

Social Policy in the CIS+ Countries: the Area of Ageing

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1. Introduction

This article attempts to reveal the major features of social policy in the CIS+ countries¹ and identify available, prevailing policy approaches, including policy innovations. The policy area of ageing has been chosen for a focused exploration. More detailed attention is paid to the Russian Federation and Ukraine, including drawing the examples of policy actions. These two countries have been chosen within the CIS+ grouping for several reasons: they are among the most advanced CIS+ countries in terms of demographic ageing; they possess a relatively developed national capacity on ageing; and the issues of ageing, including policy responses, in these countries have received a rather extensive coverage in both scientific and popular publications.

The article begins with a *contextual* outline of social policy in the CIS+ countries, including demographic characteristics related to population ageing, some pertinent parameters of the ex-soviet societies, and a brief overview of social policy process since the collapse of the Soviet Union. In the following section, policy *content* in the area of ageing is described within the framework of the UNECE Regional Implementation Strategy for the Madrid International Plan of Action on Ageing. The article concludes with the analysis of major features of policy actions on ageing in the recent ten years and strives to mark the unique, if innovative, approaches, as well as to suggest the issues for research exploration. The main conclusion of the article is that the innovations related to social policy in the CIS+ countries should be explored at the grass-root level of individual, family and community, which are adjusting to the difficulties of the ongoing societal transition.

2. Policy on ageing in the CIS+ countries: context

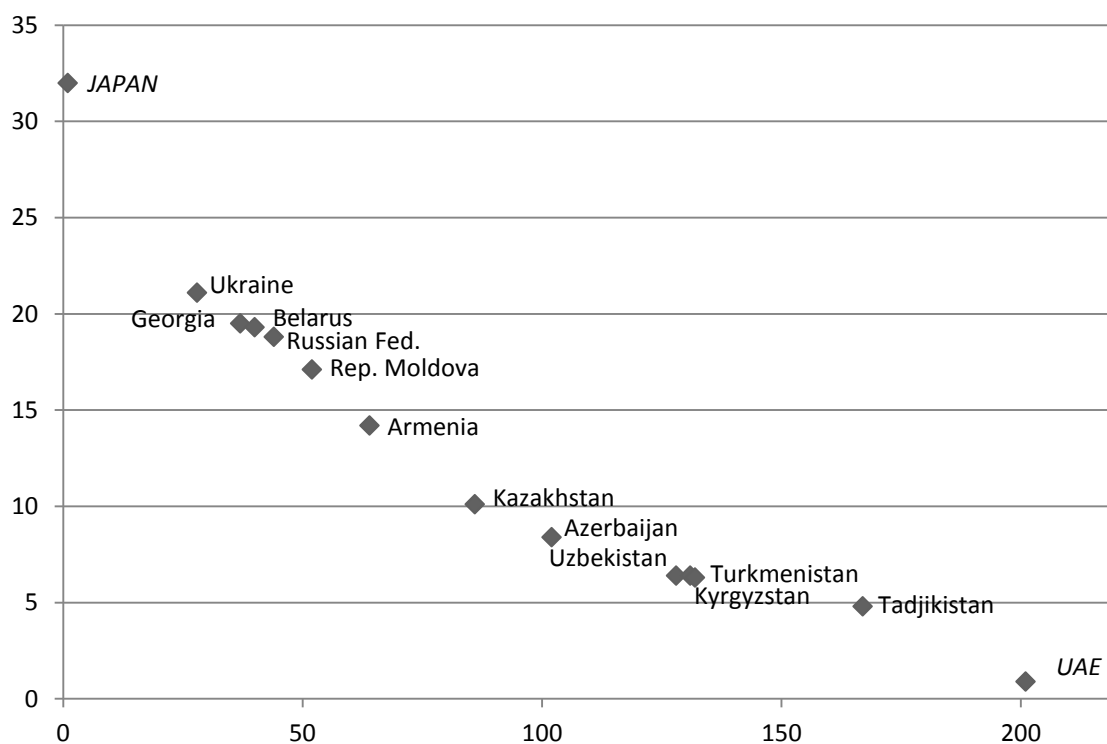
The obvious characteristic of the CIS alliance is its diversity, most prominently cultural, which has survived in many CIS+ countries several centuries of “homogenization” within the Russian empire and particularly the decades of creating “a new civic identity of soviet people” in the USSR.

