (subsistence, housing, medicines,

transport, etc.), support platforms for the involvement of seniors in the economy, sufficient and sustainable financing of health and social care services.

Sense of security and independence (1) – strengthening family and intergenerational relations, improvement of various socialization opportunities (day centres, senior organizations, etc.), improvement of senior employment opportunities (supportive regulatory framework, positive attitude of employers towards seniors), adaptation of the environment (private and public) for seniors with functional limitations.

Health promotion (1) – health promotion activities for seniors in the community, improvement of health literacy (communication with health care professionals), education of seniors (physical activity, healthy diet, etc.) and promotion of personal responsibility for the ageing process.

Physical and social activities – availability of physical activities (including those led by specialists), especially in rural areas provided by municipalities (1, 2), proximity and accessibility of green areas in residential areas (1), existence of interest groups for seniors (1), quality active recreation and cultural events (1).

In addition, needs such as respectful treatment of seniors (promoting respect for seniors in all sections of society, reducing age discrimination and exclusion, reducing isolation and loneliness) and digital skills (complex solutions: technology, accessibility and training in their use, funding mechanisms, to reduce inequalities in access to different services and information) were mentioned.

Restrictions:

Availability and quality of health and social care – availability of services (in various aspects) and low capacity to provide them, lack of continuity and integration of services (poor organization of services), ignorance of seniors' needs when planning services, weak intersectoral cooperation (an isolated approach to problem solving by the Ministry of Health and the Ministry of Welfare).

Lack of funding – low income level for seniors, limited and insufficient funding for the provision of health and social care services.

Health status of seniors – long-term low health indicators for seniors in Latvia, weak understanding of a healthy lifestyle, changes in the course of ageing and deterioration of cognitive processes, negative stereotypes about ageing.

Social factors – stigmatization of age and non-acceptance of ageing as a real phenomenon, social isolation and loneliness, public attitudes and inequalities in society).

Infrastructure – unsuitability of the environment for the needs of seniors with functional limitations, accessibility for interest groups, quality and availability of housing, availability of aids, availability of transport services (in various aspects).

In addition, limiting factors such as employment (difficulties in entering the labour market, shortcomings in the employment regulation of seniors), digital skills (insufficient computer skills and opportunities to obtain and use information about services), and a sedentary lifestyle (low level of physical activity) were mentioned.

A combination of different approaches to solving problems is essential – support for those groups of the society who already have experience of deteriorating health and

well-being in old age, and prevention, thinking about the population of pre-retirement age.

Annexes:

List of experts

Questionnaire

Cover letter

Information about the AgeFLAG project



Information for the AgeFLAG report

from the Ministry of Welfare of the Republic of Latvia

**Informative report on the implementation progress of conceptual
report**

**Active Ageing Strategy for Longer and Better Working Lives in
Latvia (Riga, 2019)**

Table of contents

Abbreviations used in the informative report	2
1. Reasons for Developing the Informative Report	3
2. Content and Objective of the Active Ageing Strategy	4
3. Demographic Situation in Latvia	6
5. Current Situation in the Field of Education	10
6. Current Health Situation	12
7. Current Situation in the Field of Social Security	14
8. Summary of the Report and Conclusions	17

Abbreviations used in the informative report

CSB	Central Statistical Bureau
IOSEH	Institute for Occupational Safety and Environmental Health
EU	European Union
ESF	European Social Fund
GMI	Guaranteed Minimum Income Level
MoES	Ministry of Education and Science
LBAS	Free Trade Union Confederation of Latvia
InCSR	Institute for Corporate Sustainability and Responsibility
LDDK	Employers' Confederation of Latvia
LIAA	Investment and Development Agency of Latvia
LLPA	Latvian Association of Large Cities
MoW	Ministry of Welfare
LALRG	Latvian Association of Local and Regional Governments
LCCI	Latvian Chamber of Commerce and Industry
SEA	State Employment Agency
NHS	National Health Service
NGO	non-governmental organization
OECD	Organisation for Economic Co-operation and Development
VECC	Vocational Education Competence Centre
RSU	Rīga Stradiņš University
SO	specific objective
SIF	Society Integration Foundation
SIVA	Social Integration State Agency
SPKC	Latvian Centre for Disease Prevention and Control
MoEPRD	Ministry of Environmental Protection and Regional Development
VDI	State Labour Inspectorate
MoH	Ministry of Health

1. Reasons for Developing the Informative Report

The informative report on the progress of the implementation of the conceptual report Active Ageing Strategy for Longer and Better Working Lives in Latvia¹ (hereinafter referred to as the informative report) is prepared to complete the task set in Paragraph 3 of Cabinet Decree No. 507 of 7 September 2016 (minutes No. 44 §29) on the conceptual report Active Ageing Strategy for Longer and Better Working Lives in Latvia (hereinafter referred to as the Decree) for the MoW in cooperation with the co-responsible institutions to prepare an informative report on the progress of the implementation of the conceptual report until the implementation of solution No. 1 Solution to Improve the Active Ageing Situation (hereinafter referred to as the solution) included in conceptual report Active Ageing Strategy for Longer and Better Working Lives in Latvia (hereinafter referred to as the conceptual report) is completed and to submit it to the Minister of Welfare by 1 April 2019 and every three years thereafter to the Cabinet of Ministers in due course.

According to Paragraph 2 of the Decree, the MoES, MoH, SEA, VDI and SIVA are co-responsible for implementing the conceptual report solution.

In accordance with Paragraph 4 of the Decree, the MoW set up a working group on the implementation monitoring of the conceptual report which drafted and submitted to the Prime Minister on 31 March 2017 proposals to address the problems that are not addressed by the solutions proposed in the conceptual report, and identified the necessary clarifications and additions to the political planning of ministries.

The information report provides information in a cumulative manner on the implementation (progress) of the solution included in the conceptual report and the activities included therein and other implemented support measures and activities for the improvement of the active ageing situation by the end of 2018.

¹

<https://likumi.lv/ta/id/284635-par-konceptualo-zinojumu-aktivas-novecosanas-strategija-ilgakam-un-labakam-darb-a-muzam-latvija>

2. Content and Objective of the Active Ageing Strategy

Current demographic trends in Latvia show an ageing population and a decline in the population, especially in working age, resulting in a reduction in the working age population and new challenges for ensuring economic growth and sustainable social policy.

Thus, in order to reduce the negative aspects of ageing and to improve support for the elderly, the Ministry of Welfare, in cooperation with other institutions and social partners, developed a conceptual report approved by the Cabinet of Ministers on 6 September 2016.

The design of the conceptual report is based on the 2015 World Bank study The Active Aging Challenge for Longer Working Lives in Latvia, which was developed within the framework of the project Development of Comprehensive Active Ageing Strategy of Latvia for Longer and Better Working Lives (hereinafter referred to as the project), in cooperation with project monitoring committee members from institutions such as the MoW, MoES, MoE, MoEPRD, SEA, VDI, LBAS, LDDK, LCCI, and IOSEH.

The aim of the solution included in the conceptual report is to promote a longer and healthier working life for the Latvian population and to improve the overall economic situation by providing the following courses of action:

- **Employment** – an inclusive labour market for older people.
- **Education** – educated and competent older workers who meet the changing labour market conditions.
- **Health and active lifestyle** – healthy and physically active older people who continue active and independent life for as long as possible.
- **Social security** – socially protected elderly.

The conceptual report targets older people aged 50 and over, in particular until retirement age, who face significant barriers to labour market participation.

The conceptual report identifies the following main challenges:

- The elderly at pre-retirement age are characterised by a higher risk of unemployment and, in particular, long-term unemployment, which is affected by knowledge and skills that do not meet the requirements of the labour market, state of health, care obligations, low mobility and stereotypes.
- The quality of jobs for older workers (both in terms of the working environment adaptation and salaries), which affects their labour market situation and their ability to work.
- The involvement of the elderly in adult education activities is low, especially among the lower-education population, those in the simpler professions, as well as the inactive and unemployed population.
- In Latvia, the health indicators of the middle aged and older people are well below the EU average, and in recent years there has been a decrease in the average age of the population with occupational diseases.
- People of pre-retirement age face a relatively high risk of poverty.

