

Book

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Road Map for Mainstreaming Ageing Belarus



UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE

Road Map for Mainstreaming Ageing Belarus



UNITED NATIONS

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Министерство труда
и социальной защиты
Республики Беларусь

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The Republic of Belarus, as many other UNECE member States, is undergoing demographic transformation from population growth to population ageing. The gradually rising life expectancy – an achievement in its own right – and a long-lasting trend of a below-replacement fertility rate are to a large extent behind this transformation. Population ageing brings with it many challenges, economic and societal, but also provides opportunities to adapt and capitalize on the potential that longevity embodies. Acknowledging the challenges that ageing poses and aiming to realize the potential of living longer, the Government of Belarus requested the United Nations Economic Commission for Europe (UNECE) in November 2018 to develop a Road Map for Mainstreaming Ageing to support the preparation of the National Strategy “Dignified Longevity – 2030”.

A road map provides a guide to mainstream ageing into all relevant policy areas and aids countries in upholding the commitments of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy. It does so by identifying concrete actions relevant to the economic, social, cultural and political specificities of the country.

This publication, the fourth in the Road Maps for Mainstreaming Ageing series, reflects the outcomes of close collaboration between UNECE and the Government of Belarus and a wide-ranging participatory process that took place in the country between December 2018 and July 2019. Consultations with representatives of various ministries and Parliament were coupled with the pursuit of inputs from a broad variety of stakeholders amongst all spheres of Belarusian society, including older persons themselves. The valuable contribution of numerous experts, representatives of civil society and academia, and other stakeholders ensured that the Road Map is informed by strong evidence and expertise.

It is expected that in supporting the national strategy development this Road Map will help to guide the way forward for policymakers, social partners and civil society representatives as well as others working with and for older persons, both in Belarus and beyond. The recommended actions identified here are to an extent specific to the case of Belarus—where nearly four out of five persons live in urban areas, more than one in five persons are already drawing an old-age pension today, and elder-care provision relies primarily on the family and the State with limited community and private sector involvement.

Though tailored to Belarus, many policy recommendations presented in this Road Map are relevant across the UNECE region. We hope therefore that the Road Map will encourage other countries to review and develop their national strategies on ageing with a view to more effective implementation of internationally agreed commitments.



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United Nations Economic Commission
for Europe

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At the UNECE Population Unit, Vitalija Gaucaite Wittich, Lisa Warth and Olga Kharitonova prepared the Road Map, with assistance from Anna Tehova and Jonas Samuelsson. France Font-Vérot prepared a layout of the publication. At the Ministry of Labour and Social Protection of Belarus, the main counterparts were Aliaksandr Rumak, Deputy Minister, Tatyana Fiodorova, Head of Department of Social Services Organization, Tatiana Mironova, Director of Research Institute of Labour of the Ministry of Labour and Social Protection, and Hanna Zakreuskaya, Belarus' national focal point on ageing in the UNECE Working Group on Ageing; at the UNFPA Country Office – Olga Atroshchanka, Assistant Representative, UNFPA, Belarus. UNECE is grateful for expert contribution received from Andrey Ezerin. Special thanks go to all stakeholders who took part in interviews and focus group discussions. A full list of these participants can be found in the Annex to the report.

Foreword	iii
Introduction	1
Method	3
Chapters	
1. Belarus: the context	5
General facts about Belarus	5
Demographic context	5
Socio-economic context	7
2. The institutional framework.....	11
3. The policy framework	13
4. Mainstreaming ageing	17
Institutional mechanisms for mainstreaming ageing	17
Mainstreaming ageing into the implementation of the 2030 Agenda	17
Mainstreaming ageing across sectors	18
5. Integration and participation of older persons in society.....	19
Older persons as consumers	19
Digital inclusion of older persons.....	19
Volunteering in older age.....	19
Decision-making.....	20
Age-friendly environments.....	20
Housing	21
Transport	21
Combating social isolation and loneliness	21
Rural / urban divide	22
6. Perception and images of older persons and media reporting.....	23
7. Social protection.....	25
Pension system – general characteristics	25
Social (monetary) benefits for persons with disabilities and older-olds	26
Social services and residential care	26
8. Responsive labour markets	29
General labour market characteristics	29
Limited opportunities for employment after retirement	29
Attitudes to older workers	30
Participatory policymaking.....	31
9. Lifelong learning	33
Main education	33
Supplementary education	33
Informal education	34
10. Health and well-being.....	35
Gender gaps in life expectancy and healthy life expectancy	35
Health promotion for older persons	35
Access to health care services.....	36
Health care workforce.....	36
Geriatric services.....	37
Integration of health and social care services.....	37
Mental health, cognitive decline and dementia.....	37
Depression and other mental health issues.....	38
Palliative care	38

11. Gender equality in an ageing society.....	39
12. Families and Intergenerational solidarity	41
Inter- and intragenerational solidarity	42
Supporting families providing care.....	42
Domestic violence and elder abuse	43
Promoting intergenerational solidarity	44
13. Research and data collection.....	47
14. Monitoring and evaluation	49
Bibliography	51
Annex.....	55

LIST OF TABLES

Table 1	Selected demographic indicators.....	5
Table 2	Selected macroeconomic indicators, 2012-2018.....	7
Table 3	Projection for selected demographic and socio-economic indicators, 2015-2030	8
Table 4	Employment distribution of different age groups by economic sectors, end of 2017	30

LIST OF FIGURES

Figure 1	Population age pyramid of Belarus, 2019	6
Figure 2	Population projections 2015-2050.....	6
Figure 3	Life expectancy at birth (years), by sex	6
Figure 4	Survival curve by 5-year age groups	6
Figure 5	Proportion of older age groups in total population, 2000-2050	7
Figure 6	Proportion of working men and women among retired persons, 2011-2017	29
Figure 7	Views on who has to provide financial support and care for older persons in need	41

LIST OF ABBREVIATIONS

Belstat	National Statistical Committee of the Republic of Belarus
BYN	Belarusian Ruble
CPI	Consumer Price Index
HDI	Human Development Index
HES	Household Employment Survey
ICOPE	Guidelines on Integrated Care for Older People
ICT	Information and communication technologies
IMF	International Monetary Fund
MIPAA	Madrid International Plan of Action on Ageing
NCD	Non-communicable Disease
NSDS	National Sustainable Development Strategy
RIS/MIPAA	Regional Implementation Strategy of the Madrid International Plan of Action on Ageing
SDGs	Sustainable Development Goals
SOE	State-owned enterprises
SPF	Social Protection Fund
TSSC	Territorial Social Services Centres
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
WHO	World Health Organization

CURRENCY

The currency of the Republic Belarus is the Belarusian Ruble, abbreviated BYN. At the time of publication (September 2019), the official average exchange rate of the Belarusian Ruble was 0.4868 United States dollars (1 USD equals 2.054 BYN).



