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# **Road Map for Mainstreaming Ageing Armenia**



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## Note

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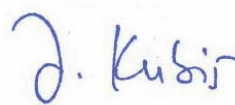
## Foreword

The present volume is the first of UNECE's reports on country-level projects entitled Road Maps on Mainstreaming Ageing, undertaken in UNECE member States at the request of Governments. These projects aim to assist countries in translating the recommendations of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) into concrete actions relevant to the economic, social, cultural and political specificities of the given country, so that they can better implement these internationally-agreed commitments within the framework of their own national circumstances. The central tenet of the Road Maps is 'mainstreaming' ageing – that is, ensuring that matters related to population ageing and to the interests of older persons are considered in all policy areas.

The report represents the culmination of a wide-ranging project based on the principle of participatory policy development, involving interviews with a broad range of stakeholders, detailed reviews of existing policies and programmes, and close consultation with Government. In the case of Armenia, the development of the Road Map took place alongside the country's development of a National Strategy on Ageing. The Road Map therefore fed into this strategy, helping to ensure that it was in compliance with MIPAA/RIS.

Armenia, the first country to work with UNECE in developing a Road Map for Mainstreaming Ageing, faces a constellation of challenges: the demographic changes associated with longer lives and smaller families; the large-scale emigration of working-age people out of the country; and the continued process of transition to a market economy, especially keenly felt in the context of the economic crisis. Against this background, the Road Map provides recommendations relating to a variety of policy areas, including integration and participation of older persons, social protection, health, housing, lifelong learning and the labour market.

It is expected that this report will be useful in supporting policymakers and representatives of civil society – both within Armenia and in other countries of the region – in their efforts to take on the challenges posed by population ageing, and that it will encourage countries to review and develop their national strategies on ageing in line with the internationally agreed commitments.



Ján KUBIŠ

Executive Secretary

United Nations Economic Commission for Europe



# Contents

Foreword .....	iii
List of abbreviations .....	vii
List of experts .....	vii
Executive summary.....	ix
Statement by Armenia.....	xi
<b>Introduction.....</b>	<b>1</b>
<b>Method.....</b>	<b>1</b>
<b>Chapters</b>	
<b>I. Background information: Armenia .....</b>	<b>3-4</b>
A. History .....	3
B. Economy.....	3
C. Labour market.....	4
D. Population and demographic trends.....	4
<b>II. The policy framework: overview of existing laws and regulations .....</b>	<b>7-10</b>
A. Introduction.....	7
B. Government action plan.....	7
C. Government anti-crisis action plan.....	7
D. Strategy on demographic policy .....	7
E. Pension reform programme and pension reform implementation schedule .....	8
F. Law on state allowances.....	8
G. Law on social assistance.....	8
H. National programme to improve home-based social services for single older persons and persons with disabilities .....	8
I. Procedures for providing care to older persons and persons with disabilities.....	9
J. Minimum standards of care and social services for older persons and persons with disabilities .....	9
K. Ensuring access to the social, transport and business infrastructure for persons with disabilities .....	9
L. Conclusion: ageing in the Armenian policy agenda .....	10
<b>III. Observations of the field study and recommendations .....</b>	<b>13-28</b>
A. Introduction.....	13
B. Ageing-related policies and their implementation .....	13
1. Integration and participation of older persons .....	13
(a) Economic integration .....	13
(b) Social integration .....	14
(c) Cultural integration.....	14
(d) Political integration.....	15
2. The image of older persons .....	15
3. Social protection.....	18
4. Health.....	19

5. Institutional care.....	20
6. Housing and independent living.....	21
7. Education .....	22
8. Labour market .....	22
9. Gender .....	23
10. Monitoring and evaluation of ageing-related policies .....	23
C. Institutional arrangements and allocation of responsibilities.....	24
D. Involvement of stakeholders .....	25
E. Research and data collection .....	26
F. Integration into international processes.....	26
G. Outlook: the road ahead .....	27

## Annexes

I. List of documents reviewed.....	31
II. Questionnaire .....	33
III. List of interviewees .....	37
IV. Strategy on Ageing (2010) .....	39
V. Action Plan (2010).....	63

<b>Sources .....</b>	<b>89-90</b>
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## List of abbreviations

CIS	Commonwealth of Independent States
GDP	Gross domestic product
IMF	International Monetary Fund
MLSI	Ministry of Labour and Social Issues
MIPAA	Madrid International Plan of Action on Ageing
NGO	Non-governmental organization
RIS	Regional Implementation Strategy
UNECE	United Nations Economic Commission for Europe
UNIDO	United Nations Industrial Development Organization
WHO	World Health Organization

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## Executive summary

In 2008 the UNECE Working Group on Ageing decided to include the development of Road Maps on Mainstreaming Ageing in its work programme. Based on an in-depth appraisal of the concrete situation in a country, these Road Maps will develop recommendations on how to enhance country-level implementation of the internationally agreed policy framework of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) for the region of the United Nations Economic Commission for Europe (UNECE).

Armenia was selected as the first country to develop such a Road Map, with the assistance of the UNECE secretariat. Recommendations were developed based on a field study, review of relevant documents and a fact-finding mission during which interviews were carried out. The exercise pursued a participatory approach, in that representatives of all stakeholder groups — including government, civil society, trade unions and the private sector — were consulted in the process. As the development of the Road Map coincided with a national process of developing a National Strategy on Ageing and a corresponding Action Plan, the recommendations developed for the Road Map were channelled directly into the drafts of these documents. In spite of the challenges that Armenia is currently facing due to the financial crisis, the Government has upheld its commitment to the area of ageing. Given the difficulties with which other age groups — youth and the working age population — are confronted, it remains a challenge to design policies that generate equal opportunities for all age groups.

Recommendations are given in relation to several different substantive policy areas, including integration and participation of older persons, social protection, health, institutions, housing and independent living, education, the labour market, gender and monitoring and evaluation. These areas were chosen as the most relevant in reflecting the essence of the Madrid Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) and the concept of mainstreaming ageing, which was the main theme for the Road Map.

Given the current situation in the country, implementation of the pension reform will certainly entail a major effort and require considerable financial input. However, such a reform could become the most promising strategy to achieve an income beyond the poverty threshold for all pensioners. Other elements of social protection, such as family benefits or systems of special privileges for selected groups, should be channelled into one unified, integrated system. Service provision should be made more transparent, with easy access to information on eligibility criteria and selection processes. Complaints mechanisms should be functioning and their existence widely advertised, catering to applicants who feel they have been treated unjustly. Capacity-building and awareness-raising on all levels will be central, including among the authorities at the local and provincial levels and in the national ministries, among staff involved in health or social service provision and among trade unions, the private sector and civil society. Volunteers may be trained and included in service provision. Specific emphasis should also be put on capacity-building in the area of monitoring and evaluation. At the institutional level, responsibilities between different entities should be clearly set out and responsible bodies should be empowered to fulfil their roles. At the same time, more exchange should take place between ministries and other stakeholders at the national, provincial and local levels. Partnerships between State- and non-State actors should be further promoted and coordination with the country offices of various United Nations agencies should be intensified. More emphasis should be put on public relations and awareness-raising. The Ministry of Labour and Social Issues is encouraged to pursue an active information policy, so that new policies made in the spirit of MIPAA/RIS are widely publicized.



## Statement by Armenia

*Statement made by Ms. Anahit Martirosyan, national coordinator of the Armenian Road Map project and Vice-Chair of the UNECE Working Group on Ageing, on the occasion of the second meeting of the Working Group on 24 November 2009.*

Dear Ladies and Gentlemen,

First of all I would like to express my gratitude to UNECE on behalf of the Government of Armenia for this opportunity to develop the Road Map on Ageing for our country. Special thanks go to Andres Vikat and Viviane Brunne for their active involvement and support during the whole process.

I should say that the assistance of UNECE in developing the Road Map came at the perfect time, for various different reasons.

The Sustainable Development Programme, which is one of the fundamental strategic documents for Government activities, indicates the main principles and directions of socio-economic development of the country. It provides the basis for policy development and implementation in different spheres. The policies in various areas should lead to the realization of the Sustainable Development Programme's goals and targets.

This has led to the need to develop a comprehensive document for sustainable development in the social sphere. For this purpose the Ministry of Labour and Social Issues has formed 11 different working groups, one of which was responsible for development of the Road Map. The draft Strategy on Ageing was reviewed and amended by UNECE experts in order to ensure its compliance with the MIPAA principles and to ensure the development of a sound Road Map. I am not going to go into details on development process of the Road Map, as Viviane Brunne will provide information on that later.

I just would like to mention that the Road Map in fact is the Action Plan for the new Development Strategy on Ageing, and these two documents will be introduced for the Government's approval together as one comprehensive document for the country's ageing policy.

I would like to underline one very important fact — that, while drafting the Road Map, both international and local experts use as a guiding principle the aim of being realistic, in order not to have just a nice paper but to make sure that the actions indicated there will be realized in order to promote implementation of MIPAA goals in Armenia. The experts took into consideration the current legislation in different sub-spheres, such as new pension reform, social assistance and employment policies. The monitoring and evaluation indicators of the Road Map were developed by the international expert who was involved in development of monitoring indicators for the Sustainable Development Programme, and is very well acquainted with our country's situation. The monitoring and evaluation indicators were developed with both a short-term and a long-term perspective, which will enable us to evaluate the implementation process and, if necessary, to make relevant amendments, particularly keeping in mind the current financial-economic crisis and the rapid changes it entails.

During the process of the development of the Road Map various different institutions have been involved, such as officials from the Ministry of Labour and Social Issues, experts from the National Institute of Labour and Social Research, representatives from the main non-governmental organization (NGO) acting in the sphere of ageing ("Mission Armenia") and representatives from international organizations responsible for adult learning. This ensured that different points of view were taken into consideration, resulting in more comprehensive documents.

After the mission of the UNECE experts and discussions by the Working Group on Ageing, the draft of the Road Map is currently in the process of a final adjustment. Actually, just some translations are left. Then the document will be officially submitted to different stakeholders, such as other ministries, local governments, NGOs, social partners, international organizations and elderly people, for their suggestions and comments. After receiving comments, a round-table discussion will be conducted in order to finalize the document and submit it for the Government's approval.

The development of a Road Map is not just a benefit for one country. I would like to bring to your attention two important facts:

- First of all, it has built capacities in the country, and the model, the principles and the approaches of the Road Map will be used for designing Action Plans for other sub-sphere strategies that are in the process of development.

- Secondly, it can be used in other countries of the region for development of local Road Maps. Of course it cannot be taken by other countries as a completely ready document for them, but it can be efficiently adapted to local situations and needs, as the fundamental principles of the document are internationally accepted ones.

The situation and existing legislation do not differ too much, particularly among CIS countries. We have a good example of using existing local capacity which was built by international organizations in other countries of the region. Right now, our local expert, along with the United Nations Department of Economic and Social Affairs experts, is working in Tajikistan to conduct a household survey following the example of Armenia. I hope that the Ageing Road Map of Armenia developed with the assistance of UNECE will be a useful basic document for extending the idea in the region to bring national policies into compliance with the principles of MIPAA.

Thank you for your attention.

## Introduction

In 2008, the United Nations Economic Commission for Europe (UNECE) established a Working Group on Ageing which convened for the first time in December of the same year. During this meeting, Government representatives of UNECE member States adopted a two-year work programme that contained as one item the preparation of Road Maps on Mainstreaming Ageing. Countries could request participation in this exercise, the objective of which is to provide recommendations for policy directions, based on an in-depth appraisal of the situation in a specific country. This exercise aims to help to translate into action the internationally agreed policy frameworks of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS), taking into consideration specific national circumstances.

The first country to submit an expression of interest and to be chosen for participation in this exercise was Armenia. Ms. Anahit Martirosyan, National Focal Point to the UNECE Working Group on Ageing, was nominated as the national coordinator of the Armenian Road Map project.

The present report provides an overview of the outcomes of the project as it comes to a close for UNECE. This report has been prepared to summarize experiences over the course of the project, so that they can be shared with other countries in the region. The first chapter outlines the project methodology and describes the different stages of its implementation. The second chapter introduces the general situation in Armenia, and the third chapter provides an overview of the most important documents that shape the overall policy framework on ageing in the country. The fourth chapter summarizes the results of the fact-finding mission and concludes with an outlook into what lies ahead. A bibliography guides the reader to some useful material. The list of interviewed stakeholders, the questionnaire used during the fact-finding mission, the draft Strategy on Ageing and the Action Plan are included as annexes.

## Method

The Road Map exercise was carried out in several steps. In April 2009, an initial visit took place. UNECE was invited to contribute to the work of a workshop aimed at presenting and discussing the early stages of the Armenian Strategy on Ageing, which was to become a cornerstone of ageing-related policymaking. It was agreed that the Road Map exercise should feed directly into the drafting process of the Strategy. Following the initial visit, a desk study was carried out during which relevant available material was collected and reviewed by the UNECE secretariat. The material analysed included sources available in English as well as in Armenian. Relevant Armenian documents were translated into English. Based on a review of these documents, hypotheses regarding the ageing situation and the corresponding policy framework were developed. These were verified during a field study that consisted mainly of interviews with national experts on ageing-related policymaking. Experts for interviews were selected from all sectors, including government, non-governmental organizations (NGOs), the private sector, trade unions and international organizations represented in the country. A total of 24 interviews were carried out; a list of the experts interviewed can be found in annex 3. Interviews attempted to assess the general importance attributed to ageing-related policymaking in Armenia, as well as specific laws and programmes and their implementation. Respondents were asked to describe good practice examples and to identify areas of progress. The interviews addressed such issues as budgets, institutional responsibilities, data availability, stakeholder participation and integration in international processes. The guidelines for interviewing are presented as annex 2. While following the guidelines, interviews retained a certain degree of flexibility in order to take account of what the interviewees themselves felt was most relevant. In addition to the interviews, several institutions were visited, for example the Nork Older People's Home and the Social House in Zeytun. This report is based on the findings of both the desk and the field studies.

In the meantime, the Armenian Government continued its work on the Strategy on Ageing and the corresponding Action Plan, coordinated by a previously established national Working Group. Participants of the national Working Group came from the Ministry of Labour and Social Issues, the Institute of Labour and Social Issues and the NGO “Mission Armenia”. The recommendations included in this report have already been channelled into the development of both the Strategy and the Action Plan. A team of international experts, coordinated by UNECE, received an English translation of the Strategy and provided comments along the lines of this report’s recommendations. Within the scope of this exercise, international experts prepared a first draft of several chapters of the Action Plan and also provided suggestions for other chapters of the document. At the same time, the Armenian Working Group drafted assigned chapters of the Action Plan and provided additional proposals for other chapters. In October 2009, a working meeting of international experts and the national Working Group took place to discuss proposals and to develop a joint document reflecting the input of all participants. In addition to merging individual chapters, the aim of this working meeting was to check the feasibility of the goals, objectives and actions formulated, in terms of available financial, institutional and human capacities.

The Strategy applies to the years 2011–2021, to be consistent with the time frame of the overarching Strategy for Sustainable Development. It sets out a number of goals divided into more specific objectives. The Action Plan is based on these goals and objectives, suggesting concrete actions to achieve them. For each action, the timeframe, responsible entity, budgetary implications, potential partners in international organizations and indicators were defined. The Action Plan was made for an initial period of two years and will be subject to revisions after the end of that period. The Strategy and Action Plan that are expected to be adopted by the Government are included as annexes 4 and 5, respectively. Their formal adoption marks the Government’s commitment to their implementation. UNECE will be available to accompany Armenia in monitoring progress.



## CHAPTER I - Background information: Armenia

Table 1: General facts on Armenia

Full name	Republic of Armenia
Capital	Yerevan
Official language	Armenian
Currency	1 dram (AMD) = 100 lumas
Gross domestic product (GDP) at current prices, per capita	5,007 United States dollars (USD)
Population	3.2 million
Life expectancy at birth in 2006	Men 70.2 years, Women 76.9 years
Total fertility rate	1.4 children per woman
Source: UNECE 2010	

### A. History

The Republic of Armenia is a landlocked country in the Caucasus region, bordering Azerbaijan, Georgia, Iran and Turkey. After centuries under Turkish or Persian control, the independence of the Republic of Armenia was proclaimed in April 1918. In the early 1920s, the territory of Armenia was incorporated into the Soviet Union. When the Soviet Union dissolved in 1991, the Republic of Armenia regained its independence. The first years of the Republic were influenced by the conflict with Azerbaijan over Nagorno-Karabakh.

### B. Economy

The Republic of Armenia is a member of the Commonwealth of Independent States (CIS). It belongs to the group of lower-income economies with the GDP per capita at current prices and purchasing power parity amounting to USD 5,007 in 2009 (UNECE 2010). In the 1990s, the country implemented crucial reforms necessary for the transition from a centrally planned to a market economy. It privatized small and medium-sized enterprises, initiated price reforms and opted for prudent fiscal policies. Both the separation from the Soviet Union and the conflict over Nagorno-Karabakh contributed to a sharp decline (50%) in GDP between 1991 and 1994 (World Bank 2002). When Azerbaijan and Turkey closed their borders to Armenia, there was a considerable negative impact on existing trade patterns (World Bank 2002). After the ceasefire in 1994, the country launched a programme of economic liberalization supported by the International Monetary Fund (IMF). In 1995, the country entered a period of strong economic growth which continued for more than 10 years. Between 2002 and 2007 annual growth of GDP exceeded 10% (IMF 2009). During that period, Armenia was able to reduce levels of poverty and to better control inflation as well as the stability of its currency.

The recent global economic down-turn has severely affected the Armenian economy. Remittances sent by Armenians living abroad as well as other capital inflows decreased significantly. Previously, in 2002, the external inflows such as remittances or aid amounted to approximately 45% of individuals' income (World Bank 2002). In addition, export revenues fell by over 40% in the first eight months of 2009, due to weak prices and low demand for Armenia's main commodities, namely metals and minerals (Economic Intelligence Unit 2009).

In 2008, the growth of the economy slowed down to about 6.8% compared with 13.8% in 2007 (IMF 2009). In 2009, the situation further deteriorated and the IMF predicted a fall in GDP of about 5% (IMF

2009). As Armenia has faced a sharper-than-expected impact of the economic crisis, IMF approved a USD 540 million Stand-By Arrangement in support of the governmental programme in March 2009. The sum was further increased to USD 822.7 million in November 2009 (IMF 2009b). The IMF forecast a recovery of the Armenian economy for 2010.

## **C. Labour market**

As in most post-Soviet economies, the size of the labour market in Armenia contracted significantly during the transition. The National Statistical Service estimated that employment fell by 32% between 1990 and 2005 — from 1.6 million to 1.1 million employed (World Bank 2007). Although Armenia's economy was growing comparatively fast during the transition, its labour market outcomes were more modest than in other economies. In 2007, private companies were expected to create new employment and thus reverse the downward trend. However, the global down-turn that followed will likely lead to a further decline in employment (World Bank 2007). Hopes for job creation now depend on the private sector because of the continuing downward trend in the public sector.

In terms of the distribution of the labour force, 46% of formal employment in 2006 was in agriculture, 38% in services and only 16% in industrial production (2006) (cf. Central Intelligence Agency (CIA) 2009). Interestingly, between 1990 and 2005 the number of people employed in agriculture and forestry had grown by an additional 75%, with agriculture absorbing most unskilled workers freed up by the restructuring taking place in other sectors. Employment rates are therefore much higher in rural than in urban areas — 67% as compared with 38% (in 2007). About one third of employment is of a temporary nature. Moreover, the share of persons earning their incomes in the informal sector is estimated at 40%–45%. The proportion of self-employed persons is higher than in other transition economies and accounted for 29% of total employment in 2007 (World Bank 2007). The employed labour force is well-balanced in terms of gender, with women representing about 48% of employed persons. On the other hand, there is still a significant pay gap (35% in 2006). The official unemployment rate remains below 10% (6.6% in 2007, UNECE 2009). However, the unregistered unemployment rate is likely to be much higher. The World Bank estimated that unregistered unemployment might bring the total rate up to around 35% (World Bank 2002).

## **D. Population and demographic trends**

The Armenian population is ethnically homogenous. According to the results of the 2001 census, 97.9% of the population are Armenians, 1.3% Yezidis (Kurds) and 0.5% Russians (CIA 2009). In 2007, 51.7% of the population were male and 48.3% were female (UNECE 2009). Armenia's population has been ageing due both to low fertility, which has been decreasing for more than 15 years (there was a total fertility rate of 1.4 children per woman in 2007) and to a relatively high life expectancy at birth (70.4 years for men, 76.9 years for women in 2008)<sup>1</sup>. In 2008, people aged 65 or above amounted to 10.8% of the total population. Two thirds of households included one or more members aged 50 or older (National Statistical Office 2008). These trends will be enhanced when the relatively populous generations of people born in the 1950s — during the so-called “baby boom” — retire.

Older persons in Armenia are economically vulnerable: although they are entitled to pensions, money transfers are far from sufficient to cover living costs. The average pension in 2007 was equivalent to 17.2% of average salary, and 27% of pensioners lived in poverty (United Nations Department of Economic and Social Affairs 2007; cf. Mission Armenia 2009 and the United Nations Population Fund (UNFPA) 2009). A high degree of vulnerability can be observed among older people living alone, especially women. The percentage of people living alone is significantly higher among older women than among older men,

<sup>1</sup> National Statistical Service of the Republic of Armenia, Yearbook 2009, p. 36 <http://www.armstat.am/file/doc/99458058.pdf>, accessed 16 August 2010.



because of the shorter life expectancy of men. Some 41% of 60–64 year-old women are widows (UNFPA 2009).

The consequences of these demographic trends become even more pronounced since they coincide with considerable out-migration of the working-age population (Mission Armenia 2009). When the Soviet Union dissolved, an out-migration of close to 1 million Armenians took place as a result of the newly won freedom to travel and the opening towards the global markets. The insecurities on the national level due to the Karabakh conflict and the worsening of the economic and social conditions due to the Turkish and Azerbaijani embargoes provided additional incentives for people to find work abroad. Later, conditions improved and out-migration continued at a lower level. As a consequence of the recent economic crisis, many economic migrants have decided to come back to Armenia as their income opportunities abroad subsided. While older persons with working-age children living abroad may have profited from remittances, they also lacked the support in daily life which they might have received from children living close by.<sup>2</sup>

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<sup>2</sup> For country-specific information see [www.monitoringris.org](http://www.monitoringris.org).



## **CHAPTER II - The policy framework: overview of existing laws and regulations**

### **A. Introduction**

This chapter provides an overview of key documents on ageing and older persons in Armenia. During a desk study, these (as well as a number of other documents which referred to ageing as a side issue) were reviewed and commented upon. The observations made were discussed with Armenian partners and international experts. Based on the discussion, recommendations emanating from the document analysis were integrated directly into the development of the Strategy on Ageing and the Action Plan on Ageing and are also reflected in the chapter on Findings of the Field Study below (a list of documents reviewed can be found in annex 1).

### **B. Government action plan**

The Government Action Plan, which initially was intended to cover the period from 2008 to 2012, is indicative of the overall priorities of the Armenian Government. Due to the economic crisis some amendments became necessary, and all ministries were asked to indicate what changes were needed in their area of work. At the time of writing, the revised Government Action Plan was with the Government for approval. In its initial format, the Action Plan defined six priority sectors, of which the sector on social security is most directly relevant to ageing. Within this sector, the focus is on reducing poverty; improving the effectiveness of the social protection system and increasing access to medical services for socially vulnerable groups; promoting equal rights for people with disabilities; working in support of families; and ensuring gender equality. There is an expressed commitment to decrease poverty among pensioners, for which considerable financial means are made available.