¹ The Commonwealth of Independent States (CIS) initially included 12 countries of the former Soviet Union. Georgia left the grouping in 2006; thus an acronym CIS+ refers to the 11 countries currently forming the grouping *plus* Georgia.

2.1 Demographic ageing

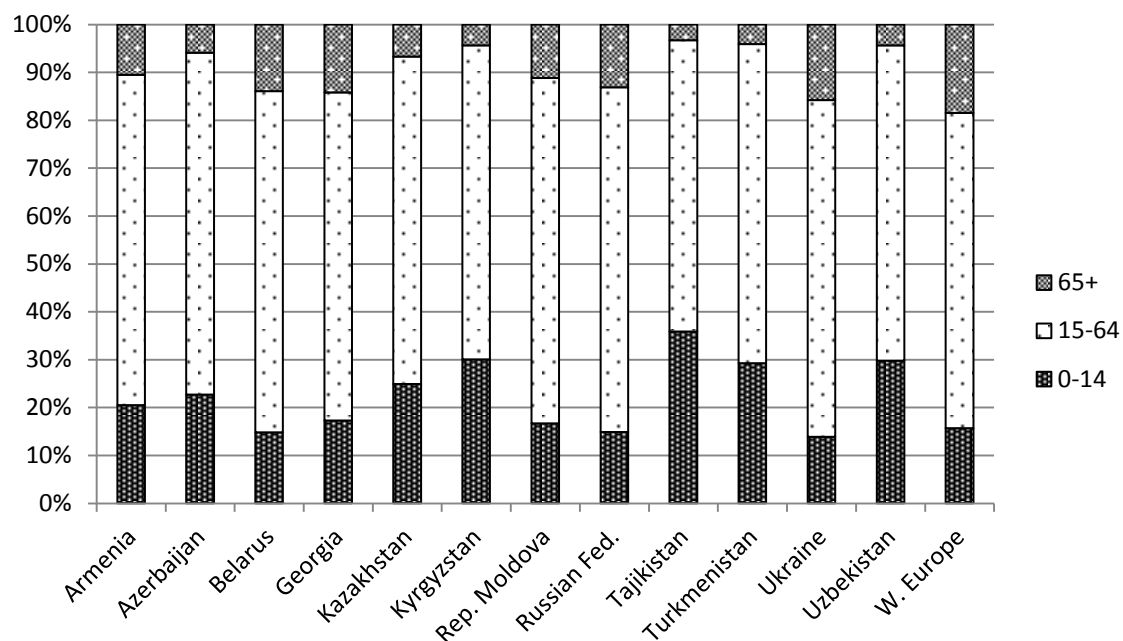
The diversity is clearly seen in the demographic characteristics of the eleven countries of the alliance plus Georgia. Concerning population ageing, the CIS+ countries belong to

Figure 1 Ranking CIS+ countries by percentage of population aged 60 or over years, 2013



