Ministry of Labour and
Social Protection of Population
of the Republic of Azerbaijan

UNFPA

ACTIVE AGEING INDEX "AAI" FOR AZERBAIJAN

A COMPARISON WITH EU COUNTRIES

BAKU, 2021

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ACRONYMS

AAI	Active Ageing Index	**SSC**	State Statistical Committee of the Republic of Azerbaijan
ASEAN	Association of Southeast Asian Nations	**UN**	United Nations
DG EMPL	Directorate-General for Employment, Social Affairs and Inclusion (European Commission)	**UNDP**	United Nations Development Programme
		UNECE	United Nations Economic Commission for Europe
EU	European Union	**UNESCAP**	United Nations Economic and Social Commission for Asia-Pacific
HDI	Human Development Index		
ICT	Information and Communications Technology	**UNFPA**	United Nations Population Fund
MIPAA	Madrid International Plan of Action on Ageing	**WB**	World Bank
		WHO	World Health Organization

EXECUTIVE SUMMARY

The older generation is a formidable resource with the potential to contribute to the economic and social development and prosperity of a country. Central to this is the idea of active ageing, which enables people to continue to participate as active members of the community as they grow older, and which in turn provides them opportunities to remain in good health, with more fulfilment in their jobs and in social engagements, and more independence in their daily lives.

The positive paradigm of active ageing demonstrates the relevance of research on how active older people are and to what extent the environments in which they live enable their active ageing. To better understand the policy priorities moving forward, it is necessary to gather evidence on the current state of active ageing. The analytical framework of the Active Ageing Index (AAI) facilitates such evidence-gathering work.

This Report details the AAI for Azerbaijan for the first time and follows the methodology used for the 2014 AAI which covered 28 European Union (EU) countries (Zaidi et al., 2013; UNECE/EC, 2015). The AAI was first utilised in the context of the 2012 European Year of Active Ageing and Solidarity between Generations, in a project supported by the United Nations Economic Commission for Europe (UNECE) and the European Commission (EC). Using the same definitions, this Report reviews the relative position of Azerbaijan in comparison to the EU Member States, by analysing the overall AAI and its domain-specific indexes.

The Azerbaijan AAI was calculated based on the results of a survey of 2,002 adults, aged 55 and older, carried out in October,

2020. The survey participants were randomly selected in nine different regions considered to be representative of Azerbaijan as a whole.

Some indicators, such as 'Remaining life expectancy at age 55' and 'Share of healthy life years at age 55' were extracted from the World Health Organization (WHO) database. The data for the financial well-being indicators "Relative median income" and "No poverty risk" were reported by the State Statistical Committee of the Republic of Azerbaijan (SSC). The calculation of the AAI for Azerbaijan applies the same explicit weights for each indicator and domain as used for the 28 EU countries.

> " The older generation is a formidable resource with the potential to contribute to the economic and social development and prosperity of a country.

The Azerbaijan AAI shows that the employment level of older people is low compared to that observed in the 28 EU countries, while two other active ageing domains, namely 'Social participation'

and 'Capacity and enabling environment for active ageing' are more favourable in Azerbaijan compared to EU countries. A possible explanation for the low employment rate is that older people find it difficult to work due to a lack of job opportunities, and this is particularly true for the current generation of older women.

Older people in Azerbaijan report higher involvement in providing care for their grandchildren, or adult family members, compared with the same phenomenon in many countries in the EU. This may be because formal childcare service provision and long-term care for older people are still underdeveloped in Azerbaijan. Compared with the EU average, older people in Azerbaijan take part in physical activities more frequently. However, the medical and long-term care needs of older adults in Azerbaijan are currently not being met and this is an area requiring the urgent attention of the Government.

The AAI developed for Azerbaijan demonstrates the feasibility of utilising the AAI framework in non-European countries and its usefulness in providing both an understanding of active ageing in a country and the ability to monitor its progress. The analysis in this Report suggests that to have an effective welfare system for older people it is necessary to incorporate the idea and principles of active ageing in order to respond to a rapidly changing ageing society, to improve the quality of life in old age, and to address the needs of an ageing society. A further study is recommended, focused on developing the AAI indicators adapted to the Azerbaijani context and

taking into consideration the cultural characteristics of the society in relation to the social determinants of active ageing.

It is highly recommended that the State Statistical Committee in Azerbaijan monitors the active ageing of the older population over time, through household surveys or longitudinal[1] surveys, thereby enabling existing data gaps to be filled and allowing an analysis of progress to be made.

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1   Longitudinal surveys carry out the same examination (survey) in a certain group of objects (for example, in the same households or families) over a long period of time.

1 INTRODUCTION

Azerbaijan is the most dynamic nation in the South Caucasus with regard to demographic development. In terms of its ongoing demographic transition the country is currently considered an 'Ageing society,'[2] whereby 10-19% of the total population is aged 60 and older.

Azerbaijan has been experiencing greater longevity and a decrease in birth rates, which has led to an increase in the share of the older population, with the proportion of older people (aged 60+) reaching 11.6% in 2020 (United Nations, 2019).

Despite strong economic growth, there is a growing concern over the well-being of older people in Azerbaijan. To address this concern, the Government has been promoting the importance of quality old age as one of its national objectives over the last decade or so. The main objective of the national policies has been to improve the social security of the older population, such as the basic pension and social welfare, and to promote social contributions. The emphasis on the well-being of older people reflects the key elements of the active and healthy ageing strategies adopted by many European countries (Walker and Zaidi, 2016).

However, no integrated metric has yet been developed to measure and promote active and healthy ageing in Azerbaijan. Several

individual indicators used in the past, such as the rates of employment, poverty and life satisfaction, have limitations when applied to ascertain the actual situation of older people. While there is no social consensus on the actual meaning of the quality of life in old age, nor of active and healthy ageing in Azerbaijan, demand is increasing for the development of a methodology through which to evaluate active ageing, which would include labour market participation, independent living, participation in social activities, and ensuring the provision of an enabling environment for active ageing.

> **Azerbaijan has been experiencing greater longevity and a decrease in birth rates, which has led to an increase in the share of the older population, with the proportion of older people (aged 60+) reaching 11.6% in 2020 (United Nations, 2019).**

In pursuit of this goal, this Report details the Active Ageing Index (AAI) for Azerbaijan for the first time, following the methodology used for the AAI for 28 European Union (EU) countries (Zaidi et al. 2013; UNECE/EC, 2015). For the purpose of the analysis of the AAI in this Report, the term 'older people' refers to those aged 55 or above,

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2 According to HelpAge International (2015), there are four different types of society based on the proportion of older people. *Young Society*: less than 10% of the population aged 60 and over; *Ageing Society*: 10-19% of the total population aged 60 and over; *High-Ageing Society*: 20-29% of the total population aged 60 and over; and *Hyper-Ageing Society*: 30% or more of the population aged 60 and over.

> " The AAI thus provides an opportunity for cross-country collaboration, and the sharing of best practices and policy learning between European countries and Azerbaijan.

as this was the age limit used in the majority of the EU AAI indicators. By including a pre-retirement age group in the AAI analysis, this Report provides a wider and more comprehensive view of the activity and engagement of a broader group of older people. Using the same definitions, the Report reviews the relative position of Azerbaijan in comparison to the EU countries, by analysing the overall AAI and its domain-specific indexes.

The AAI framework used in this Report provides several opportunities through which to enhance the analysis of ageing in Azerbaijan.

■ Firstly, it highlights the multidimensional characteristics of the active and healthy ageing phenomenon, by including the market as well as non-market contributions of older people to society.

■ Secondly, through the introduction of a domain capturing the capacity and enabling environment, it includes the consideration of human and social capital as well as the supportive environment required to experience active and healthy ageing.

■ Thirdly, it allows a comparison of Azerbaijan with European countries with respect to the untapped potential of older people in various aspects of active and healthy ageing.

Thus, the AAI for Azerbaijan developed in this Report is a valuable contribution to promoting active ageing in Azerbaijan and in assessing the merits of policies that other (European) countries have adopted. The AAI thus provides an opportunity for cross-country collaboration, and the sharing of best practices and policy learning between European countries and Azerbaijan. Furthermore, the AAI methodology has been further developed for this Report to ensure its suitability for non-European countries regarding the choice of indicators and in assigning relative weights (see the work carried out for UNESCAP using the case study of ASEAN countries in Zaidi and Um, 2019 and Zaidi and Um 2021).

2 THE TRIUMPH AND CHALLENGES OF POPULATION AGEING IN AZERBAIJAN

The number and proportion of older people in Azerbaijan have increased substantially over the last two decades. Population ageing in Azerbaijan was less noticeable in the 1990s as the proportion of older people aged 60+ was only 7.9% in 1990 (United Nations, 2019). Thirty years later, in 2020, the proportion of older people aged 60+ reached 11.6% (Figure 1). While the population remains relatively 'youthful' the speed of population ageing is much faster than in other neighbouring countries, and Azerbaijan is expected to become a 'High-Ageing Society' by 2040.

2.1 INCREASING LIFE EXPECTANCY

Increasing life expectancy has been one of the drivers of population ageing. Economic growth and an improved standard of living, together with advanced medical technology and sanitary systems have reduced the crude death rate, resulting in the rapid growth of the elderly population. In Azerbaijan, life expectancy has improved for both men and women (Table 1). From 1970 to 2020, the country as a whole experienced a steady increase in life expectancy at birth and at age 60 (United Nations, 2019). Generally, women live longer than men and life expectancy at age 60 is increasing for both men and women.