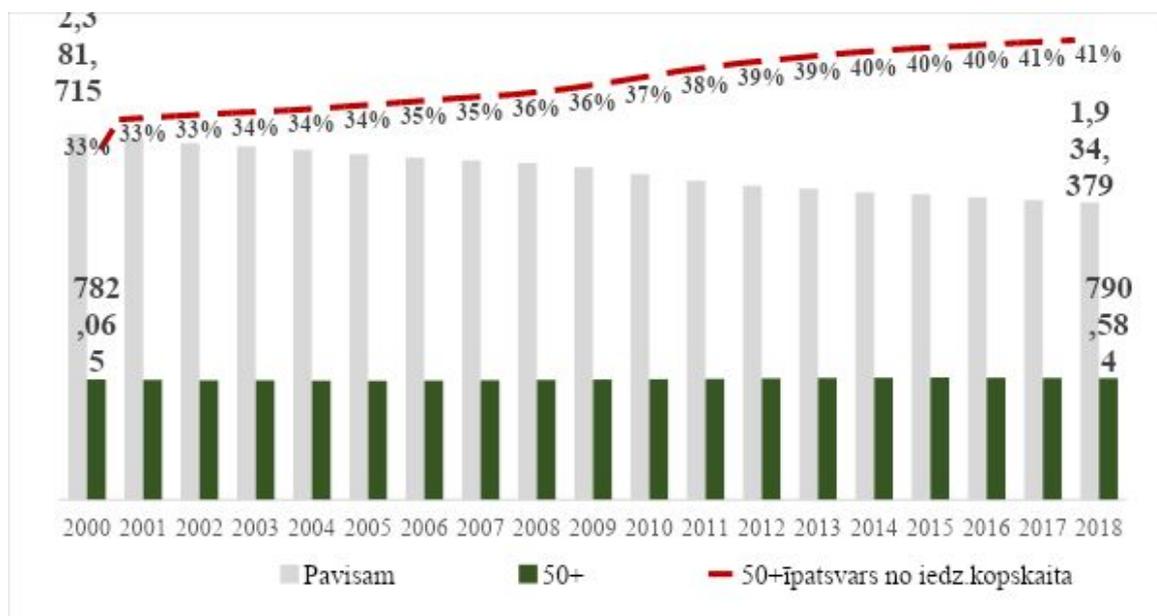
In order to promote longer and healthier working lives of the population, **the following key actions are planned** in line with the challenges identified in the conceptual report:

- **Assessment of the abilities, skills and state of health** of the older workers, determining the suitability for the work to be performed, as a result of which proposals for the improvement of the situation are provided. If necessary, individual support plans will be drawn up, including measures to increase competitiveness, adult learning opportunities and health assessment, and conclusions from a family doctor, occupational doctor or labour protection specialist.
- **Identifying and promoting the potential of active ageing in companies**, which provides for developing and carrying out voluntary corporate audits, assessing the suitability of work organization at the companies to use the potential of older workers, leading to recommendations for improving the situation. In this way, it is planned to promote the quality of jobs and to promote the preservation of working capacity and employment of older employees.
- **Measures to activate the long-term unemployed** to promote the inclusion of the long-term unemployed in the society and finding an appropriate permanent job, appropriate training program or a measure offered by the SEA for them. To achieve this goal, it is planned to provide specialist advice, to carry out in-depth health checks, to identify professional suitability, to offer motivation programs.
- **Information activities** (seminars, informative material, ads, etc.) to raise awareness of the trends in the ageing of the labour force and possible solutions for longer working lives, such as flexible working organisation methods, adaptation of workplaces, health-enhancing working environment, etc.
- **Support measures** to promote the capacity, skills and health of older workers, including, as appropriate, adaptation of workplaces, the introduction of flexible forms of work, the provision of career advice and training opportunities, the implementation of health improvement measures, and the promotion of intergenerational skills transfer.

3. Demographic Situation in Latvia

At the beginning of 2018, there were 1,934,379 inhabitants in Latvia, of which 40.9% (780,667) were over 50 years of age. The age group 50–64 constitutes 32.4% of the working age population (15–64).

Figure 1: People over 50 years of age and total population in dynamics



Data source: CSB

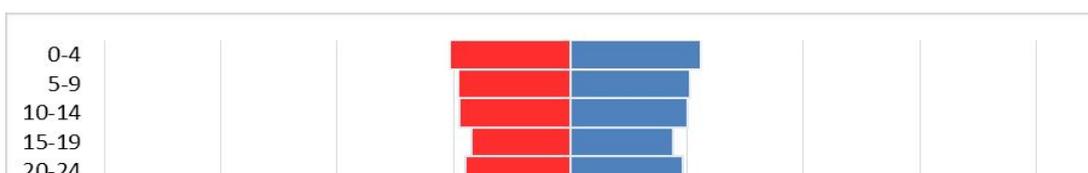
Like other EU countries, Latvia faces demographic trends such as an ageing population, characterized by low birth rates and an increase in life expectancy. In addition, Latvia is among the EU countries where the population has been declining in recent years mainly as a result of population migration.

In 2017, according to the information compiled by Eurostat, the general birth rate in Latvia (number of births per 1,000 population) was higher (10.7 births per 1,000 population) than in 20 other EU countries. The highest birth rates were in Ireland (12.9 births per 1,000 population) and Sweden (11.5 births per 1,000 population), and the lowest in Italy (7.6 births per 1,000 population).

The indicator of generational change is the aggregate birth rate. In 2017, it was 1.70 in Latvia (in 2016 – 1.74), which is still far from the desired number of children for generational change: 2.1–2.2. For generations to change normally, birth rates need to rise much faster. The last time the aggregate birth rate was 2.2 in Latvia was in 1986–1987, when 42 thousand children were born per year, which was the highest number of births since 1946.

Although birth is a natural biological process, it is nevertheless very closely linked to the objective characteristics of the country’s economic situation, as well as to other indicators of human behaviour and practical action: the level of well-being of the population, the development of medicine and health protection, the level of education and culture, lifestyle, etc.

Figure 2: The number of permanent residents at the beginning of 2018 by age group



Data source: CSB

The working age population is declining even more rapidly than the total population, mainly due to the large decline in age group from 15 to 24, due to the low birth rate in the 90s and high emigration rates in recent years for the population under 35.

In 2018, the MoW study “Ex-Post Evaluation of National Family Policy Guidelines for 2011-2017”² indicates that although the country’s economic situation has improved significantly since 2011, it is still difficult for economically active families, where both parents work and receive an average income, it is difficult to fully cover all expenses, buy the housing they would like to own, etc. At the same time, sexual and reproductive health risks are becoming particularly acute. The objectives set for financial support for families with children, support through tax instruments, measures to reduce the risks of injuries and sexual and reproductive health must therefore continue in the next programming period. Similarly, when analysing the quality of family life and more specifically the factors affecting birth rates, researchers stress that there is no single determining factor that would significantly change the demographic situation in the country. Although material security is not the only determinant, it is a stable income, accessible housing and the possibilities to combine work and family life that still form the basis for reproduction of population, where state support can be an additional motivating factor.

The demographic situation is largely influenced by the overall economic situation in the country and by consistency and systemic nature of the state support mechanisms for its population. In the context of families, in order to promote the reproduction of population, it is important not only to promote the birth rate, but also to take care of attracting Latvians of reproductive age to the state, take care of their health, quality of life, etc. It is clear that, given the high birth rates in the 1980s and the subsequent birth rate decrease, the number of women will drop significantly in the next decade. Thus, there is a risk that, even if the birth rate increases due to successful birth-promotion policies and economic growth (increased aggregate birth rate), the total number of newborns (in absolute numbers) may not increase due to the reduced number of women of childbearing age.