The UNECE Road Maps for Mainstreaming Ageing support countries in the national implementation of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) and in the development of national strategies and action plans on ageing.

MIPAA/RIS defines ten commitments under which more specific activities and policy principles are singled out:

C1	Mainstream ageing in all policy fields
C2	Ensure full integration and participation of older persons in society
C3	Promote equitable and sustainable economic growth in response to population ageing
C4	Adjust social protection systems
C5	Enable labour markets to respond to the economic and social consequences of population ageing
C6	Promote lifelong learning and adapt educational systems
C7	Strive to ensure quality of life at all ages and maintain independent living including health and well-being
C8	Mainstream a gender approach in an ageing society
C9	Support families providing care for older persons and promote intergenerational and intra-generational solidarity among their members
C10	Promote the implementation and follow-up of the regional implementation strategy through regional cooperation

The Government of the Republic of Belarus has requested the Population Unit of the United Nations Economic Commission for Europe to provide recommendations for the development of a national strategy on ageing which will be elaborated in 2019.

Using the established methodology for UNECE Road Maps for Mainstreaming Ageing, this report presents tailored recommendations for ageing-related policies in the Republic of Belarus.

The first section of the report outlines the methodology used. This is followed by a brief introduction to the demographic and socio-economic context of the Republic of Belarus and an outline of the policy and institutional framework within which the national strategy on ageing is being developed.

The second part of the report outlines the key findings of the desk review and field study which underpin the recommendations made. Thematically the report builds on the commitments of the Regional Implementation Strategy of the Madrid International Plan of Action (2002), adherence to which UNECE member States have recently reaffirmed in the Lisbon Ministerial Declaration “A Sustainable Society for All Ages: Realizing the potential of living longer” adopted on 22 September 2017.

The development of a Road Map generally includes four steps: (1) a desk study, (2) a field study, (3) the drafting of the Road Map and consultations on its recommendations, and (4) eventual elaboration of a plan of action by a country. In developing the present Road Map for Belarus, the first two steps were carried out simultaneously in coordination with the Ministry of Labour and Social Protection and the local office of the United Nations Population Fund (UNFPA Belarus).

A four-day data collection field mission was organised in December 2018 allowing the team of the UNECE Population Unit to meet with a range of stakeholders including representatives of different ministries, the National Statistical Committee of the Republic of Belarus (Belstat), relevant Parliamentary commissions, representatives from academia, civil society and social partner organizations, health and social care professionals, and older people themselves during two site visits to an older people's home and a day care centre. The following meetings with stakeholders took place:

- Meeting with representatives of the Ministry of Labour and Social Protection
- Meeting with representatives of the Ministry of Health
- Meeting with representatives of Parliament
- Meeting with representatives of the Federation of Trade Unions
- Meeting with representatives of the Business Union of Entrepreneurs and Employers
- Meeting with a representative of the Ministry of Foreign Affairs
- Visit to Svitanak City Residential Home for War and Labour Veterans in Minsk District, Treskovshchina Settlement
- Visit to the day-care centre for older persons of the Territorial Centre of Social Services of Minsk District
- Focus group discussion with members of the United Nations organisations in Belarus
- Focus group discussion with representatives of the academic community

- Focus group discussion with civil society organizations
- Inter-departmental meeting with representatives of following Government entities: Ministry of Finance, Ministry of Labour and Social Protection, Research Institute of Labour at the Ministry of Social Protection, Ministry of Architecture and Construction, Ministry of Antimonopoly Regulation and Trade, Ministry of Education, Ministry of Housing and Communal Services, Ministry of Communications and Informatization, Ministry of Information, Belarusian Railway
- Meeting with representatives of the National Statistical Committee of Belarus

In order to understand the messages about ageing and older persons conveyed by the media in Belarus, news reporting in print media, radio and television was retroactively monitored by a media expert over the period 1 August 2018 – 31 January 2019.

The findings from the focus group discussions, interviews and site visits complemented the desk review of data, policy documents and relevant publications on ageing-related policies in Belarus that were accessed through the official websites or provided by the Government and other stakeholders. Relevant data and analytical studies done previously by UNECE, UNFPA, World Bank and other international organizations and academia were also used.

The first draft of the Road map was prepared by UNECE and provided for the consultations with the Government experts and other national and international stakeholders in April 2019. The consultations took place in two stages: (1) face-to-face meetings and group discussions during the UNECE staff mission to Minsk on 22-26 April and (2) exchange of written comments and suggestions in May-mid-June. The Road Map document was finalized in August 2019 and the wealth of material gathered and reviewed throughout the process informed the recommendations made in this report.

General facts about Belarus

Belarus is a landlocked country in Eastern Europe. It is bordered by the Russian Federation to the east, Ukraine to the south, Poland to the west, and Latvia and Lithuania to the north-west. Its total land area is 207,600 km².

The Republic of Belarus became an independent state in 1991. The new Constitution was adopted in March

1994 and amended at the national referenda in 1996 and 2004. Belarussian and Russian are official languages. The country's head of state is the President of the Republic. His authority is established and defined by the Constitution and by the Presidential Act of the Republic of Belarus.

Full name	Republic of Belarus
Capital	Minsk
Total population on 1 January 2019* (thousands)	9,475.2
Human Development Index in 2018***	0.808, Rank 53 (very high human development)
Average monthly nominal salary in 2018, BYN/US\$ *	958.10 / 450.30
Average monthly old-age pension (social insurance pension), 2018 (end of year), BYN/US\$**	393.27 / 184.48
Monthly minimum old age pension (social insurance pension), 2018 (end of year), BYN/US\$**	279.30 / 131.02
Employment/Unemployment rate (per cent of population aged 15-74 years), 2018*	67.5 / 4.8
GDP per capita at current prices, PPP (US\$) in 2017****	19,014

Sources: *National Statistics Committee of the Republic of Belarus (Belstat); **Ministry of Labour and Social Protection of Belarus; ***UNDP 2018; ****UNECE database.

Note: National Bank of Belarus exchange rate for December 2018: 2.1318 BYN/US\$.

Demographic context

According to the National Statistical Committee of the Republic of Belarus (Belstat), the country had a population of 9.475 million on 1 January 2019.

