The Madrid International Plan of Action on Ageing

Where is Eastern Europe and Central Asia region fifteen years later?

UNFPA

Statistics Korea

The Madrid International Plan of Action on Ageing

Where is Eastern Europe and Central Asia region fifteen years later?

Prepared by

Asghar Zaidi
University of Southampton and
London School of Economics, UK

and

Rachel Bennett and Rachel C. Sumner
University of Gloucestershire, UK

October 2017

Report produced for UNFPA's Regional Office
for Eastern Europe and Central Asia, Istanbul

Acknowledgments:

UNFPA wishes to acknowledge with appreciation the efforts by the authors of this report, Rachel Bennett and Rachel Sumner, and extends a special thanks to Asghar Zaidi for tireless support and enthusiasm.

An earlier version of this report was reviewed by Hyungseog Kim. Eduard Jongstra was responsible for preparation of this publication at the UNFPA Regional Office for Eastern Europe and Central Asia.

Cover photo reproduced with the kind permission of Silvia Pasqual.

Authors

Asghar Zaidi

Asghar Zaidi, is Professor in International Social Policy at University of Southampton (UK) where his research spans active and healthy ageing, the wellbeing of older people and those with disabilities and dynamic microsimulation modelling. Since 2012, he has led the research work of the Active Ageing Index Project for the European Commission and UNECE and the Global AgeWatch Index project for HelpAge International. He has recently developed the Wellbeing in Later Life (WILL) Index for the UK, working alongside Age UK London. Visiting Professor at London School of Economics and Senior Advisor at the European Centre for Social Welfare Policy and Research, Vienna, Dr. Zaidi was previously Senior Economist at the OECD in Paris. He also served as an economic adviser for UK's Department for Work and Pensions and as a research officer at London School of Economics and University of Oxford. He is currently leading a project on human rights of older people and dementia in Pakistan.

Rachel Bennett

Rachel Bennett is a Lecturer in Human Geography at the University of Gloucestershire, with research interests in ageing, migration, wellbeing and families. Rachel's background is in demography and social statistics and she is particularly interested in exploiting underutilised secondary data sources to shed light on the wellbeing of individuals, families and populations. Rachel has conducted research on and in Turkey, Caucasus and Central Asia, sub-Saharan Africa and Europe.

Rachel C. Sumner

Rachel C. Sumner is a Senior Lecturer in Psychology at the University of Gloucestershire. She is a psychobiologist with a background in chronic stress research, and is interested in exploring the biopsychosocial gradients of health. Her research is focused on population groups, including the unemployed an informal carers, as well as patient groups, such as those living with HIV. Her current research also includes evaluating population level interventions for wellbeing and mental health literacy.

Contents

Abbreviations

DHS Demographic and Health Survey
EECA Eastern Europe and Central Asia
EU European Union
LSMS Living Standard Measurement Study
MIPAA Madrid International Plan of Action on Ageing
SDGs Sustainable Development Goals
UNFPA United Nations Population Fund
UNECE United Nations Economic Commission for Europe
WHO World Health Organization

List of Tables

List of Figures

Preface

This report represents UNFPA's contribution to a global stocktaking exercise to mark the 15th anniversary of the Madrid International Plan of Action on Ageing (MIPAA) which was adopted at the Second World Assembly on Ageing in April 2002. This report is one of six that are are being prepared by UNFPA and which complement the regional review reports prepared by respective UN Regional Commissions. It contributes to the cooperation programme on ageing that exists between the UN Economic Commission for Europe (UNECE) and the UNFPA Regional Office for Eastern Europe and Central Asia (EECARO). It is a technical, analytical report that reflects demographic analysis, direct experiences, literature review and policy and programme assessments. In addition, it focuses on a specific subset of countries: in this case the UNFPA programme countries in the Eastern Europe and Central Asia (EECA) region.[1]

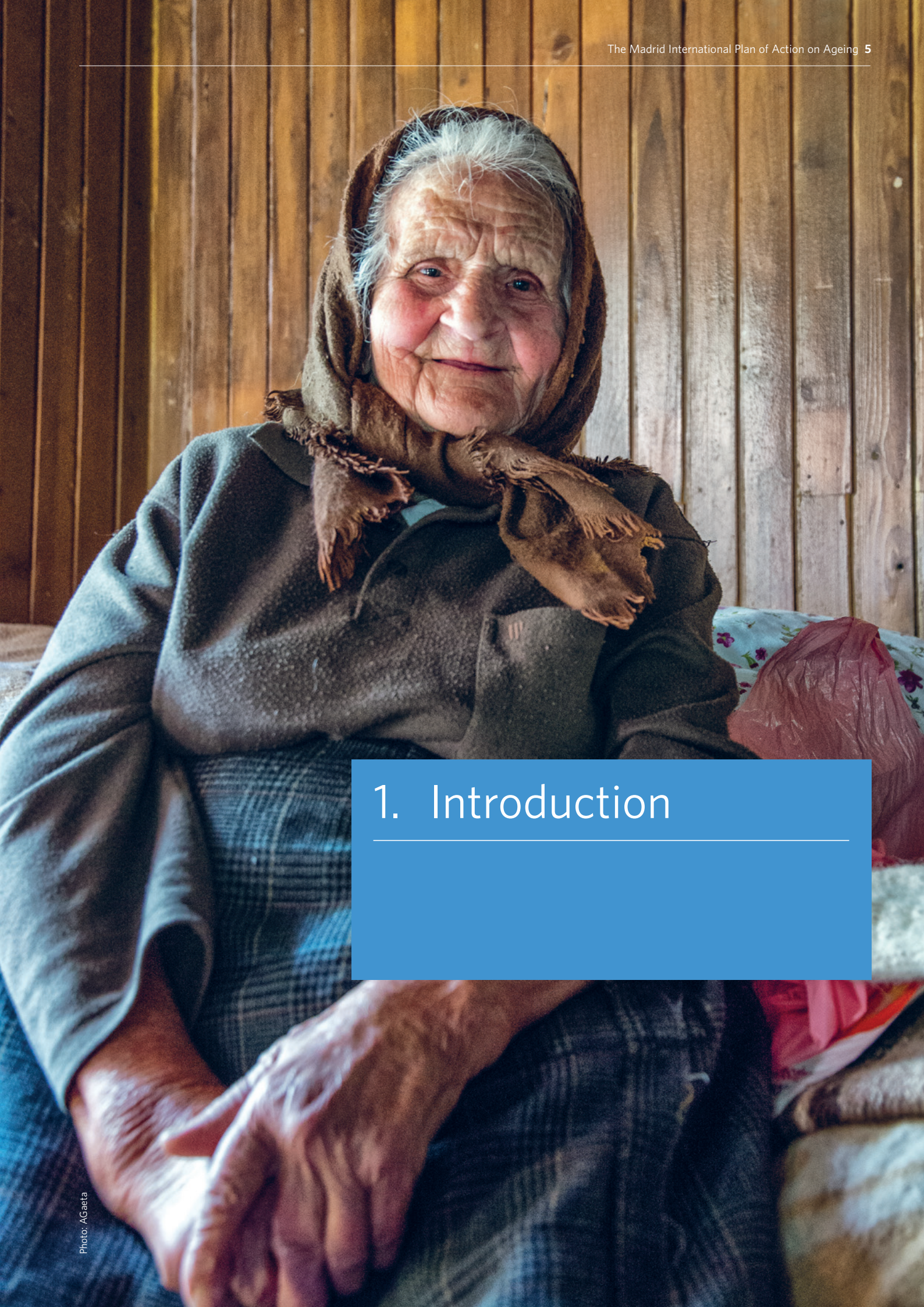
It is hoped that this analytical UNFPA report will contribute to a comprehensive understanding of the implementation and challenges ahead of the Madrid International Plan of Action and inspire governments and non-governmental actors to share good practices and learn from successful examples.

This report is prepared within the framework of the KOSTAT-UNFPA collaboration programme on ageing, funded by the Republic of Korea. UNFPA gratefully acknowledges the financial and technical support of the Government of the Republic of Korea for producing this report.

UNFPA wishes to extend appreciation to the respective governmental and non-governmental institutions in the region working towards fulfilling the commitments of MIPAA. The UNFPA Regional Office for Eastern Europe and Central Asia, as well as the various UNFPA Country Offices in the region are proud to contribute to their efforts.

Alanna Armitage
Regional Director
UNFPA Regional Office for
Eastern Europe and Central Asia,
Istanbul

1. The region includes Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, the Former Yugoslav Republic of Macedonia, Moldova, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan.



1. Introduction

Photo: AGaeta

The Madrid International Plan of Action on Ageing

Where is Eastern Europe and Central Asia region fifteen years later?

The Madrid International Plan of Action on Ageing (MIPAA) adopted in 2002 represented a major breakthrough in the way the world seeks to support older people and move towards building a society for people of all ages. This report focuses on progress observed in supporting older people in Eastern Europe and Central Asia in the 15 years since the agreement. This region has experienced considerable socio-economic transformation during this period. Amongst the most significant challenges have been the continued transition towards societies centered on market-orientated economies (Botev, 2012; Hoff, 2008) and recovery from the very acutely felt effects of the 2009 global economic crisis (Zaidi and Rejniak, 2010). These countries also have some of the fastest ageing populations in the world. Further, it is a region characterised by diversity: whilst some countries such as Bosnia and Herzegovina and Serbia have populations where more than one in five people are aged 60 years or over, others, especially those in the Caucasus and Central Asia, continue to have far younger populations (World Bank, 2016).

The successful adjustment of societies to population ageing is at the core of the MIPAA. The success of this adjustment will be measured mainly in terms of improvement in the quality of life and wellbeing of older people as well as in the introduction and future sustainability of various systems, formal and informal, that underpin wellbeing throughout life. Three priority directions of MIPAA are identified as:

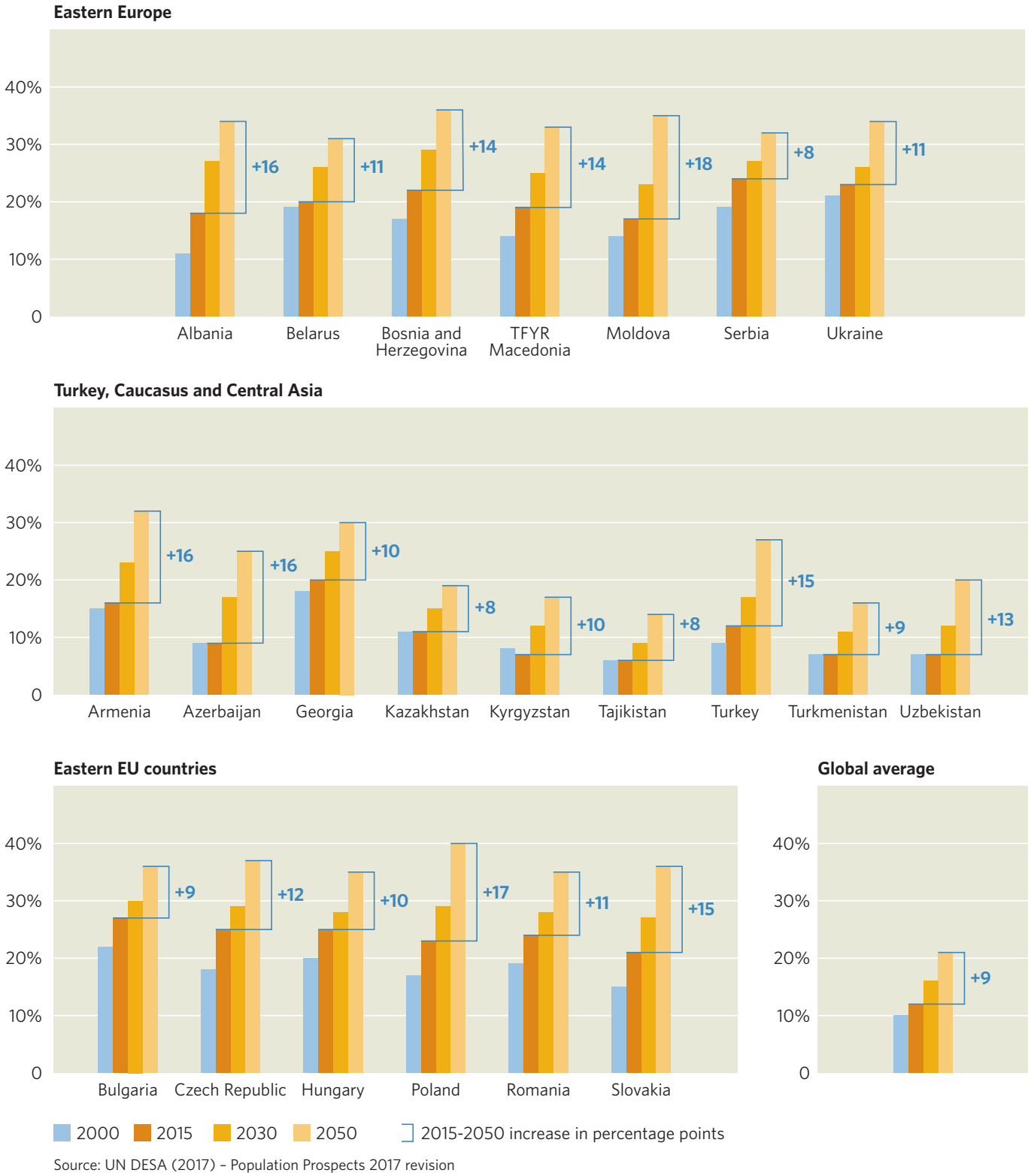
I. **Older people and development**
II. **Advancing health and wellbeing in older age**
III. **Ensuring enabling and supportive environments**

In line with these priorities, this MIPAA report provides a summary of the demographic profile of older people in the region and then describes progress and achievements in supporting the socio-economic development, health and wellbeing of older people and promoting an age-friendly enabling environment across the region since 2002. Key issues are highlighted as are areas where data availability can be strengthened further to enhance monitoring of the situation of older people. This report emphasises the need to take a gender sensitive approach to supporting older people in this region, where the challenges facing older men and women vary significantly. Furthermore, there is a need to tackle the causes of excess mortality and morbidity across adulthood and understand the implications of widespread out-migration for the wellbeing of older people in the region. A full realisation of human rights and dignity for older people should be the ultimate goal of societal improvements in these countries.

