



Ageing Research in Eastern Europe

New Perspectives for the Joint Programming Initiative
'More Years, Better Lives'

Consultation
Vienna, 17 October 2018

EUROPEAN CENTRE FOR SOCIAL WELFARE POLICY AND RESEARCH



Ageing Research in Eastern Europe

- A brief overview of issues at stake
Alexandre Sidorenko, Senior Advisor, European Centre, Vienna
- UNECE Working Group on Ageing: promoting active ageing in Eastern Europe
Vitalija Gaucaite Wittich, Chief of Population Unit, UNECE, Geneva
- Ageing research in Central and Eastern Europe – activities and reasons for non-activity in scientific outputs
Jolanta Perek-Białas, Jagiellonian University, Cracow and Warsaw School of Economics, Poland
- Long-term care for older people and social pensions – sustainable options for serbia
Gordana Matković, CSP, FEFA



Ageing Research in Eastern Europe

A brief overview of issues at stake

Alexandre Sidorenko

Europäisches Zentrum für Wohlfahrtspolitik und Sozialforschung

EUROPEAN CENTRE FOR SOCIAL WELFARE POLICY AND RESEARCH



Objectives and sources

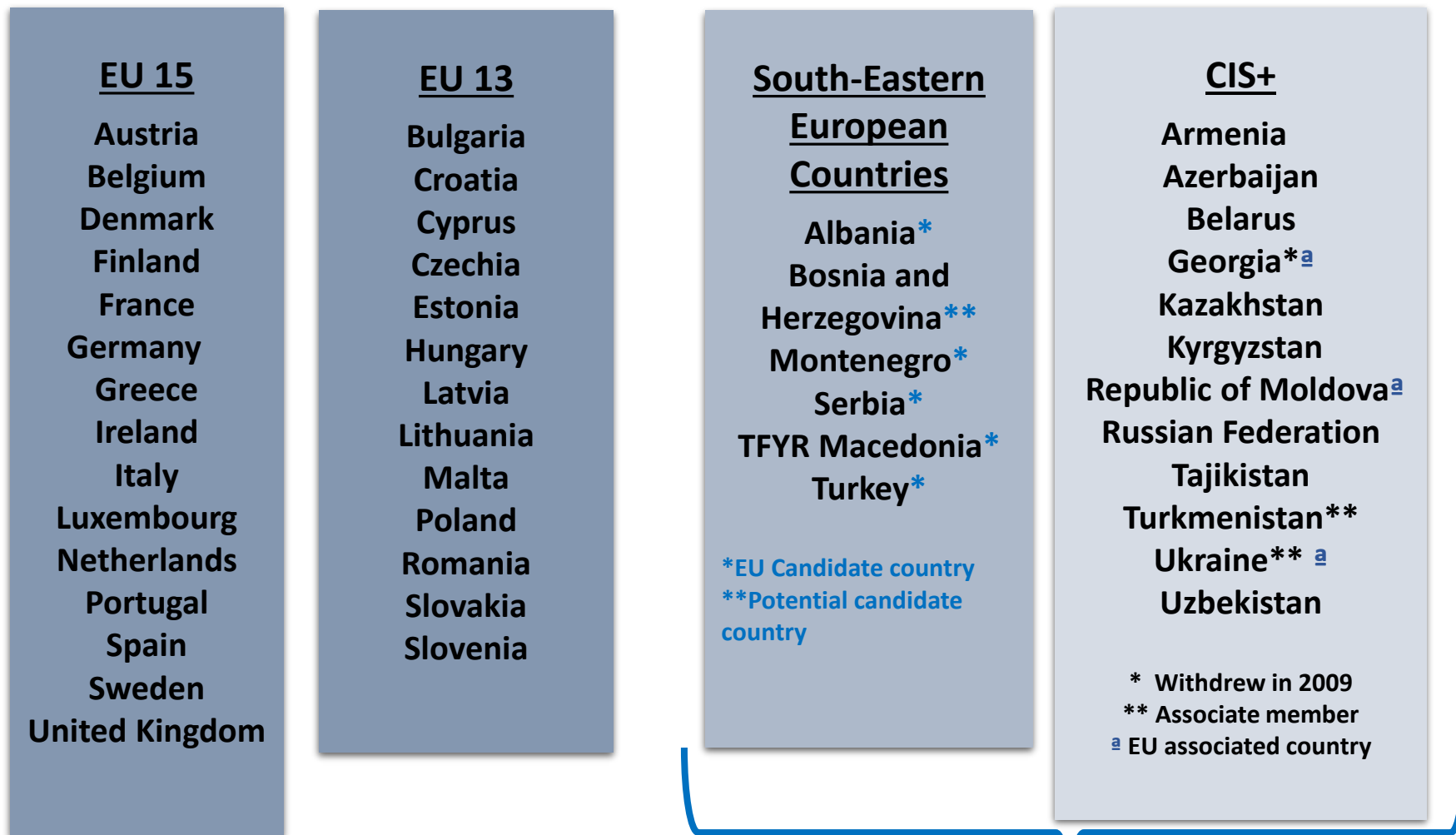
- To highlight the main issues concerning research on ageing in Eastern European countries

Sources:

- UN demographic statistics
- National policy documents on ageing
- 2017 National Reports to the UN Economic Commission for Europe (ECE) on the Review and Appraisal of implementation of the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing
- Survey of individual researchers from the Commonwealth of Independent States
- Erfolgsfaktoren und kritische Aspekte mit Blick auf die Übertragbarkeit nach Österreich

Which countries are Eastern European?

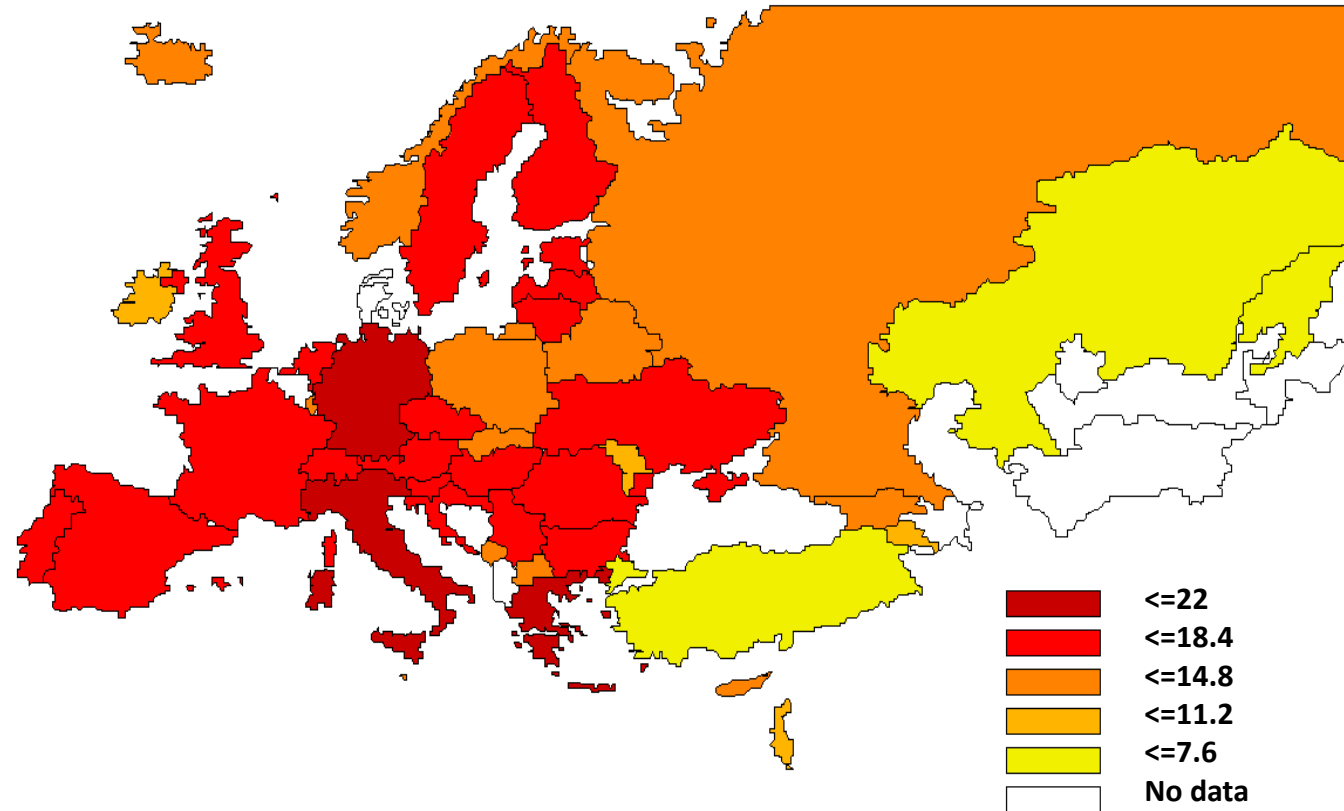
European Countries: GEO-POLITICAL GROUPING