While there is a chapter on youth, ageing is not directly mentioned. It may be advisable in future to address issues affecting different age groups in a more integrated manner, e.g., under a rubric of “generational issues”, to make sure that activities in favour of youth are not prioritized to the detriment of other age groups, including older persons.

### **C. Government anti-crisis action plan**

In response to the global economic crisis, the Armenian Government issued an emergency plan to focus efforts on preventing and alleviating its potential consequences. The plan exists in parallel with the broader Government Action Plan. According to the Anti-Crisis Action Plan, the Government promotes public-private partnerships and business development, for example by simplifying tax administration and by establishing an innovation commission. Projects to be supported are in the areas of construction, infrastructure and energy. One item addresses social and economic issues and specifically underlines the Government’s continued commitment to address demographic challenges. Under the leadership of the Ministry of Labour and Social Issues, activities in designing and approving the Strategy on Demographic Policy and a related Action Plan are expected to continue. Other activities will focus on developing a demographic information system and a unified monitoring system for demographic developments.

### **D. Strategy on demographic policy**

The Strategy on Demographic Policy, adopted by the Government in 2009, analyses the main demographic developments and suggests policies to tackle the various challenges they pose. Among others, the document describes the situation with regard to population ageing and identifies strategic approaches and activities in response. Following the principles of MIPAA/RIS and in response to the specific situation in Armenia, three priority areas of action are defined: (1) developing and implementing an effective policy in response to

demographic ageing; (2) streamlining the social insurance system; and (3) developing social and healthcare services and improving older persons' quality of life. Under these areas a number of actions are recommended, which aim at maintaining and developing the working potential of an ageing workforce; encouraging lifelong education; making the labour market more flexible to facilitate employment of pensioners without creating conflicts between generations; promoting pensioners' active participation in public life; and developing social and health-care systems.

## **E. Pension reform programme and pension reform implementation schedule<sup>2</sup>**

By a decree of 13 November 2008, the Government approved the Pension Reform Programme and the Pension Reform Implementation Schedule. Implementation of the pension reform is planned for 2008–2012. It foresees an annual increase in pension payments to ensure that they are equivalent to the minimal consumer basket. By introducing a mandatory funded pension system, the amount of the pension becomes linked to the individual's previous income.

The Programme envisages four pillars of the pension system. The baseline pillar is supposed to secure an income from the State budget equivalent to the minimal consumer basket for those who do not qualify for an occupational pension. The first pillar is based on social contributions paid by all employees, providing for those who have worked in the formal economy for a certain period of time. The second pillar is based on mandatory funded contributions and their investment gains. The third pillar is to secure additional income from voluntary funded pension contributions.

## **F. Law on state allowances<sup>3</sup>**

The Law on State Allowances that entered into force on 1 January 2006 defines different types of allowances and regulates their provision. State allowance can be granted either on a regular basis or as a lump sum. Four different types of State allowances are provided: (1) family allowances; (2) childcare allowances; (3) lump sum birth allowances; and (4) allowances to the families of National Heroes of Armenia killed on duty and persons decorated with the Military Cross. To receive an allowance, an adult family member has to apply to the regional authorities who have to decide each case within 30 days.

## **G. Law on social assistance**

The Law on Social Assistance that entered into force on 1 January 2008 aims to help citizens in need. Social assistance may involve counselling, rehabilitation, financial or in-kind assistance, temporary shelter and care. The latter may include food, medical, sanitary and hygiene services, clothing and shoes and cultural, educational, recreational, outpatient and inpatient care, as needed. Care can be provided at home, in institutions or social rehabilitation day-care centres. Social assistance is provided based on a written application (including supporting documentation) from clients or their legal authorized representatives submitted to the relevant regional authority. The provision of social services is managed by regional and local bodies, whereas the development of national policies is overseen at the national level.

## **H. National programme to improve home-based social services for single older persons and persons with disabilities<sup>4</sup>**

The goals of the National Programme to improve home-based social services for single older persons and persons with disabilities are to improve and expand home-based social services for older persons who live alone and for disabled persons and to coordinate the activities of organizations involved in the provision of home-based social services. The services include legal, medical and socio-psychological assistance. Home-

<sup>2</sup>. Document number: N 1487.

<sup>3</sup>. Document number: HO-205.

<sup>4</sup>. Document number: N 485.

based services can be provided free of charge to persons of 75 years and above, to persons with disabilities who live by themselves or to families consisting of persons who are 75 years and above and/or persons with a disability and who do not have able-bodied adult family members. Home-based services can be provided for a fee to those not meeting these eligibility criteria. The implementation of the programme was foreseen in three phases, beginning in Yerevan (1998), then moving to major cities (1999) and finally expanding to other cities and areas (2000). The programme is funded by the national budget as well as international and local non-governmental organizations, charity organizations and individual donors.

## **I. Procedures for providing care to older persons and persons with disabilities<sup>5</sup>**

A Government decision of 7 December 2006 outlines the procedures to be followed in relation to the provision of care to older and disabled citizens. It describes the steps in decision-making, placement and grounds for refusal or termination of services. Care can be provided at citizens' homes, in social institutions or in social rehabilitation day centres. Home-based services can include errands, medical assistance, socio-psychological assistance and legal counselling. Care is provided to persons who live alone and have reached the social pension age or to disabled persons aged 18 years or older who live alone. It is provided on the basis of a decision by the head of the appropriate regional social service agency.

Annex 2 of the decision lists conditions that provide grounds for refusing care. These include alcoholism or drug abuse, infectious skin diseases and sexually transmitted diseases, as well as active forms of tuberculosis; chronic mental illness accompanied by behavioural and adaptation disorders (psychosis, dementia, personality disorder, etc.) except when treated in specialized institutions, and oncological diseases in certain advanced stages, except when hospice care is provided.

## **J. Minimum standards of care and social services for older persons and persons with disabilities<sup>6</sup>**

A Government decision of 31 May 2007 outlines minimum standards for social care and support provided to older persons and persons with disabilities. For example, it sets out the minimum size (5 square metres) and maximum number of inhabitants (four) per room for institutions for older or disabled persons. It sets requirements for appropriate numbers of bathroom facilities and leisure areas. It defines minimum portions and energy values of food, as well as minimum quantities of clothing and bedding provided to residents of institutions. Standards for home-based care and social services refer to the kinds of services that have to be granted, e.g., home-based care, medical assistance, socio-psychological assistance and legal counselling. Four different service categories are designated: from sub-group A, referring to persons in need of constant care provided by another person, to sub-group D, referring to persons who are mainly in need of psychological assistance. The Government decision also contains provisions regarding the ratio of medical or social staff to clients in institutions, in social service centres providing home-based services and in social rehabilitation day-care centres.

## **K. Ensuring access to the social, transport and business infrastructure for persons with disabilities<sup>7</sup>**

A Government decision of 16 February 2006 outlines procedures to facilitate access to social, transport and business infrastructure for persons with disabilities and people with limited mobility. In the case of newly built public buildings and facilities, accessibility for people with special needs should be ensured. Public facilities should be provided with all necessary equipment and conveniences to ensure unconstrained access. In case of renovation of public buildings and facilities, they should, to the extent possible, be adapted to

<sup>5</sup>. Document number: N 1874.

<sup>6</sup>. Document number: N 730.

<sup>7</sup>. Document number: N 392.

the special needs of persons with disabilities and people with limited mobility, to ensure their unconstrained access and movement on the premises. Social and public services should be relocated to areas which are easily accessible and, if this is impossible, buildings should be made barrier-free. In addition, the Minister of Urban Development is requested to develop construction norms and standards for buildings and facilities accommodating the needs of people with limited mobility.

## **L. Conclusion: ageing in the Armenian policy agenda**

Ageing and the situation of older persons in Armenia is clearly of concern to the Government and has been firmly placed on the political agenda. Given the challenges faced by other population groups, including youth, the overall challenge of ageing-related policies is to achieve an age-inclusive framework providing equal opportunities for all age groups. Policy in favour of older persons should not be to the disadvantage of the youth and working-age population, and vice versa.

Both the Government Action Plan (outlining its overall priorities) and the Second Poverty Reduction Strategy Paper<sup>8</sup> (2008) express a strong commitment to reducing poverty among pensioners, focusing on bringing contributory and social pensions to a level that ensures a minimum living standard. Accordingly, the Government has adopted the pension reform<sup>9</sup> which foresees the introduction of the multi-pillar pension system. Other documents regulate specific subject areas such as social assistance, home-based services or access to buildings, and thus make provisions that are relevant to older persons, among others. What has been missing so far is an integrated policymaking framework that considers all relevant aspects systematically and their interrelatedness.

The Strategy on Demographic Policy, acknowledging ageing as one of the biggest challenges, calls for the development and implementation of a more comprehensive policy in response to population ageing. Responding to this request, the Ministry of Labour and Social Issues has taken steps to develop a Strategy and Action Plan which specifically address different aspects of ageing. Both documents will be submitted to the Government for approval. Based on the insights gained in connection with its Road Map project in Armenia, UNECE provided a major substantive input to the drafts of both the Strategy and the Action Plan.

Given the consequences of the global economic crisis, it remains to be seen how activities proposed in these documents can be sustained financially. While previously growing dynamically and above expectations, the GDP at market prices was about 15% lower in 2009 than in 2008 (National Statistical Service of the Republic of Armenia 2010). The national budget was frozen, and an anti-crisis Action Plan entered into force. Nevertheless, it was announced that activities in the area of ageing were to remain untouched.

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<sup>8</sup>. Government of the Republic of Armenia Decree, N 1207-N, 30 October 2008, on the Republic of Armenia sustainable development programme, Yerevan, October 2008.

<sup>9</sup>. Government of the Republic of Armenia, Decree N 1487-N, 13 November 2008, on Approving the Republic of Armenia Pension Reform Programme and Pension Reform Implementation Schedule.

**Recommendations**

1. *Adopt and implement the National Strategy on Ageing and its Action Plan, which provide a comprehensive national policy framework to guide action in all areas relevant to population ageing.*
2. *Achieve an age-inclusive and gender-sensitive policy framework that aims at providing equal opportunities regardless of age or gender.*
3. *Avoid discrimination in service provision to the detriment of those most vulnerable by removing discriminatory clauses in existing laws which exclude certain groups from service provision. It can be assumed that people with a history of alcoholism and drug use or sexually transmitted or other infectious diseases, including HIV/AIDS, may be especially in need of care and support, and where no such care can be provided through the common system, alternative specifically targeted services should be provided.*





## CHAPTER III - Observations of the field study and recommendations

### A. Introduction

A fact-finding mission was carried out by Andres Vikat and Viviane Brunne (UNECE Population Unit) in June-July 2009. During the mission, 24 interviews were carried out, based on a semi-structured questionnaire (see annex 3), with representatives of all relevant stakeholder groups, including Government, civil society, the private sector, trade unions and international organizations operating in the country. Several project sites, including nursing homes, were visited. During those visits, informal discussions were held with the inhabitants of the homes regarding their living conditions and needs. In addition to several sites in Yerevan, the city of Gyumri was visited. The main results of the mission are summarized in the chapters below. The topics of the chapters were selected to reflect those areas identified as important in MIPAA/RIS. Taken together, they provide a good overview of the different themes relevant to understanding the situation with regard to mainstreaming ageing in the country.

The chapters in the Road Map provide a brief description of observations made. Recommendations drawn from these observations are summarized at the end of each chapter. Recommendations may refer to different levels of abstraction or detail. They remain faithful to what has been found in the course of this review and they represent the core of the suggested Road Map and constitute the outcome of this project as implemented by UNECE. All these recommendations have been integrated into the draft Strategy and Action Plan as annexed. UNECE has contributed to developing the Strategy and Action Plan based on insights gained in the research for the Road Map.

### B. Ageing-related policies and their implementation

#### 1. Integration and participation of older persons

A cohesive and stable society requires economic, social, cultural and political integration of all persons, regardless of age. Integrating older persons into society and providing them with opportunities to lead fulfilled lives is also important to build their confidence. Being integrated into various social networks helps them feel accepted and less lonely. Being more integrated may help to increase their self-esteem and thus empower them to become more active to improve their own situation.

Negative stereotyping and unequal treatment or even outright discrimination may negatively affect older persons' ability to participate in society. While older persons are generally treated with respect in Armenian society, they often feel bad about being financially dependent on their own children. Indeed, older people are too often found to be dependent and passive. To achieve full integration, older people must be enabled to be independent financially and in all other aspects, and actively to pursue different activities according to their needs and motivations.

Ultimately, the image of older persons will depend on their own actions. The way they are seen by others depends on how they see themselves. Ageing stereotypes are very often reproduced as self-stereotypes. Integration of older persons therefore has to be claimed by the older persons themselves and they should be empowered to do so on a daily basis.

##### *(a) Economic integration*

Older persons should be able to stay economically active for as long as they are willing and able — to allow them to capitalize on their experiences and to be integrated into professional networks. Currently, there seems to be a bias against older people's activity as employees, with their contributions not being fully appreciated by employers. In the formal sector, standard full-time employment is the norm and more flexible models such as part-time work, which may better accommodate the needs of older persons, are

not readily available. Administrative burdens and/or difficulty in accessing credit also impede the ability of older persons to become entrepreneurs. A culture of older persons' economic activity is not well ingrained in society and needs to be built. Similarly, there is no broad acceptance of the need for continuous learning that allows employees to keep abreast of new developments so that even older workers remain well adjusted to their changing workplaces. A new strategy on education and lifelong learning has been developed by the Ministry of Education with inputs from NGOs and experts. It is expected to provide new opportunities for lifelong learning which have to be embraced by the working age population. In fact, the classical differentiation between education, work life and retirement as consecutive phases of life — still very much the norm in Armenian society — is not well adjusted to the requirements of an ageing society. Learning and working will increasingly have to become overarching concepts of equal relevance to all age groups.

Older persons also take part in the economy as consumers. However, a market segment that specifically addresses the needs of older persons does not seem to be well developed. Older persons are not seen as possessing considerable purchasing power, although many of them do receive financial support from their children working abroad.

*(b) Social integration*

There is a danger that, with advanced age, the level of social integration may decrease because of functional impediments, such as lower levels of mobility, which prevent older persons from visiting family or friends. Policies should enhance older persons' autonomy so that they can achieve levels of social integration that they wish for themselves. Access to public transport is an issue for older persons and more public transport should be made available that provides easy access for the elderly or people with disabilities. A system of fee reductions specifically designated for older persons with little means should be in place. For older persons in remote areas, it may be necessary to make special provisions, for example making means of transport especially available to visit doctors or family and friends. Allowing older persons to remain in their familiar environments is important for them to stay close to their social networks. Given the small number of nursing homes in Armenia, having to move into an institution may mean being completely cut off from such familiar environments. Home-based care services are not available to the extent necessary to allow older persons to stay in their homes.

Some community centres offer older citizens participation in social activities. However, it would be useful to map such centres and establish alternative facilities where they do not exist. Volunteering is hardly developed as a means to achieve better participation of older persons. Volunteering should be both for and by older persons. Providing older persons with an opportunity to volunteer could help their inclusion, since they could pass on their skills to younger generations. For example, older persons could help pupils with their homework. At the same time, younger generations could volunteer to help older persons with small errands or accompanying them to places outside their homes. An effective approach to fostering integration of older persons is supporting the development of older people's self-help groups, based on a volunteering approach. Such groups can be organized around a specific community need, for example to provide childcare or home care to other more vulnerable older persons.

*(c) Cultural integration*

Older persons carry a rich cultural heritage and they should be provided with opportunities to pass that on to the next generations. At the same time, cultural manifestations, such as theatre or music, are a reflection of society's concerns, and older persons should be provided with opportunities to take part in such performances. Armenia has made some efforts to provide access to culture for older persons, for example by providing tickets at reduced prices. However, physical accessibility of buildings where cultural performances or exhibitions are held is often an issue for older persons with disabilities. At the same time, acknowledging the active contribution of older persons to cultural life, for example as actors or artists, is important. A media study<sup>10</sup> showed that older artists and actors are indeed occasionally acknowledged in the

<sup>10</sup> Meri Yerosyan, The coverage of age-related issues in Armenian TV and print media, report submitted to UNECE December 2009.

news, for example on the occasion of their birthdays.

Access to modern means of communication is also important for ensuring participation. While television and telephones seem to be readily available and affordable to many older persons, Internet use is not yet widespread, especially not beyond the capital. However, enabling older persons to use the internet — which may also be offered in social centres — could be a good opportunity to empower these older persons to be better informed and to keep more frequent contact with people living further away.

*(d) Political integration*

Older persons have considerable experience and wisdom to contribute to political processes, as they have witnessed different historic phases and have seen how different strategies have been used more or less successfully in the past. However, they do not seem to be well represented as political actors. They have not formed a strong organization representing their interests and no regular political mechanism invites inputs from representatives of older persons.

No reliable data were available on older persons' representation in top positions in trade unions, political parties or other important organizations. As part of involving more older persons into political life it may be useful to collect data on their political participation and to make these data publicly available.

Older persons seem to be following political news actively and they also seem to be active voters. Nevertheless, the interests of older persons have not featured too prominently in election campaigns so far, although, given the growing share of the older population, they represent significant voting power.

**Recommendations**

1. *Organize outreach and public information campaigns to counter negative stereotypes of older persons.*
2. *Work with the private sector to facilitate the development of products especially designed for the needs of older persons.*
3. *Improve mobility of older persons by enhancing accessibility and affordability of public transport.*
4. *Organize a survey of existing community centres and establish alternative facilities where such centres do not exist.*
5. *Enhance integration and participation of older persons by promoting volunteering.*
6. *Continue providing opportunities for accessing cultural activities by older persons, both as spectators and as active participants.*
7. *Enhance access to modern means of communication and build capacities among older persons to use them (including the Internet).*
8. *Improve opportunities for older persons to be politically active, especially in policymaking in areas that concern them.*

## 2. The image of older persons

The role older people play in society depends on how they are seen by other generations, as well as how they perceive themselves. The image of older persons in society is difficult to measure. A proxy for public discourse is media reporting, since journalists try to capture in their stories what is thought and said by key opinion leaders as well as the broader public. At the same time, messages transmitted in the media reinforce public perceptions. They shape the images of older citizens in the minds of the people. A study to review media reporting on older persons and ageing-related policymaking was therefore commissioned.<sup>11</sup>

<sup>11</sup> Ibid.

The study covered the television news programme Haylur, the daily 9 p.m. news programme of the main public television channel H1 and the two newspapers Haykakan Zhamanak (Armenian Times) and Aravot (Morning). The selection was done so as to cover a sufficiently broad audience.

The television news was screened for a period of three months (May–July 2009). During this time, 44 news items were identified as relevant. They were clustered into five topic groups: (1) “Health care and social services”; (2) “Workers’ day and appreciation of older persons”; (3) “Victories and veterans”; (4) “Remembering elders, birthdays”; and (5) “Obituaries”. In the first cluster, for example, there was a feature about the reopening of an older people’s home in Vanadzor. The reporting focused on diaspora philanthropists who funded the project, and older people were shown in the background as passive recipients of a charity with which the viewer was made to feel compassionate. The second cluster had, among others, a feature on a company organizing an event on the occasion of 1 May, Labour Day. Workers received medals and presents and two older employees expressed their gratitude for being valued. In the third cluster, older persons — veterans in this case — received insignia and were praised as heroes. Veterans were shown either in uniforms or sometimes in poor clothes, but no reference was made as to how they lived today. Cluster four mostly focused on celebrating the birthdays of those still alive or remembering famous people post mortem. Cluster five had a collection of obituaries of people with a role in society, including a writer and an ambassador, highlighting their merits.

The review of the selected daily newspapers for the period from March to August 2009 (six months) generated a list of 36 relevant articles which were grouped into seven clusters: (1) “Making ends meet, pension and income”; (2) “Older persons and relationships, loneliness”; (3) “Housing”; (4) “Positive ageing”; (5) “Active older people”; (6) “Birthdays”; and (7) “Obituaries”.

Stories in cluster 1 describe the difficulty of older people trying to survive on very little income, for example in the case of a painter who preferred not to eat for several days to be able to afford material for his paintings and who depended on support from his neighbours. A second cluster of articles focuses on the loneliness of older people missing their children who have migrated for work. Another story presented a desolate dormitory in the Shengavit community, where older persons lived largely forgotten by the outside world and only survived with the help of the Red Cross. Cluster three has contributions on housing, for example older people battling with the authorities to claim their property. Two articles highlighted positive aspects of ageing, one talking about the wisdom gained and being able to put things into perspective, another about falling in love in old age. Active older people are at the centre stage of cluster five, among them several artists and a 102-year-old candidate for political office. Cluster six has articles celebrating the birthdays of famous older people, both living and dead, as well as the birthdays of some less well-known older persons. Cluster seven has a collection of obituaries.

The analysis shows that reporting is rather polarized, either selectively featuring older persons who are celebrities in a specific field and who are particularly energetic, or showing older persons who are extremely poor, powerless and without hope. Portraits appear to be either too optimistic or too pessimistic and do not seem to provide a realistic view of the diversity of the lives of older persons.

Often older people are reported on in the spirit of honouring their contributions to society during special occasions, such as birthdays, Labour Day or special days for veterans. While sometimes their energy and positive contribution is highlighted on their birthdays, there is a tendency to show them as rather passive recipients of some acknowledgement or charity during big national celebrations. To provide a realistic image of their lives it could be more useful to feature older persons as subjects: as active members of society, helping in their families, earning a living, being creative, contributing their wisdom and experience.

Furthermore, there is a tendency to focus on older people who are famous. To provide a realistic picture of the realities of older persons it would be useful to feature more average older persons facing ordinary difficulties in life but also finding many creative ways of coping with them. It could be shown how older

people can be outstanding and special without necessarily being famous. Stories could show how average older persons are well embedded into networks of intergenerational solidarity in which they both give and receive.

Reporting about non-famous people often shows extreme cases of dire misery. In a considerable number of stories, older people are associated with a lack of hope for a decent life and sometimes even with a desire to die as the only way to escape. While it is important to acknowledge that such cases exist, they may become self-fulfilling prophecies if they are perceived by the public as the norm because of frequent media reporting. The audience may subconsciously adopt the view that older people should be treated according to this stereotype of them. It may be useful to balance such reporting with suggested strategies, i.e., showing how the Government or communities address the challenges. In fact, while older persons are occasionally reported on, ageing-related policymaking has been practically absent from media reporting. Inasmuch as the Government is in a position to provide more information to the media about its activities, such information should be used. The press work of the ministries should be intensified and the capacities of their public relations offices should also be enhanced so that they actually address the needs of the media, e.g., linking information provision with stories of real people the audience can relate to. More active outreach by the Government to the media, explaining ongoing activities and strategies may help increase the transparency of Government actions and ownership by the wider public.

The media might also have a stronger function in revealing dysfunctionalities in the system with regard to service provision to older persons. Spotlighting cases where access to health care, social services or decent housing have been denied to older persons could be a powerful tool to show those in the system who are misusing their powers that they cannot get away with it. At the same time, the media can help inform the public about their rights to services and about ways to claim their rights in cases where they are denied.