Source: World Population Ageing 2013, United Nations, New York, 2013

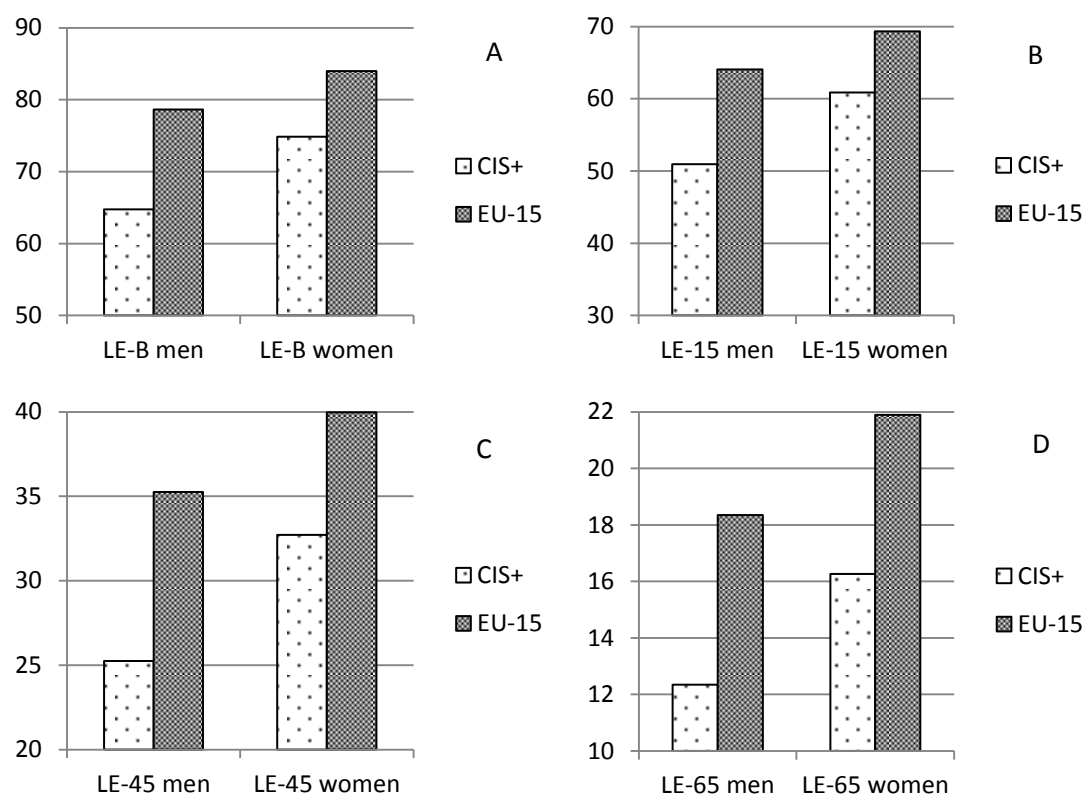
Figure 2 Age structure of population in CIS+ and Western European Countries, 2010



Note: W. (Western) Europe: Austria, Belgium, France, Germany, Liechtenstein*, Luxembourg, Monaco*, Netherlands, Switzerland* (* - non-EU member)

Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2012 Revision, <http://esa.un.org/unpd/wpp/index.htm>

Figure 3 Life expectancy at birth (A); 15 (B); 45 (C); and 65 (D) years of age in CIS+ and EU-15* countries, 2010



Note. EU-15 – countries, which joined the European Union before May 2004: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxemburg, the Netherlands, Portugal, Spain, Sweden, United Kingdom.

Source: WHO Regional Office for Europe, European health for all database (HFA-DB)

Updated: July 2013

http://data.euro.who.int/hfadbf/shell_en.html

Demographic transition in several CIS+ countries, including Belarus, Kazakhstan, the Republic of Moldova, the Russian Federation and Ukraine, has had the features of an “accelerated ageing”, caused, in addition to low fertility, by an increased mortality and outmigration among the younger cohorts of “economically active population” [2]. In addition to population ageing, the major demographic concerns in some CIS+ countries include depopulation, outmigration, and high mortality, particularly among the “working age” population (15-65 years of age). It should be noted that the life expectancy in the Russian Federation, as well as in many other CIS+ countries, has substantially increased in 2004-2010; however the sustainability of this increase remains uncertain [3].

2.2 Ongoing transition

In spite of the mentioned diversity, the CIS+ countries share many common features in the structure and functions of their societies. Notwithstanding national specifics, many of these features can be attributed to the mutual ex-soviet legacy. A brief overview of the societal features in the CIS+ countries, which can be most powerful in impacting the social policy process, is given below.

In most general terms, the societal context in the CIS+ countries can be described as an *incomplete transition* [4, 5] from the centrally planned economies and totalitarian political regimes to a seemingly market economy and a declared democracy. While the starting point of the transition is well known, the point(s) of destination, particularly in political sphere, is vague, controversial and sometimes unpredictable. The volatile state of the political climate in the CIS+ countries can be illustrated by the recent developments in Ukraine where the earlier asserted course aimed at establishing an association with the European Union was abruptly reversed and redirected towards a closer connection to the Custom Union². An aggravated pressure of the global financial and economic crisis, which has been felt in many CIS+ countries, can be attributed at least in part to the unfinished process of transition to a market economy and persistent economic and political uncertainties.