1.1 Demographic profile of older people in the region

Figure 1 shows the percentage of the population aged 60 or over in the region's countries in 2000 and 2015 and the projections for 2030 and 2050 in Eastern European and Central Asian and Caucasus countries. Neighbouring Eastern European EU member countries and the global average are included for comparative purposes. In 2015, each country in the Eastern Europe group had an average share of their populations aged 60 years or over, larger than the global average of 12 percent. However, there is significant variation within the country group: Ukraine and Serbia are leading with circa 24 percent of their population aged 60 years or over, whilst the Republic of Moldova has the distinction of having the least aged population in the group with 17 percent of its population aged 60 years or over.

Figure 1: Percentage of population aged 60+ years



Source: UN DESA (2017) – Population Prospects 2017 revision

All of the countries in Eastern Europe experienced an increase in the percentage of their population aged 60 years or over from 2000 to 2015, with the largest increases seen in Albania, followed by Bosnia and Herzegovina then the Former Yugoslav Republic of Macedonia and Serbia. Whilst the percentage of the global population aged 60 years or over is expected to increase by approximately 30 percent by 2030 (from 12 to 16 percent of the total population) and by approximately 80 percent by 2050 (from 12 to 21 percent), in most countries in Eastern Europe the speed of growth is likely to be closer to 30 percent by 2030 on average and 60 percent by 2050 and thus slower than the global average in the later years. It is the countries which currently have the smallest share of their population aged 60 years or over who will see the most dramatic rise, for example the Republic of Moldova is projected to see the population aged 60 years or over double from 17 percent in 2015 to 35 percent in 2050. By 2050, all countries in Eastern Europe will have close to one-third of the population aged 60 years or over.

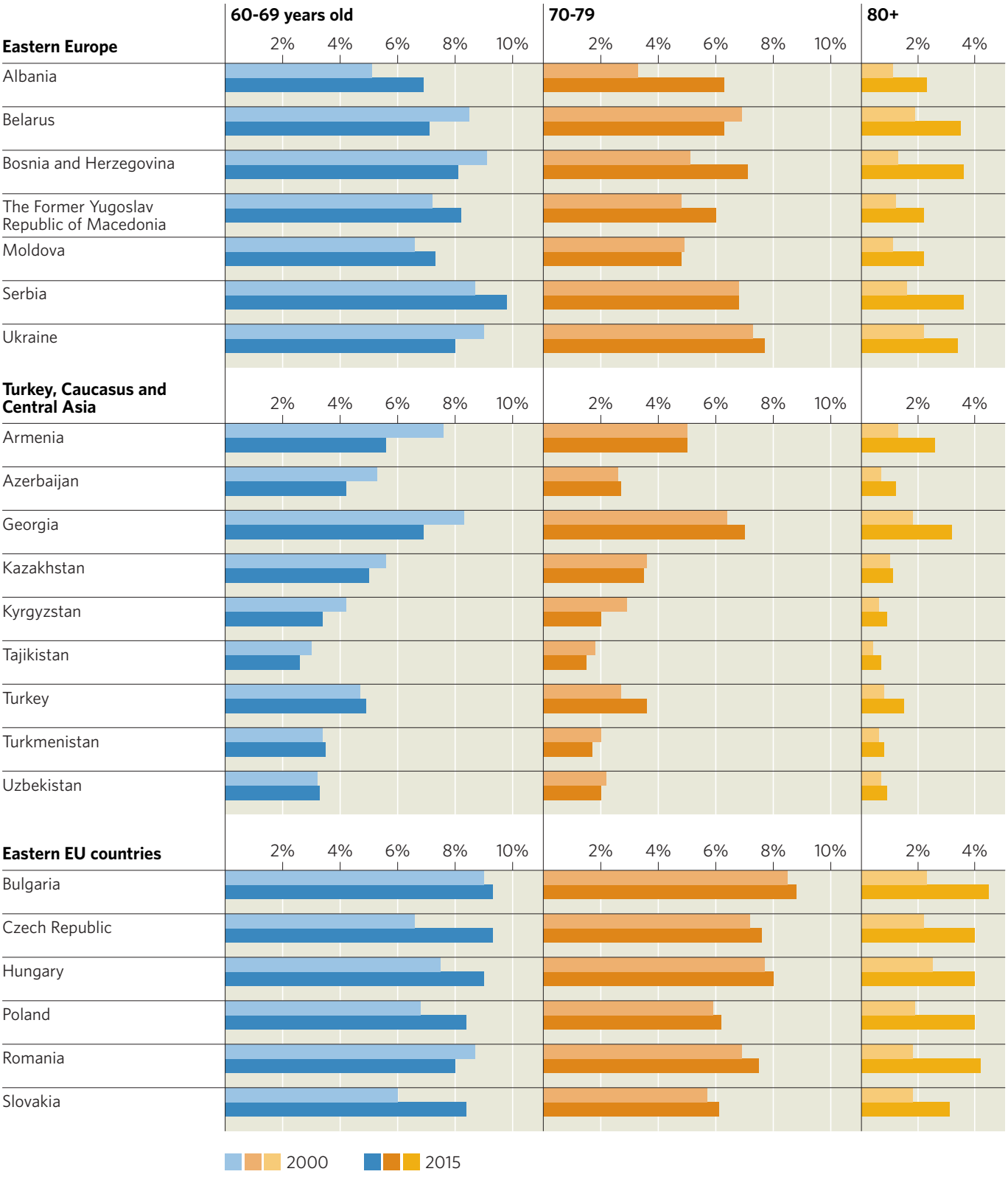
Most countries in the Turkey, Caucasus and Central Asia group are significantly younger than those in Eastern Europe. In 2015, only Armenia and Georgia exceeded the global average of 12 percent of the population aged 60 years or over. There is also notable variation within the group of countries: Georgia, the oldest country in the group, had 20 percent of its population aged 60 years or over in 2015 which is more than three times the figure for Tajikistan, the youngest country in the group, which had just six percent of its population aged 60 years or over. There was very little change in the percentage of the populations of Central Asian and Caucasus group aged 60 years or over from 2000 to 2015. However, the Turkey, Caucasus and Central Asia group is projected to experience very rapid population ageing in the period to 2050, with the proportion of older people in their populations growing by 60 percent on average by 2030 and more than doubling in seven of the nine countries in the region by 2050.

In neighbouring Western Europe declining mortality and increased longevity played a significant role in driving population ageing. However, in the Eastern Europe and Central Asia region reductions in old age mortality over recent decades have been moderate at best and play a minimal role in driving population ageing (Bussolo et al, 2015; Hoff, 2008). Indeed, Figure 2 shows that most older people in the region are younger-old, with very few aged 80 years or over.

Figure 2 also shows the age distribution of the older populations for 2000, and it is evident that in comparsion to 2015, there has been minimal change. However there has been modest growth in the proportion of the older population in the 80+ category.

Photo: Gosiek-B

Figure 2: Age distribution of older population (60+ years)



Source: UN DESA (2017) – Population Prospects 2017 revision

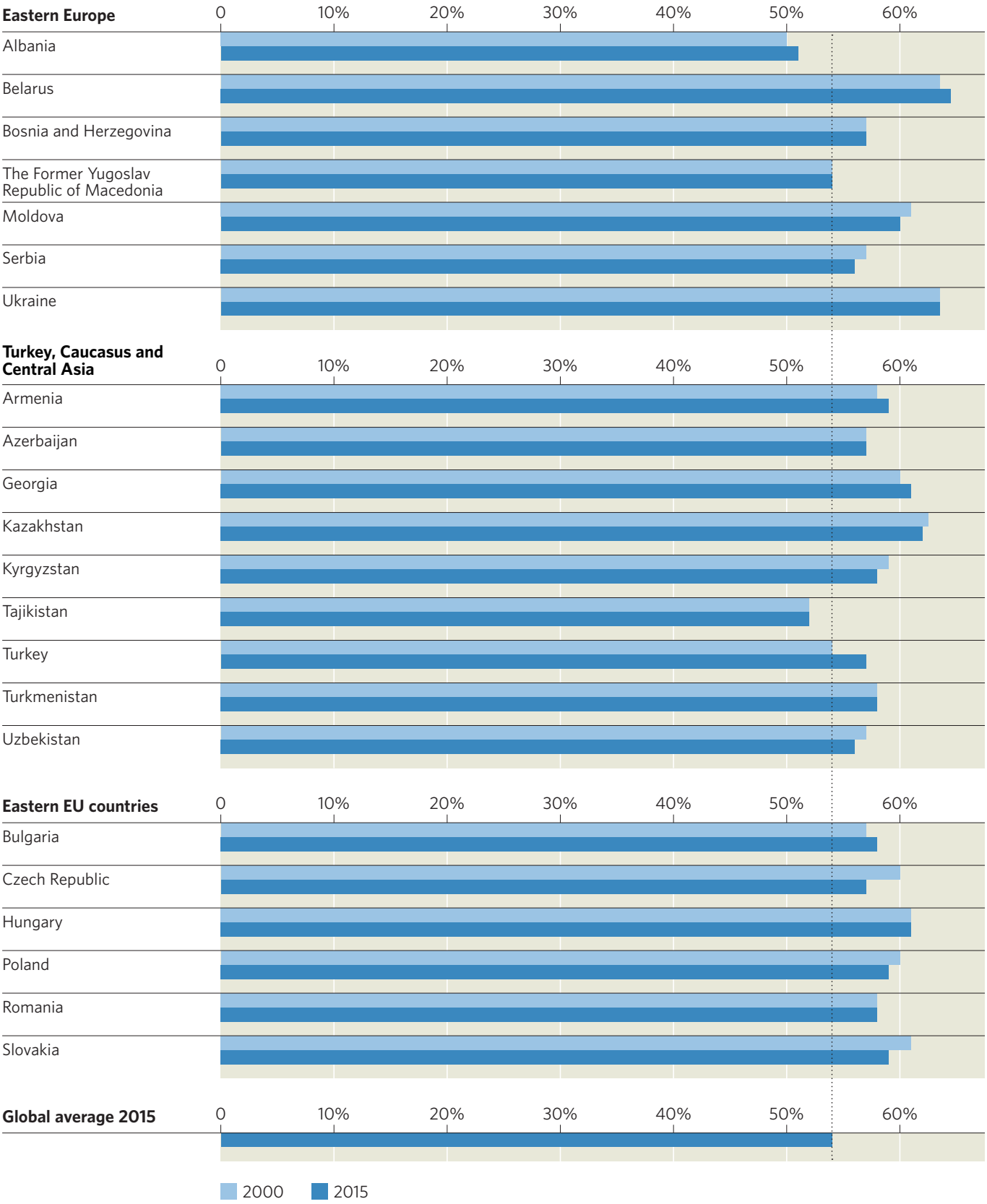
There is a particularly stark gender imbalance in the region's older populations. Figure 3 shows the percentage of the older female population in 2000 and 2015. It is evident that the percentage of older women was above the global average of 54 percent in all but two countries in the region in 2015 and has even increased in some countries across time points, indicative of increasingly feminized older populations in the region. This is linked in part to especially poor health and health behaviours amongst men in the region (Bussolo et al, 2015). War and conflict have also contributed to the skewed gender ratio in some countries. For example, the 1992-1997 civil war in Tajikistan led to widespread loss of life (Islamic Human Rights Commission, 2003) particularly amongst younger men who would have been by now part of the older generation.

The key driving force behind current and future population ageing in the region has been very rapidly declining fertility, a trend linked in part to the socio-economic uncertainty associated with transitioning to market-based economies, as well as factors such as increased educational and economic opportunities available for women through the development process (Bussolo et al, 2015; Hoff, 2008). Falling fertility, which to date has been most extreme in Eastern Europe, has led to a sharp decline in the number of young people in populations and consequently increased the share accounted for by older people.

Figure 4 shows the Total Fertility Rate (TFR) at intervals from 2000 to 2020 for countries in the region alongside their population growth rate over the same period. Countries in Eastern Europe, as well as Armenia, Azerbaijan and Georgia, have almost universally had TFRs below replacement level for the entire period since the MIPAA was launched. Further, the majority of, but not all, countries in Eastern Europe and Central Asia have experienced further declines in fertility since the turn of the twenty-first century. Significant drops in fertility have contributed not only to driving the increasing proportion of older people in the population (see Figure 2) but also to total population decline, particularly in Eastern Europe, as shown by the negative population growth rates of Figure 4. Concerns over the implications of falling fertility have led to policies to promote childbearing in many countries in the region. For example, Turkey, a country which is still experiencing population growth but has witnessed declining fertility over the last decade, introduced a "Program for the Protection of the Family and Dynamic Population Structure" in 2014 (Boudet and Wiseman, 2015). The programme includes financial incentives for larger families, guaranteed part-time work for parents and improved access to affordable childcare.

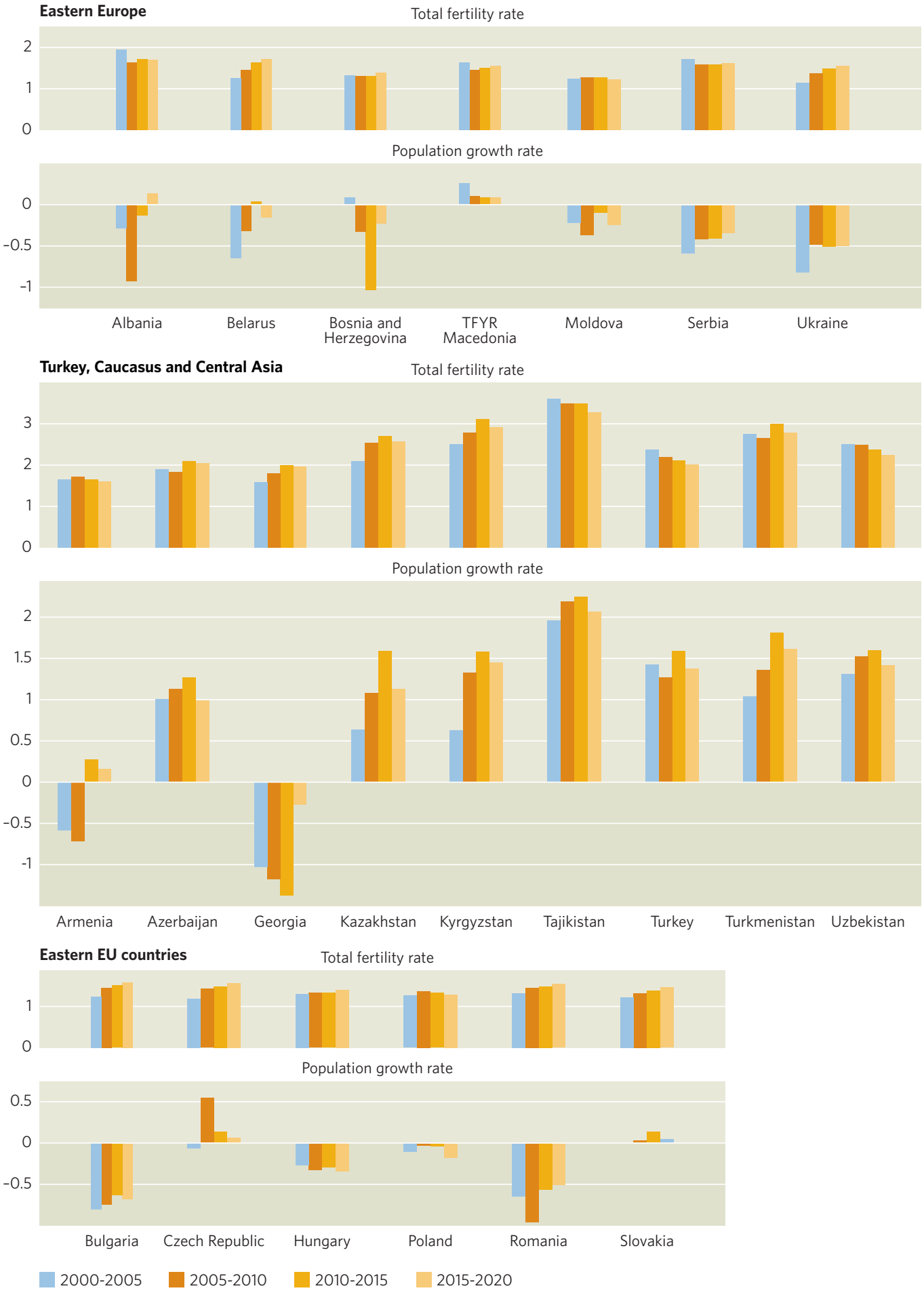
Emigration has also played a significant role in reducing the number of younger adults in some countries and thus contributed to population ageing (Schwartz et al, 2014). The significant trends in migration in the region have implications not only for the overall demography of countries, but also specifically for the availability of workers and informal carers, as will be discussed in subsequent sections.