FIGURE 1: PROPORTION OF OLDER PEOPLE AGED 60+ IN AZERBAIJAN, 1980-2050

Source: United Nations, Department of Economic and Social Affairs, Population Division (2019)

TABLE 1: LIFE EXPECTANCY IN AZERBAIJAN, 1970 TO 2020

Year	1970	1990	2020
Total Population at birth	63.5	64.6	72.8
Female at birth	66.8	69	75.3
Male at birth	59.9	60.1	70.3
Total Population at age 60	17.8	17.8	18.5
Female at age 60	18.7	19.6	19.9
Male at age 60	15.6	15.5	17

Source: United Nations, Department of Economic and Social Affairs, Population Division (2019)

In comparison with neighbouring countries, older Azerbaijani men enjoy longer life expectancy and are rapidly catching up with Armenia (Figure 2). However, life expectancy at age 60 for older women in Azerbaijan is lower than that of Armenia and Georgia (Figure 3).

2.2 FALLING FERTILITY

The other and more significant driver of population ageing in Azerbaijan is the declining fertility rate (Figure 4). While the total population of Azerbaijan will continue to increase, the fertility rate has been declining fast, falling from 6.0 to 2.25 in just 35 years. After 2003, the improvements in the social welfare of the population had a positive impact on the increase in fertility, including through the realisation of delayed births. This resulted in a steady increase in the birth rate, which stabilised at around 2.1 births in 2005. However, the birth rate then began to decrease again, dropping below the replacement level in 2018 to 1.8 (Verdiyeva, 2019).

FIGURE 2: LIFE EXPECTANCY FOR AZERBAIJANI MEN AT AGE 60 IN COMPARISON WITH NEIGHBOURING COUNTRIES
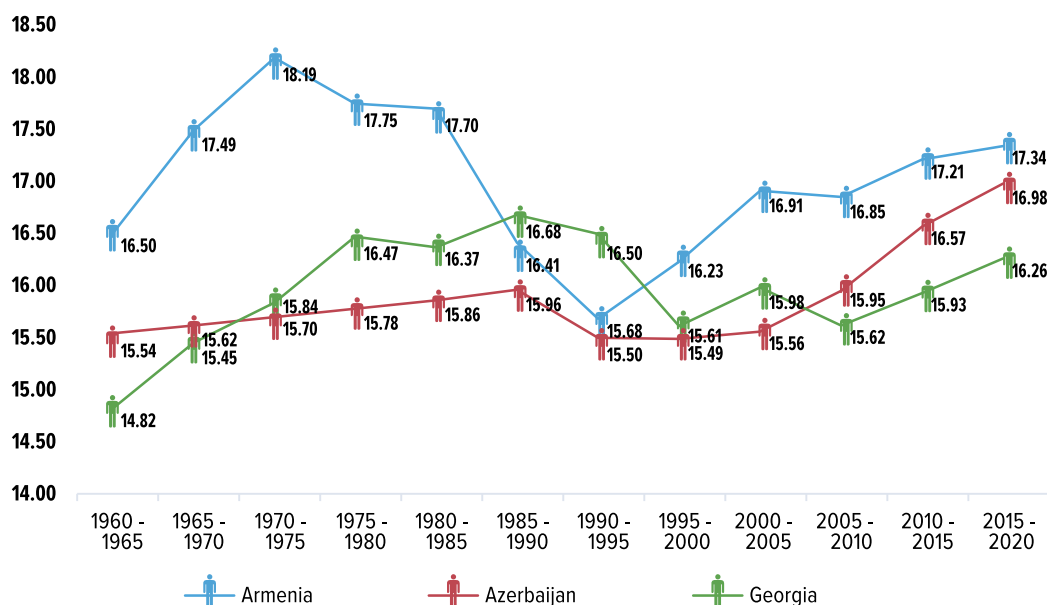
Source: United Nations, Department of Economic and Social Affairs, Population Division (2019)

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FIGURE 3: **LIFE EXPECTANCY FOR AZERBAIJANI WOMEN AT AGE 60 IN COMPARISON WITH NEIGHBOURING COUNTRIES**
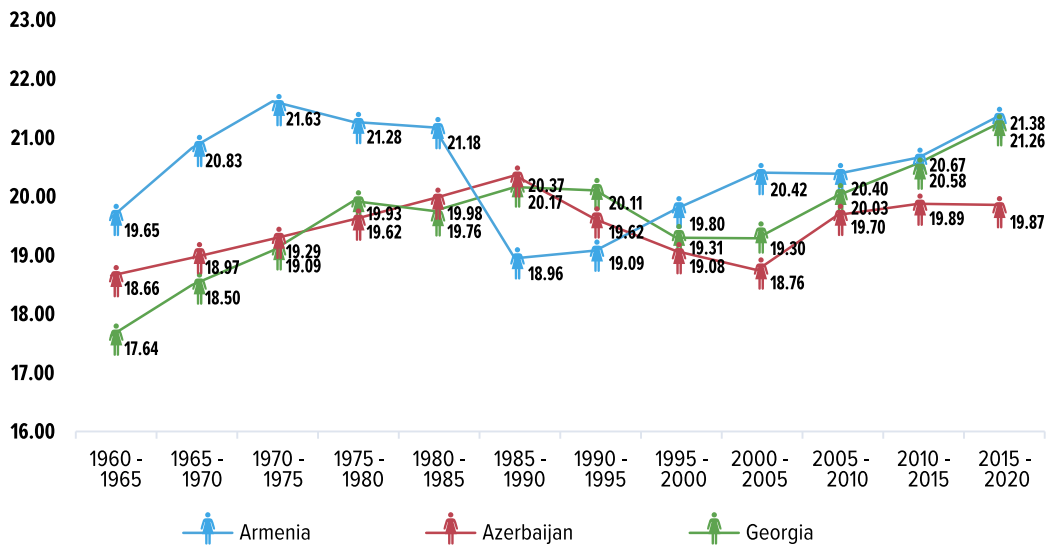
Source: United Nations, Department of Economic and Social Affairs, Population Division (2019)

FIGURE 4: **FERTILITY RATES IN AZERBAIJAN IN COMPARISON TO ARMENIA AND GEORGIA (1955-2020)**
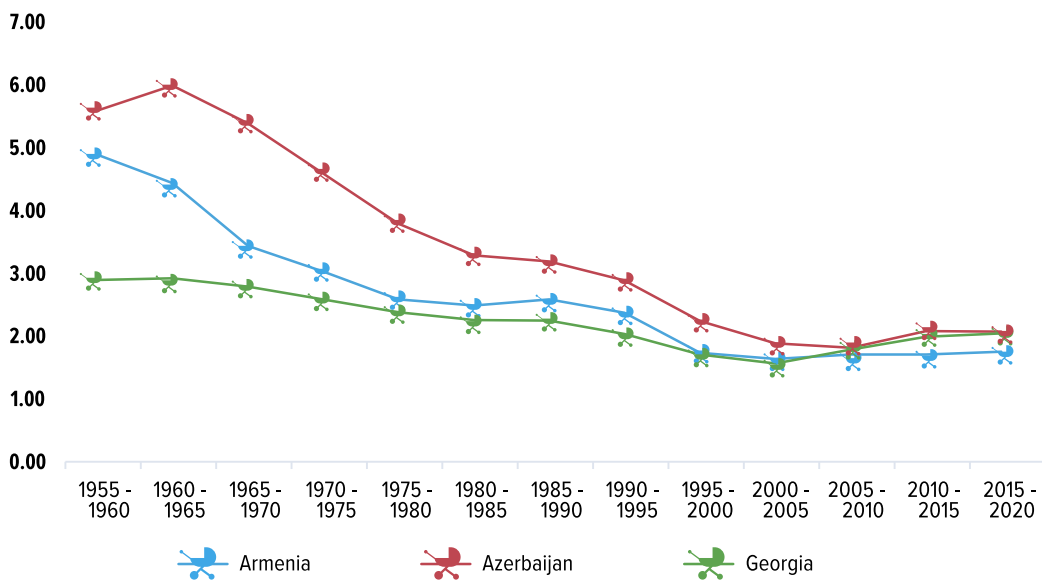
Source: United Nations, Department of Economic and Social Affairs, Population Division (2019)

2.3 CHANGES IN THE FAMILY STRUCTURE

The size of nuclear families in Azerbaijan has increased over the past three decades. According to the 1999 and 2009 censuses, despite an overall increase (by 3%) in the number of families (households) with children under the age of 18, the number of families with three or more children decreased by 20%, while the number of families with four or more children decreased by 41% (Table 2). During the same period, the proportion of families with three or more children fell from 26% to 20%, and the proportion of families with four or more children fell from 17% to 10%.

These demographic trends are likely to cause an imbalance between the demand for the care of older people and the availability of caregivers to meet this demand. The traditional familial (informal) care for older people by family members is likely to be challenged in the future, resulting in a 'care gap' (Qureshi and Walker, 1989). Due to the structural changes in families, there is a growing concern about the weakening of intergenerational family solidarity and support, which leads to tension between the increasing expectations of families to support older members and concerns about their ability to provide this care.

2.4 WHY FOCUS ON ACTIVE AGEING IN AZERBAIJAN

Today's older population is a generation of people with the potential to be a powerful resource, contributing to not just their own well-being but also to the economic and social prosperity of a country. The central idea of active and healthy ageing is having the ability to grow older in good health, continuing to participate as an active member of society, experiencing fulfilment in work and in social engagements, maintaining independence in daily life and thus remaining more engaged as a citizen. To realise this potential, opportunities must be created to enable people to become fully engaged and productive throughout their life course (Walker and Zaidi, 2017).

Given the ageing of populations, the relevance of investigating the quality of life of older people, their lifestyles and their social roles becomes increasingly apparent. In this regard, it is necessary to collect and analyse relevant statistical data in Azerbaijan. The study of active ageing is vital not only for older people but also for the younger population, as it is important to invest in health and social networks during their early years of life. The following section presents the research background of the AAI, including its concept, method, construction, and key indicators.