One of the common political and social features of the CIS+ countries is *low legitimacy of political institutions*, which often leads to *political alienation* of citizens. The power struggle between and within the political “elite groups” in seeking the political rent has dominated the public life in many ex-soviet states at practically every governance level – from central to regional local (municipal). As a consequence, the political institutions are often failing to be engaged in elaborating the strategic approaches for transition to a post-soviet society, while the electoral promises are not being fulfilled. The political situation in Ukraine is quite illustrative of these features [6], which have been accentuated during the current political crisis in the country.

Post-soviet societies often remain the object of social manipulation by the intrinsic and extrinsic political powers; the process of transformation of people into the subjects of social and political life and their involvement into the state building and state governing has been slow. Combined with the widespread *corruption*, these have led to societal fragmentation, moral deregulation and even *anomie* [6, 7, 8, 9].

In spite of the prevailing conditions of social disengagement, the unaddressed roots of societal grievances have prompted political awakening and even political unrest in some

² The Custom Union consists of the three CIS countries: Belarus, Kazakhstan and the Russian Federation, with the latter country playing a central role in this trade and economic grouping.

CIS+ countries. The most prominent cases include the Georgia's Rose Revolution (2003); the Ukrainian Orange Revolution (2004); the Kyrgyz Tulip Revolutions (2005 and 2010); the Russian protests in 2011-2013, and the ongoing Euromaidan movement in Ukraine.

2.3 Social policy in transition

The social policy processes in the CIS+ countries also have their specific features, which might be attributed to the incomplete societal transition. The CIS+ states have been slow in developing the strategic frameworks and principal approaches in the social sphere. Since 1990-s, the social policy in the CIS+ countries has been focusing on the neutralization of already existing or newly emerged social tensions in the society [8], thus promoting "*a palliative form of social policy as remedial action against the adverse social effects of economic policies aimed at stabilization and adjustment, or at market-led growth*" [41]. Protracted and incomplete *ad hoc* policy responses have been associated with the lack of consistency and continuity. On some occasions a new controversial, often *populist*, legislation is introduced during the election campaigns and later abandon. Quite often the new regulations contradict earlier adopted norms, and/or they lack budgetary provisions [8, 9]. Enduring changes in the social and medical services are often difficult to follow not only by clients, including older persons, but also by the medical and social workers, which elicits resistance to reforms [8]. Another important reason of public resistance to social policy reforms is the lack of confidence by citizens caused, as noted above, by low legitimacy of political and government institutions. The widely spread public distrust also jeopardizes social contract and social cohesion and makes problematic an introduction of social policy innovations.

The societal transition in the CIS+ countries has been accompanied by the diminishing role of *welfare state*. Liberalization of social welfare provision along with gradual withdrawal of state [10] has not been compensated by measures supporting the emergence of civil society and the engagement of private sector, consequently inducing a *social welfare gap*. Meanwhile, the predominance of state sector in the provision of social services persists. Notable exceptions can be found in few CIS+ countries, particularly in Armenia, where the government has commissioned various social services, including long-term care, to several NGOs [11]. In the Russian Federation, a newly adopted federal law on the bases of social services of citizens in the Russian Federation identifies, along with the state organizations, the non-state organizations and private providers of social services [43].

The post-transitional welfare state has been emerging very slowly owing also to an excessive reliance of citizens on the state provision of social support which has remained a fundamental premise since soviet time. Paternalistic strategies of the state and its institutions in governing social and particularly medical services still prevail in the CIS+ countries thus protracting "social passivity" of their citizens, particularly older persons [10]. Predominance of state in social services perpetuates dependency as it is focusing on assistance while ignoring the approaches aimed at stimulating self-help, self-reliance and self-organization. Transition from universal social welfare coverage to a targeted provision has been declared but hardly accomplished owing to resistance of and abuse by both professional providers (social workers) and clients [10].