### ***Recommendations***

*1. Government and organizations of or for older persons should reach out to the media to enhance the frequency of ageing-related reporting and to enable the media to provide a more balanced picture of ageing issues reflecting the real diversity of the lives of older people and to:*

- Substitute images of passive seniors with active ones;*
- Bring older persons from the background to the forefront, give them a voice and make them central actors;*
- Portray seniors as influential figures and show that they both give and receive;*
- Diversify the reporting on older people by presenting various groups of older persons;*
- Promote respect towards older people not only through awards, care and praise but also through stories that highlight their capabilities, potential and determination;*
- Present success stories of entrepreneurship among seniors and show their contributions as volunteers.*

*2. The role of media in providing useful information to the public about the rights of older persons and services available to them should be strengthened. The function of the media as an advocate of older persons' rights, including by uncovering cases of abuse and neglect, should be strengthened by:*

- Building the capacities of press offices in the Ministries to produce targeted information for the media, by informing them about ageing issues and by generating understanding of existing challenges for Government policies;*



- *Organizing an information campaign involving a diverse group of actors, including Government, NGOs and media professionals, facilitating public discussion about the realities of older persons' lives, the challenges of ageing societies and measures to help older persons to bring out their potential and live fulfilled lives. The campaign should equally seek to fight stigma and prejudice against older persons. The campaign could involve intergenerational aspects, for example by involving school children or workplaces.*

### 3. Social protection

The pension age has been set at 63 years for both sexes. The basic pension is AMD 8,000, and the average pension is AMD 26,000. While there is no official poverty line adopted in Armenia, the minimum consumption basket is calculated at AMD 41,000 (approximately 115 US dollars at current exchange rates) by the National Statistical Service. The pension provided by the State is insufficient for covering even the most basic needs. Women tend to receive a lower pension than men because they usually work fewer years in formal employment. Unregistered work — a widespread reality — is not credited towards the pension. Older people often depend on their children in order to receive financial support and for help in their day-to-day lives. Over the past few years, pensions in Armenia have been raised several times, but given the rapid increase in living costs, pension payments cannot ensure minimum subsistence levels. Implementation of the pension reform as adopted by the Government will therefore be of major importance.

Another important element of the current social protection system is the family benefits system, the largest social assistance programme in Armenia. It is regulated by the Law on Social Assistance and the Law on State Allowances, respective Government decisions and secondary legislation. Families that qualify for support receive a basic allowance to which additional funds are added for each child under the age of 18 in the family. Poor households that do not qualify for the family allowance receive emergency support from local administrations. The majority of recipients under this system are older persons. Furthermore, there is a special group of privileged recipients which includes war veterans and people with disabilities acquired in wars (“invalids of war”). These groups receive a number of privileges in the social system and are comparatively better off than average older persons.

Overall, the social protection system is very diverse and consists of various elements that are not necessarily harmonized. Important gaps exist for those just above certain income thresholds who are still in need but are not eligible for assistance.

Generally it appears that potential recipients are not always well aware of the services and benefits they can receive, and information is not easily available. For cases where potential applicants feel they have been denied services unjustly, an ombudsperson is available in the Ministry of Labour and Social Issues. No information was obtained as to how many cases this office deals with and whether it can provide sufficient remedies for all grievances brought to its attention. No other complaints mechanisms seem to be available.

#### **Recommendations**

1. *Implement the pension reform; monitor its progress and impact and make adjustments as necessary.*
2. *Introduce a consistent and integrated social protection system that provides targeted assistance based on level of need (low, medium, high) and defines thresholds of income so that vulnerable groups can maintain an income at least at the minimum subsistence level.*
3. *Provide easy access to information and create more transparency about available services,*

*eligibility, application procedures and selection. Distribute brochures, flyers and posters and install a hotline, Internet platform and responsible focal points, or counsellors, at the local level where older persons and their families can seek advice. Independent advice could also be made available through NGOs such as Mission Armenia.*

*4. In case of grievances, complaints mechanisms should be in place in case applicants for social services feel unjustly treated. Strengthen the capacity of the ombudsperson and advertise and monitor the services the ombudsperson provides.*

## **4. Health**

Health care for older people is critical since people are more likely to be in need of health-care services in old age. In principle, primary health care and essential drugs, as well as care in cases of heart attacks or strokes, are currently supposed to be free for people aged 65 years and above. Older persons who qualify as poor or disabled may receive additional services free of charge. However, many secondary and tertiary services have to be paid for and older persons can rarely afford to pay for them. Quality of care and hospitals are considerably better in cities than in rural areas. In some provinces, open door events have been organized where doctors from Yerevan were available for eye treatments or other services on special days. Such ad hoc events are unlikely to cover the real need, however. It could be useful to consider deploying mobile services to meet actual needs in a more sustainable manner.

It was reported that older people were turned back from hospitals when they arrived alone because the personnel were unsure whether the patients could pay. Furthermore, older people are sometimes asked to pay additional fees and it is not always clear whether these are justified. A Caritas health-care centre in Gyumri was highly popular because it guaranteed free services to older people and also made some medicine available free of charge. Palliative care is currently not available and it may be useful to pilot a palliative care centre, for example in Yerevan.

The lack of specialized health expertise in health staff was of some concern. Medical staff, including doctors and nurses, do not receive training on how to interact with older persons. The speciality of geriatrics and gerontology is not developed in universities, nor are such specialized services available in hospitals.

Quality management plans for hospitals and other health-care facilities are not systematically implemented.

It appears that the potential of prevention activities as a means of avoiding certain non-communicable diseases in old age has not been fully exploited. In fact, non-communicable diseases have been on the increase. They can be seen as a consequence of unhealthy diets, smoking and excessive alcohol consumption, as well as lack of physical activity.

### **Recommendations**

- 1. Enhance skills among health-care staff to professionally serve older persons. Include modules on gerontology and geriatrics in the curriculum of general practitioners and nurses.*
- 2. Consider making palliative care services available.*
- 3. Enhance prevention of disease and accidents and promote healthy living (balanced nutrition, physical activity, avoiding excessive alcohol consumption, avoidance of smoking and smoking cessation). Include prevention in school curricula and use public media to promote healthy lifestyles. Monitor and evaluate prevention programmes to find out whether they actually help to encourage healthy behaviours.*

4. *Tackle the collection of unjustified fees in health care and social service provision. Ensure service provision to vulnerable older persons without additional unjustified payments. Set up complaints mechanisms.*

5. *Introduce quality management mechanisms to monitor service provision. Establish independent external committees to perform unannounced visits to hospitals to verify quality of service provision and demand improvements where necessary.*

6. *Examine and address the urban-rural divide in service provision, especially in health care.*

## 5. Institutional care

Traditionally, older persons are taken care of by the family of the son with whom they live. However, the model of multigenerational living and intergenerational support is undergoing rapid changes. Younger people are less willing to live with their parents or may be in less of a position to support them as much as needed. At the same time, moving to institutions is stigmatized and perceived as undesirable for older persons. The Ministry of Labour and Social Issues is responsible for assigning eligible candidates to those homes and certain groups, such as war veterans, receive privileged access. In general, potential clients for older peoples' homes are not necessarily aware of the procedure to secure a place in a home. There is no easy access to information about application procedures, eligibility criteria and selection processes, and this may discourage some people from pursuing this option.

There are seven nursing homes, of which four are public and three are private. It seems likely that the need for nursing home places is higher than the number of available places and demand will increase further. At the same time, older persons in need may refrain from applying out of shame. There seems to be no clear picture of the actual demand for such places. It appears, however, that significantly more services are available in cities while there is no comparable offer in rural areas. There was also an impression that some facilities in Yerevan were generously staffed and in some instances the ratio of staff to inhabitants could be downscaled in favour of providing services to more older people in need.

Supported by international funding, Caritas provided a day-care centre which was very popular. However, raising the necessary funds to maintain its work remains a challenge. Across the country, day-care centres are not readily available and there is no good measurement of the potential demand for such centres.

Quality management mechanisms have not been systematically developed and implemented for institutional care centres.

### Recommendations

1. *Assess the number of places needed in nursing homes and day-care centres. Make additional places available as needed.*

2. *De-stigmatize living in institutions.*

3. *Create transparent rules and procedures about the accessibility of older peoples' homes.*

4. *Introduce quality management mechanisms to monitor service provision in institutions. Establish independent external committees to perform unannounced visits and demand improvements where necessary.*

5. *Determine an optimal ratio of medical and social staff to patients in institutions, according to international standards. Avoid over- and understaffing.*



## 6. Housing and independent living

Older people prefer to live in their homes for as long as possible. Although multigenerational households seem to be the preferred option, many older people actually live by themselves, as a couple or alone. Whether in a multigenerational setting or in their own homes, family members bear the brunt of the burden of providing care and support to older persons. However, it appears that so far the needs of caring family members — be it in a co-residential setting or not — have not been considered systematically. Sometimes, measures like respite care, day-care centres or financial assistance can help family members reconcile their care duties with their work life.

Given that pensions and levels of savings are very low, and that there are not many options to generate additional income, older persons find it difficult to pay for maintenance of their apartments. This includes repairs and refurbishments to make apartments fit to the needs of old age.

A problem of particular importance is heating. A large number of older persons are unable to afford the installation costs for a decent heating system and can also not afford heating material. This leads to the use of unsafe and inefficient heating devices. Given that older persons are generally less likely to cope with extreme temperatures, there is a serious health hazard involved.

Given the low levels of income, a number of older persons find it difficult to sustain good levels of nutrition and they are in need of soup kitchens or even food aid distributed by the World Food Programme.

Similarly, there seems to be no solid grasp of the need for home-based care services. Such services are key in allowing older people to stay in their familiar environment for as long as possible. Often, small services in the house help them to otherwise live independently. Home-based care services are neither well developed nor widely available. The labour market does not provide incentives for such professionals and there are hardly any attractive opportunities for their professional development.

The situation of older people who have been living in makeshift accommodation since the earthquake of 1988 is particularly desperate. The President has announced that they will be provided with solid accommodation as a matter of priority. A more general comprehension of the prevalence of homelessness among older people is missing and there is no good understanding of the number of older persons living in untenable conditions.

### **Recommendations**

- 1. Support family members taking care of older persons, be it in co-residential settings or when living apart.*
- 2. Make provisions to allow older persons to stay in their homes, e.g., by providing assistance with costs of refurbishment and utilities. Make special efforts to provide affordable and secure heating to older persons.*
- 3. Appraise the needs of home-based care services and make them available accordingly. Provide more attractive career opportunities for home-based care workers.*
- 4. Assess the problem of under-nourishment and the need for food support. In cases where pensions do not cover minimum nutrition requirements, provide additional means either in kind or through financial support.*
- 5. Assess the prevalence of homelessness among older people or older persons living in untenable makeshift homes and take action accordingly.*

## 7. Education

The education system focuses on education at school and university, leading to a degree and the entitlement to carry out a profession. The National Unemployment Agency is the authority focusing on training people in areas with a lack of skilled staff. Apart from this, there is hardly any ongoing training available that would help people who have been working for a while to adjust to the realities of new technology. The idea of lifelong learning and following a life-cycle approach to education is so far not widespread. A few private providers are offering their services, as is the chamber of commerce. However, older people may find it difficult to afford such courses. Another issue raised in the interviews was that of quality assurance. Currently, there does not seem to be a functioning and reliable accreditation system in place. An independent monitoring mechanism that may help users to differentiate between providers is unavailable.

The Government has approved a social partnership concept where all social partners have agreed to make contributions to ongoing training. Most respondents felt that employers should more actively engage in training of their staff and that they should be made to understand the benefits of this. At the time of the research, a lifelong learning concept for Armenia had been prepared with the help of the German Adult Education Association (DVV International). Furthermore, there were some activities being undertaken to prepare a law on adult education and learning to improve policies in this area. This law is likely to address some of the issues just mentioned so as to help people to adjust to the labour market needs as they age.

Overall, learning offerings for older persons who are no longer active in the labour market could not be identified. Other countries have had good experiences with the concept of Universities of the Third Age, and the feasibility of this concept in Armenia should be explored. Such institutions could provide useful everyday life skills, for example, in gardening and growing their own food supplies, in refurbishing homes, in health and physical activity or in the use of modern means of communication.

### **Recommendations**

- 1. Develop an integrated lifelong learning strategy to empower older persons to stay in their jobs longer.*
- 2. Establish an accreditation system for training institutions in continuous learning, and establish a system to monitor their quality on an ongoing basis.*
- 3. Ensure that affordable training opportunities are available and consider subsidizing the training programmes.*
- 4. Consider introducing Universities of the Third Age to address learning needs of pensioners.*

## 8. Labour market

Given low pension levels, older persons are in need of additional income during retirement. Being employed beyond retirement age is perceived as difficult, although the Constitutional Court has ruled that it must be allowed in principle. There does not seem to be a general awareness of such legal possibilities either among employers or among employees. According to the National Statistical Service, 82,500 out of 385,500 pensioners were working in 2008 (National Statistical Service of the Republic of Armenia 2009). It appears, however, that more pensioners would like to work, and there is a perception that there is insufficient opportunity to do so. In a 2009 survey “lack of available jobs” and “employers avoid hiring retired people” featured prominently among the reasons given for unemployment (UNFPA 2009). The labour market is biased towards a younger workforce, which is considered better able to adapt and use modern technologies, and employers generally do not seem to be well aware of the advantages of a diversified workforce which also includes the experience of older workers. Possibilities to make special provisions for older workers, such as adapted workplaces or flexible or reduced working hours, also do not seem to be widely appreciated.

While employers often do not consider older applicants attractive, older persons themselves also do not actively apply because of anticipated rejection. Under these circumstances, pensioners often pursue informal gainful activities. Others may wish to become entrepreneurs to use their capacities to generate some income, but also to be their own boss and be able to organize their work life according to their needs and capacities. Older persons who want to become entrepreneurs face a number of hurdles, however, such as a complicated bureaucracy and difficult access to funding.

The trade unions have a high potential to support ageing employees or early retirees. Pensioners tend to retain their membership in the trade union to maintain contact with their colleagues. However, currently trade unions do not adequately address the specific needs of the growing number of older persons; they do not provide any specific training or counselling on how to find work or to remain in the workplace. They may be available in case of grievances or open conflicts in the workplace.

### **Recommendations**

- 1. Encourage employers to provide a more flexible work environment to accommodate the needs of older workers and to train employees of all age groups to keep them well adjusted to a changing work environment.*
- 2. Facilitate entrepreneurship for older persons. Simplify and increase transparency of processes for registering and administering businesses. Provide counselling on start-ups and make funding available (for example, low interest credit).*
- 3. Enhance the ability of trade unions to act on behalf of their older constituency. This could include, for example, counselling on applying for jobs and defending employees' interests against employers.*

## **9. Gender**

Although legally men and women appear to be in an equal position, the realities at the household level often seem to mean a double burden falls on women. Women often earn less or are employed less continuously or with fewer hours than men, which reduces their ability to save for old age or to contribute to pension schemes. The fact that men die on average several years earlier also adds to women's vulnerability because they are left with only their own low income on which to live.

### **Recommendations**

- 1. Encourage a more equal sharing of caring responsibilities between men and women over the life-course, for example by increasing incentives for fathers to stay at home for childcare.*
- 2. Promote measures designed to facilitate reconciliation of work and family responsibilities, including, for example, increasing the availability and affordability of high quality childcare facilities.*

## **10. Monitoring and evaluation of ageing-related policies**

Some initiatives to monitor and evaluate ageing-related policy practice have been put in place. In particular, nursing homes and institutions must respond to questionnaires from the Ministry of Labour and Social Issues at regular intervals regarding the composition of their inhabitants and the services provided to them. However, the questionnaires seem to have the character of a self-evaluation and no provisions seem to be in place to systematically translate their findings into adjustments in practice.

More broadly, capacities in the area of monitoring and evaluation within the ministries are not well

developed. However, there is a clear recognition of the importance of such skills as a prerequisite to acquiring international funding, and international support has been sought in designing such strategies.

So far, ageing-related policies have not had strong monitoring elements integrated into them. However, such components may be useful to structure implementation as long as they do not create a huge new bureaucratic burden but are streamlined with existing reporting activities. With the Ageing Strategy currently being developed, integrating an overarching monitoring and evaluation chapter into it may be a good opportunity to develop a scheme to monitor progress in implementing ageing policies.

### **Recommendations**

- 1. Put in place an integrated monitoring and evaluation strategy, for example as a component of the National Strategy and Action Plan on Ageing, to oversee developments in all ageing-related policymaking. Establish a monitoring and evaluation system that retrieves meaningful data without imposing an excessive reporting burden.*
- 2. Assign clear responsibilities for regularly reviewing the monitoring data and for generating advice on concrete actions suggested by the data. Have a mix of self-evaluation and external independent assessment.*
- 3. Build capacities in ministries and other relevant institutions on monitoring and evaluation, among others, to enhance capacities to receive and manage international donor funding. Invite international partners to support capacity-building in this area.*
- 4. Develop an integrated monitoring and evaluation component as part of the Ageing Strategy to systematically oversee developments in all areas relevant to ageing-related policymaking.*

## **C. Institutional arrangements and allocation of responsibilities**

The main responsibility for ageing-related policies is with the Division for Older Persons' Affairs of the Department for the Disabled and Older Persons' Affairs in the Ministry of Labour and Social Issues. For specific issues related to health care or education, the line ministries would have responsibility. However, every ministry seems to be very focused on their immediate area of responsibility, which makes interaction on a complex issue such as ageing difficult and hinders the effective mainstreaming of ageing. Currently, there are no established inter-ministerial mechanisms which could facilitate exchange and coordination on a regular basis.

While the Ministry of Labour and Social Issues has the prerogative of implementing the National Ageing Strategy once it is adopted, much will depend on whether it will manage to involve other ministries to actively implement it in their areas of work.

The distribution of tasks between the national, provincial and local levels is currently not very clearly set out. There have been attempts to decentralize many elements of service provision, but these have not necessarily been accompanied by giving appropriate resources to these decentralized levels. It is largely left to the goodwill of the authorities at the local level to decide whether or not they choose to provide social services and to whom. This is handled very differently in different localities. There is no framework of reference that potential recipients could refer to in order to claim their rights.

There is not a lot of experience in systematically involving a diversity of NGOs or the private sector in service provision. Cooperation is mainly with Mission Armenia, which is not active in all regions of the country. It would be beneficial to have several NGOs or private sector companies providing services to older persons, to generate a minimum of competition and ensure coverage throughout the country. For

potential service providers which would like to be contracted in the social sector there seems to be some lack of clarity about the legal framework.

### **Recommendations**

- 1. Clarify the distribution of tasks between the national, provincial and local level administration and empower each level to fulfil its respective functions.*
- 2. Make the provision of social services at local level to those most in need mandatory and set out transparent procedures for public monitoring.*
- 3. Provide a legal framework that facilitates service provision by NGOs and the private sector.*
- 4. Encourage formation of NGOs in areas of activity and in regions where they are currently not available.*
- 5. Strengthen inter-ministerial mechanisms of exchange of information on issues regarding older persons.*

## **D. Involvement of stakeholders**

There is a great openness in involving stakeholders and it should be further enhanced. A social dialogue agreement commits the public and private sector as well as trade unions to contributing to ageing-related policymaking. Trade unions have so far not been very active in support of older workers. The great potential of trade unions for providing practical support and advice to workers approaching pension age on how to stay attractive for the labour market is little used. Trade unions may only assist in cases of concrete conflicts. Pensioners can retain membership in the unions, but do not receive any specific services. They would mostly choose to do so to stay in contact with former colleagues. Trade unions do not offer pensioners any support in finding or retaining employment, which for many of them is essential because their pension does not provide them with sufficient income. Trade unions also do not seem to seek to influence policy discourse very much. Although they are sometimes invited to comment on policy issues, trade unions do not seem to have the necessary expertise to make a meaningful contribution to defending the interests of older persons in the labour market. Employers have shown a bias towards younger employees and many do not see the advantages of a diversified workforce. Others, in certain branches, have found it difficult to find qualified staff and therefore have resorted to continuous employment of retirees. In general, there does not seem to be a good understanding of how workplace policies can be designed to accommodate the needs of older persons as well as those of the company. Chambers of commerce have been involved in designing policies to some extent, for example, on lifelong learning, but the full potential of a social dialogue where all parties bring in their expertise and contribute to making comprehensive policies has not yet been exploited.

In the NGO sector, Mission Armenia is the most active player. It has received funding from Government for some of the services it is providing. However, Mission Armenia is not active in all parts of the country and incentives should be created so that NGOs become active in those parts, too. Another NGO, Caritas, has been very active in support of older persons with the help of international funding. Among NGOs it is mainly Mission Armenia that has been involved in policymaking; they have provided important insights from their day-to-day experience.

The process of developing a National Ageing Strategy and Action Plan has started bringing stakeholders together more systematically. As both get adopted and are then implemented, the initiated stakeholder partnerships should be systematically expanded and consolidated to monitor progress and advice on implementation.



### **Recommendations**

1. *Involve employers and chambers of commerce in policymaking. Inform them better about ageing-friendly workplace policies and encourage them to implement such policies.*
2. *Enact a more systematic tripartite social dialogue.*
3. *Provide concrete incentives for the establishment of NGOs engaged in social services or other service providers in geographical areas that currently lack such services.*
4. *Facilitate NGO inputs into policymaking. Assist capacity-building in NGOs, both in service provision and in providing policy advice.*
5. *Encourage partnerships between all stakeholders on all levels to address the challenges of the ageing society.*
6. *Consider establishing a multi-stakeholder consultative body consisting of both Government and non-governmental stakeholders. It could be built on the basis of the current working group in charge of developing the National Ageing Strategy and Action Plan, institutionalizing it to become a regular mechanism discussing ageing-related issues and strategies.*

## **E. Research and data collection**

The National Statistical Service of Armenia has the main responsibility for data collection. It issues the poverty and social snapshot annually for which it has received an award from the World Bank. The Institute of Labour and Social Issues, affiliated with the Ministry of Labour and Social Issues, is the authority in producing data relevant for ageing. For example, it is currently developing “age maps” to get a better overview of the distribution of the older population. UNFPA has also supported important data-collection efforts. It helped carry out and publish a survey on ageing in 2009 that provided policy-relevant data.<sup>12</sup>

It appears that more capacities — in terms of available qualified staff — would be needed to make use of existing data, to analyse them, draw conclusions and to translate them into evidence-based policies. Available data are currently not systematically used as elements of a monitoring and evaluation component of policy making.

### **Recommendations**

1. *Strengthen research infrastructure and build capacities in data collection and analysis. Enhance national capacity to draw conclusions from existing data and use them to design evidence-based policies.*
2. *Systematically train demographers and social scientists with strong methodological skills at universities.*
3. *Build capacities to systematically carry out monitoring and evaluation activities.*

## **F. Integration into international processes**

Armenia is involved in all relevant international processes and is regularly represented at international gatherings. The country works intensively with major United Nations agencies, many of which have country offices, including UNFPA, the United Nations Development Programme (UNDP) and the United Nations Industrial Development Organization (UNIDO). Currently, ministries do not seem to be present at theme-group meetings, for example, the theme group on social protection, although it may be useful to integrate

<sup>12</sup> Ministry of Labour and Social Affairs/National Statistical Service of the Republic of Armenia/UNFPA 2009.

the ministries actively into the discussions. Furthermore, Armenia is collaborating bilaterally with the United States, Swiss, Swedish and German development agencies.