Figure 3: Percentage of women among the older population (60+ years)



Source: UN DESA (2017) – Population Prospects 2017 revision

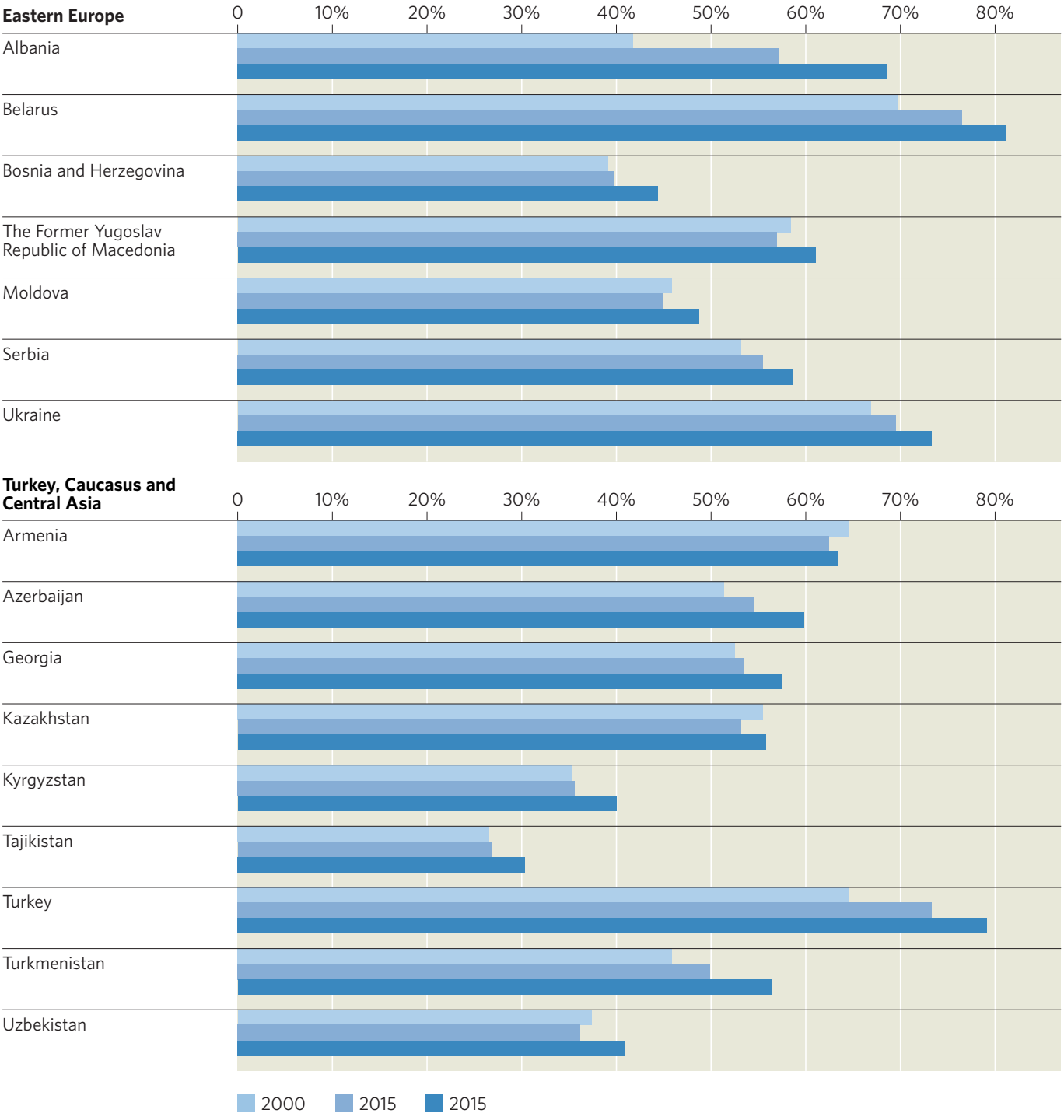
Figure 4: Total fertility rates and population growth rates 2000-2020



Source: UN DESA (2017) – Population Prospects 2017 revision

Changes in fertility, mortality and migration have also coincided with increasing urbanisation which can also have implications for the distribution of the older population. Figure 5 shows the percentage of the population residing in urban areas in 2000, 2015, and the projected estimate for 2030 for countries across the region. There is considerable diversity within the region. In Tajikistan, a predominately mountainous country, only around one in four people lived in urban areas in 2015, whilst in Turkey approximately three quarters of people lived in urban areas in 2015. The common projected trend from 2015 to 2030 is an increase in the share of the population living in urban areas, although the size of this increase varies from less than one percent in Armenia to 11 percent in Albania.

Figure 5: Percentage of population resident in urban areas



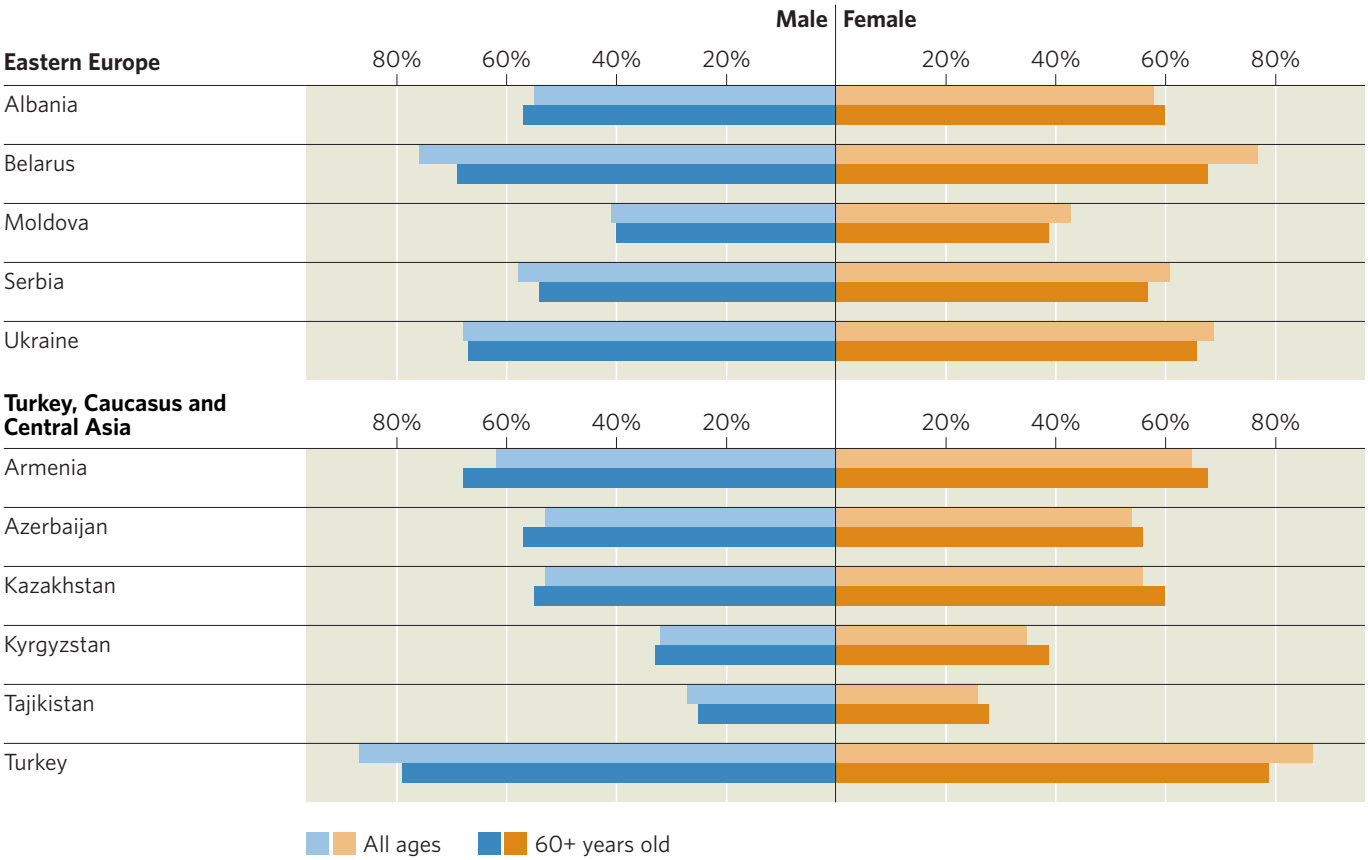
Source: United Nations Population Division (2014)

Data on the age and gender distribution of the rural and urban populations across the region is not consistently available. However, Figure 6 compares the percentage of the older (60+ years) population and the total population living in urban areas by gender for 11 countries with available data.

It is evident that a similar proportion of both genders live in urban areas and that the proportion of older people living in urban areas is broadly consistent with the equivalent figures for the whole population. Thus, older as well as younger people are living in the cities, and as urbanisation increases, the maturing age profile of the population needs to be considered. Exceptions include Turkey and Belarus where a disproportionate number of older people live in rural areas which highlights that service provision for older people should focus on rural areas in these countries.


Photo: Surkov Dimitri

Figure 6: Percentage of total and older (60+ years) population living in urban areas by gender in selected countries



Source: United Nations Population Division (2014). Most recent data within period 2005-2014.

2. Socio-economic development in the region

Photo: DrRave

2. Socio-economic development in the region


Photo: balticboy

Despite differences in economic structures and varying level of policy reforms, all the countries in this region faced similar challenges in their transition from a centralised to a market economy. The climate of political uncertainty and broad societal changes affected all countries, albeit to a varying extent. Many consider that the development of market economy conditions and institutions is incomplete and much of the economic potential of these countries is yet to be realised (OECD 2011).

The global economic crisis of 2007-2009 seriously affected GDP growth and employment in these countries, in particular Armenia and Ukraine. This downturn wiped out the economic benefits of some of the fastest growth observed in these countries. Social development and private sector growth remain a major challenge across the region.

Quality of life issues such as improving the national healthcare systems, generating gainful employment opportunities, avoiding the need to emigrate and improving households' purchasing power need to be given more serious attention. Unemployment remains strikingly high and wages close to subsistence level. The MDG progress in this region shows diversity, but for many persistent poverty, poor healthcare services, inadequate education and static or retreating levels of gender equality are observed (OECD 2011).

The performance of these countries in the wellbeing of their older populations, though generally worse than the performance of Central and Eastern European EU member states, is very diverse when taking into account particular domains and indicators measuring wellbeing. The country-specific summaries included in Table 1 can be used as a snapshot of how well these countries are prepared for population ageing and its consequences. The countries are ranked according to the total score they achieved in the Global AgeWatch Index, a global initiative which provides comparable measures of wellbeing of older people encompassing income security, health status, capability and enabling environment (for more information, see Zaidi (2013).