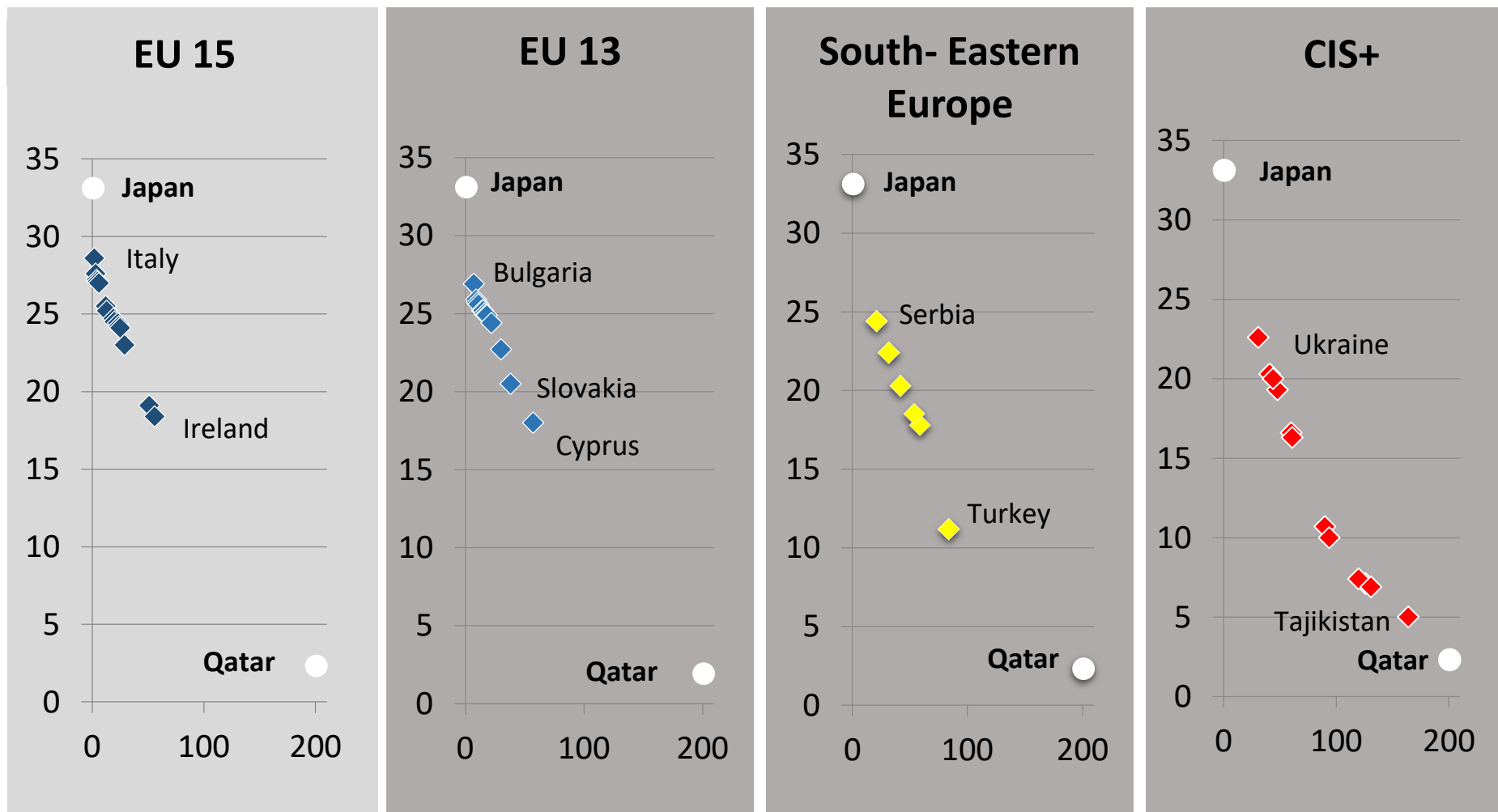
Population ageing in Eastern European countries.

Key word: Diversity

European Region of World Health Organization: % of population aged 65+ years, 2009

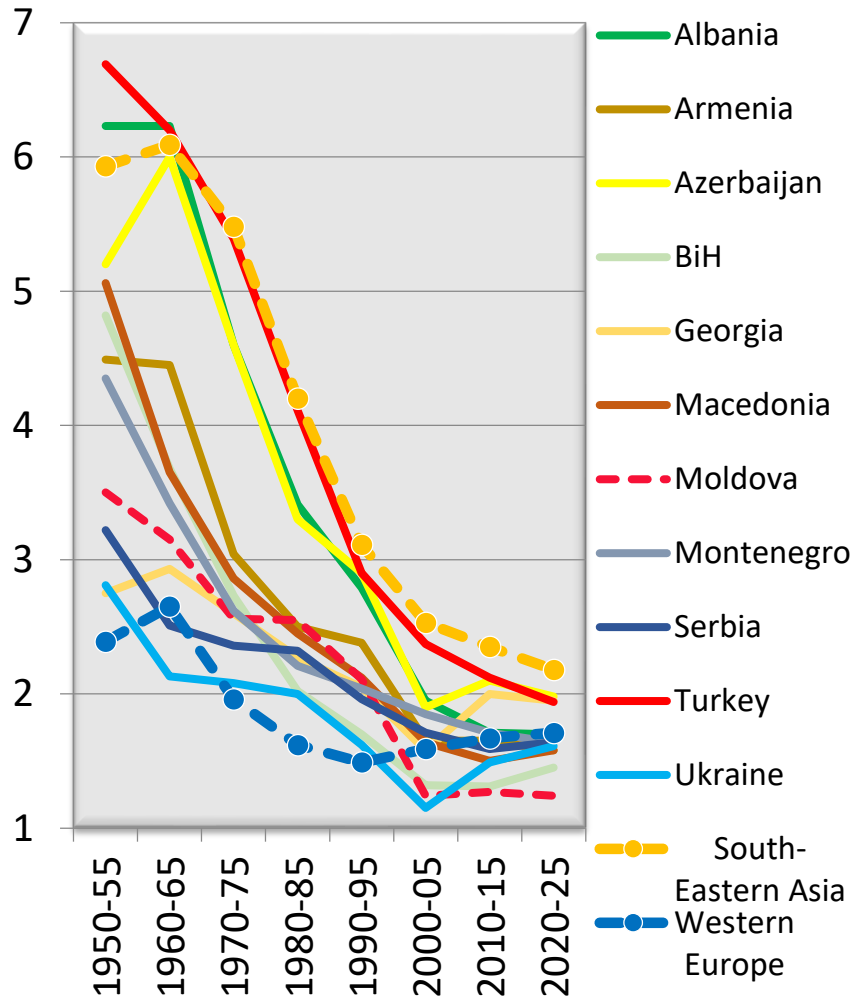


Country ranking by percentage of population aged 60 or over years, 2015

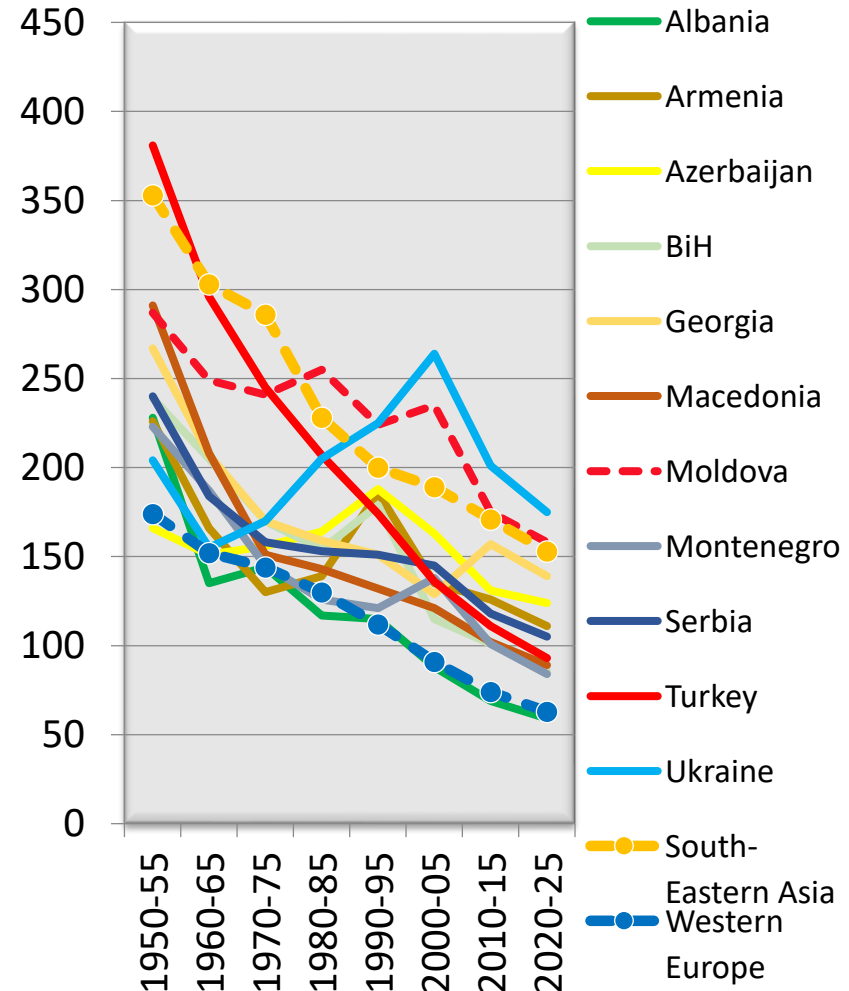


Source: World Population Ageing 2015, United Nations, New York, 2015

Total fertility (children per woman)



Adult mortality between age 15 and 60, 35q15 (deaths under age 60 per 1,000 alive at age 15), both sexes combined



Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2017 Revision, custom data acquired via website. <http://esa.un.org/unpd/wpp/DataQuery/>

Is ageing on the policy agenda of Eastern European countries?

Government level of concern about ageing of the population (2015)

Major Concern

Albania (18%)
 Armenia (14%)
 Bosnia and Herzegovina
 (22%)
 Georgia (20%)
 Kazakhstan (10%)
 Macedonia (19%)
 Moldova (17%)
 Montenegro (20%)
 Russia (19%)
 Serbia (24%)
 Turkey (11%)
 Ukraine (21%)

Minor Concern

Azerbaijan (10%)
 Belarus (19%)
 Kyrgyzstan (6%)
 Tajikistan (5%)
 Turkmenistan (6%)
 Uzbekistan (7%)

No Concern / No View

*In brackets –
proportion of 60+ in
the population*



https://esa.un.org/poppolicy/about_database.aspx

(Since 1963)

**Do Eastern European countries participate
in implementation of the Madrid
International Plan of Action on Ageing?**

**Have Eastern European countries
developed national strategies on ageing?**

Implementation of UNECE RIS/MIPAA and availability of national strategic documents on ageing in the **SOUTH-EASTERN EUROPEAN COUNTRIES**

Country	Participation in the 2007 review and appraisal of MIPAA (report submitted to UNECE)	Participation in the 2012 review and appraisal of MIPAA (report submitted to UNECE)	Participation in the 2017 review and appraisal of MIPAA (report submitted to UNECE)	National strategic documents on ageing
Albania	Yes	No	Yes	No
BiH	No	No	Yes	Under development
Montenegro	No	No	No	No
Serbia	Yes	Yes	Yes	National Strategy on Ageing 2006-2015
TFYR Macedonia	Yes	Yes	Yes	No
Turkey	Yes	Yes	Yes	The Current Situation of Elderly People and the National Plan of Action on Ageing, 2007