² http://www.lm.gov.lv/upload/GIMENE_GALA_formatets_FINAL_PDF.pdf

4. The Current Labour Market Situation

Since the financial and economic crisis in Latvia (starting in 2010), the level of economic activity (the share of employed and unemployed people (both registered with the SEA and non-registered) who are actively seeking employment, the share of corresponding age group population, as a percentage) and employment rate is gradually increasing, and moreover, in recent years the relevant indicators have exceeded the average level in the EU. An increase in the indicators is observed in all age groups.

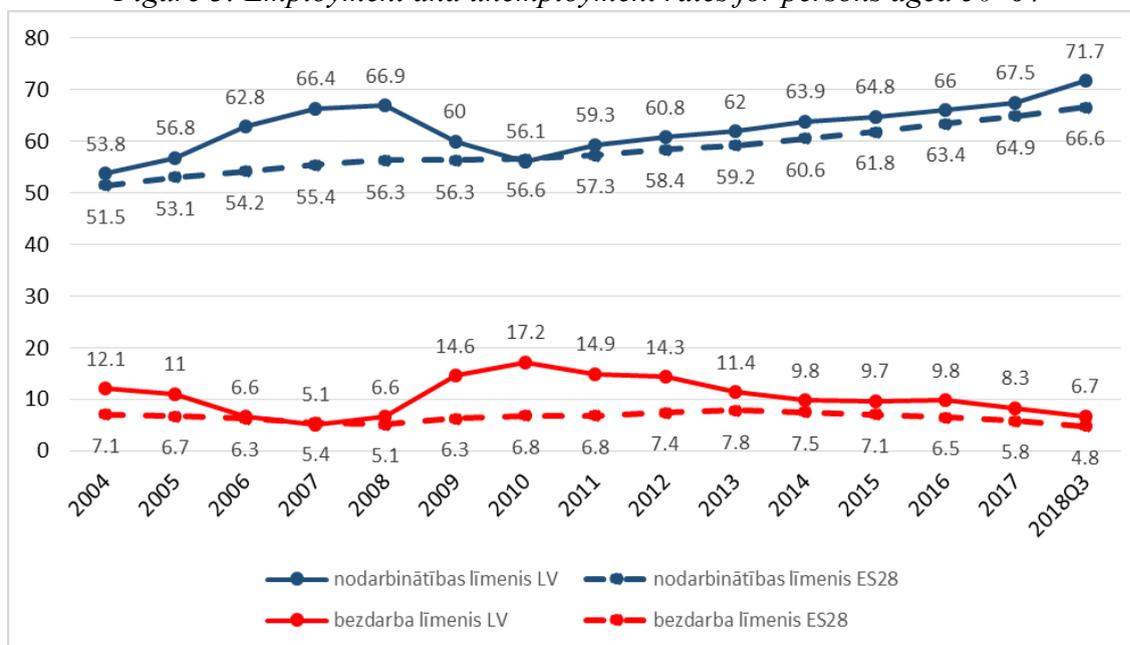
In 2017, the level of economic activity in Latvia, compared to the EU, was much higher for the elderly (50–64 years) – 73.7% in Latvia and 68.9% on average in the EU, and in recent years it has a tendency to increase.

In 2017, the employment rate of persons aged 50–64 in Latvia was 67.5% (64.9% in the EU), while in 2011 the employment rate was only 59.3%. In the 3rd quarter of 2018, the employment rate of persons aged 50–64 reached already 71.7% in Latvia, which exceeds the average EU level by more than 5 percentage points (66.6%).

Compared to the employment rate of Estonia, Lithuania and Scandinavia, it is lower in Latvia. This in turn means that the country still has the potential to attract economically inactive people to the labour market.

It should be noted that the level of economic activity in the age group 65–74 also continues to increase. In 2017, the level of economic activity in this age group was 17.6% and the employment rate was 17%, while in 2013 the level of economic activity was only 13.9% and the employment rate – 13%.

Figure 3: Employment and unemployment rates for persons aged 50–64



Data source: Eurostat

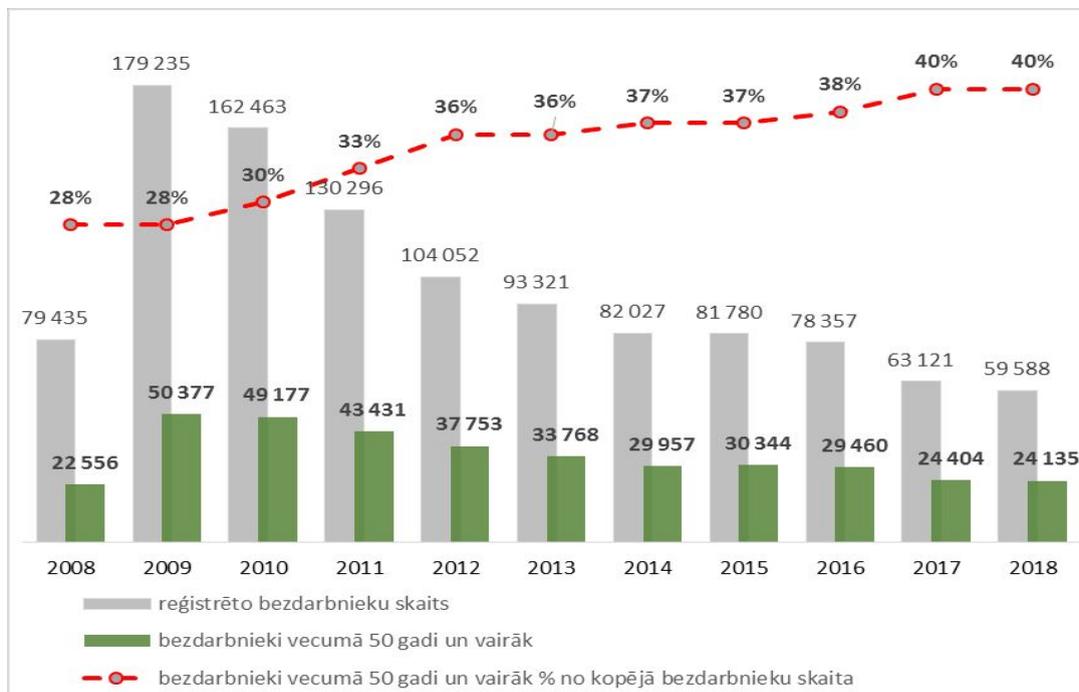
As at 31 December 2018, 59,588 unemployed people were registered with the SEA, of which 24,135 were unemployed over the age of 50, which is 40% of the total registered number of unemployed in the country. The registered unemployment rate in December 2018 was 6.4%.

At the end of 2018, the lowest registered unemployment rate was in Riga 3.9% and Riga region (4.2%), but the highest one was in Latgale (14.7%). The unemployment rate registered in

Kurzeme was 7.5%, in Vidzeme – 6.4% and in Zemgale – 6.2%. All regions of the country show a decline in unemployment compared to the corresponding period of the year before.

Economic activity still varies considerably across regions of Latvia and **the respective share of jobs is concentrated in Riga and Pierīga regions**, while in other regions the number of jobs is significantly lower. At the end of 2018, the SEA database had 17,929 current job vacancies: in Riga region – 14,494, Zemgale – 917, Latgale – 905, Kurzeme – 868, Vidzeme – 745.