Table 1: Selected demographic indicators

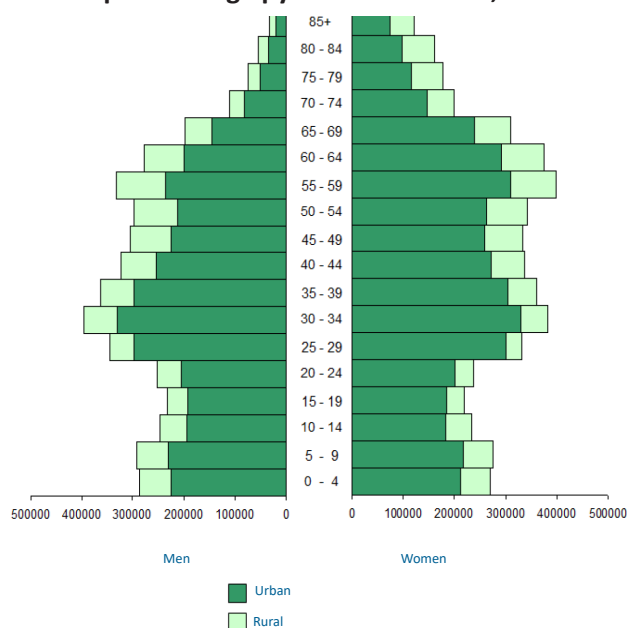
Life expectancy at birth, 2018 (years)	69.2 (men), 79.4 (women)
Rate of natural increase, 2018 (per 1,000 population)	-26
Net number of migrants, 2018 (thousands)	9.36
Net migration rate, 2017 (thousands) (*)	0.408
Urban population, 2018 (per cent)	78.1
Population, 2018 (in thousands / per cent of total)	
- men 60+ years old and women 55+ years old	2,377 /25.0
- men and women 65 years and older	1,420 /14.9

Sources: Belstat.

* Calculated: (International arrivals – international departures)/(2018 population – 2017 population)*1,000

The total fertility rate has been below replacement level in Belarus since the late 1980s, which can be observed in the population pyramid showing a narrowing in the cohorts born since then (Figure 1). According to the World Bank data, in 1990 the total fertility rate was 1.9 children per women of reproductive age, before reaching its lowest level at 1.2 in 2005. It has then increased to 1.7 in 2015 and levelled out at 1.5 in 2017.

Figure 1
Population age pyramid of Belarus, 2019

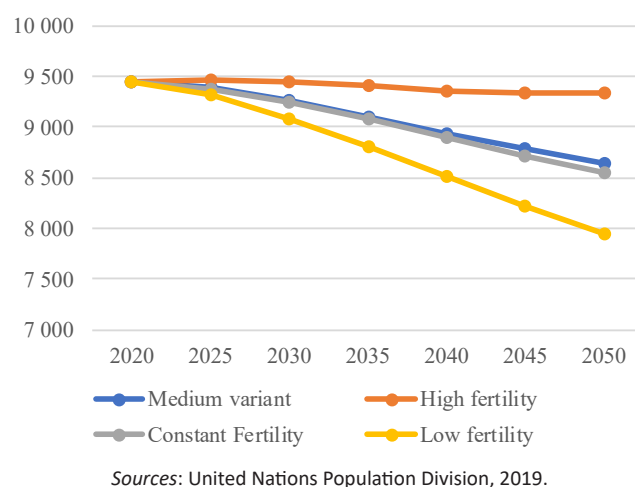


Sources: Belstat.

According to the United Nations Population Division's projections, the size of the population of Belarus is projected to decrease. With an assumption of constant fertility, it is projected to decrease to 8.5 million by 2050, and with low fertility scenario to as low as 7.9 million (Figure 2.).

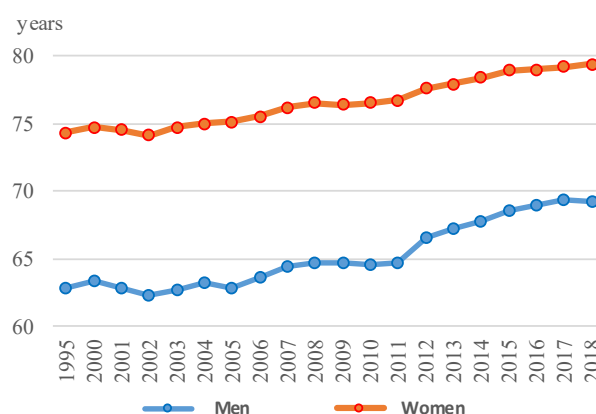
Life expectancy at birth decreased in the 1990s from 70.4 years in 1991 to as low as 67.9 years in 1999. It has since increased to 74.5 years in 2018. Belarusian men have a far lower life expectancy than women. Those born in 2018 are expected to live to about the age of 69.2 years while women are expected to live to the age of 79.4. The life expectancy difference decreased slightly between early 1990s and 2012 but it has remained of about 10 years since then (Figure 3); the life expectancy gap between women and men is echoed also by the survival curve differences (Figure 4). According to Belstat, at age 65, life expectancy for women was 18.2 years and that for men 13 years in 2018, with a gap between women and men fluctuating around 5 years over the last decade.

Figure 2
Population projections 2015-2050, thousands



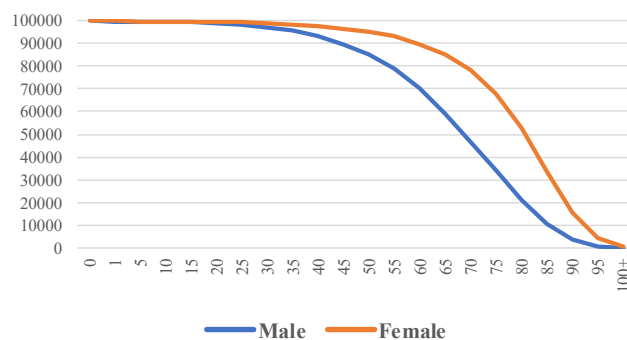
Sources: United Nations Population Division, 2019.

Figure 3
Life expectancy at birth (years), by sex



Sources: United Nations Population Division, 2019.

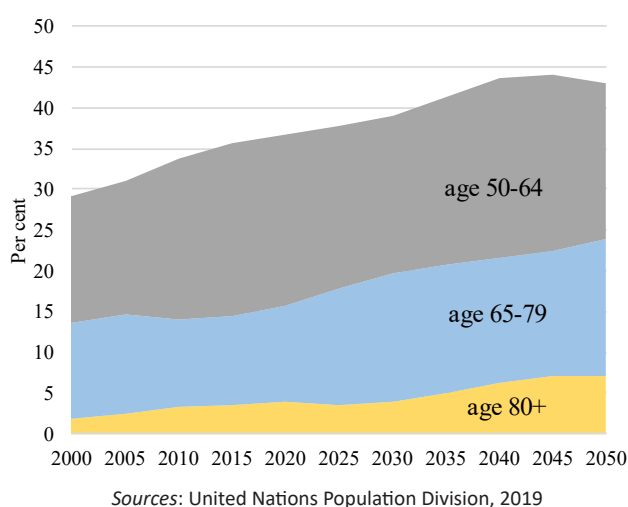
Figure 4
Survival curve by 5-year age groups, thousands



Sources: United Nations Population Division, 2019.