Implementation of UNECE RIS/MIPAA and availability of national strategic documents on ageing in the **CIS+ countries**

Country	Participation in the 2007 review and appraisal of MIPAA (report submitted to UNECE)	Participation in the 2012 review and appraisal of MIPAA (report submitted to UNECE)	Participation in the 2017 review and appraisal of MIPAA (report submitted to UNECE)	National strategic documents on ageing
Armenia	Yes	Yes	Yes	<input type="checkbox"/> Strategy on Solution of Issues Arising from the Consequences of the Population Ageing and Social Protection of the Elderly and the 2012-2016 Action Plan <input type="checkbox"/> Road Map for Mainstreaming Ageing (2011)
Azerbaijan	Yes	Yes	Yes	<input type="checkbox"/> State Program on strengthening social protection of older citizens (2014-2020)
Belarus	Yes	Yes	Yes	No
Georgia	No	No	No	<input type="checkbox"/> Road Map for Mainstreaming Ageing (2015)
Kazakhstan	No	No	Yes	No
Kyrgyzstan	No	No	No	No

Implementation of UNECE RIS/MIPAA and availability of national strategic documents on ageing in the **CIS+ countries**

Country	Participation in the 2007 review and appraisal of MIPAA (report submitted to UNECE)	Participation in the 2012 review and appraisal of MIPAA (report submitted to UNECE)	Participation in the 2017 review and appraisal of MIPAA (report submitted to UNECE)	National strategic documents on ageing
Moldova	Yes	Yes	Yes	<input type="checkbox"/> Programme on Mainstreaming Ageing in State Policy (2014) <input type="checkbox"/> Road Map for Mainstreaming Ageing (2012)
Russia	Yes	Yes	Yes	<input type="checkbox"/> Strategy for Action to benefit older citizens of the Russian Federation (2016-2025)
Tajikistan	No	Yes	No	No
Turkmenistan	No	No	No	No
Ukraine	No	Yes	Yes	<input type="checkbox"/> The strategy of the state policy on healthy and active longevity of the population for the period up to 2022
Uzbekistan	Yes	No		No

**What are the research priorities of
Eastern European countries
presented in their national policy
documents and reports on ageing?**

Research priorities on ageing (9 Eastern European countries)

Research priority. Fields of study	Countries
I. Population ageing. Demography	Azerbaijan; Moldova; Russia; Turkey; Ukraine
II. Health and social services	Armenia; Russia; Turkey; Ukraine
III(a). Assessment of needs of older persons	Armenia; Macedonia; Ukraine
III(b). Age-related diseases	Russia; Turkey; Ukraine
IV(a). Living/housing conditions	Moldova; Serbia
IV(b). Discrimination, neglect, violence and abuse	Serbia; Turkey
IV(c). Active ageing/active longevity	Belarus; Turkey
IV(d). Lifestyles of older people	Russia; Turkey
IV(e). Gender Aspects of Ageing	Armenia; Serbia
IV(f). Long-term care. Family care	Moldova; Ukraine
IV(g). Implementation, monitoring and evaluation of ageing related policies	Moldova; Turkey

Sources: National policy documents on ageing; 2017 National Reports to UNECE on Review and Appraisal of implementation of RIS/MIPAA

Asking the researchers themselves – “Mini (quasi) Delphi”...

Individual experts (personal contacts):

- **Number of respondents:** 15
- **CIS+ Countries:** Azerbaijan, Belarus, Georgia, Moldova, Russian Federation, Tajikistan, Ukraine
- **Professions:** demography; sociology; geriatrics; biomedical

Questions asked:

(Q1) What, in your opinion, are the main priorities of research on ageing in your country?

(Q2) Where the studies on ageing are conducted (centres, institutions...)?

(Q3) What, in your experience, are the main obstacles hindering the development of research on aging?

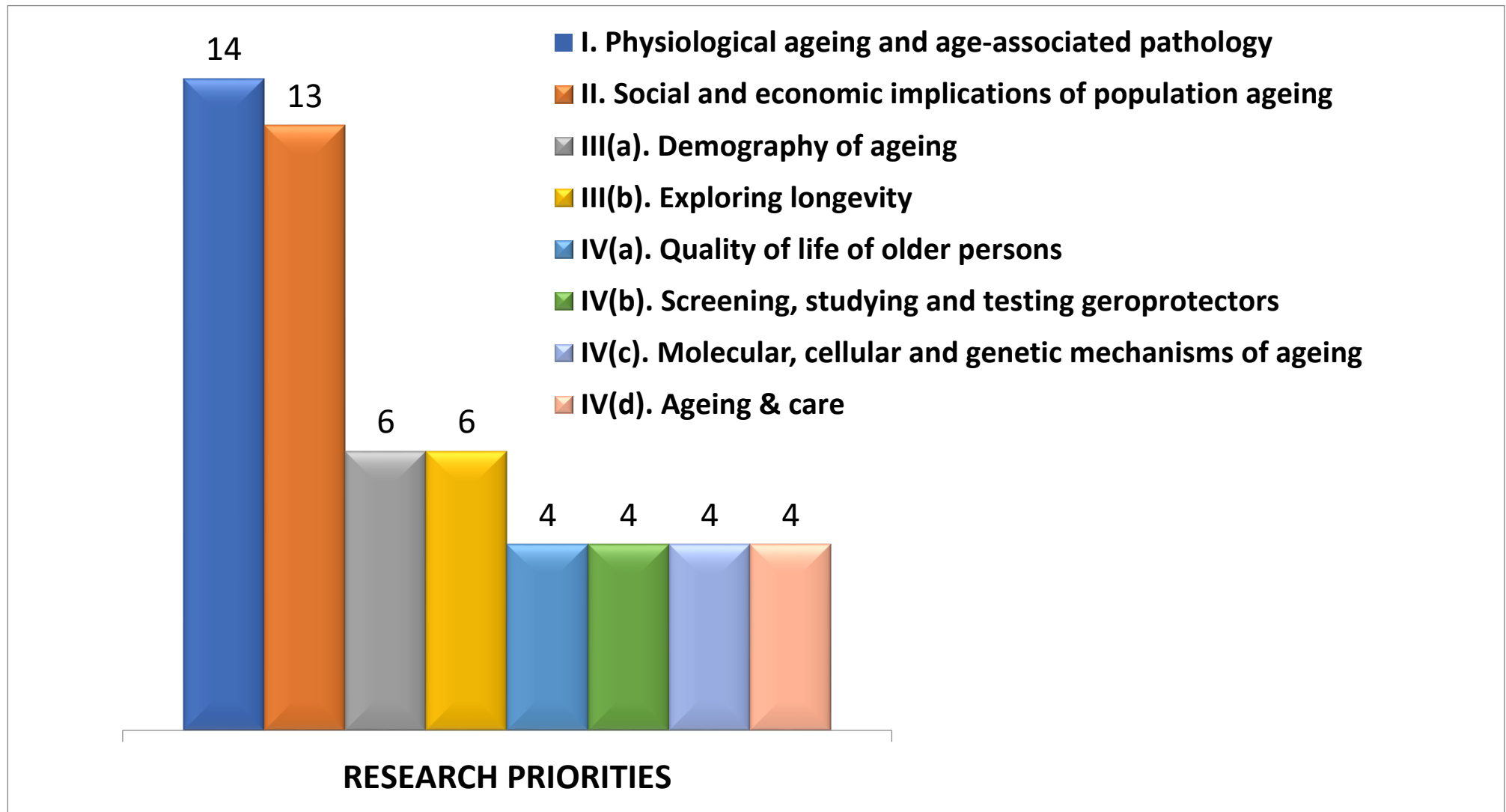
The results:

not representative; not quantitative; not scientometric...

... just indicative, giving some clues, and suggesting further inquiries...