TABLE 2: **CHANGES IN THE NUMBER OF CHILDREN PER FAMILY BETWEEN THE 1999 AND 2009 CENSUSES**

	Households with children under 18 years of age (thousands)					
	Total		Urban areas		Rural areas	
	2009	Compared to 1999	2009	Compared to 1999	2009	Compared to 1999
Total	1314.5	+2.8%	680.7	+3.3%	633.8	+2.2%
Of which:						
With 1 child	396.0	+37.4%	226.9	+31.8%	169.1	+45.7%
With 2 children	529.9	+17.6%	276.6	+11.3%	253.2	+25.3%
With 3 children	261.9	-19.7%	120.3	-19.3%	141.6	-20.1%
With 4 or more children	126.7	-40.8%	58.8	-36.3%	69.9	-44.0%

	Households with children under 18 years of age (thousands)					
	2009	1999	2009	1999	2009	1999
Total	100	100	100	100	100	100
Of which:						
With 1 child	30.1	22.5	33.3	26.1	26.7	18.7
With 2 children	40.3	35.2	40.7	37.7	40.0	32.6
With 3 children	19.9	25.5	17.7	22.6	22.3	28.6
With 4 or more children	9.7	16.7	8.3	13.5	11.0	20.1

Source: State Statistical Committee (2009)

3 THE AAI AS A MONITORING TOOL OF ACTIVE AGEING IN OLD AGE

3.1 CONCEPT OF ACTIVE AGEING

The concept of active ageing is often used interchangeably with healthy ageing or ageing well. Although the active ageing concept has been widely used in policy, research, and practice, there still remains a considerable lack of clarity regarding its interpretation (Clarke and Warren, 2007; Ranzijn, 2010). This is because there is a lack of agreement on what form of active ageing is desirable, as it can often be used to mean healthy and productive ageing (Ranzijn, 2010). Rowe and Kahn's (1998) 'Successful Ageing' gave high value to the absence of disability and the high degree of individual functioning and social engagement.

The WHO concept includes the multidimensional aspects of active ageing, such as behavioural, personal, physical, social, health and social service, and their economic determinants. Another aspect of active ageing is proposed by Fernàndez-Ballesteros and colleagues (2013) based on psychological background. They side with Rowe and Kahn's seminal work (1987) in defining active ageing as a low probability of sickness and disability, high cognitive and physical functioning, positive mood and coping with stress, and controlling and engaging day-to-day life. The AAI focuses on the active ageing concept that was developed by WHO.

The WHO concept of active ageing (Box 1) is based on three pillars: participation, health, and security. According to the WHO (2002),

the key aspects of active ageing are autonomy, independence, quality of life, and healthy life expectancy.

- Autonomy is the perceived ability that one can cope and control with day-to-day problems and make personal decisions about how one lives.
- Independence refers to the functional ability that one can live independently in the community without help or support from others.
- Quality of life is "… an individual's perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards, and concerns. It is a broad-ranging concept, incorporating in a complex way the person's physical health, psychological state, level of independence, social relationships, personal beliefs, and relationship to salient features in the environment." (WHO, 1994).
- Healthy life expectancy can be interpreted as "disability-free life expectancy". Life expectancy for older people is increasing in almost every country and the period of unhealthy life occurs mostly in old age. Therefore, it is important to measure how long people can live without disabilities.

3.2 WHAT IS THE ACTIVE AGEING INDEX (AAI)?

The AAI is a composite index for measuring the contribution of older people to their society, to their communities and their families. It also captures the human capacity of active ageing and the enabling environment for active ageing. It can be considered a prerequisite of well-being and the quality of life of older people (UNECE/EC, 2015). It derives its inspiration from the WHO concept of active ageing (WHO, 2002), introduced during the Second World Assembly on Ageing (Box 1).

This Report focuses on the multidimensional concept of active ageing as defined in the context of the AAI project during the 2012 European Year of Active Ageing and Solidarity between Generations:

> '... the situation where people are able to live healthy, independent and secure lives as they age and thus continue to participate in the formal labour market as well as engage in other unpaid productive activities (such as volunteering and care provision to family members).' (Zaidi et al. 2013, p.6).

This definition operationalises active ageing in four domains (Figure 5), as used in the AAI for the EU. Active ageing in the Azerbaijan AAI relates to staying in the labour market longer, contributing to society by participating in the community and family activities (as volunteers or passing on skills or knowledge to younger people, and providing care for children or older people), living independently, and extending individual capacity for active ageing.

The AAI collectively measures activities such as employment, voluntary services, care for children and older adults, and political participation. It also includes various aspects of independent living, financial security and lifelong learning. Another aspect of the AAI framework is that it includes the consideration of human capacity and social environment as enabling factors. This also relates to the Madrid International Plan of Action on Ageing (MIPAA) and, furthermore, the methodology used in the AAI is similar to the UNDP's Human Development Index (HDI) (Parry et al., 2018; Zaidi et al., 2018).

Box 1: WHO definition of active ageing

The most widely accepted definition of active ageing comes from WHO:

> 'Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2002: 12)

This framework implies policy actions in three areas:

'Health', which includes both physical health as well as mental and social well-being.

'Participation' is understood as activities by older people in social, economic, cultural, spiritual and civic affairs, in addition to the labour force.

'Security' is concerned with the access of older people to safe and secure physical and social environments, and income security.

Thus, following this definition, the public discourse on active ageing is geared towards greater opportunities for labour-market engagement and participation towards unpaid work that is productive for the individuals concerned as well as for the societies in which they live (Sidorenko and Zaidi, 2013). Also, health maintenance activities can be emphasised, and again they point not just to physical health but also to mental well-being and social connections.

Source: "Measuring Active and Healthy Ageing in Europe" by Zaidi et al (2017), p.141.

The value of the AAI is that it expands the analysis framework of active ageing, which is conventionally based on individual indicators in one dimension only, i.e. employment and volunteer activities. The AAI is designed to be a flexible tool, both in meeting the needs of policymakers and in terms of data accessibility and computability, depending on the context and circumstances of each country and region.

In 2012, within the framework of the joint management AAI project of the United Nations Economic Commission for Europe (UNECE) and the European Commission's Directorate-General for Employment,

FIGURE 5: DOMAINS AND INDICATORS OF THE UNECE/EC ACTIVE AGEING INDEX (AAI)

OVERALL INDEX

Active Ageing Index

The Active Ageing Index (AAI) is a tool to measure the untapped potential of older people for active and healthy ageing across countries. It measures the level to which older people live independent lives, participate in paid employment and social activities as well as their capacity for active ageing.

DOMAINS

Employment	Participation in Society	Independent, Healthy and Secure Living	Capacity and Enabling Environment for Active Ageing

INDICATORS

Employment	Participation in Society	Independent, Healthy and Secure Living	Capacity and Enabling Environment for Active Ageing
Employment rate 55-59	Voluntary activities	Physical exercise	Remaining life expectancy at age 55
Employment rate 60-64	Care to children and grandchildren	Access to health services	Share of healthy life expectancy at age 55
Employment rate 65-69	Care to infirm and disabled	Independent living	Mental well-being
Employment rate 70-74	Political participation	Financial security (three indicators)	Use of ICT
		Physical safety	Social connectedness
		Lifelong learning	Educational attainment

Source: UNECE/EC (2015), p13.

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Social Affairs and Inclusion (DG EMPL), a multidimensional AAI measurement metric (Figure 5) was developed to assess four domains of active ageing: participation in the labour market; participation in social life; enjoying independent, healthy and secure living; and having an enabling environment for active ageing (Zaidi et al., 2013). Each of these domains realises an important dimension of the quality of life in later life and successful ageing.

1. **Employment** (four indicators) focuses on economic activities that generate wages.
2. **Participation in society** (four indicators) focuses on productive social activities that are not paid but represent valuable contributions to society.

3. **Independent, healthy and secure living** (eight indicators) focuses on physical activity and safety, independent living, financial security, and lifelong learning.
4. **Capacity and enabling environment for active ageing** (six indicators), unlike the other three domains, measures the capacity for active ageing and an age-friendly enabling environment.

Most AAI indicators are available in European countries at the national level. In principle, the AAI's analytical framework can also be calculated across local governments, regions and provinces where appropriate statistical data is available for each indicator.
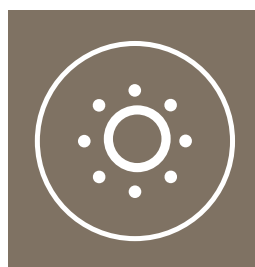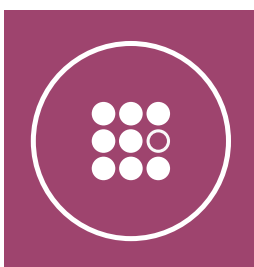
3.3 CHARACTERISTICS OF THE STUDY SAMPLE

Table 3 presents the characteristics of the study sample survey of 2,002 older adults aged 55 or more (see Annex A1 for survey questionnaire). The average age is 64.5, more than half (53.9%) were female and 74% were married. Over 90% of the survey participants had achieved a secondary school degree or above. The participants were randomly selected from nine different regions.

All the indicators for Azerbaijan have been extracted from the first AAI survey, undertaken in October 2020. Some of the indicators for the fourth domain, 'Remaining life expectancy achievement (RLE) of 50 years at age 55'[3] and 'Share of healthy life years in the remaining life expectancy at age 55' were extracted from the WHO database. The data for the financial well-being indicators "Relative median income" and "No poverty risk" were obtained from the State Statistical Committee (SSC).

The calculation of the AAI for Azerbaijan applies the same explicit weights for each indicator as used in the UNECE/EC AAI.

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3   This AAI indicator is calculated by way of remaining life expectancy at 55 years divided by 50 years to calculate the proportion of life expectancy achievement in the target of 105 years of life expectancy.