Participation of general public in social policy processes, and particularly in the evaluation of proposed legislative initiatives, is rare and very often limited to the involvement of preexisting state institutions or *ad hoc* advisory entities. As a result, an *inflicted consensus* is often being installed from a political top with very limited if any

reciprocal exchange within the broader society. Very often the threat of “broken stability” is at play for limiting the broader public engagement. Other major obstacles in enhancing the bottom-up involvement of people in social policy process are the above noted passivity of citizens and their distrust in state institutions [10, 12].

The emergence of civil society in the ex-soviet countries has been controversial. After the collapse of the USSR, the diminishing role of state in provision of social welfare has been accompanied by fading the quasi non-governmental organizations. Several of those NGOs have survived while the new NGOs have emerged, including in the area of ageing, some of them with the technical and financial support from abroad, which later prompted by some states, including the Russian Federation, to adopt legislation restricting the functioning of such NGOs delineated as “foreign agents” [13]. Ironically, about 16% of budgetary resources of the Russian NGOs in 2013 were still coming from foreign donors; that was the second largest, after private donations (18.5%), source of financing the NGO operations [14].

2.4 Ageing domain of social policy

The ageing domain occupies the most prominent place in the social policy of the CIS+ countries. The central premise of the soviet welfare system “*assistance for older – education for younger*” still persists [8]. During the soviet time, old age pensions and homes for the elderly were the two major social welfare provisions; they have been complemented by social services after the collapse of the Soviet Union.

An *industrial achievement-performance model* [15] was central in the soviet welfare system. In accordance with this still prevailing in the CIS+ countries’ meritocratic model an old age pension is viewed as a reward provided by state in recognition of individual efforts, and not as a result of accumulated funds based on intergenerational consensus [8]. The ex-soviet welfare system has been partly modified during the years of transition by adding the elements of a *residual welfare model* [15] to compensate for a diminishing value of old age pension through an intricate system of numerous benefits. The most significant changes to pension systems have been an introduction, in addition to a basic social safety-net pension (PAYG), of the complimentary notional defined (mandatory, earning-related, funded) component in Kyrgyzstan and the Russian Federation and/or other voluntary occupational and personal funded pension plans [16,17].

The post-soviet inter-generational relations, including inter-generational agreement on pensions, are based on principles of *duties and traditions*, while the clear economic conditions of inter-generational consensus are going by default [8]. Moreover, owing to a big non-regular (“grey”) segment of labour market a significant portion of salary – about 50% in the Russian Federation [19] – is not declared and therefore not taxed. As mentioned above, the total life expectancy, and particularly life expectancy of men of “productive age”, in the majority of the CIS+ countries remains low. All these factors make pension reform a daunting task from both economic and psychosocial perspective.

Another important legacy of soviet time is the *medicalized* view of ageing, which dominates policy approaches. Medical understanding of functionality is fixed in legislation of the CIS+ countries, including the Russian Federation and Ukraine. Identification of ageing as morbidity promotes “*patientization*” of ageing, transformation it into “medical satellite” [18]. Medicalization of ageing leads to shifting the social and medical policies from health to disease, and, as a result, from preventive (health protection) to mostly curative approach. As pointed by Smolkin,

“ageing (in the Russian Federation) has been appropriated and simultaneously marginalized by medicine” [18].

One should also mention distinctive semantics, and corresponding vision, of ageing in the CIS+ countries. As an example, the broadly accepted and vigorously promoted in the West notion of *active ageing* [20] in the CIS+ countries may trigger a negative connotation of *accelerated ageing* at both individual and population level; *active longevity* term has been in use instead [2]. Two more examples of the CIS+ regional semantics related to ageing: the age beyond the retirement is often referred to as “age of working incapacity”, and people over the age of retirement as people “over the working age”, or “persons of post-working age” [21, 22].