In the area of ageing, Armenia has been an active participant in the follow-up process to MIPAA/RIS. Its country report submitted to the five year review of MIPAA/RIS provided a good indication of progress made and the draft Strategy and Action Plan on ageing systematically included the relevant issues mentioned in the 10 commitments of MIPAA/RIS. The national focal point on ageing, Ms Anahit Martirosyan, was the Vice-Chair of the UNECE Working Group on Ageing during its first biennium 2008–2010 and was re-elected in 2010. Armenia has also cooperated with other international partners on ageing-related matters, including the United Nations Department of Economic and Social Affairs and the International Institute on Ageing in Malta. It has worked actively with the World Bank on the ongoing pension reform.

### **Recommendations**

- 1. Strengthen collaboration with the United Nations structures at country level, including supporting participation in the work of the relevant expert group on social protection.*
- 2. Uphold the integration of national stakeholders into international processes and facilitate collaboration with international bilateral and multilateral partners on an ongoing basis.*

## **G. Outlook: the road ahead**

Adopting the National Strategy on Ageing and its Action Plan (see advanced drafts in the annex) and seeing to their implementation will be the main challenges ahead. Most of the findings of the field mission have been directly reflected in the drafts of these documents. Some of the goals and objectives as well as actions set out there may require additional funding, and the international donor community is encouraged to support efforts in these areas. Many of the suggested actions, however, do not require additional financial resources but refer to areas where things may be done differently or more effectively. Tackling the issue of corruption and increasing transparency in service provision will be crucial to increase efficiency and reduce expenditures.

Implementing the pension reform and achieving levels of income beyond the poverty level will require enormous efforts and major financial inputs. As implementation progresses, the effects of the reform should be closely monitored to detect difficulties early on and to be able to make adjustments if necessary. The reformed pension system should ultimately become part of a more integrated social protection system that grants different degrees of financial assistance or social services in response to different levels of need.

National capacity-building involving all major stakeholders, i.e., Government, the private sector, trade unions and civil society organizations, is a cross-cutting issue and should be driven forward. Ultimately, it is the strength and competence of the people implementing the policies that will determine how much progress can be made. This is especially true for the area of monitoring and evaluation which requires certain skills that should be built up in collaboration with international partners.

Another overarching task will be to address the urban-rural divide and to ensure equal access to services for older persons regardless of where they live. Furthermore, home-based care services should be made available more widely.

In terms of institutional settings, administrations at the provincial and local levels should be empowered to provide services, since they are closest to the people. The central level should concentrate on coordination and standard-setting, thus guiding the process and taking action whenever problems occur. Much can be gained from better coordination between players at the national, provincial and local levels, as well as between line ministries.

Most important, however, is to keep up the political will at the highest governmental levels, as well as the commitment of all major stakeholders. Armenia has already made important progress in the area of ageing, driven by its high level of commitment and dedicated work at the operational level. It will be essential to sustain this momentum, given the numerous other challenges that require attention. However, ageing is here to stay and the better the country is able to fend off its most extreme consequences, the more it will be able to draw on a stable and balanced society to enhance prosperity on a broader level. Given the experiences the country has already gained, Armenia is invited to share them with other countries in the region currently facing very similar challenges, as it is expected that many of the recommendations for Armenia would be directly relevant to other countries as well.



## **ANNEXES**



## I. List of documents reviewed

- The Government Action Plan.
- Government Anti-Crisis Action Plan and the Government's anti-crisis action progress and status summary report.
- Strategy on Demographic Policy.
- The structure of single older persons' issues sub-sphere.
- Functions of the Division for Older Persons' Affairs of the Department for the Disabled and Older Persons' Affairs.
- Vardenis Nursing Home Monitoring: Questionnaire.
- Nork Nursing Home Monitoring: Questionnaire.
- Monitoring of care services provided by the Social Service Centre to the disabled and elderly living alone: Questionnaire.
- Decision N 485, The national programme to improve home-based social services to single older persons and persons with disabilities (4 November 1997).
- Law on Social Assistance.
- N 1874, Government Decision on approving procedures for providing care to older persons and persons with disabilities and approving the list of diseases serving as grounds for a refusal to provide care (7 December 2006).
- N 730-N, Government decision on approving minimum standards of care and social services for older persons and persons with disabilities (31 May 2007).
- Law on State Allowances (24 October 2005).
- N 1369-N, Government Decision on Establishing the Procedure for the Provision of Rehabilitation Assistance (22 September 2006).
- No. 392-N, Government decision about ensuring access to the social, transport and business infrastructure for persons with disabilities (16 February 2006).
- No. 614-N, Government Decision on Temporary Shelter Provision (13 April 2006).
- Social Home with Supporting Conditions: Model Description.
- Government Decree number No. 645-N, National Action Plan on Improving the Status of Women and Enhancing Their Role in Society 2004–2010 (8 April 2004).
- Timetable of the 2004–2010 Republic of Armenia National Action Plan on Improving the Status of Women and Enhancing Their Role in Society.
- Central Bank of the Republic of Armenia, Pension Reform Preparation Group, Draft pension system reform programme, main principles, strategic directions, tactical steps and actuarial forecasts for 2008–2080 (25 August 2008).
- Government Decree No. 1487-N on approving the Pension Reform Programme and Pension Reform Implementation Schedule (13 November, 2008).
- International Monetary Fund, Republic of Armenia: Poverty Reduction Strategy Paper Progress Report, IMF Country Report No. 06/239 (June 2006).
- International Monetary Fund, Republic of Armenia: Second Poverty Reduction Strategy Paper, IMF Country Report No. 08/376 (December 2008) Day], 2001.



## II. Questionnaire

### Armenian Road Map for Mainstreaming Ageing

#### Questionnaire for the field study

##### Introductory statement

(As you may know) the United Nations Economic Commission for Europe is working together with Armenian authorities to develop ageing-related policy in Armenia. Our project is entitled Armenian Road Map for Mainstreaming Ageing. To understand better the ageing situation in Armenia, we will be talking to many Government officials, experts, people from academia, from non-governmental organizations as well as with ordinary people of different ages.

We would like to receive answers that reflect your own views even if they are not the same as the officially expressed views of your institution. We assure you that the answers you give will not be treated in connection with your name. Instead, the answers from about 25 people will be analysed and the results presented in a summarized form and used for developing policy recommendations. In the final report, we intend to include the list of people with whom we have spoken. If you do not agree to be included in this list, please let us know.

Please describe how your work is related to older persons and ageing in Armenia.	Positioning
Do you think ageing is an issue (important topic) in Armenia?	General embeddedness of the issue
What are the main challenges related to ageing for Armenia, in your opinion?	Perceived policy priority
In countries where population ageing started recently, Government officials and politicians may have insufficient knowledge about this development and its implications on public policy.  Do you think Government officials and politicians are aware of the issues at stake when the population is ageing?	Policy priority
Does Armenian Government policy take into account that the population of the country is ageing? How? What are the main policy documents?	Policies, laws and programmes
Do you use any of those Government policy documents in your ageing-related work? (Why not?) Which ones?	Awareness of policy framework
Do you think these documents are clear and understandable, are they user-friendly and helpful?	Strategic framework
Are you aware of internationally agreed policy frameworks (plans, programmes, principles) in ageing?  How are such internationally agreed goals and principles on ageing reflected in Armenian policy?	Strategic framework



To what extent are these policies put into practice? Please describe.	Policies, laws and programmes
Can you give good practice examples of policy implementation in Armenia? Please describe.	Good practice
Do you think enough public funding is made available for older persons' needs? (Can you identify areas where the shortage of funds is particularly problematic?)	Budget
<p>Given the existing budget constraints, do you think the Government and local authorities are doing enough to accommodate the needs of older persons relative to other age groups?</p> <p>For example, in the following areas:</p> <p>Associations, organizations</p> <p>Labour market</p> <p>Education</p> <p>Pension, minimum income</p> <p>Social security</p> <p>Institutional care</p> <p>Home care, available support for daily living</p> <p>Transport</p> <p>Cultural activities</p>	<p>Policy priority</p> <p>Strategic framework</p> <p>Level of implementation</p> <p>Budget</p>
Do you know of any arrangements for monitoring and evaluation of ageing-related policies in Armenia?	Monitoring and evaluation
Who should carry out this function in your opinion?	Capacity for monitoring and evaluation
In today's Armenia, are the needs of all age groups (children, young, middle generation, older persons, oldest old) considered equitably or are some age groups receiving too much or too little attention compared to others?	Society for all ages or one generation singled out
What could be done to accommodate the needs of these disadvantaged (vulnerable) age groups? Who should do it?	Identify possible recommendations
(Do you think that Armenian legislation is encouraging independence and self-realization of older persons? Does it treat older persons equally to other age groups?)	Non-discriminatory framework
(How do you judge the degree of implementation of such laws?)	Implementation
<p>Whom do you see as the main responsible body for ageing within Government?</p> <p>Do you think this body covers all relevant areas sufficiently? If not, which areas are not sufficiently covered?</p>	Institutional framework

Do you think the responsibilities of different institutions and organizations that deal with ageing and older persons are clear and understandable to everyone?	Institutional framework
In your opinion, do older persons know how to find out about their entitlements for benefits and assistance? Do they know where to turn to? Do they feel confident to go there?	Institutional framework
How is the implementation of ageing policies distributed between national, regional and local authorities? Is this distribution optimal in your opinion? If not, what should be changed?	Institutional framework
In your opinion, are the following actors (stakeholders) sufficiently involved in policymaking on older persons and ageing? Private sector Non-governmental organizations Trade unions	Institutional framework, stakeholders
Are you aware of any public campaigns that highlight the positive contribution of older persons to society?	Awareness campaigns
Do you know of data collection and/or scientific research about older persons and ageing in Armenia? Is it sufficient in your opinion? How could it be improved? In which areas is information and knowledge lacking in particular? Are relevant research institutes available and do they have the necessary capacities?	Research landscape
Do you have the impression that your country is sufficiently integrated into international cooperation and exchange of good practice on ageing policies? (Participation in international conferences, active collaboration with international organizations?)  (Do you see any need for improvement?)	International cooperation





### III. List of interviewees

Family name	First name	Affiliation
Hovhannisyan	Anna	United Nations Population Fund
Grabsky	Mkritch	Ministry of Health
Kirakosyan	Hripsime	Mission Armenia
Markosyan	Tigranuhi	Mission Armenia
Daghunts	Nurik	Mission Armenia
Budaghyan	Zhanna	Mission Armenia
Asatryan	Gayane	Mission Armenia
Hovsepyan	Liana	Mission Armenia
Bagdasaryan	Jemma	Ministry of Labour and Social Issues
Aghbalyan	Artak	Ministry of Education
Aloyan	Aramayis	Nork Elderly Care House
Nazinyan	Ara	Swiss Social House
Gregoryan	Teresa	Major Hall/Gyumri
Tarasyan	Gagik	Caritas
Danielyan	Elizabeth	World Health Organization
Yatsenko	Volodymyr	USAID
Hayrapetyan	Garik	UNFPA
Jiyan	Vrei	UNDP
Gyurjyan	Anna	UNDP
Simonyan	Anahit	UNIDO
Gevorgyan	Gagik	State Council on Statistics, National Statistical Service of the Republic of Armenia
Hovhannisyan	Vahagn	Chamber of Commerce
Kharatyan	Boris M.	Trade Union
Hovhannisyan	Nune	International Labour Organization



## IV. Strategy on ageing (2010)

### Social sector

### Sustainable Development Strategy

#### Sub-Sector for older persons

*Note: the paragraph numbering used in this annex begins at 3, since the text reproduced here represents only one section taken from the full Sustainable Development Strategy. The numbering used for the goals and objectives, however, begins at 1 because these are specific to the Action Plan detailed in Annex 5.*

[...]

### **3 Proposed development Strategy for the sub-sector of Ageing**

#### **3.1 Rationale and objectives**

The universal phenomenon of ageing is affecting all areas of national life including the welfare of all generations and society in general. Therefore, it is necessary to develop an overall Ageing Strategy as a comprehensive framework addressing all relevant areas while highlighting priority areas of action.

The key objective for the sector is to ensure a consolidated and coordinated policy which is based on solid facts and reflects commitments the Republic of Armenia has subscribed to on the national and international levels. This policy shall help the Republic of Armenia (hereafter the country) to address the challenges posed by demographic changes and to create a society for all ages. Providing an overall holistic framework which takes into account all sectors, including health, the social sector, the labour market and the education system, will help in addressing the needs of older persons while benefiting from their unused potential.

#### **3.2 Underlying principles of this Strategy**

This Strategy is designed in the spirit of mainstreaming ageing — a holistic approach that considers all fields of policymaking and all generations. This means that policies in all relevant sectors from the economy and labour market to housing, transport, health and social protection systems should take ageing into account. The Government therefore commits to increase exchange and streamlining of policies among different line ministries. When devising laws, rules and regulations or programmes, the consequences for older persons have to be considered and strategies should be sustainable in view of the ageing of the population. Mainstreaming ageing aims at bringing societies and economies into harmony with demographic change and enhances solidarity and mutual support between generations.

To be able to take into account the concerns of older persons, a participatory approach shall be pursued. Representatives of older persons should be included in the decision-making process on new policies. However, it does not follow from mainstreaming ageing that older persons should be favoured over other age groups. Younger generations should also be involved into decision-making in as far as their interests are concerned either now or in the future.

This Strategy on Ageing is based on a life-course approach which underscores the importance of reciprocity and solidarity between generations. A proactive ageing policy also invests in young people, to strengthen the economic base to support an ageing population. Solidarity between the generations means that each generation is required to make a contribution to the costs of an ageing population.

Furthermore, the life-course approach also takes into account the perspective of every individual. The standard course of life in which periods of study, work and pension follow one another successively is becoming less common. Periods of work are intertwined with periods of retraining or caring for family members. Enabling people to combine these elements more flexibly should create new possibilities for attracting the still considerable potential of older persons to the labour market. This shall assist them to cover their own expenses and to decrease dependency on family or State support.



A life-course policy also offers possibilities to place greater personal responsibility in the hands of citizens. It implies that citizens make active decisions regarding their own lifestyles, including healthy living and prevention and building up savings for old age. The way younger generations live today will determine their quality of life when they reach old age.

This Strategy shall help to establish a non-discriminatory framework of equal opportunities and access to services for all age groups. It shall provide each individual with an opportunity to have a fulfilling life-course, ultimately achieving social cohesion and a society for all ages.

## **Goal 1: To mainstream ageing and to pursue internationally-agreed policy principles.**

### **3.3 Proposed areas and priorities for the sub-sector of ageing**

#### **3.3.1 Integration of older persons in the society**

A cohesive and stable society is fostered through the process of social integration enabling all persons, regardless of age, to actively participate in social, economic, cultural and political affairs, including decision-making. However, the inclusion and participation of older people are severely restricted by factors such as poverty, poor access to services and age-based discrimination. Addressing these barriers is a fundamental element of this Strategy, since progress on all other goals will be limited without the active participation of older people.

Despite a lifetime of contributing to society, older people are often marginalized in development processes and their roles and potential are unrecognized. Achieving full participation of older people in all spheres of life requires a mainstreaming approach, in which ageing issues are integrated into laws and programmes across all sectors. Furthermore, it requires an active approach towards ensuring participation in the social, cultural, economic and political spheres, in ensuring access to essential services, in protecting the rights of older persons and in promoting volunteering.

In each of these areas, responsibility for meaningful integration must be shared —Government, civil society and the private sector each have a role in ensuring that ageing issues are included in their programmes.

#### *Ensure full integration and participation of older people in the social, cultural, economic and political spheres*

The provision of adequate social protection for all older persons is a prerequisite for improving social integration and participation in all spheres of life. Older people are one of the most vulnerable groups in Armenian society, since they are not only at risk from loss of income but may suffer from frailty, or poor health. As a vulnerable group they are disproportionately affected by general economic down-turns. Although the State social pension provides a measure of income security to older people, especially women are often not covered by formal contributory schemes and baseline pensions remain inadequate. While most older people rely on family support, those living alone or in poorer households are further disadvantaged. Efforts shall be made to ensure basic income levels for older citizens. Measures to integrate older persons into formal labour markets can reduce old-age poverty, provide social networks and a vital sense of self-worth. Economic and social integration of older persons includes promoting their right to decent work and providing protection for those who can no longer work.

Older persons are only fully integrated in society when they can exercise their right to political participation and inclusion in decision-making processes as active citizens. Recognition of their enormous contributions and potential is the starting point for promoting more active participation in their own development and in affairs of the wider society. As an increasingly large proportion of the voting population in the Republic of Armenia, older people hold potential influencing power. However, to ensure that the concerns of all older women and men, especially more vulnerable groups, are reflected in mainstream agendas, they must be

supported to voice their concerns and to engage in decision-making processes at the local level. Empowering older people to participate more actively involves building capacity, raising awareness about their rights and facilitating engagement with service providers and decision makers.

It is equally important to ensure opportunities for and access to continuing education, and cultural activities, recreation, sports and tourism for all groups of older people. Lifelong learning promotes self-reliance and more effective participation in social and economic life, as well as enhancing intergenerational solidarity. Access to modern means of communication, including the Internet, also has to become easier for older persons, as a means to enhance participation. The process of meaningful participation and sense of citizenship is deepened when older people continue to realize their potential and their experience and contributions are valued by wider society.

*Ensure access of all older persons to essential services*

Meaningful inclusion in old age requires continued access to appropriate services and infrastructure including health, domiciliary care, transportation and decent housing. While risks associated with old age such as reduced income and frailty increase the importance of these services, older people face particular barriers to access such as cost, inappropriate delivery, poor attitudes of service providers and discriminatory practices.

A critical element for older people is access to appropriate and affordable health care. Full integration requires improved access to and extension of free primary services to all older people, including prevention and management of common diseases.

The majority of older people live in substandard accommodation, unable to afford essential repairs and heating in the winter months. Such conditions threaten their health and psychological well-being, highlighting further the need for access to affordable and appropriate health prevention, care and treatment.

Reduced mobility and increased isolation in old age can be mitigated by entitlements to adequate and free public transport, and such services should be expanded, particularly in rural and remote areas.

*Protect the rights of older persons and combat discrimination*

The equal rights of older people in the Republic of Armenia are protected in the Constitution, which confirms that all citizens “shall be given equal protection of the law without discrimination”. Promotion of older people’s rights and combating marginalization is fundamental to achieving full integration of all older persons.

Rights protected by international law and the Constitution apply to older people; these include equal rights of men and women, the right to work, to social security, to an adequate standard of living including adequate housing, to health and the right to education and culture.

Negative stereotyping and unequal treatment based on age and gender are major impediments to the integration and participation of older people, often preventing them from realizing their rights as equal members of society. Ageist attitudes reinforce perceptions of older people as deficient, in need of welfare and a drain on resources. Discriminatory practices including abuse and neglect can take place in the family as well as in service provision and the workplace. Services and programmes that are age neutral can become discriminatory due to lack of attention to the specific needs and capacities of older persons and to poor attitudes of staff. Particular areas of concern to older people are access to health care and decent employment.

Legislation to protect the rights of older persons and measures to ensure equal access to particular services and opportunities must be reinforced through raising public awareness of the contributions of older women and men and promoting positive images of ageing. Civil society organizations and the media will play a major role in challenging discrimination and increasing support for advancing gender and age equality.

Cases of violence and abuse of older persons shall be persecuted vigorously.

It is vital that older people share responsibility for challenging discrimination and claiming their rights. However, many older women and men are unaware of their rights and feel disengaged from active citizenship. Support for older individuals and groups, through provision of accessible information about their rights and entitlements can facilitate their participation in wider efforts to improve services and mainstream ageing. Active participation of older people in protecting their rights and the rights of others promotes a stronger sense of responsible citizenship.

#### *Promote volunteering*

Social integration and participation of older citizens in their communities can be encouraged in the framework of non-governmental organizations and by developing the area of volunteering. This could be a useful format to allow older persons to pass on their valuable experience, expertise and skills while also learning new skills for work and leisure, including the use of new technologies and communication systems. Special events, organized by volunteers, such as round tables on issues of ageing, or cultural shows and craft fairs, provide forums for promoting ageing issues and developing networks between different interest groups. The International Day of Older Persons shall be utilized systematically for such events to attract wider attention.

An effective approach to fostering integration of older persons is supporting the development of older people's self-help groups, based on a volunteering approach. Such groups can be organized around a specific need, for example to provide childcare or home care to other more vulnerable older persons, and are an ideal forum for promoting further engagement in educational and advocacy activities. Supporting volunteer groups requires skilled human resources, particularly in the early stages of development, and groups are often led by retired older persons. Local authorities and community-based organizations can play a vital role in supporting older volunteer groups by providing venues and support costs. In addition to providing benefits to the wider community, older volunteers can gain new skills, extended support networks and a renewed sense of worth.

**Goal 2 : To ensure full participation and integration of older persons in society.**

**Objective 2.1 : Ensure full integration and participation of older persons in the social, cultural, economic and political spheres**

**Objective 2.2 : Ensure accessibility and non-discriminatory provision of services in the areas of health care, transport, housing and communication**

**Objective 2.3 : Ensure the implementation of equal rights of all age groups and combat discriminatory and abusive attitudes and practices**

**Objective 2.4 : Enhance integration and participation of older persons by way of building activities in the area of volunteering**

#### **3.3.2 The image of older persons**

Older persons living in Armenia are a great asset to the society. They make important contributions in various areas, including support to children and grandchildren, active participation in the labour market and active involvement in community life. In general, older persons are treated very respectfully in Armenian society. At the same time, United Nations Population Fund Agency data show that they often feel like a burden, “useless”, “old and sick” or that they may suffer from an “inferiority complex” (UNFPA (2009): Report



on Ageing Survey in the Republic of Armenia, Yerevan). Such attitudes may result from a situation where they depend on their children financially and where their non-monetary contributions are not adequately valued.

There is a prevailing opinion that retirement puts an end to an active life, creativity and contribution to one's family and society; this opinion should change. To make productive use of resources and competencies available in society, older persons should be given equal opportunities in contribution to society as a whole.

At the same time, activities shall be taken to improve the overall image of older persons in the society as well as ageing as a natural process. Older persons should be positively valued in the contributions they make. Ageing should be considered as an opportunity and negative stereotypes should be addressed proactively. Rather than portraying older persons as a drain on the economy in terms of escalating health-care and pension costs, the positive contribution of an active, healthy and productive older population should be highlighted — from caregiving, to starting entrepreneurial activities or becoming volunteers in their communities. Indifference and stigma towards mobility limitations and disabilities of older citizens shall be actively addressed. Information campaigns and media work shall be pursued to enhance a positive discourse.

Improving the image of older persons and ageing is also important from an intergenerational perspective. Those who are younger today and see older persons as a burden will see themselves negatively once they grow old themselves. An integrated approach is needed that targets all generations. Therefore, it is useful to include ageing and older persons' issues into school curricula.

Ultimately, the view of older persons will depend on their own actions. The way they are seen by others will also depend on how they see themselves. Ageing stereotypes very often are also self-stereotypes. Therefore, older persons themselves should be empowered to be self-confident and positive about their role. This is one more reason why it is necessary to promote the activity of older persons, furnish them with an opportunity to bring in their experience and knowledge and be valuable in society. Furthermore, enhancing integration into peer networks and countering loneliness — in both urban and rural areas — may help them feel accepted. Being more integrated may help to increase their self-esteem and thus empower them to become more active to improve their own situation, seek help and assist others.