TABLE 3:   CHARACTERISTICS OF STUDY SAMPLES (N=2002)

	n	%
Gender (female)	1,078	53.9
Education		
No education completed	10	0.5
Primary	18	0.9
Incomplete secondary	134	6.7
Complete secondary	839	41.9
Post-secondary, non-tertiary	518	25.9
Higher (university)	483	24.1
Marital status		
Single	49	2.4
Married	1,482	74
Widowed	406	20.3
Divorced	55	2.7
Married but separated	5	0.3
Living with partner/cohabiting	5	0.3
Province (region)		
Baku	506	25.3
Absheron	127	6.3
Gandja-Gazakh	283	14.1
Shaki-Zagatala	136	6.8
Lankaran	207	10.3
Guba-Khachmaz	122	6.1
Aran	515	25.7
Upper Karabagh	34	1.7
Mountainous Shirava	72	3.6
Having a paid job in the last 7 days (yes)	497	24.8

Age	
Mean ± SD	**64.5 ± 8**
Min - Max	**55 - 75**

4 KEY FINDINGS OF THE AAI IN AZERBAIJAN

The applicability of the AAI needs to be carefully considered, as the survey methods and definitions used vary across countries. In this section, the key findings from the AAI analysis are presented, with comparison to the average of 28 EU countries (drawn from UNECE/EC, 2015), China (drawn from Zaidi et al., 2019) and South Korea (drawn from Um et al., 2019). The calculation of the AAI for Azerbaijan applies the same explicit weights for individual indicators and domains as used in the EU AAI. Box 2 explains how to interpret the AAI results and more information on the weighting methods can be found in the work of Zaidi et al. (2013).

In terms of the contributions to the overall AAI in Azerbaijan (Figure 6), the third domain 'Independent, healthy and secure living' has a notably low contribution (18%), followed by the first domain 'Employment' (20%). The highest contribution is the fourth domain 'Capacity and enabling environment for active and healthy ageing' (34%) and is followed by the second domain 'Participation in society' (28%). Azerbaijan shows a very low contribution from employment compared to the average of the 28 EU countries, while there is very high contribution from capacity and enabling environment.

Box 2: How to interpret the Active Ageing Index?

The AAI score measures the contribution of older people, and the extent to which older people are enabled and encouraged to participate in the economy and society and to live independently. It is constructed in such a way that its scores can range from 0 to 100. The intention was to ensure that any conceivable community, from the least to the highest developed, could fit into this range, but it also implies that the actual AAI will never get close to the minimum or maximum values. For target setting, a theoretical maximum of 100 has little practical value, hence other more realistic benchmarks are needed, showing what potentials could be realistically mobilised over a reasonable time horizon.

Every country can make further progress, even those that currently have the highest AAI scores. This can be demonstrated using the AAI value calculated for a fictitious country which features all the best observed values for each indicator, across countries and for men or for women, over the respective time. Other possibilities for benchmarking are to either undertake pairwise comparison by looking at another comparable country or to look at the gender gap within a country.

The AAI value for the fictitious country achieving the best observed score for each indicator is a realistic goalpost of the AAI for the longer term. The domain-specific scores and the overall AAI calculated using these maximum observed indicator values are referred to as the 'AAI goalpost' in this Report. The estimated goalpost for the overall AAI is 56.4.

FIGURE 6: **COMPARISON IN CONTRIBUTION TO TOTAL AAI VALUE IN AZERBAIJAN AND AVERAGE OF 28 EU COUNTRIES**

AZERBAIJAN | 28 EU AVERAGE | AZERBAIJAN MALE | 28 EU AVERAGE MALE | AZERBAIJAN FEMALE | 28 EU AVERAGE FEMALE

- Employment
- Social participation
- Independent, healthy and secure living
- Capacity and enabling environment

Looking at the overall AAI (Figure 7), Azerbaijan's index value (32.6) is slightly lower than the average value of the AAI for the 28 EU countries (33.9). When included into the overall ranking with the 28 EU countries and China and South Korea, Azerbaijan is ranked 19th, in the lower-middle cluster of countries, just behind Belgium (17th) and Portugal (18th) among the total of 31 countries included in the comparison (see Annex A2).

The gender division of the AAI for Azerbaijan provides some interesting insights, as this could be seen as an important aspect in bringing about social progress (Bennett and Zaidi, 2016). The overall AAI values for males and females in Azerbaijan are 35.5 and 30.2, respectively.

This would put Azerbaijani males in 19th position, alongside Malta (18th) and Croatia (20th) (see Annex A3), with Azerbaijani females positioned 22nd alongside Cyprus (21st) and Croatia (23rd) (see Annex A4). This gender difference, with the explicit weight of 35% accounting for the employment domain within the overall AAI, occurs largely due to the higher rate for males in the employment domain (overall employment index is 22.7) than females (overall employment index is 15.2). This gender difference was also found in some other EU countries, especially in the Southern European countries, as well as in China and South Korea, which have traditionally more patriarchal societal settings (Zaidi et al., 2017; Um et al., 2019).

FIGURE 7: **ACTIVE AGEING INDEX IN AZERBAIJAN IN COMPARISON WITH 28 EU COUNTRIES, CHINA AND SOUTH KOREA**

OVERALL AAI FOR BOTH

OVERALL AAI FOR MALE

OVERALL AAI FOR FEMALE
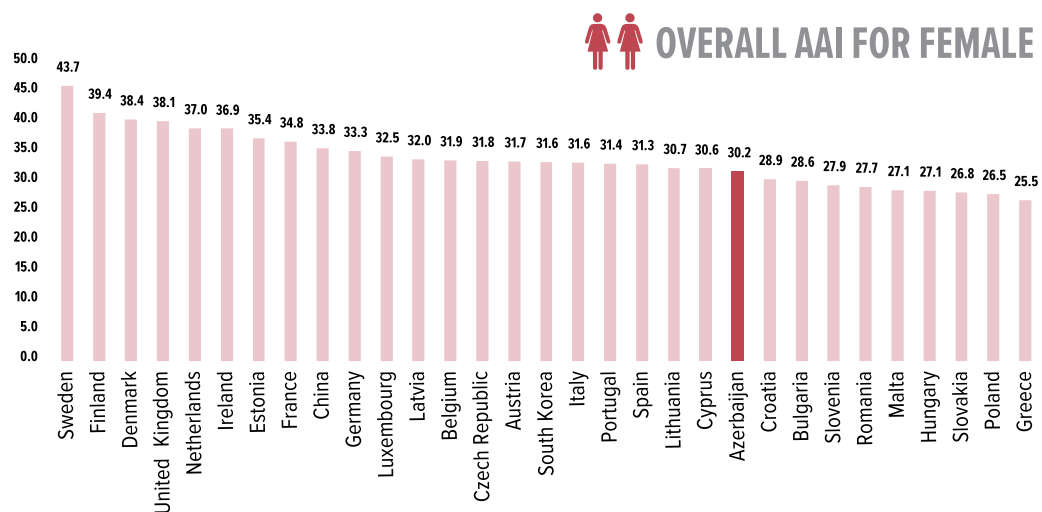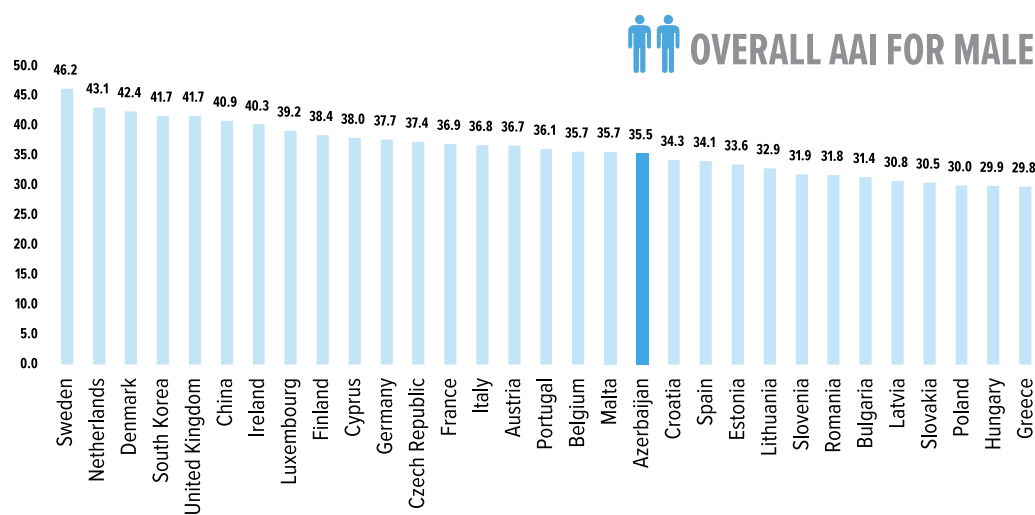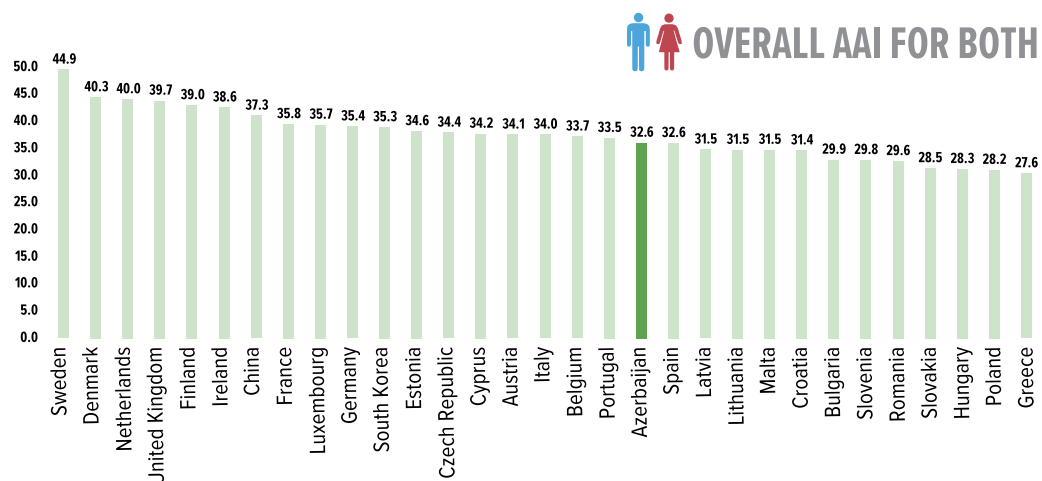
TABLE 4: **OVERALL AND DOMAIN-SPECIFIC AAI SCORE IN AZERBAIJAN, IN COMPARISON WITH THE AVERAGE OF EU COUNTRIES, CHINA AND SOUTH KOREA**