Table 1: Country-specific summaries based on individual indicators included in the Global AgeWatch Index

	Share of population 60+	Performance by domains	Particular strong points	Particular areas for improvement
Georgia	Currently: average Projected: above average	Above average: health, capability, enabling environment Average: income security	Employment rate, personal safety, satisfaction with public transport	Relative poverty, economic development (GNI per capita); social connectedness
Armenia	Currently: below average Projected: above average	Best in the region: income security and capability Below average: health, enabling environment	Pension income coverage, employment rate, share of population with secondary or higher education, personal safety	Life expectancy at 60, freedom in life
Albania	Currently: average Projected: average	Above average: income security, health, capability Below average: enabling environment	Relative poverty, mental wellbeing	Social connectedness, pension income coverage
Serbia	Currently: above average Projected: average	Above average: health Average: income security, enabling environment Below average: capability	Healthy life expectancy at 60 years	Employment rate, satisfaction with public transport
Montenegro	Currently: above average Projected: average	Above average: health Average: enabling environment, Below average: capability, income security	Economic development (GNI per capita), mental wellbeing	Pension income coverage, share of population with secondary or higher education, satisfaction with public transport
Ukraine	Currently: above average Projected: average	Above average: income security, Average: capability Below average: health, enabling environment	Pension income coverage, share of population with secondary or higher education, social connectedness	Mental wellbeing, healthy life expectancy at 60, personal safety, freedom in life
Turkey	Currently: below average Projected: below average	Best in the region: health status, enabling environment Above average: income security Worst in the region: capability	Economic development (GNI per capita), relative poverty, life expectancy at the age of 60, healthy life expectancy, social connectedness	Employment rate, share of population with secondary or higher education
Moldova	Currently: below average Projected: above average	Below average: capability, enabling environment Worst in the region: income security, health	Share of population with secondary or higher education	All income security and health status indicators, personal safety

Source: Antczak and Zaidi (2016)

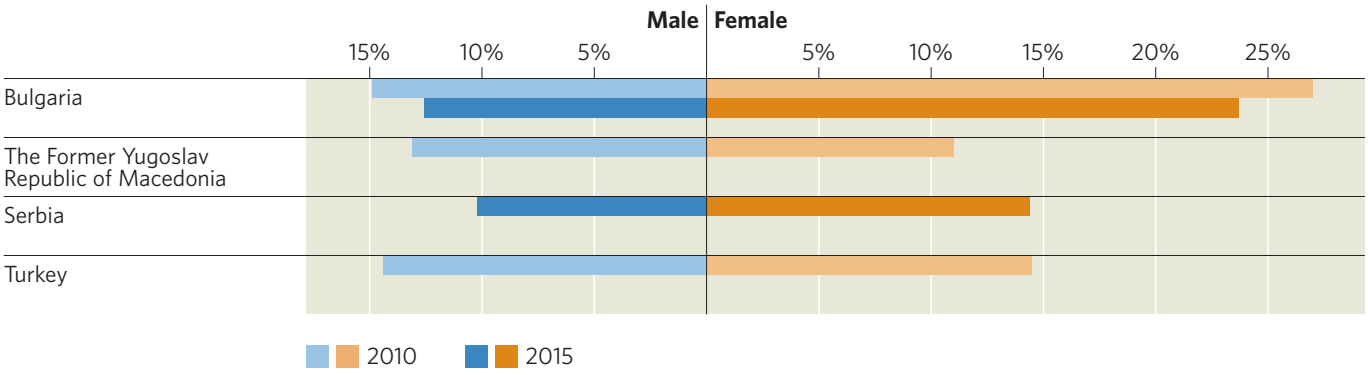
2.1 Financial security in old age

Poverty of older people

Figure 7 shows comparable data on the risk of poverty rate for four countries in the region (data is missing for other countries). There is considerable diversity in levels of old age poverty within the region. For example, in 2015 older women in Bulgaria were 1.5 times more likely to be in poverty than older women in Serbia. Bulgaria is the only country with available data for both 2010 and 2015 and it is evident that there was a modest reduction in old age poverty amongst both older men and women between these time points in the country.

Figure 7 also shows the ratio of the male to female 'at risk of poverty' rate amongst older people. It is evident there is considerable diversity in gender disparities by country: in Turkey there is virtually equal poverty amongst older men and women, in the Former Yugoslav Republic of Macedonia poverty is actually higher amongst older men than amongst older women whilst in Serbia older men have approximately two-thirds the chance of older women of being at risk of poverty. Gender inequality is most extreme in Bulgaria where men have approximately half the chance of women of being at risk of poverty, and there has been minimal improvement in this gender disparity from 2010 to 2015. Internationally comparable longitudinal data on poverty amongst older people in the region is scarce, thus it is not possible to examine old age poverty in more countries.

Figure 7: At risk of poverty rate (cut-off point: 50% of median equivalised income) amongst older people (65+ years) by gender in selected countries, 2010 and 2015



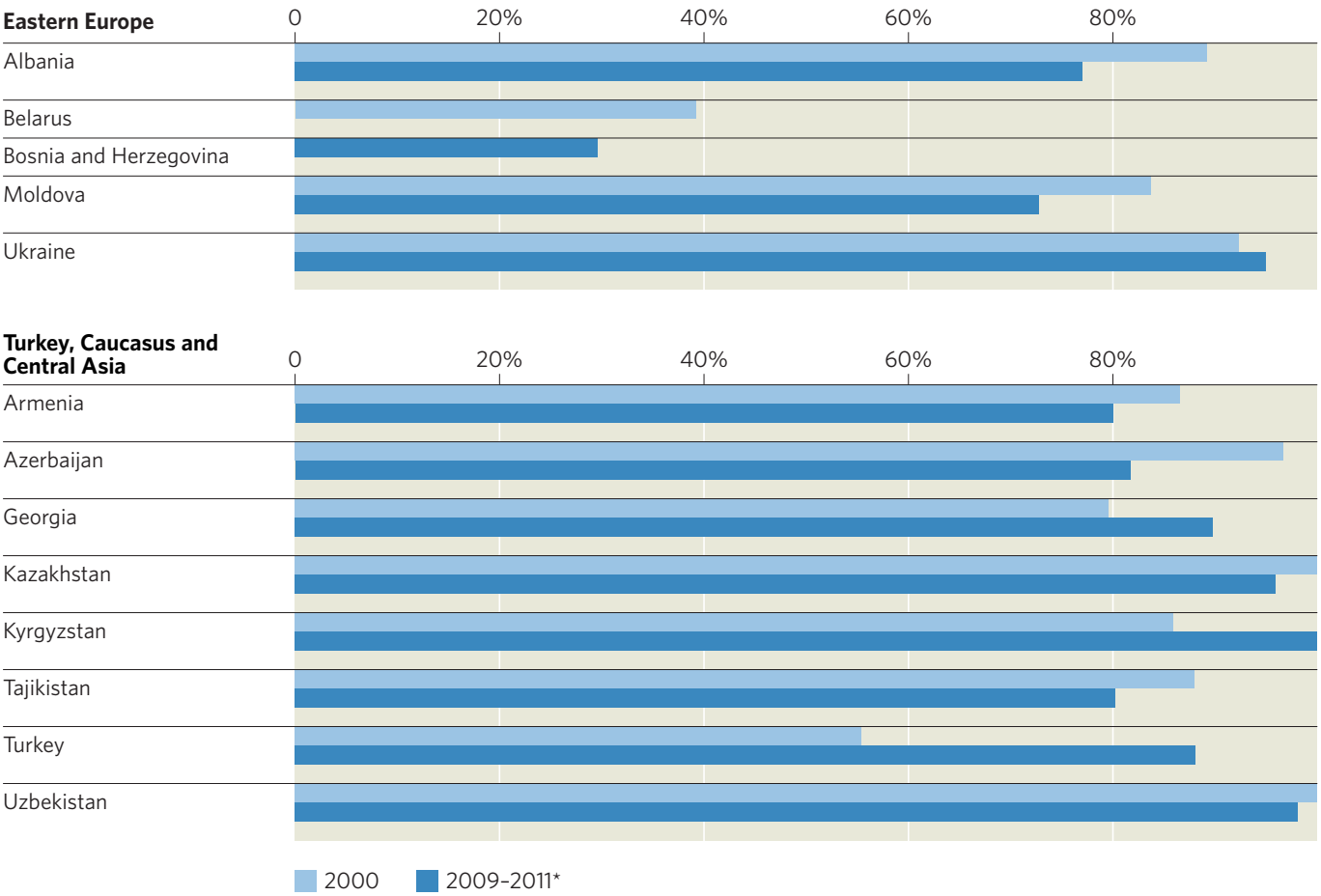
Source: United Nations Population Division (2014). Most recent data within period 2005-2014.

Photo: Jozef Culák

Old-age pension coverage

The coverage and level of pensions in the region is comparatively high, reflecting the legacy of planned economies in many countries. However, there are concerns about the sustainability of the schemes. With some countries already spending more on pensions than their neighbours in high income Western European countries (Bussolo et al, 2015). Surprisingly, in some countries of the region, the pension recipient ratio has fallen, e.g. in Albania, Moldova, Azerbaijan and Tajikistan. One possible explanation could be a rising prevalence of informal employment in these countries.

Figure 8: Old age pension recipient ratio above retirement age, 2000 and 2009-2011



Source: ILO Social Protection (2015b)
*Year with available data varied. Only countries with at least one data point are included.

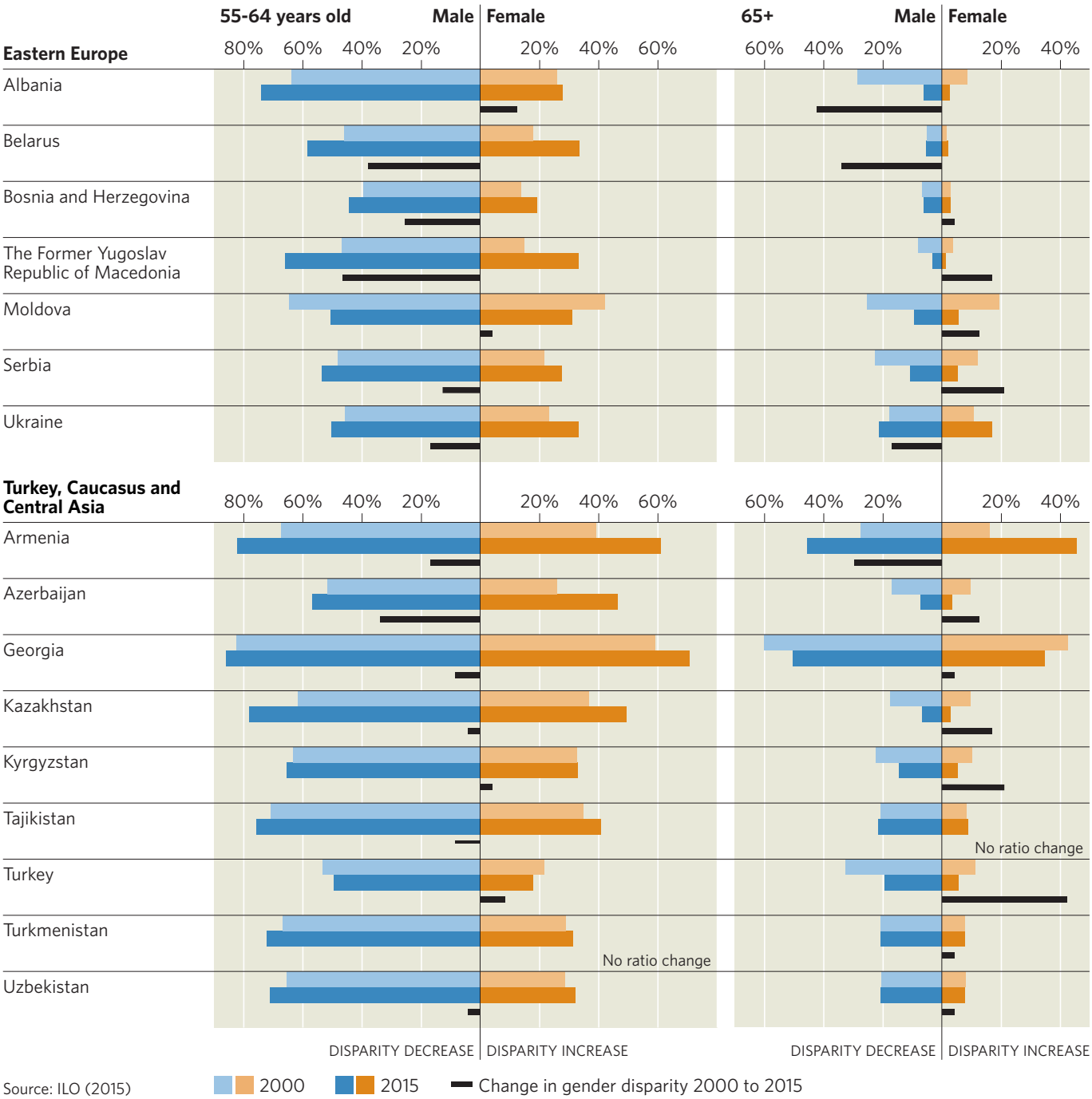
2.2 Labour force participation of older people

Figure 9 shows labour force participation rates for older people by gender in 2000 and 2015 across the region. There has been particular progress in enhancing labour force participation amongst 55-64 year olds across this period, with the rate of participation increasing by at least ten percent in six countries for men and in eight countries for women. This relates in part to increases in the retirement age in many countries (Schwarz et al, 2014).

Figure 9 shows also the ratio of male to female labour force participation in 2000 and 2015 amongst 55-64 year olds. The scale of the gender disparity in labour force participation amongst this age group has dropped in every country in the region. This in part reflects moves towards the harmonisation of retirement age for men and women in many countries (UNECE 2017; Sidorenko and Mikhailova 2014).

It also shows the equivalent ratio for labour force participation amongst individuals aged 65 years or over. It is evident that the decrease in the gender disparity has been less significant and in almost half of countries, mostly in Turkey, Caucasus and Central Asia, the ratio has actually increased over time.

Figure 9: Labour force participation rate amongst older people by gender and change in gender disparity, 2000 and 2015



Source: ILO (2015)

3. Health

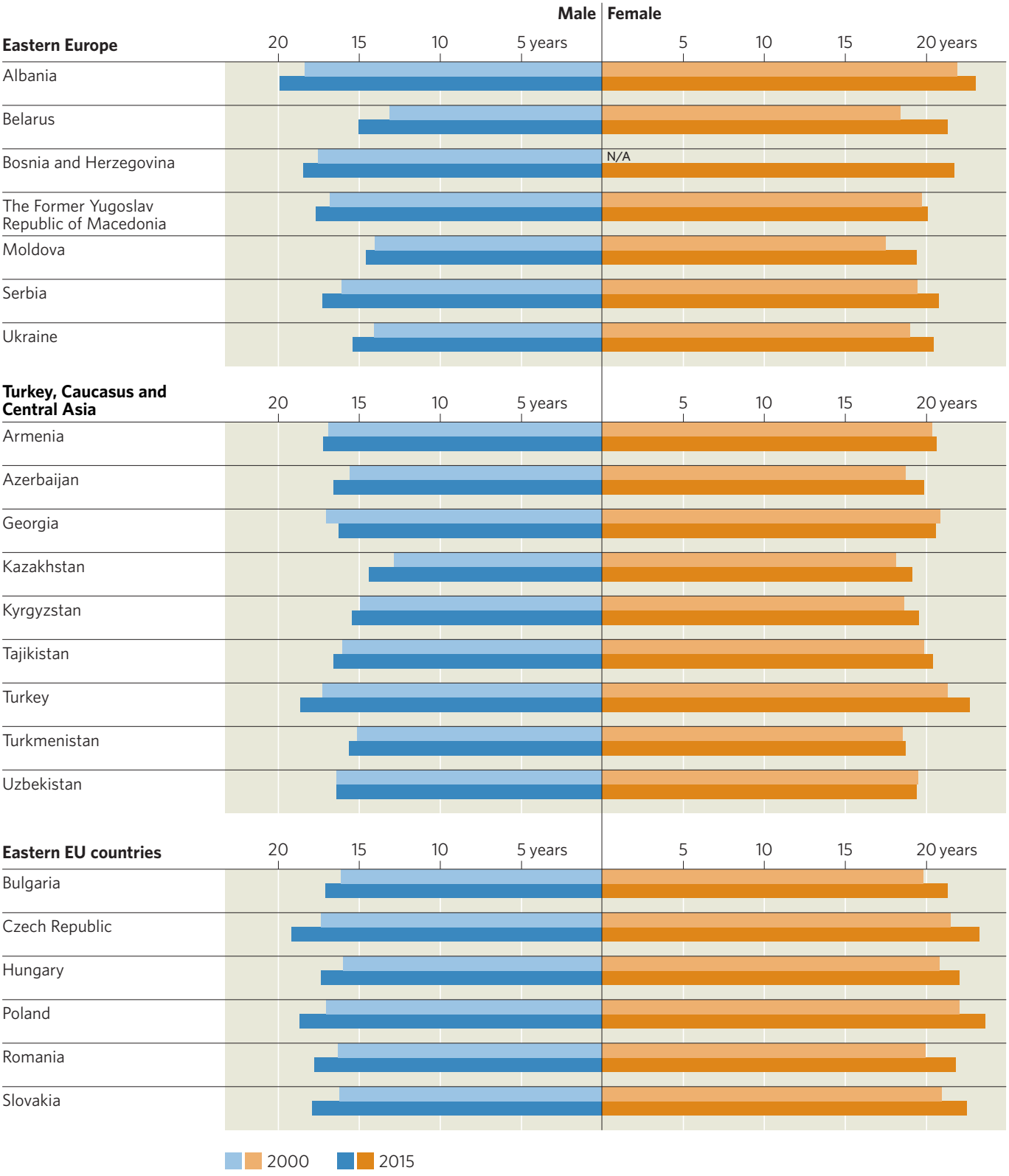
3. Health

3.1 Health profiles of older people

Figure 10 shows life expectancy at age 60 in 2000 and 2015 for men and women respectively in the region. This measures how long an individual could expect to live after their 60th birthday under the age-specific mortality rates from that year. It is evident that in 2015 older men in the region have an expectation of remaining life expectancy from 14 to 20 years and for older women this is from 19 to 24 years. The comparatively modest levels of remaining life expectancy at age 60 are related to high mortality rates at older ages in the region. The particularly stark gender differences are linked to much poorer health and health behaviours amongst older men in this region. It is evident that there has been some improvement in life expectancy at age 60 from 2000 to 2015, an average of 1.7 years for older men and 2.3 years for older women.