3. Policy on ageing: content

To review policy actions on ageing in the CIS+ countries a process of implementing the UN ECE Regional Implementation Strategy (UNECE RIS) for MIPAA [42] was chosen in this article, with a corresponding time length from 2002 to 2012. The major sources of information used for reviewing the national policies on ageing were the national reports submitted by the governments of the CIS+ countries during the two exercises aimed at reviewing and appraising the implementation of RIS/MIPAA in 2007 and 2012 [24]. Within the first review and appraisal exercise, six CIS countries submitted their national implementation reports: Armenia, Azerbaijan, Belarus, the Republic of Moldova, the Russian Federation, and Uzbekistan; and seven CIS countries submitted their reports for the second review and appraisal cycle: Armenia, Azerbaijan, Belarus, the Republic of Moldova, the Russian Federation, Tajikistan, and Ukraine. Two aspects of national actions on ageing will be reviewed below: the content of policy documents and the major approaches of the policy process as related to implementing the UNECE RIS/MIPAA.

3.1 Policy documents on ageing

In spite of demographic diversity, almost all governments of the CIS+ countries consider population ageing an important policy issue [23]. During the first ten years after the Second World Assembly on Ageing (Madrid, 2002) policy measures in all the reporting CIS+ countries had focused on various *sectoral* policies and programmes on ageing and older persons. Several principal areas of policy action can be identified in the CIS+ countries on the basis of self-reporting information of governments (Table 1). Three policy areas were mentioned by the largest number of governments in 2007 and 2012 together: (1) *social protection/income security*; (2) *social services*; and (3) *health and medical care*. These three principal areas were followed, in descending order, by the following ones: (4) *integration and participation in societal life*; (5) *rights of older persons, including anti-age discrimination measures*; (6) *social care, including long-term care*; (7) *labour market measures*; and (8) *intergenerational cohesion (solidarity)*.

Similar areas (i.e., issues) of policy action on ageing, albeit in somewhat different order, were revealed for the *entire UN ECE region* during the 2013 review of the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD) [25]. The preferred “*ICPD issues regarding ageing and/or the needs of older persons*” are presented in table 2.

Besides pursuing sectoral policies, few CIS+ countries have adopted and/or been implementing national *strategic* documents on ageing and older persons. The

government of Azerbaijan since 2006 has been implementing the *State Programme for Enhancing the Social Protection of Older Citizens*, which addresses, along with social protection, the issues of participation of older persons in society, as well as other pertinent issues [26]. The Government of Armenia in 2012 approved the *2012-2016 Strategy and Action Plan for Addressing Problems Emerging from the Consequences of Population Ageing, for the Social Protection of Elderly People* [11]. In the Russian Federation, a Federal Programme “Older Generation” had been implemented in 1999-2004 [27]; the Programme however

Table 1 Principal areas of policy action on ageing in the CIS+ countries, 2007, 2012

Principal Area of Policy Action	2007		2012	
	Number of Countries	Countries	Number of Countries	Countries
Social protection/income security	6	Armenia, Azerbaijan, Belarus, Rep. Moldova, Russian Fed., Uzbekistan	7	Armenia, Azerbaijan, Belarus, Rep. Moldova, Russian Fed., Tajikistan, Ukraine
Social services	5	Azerbaijan, Belarus, Rep. Moldova, Russian Fed., Uzbekistan	7	Armenia, Azerbaijan, Belarus, Rep. Moldova, Russian Fed., Tajikistan, Ukraine
Health and medical care	5	Armenia, Belarus, Azerbaijan, Rep. Moldova, Russian Fed.	6	Armenia, Azerbaijan, Belarus, Rep. Moldova, Russian Fed., Ukraine
Integration and participation in societal life	5	Armenia, Azerbaijan, Belarus, Rep. Moldova, Russian Fed.	4	Armenia, Azerbaijan, Belarus, Russian Fed.
Rights of older persons/anti-age discrimination	4	Azerbaijan, Rep. Moldova, Russian Fed., Uzbekistan	3	Armenia, Rep. Moldova, Ukraine
Social care, including long-term care	2	Armenia, Russian Fed.	5	Armenia, Azerbaijan, Rep. Moldova, Tajikistan, Ukraine
Labour market measures	3	Belarus; Rep. Moldova; Russian Fed.	4	Armenia, Belarus, Russian Fed., Rep. Moldova
Intergenerational cohesion (solidarity)	2	Rep. Moldova, Uzbekistan	3	Belarus, Russian Fed., Rep. Moldova