(Q1) Research Priorities/Main Concerns

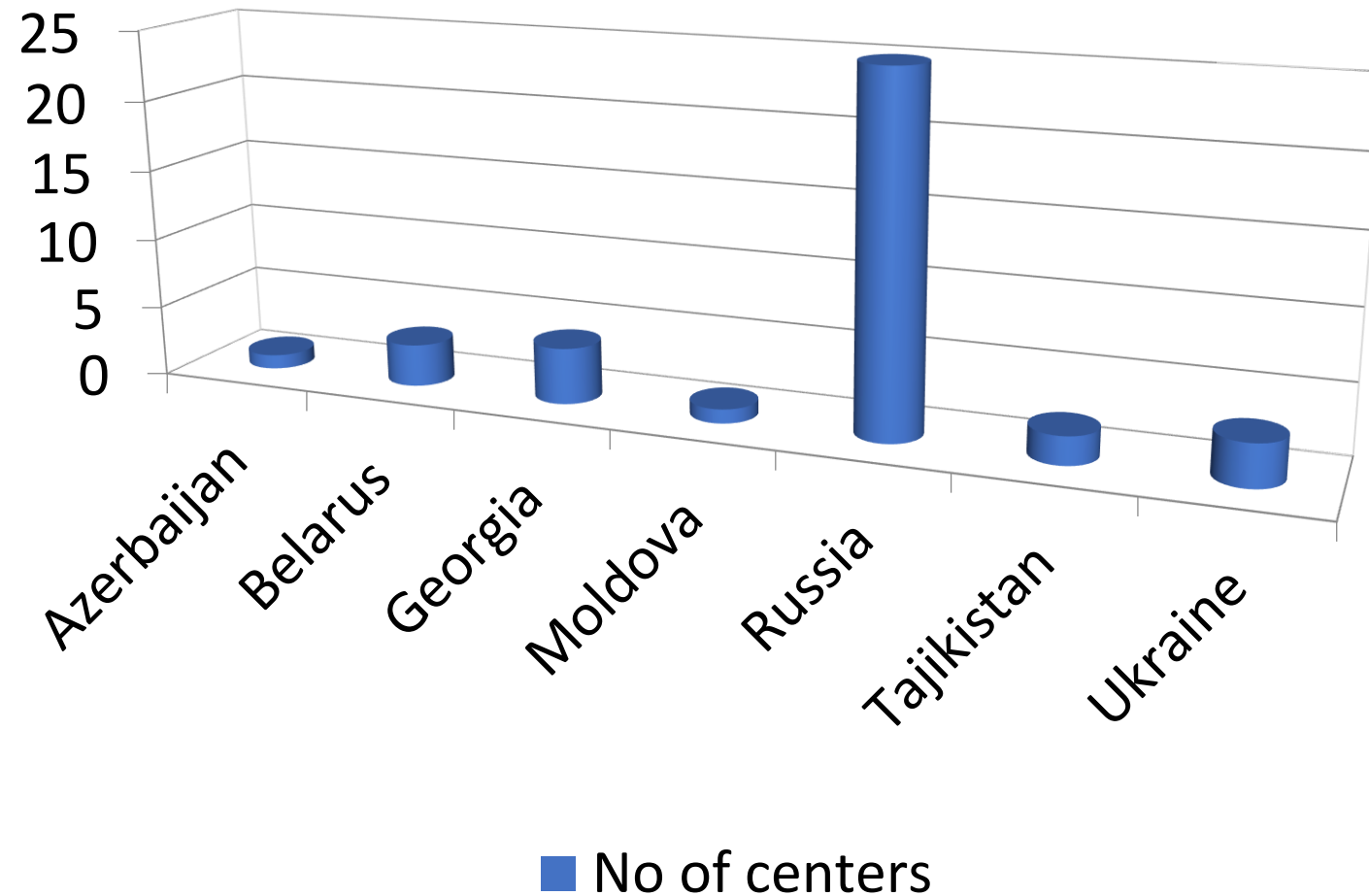
Views of Researchers



(Q2) Priorities in details (The views of researchers)

II. Social and economic implications of population ageing	<ol style="list-style-type: none">1. The economic, financial and labour implications of the ageing of society2. Pension reform. Extending working life3. Health status of older persons, morbidity among older persons and their ability to work4. The impact of population ageing on the economy and social budgets5. Characteristics of behaviour of older consumers6. Provision of pension and determination of the age of retirement7. Actuarial studies8. Estimation of stability of the financial system under conditions of acceleration of the population ageing9. The impact of population ageing on economic growth10. Identifying opportunities for using the potential of older persons11. Economic activity of the population of pre-retirement and retirement age12. The role of older persons in the economic development of the country and the intergenerational connectivity13. Intergenerational relations, exchanges and contacts
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(Q2) How many research centres on ageing in your country?



(Q3) Main obstacles. Views of experts

Societal barriers. Misconceptions (9 mentions)

- ✓ *"Biologisation" and "medicalisation" of ageing*
- ✓ *Gender and age stereotypes. Ageism*
- ✓ *The absence of "philosophy of ageing" in the society, the lack of clear eligible images of human ageing*
- ✓ *Poor understanding of the significance of issues of ageing*
- ✓ *Low priority of research on ageing*
- ✓ *The studies of ageing are not seen by researchers as a promising perspective*
- ✓ *...*

Financial constraints (8 mentions)

- ✓ *Lack of financing, particularly long-term financing for fundamental studies*
- ✓ *Lack of systematic funding...*
- ✓ *Limited financing by international organisations*
- ✓ *Lack of modern lab equipment*
- ✓ *...*

Deficit of personnel (8 mentions)

- ✓ *Lack of qualified personnel*
- ✓ *Brain drain owing to outmigration*
- ✓ *Insufficient level of education and training of specialists in the field of gerontology and geriatrics*
- ✓ *Organizational and financial obstacles to professional development of researchers*
- ✓ *...*

(Q3) Main obstacles. Views of experts

Policy & Politics (5 mentions)

- ✓ *Decision makers do not recognize the significance of the issues of ageing*
- ✓ *Absence of national coordinating structure/mechanism on ageing*
- ✓ *Absence of state (government supported) programmes of research on ageing*
- ✓ ...

Data/Information Gaps (5 mentions)

- ✓ *Lack of empirical information and statistics*
- ✓ *Deficit of RELIABLE data*
- ✓ *Lack of Information on international experience in dealing with issues of ageing*
- ✓ ...



- ***The lack of real interest of the state to increase life expectancy***
- ***Hypocrisy, cynicism and corruption of authorities***
- ***The greed of officials at all levels***

In their own words:

“On a professional trip at the expense of my institute, I went last time 30 years ago.

My research lab receives nothing for equipment and reagents.

In recent years, they began to cut our salaries. For example, my professorial salary is about 400 \$. After all deductions, I get at best 200 \$. The same situation is for all the staff of the institute. The amount of funding for the salary in recent years has been about 32-33% of the originally planned. That is why all young perspective colleagues are leaving for the West.”

Chief of Lab, Professor, PhD.

In conclusion...

Looking for a positive note....

***Priority areas for further exploration
and possible collaboration***

Special concerns for future exploration (National policy documents on ageing)

Research priority. Fields of study

Country: Source

<ul style="list-style-type: none"> Determining Moldova's migration potential (people intending to leave) as well as the estimated number of migrants who are likely return home 	<p><u>Moldova:</u> Road Map...</p>
<ul style="list-style-type: none"> Development and modernization of passenger and individual transport to ensure the convenience of its use by citizens of older generations 	<p><u>Russia:</u> Strategy of action in the interests of citizens of the older generation in the Russian Federation until 2025</p>
<ul style="list-style-type: none"> Studies in developing countries for finding new and affordable treatment methods for prevailing diseases of older people 	<p><u>Turkey:</u> The Situation of Elderly People in Turkey and National Plan of Action on Ageing. 2007</p>
<ul style="list-style-type: none"> Analysis of international experience in employment of citizens of pre-retirement age Determining factors of premature ageing, formulating proposals for prevention and rehabilitation 	<p><u>Ukraine:</u> Action plan on the implementation of the State Policy Strategy on Healthy and Active Longevity of the Population for the period up to 2022</p>

Special concerns for future exploration (Views of individual researchers)

- ❖ The role of genes, level of education and income in the life expectancy of representatives of different professions (Belarus; Russia; Ukraine)
- ❖ The way of life of the older generation: dreams and reality. Attitudes towards life and death (Russia; Moldova; Ukraine)
- ❖ Accelerated individual ageing and methods of combating it (Ukraine)
- ❖ “Functional foods” for preventing accelerated ageing and age-dependent pathology (Ukraine)
- ❖ Professional and labour rehabilitation of older people (Ukraine)
- ❖ Screening and study of new geroprotectors (Russia; Ukraine)

Bridging Research And Practice

*ee*SPN *Eastern European
Social Policy Network*

The Eastern European Social Policy Network (EESPN) is an initiative of the **European Centre for Social Welfare Policy and Research**.

EESPN is a network of researchers, policy advisers and representatives of public authorities working in the field of social welfare policy. We represent diverse professional, geographical, and academic backgrounds and interests but are united in a common vision for more efficient and equitable social policies in the countries of the **EU, Eastern Partnership** and **EU (potential) candidate countries**.

The work of the EESPN has **three main pillars**:

- ❖ **Knowledge exchange and transfer**
- ❖ **Development of joint research projects and policy advice**
- ❖ **Networking and generating public fora.**

The EESPN was established in 2016 by the European Centre for Social Welfare Policy and Research in Vienna as one arm of its 'Bridge Building Function'. The Bridging function fosters collaboration between governments and organisations by providing relevant know-how and advice for establishing or improving structures in social welfare.





What role in establishing/strengthening East-West collaboration in studies of ageing?

Thank you

UNECE Working Group on Ageing: promoting active ageing in Eastern Europe

Vitalija Gaucaite Wittich
Chief of Population Unit, UNECE

Ageing Research in Eastern Europe
17 October 2018, Vienna

POPULATION



UNECE Region:

56 member States
stretching through 3 continents

17% of world's population
>30% of world's 65 years old and above



Ageing population in the UNECE region



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Population 65+ (% of total population)

154.5 million (13.1%)	174.5 million (14.1%)	194.9 million (15.4%)
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Life expectancy at 65

Men: 15.2 years Women: 18.4	Men: 16.2 years Women: 19.2	Men: 17.1 years Women: 20.0
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Life expectancy at birth

Men: 71.2 years Women: 78.2	Men: 72.7 years Women: 79.4	Men: 74.4 years Women: 80.5
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2002 - 2007

2007 - 2012

2012 - 2017

High economic growth
Rising labour market participation
Declining unemployment

Financial crisis
Economic, social and political instability

Uneven recovery from the global economic crisis

Policy dialogue on population ageing: UNECE regional level

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UNECE Working Group on Ageing

Established in 2008

Meets annually, its Bureau meets twice a year

Membership: designated government representatives
Observers: International Organizations and CSOs

WGA facilitates and oversees the implementation of the Regional Strategy for the Madrid International Plan of Action on Ageing (**MIPAA**), adopted at the Second World Assembly on Ageing in 2002

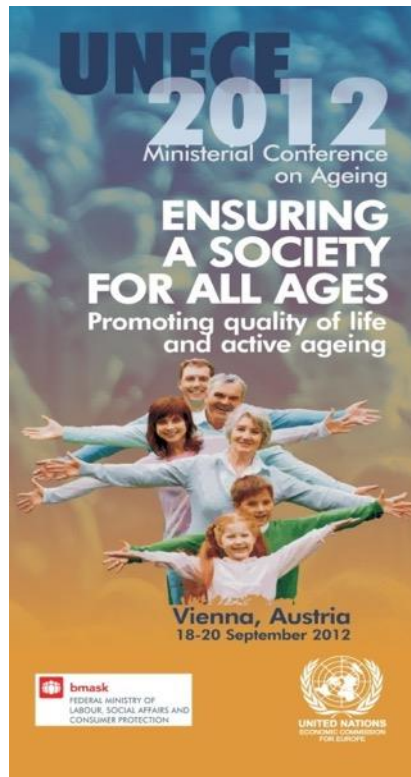


Presently focuses on the goals of the **2017 Lisbon Ministerial Declaration**
A Sustainable Society for All Ages: Realizing the potential of living longer

Political commitment to promote active ageing: from Vienna 2012 to Lisbon 2017



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Longer working life is encouraged and ability to work is maintained

Participation, non-discrimination and social inclusion of older persons are promoted

Dignity, health and independence in older age are promoted and safeguarded

Intergenerational solidarity is maintained and enhanced



2017-2021

Recognize the potential of older persons

Encourage longer working life and ability to work

Ensure ageing with dignity

Political commitment to promote active ageing: from Vienna 2012 to Lisbon 2017

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“We will endeavour to raise awareness in societies of the overall **advantages of promoting active ageing for today and the future**, underlining the need of allocating sufficient resources for its implementation.[...]” – *para 12 of the Vienna Ministerial Declaration*

“advancing active ageing as the central concept and operational approach **of national and regional policies on ageing**” *is recognized as one of notable achievements in the region by the Lisbon Ministerial Declaration (para 5(b))*

WGA activities to promote active ageing: from Vienna 2012 to Lisbon 2017

POPULATION



United Nations
Economic Commission for Europe

Policy brief

Active Ageing

Commitment 2 of the UNECE Strategy on Ageing: To ensure full integration and participation of older persons in society.

