Ageing Research in Eastern Europe

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

Consultation
Vienna, 17 October 2018
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
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

**EU 15**
- Austria
- Belgium
- Denmark
- Finland
- France
- Germany
- Greece
- Ireland
- Italy
- Luxembourg
- Netherlands
- Portugal
- Spain
- Sweden
- United Kingdom

**EU 13**
- Bulgaria
- Croatia
- Cyprus
- Czechia
- Estonia
- Hungary
- Latvia
- Lithuania
- Malta
- Poland
- Romania
- Slovakja
- Slovenia

**South-Eastern European Countries**
- Albania*  
- Bosnia and Herzegovina**  
- Montenegro*  
- Serbia*  
- TFYR Macedonia*  
- Turkey*

*EU Candidate country
**Potential candidate country

**CIS+**
- Armenia
- Azerbaijan
- Belarus
- Georgia*ª
- Kazakhstan
- Kyrgyzstan
- Republic of Moldovaª
- Russian Federation
- Tajikistan
- Turkmenistan**
- Ukraine**ª
- Uzbekistan

* Withdrew in 2009
** Associate member
ª EU associated country
Population ageing in Eastern European countries.
Key word: Diversity
European Region of World Health Organization: % of population aged 65+ years, 2009

Source: WHO/Europe, European Health for All Database
Country ranking by percentage of population aged 60 or over years, 2015

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*

(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**

<table>
<thead>
<tr>
<th>Country</th>
<th>Participation in the 2007 review and appraisal of MIPAA (report submitted to UNECE)</th>
<th>Participation in the 2012 review and appraisal of MIPAA (report submitted to UNECE)</th>
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<th>National strategic documents on ageing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>BiH</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Under development</td>
</tr>
<tr>
<td>Montenegro</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Serbia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>National Strategy on Ageing 2006-2015</td>
</tr>
<tr>
<td>TFYR Macedonia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Turkey</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>The Current Situation of Elderly People and the National Plan of Action on Ageing, 2007</td>
</tr>
</tbody>
</table>
## Implementation of UNECE RIS/MIPAA and availability of national strategic documents on ageing in the CIS+ countries

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<tr>
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<th>Participation in the 2017 review and appraisal of MIPAA (report submitted to UNECE)</th>
<th>National strategic documents on ageing</th>
</tr>
</thead>
</table>
| Armenia         | Yes                                                                             | Yes                                                                             | Yes                                                                             | ❑ 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  
❐ Road Map for Mainstreaming Ageing (2011) |
| Azerbaijan      | Yes                                                                             | Yes                                                                             | Yes                                                                             | ❑ State Program on strengthening social protection of older citizens (2014-2020) |
| Belarus         | Yes                                                                             | Yes                                                                             | Yes                                                                             | No                                                                              |
| Georgia         | No                                                                              | No                                                                              | No                                                                              | ❑ 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

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<th>National strategic documents on ageing</th>
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</thead>
<tbody>
<tr>
<td>Moldova</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Programme on Mainstreaming Ageing in State Policy (2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Road Map for Mainstreaming Ageing (2012)</td>
</tr>
<tr>
<td>Russia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Strategy for Action to benefit older citizens of the Russian Federation (2016-2025)</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Ukraine</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>The strategy of the state policy on healthy and active longevity of the population for the period up to 2022</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
What are the research priorities of Eastern European countries presented in their national policy documents and reports on ageing?
<table>
<thead>
<tr>
<th>Research priority. Fields of study</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Population ageing. Demography</td>
<td>Azerbaijan; Moldova; Russia; Turkey; Ukraine</td>
</tr>
<tr>
<td>II. Health and social services</td>
<td>Armenia; Russia; Turkey; Ukraine</td>
</tr>
<tr>
<td>III(a). Assessment of needs of older persons</td>
<td>Armenia; Macedonia; Ukraine</td>
</tr>
<tr>
<td>III(b). Age-related diseases</td>
<td>Russia; Turkey; Ukraine</td>
</tr>
<tr>
<td>IV(a). Living/housing conditions</td>
<td>Moldova; Serbia</td>
</tr>
<tr>
<td>IV(b). Discrimination, neglect, violence and abuse</td>
<td>Serbia; Turkey</td>
</tr>
<tr>
<td>IV(c). Active ageing/active longevity</td>
<td>Belarus; Turkey</td>
</tr>
<tr>
<td>IV(d). Lifestyles of older people</td>
<td>Russia; Turkey</td>
</tr>
<tr>
<td>IV(e). Gender Aspects of Ageing</td>
<td>Armenia; Serbia</td>
</tr>
<tr>
<td>IV(f). Long-term care. Family care</td>
<td>Moldova; Ukraine</td>
</tr>
<tr>
<td>IV(g). Implementation, monitoring and evaluation of ageing related policies</td>
<td>Moldova; Turkey</td>
</tr>
</tbody>
</table>