In 1990, the percentage of people aged 65 and above was 10.7 per cent. In 2017 their share had increased to 14.9 per cent, and it is projected to grow to 25 per cent by 2050. The share of people over 80 is projected to grow from 3.5 per cent to 7.5 per cent over the same period. By 2025, for the first time the proportion of 65+ in the total population will overtake the proportion of children aged 0-14.

Figure 5
Proportion of older age groups in total population, 2000-2050, per cent



Socio-economic context

Presently Belarus is part of the Eurasian Economic Union, the Treaty of which entered into force on 1 January 2015. Other parties are Armenia, Kazakhstan, Kyrgyzstan and the Russian Federation. The Eurasian Economic Union is focusing on the free flow of capital, goods and services, and the workforce throughout a common market. The Russian Federation is the main trade partner of Belarus: in 2018 it accounted for 38 per cent of exports and provided 59 per cent of imports.

The country's economy is dominated by large, vertically integrated state-owned enterprises (SOE). The SOE sector in Belarus – companies either fully or partially owned by the state – generated 46.7 per cent of GDP in 2016.¹ According to the Belstat, the state sector's share in total employment was fluctuating around 40 per cent in the last three years. This indicates that most of the domestic economic activity in Belarus remains under central government planning and control. Price controls are also used for socially important goods and services and they currently account for nearly 20 per cent of the consumer price index (CPI).²

The private business sector consists of mainly small and medium-sized enterprises. They are most active in IT sector; hospitality service sectors such as tourism, restaurants and accommodation have been attracting private capital as well. In the last few years there were efforts to expand the private sector: The Presidential Decree on Entrepreneurship (issued in November 2017) foresees reduction in the administrative requirements to set up a business in a number of economic sectors. In 2018, aiming to improve the business environment, the government has announced plans to decriminalize minor offenses of private businesses/ entrepreneurs and curtail excessive inspections from public agencies.

Table 2: Selected macroeconomic indicators, 2012–2018

Indicator	2012	2013	2014	2015	2016	2017	2018
GDP growthrate at prices and PPPs of 2010, %	1.7	1.0	1.7	-3.8	-2.5	2.5	3.0
GDP per capita growthrate at prices and PPPs of 2010, %	1.7	0.9	1.7	-3.7	-2.4	2.7	3.2
Consumer Price Index, average growthrate, %	59.1	18.3	18.3	13.6	11.9	6.2	4.9
Consumer Price Index, growthrate (December over December of the previous year, %)	21.8	16.5	16.2	11.9	10.6	4.6	5.6
Unemployment rate, % (LFS)	5.1	5.2	5.8	5.6	4.8
Employment, growthrate, %	-1.7	-0.7	-0.6	-1.2	-2.0	-1.2	-0.4

Sources: UNECE Statistical database and Belstat, both accessed in April 2019

¹ World Bank 2018. Systemic Country Diagnostic: Towards a Competitive, Inclusive and Dynamic Belarus.

² IMF 2019. Republic of Belarus. IMF Country Report No. 19/9; January 2019

Recent socio-economic trends

Belarus's GDP per capita measured in internationally comparable prices was US\$ 19,014 in 2017 or 46 per cent of the 28 European Union countries' (EU-28) average. In comparison with its neighbours, Belarus GDP per capita fared somewhat better – it was at about two-thirds of that in Latvia and Poland (US\$ 28,378 and US\$ 28,782, respectively) and 73.1 per cent of the GDP/capita of the Russian Federation (US\$ 26,009).³

Country's economy has been recovering from the 2015-2016 downturn with GDP growth rate picking up since 2017 (Table 2). The strong external demand supported export expansion while the domestic demand was boosted by rapidly increasing wages.⁴

Thanks to recovering economic activity, the unemployment rate among the population aged 15–74 has declined from 5.8 per cent in 2016 to 4.8 per cent in 2018. The decline was slightly more visible for the 'working-age population' – down from 6 per cent to 4.7 per cent, respectively, but persisted among those above the statutory retirement age but actively looking for jobs⁵.

According to Belstat, nominal average gross monthly earnings reached BYN 958.10 in 2018, up by 11.6 per cent in real terms (year-on-year) following an increase of 7.5 per cent in 2017. Despite this rapid wage growth, the inflation was at historically low level: 4.6 per cent in 2017 and 5.6 per cent in 2018.

The growth of real disposable income of households

recovered in 2017-2018 thanks to the rising wages and to a lesser extent pensions and other social benefits. The share of the labour income accounted for about 63 per cent of total household income while pensions and other social transfers for 24 per cent. Belarusian population living with income below the national minimum subsistence level has peaked at 5.9 per cent in 2017 following the economic downturn of 2015-2016 and then declined slightly to 5.6 per cent in 2018.

According to the World Bank, the proportion of population in the middle-income group (income over PPP US\$ 10/day) declined by 3 percentage points from 2014 to 2016 (from about 90 per cent to 87 per cent, respectively), with rural population affected much stronger and seeing a 6-percentage point decline in the over US\$ 10/day headcount.⁶

According to the United Nations Development Programme (UNDP) Human Development Index (HDI), Belarus belongs to the very high human development country group. In 2018 it attained an HDI score of 0.808, placing the country in 53rd place of the 189 countries for which HDI was computed.

Medium- and longer-term outlook

The underlying economic growth foreseen in the National Strategy for Sustainable Socio-economic Development of Belarus until 2030 (updated and approved in 2017) is ambitious with GDP projected to double by 2020 from the level of 2005 (in 2015 it was 1.5 times higher). The projected main socio-economic indicators included in the national strategy are presented in Table 3.

Table 3: Projections for selected demographic and socio-economic indicators, 2015–2030

Indicator	2015*	2020	2025	2030
Population, thousand	9,490	9,497	9,491	9,459
Life expectancy at birth, years	73.9	75.3	75.7	77.0
Economically active population, thousands	4,496	4,458	4,270	4,080
Real disposable income (growth over five-year period), %	32.8	9.5-11.6	17-28	14-24
Proportion of population with income below the national minimum subsistence level, %	5.1	5.5	4.0-4.5	3-4
Average pension in relation to the minimum subsistence level for pensioners, times	2.45	not less than 2.5	not less than 2.5	not less than 2.5

Sources: National Strategy for Sustainable Socio-Economic Development until 2030.

* Actual data

³ At prices and purchasing power parities of current year. UNECE database, accessed on 9 April 2019.