Figure 4: Unemployment trends of the registered unemployed over the age of 50



Data

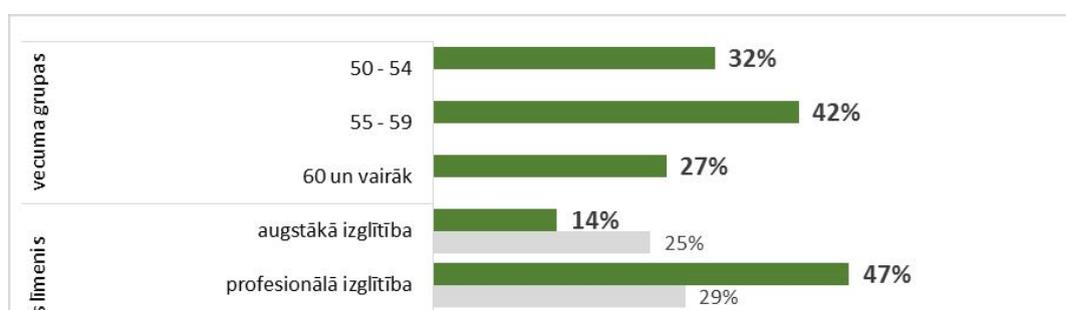
source: SEA

At the end of December 2018, 60% of the registered unemployed aged 50 and over were long-term unemployed, and 26% were unemployed with disabilities. In comparison, at the end of 2018, only **25% of all registered unemployed persons** were unemployed for more than a year.

Unemployed persons who are registered with the SEA for more than 12 months or 1 year **become long-term unemployed**. The long-term unemployed often have outdated skills and qualifications that are not in line with the labour market, often with previous work experience in lower-skilled jobs, many have health problems, and have psychological and addiction problems.

Thus, it can be concluded that the elderly spend a much longer time in an unemployment situation compared to other groups of the unemployed. Consequently, it is important to keep older people in the labour market as long as possible, because once they become unemployed they are at a much higher risk of getting into long-term unemployment.

Figure 5: Profile of a registered unemployed person aged 50+ (data as at 31.12.2018)



Data source: SEA

In the total number of registered unemployed at the end of December 2018, the highest share is comprised of unemployed persons with vocational education – 36.2%, half of which (52.9%) are aged 50 and over.

The highest number of unemployed aged 50 and over, by occupation according to the last occupation at the end of December 2018: auxiliary worker – 1,448, cleaner – 990, retail store salesman – 730, street sweeper – 489, truck driver – 406, caregiver – 318, cook – 292, driver – 288, sales consultant – 252, tailor – 191.

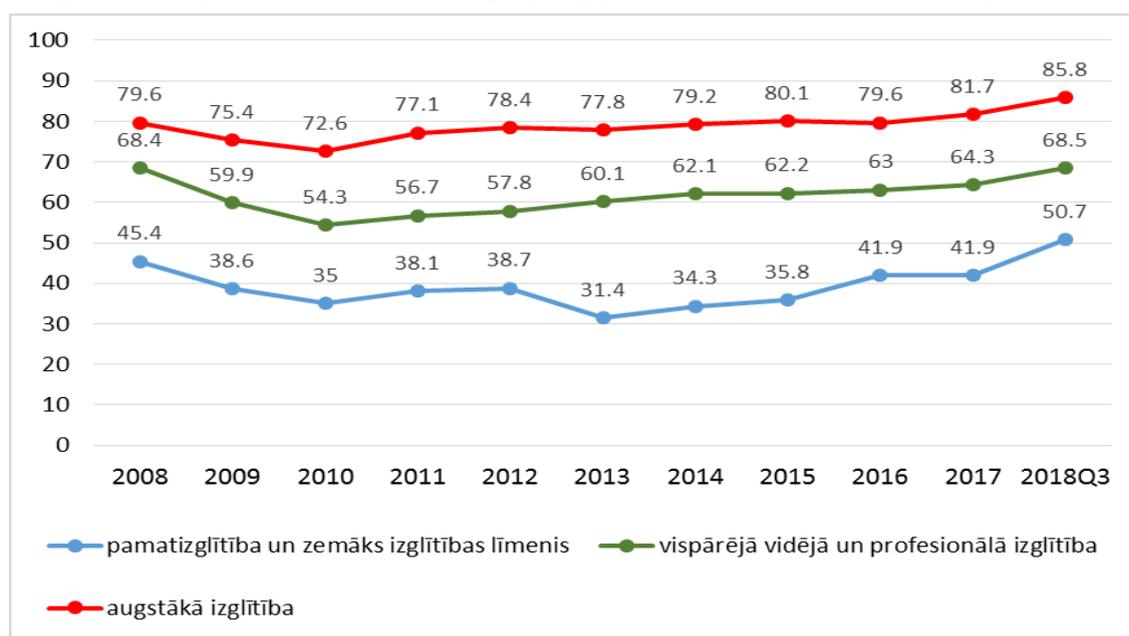
In January-December 2018, 16,352 unemployed persons aged 50 and over found employment (a total of 63,633 unemployed persons entered employment in 2018), of which 5,713 (34.9%) found employment after completing an active labour market measure (except for information days organized as part of measures to increase competitiveness).

5. Current Situation in the Field of Education

The overall situation in Latvia is characterized by a strong correlation between education and skills levels and labour market outcomes. The higher the level of education, the higher the employment rate, the shorter the duration of unemployment and the better the labour market performance in terms of salary and employment sustainability.

Accordingly, the assessment of the employment rates of older people shows that the highest employment rate is among those with higher education. At the same time, it should be noted that the most rapid increase in employment rates in the age group from 50 to 64 years has been observed in recent years among people with primary or lower education levels.

Figure 6: Employment rate in the age group from 50 to 64 years by level of education, %



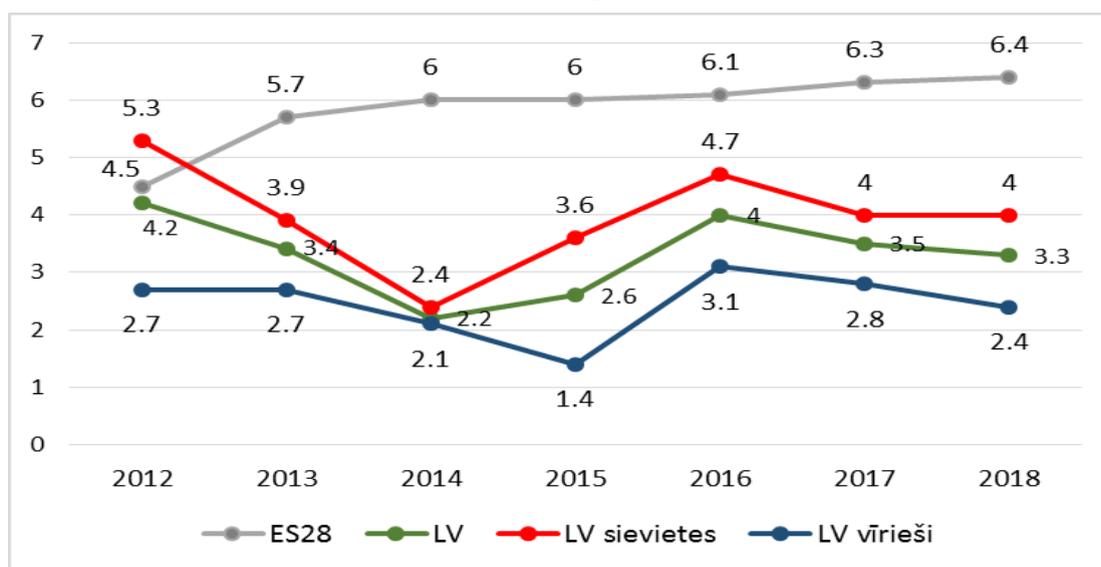
(Data source: Eurostat)

The rapid development of today's labour market affects everyone's working life. New labour market conditions call for flexibility, diverse competences and knowledge, skills to work in a

changing environment. In order to successfully adapt to labour market and social changes, to maintain social and economic activity, it is necessary to constantly update one's knowledge, competences and skills throughout one's life. The development of knowledge and skills throughout one's life is particularly important for maintaining competitiveness in the labour market and, in particular, for older people.