Photo: Ollirg

Figure 10: Life expectancy at age 60 by gender, 2000 and 2015

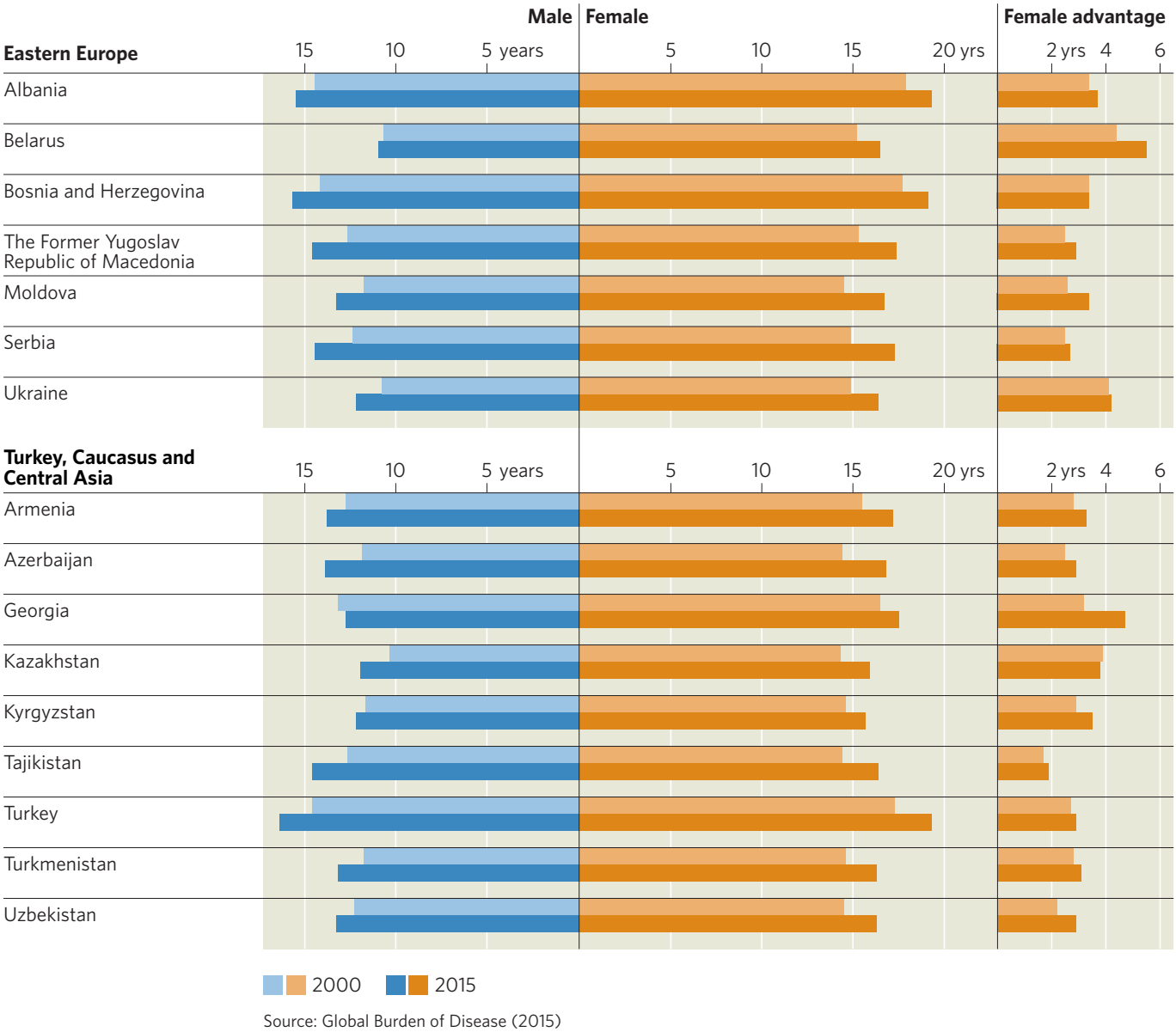


Source: UN DESA (2017) – Population Prospects 2017 revision

Figure 11 shows healthy life expectancy at age 60 in 2000 and 2015 for men and women respectively. Whilst life expectancy at age 60 measures how many years a person can expect to live beyond their 60th birthday, healthy life expectancy measures how many years a person can expect to live in good health beyond their 60th birthday. Thus, this measure provides a further insight into the health, wellbeing and quality of life of older populations. It is evident that gains in healthy life expectancy at 60 years have been varied. The figure for men has improved by less than one year in Albania, Belarus and Kyrgyzstan and has actually declined in Georgia. However, gains of at least two years in male healthy life expectancy at 60 have been made in Serbia and Azerbaijan. For women, gains have been greater, with healthy life expectancy at 60 increasing by at least one year across all countries in the region and by more than two years for six countries in the region.

The more rapid improvement in female healthy life expectancy at 60 has contributed to a growing gender disparity across this indicator of health and wellbeing in later life. Figure 11 also shows the female advantage in healthy life expectancy in 2000 and 2015 by country. In 2015, older women aged 60 in Eastern Europe could expect an extra 3.7 years of healthy life compared to older men, whilst their counterparts in Turkey, Caucasus and Central Asia could expect an average of an extra 3.2 years of healthy life compared to older men. In all but two countries in the region (Bosnia and Herzegovina and Kazakhstan), the gender disparity in healthy life expectancy at age 60 has increased since 2000.

Figure 11: Healthy life expectancy at age 60, 2000 and 2015



Source: Global Burden of Disease (2015)

3.2 Main causes of death

A very significant health challenge across the region is cardiovascular disease. Lifestyle choices associated with cardiovascular disease such as alcohol, smoking tobacco and poor diet are entrenched in societies in the region (Pajak and Kozela, 2012). Further, the region has been far slower than its neighbours in Western Europe to implement prevention and management strategies as knowledge of these conditions has increased (Bussolo et al, 2015).

Analyses of the main cause of death amongst all adults aged 15 years or over in the region highlights the scale of the problem (Table 2). Cardiovascular diseases account for at least two of the top three causes of death in all countries in the region, and in the most extreme case, in Ukraine, ischemic heart disease and cerebrovascular disease account for almost 60 percent of adult deaths.

Table 2: Main causes of death amongst adult populations (15+ years)

Eastern Europe	Year*	**No. 1 Cause**	N	% of deaths	**No. 2 Cause**	N	% of deaths	**No. 3 Cause**	N	% of deaths
Albania	2009	**CeVD**	3,504	22.37	**IHD**	2,964	18.92	**Cancer**	2,484	15.86
Belarus	2011	**IHD**	49,095	36.34	**Cancer**	17,854	13.22	**CeVD**	15,695	11.62
Bosnia and Herzegovina	2011	**Cancer**	7,161	20.44	**CeVD**	4,651	13.28	**IHD**	3,197	9.13
Moldova	2013	**IHD**	14,431	37.92	**CeVD**	5,931	15.58	**Cancer**	5,829	15.32
Serbia	2013	**Cancer**	31,091	21.03	**CeVD**	13,164	13.12	**IHD**	9,861	9.83
Ukraine	2012	**IHD**	297,432	44.85	**CeVD**	92,932	14.01	**Cancer**	91,964	13.87
Turkey, Caucasus and Central Asia										
Armenia	2012	**IHD**	8,421	30.51	**Cancer**	5,607	20.32	**CeVD**	2,803	10.16
Azerbaijan	2007	**CeVD**	9,089	18.02	**IHD**	6,075	12.04	**Cancer**	5,019	9.95
Georgia	2014	**IHD**	5,986	12.19	**CeVD**	5,745	11.7	**Cancer**	5,373	10.95
Kazakhstan	2012	**Cancer**	17,471	12.23	**IHD**	14,644	10.25	**CeVD**	13,568	9.50
Kyrgyzstan	2013	**IHD**	11,149	31.96	**CeVD**	4,778	13.70	**Cancer**	3,437	9.85
Tajikistan	2005	**IHD**	5,706	19.74	**Hyper tension**	3,542	12.25	**CeVD**	2,645	9.15
Turkey	2013	**Cancer**	74,599	20.86	**IHD**	55,244	15.45	**CeVD**	35,871	10.03
Turkmenistan	2013	**IHD**	6,461	21.18	**CeVD**	3,748	12.28	**Cancer**	2,471	8.10
Uzbekistan	2005	**IHD**	37,517	26.69	**CeVD**	18,197	12.94	**Hyper tension**	11,850	8.43

Source: WHO (2015) IHD = Ischemic Heart Disease; CeVD: Cerebrovascular Disease; CAD = Coronary Artery Disease
Only countries with at least one data point are shown
* Most recent year available

Table 3a: Top three causes of death amongst men aged 70 years or over by country, 2015

Eastern Europe	No. 1 Cause	Deaths per 100,000	% Change since 2000	No. 2 Cause	Deaths per 100,000	% Change since 2000	No. 3 Cause	Deaths per 100,000	% Change since 2000
Albania	Cardiovascular disease	4,011	-22.8	Cancer	1,220	-1.8	Neurological	371	1.4
Belarus	Cardiovascular disease	7,255	6.9	Cancer	1,650	5.2	Chronic respiratory	553	-32.4
Bosnia and Herzegovina	Cardiovascular disease	3,609	-12.15	Cancer	1,337	2.13	Neurological	458	39.7
Bulgaria	Cardiovascular disease	6,051	-8.7	Cancer	1,299	17.4	Neurological	466	32.3
TFYR Macedonia	Cardiovascular disease	4,827	-22.8	Cancer	1,282	-7.47	Diabetes, urogenital, blood and endocrine diseases	391	-5.7
Moldova	Cardiovascular disease	5,909	-8.2	Cancer	863	9.8	Chronic respiratory	433	-22.8
Serbia	Cardiovascular disease	6,306	-12.5	Cancer	1,081	-16.5	Chronic respiratory	368	-49.0
Ukraine	Cardiovascular disease	4,515	-17.6	Cancer	1,440	2.3	Neurological	469	42.0
Turkey, Caucasus and Central Asia									
Armenia	Cardiovascular disease	5,419	3.51	Cancer	1,394	23.98	Chronic respiratory	645	-7.91
Azerbaijan	Cardiovascular disease	5,553	-5.18	Cancer	803	-11.06	Chronic respiratory	393	-16.91
Georgia	Cardiovascular disease	7,053	15.35	Cancer	1,139	52.8	Chronic respiratory	549	86.1
Kazakhstan	Cardiovascular disease	5,729	-14.1	Cancer	1,375	-2.8	Chronic respiratory	772	-7.6
Kyrgyzstan	Cardiovascular disease	6,971	26.2	Chronic respiratory	1,008	-18.0	Cancer	774	-3.8
Tajikistan	Cardiovascular disease	5,243	-8.5	Cancer	624	-15.0	Chronic respiratory	484	-18.9
Turkey	Cardiovascular disease	2,100	-28.5	Cancer	1,149	-23.7	Chronic respiratory	642	-20.0
Turkmenistan	Cardiovascular disease	6,803	-0.8	Cancer	656	-16.4	Neurological	344	30.8
Uzbekistan	Cardiovascular disease	7,115	1.9	Cancer	592	-3.8	Chronic respiratory	482	-16.7

Source: Global Burden of Disease (2015)

Cancer is another common cause of premature death in the region, largely because of cancer-promoting behaviours, lower survival rates relative to those in Western European countries and poor detection and prevention. Many countries in the region, particularly in Central Asia, will face a rapid rise in cancer among people 65 years and over if greater efforts are not made to improve early detection and prevention (Bussolo et al, 2015, p. 90).

Tables 3a and 3b show the prevalence of the three most common causes of death amongst older people (70+) in Eastern Europe and Turkey, Caucasus and Central Asia in 2015, and the percentage change in rates since 2000. It is evident that whilst cardiovascular disease is still the top cause of death amongst both older men and women in the region, there have been significant reductions in the prevalence rate from 2000 to 2015 in the majority of countries, with particularly steep reductions amongst both genders in the Former Yugoslav Republic of Macedonia and Turkey. Many of the lifestyle factors which elevate the risk of non-communicable diseases such as heart disease and cancer are more prevalent amongst older men than older women. For example, a recent study on smoking behaviours in Ukraine indicated 58 percent of men aged 60-74 reported currently or previously being a heavy smoker compared to just 4 percent of women of the same age (Andreeva and Krasovsky, 2007). However, smoking behaviour by gender varies dramatically between age groups and for future generations of older women may be far more significant. Staying with the case of Ukraine, analysis show a dramatic increase in smoking amongst women who came of age in the last quarter of the 20th century (Andreeva and Krasovsky, 2007; Lillard and Dorofeeva, 2015). Therefore, forward-thinking health policy should seek to include both men and women.