Source: National reports on implementation of the UNECE RIS/MIPAA in 2007 and 2012. <http://www.unece.org/population-unit/areas-of-work/ageing/ageing/mipaa-ris/country-reports.html>

Table 2 The order of ICPD issues regarding ageing and/or the needs of older persons chosen by the governments of the UNECE region for policy action, 2013

ICPD issues regarding ageing and/or the needs of older persons	Number of countries, which addressed issue in any existing policy/programme/strategy or through an institutional entity
Providing social services including long-term care	38
Collecting age- and sex-disaggregated data on the socioeconomic status and living conditions of older persons	36
Enabling older persons to live independently as long as possible	35
Extending or improving old-age allowances/pensions and/or other income support schemes for older persons, including non-contributory pensions	34
Providing affordable, appropriate and accessible health care to meet the needs of older persons	33
Promoting employment opportunities for older workers	30
Providing support to families caring for older persons	30
Enabling older persons to make full use of their skills and abilities	29
Addressing neglect, abuse and violence against older persons	28
Instituting concrete procedures and mechanisms for older persons to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives	28
Preventing discrimination against older persons, especially widows	22

Source: UNECE Regional Report ICPD Beyond 2014: The UNECE Region's Perspective. United Nations, New York and Geneva, 2013.

<http://www.unece.org/index.php?id=34421>

has not been renewed after its completion, neither a new strategic policy document on ageing has since been introduced.

A special type of national strategic documents on ageing – a Road Map for Mainstreaming Ageing – has been developed in 2011 in Armenia [28] and in 2012 in the Republic of Moldova [29]. The Road Maps intend to assist countries in translating the international policy framework of MIPAA and UNECE RIS/MIPAA into national actions on ageing. The two Road Maps contain action plans for their implementation; however both action plans lack specific budgetary allocations.

In many CIS+ countries, in addition to sectoral policy documents on ageing and rare national strategies on ageing, the issues of ageing and older persons are incorporated in various strategic documents not specifically dedicated to ageing issues. For instance, in Ukraine the issues of ageing are addressed to various degrees in the *Strategy of Demographic Development of Ukraine until 2015*, where one of the five main tasks is to *overcome the negative consequences of population ageing* [30]. Another document, the *Programme of the Ukrainian Economic Reform for 2010-2014* envisages, *inter alia*, the reform of the pension system; the development of life-long education; and the reform of the social support system [31].

In the Russian Federation, the issues of ageing are addressed in several national strategic “non-ageing” policy documents. The *Concept of the Demographic Policy of the Russian Federation for the Period up to 2025* (adopted in 2007) among its targets includes the increase in life expectancy by 2015 to 70 years and by 2025 – to 75 years [32]. The *Concept of Long-Term Social and Economic Development of the Russian Federation for the Period up to 2020* proclaims the task of transition to a socially-oriented economic development and, among other issues, tackles social security (predominantly pensions) and social services for older persons, as well as life-long education [33].

It is worth noting that in several CIS+ countries population ageing is considered an issue of or even a threat to “national security” rather than a potential opportunity and priority for national development. This notion is reflected even in the titles of the *National Programme of Demographic Security of the Republic of Belarus for 2011-2015* [34] and the *National Strategic Programme on Demographic Security of the Republic of Moldova (2011-2025)* [35].

Negative images of ageing and stereotypes of older persons prevail in the CIS+ countries, where older people are frequently seen as the cause of problems facing the region [36]. The negative images of ageing persist in society [37], in media, and even in scientific discourse [9], thus indirectly prompting policy measures, which perpetuate isolation of older persons and marginalization of ageing issues in policy process.