The participation of older people in adult education is relatively low and less widespread than in other EU Member States. In addition, women are more active in adult education activities than men. In 2018, only 4% of women and 2.4% of men aged between 55 and 64 were engaged in any adult education activity, while the EU average in this age group was 7.4% for women and 5.4% for men.

Figure 7: Participation in adult education in the age group from 55 to 64 years in Latvia and the EU by gender, %



Data source: Eurostat

The low level of involvement in adult education activities is based on a lack of interest on the part of employees and companies, costs, lack of time, availability of information and programs, and the structure of the economy and companies.

6. Current Health Situation

The state of health of the population in the context of an ageing population is one of the most important aspects that have a significant impact on employment opportunities and quality of life in general. In Latvia, the health indicators of middle-aged and elderly people are lower than the EU average.

The expected healthy life years are an indicator of public health, which describes life expectancy without significant health problems and long-term limitations of activities. As the number of life years spent in good health and without disability grows, the life expectancy and working life expectancy increase significantly.

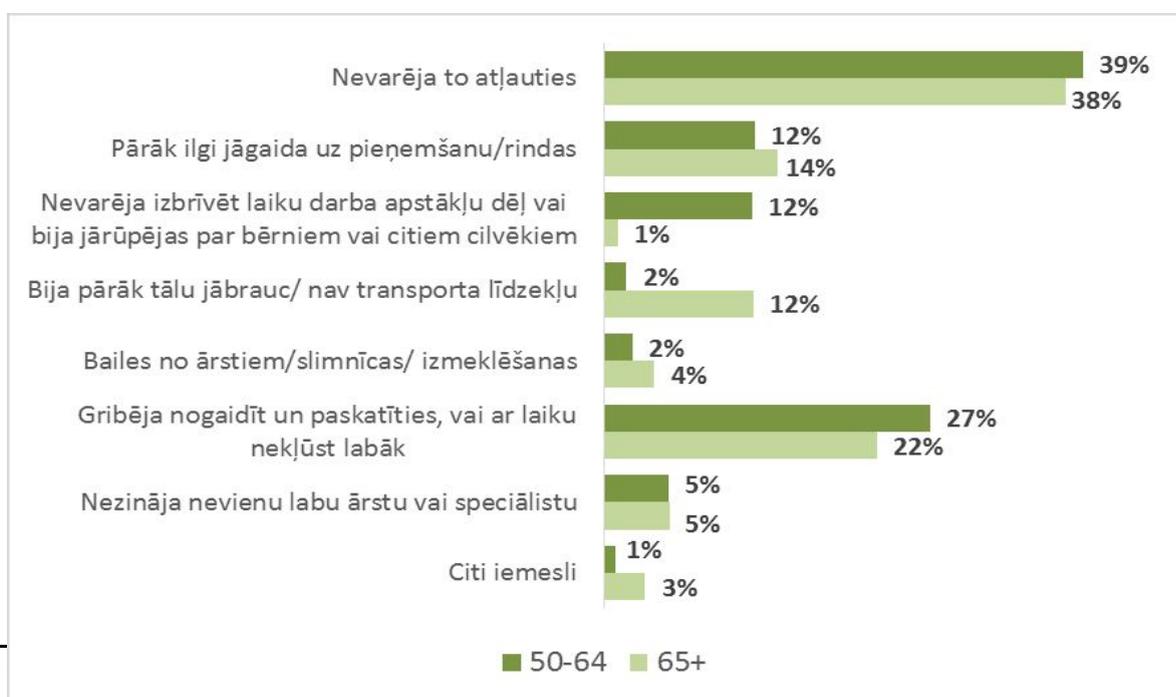
According to Eurostat data, in 2016, the expected healthy life years in Latvia at the age of 50 were 12 years for women and 10.7 years for men, while the EU average was 19.9 years for

women and 19.1 years for men, respectively. Moreover, the difference between this indicator in Latvia compared to the EU average for women of almost 8 years and for men over 8 years is very significant, and in Latvia there are larger differences in terms of gender than the EU average.

Improving access to high-quality healthcare and long-term care and increasing efficiency thereof are fundamental principles of health reforms. The growing needs and costs of health care, available funding for the health sector, human resources and waiting times for health care services remain major challenges for access to health care. Within the framework of the reforms implemented by the MoH, several activities have been implemented to improve access to health care. With the additional funding allocated to the sector, compared to the situation before the start of reforms, the availability of health care services has improved – for example, in the first half of 2018 waiting time for specialist consultations decreased by 15.75%, for outpatient examinations – by 8.81%, day hospital services – by 63.51%, outpatient rehabilitation – by 41.06%, endoprosthetic surgeries – by 12.93%. As part of the reform, the payment of capitation money to general practitioners has been increased since 2018, thus strengthening primary health care resources; a cardiovascular disease prevention program for persons aged 40, 45, 50, 55, 60, 65 has been introduced; modern diagnostic and treatment equipment has been purchased; availability of reimbursable medicines for patients with oncological, cardiovascular diseases, Crohn’s disease, psoriasis and ulcerative colitis, as well as for patients with hepatitis C and HIV, has been improved by 28%, and other measures have been taken³. Investments have also been made to attract human resources, which also have a direct impact on access to health care services, to work in the health sector.

The MoH will continue to implement the ongoing reforms in the health sector, including improving access to health care services (more detailed information in Sub-Chapter 6.2) for the elderly. The activities carried out under the reform of the MoH will have a long-term positive impact on public health and also on health outcomes, thus also having a positive impact on and promoting longer and healthy working lives.

Figure 8: Conditions that have prevented examinations or treatment by a medical specialist (excluding dentist) by sex and age group in 2018



Data source: CSB

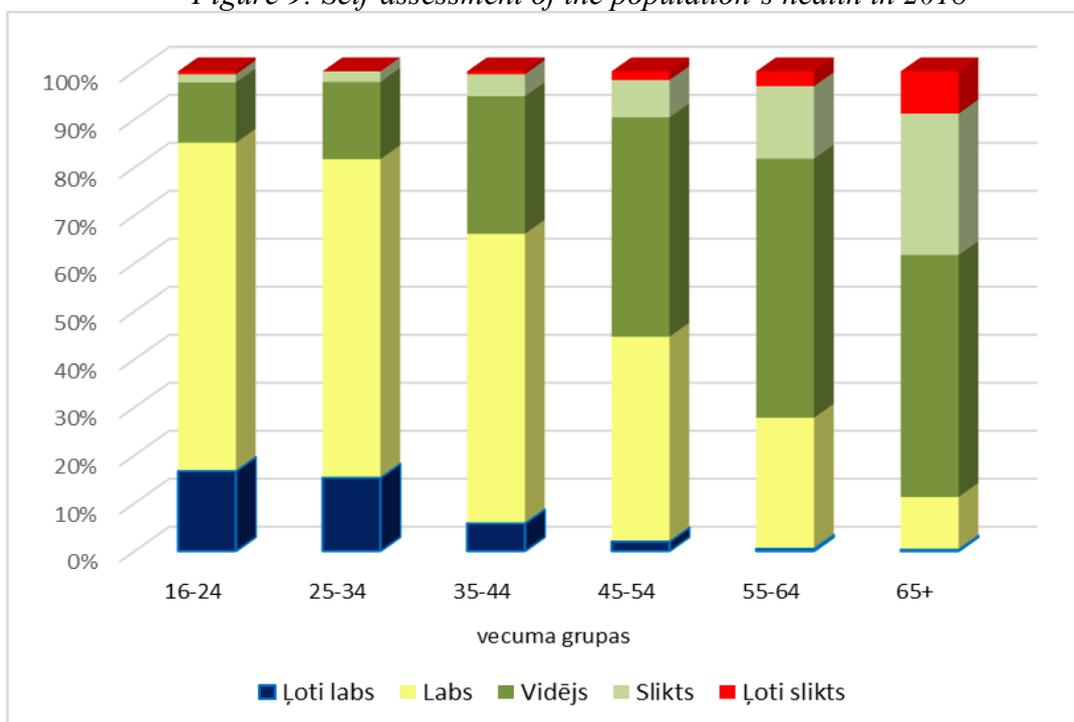
(* Given that the data on the self-assessment of health are obtained from the survey European Union Statistics on Income and Living Conditions (EU-SILC), the term “examinations or treatment by a medical specialist” is interpreted as “individual health care services (medical examination or treatment excluding dental care) provided by or under direct supervision of medical doctors or equivalent professions according to national health care system⁴.”.)