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

- I. Physiological ageing and age-associated pathology
- II. Social and economic implications of population ageing
- III(a). Demography of ageing
- III(b). Exploring longevity
- IV(a). Quality of life of older persons
- IV(b). Screening, studying and testing geroprotectors
- IV(c). Molecular, cellular and genetic mechanisms of ageing
- IV(d). Ageing & care

RESEARCH PRIORITIES
**II. Social and economic implications of population ageing**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>The economic, financial and labour implications of the ageing of society</td>
</tr>
<tr>
<td>2.</td>
<td>Pension reform. Extending working life</td>
</tr>
<tr>
<td>3.</td>
<td>Health status of older persons, morbidity among older persons and their ability to work</td>
</tr>
<tr>
<td>4.</td>
<td>The impact of population ageing on the economy and social budgets</td>
</tr>
<tr>
<td>5.</td>
<td>Characteristics of behaviour of older consumers</td>
</tr>
<tr>
<td>6.</td>
<td>Provision of pension and determination of the age of retirement</td>
</tr>
<tr>
<td>7.</td>
<td>Actuarial studies</td>
</tr>
<tr>
<td>8.</td>
<td>Estimation of stability of the financial system under conditions of acceleration of the population ageing</td>
</tr>
<tr>
<td>9.</td>
<td>The impact of population ageing on economic growth</td>
</tr>
<tr>
<td>10.</td>
<td>Identifying opportunities for using the potential of older persons</td>
</tr>
<tr>
<td>11.</td>
<td>Economic activity of the population of pre-retirement and retirement age</td>
</tr>
<tr>
<td>12.</td>
<td>The role of older persons in the economic development of the country and the intergenerational connectivity</td>
</tr>
<tr>
<td>13.</td>
<td>Intergenerational relations, exchanges and contacts</td>
</tr>
</tbody>
</table>
(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
- ...

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(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
- ...

Straightforward:
- 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)

<table>
<thead>
<tr>
<th>Research priority. Fields of study</th>
<th>Country: Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Determining Moldova’s migration potential (people intending to leave) as well as the estimated number of migrants who are likely return home</td>
<td>Moldova: Road Map…</td>
</tr>
<tr>
<td>• Development and modernization of passenger and individual transport to ensure the convenience of its use by citizens of older generations</td>
<td>Russia: Strategy of action in the interests of citizens of the older generation in the Russian Federation until 2025</td>
</tr>
<tr>
<td>• Studies in developing countries for finding new and affordable treatment methods for prevailing diseases of older people</td>
<td>Turkey: The Situation of Elderly People in Turkey and National Plan of Action on Ageing. 2007</td>
</tr>
<tr>
<td>• Analysis of international experience in employment of citizens of pre-retirement age</td>
<td>Ukraine: Action plan on the implementation of the State Policy Strategy on Healthy and Active Longevity of the Population for the period up to 2022</td>
</tr>
<tr>
<td>• Determining factors of premature ageing, formulating proposals for prevention and rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

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

**Population**

<table>
<thead>
<tr>
<th>Year</th>
<th>Population 65+ (% of total population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002 - 2007</td>
<td>154.5 million (13.1%)</td>
</tr>
<tr>
<td>2007 - 2012</td>
<td>174.5 million (14.1%)</td>
</tr>
<tr>
<td>2012 - 2017</td>
<td>194.9 million (15.4%)</td>
</tr>
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</table>

**Life expectancy at 65**

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>15.2 years</td>
<td>16.2 years</td>
<td>17.1 years</td>
</tr>
<tr>
<td>Women</td>
<td>18.4</td>
<td>19.2</td>
<td>20.0</td>
</tr>
</tbody>
</table>

**Life expectancy at birth**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Men</td>
<td>71.2 years</td>
<td>72.7 years</td>
<td>74.4 years</td>
</tr>
<tr>
<td>Women</td>
<td>78.2</td>
<td>79.4</td>
<td>80.5</td>
</tr>
</tbody>
</table>

**Factors affecting population and life expectancy**

- High economic growth
- Rising labour market participation
- Declining unemployment
- Financial crisis
- Economic, social and political instability
- Uneven recovery from the global economic crisis
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