⁴ Human capital growth over the last decade contributed to the wage rise, with the highest average nominal wage observed in the IT and financial services sectors where private capital prevails. Recent rapid wage rise however was spearheaded by the state-owned sector

⁵ According to the Household Employment Survey (HES) based on ILO methodology. 'Working-age population' includes persons from 16 years old until the statutory retirement age. Note that the registered unemployment rate – main measure used before the LFS was introduced in 2014 – fluctuated between 0.5 and 1.0 per cent throughout 2012-2018.

⁶ World Bank 2018. Systemic Country Diagnostic: Towards a Competitive, Inclusive and Dynamic Belarus.

However, according to the recent projections of the International Monetary Fund (IMF), the medium-term outlook for Belarus is rather subdued with growth of economy projected at 2 per cent annually over the next five years due to lagging structural reforms, unfavourable demographics and weak productivity. This outlook is conditional on full compensation from the Russian Federation for losses triggered by the latter's new energy taxation system⁷ and may deteriorate if this is not a case.

In its national strategy, the Government has outlined the plans for gradual restructuring of SOE sector and

promotion of private businesses (to up to 50 per cent of economic activity by 2030). This may eventually lead to necessity of enhanced social protection measures to mitigate the impact of restructuring on vulnerable groups and subsequently to raise contributions or increase subventions to the Social Protection Fund (SPF). In 2016-2017 subventions from general budget accounted for 10-12 per cent of SPF expenditures, dropping to below 7 per cent in 2018 (see Social protection section for more details).

⁷ IMF 2019. Republic of Belarus. IMF Country Report No. 19/9; January 2019.

2 - THE INSTITUTIONAL FRAMEWORK

The main responsibility for ageing-related policies in Belarus lies with the Ministry of Labour and Social Protection of the Republic of Belarus. Other Ministries responsible for implementing aspects of state policies on ageing include the Ministries of Health, Education, Culture, Information, Economy, Finance and their sub-ordinate structures and the National Statistical Committee of the Republic of Belarus. In addition, there are the National Committee on Population and the National Council on Gender Policy at the Council of Ministers of the Republic of Belarus.

The National Committee on Population at the Council of Ministers is mandated with the coordination of the state policy on population and demographic security with its main focus on addressing the risk of depopulation and low fertility in Belarus. The 2016 Report on the Implementation of MIPAA/RIS in Belarus indicated creation of an inter-ministerial mechanism for coordinating ageing-related policies and discussing cross-cutting issues on ageing and intergenerational relations as one of the priorities for future actions. It will constitute an important step towards developing a holistic and integrated governmental approach to population ageing and longevity. It is equally important that ageing-related policy design includes regional and local authorities. In Belarus, local issues are represented by the locally-elected Councils of Deputies.

Ministries of the Republic of Belarus⁸

1. Ministry of Agriculture and Food
2. Ministry of Antimonopoly Regulation and Trade
3. Ministry of Architecture and Construction
4. Ministry of Communication and Informatization
5. Ministry of Culture
6. Ministry of Defence
7. Ministry of Economy
8. Ministry of Education
9. Ministry of Emergency Situations
10. Ministry of Energy
11. Ministry of Finance
12. Ministry of Foreign Affairs
13. Ministry of Forestry
14. Ministry of Public Health
15. Ministry of Housing and Communal Services

16. Ministry of Industry
17. Ministry of Information
18. Ministry of Internal Affairs
19. Ministry of Justice
20. Ministry of Labour and Social Protection
21. Ministry of Natural Resources and Environmental Protection
22. Ministry of Tax Collection
23. Ministry of Transport and Communications
24. Ministry of Sports and Tourism

Currently, under the auspices of the Ministry of Labour and Social Protection a coordination of the activities of the republican bodies of state administration, regional and Minsk city executive committees, public associations takes place to develop common approaches to the implementation of the state policy on social protection of older people and war veterans. This “Interdepartmental Commission on the Problems of the Elderly, Veterans and Persons Affected by the Consequences of War” includes representatives from various ministries, regional governments and public organisations.

At the level of Parliament, there are two Parliamentary commissions that are dealing with aspects of ageing and concerns of older persons: these are the Permanent Commission of the House of Representatives of the National Assembly of the Republic of Belarus on health care, physical culture, family and youth policy and the Commission on labour and social issues.

To foster a broader societal response to population ageing it is necessary to also engage non-governmental actors and key stakeholders in the realm of population ageing. Older people themselves should be included in the policy formulation process to ensure that measures developed correspond to their needs and preferences. There is currently no dedicated mechanism in place to ensure that the needs/voice of older persons are taken into account in decision-making.

The Constitution of the Republic of Belarus⁹ prohibits discrimination on the grounds of age. However, there is currently no institutional mechanism, such as anti-discrimination commission or an ombudsperson, to ensure the enforcement of non-discrimination.

⁸ <http://www.government.by/en/departments/>, accessed on 12 April 2019.

⁹ <http://law.by/document/?guid=3871&p0=V19402875e>.

Recommendations

- 2.1. Consider expanding scope of coordinating activities of the National Committee on Population at the Council of Ministers to oversee policymaking on population ageing. Institute a mechanism for coordinated inter-ministerial collaboration to advance country's preparedness/adaptation to population ageing.**
- 2.2. Strengthen the mandate on ageing of the Parliamentary commissions.**
- 2.3. Put in place measures that ensure implementation of non-discrimination on the basis of age and provide support to victims of age-discrimination. Consider establishing an anti-discrimination commission or ombudsperson.**
- 2.4. Develop an institutional mechanism that enables the participation of older persons in decision-making and ensures that their voice is heard, and that older people are involved in decision-making that affects them at all levels, local, regional and national (for example through the establishment of advisory older people's councils at local/regional/national government level).**

3 - THE POLICY FRAMEWORK

There is currently no integrated comprehensive government policy on ageing in the Republic of Belarus and until recently the wide-ranging socio-economic impact of population ageing does not seem to have been fully addressed in the State programmes and strategic documents. Nevertheless, there is a number of key legislative acts, in addition to the Constitution of the Republic of Belarus, that form the current policy framework regulating social protection and various entitlements and provisions for older persons. These include the Law on Veterans, on Public Service, on Employment of the Population, on Pensions, on Social Services, on State Benefits, Rights and Guarantees for Certain Categories of Citizens, on Social Protection of Persons with Disabilities, the Presidential Decree on State Targeted Social Assistance, and the Labour, Family, Education, Tax and Criminal Codes of the Republic of Belarus.¹⁰ Certain relevant aspects are also outlined in the General agreement between the Government of the Republic of Belarus, the republican associations of employers and trade unions (the latest is for 2019 – 2021).