Table 3b: Top three causes of death amongst women aged 70 years or over by country, 2015

Eastern Europe	No.1 Cause	Deaths per 100,000	% Change since 2000	No. 2 Cause	Deaths per 100,000	% Change since 2000	No. 3 Cause	Deaths per 100,000	% Change since 2000
Albania	Cardiovascular disease	3,440	-6.4	Cancer	433	-12.2	Neurological	373	-1.3
Belarus	Cardiovascular disease	5,565	-7.0	Cancer	626	0.3	Neurological	377	26.06
Bosnia and Herzegovina	Cardiovascular disease	3,204	-7.1	Cancer	572	9.1	Neurological	422	30.5
TFYR Macedonia	Cardiovascular disease	4,178	-20.7	Cancer	605	-10.3	Neurological	349	27.8
Moldova	Cardiovascular disease	4,979	-15.1	Cancer	426	1.2	Neurological	358	32.7
Serbia	Cardiovascular disease	4,314	-19.9	Cancer	790	-0.2	Neurological	428	38.9
Ukraine	Cardiovascular disease	5,438	-16.5	Cancer	453	-15.1	Neurological	348	15.1
Turkey, Caucasus and Central Asia									
Armenia	Cardiovascular disease	4,538	-7.3	Cancer	661	9.7	Diabetes, urogenital, blood and endocrine diseases	456	15.3
Azerbaijan	Cardiovascular disease	4,436	-18.8	Cancer	408	-14.4	Neurological	313	26.7
Georgia	Cardiovascular disease	4,911	-8.8	Cancer	522	28.1	Neurological	287	28.9
Kazakhstan	Cardiovascular disease	4,819	-23.2	Cancer	758	2.1	Chronic respiratory	310	-10.9
Kyrgyzstan	Cardiovascular disease	5,743	8.4	Chronic respiratory	492	-32.4	Cancer	452	-7.7
Tajikistan	Cardiovascular disease	5,221	-15.4	Cancer	420	-14.9	Chronic respiratory	395	-29.6
Turkey	Cardiovascular disease	1,776	-28.5	Neurological	708	-14.3	Diabetes, urogenital, blood and endocrine diseases	440	4.69
Turkmenistan	Cardiovascular disease	5,595	-4.3	Cancer	398	-16.5	Neurological	350	22.4
Uzbekistan	Cardiovascular disease	6,095	-8.0	Neurological	381	20.1	Cancer	349	-12.6

Source: Global Burden of Disease (2015)

Photo: Yavuz Sariyildiz

3.3 Active and healthy ageing

There is significant potential to foster healthy and active ageing in the region. Steps can be put in place to tackle lifestyle factors associated with cardiovascular disease, which cause much of the region's excess mortality and morbidity during old age. There is a strong need for a change in societal perceptions about older people before their fullest potential can be realised.

There is a need for data on various dimensions of active and healthy ageing, such as voluntary work, political participation, lifelong learning, access to ICT, etc. We already report the employment outcomes and how they have changed during the period in question. Other aspects of active and healthy ageing reviewed in this report include life expectancy, healthy life expectancy, living arrangements and financial security, as discussed in Zaidi et al. (2017).

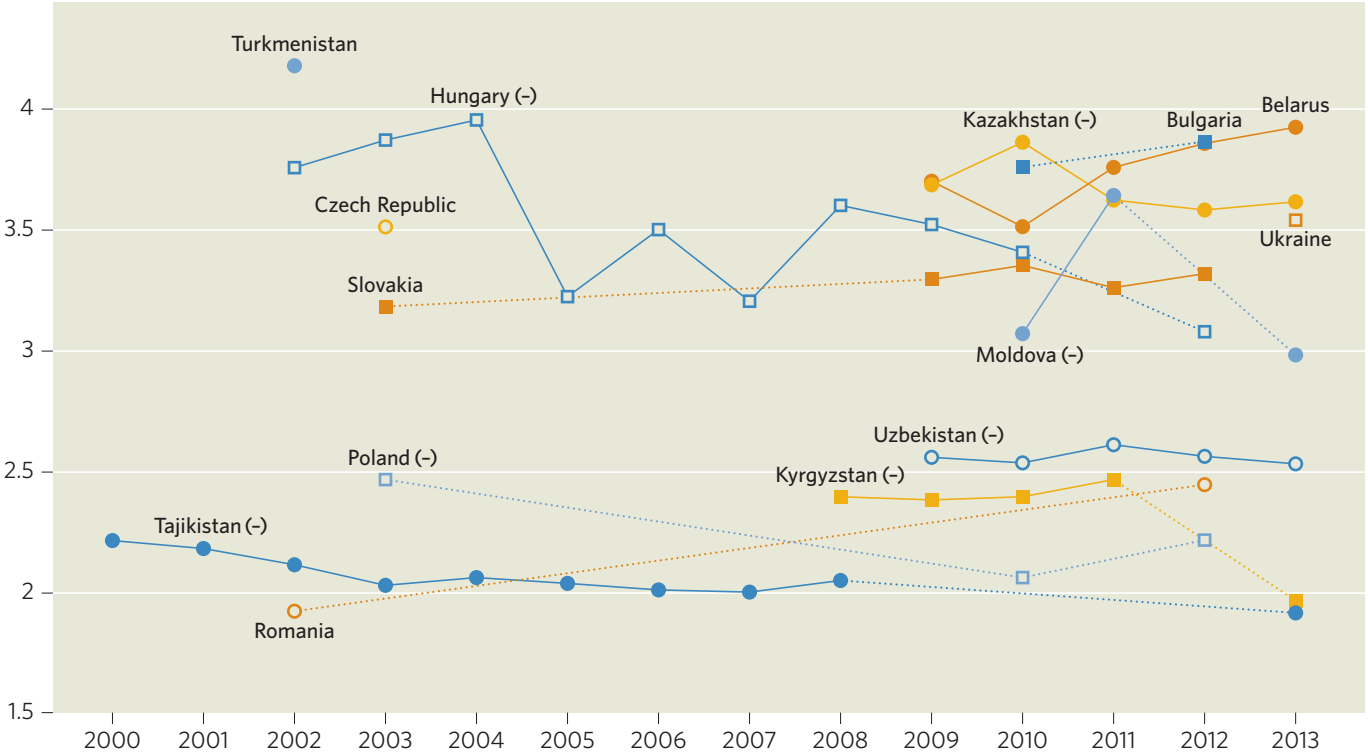
3.4 Training of healthcare workers

The need to increase specialist training in caring for the health of older people amongst healthcare workers is well acknowledged, particularly in low and middle income countries, and features prominently in the MIPAA declaration. A limiting factor for evaluating policies and programmes in the region is the lack of available information (UNFPA and HelpAge International, 2011). However, there are examples of good practice in the last 15 years which directly address the statement in the Madrid plan to make 'special efforts to expand student enrolment in geriatrics and gerontology'. For example, in Belarus the Ministry of Health has supported postgraduate training in geriatrics for more 1,300 healthcare givers (United Nations Economic Commission for Europe, 2012c).

3.5 Ratio of doctor/healthcare worker to older population

There is also a dearth of available data on the number of healthcare workers who specialise in supporting older people in the region. However, Figure 12 shows trends in the number of physicians per 1,000 population from 2000 to 2013. This provides an indication of the general adequacy of the provision of doctors for the whole population. It is evident that in 2013 the number of doctors varied widely in the region, with almost four times as many doctors per 1,000 population in Georgia compared to Albania (4.3 versus. 1.1). There has been minimal change in the ratio over time with a slight decline observed for most countries with data for multiple time points (see countries with a '-' sign next to their names). This is despite an increase from 2000 to 2013, especially in Eastern Europe, in the share of the population aged 60 years or over who require more medical support than those of working age.

Figure 12: Number of physicians per 1,000 population, 2000-2013



Source: WHO observatory (2015)

4. Enabling environment

Photo: Velirina

4. Enabling environment

4.1 Social networking

The enabling environment domain of the Global AgeWatch Index measures availability of support from family and friends, access to public transport, feelings of safety in one's own neighbourhood and level of perceived control over life. Therefore, it is particularly relevant for examining the social networks of older people and speaks to several areas in the third priority direction in the MIPAA 'to ensure enabling and supportive environments'. This data is not available for the early years after the MIPAA agreement, therefore it is not possible to examine progress over time in providing enabling and supportive environments for older people. However, it is possible to compare how countries in the region performed relative to the global average and to assess how well countries in the region performed in the enabling environment domain relative to other wellbeing domains in the index.

The results in Table 4 show the score for the enabling environment sub-index (out of 100), the rank each country received relative to the other 95 countries in the index and the overall rank the country achieved across all four wellbeing domains in the overall index. The mean enabling environment sub-index score across the 96 countries in the Global AgeWatch Index was 66/100. Belarus, Turkey and Georgia are the only countries in the region to match or exceed this score. Further, when examining ranking in this domain relative to the overall index ranking, it is clear that all countries with available data, apart from Belarus, Moldova and Turkey, ranked lower in enabling environment. This highlights that striving for an enabling environment for older people should be a particular area of focus for most countries in the region. Data is not available for eight countries, highlighting the issue of data scarcity in the region.

Table 4: Global AgeWatch Index (2015) results for 'Enabling Environment'

Eastern Europe	Enabling environment sub-Index score (/100)	Enabling environment rank (out of 96 countries)	Overall rank (out of 96 countries)	Rank in enabling environment relative to overall rank
Albania	55	86	53	Poorer
Belarus	67	44	64	Better
Serbia	60	68	66	Poorer
Ukraine	55	85	73	Poorer
Turkey, Caucasus and Central Asia				
Armenia	59	71	43	Poorer
Georgia	67	45	29	Poorer
Tajikistan	63	60	58	Poorer
Turkey	68	40	75	Better

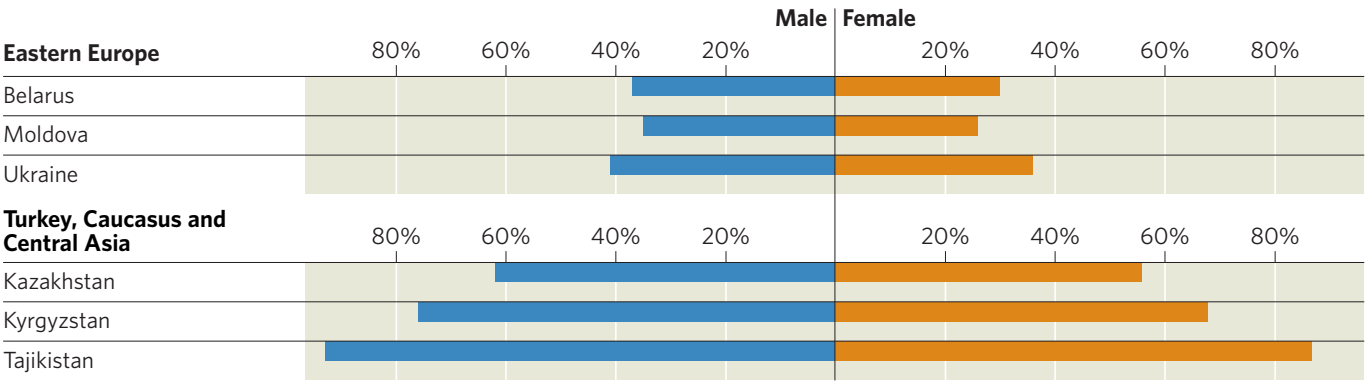
Source: Global AgeWatch Index data (2015)
Only countries with at least one data point are shown

4.2 Living arrangements

Objective 1 of the Madrid Agreement 'strengthening of solidarity through equity and reciprocity between generations' includes an action point to initiate research on the advantages and disadvantages of different living arrangements for older people. This recognises that whilst there can be advantages of co-residence with family for the wellbeing of older people in contexts with minimal formal support structures, this is not necessarily the universal experience. Indeed, the Ukrainian country study prepared alongside this report highlights that the complex multi-generational households in Ukraine often emerge as the result of two or more families living together due to an inability of each purchase their own dwelling, and these are often the households characterised by the highest levels of deprivation (Antczak and Zaidi 2017).