Commitment 5 of the UNECE Strategy on Ageing: To enable labour markets to respond to population ageing.

To strive to ensure quality of life at all ages and health and well-being.

Challenging context

How persons age is determined by a variety of factors: biological pre-conditions, social circumstances, and life-style. The manner how individual person ages may contribute to how long a person will live and how fit a person might be in the later part of life.

Current policies on ageing may perceive "old age" as a state rather than the result of a process. Some ageing policies may be aimed at providing services within this age rather than at empowering older persons to live independently. Here, a change of paradigm is needed. In order to gain the ability to remain active, the individual has to invest in this process throughout the life span. Appropriate societal structures, incentives and measures would enable persons to live an active life style as long as possible. Current societal and legal structures may not fully provide those opportunities for active ageing.

Requested strategies

2012 UNECE Ministerial Conference on Ageing with motto "Ensuring a society of all ages – promoting quality of life and active ageing" is an effort to contribute to awareness-raising and priority-setting in the area of active ageing on the highest political level and in the context of the Madrid International Plan of Action on Ageing. Also the European Parliament has declared 2012 as the "European Year of Active Ageing and Solidarity between Generations" that sets the frame for many new projects. At the backdrop of this, the policy brief aims to suggest concrete policy measures which member States may consider for supporting active ageing.

Expected result

The concept of active ageing aims at enhancing the physical and mental well-being of individuals. Personal well-being may ultimately contribute to their ability to be independent and more contributive to societal well-being. Applying a concept of active ageing will create an enabling structure that allows people to become responsible for their own process of active ageing.

Strategy on Ageing | www.unecp.org/ageing | ageing@unecp.org

Policy Briefs

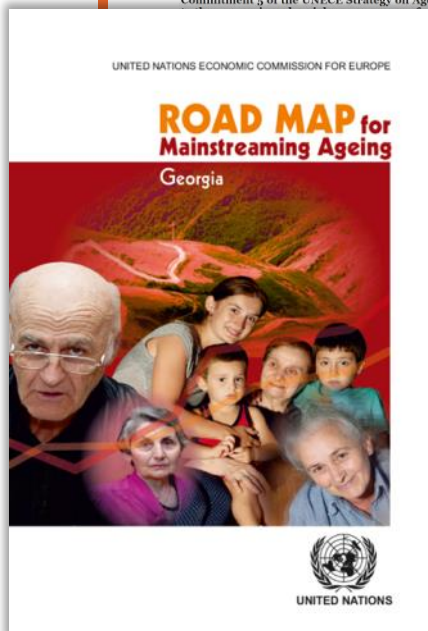
to actively manage knowledge on and exchange around effective policies and good practice examples

Mainstreaming Ageing

Road maps on mainstreaming ageing provide concrete hands-on technical and policy support to countries according to their circumstances

Monitoring tools and evidence building

to translate evidence into policy-advice by facilitating development of targeted indicators and strategic data



Eastern Europe, Caucasus & Central Asia: 18 countries



WGA activities to promote active ageing: Eastern Europe, Caucasus & Central Asia

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Capacity building and peer support:

Road Map on mainstreaming ageing in Georgia, 2015

AA as conceptual basis

Assessment of policies on ageing in Armenia, 2016

AA as conceptual basis/criteria

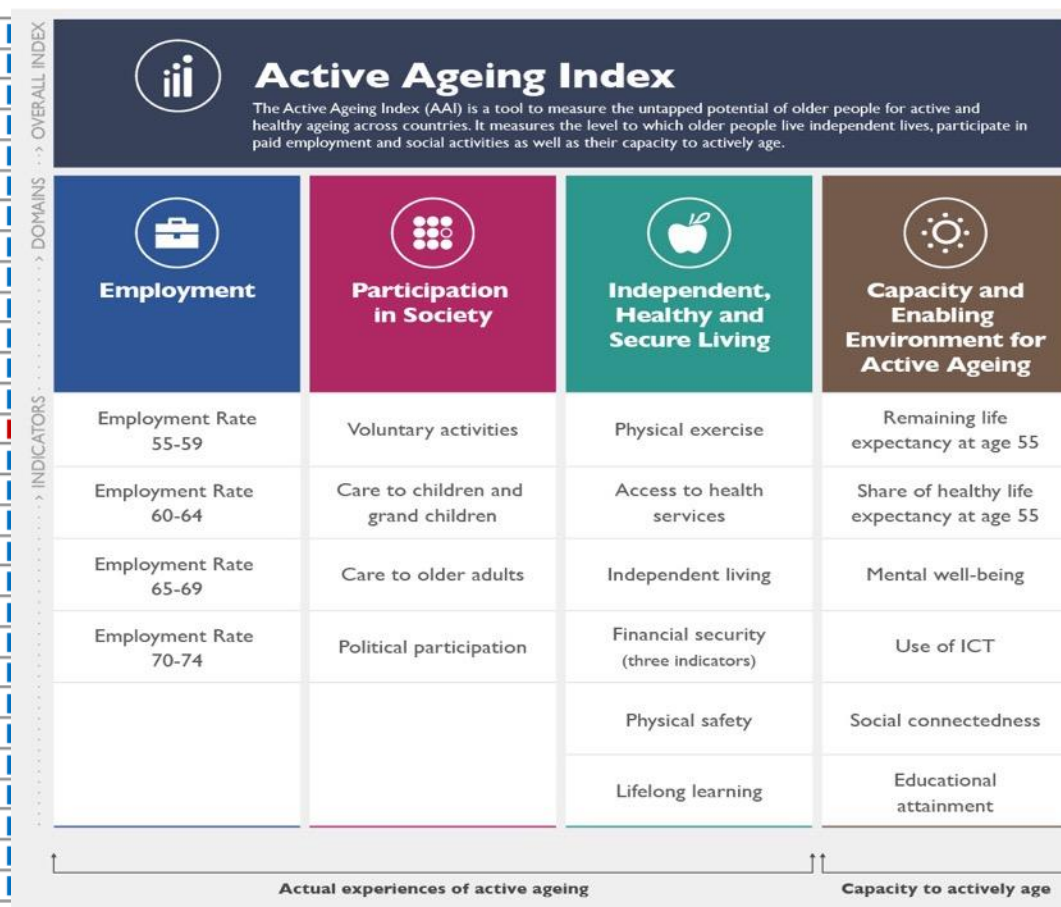
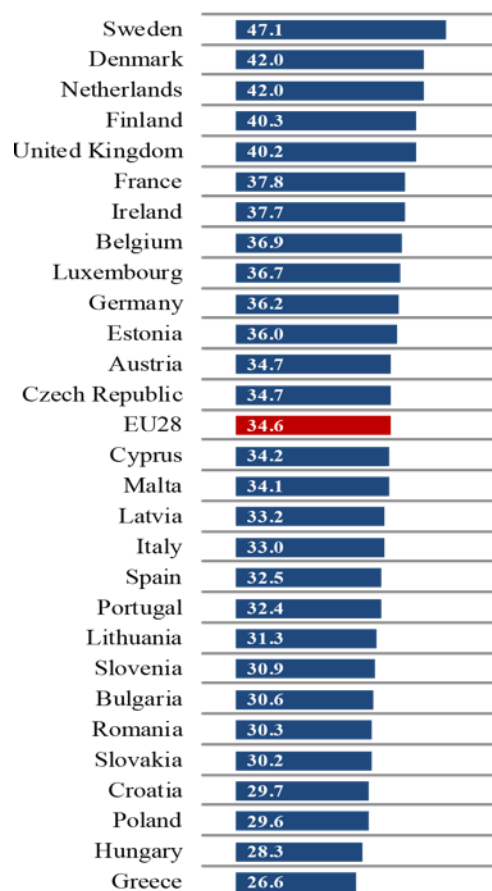
Reporting/reviewing action plans for the Road Map implementation

WGA activities to promote active ageing: Eastern Europe, Caucasus & Central Asia



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Active Ageing Index – monitoring tool / framework for policy



WGA activities to promote active ageing: Eastern Europe, Caucasus & Central Asia

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AAI framework for monitoring MIPAA/RIS implementation in 2012-2017 & beyond

Testing feasibility*

Pilot studies in Georgia (2013), Turkey (2014/15), Serbia (2014/15)

Building capacity*

Workshops on addressing data gaps for active ageing indicators
(Geneva 2015, Minsk 2016)

Providing guidance*

Guidelines on AAI in non-EU countries and at subnational level (2018)

** As part of UNECE/EC DG EMPL project on AAI (II & III phases)*

WGA activities to promote active ageing: Eastern Europe, Caucasus & Central Asia

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Building evidence base

Generations and Gender Programme*

Georgia and the Russian Federation (GGG 2000)
Belarus & Kazakhstan (GGG 2020)

UNECE Recommendations on Ageing-related Statistics

Task force on Ageing-related Statistics (2013-2016);
Task force on measuring institutional populations (2017-2019)

- *Led by a consortium of 16 institutes/organizations: <https://www.ggp-i.org/>*

UNECE member States: research is vital for policymaking

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2012 Vienna Ministerial Declaration:

14. We are aware that **research is vital to the development and implementation of effective policies and programmes**. Sustainable research infrastructures, improved data collection, longitudinal research and cross-sectoral cooperation should be further strengthened and developed.