		Azerbaijan			EU Average			South Korea			China		
		Both	M	F	Both	M	F	Both	M	F	Both	M	F
AAI	**Overall index**	32.6	35.5	30.2	33.9	35.8	32.1	35.3	40.8	30.7	37.3	40.9	33.8
	Rank	19	19	22				11	6	19	9	5	9

		Both	M	F	Both	M	F	Both	M	F	Both	M	F
DOMAIN 1st	**1.1 Employment rate 55-59**	33.5	40.5	27.3	62.2	69.3	55.3	64.7	86.5	48.0	56.7	73.0	40.8
	1.2 Employment rate 60-64	28.2	31.7	25.2	31.6	38.6	25.1	51.9	71.2	44.7	44.7	53.3	36.9
	1.3 Employment rate 65-69	10.7	14.6	7.5	11.6	15.1	8.5	38.6	50.7	27.3	35.4	40.5	30.4
	1.4 Employment rate 70-74	2.2	3.9	0.9	6.1	8.2	4.3	25.5	36.4	17.4	26.0	34.2	18.8
	Index	18.6	22.7	15.2	27.9	32.8	23.3	45.2	61.2	32.2	40.7	50.2	31.7
	Rank	31	30	28				1	1	4	3	2	5

		Both	M	F	Both	M	F	Both	M	F	Both	M	F
DOMAIN 2nd	**2.1 Voluntary activities**	2.4	3.8	1.1	8.9	9.6	8.4	8.1	6.2	10.5	9.6	9.0	10.5
	2.2 Care for children	59.3	59.4	59.3	32.5	30.6	33.9	5.0	1.8	7.1	32.9	30.3	35.4
	2.3 Care for older adults	22.1	22.8	21.5	12.9	11.8	13.7	2.2	2.4	2.1	13.4	15.7	11.2
	2.4 Political participation	21.3	29.7	14.1	17.2	20.5	14.6	0.3	0.4	0.1	-	-	-
	Index	26.3	28.6	24.4	17.7	17.7	17.6	4.0	2.8	5.1	18.3	18.2	18.5
	Rank	1	1	2				30	29	28	13	14	10

		Azerbaijan			EU Average			South Korea			China		
		Both	M	F	Both	M	F	Both	M	F	Both	M	F
DOMAIN 3rd	3.1 Physical exercise	31.7	36.8	27.4	15.6	16.0	15.2	32.1	37.0	28.4	46.8	41.5	53.4
	3.2 No unmet needs of health and dental care	41.7	49.1	35.3	88.2	88.6	87.8	94.1	94.7	93.6	68.5	72.1	64.7
	3.3 Independent living	52.6	52.9	52.0	84.2	84.2	84.2	70.4	78.3	65.6	45.4	52.4	38.6
	3.4 Relative median income	92.6	92.6	92.6	86.3	89.8	83.7	47.4	49.4	44.9	87.1	87.8	85.9
	3.5 No poverty risk	95.4	95.4	95.4	93.0	94.6	92.0	52.6	62.2	30.6	71.1	71.5	70.6
	3.6 No material deprivation	78.0	83.2	74.0	90.0	91.7	88.9	62.8	73.9	47.6	71.1	74.1	68.4
	3.7 Physical safety	89.2	93.3	85.7	69.3	78.0	61.8	71.2	81.4	64.5	91.9	92.5	91.4
	3.8 Lifelong learning	10.9	11.2	10.8	4.5	3.4	5.5	5.5	5.7	5.4	0.5	0.5	0.5
	Index	58.6	61.6	56.1	70.6	72.1	69.3	60.1	65.6	54.0	64.9	67.4	62.3
	Rank	31	30	30				28	27	31	29	29	28

		Both	M	F	Both	M	F	Both	M	F	Both	M	F
DOMAIN 4th	4.1 RLE[4] achievement	42.1	38.2	45.5	53.8	48.8	58.1	53.3	46.7	60.0	42.2	40.0	46.7
	4.2 Share of healthy life	77.2	77.2	77.1	53.2	57.1	50.1	80.8	82.4	78.1	82.1	83.3	78.1
	4.3 Mental well-being	55.6	65.7	46.9	64.6	68.2	61.6	50.7	51.9	49.8	75.1	80.5	68.0
	4.4 Use of ICT	38.1	38.7	37.5	40.8	44.8	37.1	64.3	69.2	61.7	3.9	3.8	4.0
	4.5 Social connectedness	39.5	47.6	32.5	49.0	48.0	50.0	59.5	54.9	62.9	43.3	43.8	42.8
	4.6 Education	91.9	97.4	87.2	59.7	64.9	55.1	43.0	58.1	31.1	21.6	25.5	17.9
	Index	55.2	57.1	53.6	54.4	54.7	54.2	60.2	59.3	61.1	53.2	54.0	52.3
	Rank	15	13	16				8	8	5	17	18	17

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4   RLE = Remaining Life Expectancy

4.1 EMPLOYMENT

The employment domain for Azerbaijan, which measures the engagement of older people in the labour market, shows a low outcome both overall and for males compared to the 28 EU countries (Table 4). As expected, the employment rate decreases with age from 33.5% for the 55-59 year-old age group to 2.2% for the oldest group (70–74 years). The same patterns across age groups were found in the EU average. The employment rate of the 55-59 year-old age group in Azerbaijan is the lowest, ranking 31st among the compared countries (Sweden is ranked 1st with 82).

This low ranking in employment indicates that older Azerbaijani adults make a minimal contribution to the labour force, which may lead to a risk of poverty and of their becoming a financial burden to their families as well as the social security system, since they are unable to work due to poor health or limited job opportunities once they get older. The Government and other stakeholders should therefore both encourage and create jobs more tailored to the older population, in addition to raising the available financial support available to poor, older adults, in terms of amount and coverage.

Gender differences in the employment domain indicate that older women were found to be less able to participate in employment than their male counterparts in almost all countries (except Estonia) and the same phenomenon was observed in Azerbaijan. The underrepresentation of women in employment in Azerbaijan offers policymakers the ability to improve the situation, through the formulation of policies focused on creating employment opportunities for older women in order to lengthen their career-span. As noted by Zaidi et al (2013, p.25) "if active ageing is possible for men in a given country, it should also be possible for women in the same country".

4.2 SOCIAL PARTICIPATION

This domain, which indicates the participation of older people in society, is measured using four indicators. Overall, older Azerbaijanis show a high level of social care participation, ranking higher than the older population groups in the EU countries, China and South Korea.

Older people in Azerbaijan tend to be less engaged in voluntary activities (2.4%) than their counterparts in EU countries (8.9%), being more involved in politics (21.3%) and the provision of care for both older adults (22.1%) and children or grandchildren (59.3%), all higher percentages than those found in the EU countries. There are several possible explanations for this. First, the family in Azerbaijani culture is very important, usually characterised by strong bonds and the provision of care to family members. Second, there could be a lack of childcare services and long-term care services for older people in Azerbaijan, while in Europe older people are less often required to provide support or care for grandchildren since childcare services are more available.

In 2010, European countries such as Belgium, Spain, France, Sweden, Germany, Estonia, the Netherlands, Slovenia, Ireland, Denmark, the United Kingdom, and Iceland had a nearly 90% coverage rate for childcare services while the other EU countries had achieved more than 40% to 80% coverage

rate (Mills et al., 2014). This indicates that the availability of formal childcare in Azerbaijan needs to be improved and here the Government could learn from the EU countries, by building more public preschools and by encouraging the private sector to develop pre-school education.

While the political participation rate in Azerbaijan (21.3%) is higher than the EU average (17.4%), the differences between the various countries within the EU are varied and marginal. The highest ranked country is Sweden (48.4%) followed by Denmark, the Netherland, the United Kingdom, Finland, Luxembourg, and France.

In terms of gender differences, there are only marginal differences in the provision of care to children/grandchildren and older adults (the second and third indicators) in Azerbaijan. Older men participate more in both voluntary (3.8%) and political activities (29.7%) than older women (1.1% and 14.1% respectively). This demonstrates the somewhat limited involvement of older women in various activities outside the home in Azerbaijan.

4.3 INDEPENDENT, HEALTHY AND SECURE LIVING

This domain, which is based on a greater number of indicators than the first two domains, measures the conditions for independent, healthy and secure living in old age. Like the first domain, older people in Azerbaijan are ranked close to the bottom (30th) in this domain. Two Nordic countries, namely Denmark (1st) and Sweden (2nd), are the top scoring countries in this domain.

The first indicator 'physical exercise' is an important public health and clinical issue. Older Azerbaijani people exercise regularly

and scored the third highest in this indicator. However, 'unmet medical treatment', and 'independent living' represent a relatively low score compared to other indicators in this domain. Only around 42% of Azerbaijan's elderly indicated that all their medical examination and treatment needs are met.