Longer-term strategies and several five-year State programmes are relevant to population ageing and the needs of older persons and constitute the current policy framework on which a comprehensive national strategy on ageing could build. These are briefly outlined below.

National Strategy for Sustainable Social and Economic Development up to 2030

The *National Strategy for Sustainable Social and Economic Development up to 2030* was updated and approved in 2017 to provide longer-term policy direction and ensure high living standards for the population and to transition to a high-performance economy based on knowledge and innovation. It has to be achieved while also ensuring a favourable environment for future generations. Although there is no direct reference to the United Nations 2030 Agenda for Sustainable Development, many of its Sustainable Development Goals (SDGs) are reflected in the National Strategy.¹¹

The key outcomes expected by 2030 are an increase of life expectancy to 77 years, 1.5-2 times higher GDP as compared to 2005, and an increase of expenditures for the environment to 2-3 per cent of GDP. Country aims and bases its development objectives on creating conditions to first stabilize its population size at the level of 9.4 to 9.5

million people, and then see it growing thanks to rising fertility. This is to be achieved through strengthening family values and improving social protection and economic security for families with children. In terms of rising life expectancy, a special focus on increasing the length of the population's healthy lives through the promotion of healthy life styles is envisaged.

The strategy also has a goal to ensure a stable and financially sustainable **pension system, along with ensuring social assistance and improving the accessibility of social services. The retirement age is to be incrementally increased to the age of 63 for men and 58 for women**, and measures will be implemented to discourage early retirement, increase involvement of older persons in the labour market, by providing retraining, favourable working conditions and flexible arrangements.

Programme of Social and Economic Development of the Republic of Belarus for 2016-2020

The *Programme of Social and Economic Development for 2016-2020* was enacted by the Presidential Decree in December 2016. The Programme formulates goals, tasks, priorities and expected results of the country's social and economic development in 2016-2020. The main goal of the national social and economic development program is to raise living standards of Belarusians by boosting the competitive ability of the economy, raising investments, and securing innovation-driven development. Among the priorities for this period: investment into the real sector and human capital; job creation and productivity; export growth and diversification, balanced foreign trade; informatization and facilitation of digital economy; incentives for youth socio-economic involvement. The Programme calls for the more pronounced role of the regions in forming economic growth centers by outlining some measures for strengthening investment policy, innovation policy, fiscal policy, monetary management policy, and foreign trade policy. **The Programme also outlines steps towards financial sustainability of social protection including gradual increase of retirement age and promotion of additional voluntary pension insurance. Measures to improve the targeted and individualized nature of state support also listed.**

The Programme foresees that the gross domestic product will increase by 12.1-15.0 per cent over the 2016-2020 period. Inflation will be kept under 5 per cent by the end of the five-year term and the real disposable income of Belarusians is expected to be higher by 9.5-11.6 per cent if compared to 2015. **The foreseen indexation of pensions** aims for a 40 per cent replacement ratio of

¹⁰ Kalabikhina et al 2018, p.40.

¹¹ The National Sustainable Development Strategy of the Republic of Belarus until 2035 (2035 NSDS) is currently being developed. At a conceptual level it is designed to link the priorities of sustainable development at the national level and the global SDG's.

average monthly salary by the end of 2020.

State Programme on People's Health and Demographic Security of the Republic of Belarus for 2016-2020

The *State Programme on People's Health and Demographic Security for 2016-2020* is aligned with the priority actions defined in the Programme for Social and Economic Development for 2016-2020. Divided into seven sub-programmes, the State Programme on People's Health and Demographic Security focuses on stabilizing socio-demographic trends and improving the health and well-being of the population of Belarus. Overall goals of the Programme include improving reproductive health and fertility, **reducing mortality, especially at the working age, increasing life expectancy at birth (to 75.3 years by 2020), improving quality and accessibility of health care services, and optimizing internal migration processes.**

The first sub-programme (Family and Childhood) lists among its tasks a sounder family support to ensure its well-being, need to strengthen family values, as well as raising the prestige of parenthood. The prevalence of non-communicable diseases, often related to unhealthy lifestyles and unhealthy environments, is tackled by two sub-programmes, focusing on the prevention of excessive drinking and alcoholism, as well as cardiovascular and respiratory diseases. Among the planned measures, **two explicitly address older population: measures aimed at motivating the older population to lead a physically active life, engage in physical training and sports; and training of medical workers in support of active ageing of the older population.** Additionally, two sub-programmes dedicated to the prevention and treatment of tuberculosis, notably its multidrug-resistant forms and HIV/AIDS, also form part of the action plan of the Programme. Preventive measures include raising awareness of the population about the risk factors threatening their health, the promotion of healthy lifestyles and encouraging responsible, self-preserving behaviours. Finally, there are two sub-programmes directed at issues of internal migration and the modernization and maintenance of the national health care system, respectively.

State Programme on Social Protection and Employment Promotion for 2016-2020

The *State Programme on Social Protection and Employment Promotion for 2016-2020* is divided into five sub-programmes: employment promotion; occupational health; prevention of disability and rehabilitation of persons with disabilities; barrier-free environment; social integration of disabled and senior citizens. The first two subprogrammes aim at stimulating the economic activity, improving competitiveness and reducing the imbalance between demand and supply on the labour market and at improving occupational health and safety. In the next three subprogrammes, **special consideration is given to the needs of people with disabilities and older persons,**

as well as ensuring a barrier-free environment for their full social integration.

To encourage the mobility of labour force, the Programme foresees financial support, such as unemployment benefits, subsidies and compensation of costs for the relocation during unemployment period. Professional (re-)training for both women and men on childcare leave is foreseen, in addition to pregnancy and childbirth allowances.

The Presidential decree "On promotion of employment of the population" (№ 3, of 2 April 2015, incl. edition of 25 January 2018) provides the ground for the Programme by outlining concrete measures and accountability for stimulating employment, actively supporting citizens to find a job and tackling issues of unemployment and economically inactive working-age population. Among the measures for the latter, a requirement to pay full costs of public services normally subsidized by the state as of 1 January 2019 was introduced. The criteria for defining citizens concerned and lists and tariffs for services to be paid for have been determined by the Government.

State Programme on Comfortable Housing and Favourable Environment 2016 - 2020

The *State Programme for Comfortable Housing and Favourable Environment for 2016 – 2020* focuses on the development of the housing and communal services sector, notably the improvement of accessibility to energy and gas supplies in rural areas. The aim of the Programme is to ensure comfortable living conditions and a favourable environment for all residents in the country. A total of eight sub-programmes, targeting priority areas of action in line with the Programme for social and economic development for 2016-2020, are included. However, **there are no references to the housing adaptation to the needs of older people and persons with disabilities.**

The Programme aims at tackling disparities between urban and rural areas, as well as among the six regions (oblasty) of Belarus; addresses the modernization of housing energy supplies, in order to improve their efficiency; repair of housing stock; safety and hygiene measures, such as the replacement of old elevators, the improvement of sewage systems to ensure equitable access to clean, potable water; the improvement of municipal waste management; the development of safe and reliable electric power and gas supplies for rural areas; and finally, improving the overall quality of provision of services.