2017 Lisbon Ministerial Declaration:

34. We underline the **importance of monitoring and evaluating ageing-related policies on the basis of research and improved data collection**, as specified in the UNECE Recommendations on Ageing-related Statistics, involving older persons and their organizations throughout this process.-



Thank you for your attention !

www.unece.org/pau/welcome.html

Follow us on Twitter @pu_unece

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Ageing research in Central and Eastern Europe – activities and reasons for non-activity in scientific outputs

Jolanta Perek-Białas

Jagiellonian University, Cracow and
Warsaw School of Economics, Poland



Vienna, Austria, October, 2018

Outline

- **How we can catch this activity?**
 - Publications
 - Conferences/congresses
 - COST ACTIONS/projects
- **Why not so many ageing research from CEE?**
- **Sum up – Some thoughts**

Publications



European Sociological Association

Research Network Ageing in Europe



Previous mid-term conferences

- **"Ageing in the light of crises: Economic crisis, demographic change, and the search for meaning"**, Umea, Sweden, October 3-5, 2012.
- **"Ageing, anti ageing & ageism: Constructions and politics of being old in Europe"**, Klagenfurt, Austria, September 18-20, 2014.
- **"Ageing in Europe: Beyond the work-centered lifecourse?"**, Frankfurt, Germany, September 14-16, 2016.
- **"Agency, Citizenship and the Dynamics of Power"**, Brno, Czech Republic, 5-7, September, 2018

Previous workshops for PhD students

- **"Life-course influences on retirement: Researchers' and stakeholders' perspectives"**, Helsinki, Finland, May 17-19, 2017.
- **"Advancing the study of ageing"**, University of Chester, UK, April 5-7, 2016.
- Spring school **"Long live the active!? A critical perspective on active ageing"**, University of Duisburg-Essen, Germany, March 23-25, 2015.
- **"Researching age and generations in times of crisis and change"**, University of Porto, Portugal, July 5-7, 2012.
- **"Qualitative methods in ageing research"**, University of Vechta, Germany, August 26-27, 2010.
- **"Ageing societies and the welfare state"**, VU University Amsterdam, the Netherlands, December 11-12, 2008.

International Sociology of Ageing

<https://sociologyofaging.org/>



Participation in conferences

- **ISA Forum in Vienna**

- 20 sessions only 3 chaired by Central Eastern European researchers
- **New Social Roles of Older People** ([Economic and Non-Economic Activities of Polish Retirees](#) (Poland), [Successful Life Trajectories in Old Age](#) (Russia))
- **The Fourth Age: “Real” Old Age?** ([Ageing As an Increasing Uncertainty](#) - Czech Republic),
- **Older men** (none from CEE countries)

International Association for Gerontology and Geriatrics

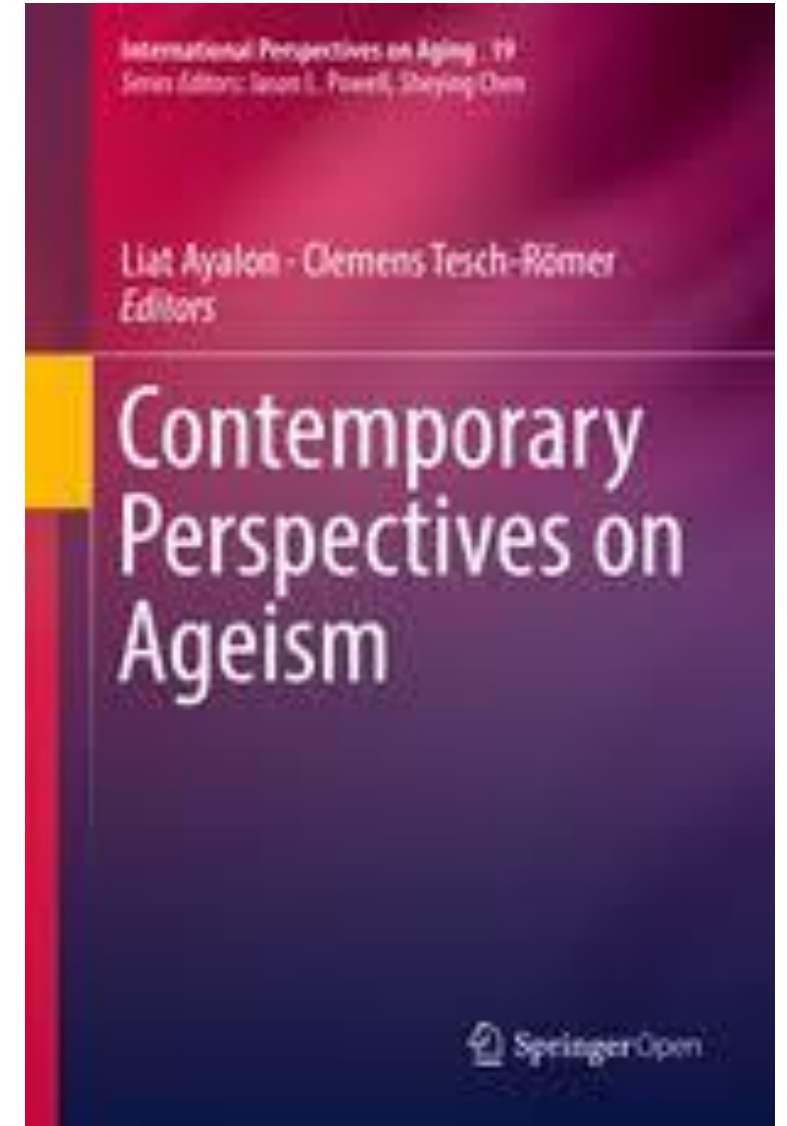


<https://www.iagg.info/>





COST ACTION on AGEISM





COST ACTION IS1409:

GENDER AND HEALTH IMPACTS OF POLICIES EXTENDING WORKING LIFE IN WESTERN COUNTRIES

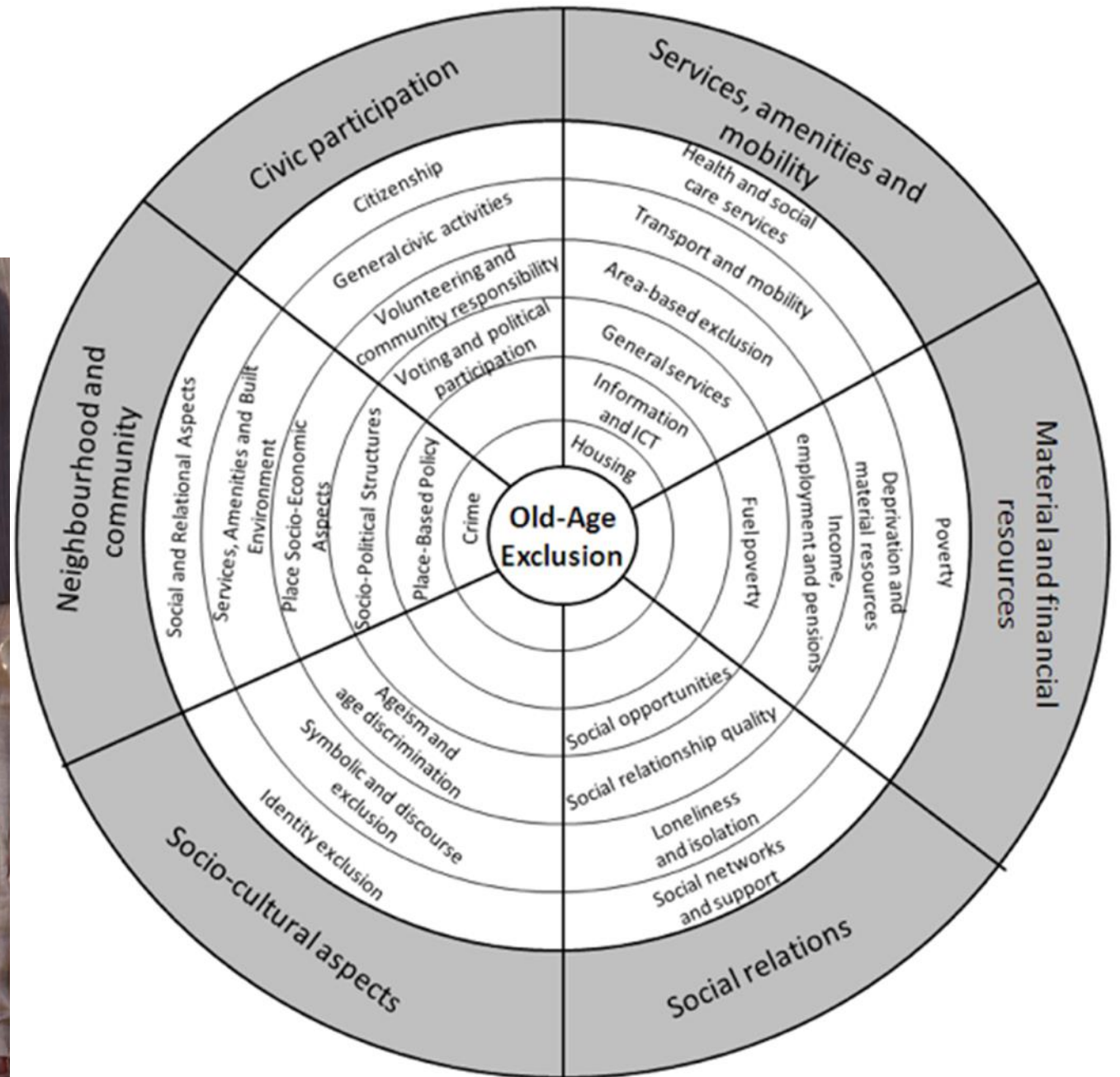
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WORKING GROUPS

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ROSEnet COST ACTION (CA 15122)

REDUCING OLD-AGE SOCIAL EXCLUSION:
COLLABORATIONS IN RESEARCH & POLICY



Source: Walsh, et al., 2017

Others



(Zaidi et al., 2013, UNECE/European Commission, 2015, p. 13).