The media play a critical role in reinforcing perceptions about older persons and the role they play within society. If they portray older persons as passive receivers, as frail and dependent and not able to take care of themselves, they cement stigmatizing attitudes which may become self-fulfilling prophecies. Therefore, it is important that the media understand and live up to their responsibility. As they portray veterans or famous older persons when receiving decorations, they should also draw attention to the contributions which all older persons make within their families, their communities and society as a whole. They should not be pictured as passive recipients, but as actively organizing and contributing to the events and processes they are involved in. A positive image of older persons cannot be achieved by praising them but rather by giving them equal opportunities to live fulfilling lives.

The Government of Armenia commits to using media channels more actively to communicate its strategies and activities in the area of ageing. This may help to increase the transparency of Government actions and to create awareness of activities taken and services made available. Communicating about a greater variety of issue areas as they affect older persons (health care, social protection, education, the labour market, housing, culture, etc.) may help getting people from all generations more engaged in the discourse. Addressing problems openly may help older persons feel less isolated, as they understand that the issues affecting them are issues affecting others as well and that it may be worthwhile to partner in finding solutions and strategies.

Apart from an active media strategy, it is vital to create opportunities for actual dialogue between older people and younger generations. Such events encourage mutual understanding and respect between them.

## **Objective 2.5 : Encourage and promote a positive image of older persons and ageing**

### **3.3.3 Quality of life at all ages, independent living, health and well-being**

Ageing is an inevitable process which starts from the moment a person is born. In older age it becomes more and more likely that quality of life may be compromised due to reduced mobility, disability or multi-morbidity (i.e., suffering from several diseases which may be chronic). However, this does not necessarily have to be the case and the aim has to be to achieve the highest attainable standard of health for everyone, as defined by the World Health Organization as “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. To achieve this, both prevention and, in case of need, access to health-care and social services have to be ensured. Furthermore, quality of life is also related to independent living. It touches upon the issue of the housing situation, which shall be dealt with in a separate paragraph.

### **Goal 3 : To achieve high quality of life at all ages, enhance the ability of older persons to live independently, enhance health and well-being**

#### *Health promotion and disease prevention*

In order to achieve high levels of good health in all age groups, healthy behaviours and prevention strategies have to be promoted. Many chronic diseases and problems of mobility in old age are closely connected with physical inactivity and unhealthy lifestyles. The use of tobacco products, an unbalanced diet, excessive alcohol consumption, drug abuse and physical inactivity are harmful to health at all ages and have cumulative negative effects at older ages. Non-communicable diseases such as diabetes are common in old age and may be causes of death, although they are preventable and can be effectively managed through education. Non-communicable diseases may be expensive in terms of treatment, but they may also lead to loss of income due to care giving. Moreover, continued contribution of older people, for example as carers, depends on their health: the cost of supporting older people (many of whom are carers) is much lower than the consequences of not doing so.

This means that it is imperative to develop preventative systems at the primary health-care level, rather than leaving this to medical expertise at the secondary level. Engaging in appropriate physical activity, healthy eating, not smoking and using alcohol in moderation or not at all can prevent disease and functional decline, extend longevity and enhance quality of life. Such healthy attitudes shall be achieved by promoting policies, including appropriate information campaigns and education starting at an early age, that enable people to make healthy choices throughout their life-course to the benefit of their overall health status in old age. Hence, the Government promotes balanced nutrition habits and also educates people about hygienic preparation and storage of food. Efforts are also directed towards prevention of accidents of older persons at home, with the aim of enabling them to live independently for as long as possible. Risk factors, including environmental ones, associated with major diseases, including chronic and non-communicable diseases, shall be reduced to avoid their negative long-term consequences.

Furthermore, the provision of health and social services have in themselves preventive values as they help avoid a situation in which one malfunction leads to others.

### **Objective 3.1 : Promote healthy lifestyles and disease prevention, including physical activity and balanced diets, prevention of alcohol and drug abuse and smoking**

#### *Health care and social services*

Good health is an important individual asset and the overall level of health is vital for the economic growth

and development of societies. Quality of life is directly related to health status and the quality of medical services provided. Therefore, accessibility of health and social services to those in need is a crucial issue. As research indicates, only 20% of older persons are functionally healthy. Hence, the relevance and urgency of the legal and social guarantees of health-care services for older persons. Therefore, the aim is to provide proper scope, types and quality of health-care services which shall be both affordable and accessible. Every person shall have equal access to effective health and social services, irrespective of age and gender, race or income. This also involves transcending urban-rural disparities.

The State guarantees health care and services free of charge for all citizens above 65 years. Furthermore, older persons benefit from preferential rates on medication. Currently, they buy medications at 50% discount, and non-working pensioners at 30% discount. It is envisaged to base eligibility criteria for discounts on income per person or household in the future to better reflect real needs and provide a non-discriminatory framework.

Currently, special provisions apply to members of certain social groups, including disabled people, veterans of the Second World War, victims of political repression, genocide survivors and former recipients of honorary pensions. Members of these groups older than 65 years are eligible for free primary health-care services, while veterans of the Second World War and victims of political repression also receive free hospital care. Preferential treatment is also granted to these groups in relation to medication. While it is envisaged to uphold such levels of services for these groups, it is foreseen to explore ways to make the same level of services available to all older persons.

At the same time, disabled older persons benefit from the rights and entitlements stipulated by the law on the social protection of disabled people including, specifically, rehabilitation assistance (medical, social, psychological, prosthetic and other). It is envisaged to sustain these services.

In addition, the issue of accessibility and affordability of secondary and tertiary services shall be addressed. Older persons may have specific needs such as eye treatment, surgeries or other hospital care and they may not be in a position to afford such treatments because of low levels of income. Specific provisions shall be made to accommodate their needs more effectively in future.

Efforts in terms of health-care reform, such as supported by international partners, including the World Bank and the World Health Organization, shall receive continued attention. Within the period of this Strategy, implementation of agreements made shall be continued, while dedicating some attention to re-evaluating their actual impact and examining whether adjustments have to be made.

#### *Older persons, poverty and independent living*

Efforts shall be made towards allowing older persons to live independently and in dignity. In this context, mobile services facilitating independent living have to be expanded and sustained, taking into account the urban-rural divide. Such services may include the possibility of home visits for medical purposes, home-based care, soup kitchens or home delivery of meals. To meet the actual needs within the older population, the urban-rural divide has to be taken into account.

#### *Nursing homes*

There is a common perception that sending older persons to nursing homes is a disgrace for the family and should be discouraged. Here, the views of older persons have to be taken into account more closely. They should be given the opportunity to stay in their familiar environments if they wish to do so, and families should be enabled to care for their older family members in their homes, if feasible. However, some people may choose nursing homes as their best option, for example when they need continuous assistance. This choice should not be stigmatized or discredited in any way.

While independent living is desirable in principle, living in residential accommodation for older persons may be an appropriate alternative. Efforts shall be taken to achieve equal access to nursing homes for all

in need. Capacities shall be expanded to meet actual needs and transparent application procedures shall be put in place.

#### *Palliative care, hospice care*

The provision of palliative care (care of patients whose diseases are not responsive to curative treatment, including pain management, social and psychological support) and its integration into comprehensive health care shall be supported. Hospice services shall be made available to those in need.

#### *Health-care staff*

Quality of health care and social services is closely related to the quality of staff delivering these services. In orientation towards internationally accepted standards, a healthy ratio of health-care staff to patients shall be realized in both urban and rural areas. Efforts shall be made to improve the reputation and acknowledgement of health and social care staff working with older persons. Their career prospects shall be enhanced by introducing a remuneration system that better reflects the worth of their labour. Staff specifically working with older persons shall receive training and build their professional knowledge in terms of age-related health specificities. Expertise in the areas of geriatrics and gerontology shall be built. Training shall include components specifically addressing the issue of relationships between patients and health-care/social service staff, encouraging a sensitive and positive attitude towards older persons with special needs.

#### *Quality*

Special efforts shall be made to improve accessibility and overall quality of services. The right to free primary health care to Armenians over 65 years has to be fully implemented. In practice, older people are often requested to pay for treatment and can therefore not afford to seek appropriate care for common diseases associated with old age. Reimbursement for services therefore has to be such that it covers actual costs of the service providers and a concerted effort shall be made to work against unjustified extraction of additional fees from patients, which ultimately reduces access to services. Accessibility and quality of delivery of health and social services shall be regularly monitored, in home-based care, hospitals, nursing homes and hospices. This has to address both access to and delivery of services. Cases of age-related discrimination have to be identified and tackled. This may be achieved by a combination of mechanisms, including standing committees within institutions, monitoring visits by external auditors and complaints mechanisms where clients who feel treated unjustly may bring their grievances to the attention of independent authorities who may take the necessary steps.

#### *Institutional framework*

In the health-care sector, there are many stakeholders whose views should be taken into consideration. Therefore, the institutional set-up should be both broad in the sense of allowing participation in decision-making by all concerned and well-structured in the sense of clearly attributing responsibilities. To remain functional, tasks have to be clearly distributed horizontally and vertically and coordination between different entities has to be enhanced. In principle, the national ministries shall be responsible for making strategic plans, providing general guidelines and monitoring progress. The authorities at the decentralized level shall be responsible for assessing needs and implementing the overall strategies. In particular, the local level should be strengthened. Its responsibilities for health-care provision shall be clearly set out and activities in providing social services shall become mandatory. The local level authorities shall be enabled to outsource services which cannot be provided by the public sector.

Non-State stakeholders shall be systematically integrated into an overall coordinated response on the level of policymaking and service provision. The target group of older persons shall be engaged more systematically in making decisions about issues that concern them. They should be involved in the design, implementation, delivery and evaluation of policies and programmes to improve their health and well-

being. They should also be integrated systematically into the planning on health-care related issues at the community level. Additional capacities shall be actively sought among professionally working NGOs and private sector companies at the local level. A framework is set up in which NGOs can play a stronger role in future. Incentives shall be offered and services provided that facilitate their contribution, especially in underserved areas.

**Objective 3.2 : Ensure adequate health status and quality of life for older citizens by means of providing adequate scope, types and quality of health care and social services**

*Housing issues and independent living of older citizens*

Many older persons wish to stay in their familiar environments, in their homes, for as long as possible. Therefore, accessible and affordable housing is an important issue. In fact, given low income and wealth levels among older persons, the housing conditions of older citizens are often inferior compared to other population groups. Increased cost of utilities and the cost of living make it impossible to cover all accommodation costs from a small pension.

Older persons often live in apartments that are in poor condition or do not have basic amenities, such as running water, sewers, central heating, household items and appliances. Repairs and renovation are often beyond the financial reach of older citizens.

Even though many older persons may own the apartments they live in, they often find it difficult to cover the rising utility costs. A large portion of older persons do not have sufficient access to heating. Given the potential health consequences it shall be an issue of priority to facilitate access of older persons in need to affordable heating.

A number of older persons may be forced to sell their houses and move to smaller and cheaper apartments. Assessing the housing needs of older persons is extremely difficult due to the large numbers of refugees and those who lost their houses in the earthquake or during the war. Data are lacking on the level of homeless among older persons; however, the figures of those using soup kitchens give some indication. Homelessness and shelter provision shall be a priority to be tackled by local administrations, with the participation of older persons themselves.

Of equal importance is the issue of accessibility of houses. The Decision of the Government of the Republic of Armenia on Establishing a Procedure for Ensuring Access for the Disabled and People with Limited Mobility to the Social, Transport and Business Infrastructure stipulates that new buildings have to conform to requirements of housing accessibility. The implementation of this regulation shall be enforced. Assistance shall be made available to older persons who want to rebuild their homes to make them accessible. Ways will be explored to build age-friendly homes especially designed for older persons to meet the needs anticipated for the future.

**Objective 3.3 : Ensure a housing situation for older persons that allows them to live independently, healthily and in dignity**

**Objective 3.4 : Ensure housing that enables older persons to stay in their own homes as long as they wish to and that permits them to remain integrated in their familiar environments**

**Objective 3.5 : Enhance the accessibility of existing houses for older persons and make sure newly constructed buildings comply with certain minimum standards of accessibility for older and disabled persons**



### **3.3.4 Social protection**

In view of an increasing number of older persons, in order to maintain social cohesion it is required that older persons are provided with minimum levels of quality of life and a life in dignity. Social protection is a means to achieve this by way of financial mechanisms to protect recipients from extreme expenditures, for example in case of illness, and to assist those without access to services. There should be measures aiming at preventing and reducing poverty among older citizens and pensioners. Social security systems have to be adjusted in view of population ageing.

The quality of the social protection and national capacities will have to be quickly improved and developed. More equitable geographic coverage of social services shall ensure better access to and improved targeting of the service. Overall, the social security system has to be brought into conformity with international standards and criteria, thereby making it sustainable.

#### *Pension*

Pensions are the main means of subsistence for older persons. The last several years saw a series of measures to facilitate the procedure of acquiring a pension-recipient status and the size of pensions have been rather frequently revised upwards. Nevertheless, in many cases it is not enough to cover the actual financial needs, while at the same time being a significant item in the national budget. To address these issues, the Republic of Armenia has developed and adopted a pension reform programme which has been decreed by Government in December 2008. The main aims of this programme are to increase the pension size to the level of the minimal consumer basket and to link pension amounts to the income levels during the work life of the individual.

A multi-pillar pension system will be implemented as a result of the pension reform, which will consist of four pillars: the baseline pillar ensures a minimum social pension equivalent to the minimal consumption base for older and/or disabled persons who do not qualify for an occupational pension. The first pillar compensates lost income from the State budget to persons who worked in the formal economy for a minimum period and who paid corresponding social contributions. It is a contributory mandatory system based on years of service. The second pillar refers to mandatory individual retirement savings. Lost income is compensated from mandatory funded contributions and their investment. The third pillar secures additional income from voluntary individual retirement saving.

The pension system shall seek to provide opportunities for a large part of people working in the informal sector to build up their own individual pension benefits. Furthermore, the pension system should be just for both men and women and not punish those taking time out to care for children or old and frail family members.

#### *Family*

Another important source of subsistence is the family benefits system, the largest social assistance programme implemented in Armenia. It is regulated by the Law on Social Assistance and the Law on State Allowances, respective Government decisions and secondary legislation. The baseline family allowance as of January 1, 2009, is AMD 10,000; this amount is augmented by add-ons for each underage child in the family, and the size of these add-on payments varies according to the place of residence and the number of children in the family. Poor households that do not score enough for the family allowance receive one-off emergency support from local administrations; the size of these payments is equal to the baseline family allowance. The emergency assistance is provided for a period of at least three months. The majority of recipient families are older persons.

The family benefits system shall be adapted to the needs of families taking care of older persons. It shall

help provide special material and moral assistance to families taking care of older persons and vulnerable household members. It shall be assessed to what extent recipients of emergency assistance are in need of more long-term support.

*Other social protection elements*

The main challenge of the social protection sector will be to introduce a unified, integrated system whereby social services are granted based on a gradual system that differentiates different levels of needs (low, medium, high). Thresholds of income shall be defined entitling single older persons, households of older couples and families taking care of older persons to social assistance allowing them to maintain minimum subsistence levels. Different groups may be identified taking into account different needs levels from very poor to poor and being in need of specific services. A single unified system may eventually replace a differentiated approach with the division in family and non-family benefits.

There is a special group of privileged recipients which includes war veterans and invalids of war. This system shall be sustained financially and eligibility criteria shall be set out in a transparent manner.

There are also provisions in place for a group of poor older persons below a minimum income. The system providing services for this group also has to be made financially viable and transparent criteria for eligibility have to be defined and made easily accessible by the public. A large portion of older persons is just above the threshold of the aforementioned group. Special provisions shall be made which also allow this group to be eligible for social protection — albeit at a lower level — to allow them to secure minimum subsistence levels.

To improve the overall situation, steps shall be taken to introduce social security schemes, in the form of health insurance, long-term care insurance and disability insurance.

*Ensure access and quality of services*

The provision of social protection is based on eligibility criteria, which have to be made transparent so that every potential recipient is enabled to find out about his or her entitlements. The distribution of benefits has to be supervised by independent mechanisms and the availability of complaints procedures have to be ensured which may assist recipients in getting their rights and entitlements and pursuing mishandling and arbitrariness.

*Information, awareness of services*

People of younger age groups shall be empowered to develop saving strategies throughout their lives to decrease dependence on public services. For those in need and their family members, information about available services and eligibility criteria for entitlements have to be made easily accessible.

**Goal 4 : To ensure a minimum social protection level at poverty threshold to all in need, including those who can no longer earn their own income due to old age and related disability.**

**Objective 4.1 : Implement the pension reform programme as decreed by the Government, closely monitor its consequences and effectiveness and make adjustments as the need arises**

**Objective 4.2 : Provide social assistance to families taking care of older persons without sufficient income of their own**

**Objective 4.3 : Provide social protection more effectively to groups with special needs, including war veterans and invalids. More effectively provide social protection**



**services to older persons not falling into these categories but nevertheless having a need for support**

**Objective 4.4 : Provide information for individuals on how to prevent dependence in old age and how to access services if needed**

### **3.3.5 Sustainable economic growth and development**

Sustainable economic growth and development are prerequisites for a successful strategy in response to population ageing. As older persons are particularly vulnerable to poverty, economic development and growth have to be promoted as a means to overcome poverty on a broader basis. A standard of living that allows all age groups to maintain dignity and self-respect should be promoted. To that end, activities to enhance poverty reduction should be promoted. The Poverty Reduction Strategy Paper in its revised version should be implemented and at the same time closely monitored and adjusted as needed.

As the number of senior citizens in relation to the working age population is increasing, social protection systems are seriously under pressure, especially in view of the financial viability of the pension system. Introducing an integrated system of health care and social services for older citizens, as well as the budgeting thereof, will require sustainable economic growth. The equitable distribution of resources between the working and non-working population is an important element of intergenerational justice. Economic growth shall therefore be promoted with an emphasis on job creation for working age and older persons. This also involves developing of a business environment that encourages entrepreneurship. A business system shall be in place that encourages entrepreneurs who have built their businesses abroad to come back and transfer their assets and expertise to the benefit of the country. Generating additional opportunities for gainful economic activity may help the middle generation to build up wealth for their own old age and to be able to support their younger and older dependents, while also allowing older persons to be self-sufficient rather than having to depend on the social protection system.

Economic growth prospects cannot, by themselves, solve the issue of equitable distribution of wealth. Neither can they guarantee that the economic growth will have acceptable outcomes for the social sector. Therefore, all stakeholders (at the local and the national levels) should be well aware of the need to ensure the broadest and most equitable distribution of economic growth dividends. Growth should not adversely affect individuals or population groups and should not be at the expense of the social sphere, such as health care or education. At the same time, long-term sustainability and opportunities should not be jeopardized by investment in the social sector.

The transition period has been marked by efforts to implement an economic framework geared towards economic growth and development. The global economic crisis has added new challenges to this project. When designing economic policies for the future, these have to be taken into account. Action has to be taken to counter the negative effects of the economic crisis and to seek to use its opportunities.

While ageing in itself may pose an economic challenge, older persons as consumers are also net contributors to economic development. Pensions, even if low, do have an impact on poverty reduction and enhancing the economic role of older persons including increasing employment opportunities.

**Goal 5 : To develop and implement economic strategies with the aim of sustainable economic growth and development, while controlling negative social consequences of the transition and the global economic crisis with due regard to the implications of demographic ageing.**

### **3.3.6 Labour market adjustment in view of the social and economic changes caused by ageing**

In Armenia, employment rates are already low among those approaching retirement age and become virtually non-existent once retirement age has been passed. Reasons for this are manifold and have to be addressed in a concerted effort.

There is a bias in the labour market towards younger and middle-aged employees based on the assumption that they would be fitter and better able to keep up with the required pace of . In reality, however, ability to work is not related to age and related prejudice should be corrected. Outreach has to be done to inform employers about the positive sides of a heterogeneous labour force in which all age groups are represented. The knowledge and experience of older workers are important assets to a company or organization. They can also have important roles in retaining tacit company and organizational knowledge. Actively increasing integration of older persons into the workplace is vital to achieve a balance of age groups in the labour force. In some branches facing a shortage of qualified staff, older workers may help to fill vacant posts, to overcome bottlenecks or to come in during peak periods.

There is a common prejudice that continuing work beyond retirement age is impossible. As the Constitutional Court ruled in April 2009, it is legally possible to continue work after official retirement and steps have to be taken to increase awareness about this possibility among employers and the wider public. People of all ages should have equal opportunities to work according to their needs and potentials, and all efforts will be made to increase awareness of such available options. Research has shown that continued activity in old age postpones physical and mental decline. Furthermore, it can be especially beneficial to the public when older persons continue to pay into the pension system and draw their own pensions later.

Given the financial needs of older persons, working beyond retirement age is not an option but a necessity for many. Across sectors, from construction work to universities, older persons need additional income beyond retirement age because their pension income is far from being sufficient to sustain themselves. In fact, the risk of poverty is extremely high for older citizens after retirement. Therefore, they desire to work as long as they are able to do so physically and mentally, and if they are not allowed to do so in the formal sector, they will be driven into informal work which more is likely to be unsafe, physically demanding and low paid.

A comprehensive strategy therefore has to promote the activity of older persons and emphasize the importance and benefits of their occupational activity after they retire. It has to attempt to create employment opportunities for all age groups. Appropriate measures will be taken to remove obstacles and prevent all forms of age-related discrimination to enable both men and women to stay in the workplace longer if they wish to do so. This can be facilitated by introducing more flexible arrangements and gradual retirement schemes to meet older persons' needs and capacities. Options for older persons to find or remain in employment have to be created and their economic activities shall be supported even if they take place in the informal sector. This has to be complemented by activities to build an incentive framework and support older persons in setting up their own businesses, for example in the small and medium enterprise sector.

However, creating employment opportunities for older persons should not be at the expense of younger generations. Economic activity among other age groups also has to be facilitated. The issue of youth unemployment has to be addressed and the middle generations have to be supported in their attempts to earn a sufficient income. They have a responsibility to support their older parents and grandparents and are only able to fulfil this role if they are themselves financially in a position to do so. Furthermore, labour market strategies shall attempt to integrate and take into account the needs of returning migrants who may become assets to the Armenian economy given the experiences they have gained abroad.

While the public and private sectors have important roles in collaboratively removing the obstacles preventing some groups in society from participating in economic activities, these groups also have to take

responsibility for their own careers. In fact, people in their fifties with a potential to work may not try to find employment because of a perceived lack of opportunities. They are simply not considering this option. A more integrative labour market strategy therefore should involve efforts to empower older persons to realize their rights and potentials more actively. This may include awareness-raising campaigns, the provision of information and counselling.

**Goal 6 : To reduce obstacles and increase options for older persons to be economically active both when approaching retirement and beyond retirement age should they wish to do so.**

**Objective 6.1 : Reduce levels of undesired unemployment among older persons approaching or beyond pension age**

**Objective 6.2 : Facilitate more flexible employment arrangements for persons approaching or beyond pension age**

**Objective 6.3 : Increase awareness among employers and the wider public about benefits and available options for older persons in the labour market**

### **3.3.7 Education and lifelong learning**

Nowadays the idea of continuing education is broadly accepted in Armenia, but the emphasis is mainly on the middle-aged professionals and specific training programmes for certain occupations. The concept of lifelong education engaging representatives of all generations from the youngest to the most senior is not yet implemented.

The Ministry of Education and Science has initiated the development of a draft law on adult education and a working group has been established in the Ministry.