According to the CSB data, in 2018, the circumstance, which hindered the performance of examinations or treatment by a medical specialist (except for dentists) in the case when it was really necessary, most frequently indicated by elderly people was the inability to afford it. This is followed by the desire to wait and see if it gets better, as well as the long queues for receiving the service, but it should be noted that there are differences in the distribution by age groups. Only 2% of persons in the age group of 50–64 years indicated as a circumstance “I had to travel too far / I have no vehicle”, and this circumstance was indicated as a reason by 12% of persons over 65 years of age.

It should be noted that according to the CSB data, medical services have become more affordable in all age groups in recent years. In 2018, 39% of people aged 50–64 and 38% of people over 65 indicated that the main reason why they did not check their health or did not see a medical professional when it was really needed was the inability to afford it. In comparison, in 2016, 50.5% of people aged 50–64 years (in 2011 – 70%) and 47% of people over 65 years of age (in 2011 – 65%) respectively indicated this response.

In 2018, 27% (compared to only 14.6% in 2016) of people aged 50–64 as a reason why they did not check their health or did not see a medical professional when it was really necessary, indicated that they wanted to wait and see whether they will get better later.

Figure 9: Self-assessment of the population's health in 2018



Data

source: CSB

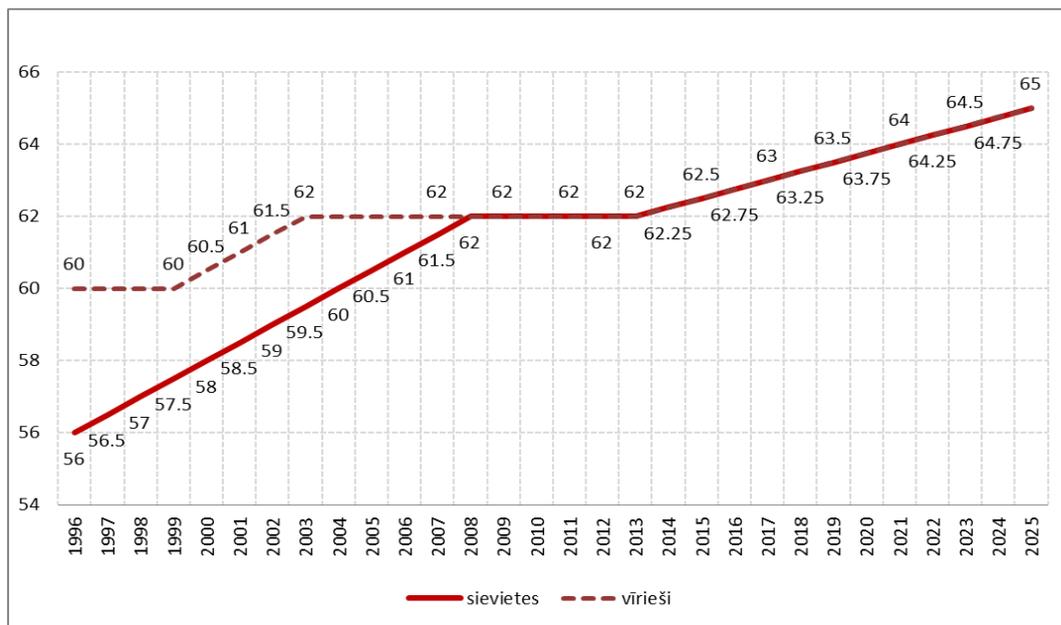
⁴ https://ec.europa.eu/eurostat/cache/metadata/en/hlth_silc_01_esms.htm

Older people are more likely to assess their state of health as moderate, poor or very poor and less likely to assess it as very good or good than other age groups. In recent years, self-assessment of the state of health of the population aged 55–64 and over 65 has remained unchanged. There are no pronounced gender differences, but it should be noted that in 2018, compared to 2016, the proportion of older men who assess their state of health as poor and very poor has increased, while the proportion of women who assess their state of health as very poor has not changed, while the proportion of women who rate their state of health as good is increasing. It should be noted that the self-assessment of health is based not only on subjective feelings, but on objective deterioration of health with age. As people grow older, the probability of different chronic diseases increases.

7. Current Situation in the Field of Social Security

Starting from 2014, the retirement age is gradually raised. The overall retirement age is increasing by 3 months each year – it will be 65 years by 1 January 2025. In 2018, the retirement age was 63 years and 3 months. Raising the retirement age seeks to strike the best balance between increasing life expectancy, labour market needs, expenditure on pension systems, and income levels of pensioners.

Figure 10: Retirement age, years



Life

expectancy is increasing and the health of older people is improving and the employment rate of people of retirement age is already increasing, which means that older people can and want to work longer. At the same time, however, it must be remembered that there will always be people who will not be able to do so, and a way must be found how to take their interests into account.

The share of people of retirement age with disabilities continues to grow every year. In December 2015 there were 58 thousand pensioners with disabilities in Latvia, in December 2017 – 66.6 thousand, but in December 2018 – already 72.2 thousand.

People of retirement age account for the highest share among recipients of special care benefits, compared to children and people of working age, and the number of these people is increasing every year. The need for special care points to very severe restrictions and consequently indicates that the employment opportunities of these people are also significantly reduced as the degree of functional limitations is sufficiently high.

Compared to other EU Member States, the number of people at risk of poverty in Latvia is growing every year, especially among the elderly. The population after the age of 60 is at a significantly higher risk of poverty than other age groups, moreover, in Latvia the increase in the risk of poverty in 2017 has been significant compared to other age groups.

Figure 11: At-risk-of-poverty rate by age in 2016– 2017, %



Income inequality in 2017, compared to 2016, has increased both among people of working age and retirement age. In 2017, the income of the most wealthy people of retirement age was 5.1 times higher than the income of the poorest people of retirement age. At the same time, it should be stressed that income inequality among people of retirement age is the highest in the last eight years (since 2009).

Among the working people, the risk of poverty among people of retirement age is the lowest (5% in 2017), mainly explained by two sources of income (paid work and pension).

In view of the demographic changes that have taken place, as well as the changes in the family structure as regards the high proportion of divorces, the growing number of children born outside the marriage, the demand for social services is increasing. It is important to promote the development of care services so that, for example, family members (mainly women) who care for disabled and elderly people can also work without deteriorating the financial situation of the family. Over the last five years, the number of recipients of home care services in Latvia has increased by 20%, while the number of recipients of services of long-term social care and social rehabilitation institutions has increased by 12%.

People of retirement age who have retained their potential for self-care are also happy to receive day care services, as they have the opportunity not only to socialize and spend their free time actively, but also to receive information on innovations in health care and social services, as well as to receive consultations of invited health care specialists and to work in group classes led by medical practitioners.

Therefore, in the future it is important to develop both home care services in municipalities and to continue the development of day care centres, where social care and social rehabilitation services for the elderly would be provided in order to maintain their physical and intellectual abilities for a longer period of time, while allowing them to be in society, to fulfil their own interests and needs.