Independent living is considered an important indicator of active ageing in Western culture; 84% of older adults were found to live alone or with a spouse among the 28 EU countries. By comparison, in Azerbaijan this indicator was much lower, at only 52.6%. This low score may be influenced by cultural differences in living arrangements as it was also found in other non-AAI analysis in China, South Korea, and Japan (Um et al., 2019, Zaidi et al, 2019). Thus, this indicator may not be suitable for determining active ageing in Eastern or Asian cultures. However, the trend in most countries over the last three decades is towards a smaller nuclear family size, with a reduction in co-residence with children and the provision of family support.

The financial well-being of older people in Azerbaijan, observed on the basis of three financial-security-related indicators, scored relatively high compared with the EU average: relative median income (92.6%), no poverty risk (95.4%), and no material deprivation (78%). These figures are very much in line with other poverty studies (Studer, 2012), and indicates the positive impact of the country's social protection system on reducing absolute poverty from 30.9% to 10.9%, especially in relation to old-age and disability pensions.

The physical safety indicator, measured by the percentage of older people who feel safe walking alone at night, was again

higher (89.2%) than the EU average (69.3%). The last indicator, 'lifelong learning', was also higher (10.9%) than that found in the 28 EU countries (4.5%).

While other indicators in this domain show only a marginal difference between older men and women in Azerbaijan, the indicator for physical exercise revealed that older men (36.8%) tend to have considerably higher levels of physical exercise than women (27.4%). The 'no unmet medical needs' indicator also showed considerable differences between older men (49%) and women (27%). Azerbaijani older women scored worst in this domain indicating that the country's health-care services, particularly primary health care, must be improved to provide better coverage for women. Improving the quality and availability of health and disease prevention programmes may help with the treatment and management of long-term conditions and reduce the shortcomings in health-care services for older people.

4.4 CAPACITY AND ENABLING ENVIRONMENT FOR ACTIVE AGEING

Compared to the first and third domains, Azerbaijan scored better (55.2%, ranking 15th) in this final domain. The first two indicators of this domain relate to the remaining life expectancy at age 60. Using WHO data (WHO, 2016) (see explanation in Section 3.3) this indicator scored 42.1%, with older men scoring worse than women (38.2% versus 45.5%), which is the case in many European countries. However, while women in Azerbaijan live longer than their male counterparts, the indicator for healthy life years in the RLE at age 60 years is almost equal (77.2% male and 77.1% female).

In relation to 'mental well-being', older people in Azerbaijan scored slightly lower (55.6%) than the average for the 28 EU countries (63.9%), with Azerbaijani women scoring less (46.9%) than the average for European women (60.9%) as compared to men (65.7% Azerbaijani versus 67.6% European). This finding implies the need to improve the quality and availability of psychiatric care for older adults in Azerbaijan, particularly for older women.

Older people in Azerbaijan do not use ICT as much as their EU counterparts (38.1% versus 40.8%). This may be related to accessibility since the countries within the EU have higher social and economic development and better information technology infrastructure compared to non-European countries (Mansfield, 2018).

The 'social connectedness' indicator is measured by how often older people interacted with friends, relatives and family in the last month. Nearly 40% of older people in Azerbaijan report having regular contact with others, and older men tend to score better than women, which is in contrast to the results in many European countries.

The last indicator of 'educational attainment' reveals that older people in Azerbaijan have the highest educational attainment score, with nearly 92% having achieved secondary school or above compared to the average score of older European people (60.8%).

5 SYNTHESISING DISCUSSION AND CONCLUSIONS

The promotion of active ageing can be beneficial for all stakeholders: the State, older people, and members of the younger generations. The State would benefit because older people would be able to contribute to the pension system longer and need less support for pensions and health-care services; the older people themselves would benefit because they would be better integrated in society and experience a higher level of well-being; and members of younger generations would benefit because they would, for example, have more opportunity to learn from the experiences of older people and would be more actively engaged with their ageing grandparents. Because of these benefits, the promotion of active ageing would reduce the pressure that population ageing puts on welfare states.

To date, very little research has been undertaken on active ageing in Azerbaijan compared to Western European and Scandinavian countries. The study undertaken for the Azerbaijan AAI analysed a large sample from nine regions in Azerbaijan and the sampling can therefore be considered nationally representative. The survey used follows a cross-sectional design that collected data at one point in time only. Some indicators were extracted from diverse international databases and the sources used for comparisons among the 29 countries (the EU28 plus Azerbaijan)

are somewhat different. The methods adopted were chosen to allow the best possible international comparisons to be made, however, when interpreting the comparative results, the data limitations and the differences in definition used in the AAI methodology should be taken into consideration.

> " The promotion of active ageing can be beneficial for all stakeholders: the State, older people, and members of the younger generations.

Building an appropriate index allows different countries to draw useful lessons from the cross-national comparisons. The comparative insights help reveal the varying degree of challenges faced by the population in question, which facilitates mutual learning. Thus, the AAI for Azerbaijan should provide policymakers with a better understanding of the active ageing experiences of older people in Azerbaijan. It is also hoped that the findings will generate additional interest in the use of instruments like the AAI (and its refinements) which can be used as a toolkit for monitoring, implementing, and evaluating policies for the ageing society in Azerbaijan.

The key findings from the Azerbaijan AAI are:

- The active ageing outcomes with respect to the employment domain are low compared with the 28 EU countries, but other domains, especially 'Social participation' and 'Capacity and enabling environment for active ageing' are more favourable. A possible explanation for the low employment rate is that older people find it difficult to work beyond retirement age due to a lack of job opportunities. Employment opportunities for the current generation of older women requires considerable improvement.

- Older people in Azerbaijan are less involved in voluntary activities compared to the EU average but more involved in political activities. They are also more involved in providing care for their grandchildren or adult family members compared with many countries in the EU. This is largely because the availability of formal childcare services and long-term care for older people is more limited in Azerbaijan. Compared with the EU average, older people in Azerbaijan participate more frequently in physical activities. However, the level of unmet medical and long-term care needs of older adults in Azerbaijan is high, and this requires the urgent attention of the Government.

- The life expectancy at age 60 and the proportion of years spent in good health is continuously increasing in Azerbaijan. In contrast, the mental well-being status of older people is lower than that observed on average for EU countries. Thus, social policies promoting active ageing for the older population, with special attention given to their mental well-being, is required on an urgent basis.

The AAI developed for Azerbaijan demonstrates the feasibility of utilising the AAI framework in non-European countries and its usefulness in providing both an understanding of active ageing in a country and the ability to monitor its progress. The analysis suggests that an effective welfare system for older people must incorporate the idea and principles for active ageing so that it can respond to the rapidly changing ageing society, improve the quality of life in old age, and address the needs of an ageing society. A further study is recommended, focused on developing the AAI indicators adapted to the Azerbaijani context and taking into consideration the cultural characteristics of the society in relation to the social determinants of active ageing.

It is also emphasised that the AAI should not be considered as a static index, instead it should be seen as way of following the trends and changing views of active ageing in older people. For this reason, it is highly recommended that State Statistical Committee monitor the active ageing of the older population over time, through household surveys or longitudinal surveys on ageing, thereby enabling data gaps to be filled and allowing further analysis of trends and changes.

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ANNEX A1: SURVEY QUESTIONNAIRE — AAI

Question ID	Question	Answer
1	**Region**	Bakı (Baku) Abşeron (Absheron) Gəncə-Qazax (Gandja-Gazakh) Şəki-Zaqatala (Shaki-Zagatala) Lənkəran (Lankaran) Quba-Xaçmaz (Guba-Khachmaz) Aran Yuxarı Qarabağ (Upper Karabagh) Dağlıq Şirvan (Mountainous Shirvan)
2	**When were you born (for example 22 May, 1930)?**	
3	**Age**	55–59 60–64 65–69 70–74
4	**Your gender**	Male Female
5	**What is the highest level of education that you completed?**	No education Primary Incomplete secondary Complete secondary Vocational specialized (vocational training, technical college, PTU) Higher (university degree)
6	**What is your marital status?**	Single Married Widowed Divorced Married but separated Living with partner/Cohabiting
7	**Where are you living/ residence area?**	Village County City
8	**What religion do you follow, if any?**	Islam Orthodox Christianity Judaism Other No religion
9	**What is your occupation? (Note: if a person answers both retired and housework, choose retired)**	Public servant Organization / company employee Service/ sales workers Farmer Labourers/ unskilled workers/ Craft Housework/ assist your family Retired Disabled, not able to work Other
10	**What is your monthly income that you earn from paid job, pension or social assistance?**	

Question ID	Question	Answer
11	**What ethnic group do you consider yourself?**	Azerbaijani Jewish Talish Lezghi Avar Russian Turkish Other
12	**What is your relationship with the household head?**	Household head Spouse Son/daughter Parents Grandparent Grandchildren
13	**Before the outbreak of the COVID-19 virus, did you do any paid work, either as an employee or as self-employed?**	Yes No
14	**Even though you were not doing paid work before the outbreak of the COVID-19 virus, did you have a job or business that you were away from and that you expect to return to?**	Yes No Waiting to take up a new job already obtained
15	**How many hours per week did you work before the outbreak of the COVID-19 virus?**	
	according to your working contract	Less than 20 hours 20 to 24 hours 25 to 29 hours 30 to 34 hours 35 to 40 hours 41 to 45 hours More than 45 hours
	your actual working time	Less than 20 hours 20 to 24 hours 25 to 29 hours 30 to 34 hours 35 to 40 hours 41 to 45 hours More than 45 hours
16	**There are indications that not everyone is satisfied with his/her current working time. Assuming that your present hourly wage remained unchanged, would you like to work:**	Less As long More
17	**If the choice was offered at the next wage round which of the following two possibilities would you prefer?**	Increase in pay (for the same hours of work) Shorter working time (for the same weekly or monthly pay you get now) Don't know