Furthermore, the Ministry of Education and Science has undertaken the following measures:

- Procedures for distance learning were developed. Their introduction will enable persons of different age groups to receive education without having to leave their workplaces or homes.
- Procedures for professional training, retraining and qualifications upgrade were developed. Application of these procedures will enable both employees and older persons not employed to improve their professional qualifications and to acquire new professional skills (e.g., a foreign language, various crafts, computer science, etc.).

The actions and measures taken in the field of adult education may be divided into three categories:

- Projects implemented within the public sector, in institutions providing adult education services, in health care and social institutions;
- Projects implemented by NGOs;
- Commercial trainings provided by private companies.

However, the main group involved in lifelong learning is the working-age population, in particular those who

- lost their qualification after long-term unemployment and need to be (re)trained,
- have to be retrained because new technologies were introduced in their workplace,
- are not satisfied with their current workplace and want to improve their competencies or acquire new skills to be able to find better employment.

Another major target group for training are younger people who, following graduation from training colleges or universities, were not able to find employment and therefore seek (re)training. A significant number of people are involved in non-vocational training programmes to improve their cultural, social, civic and other skills and knowledge. Here levels of involvement decrease with age.

Lifelong education has to cover older persons. However, in Armenia they are de facto not involved in any learning activities due to a number of reasons:

- Their social and economical conditions do not allow them to participate in any training course most of which have to be paid for (except for a small number of those provided by NGOs or those being donor funded).
- In Armenia, there is no developed tradition and culture of older persons' participation even in non-formal learning. This is only partially compensated by informal learning through social gatherings or meetings in the neighbourhood or between relatives. It is largely men who profit from such informal learning occasions.
- Older persons have almost no motivation to be involved in learning activities since they do not see where they can apply the newly acquired skills or what other benefits there may be.
- There is almost no infrastructure, especially in terms of institutions organizing learning activities tailored for the older population.
- The world is undergoing rapid changes, in terms of information and communications technology and other technology. This has an impact on everyday life and may lead to a disconnect of older persons, also with respect to access to learning facilities.

The main objectives of lifelong learning activities for older persons should be to:

- Help older people adapt to modern living conditions;
- Encourage and support their return to an active work-life, taking into account their needs and abilities;
- Integrate them in the social life, thus benefiting from their life experience and social authority, e.g., promoting their membership in professional or social associations;
- Encourage and support their free-time activities;
- Develop and promote principles of healthy lifestyles in older age.

These activities should aim to restore their self-confidence and to reassure them of their importance for the society as well as for the family. The outcomes of the state programmes in this field should be to:

- Improve the socio-economic situation of older persons by providing them with new professional competences allowing them to earn an income in accordance with their physical, mental, and psychological abilities;
- Enhance social integration and participation, thus building their self-confidence and allowing them to have a share in shaping the society, for example by teaching younger generations;
- Improve older persons' non-vocational competences, including those related to housekeeping and hobbies, e.g., culture and art, creativity and other forms of self-expression and self-realization. Encourage them to discover talents and develop new abilities to increase self-esteem, thus improving psychological well-being.
- Improve older persons' health through sport education and other similar learning activities;
- Increase access to information by developing computer literacy and promote learning in the field of communication technologies.

All public efforts in this field should be directed not only to the older population but also at middle-aged or younger generations, thus preparing them for their own old age.

Receiving training and seeking further education may constitute a challenge for many adults. To motivate them, it is necessary to highlight the advantages of further education, such as potentially higher incomes, better career prospects or enhanced social participation.

Didactic methods should be adapted to the needs of older persons — in line with commitment 6 of MIPAA/RIS, paragraph 50, which reiterates that “onsite learning methods by trainers should be developed, where appropriate, to teach older persons the skills to handle technological tools for daily life, to use the new communication technologies, and to train their cognitive, physical and sensory skills”.

Curricula should also be developed in a gender-sensitive manner. Women and men may want to develop different skills to pursue gainful employment or spend their free time. Resources should be distributed in a way that considers the needs and preferences of men and women to the same extent. In this context, gender budgeting is a well-proven method to reach equality in the distribution of funds.

An integrated system of lifelong learning for older citizens in Armenia has to be based on the following principles:

- Creation of an accessible and socially equitable lifelong learning system.
- Ensure preservation and development of human capital irrespective of age. Create an enabling environment for lifelong learning, education and acquisition of additional skills. To these ends, use regular awareness campaigns.
- Continued ongoing learning shall be an integral part of everybody’s life-course.
- Training strategies shall strategically target areas in which an educated and trained workforce is missing.
- Steps shall be taken to keep older persons attractive for the labour market through training.
- Provide non-vocational training to facilitate orientation in general life and promote self-fulfilment. Educate older citizens about healthy food, physical activity and encourage involvement in volunteer work as well as other social activities.
- Available offers shall be transparent and of reliable quality.
- All relevant stakeholders shall be integrated into the development and implementation of a lifelong learning strategy, including donors, educational institutions, local employment offices, employers, trade unions and NGOs.

**Goal 7 : To increase overall capacities and training levels among the population in all age groups.**

**Objective 7.1 : Promote and encourage lifelong education through awareness-raising and development of necessary infrastructure**

**Objective 7.2 : Create conditions for acquiring knowledge which offers broader employment opportunities**

**Objective 7.3 : Stimulate engagement of elderly people in non-vocational learning activities targeted to improvement of their physical and psychological conditions**

### **3.3.8 Gender equality**

Ensuring equality between men and women and improving lives of older women in particular is crucial in terms of developing harmonious relations within society, using its full potential. The level of gender equality in all aspects of life, together with the protection of fundamental rights and freedoms, is seen as



indicative of the level of democratic development of a society.

Political transformation in Armenian society has informed significant changes in upholding the principles of gender equality and equal opportunities. Gender disparity has become manifest in surveys of women's participation in public, political and private life. The objective is to stress the importance of ensuring gender equality among all age groups and to stress the special needs of older persons in particular and to implement appropriate measures accordingly.

Inequalities between women and men throughout the life-course have a significant impact in old age. Older women, especially those in rural areas, are likely to have had less years of education, and less access to decent and well paid employment and appropriate health care than men. The specific vulnerabilities of men and women in old age need to be taken into account in programmes on ageing and especially in measures designed to improve integration and participation of older women and men in all spheres of life. Issues of ageing shall become an integral part of regular monitoring and reporting on gender equality, for example in State reports to the United Nations Committee on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women.

A comprehensive approach to this issue requires mainstreaming gender into all elements of ageing-related policymaking. This requires prevention of gender discrimination in all aspects of national life. Obstacles have to be removed in the areas of economic and social independence, access to and equal treatment in education, health care, social protection, employment, vocational training and justice.

This also requires encouraging participation of both sexes in politics as both voters and candidates. It shall be considered whether setting quotas may help to increase female participation on the political level.

Differences in the health situation and mortality between men and women shall be taken into account. The special situation of women — who have a longer life expectancy, lower incomes, and may remain alone after their husband dies — has to be taken into account. Causes of such differences shall be better understood and strategies shall be developed in order to reach international standards in the region.

The overall aspiration is to provide both men and women with equal opportunities in the labour market in terms of access to work, working conditions and equal pay for equal work. Those underrepresented in the labour market, including older women, shall be supported to enter the labour market. Mothers shall be encouraged to participate in the labour market and build careers in the same way as men do. A more equal sharing of caring responsibilities between men and women shall be promoted through public policies. In general, the State aims to set a framework in which it becomes easier to reconcile work and family responsibilities (including care). Facilitating participation of women in the labour market will help them accumulate social security and pension entitlements for old age. Those interrupting their career for child-rearing and care should not be punished with losses in pension.

**Goal 8 : To ensure gender equality in all aspects of national life, increase public awareness.**

**Objective 8.1 : Provide equal opportunities to achieve financial independence, participate in the labour market and reconcile work and family duties**

### **3.3.9 Intergenerational solidarity**

Traditionally, the family is the primary provider of care and support to older persons. Providing care and support in a familiar environment can often help avoid unnecessary institutionalization and help older people remain integrated into their communities and families. At the same time, older persons are themselves sources of support within the family, for example, by taking care of their grandchildren.

Fundamental transformations in the society expose representatives of different generations to different

life experiences. These experiences inform different values, and such differences may result in conflicts. Efforts shall be made to enhance understanding and sympathy between generations with different historic experiences, to facilitate mutual understanding.

At the same time there is a danger that younger family members may be objectively overburdened with the responsibilities they hold for their parents as they are struggling for their own day-to-day survival. Furthermore, changes in traditional behaviour patterns and erosion of subjectively felt moral obligations vis-à-vis elderly family members cause an increasing concern, and so do the new values of individualism, prestige and material wealth aspirations. There may be increasing attempts by the middle generations to transfer responsibilities to the public sector and the community. Efforts shall be made so that intergenerational solidarity is perceived positively and that younger generations understand the benefits for themselves of care services provided to older generations.

Economic migration puts an additional strain on public services and communities because the middle generation is no longer available to support older persons in performing day-to-day errands. Such challenges need to be addressed separately.

Intergenerational support may take different forms. Many families still choose the classical co-residential set-up of the multigenerational family. However, family structures are changing and the middle generation does not necessarily want to live in three-generation households anymore. Therefore, strategies have to take into account that care for ageing parents may take place in a way not based on co-residence. Every family should be enabled to choose the format of intergenerational solidarity most suitable for them.

Families shall be able to receive financial assistance on the basis of their needs. Families who care for their older family members shall be able to receive support to alleviate their burden. Assistance programmes shall include financial remuneration for carers, including older carers. Home-based care, day-care centres or respite care shall be made available. Community-based initiatives based in schools, social centres, crèches, etc. may also be useful. Older persons who do not have family or other networks to provide care for them and are no longer in a position to live by themselves shall be given the possibility to be taken care of in a nursing home.

Intergenerational solidarity can take place by way of volunteer organizations organizing benevolent services both for older persons and by older persons. Such volunteering may help to transfer experiences from older citizens to the youth. Volunteer organizations may also serve as a platform for older persons to organize themselves and develop solidarity networks between themselves, as well as self-help groups.

To enhance intergenerational solidarity within society, positive reporting by the media, communicating good practice examples, may have a positive effect.

**Goal 9 : To promote and support cohesion and solidarity within and between generations.**

**Objective 9.1 : Support families that provide care for older persons and promote intergenerational and intragenerational solidarity among their members**

**Objective 9.2 : Identify and address the needs of older persons who cannot receive support from younger generations inside or outside of their families**

### **3.3.10 Social partnership for development**

Ageing is a complex issue and responses to its challenges require resources and input from all stakeholders on all levels.

The line department of the Ministry of Labour and Social Issues aspires to provide a conducive framework



for the activities of different non-State actors in the area of ageing. The overall approach is to encourage participation of stakeholders in policy design as well as service provision. NGOs are important Government partners because they can provide additional local expertise and capacities, and give a voice to the target group of older persons. Relevant NGOs shall be consulted during the development of draft legislation or strategies. In terms of service provision, the Ministry will make a general attempt to exchange information with relevant stakeholders, and to be aware of their activities to coordinate between them and to avoid both gaps and duplication.

Since 2007, the NGO Mission Armenia has become an important Government partner in providing social services to older persons in need. The Government has allocated budget resources to Mission Armenia to enable them to provide care and social services to older persons living alone. However, Government support is not exclusive to just one NGO and the activity of other NGOs with projects in different areas or geographical regions (currently not covered by Mission Armenia) is encouraged. A legal framework shall be established that provides the formal background for NGO activities in the social field. On the level of municipalities, in particular, the role of NGOs shall be more formalized, allowing local government the option of outsourcing services to non-governmental service providers.

NGOs shall be empowered to raise funds not only from Government but also from other sources. Trainings shall be made available to help them understand international donor policies, to increase their capacities to draft successful proposals and to enhance overall fund-raising capacities.

Private sector companies are equally important partners of Government. They shall be consulted when drafting laws and regulations in areas affecting their work. Private companies shall be eligible to become Government contractors in the social field. More broadly, options for more public-private partnerships shall be explored. In this context, employers have to play a stronger role in creating conditions in the workplace that are conducive to all age groups. They should also play a more active role in providing opportunities for lifelong learning and adult education and training.

Trade unions shall be strengthened in their role of advocating for the interests of older workers. They shall be assisted in taking up their role in support of individual older union members.

The role of media shall be actively strengthened. They shall be alerted to the importance of providing information about ageing related topics in a non-discriminatory and non-stereotyping way.

The Government of Armenia commits to work with international organizations, including the United Nations and its agencies, to proactively include ageing as a cross-cutting issue into negotiations regarding their joint programmes of work.

Overall, the cooperation between Government and other stakeholder organizations shall be based on openness, transparency and confidence.

**Goal 10 : To encourage partnerships between all stakeholders on all levels to address the challenges of the ageing society.**

### **3.4 Monitoring and evaluation**

The Strategy is accompanied by an Action Plan that details the policy measures and actions to reach the goals laid out in this Strategy. To make sure that inputs, outputs, outcomes and impacts are duly observed and acted upon, the Government commits to monitor and evaluate the agreed and targeted outcomes in cooperation with its partners from Armenian civil society. This part describes the objectives and rationale, as well as the underlying principles and respective implementation implications for this.

#### **3.4.1 Objectives and rationale**

The objective of monitoring and evaluation of the Strategy is that problems encountered in its implementation

are identified and resolved in a timely, participatory and sustainable manner.

Monitoring and evaluation will contribute to creating a situation in which implementation of the relevant social policy measures satisfy all the main stakeholders in terms of quantity, quality and timeliness. This means that outcomes and impacts are either achieved as planned or inputs are amended to match intended outcomes. This result can only be achieved in an inclusive way, as has been the case with the Poverty Reduction Strategy and Social Development Programme in Armenia.

Monitoring and evaluation of the Strategy will support stakeholders to learn and adapt by tracking implementation and related processes systematically over time and space and by assessing how their situation changes as a consequence of the related activities and outcomes.

The expected results of monitoring and evaluation are the following:

- Well-founded and timely annual progress reports or respective sections in such monitoring reports for the Social Development Programme, presented by the Working Group on the Ageing Strategy to the Minister of Economy (head of Social Development Programme steering committee);
- Standardized internal progress reports presented on a quarterly basis;
- Competent advisory and capacity-building services provided to the main concerned public and non-public bodies;
- Effective communication of relevant information to stakeholders and to the general public.”

### **3.4.2 Underlying principles**

Monitoring and evaluation of the Strategy are based on principles of evidence-based and inclusive (participatory) policy design, implementation and follow-up, as pointed out above (3.1. and 3.2). The Strategy strives to be a fully comprehensive framework covering and coordinating policies related to the elderly across all sectors of the economy and society. The Strategy is an integral part of social sustainability efforts within the Armenian Social Development Programme. Monitoring and evaluation of the Strategy shall therefore be integrated into the wider context of the monitoring and evaluation of the Social Development Programme.

In line with recommendations from the international discussion, a two-tiered approach of information processing shall be put in place. This will include (1) use of statistical data from official sources, and (2) recipient or user-level surveys that collect and convey qualitative information about outcomes to the mandated bodies for coordination at the sectoral and government levels. Thus decision-making on a Government level will become evidence-based and follow-up of outcomes can be monitored inclusively, that is, by both the responsible Government officials and organized stakeholder participants. Dissemination of the results will include innovative information and discussion forms already present in the Armenian context.

### **3.4.3 Implications for implementation and institutionalization**

Intermediary indicators will be monitored to measure the achievement of the overall and specific objectives of the Strategy:

- At least two thirds of annually surveyed stakeholder representatives are satisfied with implementation of the Strategy,
- At least two thirds of recommended corrective measures are implemented within 12 months.

The commitment to monitor implementation of the Strategy and the implementation of the monitoring and evaluation system itself have implications for the authorities in charge. Apart from reporting on progress, the authorities commit to monitor the quality of communication outcomes, which shall be judged from the point of view of a user. Inclusive policy redesign within the respective interval will be at the centre of

attention through the monitoring and evaluation effort and products.

Depending on the policy goal and objective, outcomes shall be measured in differentiated time intervals. There are long-term developments only assessable from long-term data collected through household surveys and reported accordingly. Mid- and short-term outputs and outcomes, however, can be observed in shorter intervals and should be reported on in the respective reporting systems. For each policy goal, targets shall be established that will be oriented at benchmarks comparable to the system under construction for Social Development Programme.

Monitoring and evaluation of the Strategy will necessarily take place within the wider context of the Social Development Programme impact discussion. Due care will be taken that no duplication will take place on the level of the responsible sector officials reporting on all the strategic initiatives therein. Where possible, regular administrative reporting systems will be complemented, or else extra reports will be produced, to include indicator information related to ageing policies. Special consideration shall be placed on age-relevant topics to be included in the National Household Survey.

Implementing and monitoring the Strategy requires not only political support and attention, but also resources at the institutional and personnel levels. To be able to lead this impact discussion including the monitoring system, the Government undertakes to fund the monitoring and communication efforts through sector budget allocations for these tasks. Cooperation with stakeholder representatives shall take place within the social partnership arrangement established for Social Development Programme; and communication with and for the wider public shall be conducted through established channels, like the Open Forum. International support for building both institutional and personnel capacities and instituting the relevant data systems shall be sought.

**Goal 11 : Monitoring and Communication System: to enable stakeholders to follow up on results and provide feedback on policy decisions.**

**Objective 11.1 : Ensure that problems encountered during the implementation of the Ageing Strategy are identified and resolved in a timely, participatory and sustainable manner**

**Objective 11.2 : Implementation of the relevant social policy measures proves satisfactory to all main stakeholders in terms of quantity, quality and timeliness**

**Objective 11.3 : Build monitoring and evaluation capacities for public officials and involved stakeholders**

**Objective 11.4 : Integrate reporting formats on the Government and sectoral levels**

**Objective 11.5 : Communicate targets and outcomes to stakeholders**

#### **4 Timeframe of this Strategy**

This Strategy is adopted for the period 2010–2012. This period of implementation shall be used actively to build a knowledge base to better understand ageing-related developments, to see progress and identify gaps to be tackled in the next plan. Towards the end of this period, the implementation of this plan shall be evaluated and based on these insights a new Strategy will be developed.

## **Synthesis: goals and objectives**

- Goal 1 : To mainstream ageing and to pursue internationally-agreed policy principles.
- Goal 2 : To ensure full participation and integration of older persons in society.
- Objective 2.1 : Ensure full integration and participation of older persons in the social, cultural, economic and political spheres
- Objective 2.2 : Ensure accessibility and non-discriminatory provision of services in the areas of health care, transport, housing and communication.
- Objective 2.3 : Ensure the implementation of equal rights of all age groups and combat discriminatory and abusive practices
- Objective 2.4 : Enhance integration and participation of older persons by building activities in the area of volunteering
- Objective 2.5 : Encourage and promote a positive image of older persons and ageing
- Goal 3 : To achieve high quality of life at all ages, enhance the ability of older persons to live independently, enhance health and well-being.
- Objective 3.1 : Promote healthy lifestyles and disease prevention, including physical activity and balanced diets, prevention of alcohol and drug abuse and smoking
- Objective 3.2 : Ensure adequate health status and quality of life for older citizens by means of providing adequate scope, types and quality of health care and social services
- Objective 3.3 : Ensure a housing situation for older persons that allows them to live independently, healthily and in dignity
- Objective 3.4 : Ensure housing that enables older persons to stay in their own homes as long as they wish to and that permits them to remain integrated in their familiar environments
- Objective 3.5 : Enhance the accessibility of existing houses for older persons and make sure newly constructed buildings comply with certain minimum standards of accessibility for older and disabled persons.
- Goal 4 : To ensure a minimum social protection level at poverty threshold to all in need, including those who can no longer earn their own income due to old age and related disability.
- Objective 4.1 : Implement the pension reform programme as decreed by the Government, closely monitor its consequences and effectiveness and make adjustments as the need arises
- Objective 4.2 : Provide social assistance to families taking care of older persons without sufficient income of their own.
- Objective 4.3 : Provide social protection more effectively to groups with special needs, including war veterans and invalids. More effectively provide social protection services to older persons not falling into these categories but nevertheless having a need for support
- Objective 4.4 : Provide information for individuals on how to prevent dependence in old age and how to access services if needed
- Goal 5 : To develop and implement economic strategies with the aim of sustainable economic growth and development, while controlling negative social consequences of the transition and the global economic crisis with due regard to the implications of demographic ageing.

- Goal 6 : To reduce obstacles and increase options for older persons to be economically active both when approaching retirement and beyond retirement age should they wish to do so.
- Objective 6.1 : Reduce levels of undesired unemployment among older persons approaching or beyond pension age
- Objective 6.2 : Facilitate more flexible employment arrangements for persons approaching or beyond pension age
- Objective 6.3 : Increase awareness among employers and the wider public about benefits and available options for older persons in the labour market
- Goal 7 : To increase overall capacities and training levels among the population in all age groups.
- Objective 7.1 : Promote and encourage lifelong education
- Objective 7.2 : Create conditions for acquiring knowledge which offers broader employment opportunities
- Objective 7.3 : Stimulate engagement of elderly people in non-vocational learning activities targeted to improvement of their physical and psychological conditions
- Goal 8 : To ensure gender equality in all aspects of national life, increase public awareness.
- Objective 8.1 : Provide equal opportunities to achieve financial independence, participate in the labour market and reconcile work and family duties
- Goal 9 : To promote and support cohesion and solidarity within and between generations.
- Objective 9.1 : Support families that provide care for older persons and promote intergenerational and intragenerational solidarity among their members
- Objective 9.2 : Identify and address the needs of older persons who cannot receive support from younger generations inside or outside of their families
- Goal 10 : To encourage partnerships between all stakeholders on all levels to address the challenges of the ageing society.
- Goal 11 : Monitoring and Communication System: to enable stakeholders to follow up on results and provide feedback on policy decisions.
- Objective 11.1 : Ensure that problems encountered during the implementation of the Ageing Strategy are identified and resolved in a timely, participatory and sustainable manner
- Objective 11.2 : Implementation of the relevant social policy measures proves satisfactory to all main stakeholders in terms of quantity, quality and timeliness
- Objective 11.3 : Build monitoring and evaluation (M&E) capacities for public officials and involved stakeholders
- Objective 11.4 : Integrate reporting formats on the Government and sectoral levels
- Objective 11.5 : Communicate targets and outcomes to stakeholders
- Goal 12 : Cross-cutting issues.







## V. Action plan (2010)

### Preamble

The Action Plan should be read in conjunction with the Strategy, which devises the overall general goals and objectives. The Action Plan provides the details and suggests concrete actions on how to achieve the goals and objectives set out in the Strategy. The more general goals serve as subheadings, while the objectives are listed in the left column, followed by a column which sets out concrete actions to achieve the objectives. The actions are described in combination with timelines, responsible entities, budget implications and indicators.

The actions of immediate importance are printed in black. Actions of secondary importance or longer-term priorities are printed in grey and are to be considered if additional funding becomes available and once fulfilment of the higher-priority actions is assured.

The Action Plan is designed for a period of five years (2011–2015) and progress in implementing the suggested activities will be evaluated at mid-term. The results of the evaluation will be taken into account for the remainder of the period until 2015.

The Action Plan provides a comprehensive list of potential activities to implement the goals of the Strategy. It is suggested that in the course of further discussion, a feasible number of actions should be selected for implementation by 2015.



Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
1. Goal: To mainstream ageing and to pursue internationally-agreed policy principles.						
	1.1.1 Implement existing inter-ministerial mechanisms for the inter-agency task force on ageing, including NGOs	2012	Relevant ministries and NGOs		Staff time	Mechanism in place, meetings taking place
	1.1.2 Designate an ageing desk responsible for reviewing all draft laws and regulations with respect to their impact on the ageing situation and older persons	Mid-2011	Ministry of Justice		Staff time made available	Person identified, mechanism institutionalized
	1.1.3 Systematically integrate the life-course approach and the principles of non-discrimination and individual responsibility into policies and communication on ageing-related issues	Ongoing	Ministry of Labour and Social Issues (MLSI)		None	Number of press releases drafted, interviews given, policy documents containing messages
2. Goal: To ensure full participation and integration of older persons in society.						
2.1. Objective: Ensure full integration and participation of older persons in the social, cultural, economic and political spheres	Social: 2.1.1 Carry out social mapping to establish prevalence of older persons across regions: e.g. numbers in population, in nursing homes and other service centres	First inventory 3/2011, afterwards ongoing updates	National Institute of Labour and Social Research coordinated by MLSI		Staff time made available	First inventory prepared, responsibility assigned for updates
	2.1.2 Identify at least five sites where such new centres could be set up, possibly in partnership with existing services (e.g. in churches or NGOs). Prioritize locations with high percentages of older persons, for example in areas with large out-migration of younger generations, with the help of the social maps on ageing, prepared by the National Institute of Labour and Social Issues. Explore ways to use the services of volunteers from within the target group of older persons to organize low-cost activities	6/2012	Local level entities, coordinated by MLSI		Staff time made available	Site assessment available
	2.1.3 Establish five community centres targeting older persons' social activity	12/2013	Local level entities, coordinated by MLSI		To be calculated	Pilot centres established
	Cultural: 2.1.4 Make cultural sites accessible	Ongoing	Ministry of Culture, Ministry of Transport and Communication			Key cultural sites identified, provisions made to increase accessibility for older and disabled persons

Road Map for Mainstreaming Ageing in Armenia

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	2.1.5 Consider providing subsidized theatre tickets and reduced fees for other cultural activities and courses	2013	Ministry of Culture			Subsidy scheme introduced
	2.1.6 Acknowledge the contribution of older persons to cultural life, for example as actors, in communication strategy	2013	Ministry of Culture, Information Departments			Component included in governmental communication strategy and good practice guidelines for media reporting
	Political: 2.1.7 A national multi-stakeholder consultative body is established which meets on an ongoing basis to develop strategies and monitor their implementation. Consultation with stakeholders becomes an institutional prerequisite before any law or programme concerning older persons can be adopted. Provide training and capacity-building to stakeholder participants in order to equip them with the capacity to evaluate policies Set up multi-stakeholder consultative bodies on the provincial and local levels	Mechanism in place mid-2011, afterwards ongoing	Local Ministries of Health, Social Protection, Finance and civil society groups MLSI, relevant stakeholders, representatives from other ministries as relevant to topics discussed, trade unions, business chambers, international organizations may be invited		USD 1,000 per person for trainings/ partly fund-raised from international sources, staff time	Consultative body meets regularly and has approved new laws and programmes Older persons representatives officially participate in decision-making processes at the local level in all urban and rural authorities
	2.1.8 Enhance the capacities of trade unions, employers and Government representatives to advocate for the interests of older persons on the political level (explore capacity-building opportunities abroad)	End 2013	Trade unions	ILO, trade unions in Western countries		Resource persons identified, trainings have taken place
	Economic: 2.1.9 Partner with private sector to develop products adjusted to the needs of older persons. Identify interested companies or chambers of commerce which agree to do market research on older person's needs and agree to pilot one or two products specifically adapted to the needs of older persons, for example a telephone	Pilot until end 2012	Economic ministry, in partnership with chambers of commerce			Market research has taken place, new products developed and ready to be launched on the market
	2.1.10 Ensure representation of older persons in provision of services (i.e., standing committees of older persons in nursing homes)	2012	Ministry of Health, MLSI		1 part-time or full staff — ombudsperson or hotline <sup>1</sup>	Main institutions have standing committees in place which have a say in service provision

<sup>1</sup> N.B. An ombudsperson and hotline is referred to several times. However, there should be one overall ombudsperson (possibly with back-office as needed) and hotline for all instances mentioned.

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
2.2. Objective: Ensure accessibility and non-discriminatory provision of services in the areas of health care, transport, housing and communication.	2.2.1 Promote and monitor increased access of older persons and their families to health care, domiciliary care, transport, housing services and modern means of communication, particularly in rural areas. Develop feedback and complaints mechanisms	2010 ongoing	Ministries / Departments of Social Protection, Health, Education, Mission Armenia, NGOs, Bureau of Statistics		1 part-time or full staff — ombudsman or hotline	Age-disaggregated figures on service use in all local authorities are collected and publicized by all Ministries and line Departments responsible
	Transport: 2.2.2 Existing public transport is made physically more accessible for older and disabled persons	2013	Transport companies, road traffic associations, transport ministry, MLSI		Tax incentives for remodelling, made compulsory progressively	Key strategic transport routes have easily accessible vehicles in service at regular intervals during the day
	2.2.3 Transport services are offered in areas where they are currently not available, in particular in remote and rural areas. Availability of services is included in the mapping exercise of the National Institute of Labour and Social Issues		Transport companies, road traffic associations, transport ministry, MLSI, National Institute of Labour and Social Issues			Areas with high percentage of older persons have transport services available on key strategic routes
	2.2.4 Set up transport services specifically targeted toward less mobile older or disabled person, for example a car park consisting of a number of cars that can be booked for certain occasions such as visits to doctors. This could be a solution in particular for rural and remote areas	2013	Community centres organize, government at the local level (transport and social departments) coordinates		Discuss sponsoring by automobile industry, local level	Car parks piloted in five areas (Yerevan, provincial towns)
	2.2.5 Offer seniors free or discounted transport	2015	Ministry of Transport, MLSI		Reduction in profits	Discounted tickets introduced and easily available
	Housing: See 3.2.4 and 3.3-3.5 for details					
	Communication: 2.2.6 Provide easy access to modern means of communication, including Internet, to older persons, for example in public spaces or community centres. Advertise availability of such services among older persons	2013	Ministry of Transport and Communications, local-level government, community centres			Publicly available Internet services installed accessible for older persons, at least one site per provincial town

*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
2.3. Objective: Ensure the implementation of equal rights of all age groups and combat discriminatory and abusive practices	2.3.1 Build awareness about the continuous need to secure human rights with respect to older persons, using governmental communication channels and the media	2013	Ministry of Justice, Information Department			Elements to promote human rights introduced into contents communicated to media, two press releases per year on human rights-related contents
	2.3.2 Launch a public awareness campaign on the contributions and rights of older persons and also address violence against and abuse of older persons. Use posters, television (TV) and radio spots	2011	Public Relations Desk of MLSI, heads of media, older persons' organizations and NGOs			Press, Radio and TV features promoting positive images of older persons, their rights and issues of ageing in the Republic of Armenia
	2.3.3 Provide training on age and gender awareness, rights, recognition of and means of combating abuse and discrimination for Government and local authority staff, including judiciary and police staff and non-Government service providers	2012–2013	Ministries and line departments of Social Protection, Health, Education; the judiciary, Police Service, Mission Armenia and relevant NGOs			Training materials developed Front-line staff in all local authorities have been trained
	2.3.4 Strengthen the use of the United Nations Day of Older Persons, 1 October, as a day for older persons	Oct 2011	MLSI			1 October marked by action by national and local Government and civil society partners
	2.3.5 Develop modules to be included in school curricula to train pupils in tolerance of older persons and in appreciating their positive role. Include visits to nursing homes or older people's centres in the curriculum, to allow pupils and older persons to meet and get to know each other. After such visits, teachers actively discuss experiences, i.e., dismantling stereotypes and replacing them with positive images	2012	Ministry of Education and Science, school governors, task force for curriculum development		To be calculated, can possibly be phased into existing processes	Modules integrated into curricula; visits take place twice a year
	2.3.6 Strengthen legislation in relation to the Civil and Criminal Codes to identify illegal acts of age and gender discrimination and abuse. Enhance implementation	2011–2012	Office of the Prime Minister, Judiciary and Law Departments, Public Information Services			Changes in legislation
	2.3.7 Establish mechanisms for prosecution of violations and compensation for victims of age and gender discrimination and abuse	2011–2013	Office of the Prime Minister, Judiciary and Law Departments, Public Information Services			Number of cases brought to court

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
2.4. Objective: Enhance integration and participation of older persons by building activities in the area of volunteering	2.4.1 Establish a volunteer sector which caters for both volunteering for and volunteering by older persons. Local coordinators are assigned to match those offering volunteer services with those in need of such services. Coordinators use small advertisements in newspapers and distribute flyers announcing the possibility of becoming a volunteer and to receive such services. Develop guidelines for the volunteer sector to ensure minimum standards in service provision. The volunteering system provides help to older persons in social activities, i.e. accompanying them to visit friends or to perform daily errands. Older persons are invited to become volunteers to make their expertise available, for example in the area of tutoring pupils and helping them with their homework	2011	Ministry of Labour and Social Affairs staff and line department staff at local authority level, Mission Armenia and other NGOs			Increased numbers of older people's groups set up with support from local authorities and civil society groups in urban and rural areas  Increased numbers of older people engaged in volunteer and self-help activities
	2.4.2 Provide financial support to volunteer organizations that offer help to older persons	2012	MLSI		Seed money from social budgets	Budget set aside, guidelines for application in place
	2.4.3 Acknowledge and incentivize unpaid services rendered by older persons, for example with the use of awards, tax exemptions or privileged access to other services. Promote a positive image of volunteering, for example by featuring such activities and their benefits in local newspapers	2012	MLSI		Seed money from social budgets	An award scheme introduced, tax exemption scheme introduced
	2.4.4 Set up a support mechanism for self-help groups, based on a volunteering approach. Support may include providing venues, financial support and skilled staff. Advertise the possibility of receiving counselling and organizational advice as well as financial assistance during the start-up phase, and pilot one or two such self-help groups as good examples (possible areas: childcare, home care to other more vulnerable older persons, education)	2011–2012	Ministry of Social Affairs, local administration desk staff, Mission Armenia, civil society groups and NGOs			Pilot project funded and documented



*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	2.4.5 Identify focal points on ageing within local authority structures and empower them to promote engagement and information sharing between older people's groups, Government and civil society agencies working with people of all ages. Focal points develop an overview of available activities and develop referral services	2011	Ministry of Labour and Social Affairs, desks of local administration			Focal points on ageing assigned in all local/ district authorities  Increased incidence of joint activities between local administration and civil society organizations
	2.4.6 Include more older persons in training provided by civil society and educational institutions	Ongoing	Consultation process with Ministry of Education and Science and local administration staff			Training and educational institution enrolment records show increased participation of persons over 60 years old
2.5. Objective: Encourage and promote a positive image of older persons and ageing	2.5.1 Communicate about the positive role of older persons in society, referring to caregiving, entrepreneurial activities and volunteering that they do as well as recognizing them as important repositories of the society's history and values. This could be done during special days or occasions organized for this purpose or using bill-board posters, movies and mass media	2012, ongoing	MLSI, public relations desk		Public information budget	Special day organized once a year, one press release issued on related matters per year; bill-board posters distributed
	2.5.2 Encourage appreciative and positive reporting about older persons in the media. Develop good practice guidelines for media on how to disseminate appropriate messages when communicating about ageing-related matters. These guidelines are developed in partnership with older persons and the media and become compulsory for public TV channels and public newspapers. Journalists are trained and educated about how to avoid undesirable stereotypes and use appropriate language. Among the good practices to be promoted in the media are: <ul style="list-style-type: none"> <li>• Substitute passive older citizens with active ones;</li> <li>• Bring older persons from the background to the forefront in reporting, let them speak for themselves rather than others speaking about them, make them central actors in a feature;</li> </ul>	2012	MLSI Public Relations Desk and media		Training costs, development of toolkits or terminology guidelines	Good practice guidelines produced and disseminated; two trainings have taken place

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	<ul style="list-style-type: none"> <li>Portray older persons as influential figures and thus balance the image of elders portrayed as receiving rather than as giving;</li> <li>Diversify reporting on older persons by presenting heterogeneous groups of them in the news;</li> <li>Promote respect towards older citizens by not only giving awards and insignia, care and praise but also with the help of stories that highlight their capabilities, potential and drive;</li> <li>Portray success stories of entrepreneurship among older persons</li> </ul>					
	2.5.3 Line ministries use media channels more actively to communicate their strategies and activities in the area of ageing. This helps to increase the transparency of Government actions and to create awareness of activities undertaken and services made available	Immediate, ongoing	Press officers of Ministries, ML SI		Press budget	New laws and regulations regularly communicated to press via press releases and interviews
3. Goal: To achieve high quality of life at all ages, enhance the ability of older persons to live independently, enhance health and well-being.						
3.1. Objective: Promote healthy lifestyles and disease prevention, including physical activity and balanced diets, prevention of alcohol and drug abuse and smoking	3.1.1 Develop and implement appropriate information campaign to promote physical activity and balanced nutrition habits and educate people about hygienic preparation and storage of food. Messages communicated are the advantages of healthy lifestyles and the means of achieving them, for example with the help of nutrition advisory leaflets or information about available clubs and sports activities	Ongoing	Ministry of Sport and Youth			Leaflets produced and disseminated to health facilities, public authorities and schools; downloadable from the internet
	3.1.2 Develop modules for school curricula starting at an early age that enable people to make healthy choices in terms of physical activity and nutritional habits	Ongoing	Ministry of Sport and Youth, Ministry of Education			Modules integrated into school curricula
	3.1.3 Improve nutritional information on food packaging and add warnings on unhealthy food items and the importance of a balanced diet	2013	Ministry of Economy, Ministry of Health			New system of food labelling introduced as mandatory for producers

*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	3.1.4 Design outreach activities to sensitize the public to the risks of substance abuse, including alcohol, tobacco and drugs. Use posters, media advertisements, information leaflets and TV programmes. Provide easy access to services to those with critical alcohol use. Install and advertise "Alcoholics Anonymous" clubs at the local level. Offer courses on smoking cessation. Enhance outreach to the young population through school and other educational institutions and offer information and assistance to family members of drug users	2011–2013 Ongoing	Ministry of Health, Public Relations Desk	World Health Organization (WHO)		Information campaign designed, posters developed and disseminated; media advertisements have been placed, leaflets produced and disseminated; Alcoholics Anonymous in place in every larger city; courses on quitting smoking piloted and advertised through general practitioners; special days organized in schools at least once a year
	3.1.5 Introduce programme to prevent accidents of older persons at home	2013	Ministry of Health	WHO		Programme designed and pilot session offered
	3.1.6 Monitor and actively address risk factors, including environmental factors, associated with major diseases including chronic and non-communicable diseases	Medium-long term	Ministry of Health, Ministry of Ecology			Major risk factors identified, efforts made to eliminate them
	3.1.7 Assign clear institutional responsibility for prevention	6/2011	Office of the Prime Minister, Ministry of Health			Institutional level assigned responsibility, given budget, staff and office space
3.2. Objective: Ensure adequate health status and quality of life for older citizens by means of providing adequate scope, types and quality of health care and social services	3.2.1 Re-evaluate the distribution of reductions for single elderly vs. all other non-working elderly and develop a more equitable system based on income per single person or income per household In addition to focusing on the very poor with income below \$2 per day, introduce a gradual system with different income levels and different levels of support, both financial and in kind. This should prevent those just above this poverty threshold from falling below it	Mid-2011	Senior staff of Ministries of Health, Labour and Social Protection and line departments in local authorities			Report on access of older persons to free and appropriate health services with recommendations for improved implementation of relevant aspects of the Law on Medical Services
	3.2.2 Improve accessibility and affordability of secondary and tertiary services (eye treatment, surgeries or other hospital care). Use open door events especially in remote areas to provide care in case of need	2013	Ministry of Health			Older persons with hardship can apply for assistance, open door events providing services free of charge are offered at least once a month

*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	3.2.3 Ensure that the level of reimbursement for primary care reflects actual costs. Make it compulsory for all hospitals to display an explanation of the rules, outlining which services are free, and provide an independent contact where victims of unjustified demands for additional payments can complain. Install complaints mechanism to report cases that will be pursued	Ongoing	Ministry of Health		Hotline and/or ombudsperson (same as in 2.1.10)	Reimbursement scheme revised; all hospitals display explanation of rules; cases are resolved via complaints mechanism
	3.2.4 Establish and deploy mobile units to provide medical and counselling services to older people at the local, regional and national levels, thus strengthening and further developing the capacities and potential of local, regional and central facilities to reach out to the population of rural and remote areas					
	3.2.5 Take measures to improve the mental health of older people, including stress relief. Introduce a confidential telephone service, improve the skills of psychologists and psychiatrists and increase the accessibility and affordability of their services	Continuous	MLSI, Ministry of Health, Local administrations, NGOs		National Budget, international donors	
	3.2.6 Strengthen collaboration with and implementation of recommendations made by international entities, in particular the Armenia office of WHO and the World Bank. In collaboration with WHO carry out an overall evaluation and review of service delivery, including use of generics, outpatient instead of inpatient health care, staff-to-patient ratio, etc. Take steps to make necessary adjustments as needed	Immediately	Ministry of Health	WHO, World Bank		Evaluation prepared, recommendations implemented
	Older persons, poverty and independent living 3.2.7 Assess needs for services facilitating independent living and expand access to services as needed, taking into account the urban-rural divide. Services to be considered include home visits for medical purposes, home-based care, assistance in daily errands and home delivery of meals	2012	Ministry of Health, MLSI, service providers		USD 2,000 for assessment, small user fees, subsidy from social budgets	Needs assessments have produced results for all listed services; pilot programmes offering such services started in three rural areas most in need

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	3.2.8 Establish new and upgrade existing day care centres, respite care centres, and soup kitchens, starting with areas most in need	2013	Ministry of Health, MLSI, NGOs		International fund-raising	Needs assessments on all institutions mentioned available; three sites piloted in areas most needed
	Nursing homes 3.2.9 Assess needs for nursing homes by region. Identify three locations with the greatest need where new facilities are made available. Facilities can be small, family-type nursing homes, offering inpatient and day-care at regional and community levels	2013	Ministry of Health, private sector and NGO service providers			Needs assessment available; three locations piloted
	3.2.10 Revise eligibility criteria for admission into nursing homes to make sure that admission is based on a policy of equal opportunities for those in need. Remove discriminatory clauses, such as exclusion on the grounds of sexually transmitted infections. Make alternative facilities available to those excluded from access to regular nursing homes. Install a complaints mechanism to avoid favouritism in assigning free places	2012	Ministry of Health, heads and standing committees of nursing homes	Experts on nursing homes from Western European countries		Criteria revised and adapted to international standards; complaints mechanism has been used
	Palliative care, hospice care 3.2.11 Pilot a palliative care site in Yerevan and evaluate experiences	2013	Ministry of Health	International experts in palliative care		Site piloted
	3.2.12 Assess needs and make palliative care and hospices available in provinces according to needs	2014	Ministry of Health			Sites piloted
	3.2.13 Develop standards for palliative care using multidisciplinary approaches	2013	Ministry of Health	International experts in palliative care		Standards developed and disseminated to interested parties
	Health care staff 3.2.14 Improve reputation and acknowledgement of social workers and health care staff working with older persons, including nurses and doctors, for example by disseminating positive messages in the media. Develop the labour market and career prospects in this area. Introduce a remuneration system that better reflects the worth of their labour	Ongoing	Ministry of Health	Associations of care staff and nurses abroad		Professions are featured in media at least on two occasions per year; remuneration improved; career development programme in place

*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	3.2.15 Incorporate geriatrician in the list of medical professions. Create gerontology school of post-graduate studies in the National Institute of Health. Establish a position of a gerontologist in all institutions providing care services to older persons. Provide professional training on geriatrics and gerontology to staff in institutions providing services to older people	2015	Ministry of Health			School and study programme created; gerontologist positions created in all institutions
	3.2.16 Incorporate ageing-related topics in family doctors' training curricula. Provide regular and high-quality vocational training for staff working with older persons, such as social workers, nurses and doctors. Include modules on geriatrics, age related diseases, pharmacological treatment and the doctor-patient relationship in the curriculum for family doctors at the National Institute of Health	2013	Ministry of Health, Ministry of Education and Science			Trainings made a professional requirement and offered at least twice a year
	3.2.17 Implement internationally accepted standards in terms of a healthy ratio of health-care staff to patients in hospitals, nursing homes and other relevant social institutions for both urban and rural areas	2015	Ministry of Health	WHO		Ratio established; adjustments made over period of five years in socially friendly manner
	Quality 3.2.18 Put monitoring system in place to make sure that accessibility and quality of delivery of health and social services are regularly monitored, in home-based care, hospitals, nursing homes and hospices	2011–2012	Ministry of Health			Standard Operating Procedures introduced
	3.2.19 Introduce the following mechanisms to tackle age-related discrimination in the health system: establish standing committees in nursing homes and health institutions with rotating representation of older persons; ensure representation of older persons (or NGOs representing older persons' interests) in bodies supervising provision of services; introduce unannounced monitoring visits by external auditors and complaints mechanisms where clients feeling that they have been treated unjustly may bring their grievances to the attention of independent authorities which are authorized to intervene	2012, ongoing	Ministry of Health, NGOs			Standing committees established and meeting regularly in all nursing homes, their petitions show impact; external auditing unit in place and at least one visit carried out per institution; submitted grievances have been followed up and conclusions have been reached and implemented



Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	3.2.20 Use existing questionnaires more effectively in nursing homes and other relevant social institutions, with regard to processing the information, monitoring developments and taking action if needed	2011	Ministry of Health			Responsible person or entity assigned to process information in questionnaires, identifying action to be taken and follow-up
	Institutional 3.2.21 Clearly define distribution of tasks in health and social service sector between the national, provincial and local levels. Reallocate resources to match the responsibilities of the corresponding level	2011	Ministries, Office of the Prime Minister			Document developed that clearly describes distribution of tasks; published and disseminated; document describes budget sources
	3.2.22 Ensure participation of older persons in the decision-making and planning process on issues related to the health-care capacities at the local level (discussions, workshops, meetings, etc.)	2013	Ministry of Health	WHO	Staff time	Local level have functioning consultative mechanisms in place
	3.2.23 Make the necessary legal provisions that enable local authorities to outsource services to NGOs and the private sector. Provide subsidies to encourage NGOs to service rural and remote areas so that they can recover their additional costs and time for travelling to patients	2012	Ministries, Office of the Prime Minister		Staff time	Legal provisions in place and applied
3.3. Objective: Ensure a housing situation for older persons that allows them to live independently, healthily and in dignity						
3.4. Objective: Ensure housing that enables older persons to stay in their own homes as long as they wish to and that permits them to remain integrated in their familiar environments	3.4.1 Provide subsidies and assistance for repairs or modernization necessary to adjust living environments to older persons' needs and allow them to live in their homes independently (including running water, sewerage, central heating, household items and appliances)	Ongoing	Ministry of Urban Development, Ministry of Energy and Natural Resources, NGOs, local-level government		Small user fees, subsidies from social budgets, NGO fund-raising	New scheme for remodelling subsidies in place
	3.4.2 Improve the housing situation in earthquake-affected areas; in particular enhance efforts to move older persons from provisional housing to solid buildings with at least minimum amenities	Ongoing	Ministry of Emergency Situations, Ministry of Urban Development			Persons in need identified; at least 15% of them moved to good quality housing per year