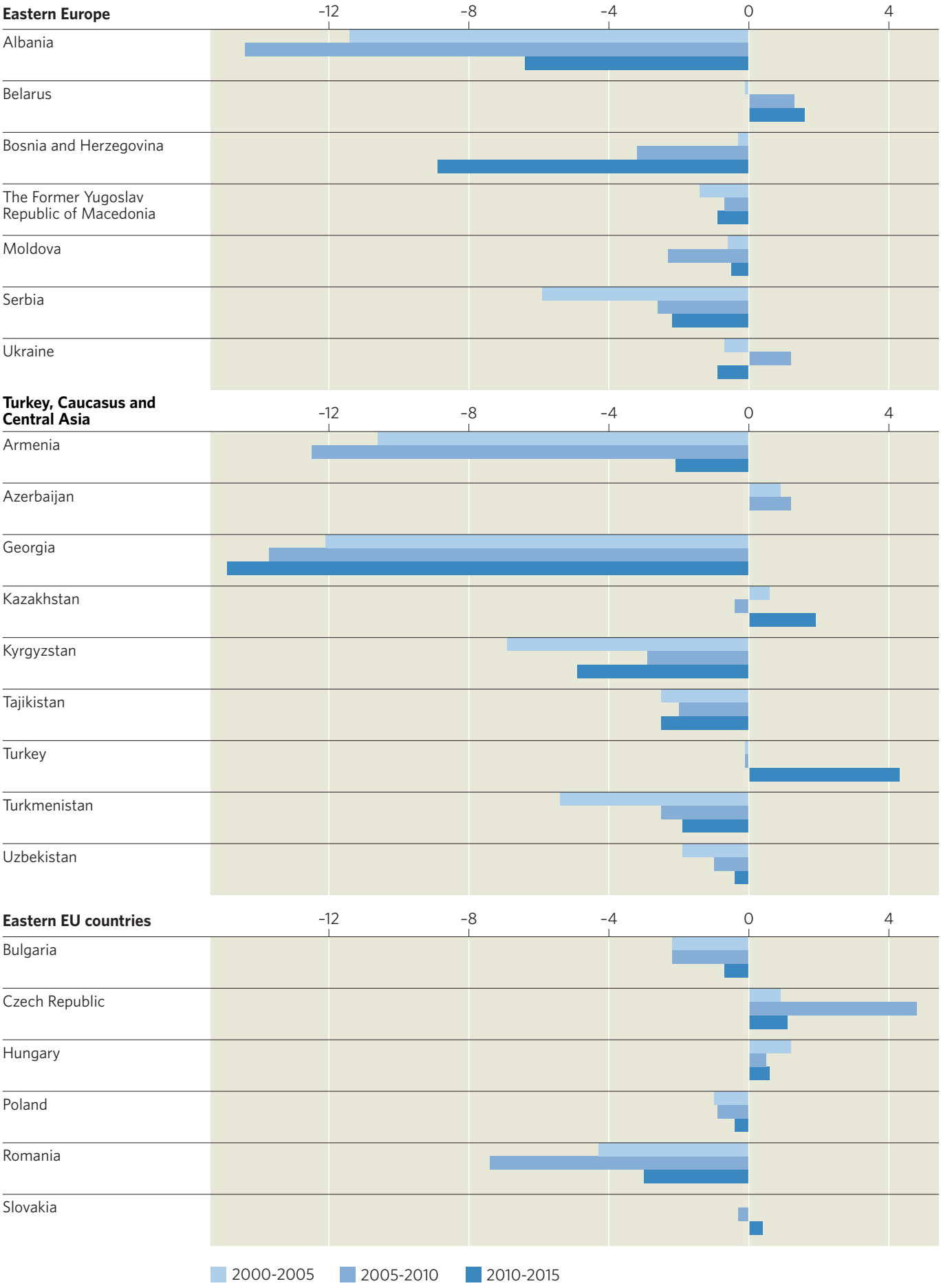
Figure 13 shows the percentage of older people (60+) co-residing with at least one other person based on recent survey data from selected countries. There is considerable diversity within the regions, with much higher rates of co-residence in Turkey, Caucasus and Central Asia than Eastern Europe. In fact, in the Eastern European countries represented in the chart, living alone is the majority experience for older people. The pattern by gender is typical of that seen in global studies of the living arrangements of older people: older women more frequently live alone because they commonly marry older spouses and men have poorer life expectancy. As a consequence, many older women live alone as widows. This is likely to be particularly pronounced in Eastern Europe and Turkey, Caucasus and Central Asia compared to countries of a similar level of development because of the comparatively large gender difference in life expectancy. Given the patriarchal nature of many of the region's countries, which can disadvantage older women – for example, inheritance laws which prioritise children over wives (UN Statistics, 2015) – this highlights the potential priority to support older women living alone in this region. Indeed, in the Republic of Moldova older people living alone are specifically targeted for primary social care (Turcanu et al, 2012), which in effect benefits a disproportionate number of older women.

Figure 13: Co-residence amongst older people (60+ years) in selected countries



Source: Evans and Palacios (2015)

Figure 14: Net migration rates per 1,000 population, 2000-2015



Source: UN DESA (2017) – Population Prospects 2017 revision

Widespread migration of the middle generation over the last 15 years is likely to have had a significant impact on the living arrangements of older people and the availability of informal caregivers (Botev, 2012). Although the age profile of migrants is getting older, the majority of migrants from the region are still young adults (IOM, 2015). Emigration has been an important but not universal change in the demography of the region over the last 15 years. Figure 14 shows the net migration rate per 1,000 population over the 15 years from 2000 to 2015 for Eastern Europe and Turkey, Caucasus and Central Asia. The majority of countries experienced negative net migration over the period.

It is important to highlight the diversity in migration streams in the region. The major countries of origin in Turkey, Caucasus and Central Asia, such as Tajikistan, have male dominated out-migration flows (Jones et al, 2007), whilst many in Eastern Europe, such as the Republic of Moldova, have female dominated out-migration (Vianello, 2015). This distinction is particularly important considering the impact of the absence of middle generation family members for older people. The implications of the middle generation migrating for the living arrangements and wellbeing of older people is less well researched than the implications for children left behind.

Table 5: Provision of leave for elderly parents' health needs

Eastern Europe	Are working women and men guaranteed leave for elderly parents' health needs?
Albania	Yes, unpaid leave
Bosnia and Herzegovina	Yes, paid leave
TFYR Macedonia	No
Serbia	Yes, paid leave
Ukraine	Yes, unpaid leave
Turkey, Caucasus and Central Asia	
Armenia	Yes, unpaid leave
Azerbaijan	Yes, unpaid leave
Georgia	No
Kazakhstan	No
Kyrgyzstan	Yes, paid leave
Tajikistan	No
Turkey	No
Turkmenistan	Yes, paid leave
Uzbekistan	Yes, paid leave

Source: Global AgeWatch Index data (2015)
Only countries with at least one data point are shown

Research to date has shown mixed results. For example, in Moldova qualitative research highlighted how older people recognise the economic benefits of labour migration for their children's quality of life and their own (through remittances) but also found that they can suffer significantly from isolation and lack of caregivers, as well as a possible increase in responsibility in caring for grandchildren if they also remain in Moldova (Grant et al, 2009). However, mixed methods research in Moldova, (Vianello, 2015) describes how many migrants will only choose to go abroad if at least one sibling remains behind and is able to support older parents, and that difficulties providing care only arise when all siblings are abroad. There is a need for further research on living arrangements, and particularly the implications of adult children's migration, for older people in the region in order to inform policy.

4.3 Ageing in own home and support for caregivers of older people

Limited provision of formal care for older people means there is greater need for informal care within their own home for older people. Countries in the region are characterised by strong socio-cultural norms of family, particularly female family, providing care for older relatives (Korinek, 2013). Considering policy which specifically addresses caregiving, in Kyrgyzstan Article 92 of the Family Code obliges children to care for older parents, and there is an increase in the pension value for older people aged 80 years or over which may help support caregivers, although there is no direct financial support for caregivers (UNFPA and HelpAge International, 2011).

Table 5 shows that in over half of the countries in the region working men and women are guaranteed leave, often paid leave, to support older parents' health needs, which is significant for supporting caregivers. However, it is important to note that this only covers those caregivers who are employed in the formal sector and who have not had to give up work to provide care. Further, in five countries there are no provisions to support such caregivers.

4.4 Elder abuse and discrimination

In common with the broader international context, there is a lack of comparable and nationally representative data on the scale and nature of elder abuse and discrimination in the region. Results from the World Health Organization's Global Status Report on Violence Prevention (2014) show that Serbia is the only country in the region to have conducted a national survey on the issue. HelpAge International have conducted large-scale studies on elder abuse in Kyrgyzstan and the Republic of Moldova within the last five years, which suggest it is a significant problem in the region. The study in Kyrgyzstan took place in 2012 and included 100 older men and women aged 50+. Whilst there is significant protection for older people enshrined in the Kyrgyz Constitution, such as protection from violence in the Kyrgyz Family Code, the study found that over one third of respondents reported experiencing at least one type of personal crime, violence or abuse since they turned 50 (HelpAge International, 2012). A similar study in Moldova interviewed over 1,000 older men and women aged 65+ found that 29 percent of older people interviewed had experienced acts of violence and abuse and two thirds of the victims were women (HelpAge International, 2015). In terms of discrimination, the study in Kyrgyzstan found 16 percent of survey participants reported poorer treatment from health workers because of their age and 12 percent reported that their health needs had been neglected because of their age. Table 6 summarises the prevalence of elder abuse preventative programmes and legislation in the region and the extent to which they are implemented/enforced. It is evident that eight of the twelve countries in the region, which provided information for the Global Status Report on Violence Prevention reported that they had legislation against elder abuse which was fully or partially implemented, a figure which compares favourably with other regions in the report. Indeed, some laws against elder abuse have been introduced since the MIPAA such as Kyrgyzstan's 2003 law on socio-legal protection of the victims of family abuse which specifically mentions older people (UNFPA and HelpAge International, 2011). However, coverage of supporting programmes to prevent elder abuse are more limited with Belarus and Albania being the only countries in the region to provide larger scale campaigns (defined as having a reach of over 30 percent of intended target population) across professional awareness, public information, caregiver support and residential care policies. This highlights that prevention is an area where the majority of countries the region can make further progress.

Table 6: Summary of programmes and laws relating to elder abuse

	Programmes to prevent elder abuse				**Laws against elder abuse**			
	Professional awareness campaigns	Public information campaigns	Caregiver support	Residential care policies	Against elder abuse		Against elder abuse in institutions	
Eastern Europe	**Implementation**				**Existence**	**Enforcement**	**Existence**	**Enforcement**
Albania	Larger scale	Larger scale	Larger scale	Larger scale	Yes	Full	Yes	Partial
Belarus	Larger scale	Larger scale	Larger scale	Larger scale	Yes	Full	Yes	Full
Bosnia and Herzegovina	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kosovo	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TFYR Macedonia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Moldova	Limited	Limited	None	Larger scale	Yes	Partial	Yes	Partial
Serbia	Limited	Limited	Limited	Larger scale	No		No	
Ukraine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Turkey, Caucasus and Central Asia								
Armenia	Larger scale	None	Larger scale	None	No	-	No	-
Azerbaijan	None	None	None	None	No	-	No	-
Georgia	Larger scale	Larger scale	None	None	Yes	Partial	No	-
Kazakhstan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kyrgyzstan	Limited	Limited	Limited	Limited	Subnational	Partial	Subnational	Partial
Tajikistan	Limited	Larger scale	Larger scale	Larger scale	Yes	Full	Yes	Full
Turkey	None	Larger scale	Larger scale	Larger scale	Yes	Full	Yes	Full
Turkmenistan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Uzbekistan	None	Limited	None	Limited	Yes	Full	Subnational	Limited

Source: WHO (2014)

5. Key issues and data

Photo: Valzhina

5. Key issues and data

There are a number of key issues for supporting older people in the region. At a macro level, promoting more balanced population structures could help countries rise to the challenge of supporting their older citizens. Very rapidly declining fertility, in conjunction with net emigration, has led to dramatically accelerated population ageing and even population decline in some countries, and if current trends continue this will only worsen. However, fertility behaviour responds to socio-economic context and gender-sensitive family policies and there are several examples of rebounding fertility in neighbouring Western Europe. Analyses of family policies in 18 OECD countries highlights the particular success of policies which support parents with benefits and childcare beyond the child's first birthday (Luci-Greulich and Thévenon, 2013). Such policies promote not only higher fertility but also higher participation in the labour force amongst working age adults. Further, analyses have shown that developed countries with low gender equality across their societies continue to see declining fertility (Myrskylä et al, 2011). Thus a focus on supporting young families and promoting gender equality could help countries in the region recover their fertility rates.

Reversing migration trends is likely to present an even greater challenge, and will require creation of economic opportunities: employment opportunities as well as investment opportunities that may entice some from the diaspora to return to their native country.

Population ageing without gains in health in later life is not conducive to a maintaining the functional ability that enables wellbeing in older age (WHO 2015). A focus on addressing the lifestyle factors contributing to the excess mortality and morbidity in later life is needed. Gains in life and healthy life expectancy at 60 have been modest in this region since 2000. Curbing the risk factors across the life course will help build on this progress, in particular to raise outcomes for men but also to tackle the emerging challenge of unhealthy lifestyles and associated health risks amongst women. Action is required amongst older people, but also across younger age groups to ensure future cohorts of older people are able to enjoy later life and enjoy it in the best possible health. In addition to the benefits for quality of life, a focus on prevention across the life course could significantly reduce the burden of old age care on governments and families.

As countries in the region increasingly urbanise, supporting older populations in the urban as well as rural environments will be an increasingly important area of focus. Further research on the social environment of older people including rural and urban differentials is especially required to assert which older people are most vulnerable and should be targeted. The implications of different living arrangements and the impact of widespread migration of the middle generation are particularly poorly understood. Policies addressing the above issues and support childcare and young families, healthy ageing and enabling environments for older people inevitably require resources which is made more challenging by a declining proportion of the population of working age. However, whilst the emigration of young adults brings about challenges for the social care and wellbeing of older people, there are opportunities to reap benefits from the economic contributions from working age citizens living and working abroad through remittances and investments.

Further, as shown in section 2.2, many countries in the region have made progress in increasing the share of the younger-old participating in the labour market. Increases in the share of older women participating in the labour force are particularly encouraging given the much lower general rates of employment amongst women. Further support and flexible policies are required to enable more older people to flourish in labour markets which have conventionally been focused on youth.

Several areas of this report have been limited by the dearth of available data, especially historical data to map progress since 2002. This is particularly true of the data on enabling environments, including living arrangements and elder abuse, and on measures of economic wellbeing. The report has relied heavily on aggregated indicators compiled and made available by international organisations such as the UN, WHO and World Bank. Another important source of evidence could be household survey data. Many countries included in this report are not currently part

of large international projects to collect survey data with a focus on older people such as the Survey of Health, Ageing and Retirement in Europe (SHARE), which includes over 20 European countries, or the Study on Global Ageing and Adult Health (SAGE) which includes six middle income countries. However, they do participate in large internationally comparable general household surveys. Table 7 summarises surveys collected under USAID's Demographic and Health Survey (DHS) programme and the World Bank's Living Standards Measurement Study (LSMS) programme from 2000 to 2015. It is evident that 13 of the 17 countries in the region have participated in at least one of these surveys over this period.

The DHS programme has much broader coverage than the LSMS and the surveys can be used to provide estimates of living arrangements and poverty (as measured by household assets) of older people. However, the more specialist modules on health and wellbeing are focused on adults of reproductive age and those over 49 years are excluded. The LSMS surveys are carried out in a more limited

Table 7: Demographic and Health Surveys and Living Standards Measurement Study Surveys collected in the period 2000-2015

Eastern Europe	Demographic and Health Surveys	Living Standards Measurement Study Surveys
Albania	2008-09	2002, 2003, 2004, 2005
Belarus	(none)	(none)
Bosnia and Herzegovina	(none)	2001, 2002, 2003, 2004
TFYR Macedonia	(none)	(none)
Moldova	2005	(none)
Serbia	(none)	2000, 2002, 2003, 2007
Ukraine	2007	(none)
Turkey, Caucasus and Central Asia		
Armenia	2000, 2005, 2010, 2015-16	(none)
Azerbaijan	2006	(none)
Georgia	(none)	(none)
Kazakhstan	(none)	(none)
Kyrgyzstan	2012	(none)
Tajikistan	2003	(none)
Turkey	2000	(none)
Turkmenistan	2012	2003, 2007, 2009
Uzbekistan	2002	(none)

Source: DHS program (2016) and LSMS (2016)


Photo: Aivita

range of countries and the questionnaire used are less standardised than DHS questionnaires, which makes international comparison more challenging (Randall and Coast, 2016). However, they do collect much more information on the health, demographics and economic activities of older people. The need to increase the availability of age disaggregated data across time-points ties in with the Sustainable Development Goals (SDGs), particularly Goal 17, target 18 which commits to increasing the availability of high quality age disaggregated data.