In 2019–2020, it is planned to carry out Evaluation of the Content, Accessibility and Impact of Community-Based Social Services on Reducing Social Exclusion for Persons of Pre-Retirement and Retirement Age and Persons With Mental Disorders. The methodology developed in the evaluation to assess changes in the quality of life of individuals is intended to be used in the future to assess the impact of social services on the quality of life of the individual. The results of the evaluation will be used in the assessment and improvement of the implementation of the measures of the Deinstitutionalization measure (9.2.2.1), ex-post evaluation of the existing Guidelines for the Development of Social Services 2014–2020, integrated into the new national strategic policy framework (medium-term planning document for the development of social services after 2020) and used to plan the necessary support and investment in the field of social services of the European Regional Development Fund and the ESF+⁵.

In addition, the results and conclusions of the evaluation will be used when the Ministry of Welfare decides on possible changes in the policy of social services for people over 55 years of age, for persons with multiple disabilities, and for persons with mental disorders, on necessary measures to improve the network of services, on necessary changes to the design of existing services, and on the need for new services to be developed. In the context of the necessary changes, the content of the services, the arrangements for their allocation, the sharing of responsibilities between the parties involved, as well as the requirements for service providers will be assessed.

8. Summary of the Report and Conclusions

- Current demographic trends in Latvia show an ageing population and a decline in the population, especially in working age, resulting in a reduction in the share of working age population. At the beginning of 2018, there were 1,934,379 inhabitants in Latvia, of which 40.9% (780,667) were over 50 years of age. The age group of 50–64 years makes up 32.4% of the working age population (15–64 years).
- The working age population is declining even more rapidly than the total population, mainly due to the large decline in age group from 15 to 24, due to the low birth rate in the 90s and high emigration rates in recent years for the population under 35.
- Since the financial and economic crisis, the level of economic activity and employment in Latvia has been gradually increasing. An increase in the indicators is observed in all age groups. In 2017, the employment rate of persons aged 50–64 in Latvia was 67.5% (64.9% in the EU), while in 2011 the employment rate was only 59.3%.
- As at 31 December 2018, 59,588 unemployed people were registered with the SEA, of which 24,135 were unemployed over the age of 50, which is 40% of the total registered number of unemployed in the country.

⁵https://ec.europa.eu/commission/sites/beta-political/files/budget-may2018-european-social-fund-plus-regulation_en.pdf

- Economic activity, employment rate and unemployment rates still vary considerably across regions of Latvia. Accordingly, the highest share of jobs is concentrated in the regions of Riga and Pierīga. Thus, in the future, within the framework of regional policy, it would be important to provide support to local governments for the establishment of public infrastructure necessary for businesses and improving their productivity, attracting human capital in the regions and labour mobility, providing services in accordance with demographic challenges, and efficiency of local government administration.
- In the field of employment, the elderly population in Latvia is characterized by a relatively high participation in the labour market, but the main challenge is unemployment and especially long-term unemployment, influenced by factors such as lower mobility, both in terms of changing jobs and returning to the labour market, stereotypes on the part of employers, education and health aspects, as well as care responsibilities.
- In order to ensure longer and healthier working life of the Latvian population and improve the general economic situation in accordance with the challenges and solutions identified in the conceptual report, the SEA implements such support measures as training (acquisition of a new profession or retraining, acquisition of basic skills required in the labour market, on-the-job training, etc.), subsidized employment, paid temporary public works, starting a small business or self-employment, individual consultations (career counsellor, psychologist, business plan consultant), support for regional mobility both within the framework of state budget funding and within the framework of ESF projects.
- Since 2017, the SEA has been implementing the ESF project Support for Longer Working Lives, which implements activities included in the conceptual report to improve the active ageing situation such as public awareness raising measures to promote a longer and better working life, assessment of work environment and human resources potential, measures to increase competitiveness, workplace adaptation, health improvement measures, training of SEA staff (career counsellors) to work with the elderly and employers.
- Within the framework of the ESF project Support for Longer Working Lives collective bargaining on issues of ageing management is ensured by the project cooperation partners LDDK and LBAS. As of 2017, the partners have consulted on ageing management issues in general and informed 118 employers and 20 national and local authorities, as well as 16 sectoral trade unions about the SEA support opportunities for employers.
- In relation to the seminars organized by the VDI in the framework of the European information campaign Safe and Healthy Work at Any Age, a productive trend has developed – the seminars organized by the VDI as part of the campaign, which were popular both for the selected topics and for the relevant open content, are organized repeatedly.
- The development of knowledge and skills throughout one's life is particularly important for maintaining competitiveness in the labour market and, in particular, for older people. However, the participation of older people in adult education is relatively low and less widespread than in other EU Member States. The low level of participation in adult learning activities is based on a lack of interest on the part of employees and companies, costs, time constraints, access to information and programs, and the structure of the economy and businesses.
- In order to improve the professional competence of employed persons to timely eliminate the discrepancy of labour force qualification with the labour market demand, promote employee competitiveness and increase labour productivity, the State Education Development Agency (VIAA) in cooperation with local governments, SEA and educational institutions implements ESF project Improvement of Professional Competence of Employed Persons⁶. In

⁶ <http://www.macibaspieaugusajiem.lv/>

cooperation with an average of 60 educational institutions, more than 300 different educational programs are offered in each study cycle (3 study cycles have been organized so far) and it can be concluded that it is necessary to promote the activity of educational institutions in developing new and topical educational content that meets the needs of the labour market, in cooperation with employers, conventions of educational institutions, and the involvement of VECC in the implementation of adult education.

- Unemployed persons and job seekers are offered only those educational programmes that correspond to the demand and supply of the labour market within the framework of the training events organized by the SEA, incl. in those areas where there may be a shortage of employees, as well as in accordance with the development forecasts of economic sectors. In 2017–2018, 12,620 unemployed people aged 50 and over were involved in training activities.
- The state of health of the population in the context of an ageing population is one of the most important aspects that has a major impact on employment opportunities and quality of life in general, thus improving access to high-quality health care and long-term care as well as improving their effectiveness is a fundamental principle of health reforms.
- As part of the reform of the health care system, the MoH is implementing various measures to improve access to health care and reduce waiting lists, as well as improve organizational aspects, which include significant improvements for patients in general, including the elderly, but the funding for the health sector as a whole is still insufficient.
- Since 2017, the ESF co-financing has been used to implement complex health promotion and disease prevention measures for all residents of Latvia, including those over 54 years of age. Activities include not only educational measures and campaigns implemented by the Ministry of Health together with cooperation partners, but also prevention of various types of diseases (cholesterol and glucose detection and express consultations, health room, overweight room) and health promotion measures (physical activity, healthy diet, mental health, addiction reduction, sexual and reproductive health) implemented by municipalities. These measures are also available to the population over the age of 54 and have a long-term positive impact on public health and also on health outcomes, thus also having a positive impact on and promoting longer and healthy working lives.
- Compared to other EU Member States, the number of people at risk of poverty in Latvia is growing every year, especially among the elderly. The population after the age of 60 is at a significantly higher risk of poverty than other age groups, moreover, in Latvia the increase in the risk of poverty in 2017 has been significant compared to other age groups.
- The MoW continues to work on improving the social security system. Social services are constantly being improved, as well as social protection policy measures are being implemented to improve the situation of population groups often at risk of poverty and social exclusion (pensioners, people with disabilities, families with children), positively influencing their future living standards, improving their social protection and reducing the risk of poverty and social exclusion.
- In general, it can be concluded that significant progress has been made in the implementation of several measures and it is necessary to continue the existing measures in the fields of employment, education, health social security and other related areas, analysing their impact on changes in the situation. Significant challenges remain and respective improvements need to be made in the areas of access to health, skills development of employees, reduction of the risk of poverty, and quality of work to improve the situation of active ageing as a whole.
- In order to further monitor the implementation of the tasks set out in the conceptual report, as well as to facilitate interinstitutional cooperation in identifying the challenges and necessary solutions related to the active ageing situation, the MoW plans to update the

composition of the working group for monitoring the implementation of the conceptual report, which was established in accordance with Clause 4 of the Decree, and to coordinate its activities.