"Active Ageing Index project. <http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home>"

Oxford Institute of Ageing

22 Jun 2018

[EAST Research Network Joint Workshop - 'Silver Economy in Central and Eastern Europe'](#)

01 Mar 2018

[Health, well-being and the growing challenge of chronic disease: the case of elderly Russians](#)

22 Jun 2017

[Joint workshop of the EAST Network "Growing Old in Central and Eastern Europe - The Challenges and the Opportunities" 22-24 June 2017](#)

18 May 2017

[Number of children, partnership status and later life depression in Eastern and Western Europe](#)

10 Jun 2016

[EAST Network 2016 Workshop: 'Long Term Care, Spatial Planning and Public Policy in Central and Eastern Europe'](#)

Why not a lot of activity?

- Paradox even the ageing research is present in many disciplines (sociology, demography, economics, psychology,...)
- Still high costs and not easy access
- Not enough recognition of CEE researchers on ageing research
- Not enough impact of such research on policy

Why not a lot of activity?

- Lack of data (longitudinal data)
- Lack of skills to analyze the data (advanced statistical methods)
- *Nevertheless, there is a great deal of research on aging in Russia, mainly focusing on biomedical and social aspects of aging. Most such research is based in the Central and Western regions, whereas the Siberian and Far East regions are underrepresented. There is also a lack of secondary databases and representative nationwide studies (Strizhitskaya, *The Gerontologist*, October 2016)*

Sum up – some thoughts

- Supporting ageing research not only by financial means
- Supporting financial mechanism (example of joint programmes, financing participation in seminars, in COST ACTION Training Schools)
- Supporting open access publications in recognized journals on ageing (via training and via workshops)
- Learning from others who carry such research how it could influence policy

Thank you for your attention!

jolanta.perek-bialas@uj.edu.pl



LONG-TERM CARE FOR OLDER PEOPLE
AND SOCIAL PENSIONS –
SUSTAINABLE OPTIONS FOR SERBIA
**THE ELDERLY AND SOCIAL PENSIONS
IN SERBIA – SUSTAINABLE OPTIONS**

Gordana Matković, CSP, FEFA

SERBIA 2017– *basic facts*

- Population: 7,020,858
- GDP per capita: 5,226 EUR
- Average net wage: 395 EUR
- Average pension: 197 EUR
- Unemployment rate: 14.1%
- Absolute poverty rate: 7.2%
- Relative poverty rate SILC (2016): 25.5%
- Social protection expenditure: 22% GDP

DEMOGRAPHIC TRENDS

- The Serbian population is in an advanced stage of population ageing, primarily as a result of long lasting fertility decline
- Serbia has been placed in the category of *aging countries and late reformers*, facing the greatest challenges, due to underdeveloped institutions and pronounced population ageing (World Bank, 2007)

DEMOGRAPHIC TRENDS

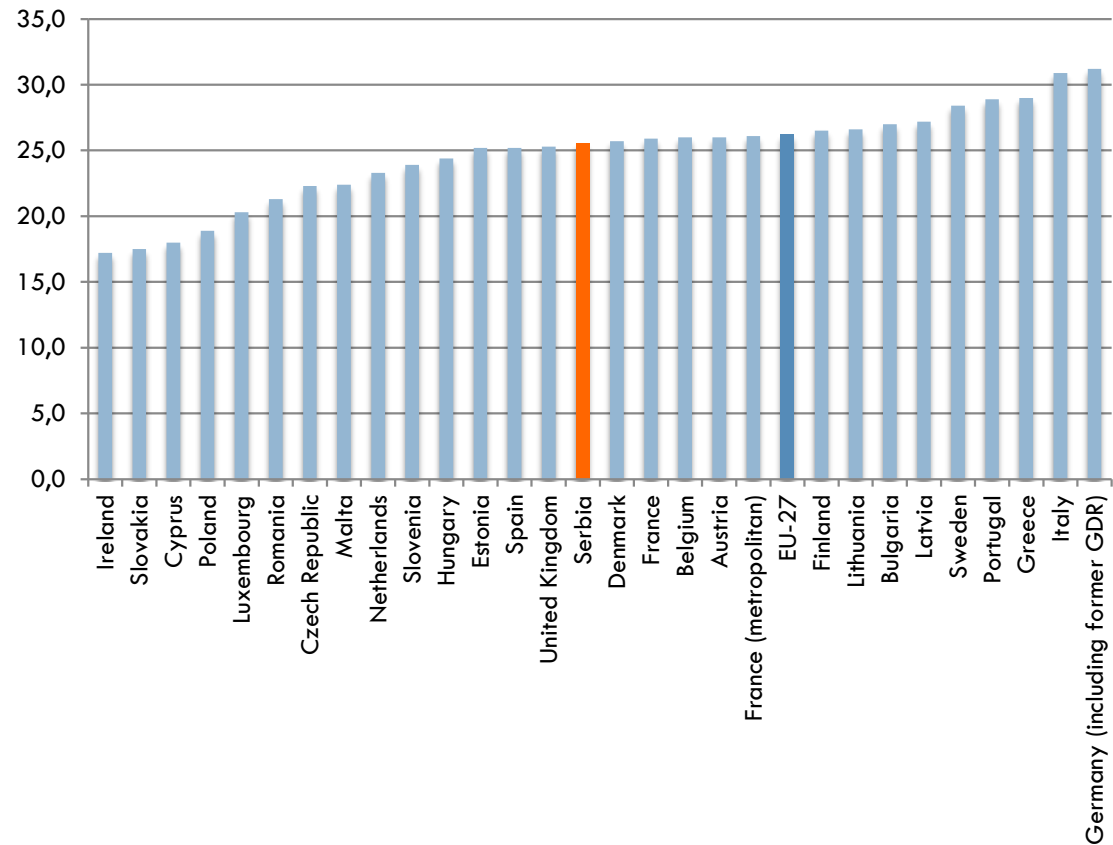
Even according to the overly optimistic “medium variant”, the ageing trend is pronounced

	2016	2040 (medium variant)
Number of inhabitants	7,058,322	6,816,430
TFR	1.5	1.7
Life expectancy at 65	15.7	...
Share of 65 +	19.2	24.0
Share of 80+	4.3	7.4
Old age dependency ratio	28.9	38.9

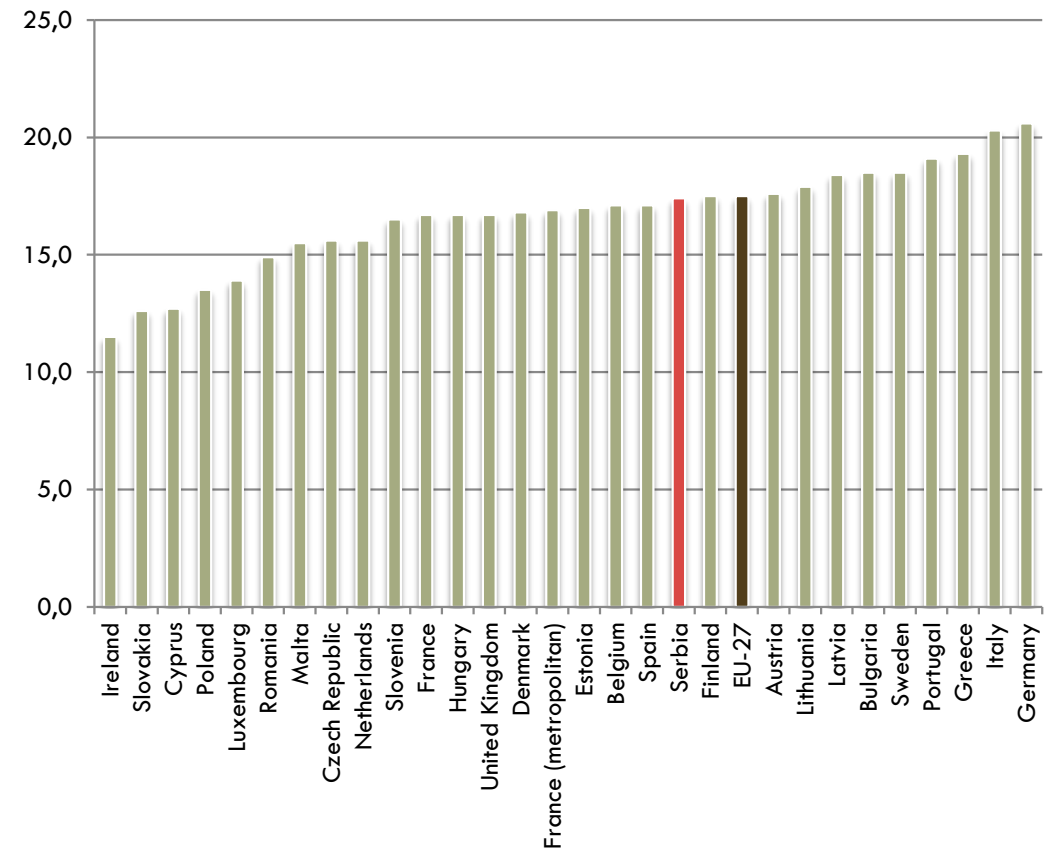
Source: Statistical Yearbook of the Republic of Serbia 2017.