Increasing the scope, coverage and frequency of existing international household surveys such as the DHS and LSMS, which already collect data in the region, could be a cost-effective way to meet this commitment. Enhancing the collection and availability of data will improve monitoring as we continue to strive towards building a society for all ages.

Moving forward, it is vital that countries of this region take a good stock of what ageing-related data is available in their country, from the population and housing censuses, and from household surveys and administrative registers. They need to assess what longer term investments are required in the survey, census and use of administrative data instruments to monitor the SDGs' 'leaving no one behind' pledge. Investments are required in the Vital Statistics systems. In this way, countries can start making a good use of existing data sources to analyse population dynamics by age and sex and identify gaps in the evidence about lives of older people. A critical requirement in the progress will be to 'communicate, coordinate, and collaborate', internationally and with civil society to improve knowledge and policy practice. These are prerequisites for full realisation of all human rights and dignity for older people in all countries.

6. Policy recommendations

The region EECA is going through a demographic change which has no parallels elsewhere in the world: while life expectancy is increasing, adverse mortality trends persist, especially the excess male mortality in some countries, and the population in several EECA countries are shrinking due to reduction in births and net emigration of the young and educated.

This rapid demographic change coincides with political, economic and social transformations. The fall of communism affected younger and older people differently. Younger people were able to respond relatively easily, for example by moving abroad for a better future, whereas older people have found it more difficult to adapt.

This situation has given rise to serious population concerns, referred to in many countries as the challenge of 'demographic security'. The trends have given succour to pro-natalist policies, with many countries starting to provide better day care centres, parental leave allowances and child benefits, especially for the second and third child (Frejka and Gietel-Basten 2016).

The policy priorities to address challenges of ageing in the EECA region can be identified as follows:

1. The adoption of the life course approach in promoting independence, health and wellbeing of older people should be at the heart of all sustainable development strategies. There should be a strong emphasis to improve lifestyle behaviours and early detection of health and social security problems. This includes investing in health promotion, lifelong learning, increased labour market participation of older people and flexible retirement, access to health services and rehabilitation, and investment in supportive and enabling environments.

2. Joined-up policies horizontally across all areas of government and vertically across local, regional and national policy making communities will be fundamental in bringing about a positive change in the region. Specific challenges linked with emigration, social care and inter-generational relationships need to be better understood and coordinated across different policy channels. Mutual learning should be drawn from other more developed Eastern European countries that have gone through similar challenges (such as Poland and the Czech Republic).

3. Inequality in experiences of ageing must be better understood through an awareness of differentiation in population groups on the basis of gender, education, rural or urban residence, disability and living arrangements. Policies such as universal health coverage and social pensions need to be pursued to ensure inequalities do not continue to rise in the experience of ageing. Combating ageism should be a key priority going forward, to remove all barriers to the full inclusion and participation of older people.

4. The public at large and other stakeholders need to better understand the challenges as well as opportunities linked with population ageing. They need to acknowledge and promote the contributions, participation and engagement of older people for the economy and for society as a whole.

5. An effective strategy will be necessary for the collection and dissemination of better and innovative age-disaggregated evidence on the vulnerability and potential of older people. This ties in strongly with the 2030 Agenda and its pledge of 'leave no one behind'. Increasing the scope, coverage and frequency of existing international household surveys such as the DHS and LSMS could be a cost-effective way to meet this commitment. If they can be afforded, countries need to plan for specialised surveys on older people, such as the UN DESA-led Multiple Indicator Survey on Ageing in Malawi. The use of internationally comparative evidence, such as the Active Ageing Index, will need to be promoted in identifying good policy practices and mutual learning.

These recommendations are in line with the findings of the UNECE's Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the broader region of the UN Economic Commission for Europe (UNECE 2017). The UNECE Report identifies as priorities adaptation of the labour markets, reforms in the social protection systems, the integration of health and social care services and ensuring their financial sustainability in the face of increasing demand.

References

Andreeva, T. and Krasovsky, K. (2007) Changes in smoking prevalence in Ukraine in 2001–5. *Tobacco control*, 16(3), pp. 202-206.

Antczak, R. and A. Zaidi (2016) 'Measuring Older Persons' Well-Being in Central and Eastern European Countries', paper presented at the Launch event "Building Bridges in Social Welfare Policy in Eastern Europe", 19 September 2016, Vienna.

Antczak, R. and A. Zaidi (2017) 'Monitoring progress of Madrid International Plan of Action on Ageing, Case studies of Eastern European and Central Asian countries: UKRAINE', Report Produced for UNFPA's Regional Office for Eastern Europe and Central Asia, Istanbul.

Bennett, R., R. Sumner and A. Zaidi (2017) 'Monitoring progress of Madrid International Plan of Action on Ageing, Case studies of Eastern European and Central Asian countries: REPUBLIC OF TAJIKISTAN', Report Produced for UNFPA's Regional Office for Eastern Europe and Central Asia, Istanbul.

Botev, N. (2012) 'Population ageing in Central and Eastern Europe and its demographic and social context', European Journal of Ageing, Volume 9, Issue 1, pp. 69–79.

Boudet, A. and Wiseman, W. (2015) *Turkey's Important Balancing Act: Promoting Women's Empowerment in Turkey* The Globalist, World Bank [Online] Available: http://www.worldbank.org/en/news/opinion/2015/04/09/important-balancing-act-turkey (accessed November 2016).

Bussolo, M., Johannes, K. and Sinnott, E. (2015). *Golden aging: Prospects for healthy, active, and prosperous aging in Europe and Central Asia* World Bank. [Online] Available: http://www.worldbank.org/en/region/eca/publication/golden-aging (accessed October 2016).

Demographic and Healthy Survey program (2016) *Survey search*. [Online] Available: https://dhsprogram.com/What-We-Do/Survey-Search.cfm (accessed November 2016).

European Commission. (2012). *The 2012 Ageing Report: Economic and budgetary projections for the 27 EU Member States (2010-2060)*. [Online] Available: http://ec.europa.eu/economy_finance/publications/european_economy/2012/pdf/ee-2012-2_en.pdf (accessed October 2016).

Eurostat (2016) *At-risk-of-poverty rate by poverty threshold, age and sex*. [Online] Available: http://ec.europa.eu/eurostat/web/products-datasets/-/ilc_li02 (accessed October 2016).

Evans, B and Palacios, R (2015) *An Examination of Elderly Co-residence in the Developing World.* Technical report, Washington DC: World Bank. [Online] Available: http://documents.worldbank.org/curated/en/600291467992481736/pdf/96557-BRI-P153286-PUBLIC-Box391458B-ADD-SERIES-SPL-Policy-Note-17.pdf (accessed October 2016).

Frejka, T and S. Gietel-Basten (2016) 'Fertility and Family Policies in Central and Eastern Europe after 1990', Comparative Population Studies, Vol. 41, 1 (2016): 3-56.

Global Burden of Disease (2015) *Global Burden of Disease Study Results* [Online] Available: http://vizhub.healthdata.org/gbd-compare/ (retrieved October 2016).

Grant, G., Falkingham, J. and Evandrou, M. (2009) The impact of adult children's migration on wellbeing in later life: voices from Moldova. *Centre for Research on Ageing, Discussion Paper, 902*.

HelpAge International (2015) *Breaking the silence: elder abuse in the Republic of Moldova.* [Online] Retrieved from: http://www.helpage.org/blogs/tatiana-sorocan-897/breaking-the-silence-on-elder-abuse-in-moldova-966/ (accessed October 2016).

HelpAge International. (2012). *Elder abuse in Kyrgyzstan: Summary of the elder abuse survey.* [Online] Available: http://www.helpage.org/download/4fe0608b55c7f22 (accessed September 2016).

Hoff A (2008) Introduction: the drivers of population ageing in Central and Eastern Europe – fertility, mortality and migration In Hoff, A (ed.) *Population Ageing in Central and Eastern Europe: Societal and Policy Implications.* Routledge.

International Labour Organisation (2015a) *Key Indicators of the Labour Market* [Online] Available: http://www.ilo.org/global/statistics-and-databases/research-and-databases/kilm/lang--en/index.htm (accessed October 2016).

International Labour Organisation (2015b) *Social Protection* [Online] Available: ILO Social protection (http://www.social-protection.org/gimi/gess/ShowSearchIndicators.action (accessed October 2016).

International Organisation for Migration (2015) *Migration Facts and Trends South-Eastern Europe, Eastern Europe and Central Asia.* [Online] Available: https://publications.iom.int/books/migration-facts-and-trends (accessed October 2016).

Islamic Human Rights Commission (2003) Tajikistan's Civil War and Post-1997 Events, June, [Online] Available: http://archive.muslimuzbekistan.com/eng/ennews/2003/06/ennews05062003.html#note (accessed October 2016).

Jones, L., R. Black and R. Skeldon (2007) 'Migration and Poverty Reduction in Tajikistan' *Development Research Centre on Migration, Globalisation and Poverty Working Paper C11.*

Korinek, K. (2013) Family relations and the experience of loneliness amongst older adults in Eastern Europe. In: McDaniel, S. and Zimmer, Z. (eds.). *Global ageing in the twenty-first century: Challenges, Opportunities and Implications.* Ashgate Publishing.

Lillard, D and Dorofeeva, Z (2015) Smoking in Russia and Ukraine Before, During and After the Soviet Union. In: Lillard, D and Christopoulou, R. *Life-Course Smoking Behaviour: Patterns and National Context in Ten Countries.* United States: Oxford University Press.

Living Standards Measurement Study (2016) LSMS Dataset Finder [Online] Available: http://iresearch.worldbank.org/lsms/lsmssurveyFinder.htm (Accessed November 2016).

Luci-Greulich, A. and Thévenon, O. (2013) The impact of family policies on fertility trends in developed countries. *European Journal of Population, 29*(4), pp. 387-416.

OECD (2011) Development in Eastern Europe and the South Caucasus: Armenia, Azerbaijan, Georgia, Republic of Moldova and Ukraine, Paris.

Pajak, A. and Kozela, M. (2012) Cardiovascular disease in Central and East Europe. *Public Health Reviews, 33*(2), pp. 416-435.

Randall, S. and Coast, E. (2016) The quality of demographic data on older Africans. *Demographic Research,* 34, p. 143.

Schwarz, A., Arias, O.S., Zviniene, A., Rudolph, H.P., Eckardt, S., Koettl, J., Immervoll, H. and Abels, M. (2014). *The Inverting Pyramid. Pension Systems Facing Demographic Challenges in Europe and Central Asia.* Washington DC: World Bank. [Online] Available: http://www.worldbank.org/content/dam/Worldbank/Feature%20Story/ECA/ECA-Pensions-Report-2014.pdf (accessed October 2016).

Sidorenko, A and O. N. Mikhailova (2014) 'Implementation of the Madrid International Plan of Action on Ageing in the CIS Countries: The First 10 Years', *Advances in Gerontology, 2014, Vol. 4, No. 3, pp. 155–162.*

Turcanu. G., Domente, S., Buga, M., and Richardson, E. (2012). Republic of Moldova: *Health system review. Health Systems in Transition, 14*(7), 1-151.

United Nations Department of Economic and Social Affairs (UN DESA) (2017) *World Population Prospects: The 2017 Edition.* [Online] Available: http://www.un.org/en/development/desa/publications/world-population-prospects-2015-revision.html (retrieved September 2017).

United Nations Economic Commission for Europe (UNECE) (2017) *Extracts from the Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the ECE region between 2012 and 2017: Note by the Secretariat* [Online] Available: http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Lisbon/Documents/ECE-AC.30_2017_3_E.pdf

United Nations Population Fund and HelpAge International (2011). *Overview of available policies and legislation, data and research, and institutional arrangements relating to older persons – progress since Madrid.* [Online] Available: https://www.unfpa.org/sites/default/files/pub-pdf/Older_Persons_Report.pdf23 (accessed September 2016).

United Nations Population Fund, and HelpAge International. (2012). *Ageing in the twenty-first century: A celebration and a challenge.* [Online] Available: http://www.helpage.org/download/50af6e9c8f44b23 Retrieved September 2016

United Nations Population Division (2014) *World Urbanisation Prospects: the 2014 edition* [Online] Available from: http://www.un.org/en/development/desa/population/theme/urbanization/ (accessed November 2016).

UN Statistics (2015) *The world's women 2015: trends and statistics* [Online] Available: http://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_report.pdf (accessed October 2016).

Vianello, F. (2015) International migrations and care provisions for elderly people left behind. The cases of the Republic of Moldova and Romania. *European Journal of Social Work,* pp. 1-16.

World Health Organization (2014) *Global Status Report on Violence Prevention* [Online] Available: http://www.who.int/violence_injury_prevention/violence/status_report/2014/data/en/ (accessed October 2016).

World Health Organization Observatory (2015) *Health workforce density per 1,000* [Online] Available: http://apps.who.int/gho/data/node.main.A1444?lang=en&showonly=HWF (accessed October 2016).

World Health Organization. (2015) *WHO mortality database.* [Online] Available: http://apps.who.int/healthinfo/statistics/mortality/whodpms/ (accessed October 2016).

World Policy Centre (2016) *Are working women and men guaranteed leave to care for elderly parents' health needs.* [Online] Available: http://www.worldpolicycenter.org/data-tables/policy/are-working-women-and-men-guaranteed-leave-to-care-for-their-elderly-parents-health-needs (accessed October 2016).

Zaidi, A. (2013) *Global AgeWatch Index 2013: Purpose, Methodology and Results.* Report prepared for HelpAge International, Centre for Research on Ageing, University of Southampton. [Online] Available: http://www.helpage.org/download/52949b561453d (accessed October 2016).

Zaidi, A and Rejniak, M. (2010), *Fiscal Policy and Sustainability in View of Crisis and Population Ageing in Central and Eastern European Countries,* Policy Brief August 2010, European Centre for Social Welfare Policy and Research, Vienna.

Zaidi, A., K. Gasior, B. Marin, R. Rodrigues, A. Schmidt and E. Zolyomi (2017) 'Measuring Active and Healthy Ageing in Europe', *Journal of European Social Policy.* Vol. 27(2) 138–157.

Design: TRUE www.truedesign.co.uk

In collaboration with:

University of Southampton

University of Gloucestershire at Cheltenham and Gloucester

UNFPA

Regional Office for Eastern Europe and Central Asia, Istanbul
eeca.unfpa.org