Question ID	Question	Answer
18	**Housework: In general, how often are you involved in doing housework (for example: cooking, cleaning, laundry, shopping, feeding poultry)?**	Every day 3-5 days a week Once or twice a week Less often Never
19	**Care for children, grandchildren: In general, how often are you involved in caring for your children, grandchildren, great grandchildren outside of paid work?**	Every day 3-5 days a week Once or twice a week Less often Never No children
20	**Care for older adults: How often are you involved in caring for elderly or disabled relatives outside of paid work?**	Every day 3-5 days a week Once or twice a week Less often Never No elderly or disabled relatives
21	**How often did you do unpaid voluntary work through the following organizations in the last 12 months?**	
	Community and social services (e.g. organizations helping the elderly, young people, disabled or other people in need)	Every week Every month Less often Not at all
	Educational, cultural, sports/ professional associations	Every week Every month Less often Not at all
	Charities (donating, fundraising, campaigning)	Every week Every month Less often Not at all
	Social movements (e.g. environmental, human rights)	Every week Every month Less often Not at all
	Other voluntary organizations	Every week Every month Less often Not at all
22	**Over the past 12 months, have you participated in the following political activities?**	
	Attended a meeting of a trade union, a political party or political action group (For example: Party, Trade union, Fatherland front, War Veteran Association, Farmers union, Women's union and Youth union)	Yes No
	Attended a protest or demonstration (have organizing committee)	Yes No

Question ID	Question	Answer
	Signed a petition (e-mail or online petition) (for example: signed a petition that called for support for a social issue)	Yes No
	Contacted a politician or public official (other than routine contact arising from use of public services)	Yes No
23	**Are you a member of any of the following organizations, clubs, or societies? Choose all that apply.**	Religious groups Social clubs (e.g. private savings club, senior citizens' club, etc.) Leisure/culture/sports related groups (class for the elderly, etc.) Alumni associations, hometown communities, family councils Volunteer groups Political parties, NGOs, interest groups Others None
24	**As for the organization [chosen in Q19] of which you are a member, how often do you engage in its activities?**	Almost every day (more than 4 times per week) Once a week 2-3 times a week Once a month Twice a month (every two weeks) Once or twice a year Three or four times a year (once every three or four months) Five or six times a year (every two months) Almost never in the last year Almost never engaged
25	**In the last 12 months, how often do you do sports or physical exercise (physical activity)?**	Every day 3-5 days a week Once or twice a week Less often Never
26	**Including yourself, how many people live in your house?**	
27	**Which type of household do you live in?**	Only me (single person household) With my spouse (2 adults only) With my children With my children and grandchildren With my spouse and children With my spouse, children and grandchildren Other (explain)
28	**What type of housing do you live in?**	Private rented home Own home (without mortgage) Own home (with mortgage) Rented from local authority Other

Question ID	Question	Answer
29	How safe do you feel walking alone in this area (Respondent's local area or neighbourhood) after dark?	Very unsafe Unsafe Safe Very safe
30	Before the outbreak of the COVID-19 virus, did you attend any courses, seminars, conferences or receive private lessons or instructions within or outside the regular education system?	Yes No
31	Before the outbreak of the COVID-19 virus, did you attend any online educational courses/classes?	Yes No
32	In the last 12 months, has your household ever been unable to afford?	
	to pay your rent, mortgage or utility bills	No, can't afford Yes, can afford Other reasons (don't want/ need)
	to face unexpected expenses (for example: hospitalization, wedding, funeral ceremonies)	No, can't afford Yes, can afford Other reasons (don't want/ need)
	to eat meat or proteins regularly	No, can't afford Yes, can afford Other reasons (don't want/ need)
	to go on holiday	No, can't afford Yes, can afford Other reasons (don't want/ need)
33	Does your household have?	
	a television set	No, can't afford Yes, can afford Other reasons (don't want/ need)
	a refrigerator	No, can't afford Yes, can afford Other reasons (don't want/ need)
	an air conditioner or ventilator	No, can't afford Yes, can afford Other reasons (don't want/ need)
	a washing machine	No, can't afford Yes, can afford Other reasons (don't want/ need)
	a car or motorbike	No, can't afford Yes, can afford Other reasons (don't want/ need)
	a cell phone/ telephone	No, can't afford Yes, can afford Other reasons (don't want/ need)
34	In general, would you say your health is	Very bad Bad Fair Good Very good

Question ID	Question	Answer
35	**Do you have a longstanding health problem or longstanding illness? (have lasted or are expected to last for at least 6 months)**	Yes No
36	**If yes, what kind of following chronic disease do you have (circle the numbers properly)?**	Back pain Musculoskeletal pain Cardiovascular diseases Chronic respiratory diseases Liver diseases Kidney diseases Hypertension Hyperlipidemia Diabetes Gout Digestive disorders Other:
37	**For the last 6 months, have you been limited because of health problems in activities that people usually do?**	Yes, strongly limited Yes, limited but not severe Not limited at all
38	**Fall events, how many falls have you had in the past 12 months?**	None One fall Two falls Three falls or above
39	**Loneliness, how often have you felt lonely in the last 12 months?**	Every day 3-5 days a week Once or twice a week Less often Never
40	**In the last 12 months, was there any occasion when you really needed a medical examination or treatment but were not able to receive it?**	Yes No
41	**Do you have health insurance?**	No Yes
42	**Before any social distancing rules went into place**	
	I felt cheerful and in good spirits	All of the time (14 days) Most of the time (11-13 days) More than half of the time (7-10 days) Less than half of the time (4-6 days) Some of the time (1-3 days) At no time
	I felt calm and relaxed	All of the time (14 days) Most of the time (11-13 days) More than half of the time (7-10 days) Less than half of the time (4-6 days) Some of the time (1-3 days) At no time

Question ID	Question	Answer
	I felt active and vigorous	All of the time (14 days) Most of the time (11-13 days) More than half of the time (7-10 days) Less than half of the time (4-6 days) Some of the time (1-3 days) At no time
	I woke up feeling fresh and rested	All of the time (14 days) Most of the time (11-13 days) More than half of the time (7-10 days) Less than half of the time (4-6 days) Some of the time (1-3 days) At no time
	My daily life has been filled with things that interest me.	All of the time (14 days) Most of the time (11-13 days) More than half of the time (7-10 days) Less than half of the time (4-6 days) Some of the time (1-3 days) At no time
43	**How often on average have you used the Internet (in order to read online newspapers, entertainment, Facebook, etc...) in the last 3 months?**	I don't use Internet/I have no Internet Less than once a month At least once a month (but not weekly) At least once a week (but not every day) Every day or almost every day
44	**Social connectedness: Before any social distancing rules went into place, how often did you socially meet with friends, relatives or colleagues?**	Less than once a month Once a month Several times a month Once a week Several times a week Every day or almost
45	**Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think this applies to you. (Please tick in each row)**	
	My age prevents me from doing the things I would like to	Often Sometimes Rarely Never
	I feel that what happens to me is out of my control	Often Sometimes Rarely Never
	I feel left out of things	Often Sometimes Rarely Never
	I can do the things that I want to do	Often Sometimes Rarely Never
	Family responsibilities prevent me from doing what I want to do	Often Sometimes Rarely Never

Question ID	Question	Answer
	Shortage of money stops me from doing the things I want to do	Often Sometimes Rarely Never
	I look forward to each day	Often Sometimes Rarely Never
	I feel that my life has meaning	Often Sometimes Rarely Never
	On balance, I look back on my life with a sense of happiness	Often Sometimes Rarely Never
	I feel full of energy	Often Sometimes Rarely Never
	I feel that life is full of opportunities	Often Sometimes Rarely Never
	I feel that the future looks good for me	Often Sometimes Rarely Never
46	**Below are five statements that you may agree or disagree with. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your response.**	
	In most ways my life is close to my ideal.	7 - Strongly agree 6 - Agree 5 - Slightly agree 4 - Neither agree nor disagree 3 - Slightly disagree 2 - Disagree 1 - Strongly disagree
	The conditions of my life are excellent.	7 - Strongly agree 6 - Agree 5 - Slightly agree 4 - Neither agree nor disagree 3 - Slightly disagree 2 - Disagree 1 - Strongly disagree
	I am satisfied with my life.	7 - Strongly agree 6 - Agree 5 - Slightly agree 4 - Neither agree nor disagree 3 - Slightly disagree 2 - Disagree 1 - Strongly disagree

| Question ID	Question	Answer
	So far, I have the important things I want in life.	7 - Strongly agree 6 - Agree 5 - Slightly agree 4 - Neither agree nor disagree 3 - Slightly disagree 2 - Disagree 1 - Strongly disagree
	If I could live my life over, I would change almost nothing	7 - Strongly agree 6 - Agree 5 - Slightly agree 4 - Neither agree nor disagree 3 - Slightly disagree 2 - Disagree 1 - Strongly disagree
47	**I am going to ask you regarding daily living activities. Please let me know if you need help from others to complete the listed tasks?**	
	Eating	No Yes
	Dressing	No Yes
	Transferring	No Yes
	Toileting	No Yes
	Bathing	No Yes
48	**Please let me know if you need help from others to complete the listed tasks?**	
	Shopping	No Yes
	Taking medications	No Yes
	Using the telephone	No Yes
	Finances	No Yes
	Transportation	No Yes
	Preparing meals	No Yes
	Doing light housework	No Yes
	Doing laundry	No Yes
49	**Do you feel you have slowed down recently?**	No Yes
50	**Do you have any chronic disease under treatment?**	No Yes
51	**Are those chronic diseases controlled well?**	No Yes