- Longer working live 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

Recognize the potential of older persons
Encourage longer working life and ability to work
Ensure ageing with dignity
“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

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

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

Active Ageing Index – monitoring tool / framework for policy

https://statswiki.unece.org/display/AAI/Active+Ageing+Index+Home
<table>
<thead>
<tr>
<th>POPULATION</th>
</tr>
</thead>
</table>

**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)*
POPULATION

Building evidence base

Generations and Gender Programme*
Georgia and the Russian Federation (GGS 2000)
Belarus & Kazakhstan (GGS 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/
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
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, 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

Ageism is the stereotypical construction of old age
COST ACTION IS1409:
GENDER AND HEALTH IMPACTS OF POLICIES
EXTENDING WORKING LIFE IN WESTERN COUNTRIES
Source: Walsh, et al., 2017
Others

Active Ageing Index
The Active Ageing Index (AAI) is a tool to measure the untapped potential of older people for active and healthy aging 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 to actively age.

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

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

LONG-TERM CARE FOR THE ELDERLY
## LTC NEEDS

<table>
<thead>
<tr>
<th>Activities of Daily Living (ADLs:)</th>
<th>65+</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal hygiene</td>
<td>7.2</td>
<td>21.6</td>
</tr>
<tr>
<td>Transferring</td>
<td>6.6</td>
<td>19.3</td>
</tr>
<tr>
<td>Eating</td>
<td>11.0</td>
<td>28.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instrumental Activities of Daily Living (IADLs):</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>16.4</td>
<td>43.1</td>
</tr>
<tr>
<td>Housework</td>
<td>18.3</td>
<td>41.9</td>
</tr>
<tr>
<td>Managing medication</td>
<td>15.4</td>
<td>41.1</td>
</tr>
<tr>
<td>Communication skills</td>
<td>13.6</td>
<td>35.9</td>
</tr>
</tbody>
</table>

*Source: Matković & Stanić (2014) IPSOS survey*
ADLs NEEDS BY TYPE OF HH

- Single HH: 3
- Elderly HH: 8
- Multigenerational HH: 10
LIVING ARRANGEMENTS OF THE ELDERLY

- Single: 29
- Elderly HH: 51
- Multigenerational: 21

Legend:
- Single
- Elderly HH
- Multigenerational
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
• RESIDENTIAL CARE
• HOME CARE SERVICES
• PALLIATIVE CARE & HOME NURSING CARE
## PUBLIC EXPENDITURE AND BENEFICIARIES 2015

<table>
<thead>
<tr>
<th>Service</th>
<th>% GDP</th>
<th>% 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash benefits</td>
<td>0.32</td>
<td>4.5</td>
</tr>
<tr>
<td>Residential care</td>
<td>0.08</td>
<td>0.5</td>
</tr>
<tr>
<td>Palliative health care</td>
<td>0.08</td>
<td>0.1</td>
</tr>
<tr>
<td>Home care CBS</td>
<td>0.02</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>0.50</td>
<td>6.2</td>
</tr>
</tbody>
</table>
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.
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.
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

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Benefits</th>
<th>Residential Care</th>
<th>Cash benefit (Attendance allowance)</th>
<th>CBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care (medical nurses)</td>
<td>Health insurance</td>
<td></td>
<td></td>
<td>Health insurance</td>
</tr>
<tr>
<td>Pesronal care ADL (nurses)</td>
<td>SW Budget (termination of cash benefit)</td>
<td></td>
<td>SW budget</td>
<td>Vaučeri (SW budget and LG)</td>
</tr>
<tr>
<td>IADL services (home hepl)</td>
<td>Beneficiary (means tested) + SW budget</td>
<td></td>
<td></td>
<td>Beneficiary (means tested) + SW budget and LG</td>
</tr>
</tbody>
</table>
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
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
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
2 Means tested social pension (module of FSA)

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

<table>
<thead>
<tr>
<th>Amount/threshold</th>
<th>Expenditure (% GDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as current FSA</td>
<td>0.08</td>
</tr>
<tr>
<td>Higher amount/threshold for 20%</td>
<td>0.10</td>
</tr>
</tbody>
</table>
3 *Income tested social pension*

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

<table>
<thead>
<tr>
<th>Amount/threshold</th>
<th>Expenditure (% GDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as current FSA</td>
<td>0.26</td>
</tr>
<tr>
<td>Higher amount/threshold for 20%</td>
<td>0.30</td>
</tr>
</tbody>
</table>