The AgeFLAG project

ROADMAP TO IMPROVE HEALTH AND WELL-BEING OF AGEING POPULATION IN THE BALTIC SEA REGION

- The AgeFLAG is a feasibility study for the future development of a roadmap and other projects on healthy and active ageing in the Baltic Sea region. The project is funded by the Swedish Institute (SEK 500,000).
- Leading partner of the project: Northern Dimension Partnership in Public Health and Social Well-being. The project partners come from Estonia, Finland, Latvia, Poland, Russia and Sweden.
- The project is implemented in Latvia by Rīga Stradiņš University, project coordinators – Signe Tomsone (Associate Professor, Faculty of Rehabilitation) and Andrejs Ivanovs (Leading Researcher, Institute of Public Health).
- Objective of the project: to identify five key priorities in each of the participating states (Estonia, Finland, Latvia, Poland, Russia and Sweden). A joint report will be prepared on the situation and needs of older people in the Baltic Sea region.
- The report will serve as a working material for the Policy Lab seminar, which will discuss the topics to be included in the roadmap. The roadmap will guide future activities and projects involving existing partners and other interested organizations from the Baltic Sea region.
- In Latvia, the state of emergency announced for limiting COVID-19 infection (13.03.2020–09.06.2020) called for a change in the research methodology – the seminar with the participation of experts is replaced by an expert survey. The aim of the survey is to find out the most important needs and restrictions for the promotion of the health and well-being of Latvian seniors.
- On the basis of publicly available information on your activities or on the basis of our previous cooperation experience, we invite you as an expert to give an opinion on priority needs in the Latvian context for promoting health and well-being of Latvian seniors.
- Please provide answers to the questionnaire! Before completing the questionnaire, you can find the informative material attached to the e-mail letter, which briefly describes the situation of older people in Latvia. After collecting and analysing the replies of all the invited experts, we may ask you to answer some additional questions to clarify your views.

We will be very grateful for your participation in the expert survey! Please provide your answers by 8 July!

Additional information: <https://ageflag.org/>

Contact details on project implementation in Latvia: Signe Tomsone - Signe.Tomsone@rsu.lv

QUESTIONNAIRE

Name, Last Name

Organization represented

1. Based on your knowledge and experience, please describe the most topical needs (up to five) to promote the health and well-being of Latvian seniors:

1).....

Comments (optional)

2).....

Comments (optional)

3).....

Comments (optional)

4).....

Comments (optional)

5).....

Comments (optional)

2. Based on your knowledge and experience, please describe the most significant restrictions (up to five) affecting the health and well-being of Latvian seniors:

1).....

Comments (optional)

2).....

Comments (optional)

3).....

Comments (optional)

4).....

Comments (optional)

5).....

3. Ageing is a dynamic and complex process. Based on your knowledge and experience, please describe the approaches to address your identified needs:

Prevention (prevention of the deterioration of health and well-being in the ageing process, focus on younger members of the population)

Very important	Important	Rather important than unimportant	Unimportant
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Support (to support those members of the public who already have experience of deteriorating health and well-being)

Very important	Important	Rather important than unimportant	Unimportant
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A combination of both approaches

Very important	Important	Rather important than unimportant	Unimportant
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Annex 3



On the basis of publicly available information on your activities or on the basis of our previous cooperation experience, **we invite you as an expert to give an opinion and answer three questions from the AgeFLAG project survey** on priority needs in the Latvian context for promoting health and well-being of Latvian seniors. After collecting and analysing the replies of all the invited experts, we may ask you to answer some additional questions to clarify your views.

Before completing the questionnaire, you can take a look at the informative material attached to the e-mail letter. **Please provide your answers by 10 July!**

Link to the questionnaire: <https://trials.rsu.lv/surveys/?s=NTFKJA8K7L>

We will be very grateful for your participation in the expert survey! If you think you can recommend another colleague with the expertise that is relevant to the project, we will be grateful for the recommendations!

ROADMAP TO IMPROVE HEALTH AND WELL-BEING OF AGEING POPULATION IN THE BALTIC SEA REGION (AgeFLAG) is a feasibility study for the future development of a roadmap and other projects on healthy and active ageing in the Baltic Sea region. Objective of the project: to identify five key priorities in each of the participating states (Estonia, Finland, Latvia, Poland, Russia and Sweden). A joint report will be prepared on the situation and needs of older people in the Baltic Sea region. More information about the project: <https://ageflag.org/>

Leading partner of the project: Northern Dimension Partnership in Public Health and Social Well-being. The project is implemented in Latvia by Rīga Stradiņš University, project coordinators – Signe Tomšone (Associate Professor, Faculty of Rehabilitation) and Andrejs Ivanovs (Leading Researcher, Institute of Public Health).

On behalf of the project working group,



The AgeFLAG project

ROADMAP TO IMPROVE HEALTH AND WELL-BEING OF AGEING POPULATION IN THE BALTIC SEA REGION

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More information about the AgeFLAG project: <https://ageflag.org/>

Contact details on project implementation in Latvia: Signe.Tomsone@rsu.lv

Healthy and active ageing

The ageing of the population is one of the global challenges of our time.

Health policy documents often use the term “healthy ageing”. The World Health Organization (hereinafter referred to as the WHO) defines healthy ageing as the process of developing and maintaining the individual’s functional ability that enables quality of life and well-being in older age¹. The process of healthy ageing is influenced by the genetic fund of each individual, by personal characteristics (gender, occupation, education, state of health), while the interaction between the environment and individual factors determines the objective and subjective functional capacity of each individual. According to individuals, research has identified the following as essential elements of healthy ageing: (1) the ability to maintain their identity, (2) to build relationships, (3) the ability to rejoice, (4) the ability to maintain one’s autonomy, (5) to be safe and (6) to continue to exploit the potential for personal development.

¹ World Report on Ageing and Health. Geneva: World Health Organization; 2015



The WHO Active Ageing strategy² identifies six main active ageing determinants: economic factors, behavioural factors, individual factors, social factors, health and social services, as well as the physical environment. Key challenges for implementing active ageing policy include: (1) reduction and prevention of the burden arising from chronic diseases and disability; (2) reduction of disease risk factors and increase of health resources; (3) establishment and provision of an accessible, cost-effective, high-quality and age-friendly health and social services system; (4) education of the cares of the elderly and establishment of a support systems from the carers.

With the increase in life expectancy, Healthy Life Years (HLY) is becoming an increasingly important health indicator from the point of view of public health . Average life expectancy in the EU has increased faster than expected HLY³. The results of the various studies on changes in HLY and the global incidence of disability are generally very controversial, but the latest WHO report on ageing and the state of health in the world shows that the existing public health policies and health systems as a whole have so far not been sufficiently effective and adequate in promoting healthy ageing.

Active ageing strategy for longer and better working lives in Latvia

On 6 September 2016, the Cabinet of Ministers approved the conceptual report Active Ageing Strategy for Longer and Better Working Lives in Latvia, developed by the Ministry of Welfare in cooperation with other institutions and social partners. The conceptual report contains the following lines of action:

employment – an inclusive labour market for older people;

education – educated and competent older workers who meet the changing labour market conditions;

health and active lifestyle – healthy and physically active older people who continue to live an active and independent life for as long as possible;

social security – socially protected elderly population.

Informative report on the progress of the implementation of the conceptual report Active Ageing Strategy for Longer and Better Working Lives in Latvia was prepared in 2019 and submitted to the Cabinet of Ministers. The report contains extensive current information on the demographic situation in Latvia, employment, education, health, social security and activities to improve the situation of active ageing.

The report is available on the website of the Ministry of Welfare:
<http://www.lm.gov.lv/lv/nozares-politika/darba-tirgus?id=91063>

² Active ageing: a policy framework. Geneva: World Health Organization; 2002;
http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf

³ Rechel B, Grundy E, Robine J, Cylus J, Mackenbach JP, Knai C, McKee M. Aging in the European Union. Lancet, 2013; 13;381(9874):1312-22.