EU CONTEXT

OLD AGE DEPENDENCY RATIO



SHARE OF 65+





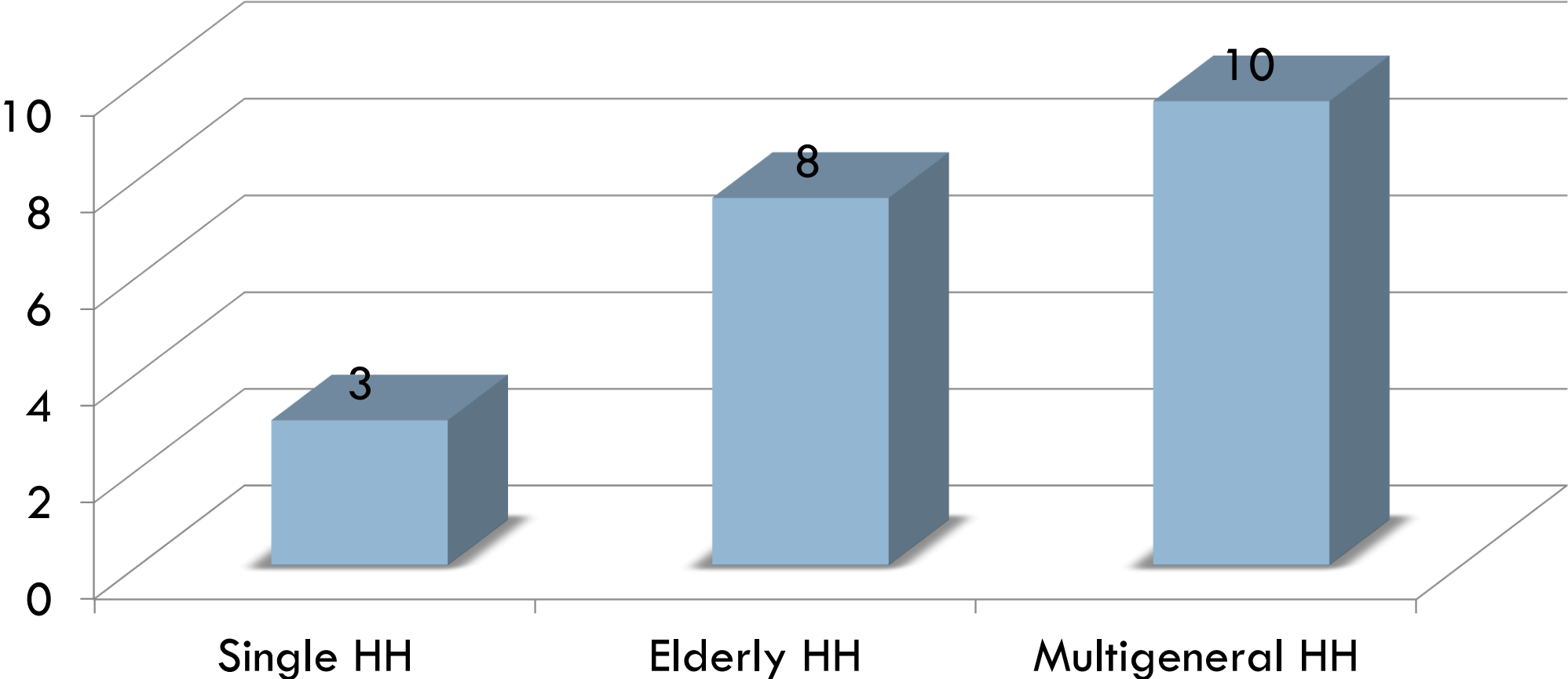
LONG-TERM CARE FOR THE ELDERLY

LTC NEEDS

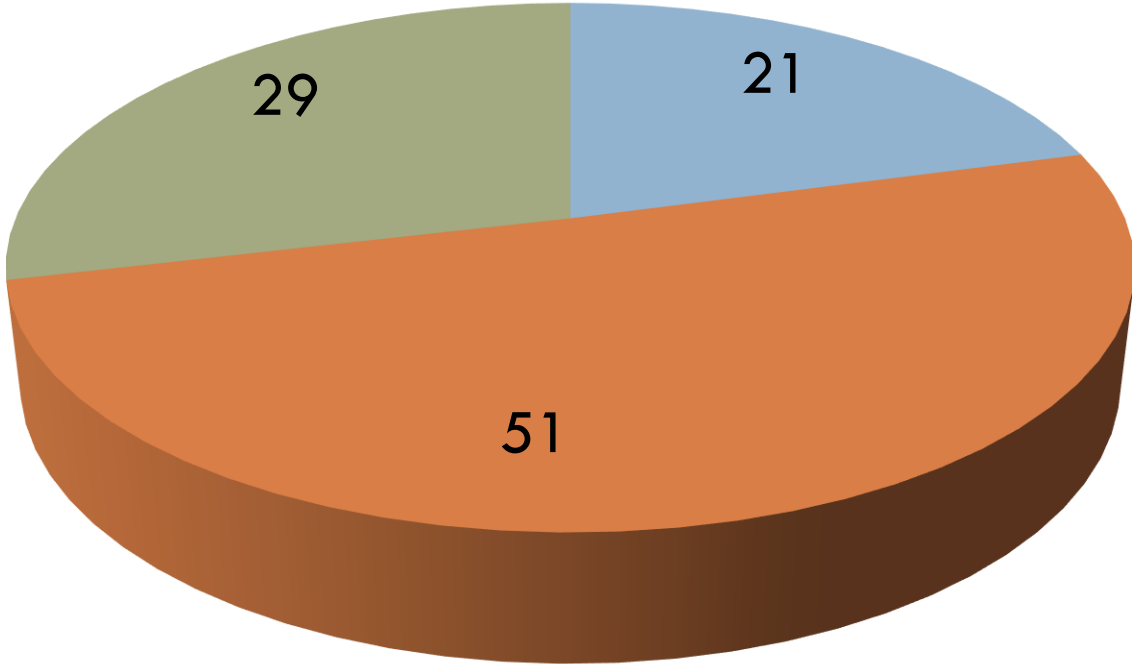
	65+	80+
Activities of Daily Living (ADLs):		
Personal hygiene	7.2	21.6
Transferring	6.6	19.3
Eating	11.0	28.2
Instrumental Activities of Daily Living (IADLs):		
Mobility	16.4	43.1
Housework	18.3	41.9
Managing medication	15.4	41.1
Communication skills	13.6	35.9

Source: Matković & Stanić (2014) IPSOS survey

ADLs NEEDS BY TYPE OF HH



LIVING ARRANGEMENTS OF THE ELDERLY



■ Single ■ Elderly HH ■ Multigenerational

THE ROLE OF THE FAMILY

- By tradition, elderly people in Serbia rely primarily on family support
- 78% of elderly rely mostly on their families
- Services for supporting family carers providing informal care to the elderly do not exist
- Relying on family care is not sustainable due to changes in family models and emigration

PUBLIC RESPONSE - LTC BENEFITS

BENEFITS

CASH

- LTC INSURANCE BENEFIT
- ATENDANCE ALLOWANCE

IN-KIND

- RESIDENTAL CARE
- HOME CARE SERVICES
- PALLIATIVE CARE & HOME NURSING CARE

PUBLIC EXPENDITURE AND BENEFICIARIES 2015

	% GDP	% 65+
Cash benefits	0.32	4.5
Residential care	0.08	0.5
Palliative health care	0.08	0.1
Home care CBS	0.02	1.1
TOTAL	0.50	6.2

GAP BETWEEN NEEDS AND BENEFITS

- According to the IPSOS survey, 80,000 of the elderly need support for ADL and almost 300 thousand need support for ADL or IADL
- Cash or in-kind benefits are provided for less than 90,000

GAP BETWEEN NEEDS AND BENEFITS

- A significant increase in public expenditures might be expected due to an increase in:
 - ▣ Number and share of elderly people
 - ▣ Life expectancy with activity limitations
 - ▣ Number and share of single elderly HH
 - ▣ Emigration flows both at local and national levels
 - ▣ The effect of emulating more developed countries, as well as the EU's pressure to adequately respond to the needs of the elderly
- According to the WB, public expenditure for LTC by 2050 in the region could amount to between 2 and 4% of GDP

FUTURE

- According to different scenarios LTC expenditures in 2041 would range from:
 - ▣ 0.26% GDP (based on RZS population projections, disability prevalence, take up and amount of cash benefit according to 2011 data, indexation by CPI, underdeveloped services)
 - ▣ 0.85% GDP (based on RZS population projections, disability prevalence according to 2011 data, 90% take up for all age groups from 2021, cash benefits indexed by GDP growth, combination of cash benefits and services)

KEY POLICY ISSUES

1. Fragmentation of the LTC system
2. Lack of linkages between cash and services, between health and social services
3. Palliative care does not exist
4. Underdeveloped CBS, lack of funds and capacities in many LGs
5. Adequacy of cash benefits
6. Awareness issues
7. Reliance on medical criteria

RECOMMENDATIONS

□ Financing:

- ▣ Health insurance – palliative care and CBS medical services
- ▣ ADL (cash or services) - national social welfare budget
- ▣ IADL (services) – beneficiary + national + local budget

Financing

Benefits Type of service	Residential Care	Cash benefit (Attendance allowance)	CBS
Health care (medical nurses)	Health insurance		Health insurance
Personal care ADL (nurses)	SW Budget (termination of cash benefit)	SW budget	Vaučeri (SW budget and LG)
IADL services (home help)	Beneficiary (means tested) + SW budget		Beneficiary (means tested) + SW budget and LG

RECOMMENDATIONS

□ Cash benefits

- ▣ Pension and disability insurance benefit? Options -eliminated or financed from a new contribution
- ▣ Several level of cash benefits related to the different support needed and according to functional criteria
- ▣ Beneficiaries - persons with disability not able to perform ADLs
- ▣ Highest LTC benefit set at the level of minimum wage

RECOMMENDATIONS

□ Services

- ▣ Residential institutions - last resort solution, under the mandate of both social and health sector
- ▣ CBS services (home help)
 - Earmarked transfers from national budget to LG
 - Co-financing (participation of beneficiaries)
 - Rules related to cash benefit beneficiaries simultaneously using CBS care services



SOCIAL PENSIONS

BACKGROUND

- Majority of the elderly are covered by social insurance pensions (old age, disability or survivor pensions)
- Approx. 10% (90,000) are not covered - they can apply for general financial social assistance (FSA) benefits
- Currently, the take up of FSA is low – only 10% of elderly with income below the threshold are entitled
- According to research (Matkovic & Petrovic, 2012), the main obstacle is possession of land (above one hectare)
- Additionally, lack of information and complicated administrative procedures are barriers as well

OPTIONS

1 *Universal social pension for each elderly person not covered by social insurance*

- Amount - below the level of the lowest social insurance pension (agricultural pension)
- Public expenditure between 0.8 % GDP (65+) and 0.6% GDP (70+)
- FSA Public expenditure – 0.33% GDP

OPTIONS

2 *Means tested social pension (module of FSA)*

- Take up 30%, higher equivalence scales (0.7 for second person in elderly HH)

Amount/threshold	Expenditure (% GDP)
Same as current FSA	0.08
Higher amount/threshold for 20%	0.10

OPTIONS

3 *Income tested social pension*

- Take up 100%, higher equivalence scales (0.7 for second person in elderly HH)

Amount/threshold	Expenditure (% GDP)
Same as current FSA	0.26
Higher amount/threshold for 20%	0.30