3.1 Policy actions

An evidence informed approach to social policies on ageing is difficult to detect even in those CIS+ countries, which have a developed scientific infrastructure and therefore are more advanced in terms of research on ageing, such as the Russian Federation and Ukraine. Nevertheless, even in these two countries a significant gap between research and policy does exist, thus an evidence foundation of policy and particularly an *ex ante* impact assessment of proposed policy measures is often missing [9]. In the majority of the CIS+ countries the research infrastructure on ageing remains underdeveloped, which

again reflects the legacy of the soviet time when the research capacity of the USSR was concentrated in a few metropolises.

Another important component of the policy process on ageing, which is a rare find in the CIS+ countries, is the participation of older persons in policy elaboration and implementation. As noted in one study, “...*older people have not been consulted or involved in programmes dealing with the side effects of transition, even though they have been disproportionately affected by measures such as reduced subsidies*” [36]. Political power does not consider older persons as equal participants and partners in policy process and, more generally, the state does not carry a dialogue with a society [9].

Perhaps the main obstacle in the policy process on ageing, as well as in other social policy areas in the CIS+ countries, is failure to implement the already elaborated and agreed policy documents, including those approved by legislature. Among the major causes of noncompliance are the intrinsic deficiencies of the policy process itself, the political impediments, and the financial restraints. The intrinsic deficiencies of policy process are related to the lack of mechanisms of implementation, monitoring and evaluation [9]. The major political impediments are caused by political instability and frequent government reshuffling in several CIS+ countries. A short electoral cycle prompts government to refrain from implementing longer-term measures particularly as at earlier stages of implementation these measures can have negative repercussions in the society and thus affect electoral outcome. Consequently the unpopular measures are delayed and/or substituted by “cosmetic” measures. Financial restrains are often closely related to political impediments: populist promises made during election campaigns are not fulfilled owing to insufficient resources or to relocation of limited resources to the newly designated priorities.

Thus it appears that the main obstacles in developing and implementing appropriate policy responses to challenges and opportunities of population and individual ageing in the CIS+ countries are, first, *political constraints*, and, second, *insufficient national capacity on ageing*, including weak institutional infrastructure; “peripheral” policy content (lack of strategic orientation) and interrupted policy process; inadequate human resources; and limited financial resources.

4. Conclusion

Notwithstanding the recent improvement in the situation of older persons in many CIS+ countries, a following question might be relevant: *what are the mechanisms of adjustment of older persons and their families and communities during the two decades of transition?* The author believes that this can be the *central research question* in analyzing policy on ageing in particular and social policy in general in the CIS+ countries. A related research question: *How has the role of the family as a welfare institution changed during the transition of the CIS+ countries?* Moreover, it might be interesting to check the following hypothesis: *as a result of the diminishing role of welfare state, a deficient social policy process (on ageing) has often been complemented, and to some extent even substituted, by spontaneous measures of individual, family and community adaptation to a rapidly transforming society.* The mechanisms and dynamics of such measures and their interaction with public policy measures are worth exploring. As an example of such bottom-up measures one can mention the establishment in several CIS+ countries of self-help and mutual help groups

for the re-integration of socially vulnerable older persons, particularly in the small towns and villages [2].

Another promising area of research could be an emergence, often painful, of civil society in the ex-soviet countries. *What are the already existing opportunities and concrete practices of involving the non-governmental organizations in the social policy process, including policy design, implementation and monitoring? At which level – state (federal), regional, municipal – the role of civil society has proven to be viable?*

One more actor has established its presence at the arena of social policy and programmes in the CIS+ countries: the private business. Again, *what is the role for this sector in social policy process?* Usually such role in the CIS+ countries has been limited to filling the gaps in service provision. There might be broader opportunities. As an example, the author would refer to his personal experience as the coordinator of the First National Conference on Ageing in the Russian Federation, which took place in Moscow in October 2013 [38]. The Conference was organized and financed by the Timchenko Foundation [39] and included participants from the Russian government and legislature, as well as experts and NGO activists from the Russian Federation and several CIS countries: Armenia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine. At the closing session of the Conference, the participants adopted the Concluding Document [40], which, among other proposals, called for *developing a comprehensive state strategy on population ageing*. This might be a unique example beyond the grouping of the CIS+ countries, and worth of following, when the private business provides its support to developing the state social policy on ageing.

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