Question ID	Question	Answer
52	**Do you think you are fitter compared to someone of your age?**	No Yes
53	**Phone number**	
54	**Address**	Qaradağ (Garadagh) Binəqədi (Binagadi) Nizami (Nizami) Nərimanov (Narimanov) Nəsimi (Nasimi) Pirallahı (Pirallahi) Sabunçu (Sabunchu) Səbail (Sabail) Suraxanı (Surakhani) Xətai (Khatai) Xəzər (Khazar) Yasamal
55	**Address**	Abşeron (Absheron) Xızı (Khizi) Sumqayıt (Sumgait) Xırdalan (Khirdalan)
56	**Address**	Ağstafa (Aghstafa) Daşkəsən (Dashkasan) Gədəbəy (Gadabay) Gəncə (Gandja) Goranboy Göygöl (Goygol) Qazax (Gazakh) Qovlar (Govlar) Naftalan Samux (Samukh) Şəmkir (Shamkir) Tovuz Dəliməmmədli (Dalimammadli)
57	**Address**	Balakən (Balakan) Qax (Gakh) Qəbələ (Gabala) Oğuz (Oghuz) Şəki (Shaki) Zaqatala (Zagatala)
58	**Address**	Astara Cəlilabad (Jalilabad) Lerik Lənkəran (Lankaran) Masallı Yardımlı (Yardimli) Liman Göytəpə (Goytapa)

Question ID	Question	Answer
59	**Address**	Şabran (Shabran) Xaçmaz (Khachmaz) Quba (Guba) Qusar (Gusar) Siyəzən (Siyazan) Xudat (Khudat)
60	**Address**	Mingəçevir (Mingachevir) Şirvan (Shirvan) Ağcabədi (Aghjabadi) Ağdaş (Aghdash) Beyləqan (Beylagan) Bərdə (Barda) Biləsuvar (Bilasuvar) Göyçay (Goychay) Hacıqabul (Hajigabul) İmişli (Imishli) Kürdəmir (Kurdamir) Neftçala (Neftchala) Saatlı (Saatli) Sabirabad Salyan Ucar (Udjar) Yevlax (Yevlakh) Zərdab (Zardab)
61	**Address**	Xankəndi (Khankandi) Ağdam (Aghdam) Cəbrayıl (Jabrayil) Füzuli (Fuzuli) Xocalı (Khodjali) Xocavənd (Khodjavand) Şuşa (Shusha) Tərtər (Tartar) Horadiz Ağdərə (Aghdara)
62	**Address**	Ağsu (Aghsu) İsmayıllı (Ismayilli) Qobustan (Gobustan) Şamaxı (Shamakhi)

ANNEX A2: OVERALL ACTIVE AGEING INDEX AND ITS DOMAIN-SPECFIC INDEXES FOR AZERBAIJAN IN COMPARISON WITH 28 EU COUNTRIES, CHINA AND SOUTH KOREA (BOTH SEXES)

Country	Employment	Social Participation	Independent and secure living	Capacity and enabling environment for active ageing	AAI Overall Index	Rank
Sweden	43.4	22.9	78.6	69.2	44.9	1
Denmark	35.8	19.6	79.0	65.1	40.3	2
Netherlands	33.9	22.4	78.9	61.8	40.0	3
United Kingdom	35.8	21.6	73.7	61.3	39.7	4
Finland	33.7	20.5	79.0	60.5	39.0	5
Ireland	30.6	24.1	74.9	60.0	38.6	6
China	40.7	18.3	59.6	53.2	37.3	7
France	24.1	22.8	75.9	59.1	35.8	8
Luxembourg	21.9	22.2	75.7	63.6	35.7	9
Germany	34.4	13.6	74.4	55.8	35.4	10
South Korea	45.2	4.0	60.1	60.2	35.3	11
Estonia	39.7	12.8	67.3	47.5	34.6	12
Czech Republic	28.0	18.8	71.2	54.3	34.4	13
Cyprus	31.4	18.1	68.0	50.4	34.2	14
Austria	24.7	18.2	73.8	58.2	34.1	15
Italy	23.0	24.1	69.0	53.4	34.0	16
Belgium	21.0	20.2	72.5	60.3	33.7	17
Portugal	32.6	14.1	67.3	52.1	33.5	18
Azerbaijan	**18.6**	**26.3**	**58.6**	**55.2**	**32.6**	**19**
Spain	23.3	17.8	69.8	56.3	32.6	20
Latvia	32.0	13.8	58.7	48.2	31.5	21
Lithuania	30.5	14.7	66.2	45.3	31.5	22
Malta	20.1	17.3	70.1	57.1	31.5	23
Croatia	21.7	18.7	67.5	52.8	31.4	24
Bulgaria	25.1	12.5	62.7	52.2	29.9	25
Slovenia	19.1	16.3	74.2	50.0	29.8	26
Romania	31.0	12.7	61.7	40.9	29.6	27
Slovakia	21.9	13.7	65.8	47.1	28.5	28
Hungary	19.3	15.4	68.0	46.9	28.3	29
Poland	22.4	12.1	64.9	47.9	28.2	30
Greece	20.4	13.7	64.8	45.8	27.6	31

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Note: The countries are listed according to their overall (total) score of the AAI for both sexes.

ANNEX A3: OVERALL ACTIVE AGEING INDEX AND ITS DOMAIN-SPECFIC INDEXES FOR AZERBAIJAN IN COMPARISON WITH 28 EU COUNTRIES, CHINA AND SOUTH KOREA (MALES ONLY)

Country	Employment	Social Participation	Independent and secure living	Capacity and enabling environment for active ageing	AAI Overall Index	Rank
Sweden	47.0	22.5	79.8	69.7	46.2	1
Netherlands	40.8	23.5	80.1	63.0	43.1	2
Denmark	40.4	21.0	79.1	65.0	42.4	3
United Kingdom	41.3	20.7	75.4	62.2	41.7	4
China	50.2	18.2	61.7	54.0	40.9	5
South Korea	61.2	2.8	65.6	59.3	40.8	6
Ireland	36.7	22.0	76.7	60.2	40.3	7
Luxembourg	25.6	26.9	77.1	65.4	39.2	8
Finland	34.5	18.6	80.2	59.1	38.4	9
Cyprus	40.6	17.5	69.5	53.6	38.0	10
Germany	39.2	14.6	76.1	56.2	37.7	11
Czech Republic	34.5	21.1	72.1	53.4	37.4	12
France	26.1	24.0	77.9	58.2	36.9	13
Italy	29.8	23.8	70.4	54.8	36.8	14
Austria	30.4	19.4	74.4	59.2	36.7	15
Portugal	38.7	14.1	68.8	53.7	36.1	16
Belgium	24.9	21.8	74.6	59.6	35.7	17
Malta	31.3	17.9	69.4	57.5	35.7	18
Azerbaijan	**22.7**	**28.6**	**61.6**	**57.1**	**35.5**	**19**
Croatia	27.8	19.6	68.6	54.1	34.3	20
Spain	27.7	16.6	71.5	57.0	34.1	21
Estonia	39.4	11.7	69.1	43.8	33.6	22
Lithuania	33.7	16.0	67.4	43.9	32.9	23
Slovenia	23.8	17.2	75.7	49.9	31.9	24
Romania	36.7	11.8	63.6	42.5	31.8	25
Bulgaria	28.4	12.3	67.1	52.5	31.4	26
Latvia	33.4	9.8	61.2	47.6	30.8	27
Slovakia	27.5	12.9	67.4	47.8	30.5	28
Poland	29.2	10.8	66.7	46.8	30.0	29
Hungary	22.6	15.7	69.8	47.7	29.9	30
Greece	27.3	11.7	66.6	47.4	29.8	31

Note: The countries are listed according to their overall (total) score of the AAI for males.

ANNEX A4: OVERALL ACTIVE AGEING INDEX AND ITS DOMAIN-SPECFIC INDEXES FOR AZERBAIJAN IN COMPARISON WITH 28 EU COUNTRIES, CHINA AND SOUTH KOREA (FEMALES ONLY)

Country	Employment	Social Participation	Independent and secure living	Capacity and enabling environment for active ageing	AAI Overall Index	Rank
Sweden	39.9	23.3	77.8	69.0	43.7	1
Finland	33.0	22.0	78.0	61.9	39.4	2
Denmark	31.3	18.4	78.9	65.5	38.4	3
United Kingdom	30.6	22.4	73.9	60.7	38.1	4
Netherlands	27.1	21.5	77.7	60.9	37.0	5
Ireland	24.5	25.9	73.3	59.9	36.9	6
Estonia	40.2	13.5	66.2	49.9	35.4	7
France	22.3	21.8	73.9	60.0	34.8	8
China	31.7	18.5	57.7	52.3	33.8	9
Germany	29.9	12.7	72.8	55.7	33.3	10
Luxembourg	18.1	18.0	74.2	62.4	32.5	11
Latvia	31.1	16.1	57.5	48.8	32.0	12
Belgium	17.2	18.9	70.7	60.9	31.9	13
Czech Republic	22.1	17.0	70.4	55.3	31.8	14
Austria	19.4	17.4	73.5	57.4	31.7	15
Italy	16.7	24.3	67.7	52.3	31.6	16
Portugal	27.5	14.1	66.3	51.0	31.4	17
Spain	19.2	18.8	68.7	55.6	31.3	18
South Korea	32.2	5.1	54.0	61.1	30.7	19
Lithuania	28.3	14.0	65.5	46.5	30.7	20
Cyprus	22.6	18.5	66.8	47.5	30.6	21
Azerbaijan	**15.2**	**24.4**	**56.1**	**53.6**	**30.2**	**22**
Croatia	16.3	18.1	65.0	52.0	28.9	23
Bulgaria	22.4	12.6	59.7	52.0	28.6	24
Slovenia	14.6	15.6	73.3	50.2	27.9	25
Romania	26.2	13.3	59.6	39.6	27.7	26
Malta	8.5	16.8	70.6	56.0	27.1	27
Hungary	16.6	15.1	66.9	46.5	27.1	28
Slovakia	17.0	14.2	64.7	46.8	26.8	29
Poland	16.6	13.1	63.5	48.8	26.5	30
Greece	14.2	15.4	63.2	44.2	25.5	31

Note: The countries are listed according to their overall (total) score of the AAI for females.