*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	3.4.3 Provide financial assistance or options for reduced fees for older persons with regard to payments of utility and sanitation bills. Consider the introduction of heating subsidies	2013	Ministry of Urban Development, NGOs, local-level government		Subsidized from social budgets	New scheme for utility subsidies in place
3.5. Objective: Enhance the accessibility of existing houses for older persons and make sure newly constructed buildings comply with certain minimum standards of accessibility for older and disabled persons.	3.5.1 Enforce and implement the Government decision on Establishing a Procedure for Ensuring Access for the Disabled and People with Limited Mobility to the Social, Transport and Business Infrastructure	Ongoing	Ministry of Urban Development, MLSI, NGOs			All newly constructed buildings fully compliant; all public buildings fully accessible
	3.5.2 Pilot a set of newly built age-friendly homes especially designed for older persons to meet the needs anticipated for the future	2014	Ministry of Health, NGOs			One pilot site in place
4. Goal: To ensure a minimum social protection level at poverty threshold to all in need, including those who can no longer earn their own income due to old age and related disability.						
4.1. Objective: Implement the pension reform programme as decreed by the Government, closely monitor its consequences and effectiveness and make adjustments as the need arises	Pension 4.1.1 Implement the pension reform programme as decreed by the Government, monitor its consequences and effectiveness and make adjustments as necessary	Ongoing	Ministry of Finance, MLSI, World Bank			Annual progress made as foreseen in Government decisions
	4.1.2 The pension system shall seek to provide opportunities for a large part of people working in the informal sector to build up their own individual pension benefits	Ongoing	Ministry of Finance, MLSI, World Bank			Improvements made as necessary
	4.1.3 Monitor the gender equality implications of the pension reform so that the system does not disadvantage women who take time out to care for children and older family members	Ongoing	Ministry of Finance, MLSI, World Bank			Improvements made as necessary
	4.1.4 Align annual increase of minimum social pension with the equivalent of minimum consumption baseline, as planned in the 2008 Pension Reform Programme	As planned in pension reform	Senior staff of Ministry of Finance, Ministry of Labour and Social Affairs, Department of Labour and Social Protection			Baseline monthly social pension entitlement is equivalent to minimum consumption baseline. Budget records of current and newly eligible pensioners show receipt of increased social pension

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
4.2. Objective: Provide social assistance to families taking care of older persons without sufficient income of their own.	<p>The family</p> <p>4.2.1 Review the responsiveness of the family benefits system to the needs of families taking care of older persons specifically</p> <p>4.2.2 Assess the extent to which older recipients of emergency assistance under the family benefit scheme are in need of more long-term support, and make it available to them</p>	<p>2012–2013</p> <p>2012–2013</p>	<p>MLSI, Mission Armenia</p> <p>MLSI</p>	<p>International ageing experts</p>		<p>Review completed, recommendations made and implemented</p> <p>Review completed, recommendations made and implemented</p>
4.3. Objective: Provide social protection more effectively to groups with special needs, including war veterans and invalids. More effectively provide social protection services to older persons not falling into these categories but nevertheless having a need for support	<p>Other social protection elements</p> <p>4.3.1 Develop and introduce a unified, integrated system whereby social services are granted based on a gradual system that differentiates levels of income (very poor, poor and being in need of specific services) and levels of needs (low, medium, high). Thresholds of income are defined entitling single older persons, households of older couples and families taking care of older persons to social assistance allowing them to maintain minimum subsistence levels. The system providing services for this group has to be made financially viable</p>	2011–2013	MLSI, all stakeholders			New unified system developed and implementation date defined
	4.3.2 Define minimum subsistence levels and review their validity every six months	2011	MLSI, Ministry of Finance	World Bank		Most recent figures periodically published
	4.3.3 Social assistance becomes part of the services to be provided on the local and regional level	2012	MLSI, Ministry of Finance			Legal framework in place, implementation in progress
	4.3.4 Government decision on providing care to older and disabled persons: review the list of diseases serving as grounds for a refusal to provide care to older and disabled citizens. The list, which includes mental problems, oncological issues, alcoholism and drug abuse either should be amended or alternative care providers for these vulnerable target groups should be identified	2011–2012	MLSI	WHO		List reviewed, referral system in place
	4.3.5 Introduce social security schemes, in the form of sickness insurance, health insurance, long-term care insurance and disability insurance	2011–2015	MLSI, all stakeholders	WHO, international experts on insurance systems		System designed and introduced

*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	4.3.6 Revise the Law on State Allowances and the Decision on Rehabilitation Assistance to set out clear and transparent eligibility criteria	2011	MLSI			Law revised and newly adopted
	4.3.7 Carry out a needs assessment of shelters for the homeless. Establish shelters for the homeless across the region. Develop and implement a State social assistance programme for the homeless	2011–2012	MLSI, heads of institutions, target group	International experts on homeless care, public sector and NGOs as well as from institutions		Homeless programme in place and reaching 80% of target group
	4.3.8 Review the regulation on temporary shelter provisions: <ul style="list-style-type: none"> <li>• Currently provides shelter for 60 days — provide a more long-term solution;</li> <li>• Review the policy of eviction in case of alcohol or substance abuse — channel individuals into other institutions providing professional help rather than sending them back to a vulnerable position on the street</li> </ul>	2011	MLSI, heads of institutions, target group	International experts on homeless care, public sector and NGOs as well as from institutions		Provisions reviewed and new version adopted
	4.3.9 Enhance collaboration between the Government and the United Nations Development Assistance Framework (UNDAF) theme group on social protection	Immediately	MLSI, other ministries involved in implementing UNDAF			Regular participation in meetings
	Ensure access and quality of services 4.3.10 Raise awareness about the role of the Ombudsperson in relation to older persons' access to appropriate services, and redress procedures	2011	The President's Office			Contact and functions widely published, increase in contacts
4.4. Objective: Provide information for individuals on how to prevent dependence in old age and how to access services if needed	4.4.1 Prevention: Include elements of life planning and use of financial instruments in school curricula. Promote a culture of responsibility for one's own situation throughout life, with the help of school curricula and public information campaigns (e.g., posters, leaflets, TV programmes describing different options and featuring good examples)	2012	MLSI and Public Relations Desk of MLSI, Ministry of Education and Science			School curricula adjusted, public campaign with listed elements has taken place

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	4.4.2 Introduce a system of easily accessible information for older persons and their families to find out about entitlements and eligibility criteria. Use the existing citizens' offices to disseminate information and provide counselling about available social protection and services. Install a hotline and website where older persons and their families can receive information about social services	By mid-2011	MLSI, local authority, Mission Armenia and other NGOs (working group), Public Relations Desk of MLSI			Information leaflet on entitlements of older persons is available in all health and social service centres in all local authorities; website and hotline available
5.	Goal: To develop and implement economic strategies with the aim of sustainable economic growth and development, while controlling negative social consequences of the transition and the global economic crisis with due regard to the implications of demographic ageing					
	5.1.1 Design economic strategies with the aim of job creation which is equitable by generations and gender	Ongoing	Ministry of Economy, National unemployment office, trade unions		Incentives given	Number of jobs created
	5.1.2 Create an environment that is conducive to private sector activities. Facilitate transfer of businesses of returning migrants to Armenia by providing information and reducing bureaucracy. To profit from their experiences abroad, have returning migrants teach business techniques to peers who may still feel alien to the new post-Soviet system	2011–2013 ongoing	Ministry of Economy, Ministry of Finance, MLSI, Ministry of Diaspora			Number of businesses successfully set up Number of businesses transferred
6.	Goal: To reduce obstacles and increase options for older persons to be economically active both when approaching retirement and beyond retirement age should they wish to do so.					
6.1. Objective: Reduce levels of undesired unemployment among older persons approaching or beyond pension age	6.1.1 Analyse the situation of the labour market in view of the economic and social implications of ageing	Ongoing	Unemployment agency, MLSI, Ministry of Education and Science, chambers of commerce, trade unions			Evidence available
	6.1.2 Provide targeted training and counselling to the population groups underrepresented in the labour market, including older persons. Improve job placement and counselling services, provide training for the application process and improve online job search opportunities	2012	Unemployment agency, MLSI, Ministry of Education and Science, chambers of commerce, trade unions	ILO		Within every unemployment agency there is at least one staff trained on issues pertaining to older persons, every agency provides access to public computer with online job search option; two trainings are offered to older persons per year per unemployment agency

*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	6.1.3 Provide incentives to employers to provide work for those underrepresented in the labour market, including older women. Use tax exemptions or subsidies to salaries or pay for necessary training. Tackle age- and gender-based discriminatory practices of employers	2011–2013	MLSI, Ministry of Finance			Tax exemption offered; salary subsidies available; complaints procedures in place
	6.1.4 Systematically use public investment programmes, such as renovation of local infrastructure, for creating employment in vulnerable population groups	2013	MLSI, Ministry of transport			40% of jobs created through public works given to older persons (50+)
	6.1.5 Develop activities in support of older persons who are economically active in the informal sector, facilitate their integration into the formal sector, by providing counselling, facilitating contacts with employers and making job advertisements easily accessible online or on bulletin-boards in municipal centres	2013	MLSI, chambers of commerce, trade unions, unemployment agency	ILO		Number of workers in the informal sector counselled and number of workers integrated into the formal sector
	6.1.6 For returning migrants who seek employment, provide a welcome package that gives information. Build self-support groups to facilitate networking between returning migrants so they may help each other to reintegrate and provide counselling on specific issues most needed	2013	MLSI, chambers of commerce, trade unions, Ministry of Diaspora; Ministry of Economy	ILO		Welcome package prepared and appropriate number of copies available; self-support group in place
	6.1.7 Trade unions offer specific services for older persons, whereby older persons are encouraged to stay within the trade union. They are offered concrete support in finding employment, such as counselling and training on online searches. Support is offered in negotiating working conditions with employers allowing older persons to stay in the workplace	2011	MLSI, chambers of commerce, trade unions	ILO		Every trade union has at least 1–2 staff trained on older persons' affairs; number of encounters for counselling, number of negotiations held with employers
	6.1.8 Create a favourable environment for entrepreneurship of older persons. Facilitate the process of establishing a business by reducing bureaucracy, providing easy access to information, assigning focal points who are approachable for advice, by reducing bureaucracy and by making the process more transparent. Facilitate the bureaucratic procedure and achieve transparency. Offer tax exemptions in the start-up phase and improve access to loans	2011–2012	MLSI, chambers of commerce, trade unions, Ministry of Economy	UNIDO	Tax incentives	All relevant information easily available on the Internet; tax exemptions offered during the first two years, processing of papers guaranteed within three months, complaints procedures in place



Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
6.2. Objective: Facilitate more flexible employment arrangements for persons approaching or beyond pension age	6.2.1 Improve the legal framework for better and more flexible working conditions of older workers, i.e., option to move to a more suitable workplace within a company, flexible or reduced working hours	2011-2012	MLSI, chambers of commerce, trade unions	ILO		Legal framework in place
6.3. Objective: Increase awareness among employers and the wider public about benefits and available options for older persons in the labour market	6.3.1 Develop and implement outreach activities to promote a more favourable attitude among employers regarding the productive capacity of older workers and the benefits of a workforce that is heterogeneous by age. Such outreach activities have the format of a campaign, including for example print media, Internet site, individual counselling and events at employers' forums	2011-2012	MLSI, Ministry of Education, Public Relations Desk of MLSI, heads of media agencies		Public information budget	Reports on Government round table with industry heads and employers. Press and radio reports on the theme of decent work in old age
	6.3.2 Raise awareness among the general public of opportunities and benefits of continued employment of older persons. Increase public awareness of the Constitutional Court decision that working beyond retirement age is constitutional, and the implications of this. Encourage a proactive role among older persons to realize their rights and potentials more actively. Carry out awareness-raising campaigns, provide information and counselling	2011, ongoing	MLSI, chambers of commerce, trade unions, information and press departments, media	ILO		Campaign carried out, counselling contacts available, media reporting has taken place
<b>7. Goal: To increase overall capacities and training levels among the population in all age groups.</b>						
7.1. Objective: Promote and encourage lifelong education through awareness-raising and development of necessary infrastructure	7.1.1 Take the needs of older persons into consideration when developing the law on adult education	2011	Government, Ministry of Finance, MLSI, Ministry of Education and Science		State budget	Existing law on adult education includes special articles on learning activities for older persons
	7.1.2 Popularize ideas of lifelong learning in society and in particular by older persons, for example, through TV programmes and public hearings on older people's education	Ongoing	MLSI, Ministry of Education and Science, adult education and lifelong learning association, other NGOs		State budget, international donor organizations	Finance from State budget for learning activities of elderly people rising continuously
	7.1.3 Support the establishment and activities of associations and non-formal groups of older persons advocating lifelong learning opportunities for older persons. (see 2.4.1)	2012	National and international NGOs		State budget, international donor organizations	Issues of elderly people, in particular learning issues, are on the agenda in the society, as well as in national programmes and strategy papers

*Road Map for Mainstreaming Ageing in Armenia*

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	7.1.4 Support international cooperation in the field of lifelong learning for older persons, integrate existing and established infrastructure into regional and European networks	Ongoing	National and international NGOs		State budget, international donor organizations	Experts, representatives of NGOs are participating in national and international exchanges, conferences, workshops
	7.1.5 Raise the prestige of vocational training	Ongoing	Ministry of Education and Science, employers, media			Media reporting on positive experience has taken place in at least five instances per year
7.2. Objective: Create conditions for acquiring knowledge which offers broader employment opportunities	7.2.1 Extend reforms of vocational education and training (VET) system supported by the European Union (EU) on broader circle of vocational education and training institutions	2013	Ministry of Education and Science, employers		State budget, international donor organizations	Involvement of additional 12 VET institutions in reform process in addition to the 12 VET institutions mostly involved in EU-financed reforms
	7.2.2 Identify key skills and offer training to older persons with the aim of keeping them attractive for the job market, for example, by providing courses in information technology and English courses	2011, ongoing	National employment agency, National Centre for VET Development		State budget, international donor organizations	At least 300 elderly people have participated in pilot training courses
	7.2.3 Encourage establishment of new training institutions and develop functioning accreditation system. Quality of services to be monitored and regularly certified	Ongoing, pilot until 2013	MLSI, Ministry of Education and Science			Accreditation agency functioning
	7.2.4 Train trainers, especially in methods of working with older persons	2012	MLSI, Ministry of Education and Science, Adult Education and Lifelong Learning Association		State budget, international donor organizations	At least 50 trainers are trained in methods of working with older persons
	7.2.5 Set an incentive framework for employers to invest in training of their employees, for example, by making such investments tax deductible	2012	MLSI, Ministry of Education and Science			Investment into learning activities of older persons is increased
	7.2.6 Set up a functioning multi-stakeholder body to develop and integrate a lifelong learning strategy for the country, including donors, educational institutions, local employment offices, employers, trade unions and NGOs	Until mid-2011	Ministry of Education and Science, NGO and other relevant stakeholders			Body in place, regular meetings and agreements reached

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
7.3. Objective: Stimulate engagement of elderly people in non-vocational learning activities targeted to improvement of their physical and psychological conditions	7.3.1 Universities of the Third Age, specifically targeted to the training needs of older persons, may serve as places to meet and communicate, improve social cohesion and prevent exclusion of older persons. They provide activities to enhance social activity and communication of older persons, improve their health and physical activity and provide lifelong learning. They may offer opportunities for studying foreign languages, literature and other cultural studies	2013	MLSI, Ministry of Education and Science			Pilot university in place
	7.3.2 Facilitate the provision of non-job-related training. Educate older persons about healthy food and physical activity, and encourage involvement in volunteer work as well as other social activities	2013	State Employment Service Agency (SESA), employers		State budget, international donor organizations	At least 300 older persons per year involved in non-job-related trainings
8. Goal: To ensure gender equality in all aspects of national life, increase public awareness.						
8.1. Objective: Provide equal opportunities to achieve financial independence, participate in the labour market and reconcile work and family duties	8.1.1 Adjust the Strategy and Action Plan on Gender to include specific concerns of older persons, including the ability of women to influence throughout their lives the way they will be able to live in old age. Enhance implementation of both the Strategy and the Action Plan on Gender	2012-2013	Entities involved in preparation of Strategy and Action Plan, NGOs			Revised Strategy and Plan adopted
	8.1.2 Make the promotion of equality between generations and between genders compulsory for State institutions, local governments and employers	2012	Ministry of Justice			Gender monitoring of staff introduced
	8.1.3 Encourage a more equal sharing of caring responsibilities between men and women, for example, by increasing incentives for fathers to stay at home for childcare. Raise awareness about the existing framework, which offers flexible working hours to take care of children. Relatives such as aunts and grandmothers who are involved in childcare are encouraged to profit from the existing regulation allowing them flexible working hours. Other measures are implemented which facilitate the reconciliation of work and family responsibilities, including care for children and older persons, for example by increasing the availability and affordability of high quality childcare facilities	2013	MLSI, trade unions			Option of fathers' leave available and used, care facilities available, flexible working hours due to childcare duties backed by law

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	8.1.4 Improve age- and gender-disaggregated data gathering and recording at the local and national levels for monitoring purposes	2011	As above, Bureau of Statistics			Key data available in age- and gender- disaggregated format
	8.1.5 Issues of ageing become an integral part of regular monitoring and reporting on gender equality	2011	As above, Bureau of Statistics			International reports contain summary on gender and old age
9. Goal: To promote and support cohesion and solidarity within and between generations.						
9.1. Objective: Support families that provide care for older persons and promote intergenerational and intragenerational solidarity among their members	9.1.1 Support families who provide care to older persons. The measures should address both the situations where the caregiver lives with the care receiver, and situations where they live separately. Support includes financial support and provision of information and training for informal caregivers	Ongoing	MLSI, Ministry of Health, NGOs			Financial scheme in place, training programmes available and carried out on a regular basis
9.2. Objective: Identify and address the needs of older persons who cannot receive support from younger generations inside or outside of their families	9.2.1 Support the development of volunteer structures where healthy older persons can care for others in need. Organize training to help these informal caregivers in their activities	2011–2013	MLSI, Ministry of Health, NGOs, international organizations			Volunteer structures in place in all the bigger cities
	9.2.2 Assess the care needs among older persons who do not have family or other networks to provide care for them. Additional services should be provided to them accordingly, including the option to be taken care of in a nursing home	2011–2013	MLSI, Ministry of Health			Results of assessment available, services made available
10. Goal: To encourage partnerships between all stakeholders on all levels to address the challenges of the ageing society.						
	10.1.1 The Ministry sets up a regular mechanism to exchange information with a wider group of relevant stakeholders and to be aware of their activities, to coordinate between them and to avoid both gaps and duplication. Hold round-table discussion on social policy issues with public, private and civil society stakeholders on the national, regional and local levels. A website is set up to provide easy access to information	Immediate, ongoing	MLSI, Public Relations Desk of MLSI			Coordination mechanism in place, regularly updated data-base of activities and timelines, as well as geographical coverage

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	10.1.2 Formulate a social partnership agenda at the community level. Develop a toolkit for social partnership at the community level. Develop guidelines for cooperation at the regional and local levels, stating who the partners are. Set up a website to communicate guidelines		MLSI in collaboration with local authorities			
	10.1.3 Relevant NGOs should receive training to increase their capacities to draft successful proposals and to enhance overall fund-raising capacities	Ongoing	International organizations, international NGOs			Relevant NGOs identified, at least one training carried out per year
	10.1.4 The Government works proactively with international organizations to include ageing as a cross-cutting issue in negotiations regarding their joint programmes of work	As negotiations come up for the next funding cycle	Ministries involved in negotiations with individual organization and donors			Ageing on the agenda in each negotiation cycle
	10.1.5 A regular forum for interaction with resident international agencies (including the United Nations) is set up. Relevant ministerial departments become integrated into the United Nations theme groups on corresponding topics	Mid-2011	Focal points for different organizations, national focal point on ageing		Staff time	Relevant ministries regularly invited to participate in theme group meetings
	10.1.6 Relevant staff members of ministries and focal point on ageing regularly participate in international conferences and workshops to learn from experiences abroad	Ongoing	Focal point on ageing, relevant staff in ministries		Fund-raising strategies are developed to ensure financial viability of regular travels	Participation in 80% of major events
11. Goal: Monitoring and Communication System: to enable stakeholders to follow up on results and provide feedback on policy decisions.						
11.1. Objective: Ensure that problems encountered during the implementation of the Ageing Strategy are identified and resolved in a timely, participatory and sustainable manner	11.1.1 Set up inclusive sector-based coordination mechanism that links up with the overarching Government-level Social Development Programme (SDP) working group					
	11.1.2 Agree on Armenian Ageing Strategy (AAS) activities to be described, base-lined, targeted and measured by way of a logistical framework to be presented and agreed at the Government level					

Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
	<p>11.1.3 Build multi-level indicator system behind agreed outcome targets to be measured by way of a systematic monitoring and evaluation (M&amp;E) mechanism</p> <p>11.1.4 Set up and operate communication exchanges between Government officials from different sectors with civil society stakeholders and organized recipient groups; use established communication channels from the SDP as well as the Open Forum and collaborate with academia and expert circles</p>					
<p>11.2. Objective: Implementation of the relevant social policy measures proves satisfactory to all main stakeholders in terms of quantity, quality and timeliness</p>	<p>11.2.1 Link targeted policy outcomes by sector with composite monitoring indices for each sector; establish possible progress per year from collected baseline data; ensure that stakeholders have access to information in terms of achievement, allocated inputs (financing from budget and other sources); survey stakeholder opinion through presentation in media and collection of feedback either on an outcome level or on a sectoral level. Link with awareness-raising activities under 2.1</p>					
<p>11.3. Objective: Build monitoring and evaluation (M&amp;E) capacities for public officials and involved stakeholders</p>	<p>11.3.1 Conduct needs assessment on sector and government level with regard to M&amp;E capacities; design training curricula for project management and impact measurement; conduct training workshops for government and civil society partners</p>					
<p>11.4. Objective: Integrate reporting formats on the Government and sectoral levels</p>	<p>11.4.1 Develop and propose a reporting format that equally integrates statistical time series from the National Statistical Service and other official sources with qualitatively collected information from user sources; attempt integration with existing administrative reporting systems. Only where these are not available should new reporting systems be created</p>					



Goals	Actions	Timeline	Responsible entity	International Partners	Budget implications	Indicator
11.5. Objective: Communicate targets and outcomes to stakeholders	11.5.1 Create media-based communication channels (web pages and newsletter) and social communication events (round tables, Open Forum discussion)					
12. Cross-cutting issues.						
	12.1.1 Enhance education of demographers and build a labour market that provides incentives for their career development		Ministry of Education and Science, MLSI			Demography introduced into university curriculum, recruitment of demographers into Government structures
	12.1.2 Enhance use of available data with the aim of drawing evidence-based policy advice	Medium term	Ministry of Education and Science			New demography positions introduced to enhance data processing
	12.1.3 Make efforts to enhance fund-raising for research and data analysis	Medium term	National Statistical Service, Ministry of Education and Science, MLSI			At least five proposals submitted to international funders, responsible entity regularly screens available openings and coordinates applications
	12.1.4 Explore possibilities for participation of the country in international data collection efforts, such as the Generations and Gender Programme (GGP) of UNECE	Medium term	Ministry of Education and Science, international organizations			Funds raised and participation organized



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