State Programme for Development of Physical Culture and Sport in the Republic of Belarus for 2016-2020

The *State Programme for the Development of Physical Culture and Sport in the Republic of Belarus for 2016-2020* was developed with the aim of promoting physical activity among the population of Belarus, improving

competitiveness at professional level and improving the quality of, and access to sports facilities. According to data from the Ministry of Sports and Tourism of the Republic of Belarus, approximately 20 percent of the country's population regularly engages in physical activity and sports.

The Programme is divided into two sub-programmes aimed at tackling professional level sports and strengthening the capacity of national teams, as well as promoting healthy habits among the general population, with a focus on sensitizing children and youth to the importance of regular physical activity. Improvement of necessary infrastructure, **involvement of various categories of the population, especially rural residents, in regular physical education and sports, creation of a system of rehabilitation and adaptation of persons with disabilities to a fulfilling life through physical education and sports are among the tasks.**

State Programme for Development of Digital Economy and Information Society 2016-2020

The *State Programme for Development of Digital Economy and Information Society 2016-2020* determines directions for the development of the telecommunications infrastructure and aims to develop the information society and the widespread introduction of information and communication technologies (ICT). The goal is to improve conditions for the formation of the digital economy, development of an information society and improvement of e-government.¹²

The program is divided into three sub-programmes. The "Information and communication infrastructure" sub-program aims to create and develop modern national ICT infrastructure, platforms and services. The sub-program "Informatization infrastructure" is implemented to further develop e-government systems to improve efficiency and transparency of the state regulation system. The third sub-program "Digital transformation" includes projects that will transform business processes in all spheres of the national digital market. Designed to digitalize already existing processes in health care, public procurement, education, among others, it aims at 75 per cent coverage of all administrative procedures to be carried in e-form. The Programme however **misses to address potential limitations in accessing them by older population and persons with disabilities, in particular those living in rural areas.** The education system will be improved through a system of information support of teachers' certification, a university electronic admission system and a remote professional skills improvement system.

State Programme "Education and Youth Policy for 2016-2020"

¹² According to the United Nations E-Government Development Database, Belarus transitioned from High-E-Government Development Index (EDGI) in 2016 to Very-High-EGDI in 2018 (ranks 38 among 193 countries).

The *State programme "Education and Youth Policy"* is under the responsibility of the Ministry of Education and aims to improve the quality of and access to education in accordance with the needs of population and the economy. Belarus' position in the Human Development Index will be an indicator of the program's success.

The program consists of 11 sub-programmes ranging from the development of the preschool education system to the development of **supplementary education system for adults**. There are about 400,000 people annually who are undergoing adult education, and this education is carried out by about 400 institutions. Measures will be taken to continuously update the contents of adult educational programmes, to ensure diversity and flexibility of curricula and to further develop distance learning.

State Programme for Development of the Transport Sector of the Republic of Belarus 2016-2020

The *State Programme for the development of the Transport Sector* is under the responsibility of the Ministry of Transport and Communications and aims to develop the railway transport, automobile, urban electric and underground transport, inland water and sea transport and civil aviation.

Automobile, urban electric transport and the subway cover about 96 per cent of the total volume of passenger transportation. Under Sub-Programme 2 on automobile, urban electric and underground transport, the State Programme seeks to increase the urban electric transport operating routes and to ensure accessibility and improve quality and safety of services, improve the efficiency of transport organisations and develop the transport infrastructure. **The accessibility and safety of transport services for older persons and persons with disabilities are not directly addressed.**

National Plan of Action on Gender Equality in the Republic of Belarus for 2017-2020.

In 2017, the Government of the Republic of Belarus approved the fifth *National Plan of Action on Gender Equality in the Republic of Belarus for 2017-2020*. The purpose of the National Plan is to develop mechanisms for the introduction of a gender perspective in the process of developing and implementing measures of state policy in various spheres of society.

The plan's activities are based on national priorities in the area of gender. These include the economic empowerment of women and men, ensuring gender responsive health care, gender equality in family relations, countering domestic violence and trafficking in human beings, and gender education and awareness.

The situation of older men and women is not specifically addressed. With regards to health care for example, the policy focus lies on family planning, the reduction of abortions, and maternal reproductive health. Older

women post reproductive years are addressed only through the target of universal coverage of the female population over 40 with mammographic examinations.¹³ With regards to gender equality in family relations, policy measures focus on parents of young children. No mention is made of providing support to older women and men who need to reconcile employment with caring for a spouse or older parent. Measures aimed at preventing domestic violence are age-neutral but no mention is made of gender and elder abuse.

In order to develop partnerships with civil society institutions on issues of gender policy at the local level in all regions of the country (under the auspices of the regional executive committees and the Minsk City Executive Committee), expert working groups on the implementation of the gender policy have been put in place. The representatives of non-governmental organizations, pedagogical and scientific circles are involved in the development of draft legislation and in the assessment of its implementation from the point of view of respect for the rights and interests of women

National Plan of Action for the implementation of the provisions of the Convention on the Rights of Persons with Disabilities for 2017-2025

The *National Plan of Action for the implementation in the Republic of Belarus of the provisions of the Convention on the Rights of Persons with Disabilities for 2017 – 2025* was developed to ensure coordinated actions of legislative, executive, judicial authorities and civil society to implement the provisions of the Convention ratified in 2016. It was approved by the Resolution No. 451 of the Council of Ministers of the Republic of Belarus dated June 13, 2017.

The National Plan of Action aims at the formation of legal, organizational and institutional conditions to ensure the equality of rights of persons with disabilities and the creation of conditions for their integration into all spheres of society. It provides for the adjustment of the legislation of the Republic of Belarus including amendments to the laws “On the social protection of disabled persons in the

Republic of Belarus”, “On the prevention of disability and rehabilitation of disabled persons”, “On architectural and urban planning activities in the Republic of Belarus” and other regulatory legal acts.

These changes provide for the **introduction of the concepts of “discrimination on the basis of disability”, “habilitation”, “reasonable accommodation”, “universal design”**; bringing the term “disability” in line with the Convention, as well as the improvement of existing norms guaranteeing assistance and support in emergency situations to persons with disabilities, taking into account their individual needs.

The National Plan foresees measures to ensure the accessibility of the environment, services and information for persons with disabilities in all areas of public life and considers administrative responsibility for evading the requirements of creating conditions for the unimpeded access of persons with disabilities to social, engineering and transport infrastructure. As for the realization of the right to work by disabled people, the possibility of establishing quotas for the employment of disabled people is being considered.

The National Plan also provides for measures to improve medical and social assistance to persons with disabilities. The standards for the provision of social services to persons with disabilities planned to be revised to facilitate their independent living. During 2018-2020, the possibility of changing the system for financing the rehabilitation and social support of persons with disabilities through the introduction of a “personal budget for disabled persons” and the creation of an institute for a “personal assistant for disabled persons” will be studied in detail.

The coordinator of the implementation of the National Plan is Ministry of Labour and Social Protection. Every year by 15 January, the Ministry develops and approves a consolidated plan of activities on the basis of the proposals by the National Plan implementing agencies. The latter are requested to submit annual reports on their related activities to the Ministry of Labour and Social Protection.

¹³ The WHO and national recommendations for mammographic screening generally refer to women in the age group of 50-69 years old.

4 - MAINSTREAMING AGEING

The national strategy on ageing to be developed by the Government of Belarus is expected to be a comprehensive policy framework on ageing that provides the opportunity for mainstreaming ageing.

Mainstreaming ageing is here defined as a strategy, process and multi-dimensional effort to integrate ageing issues into all policy fields and levels.¹⁴ This includes considering the consequences of and for the growing share of older persons in society across all policy areas: the economy and the labour market, housing, transport, health and social protection, education, intergenerational relations and gender.

Existing policies and programmes, laws and regulations should adequately reflect the concerns of persons of all ages, and a general framework for non-discrimination should be provided. When devising new laws, regulations, strategies or programmes, the consequences for older persons should be systematically taken into account by conducting a systematic impact analysis and discrimination on the basis of age should be avoided. New laws, policies and programmes should be streamlined with internationally agreed standards, based on the MIPAA/RIS framework. Firmly rooting non-discrimination based on age in the Constitution as well as other key documents can help to raise public awareness of the needs of older persons.

Mainstreaming ageing requires a life-course approach as many challenges faced in older age are a result of encountered inequities or unhealthy habits developed in younger age, and of the accumulated disadvantages experienced over the life course. Reciprocity and solidarity between generations is the backbone of a society for all ages. There should not be a trade-off between the interests of one generation and another. All age groups should be able to realize their potential for a fulfilled and healthy life and to be able to contribute to the full to society..

Institutional mechanisms for mainstreaming ageing

Although there are currently two Parliamentary commissions in operation that touch upon the needs of senior citizens, there is no regular mechanism in place that connects staff within and across ministries around ageing-related issues. An institutional mechanism for the design, coordination, implementation, monitoring and evaluation of ageing-related policies across policy fields and all levels of government is therefore needed.

Belarus has already developed certain institutional mechanisms for mainstreaming to promote gender equality. For instance, the National Council on Gender Policy was established under the Council of Ministers to coordinate and monitor State Policy on gender equality. There is no comprehensive gender equality law but it is planned to carry out an analysis of legislative acts to evaluate the need to enshrine the principle of non-discrimination. Gender policy is defined through national action plans on gender equality. Expert working groups have been set up in all regions to advance the implementation of gender policy.

In developing institutional mechanisms for mainstreaming ageing, it would be advisable to study the effectiveness of the current mainstreaming mechanism for gender equality and consider whether a similar approach of special entity such as National Committee on Population under the Council of Ministers with expert working groups on ageing at local and regional level would work.

It is important to ensure that older persons are considered within gender policy and that the ageing policy to be developed is gender sensitive.

Mainstreaming ageing into the implementation of the 2030 Agenda

A third mainstreaming process is the national implementation of the 2030 Agenda for Sustainable Development which is a cross-cutting endeavour. Belarus prepared a voluntary national review on the implementation of the 2030 Agenda in Belarus in 2017. Part of the national implementation of the 2030 Agenda is the development of an institutional mechanism to mainstream the 2030 Agenda across policy fields. In Belarus, a Council on Sustainable Development was created under the leadership of the National coordinator.

There are a number of Sustainable Development Goals for which there are clear connections with the MIPAA/RIS, notably SDG 1, 3, 4, 5, 8, 10, 11, 16, and 17. **Awareness of the connections should be enhanced among those managing the national implementation of the 2030 Agenda.**

When developing national level indicators for the monitoring of SDGs, it is recommended to ensure that these are both sex and age disaggregated (and covering older age groups) in order to be able to assess how older persons fare compared to younger age groups, and how older women fare compared to older men.

¹⁴ The key elements of mainstreaming ageing are developed in the UNECE Policy Brief on Ageing No.1 on Mainstreaming Ageing (2009).

Mainstreaming ageing across sectors

Successful mainstreaming means that all relevant stakeholders – government, civil society, the private sector, trade unions, academia and the media – are involved in developing strategies to ensure that the needs of all groups are met in all policy fields.¹⁵ In Belarus, the current ‘pravo.by’ platform which is used for public consultations when new laws and policies are developed is rather weak: consultation periods are short (about two weeks on average), there are no specific calls or

early announcements about forthcoming consultations, no debate possibility or information on acceptance/rejection of proposals. As part of a broader public engagement with all generations, the representation of older people and their representatives in policymaking processes should be strengthened to ensure that their specific perspectives and needs are taken account of. This could be done through the establishment of older people’s councils at national as well as local level of administration which would unite representatives of older people’s organisations and establish a mechanism for participation in policymaking processes.

Recommendations

- 4.1. An inter-ministerial coordination group possibly under the auspices of the National Committee on Population should be set up to coordinate and monitor the implementation of ageing-related policies (of the national strategy on ageing) at central level. Task forces on ageing / ageing councils composed of representatives of relevant government departments, civil society, local business, and older persons should be established at local level.**
- 4.2. Existing and draft laws, policies and programmes should be screened for alignment with the principles of MIPAA/RIS and policy priorities of the 2017 Lisbon Ministerial Declaration.**
- 4.3. Consider aligning gender and age mainstreaming processes.**
- 4.4. A gender, age and disability marker could be developed to streamline these mainstreaming processes and to take into account for each new measure the implications for men and women, young and older, and persons with disabilities.**
- 4.5. Strengthen the public consultation mechanism for relevant new laws and programmes by issuing targeted public calls for consultation, extending the consultation period and considering open debates when appropriate.**

¹⁵ UNECE 2009a. Policy Brief on Ageing No. 1 on Mainstreaming Ageing.

5 - INTEGRATION AND PARTICIPATION OF OLDER PERSONS IN SOCIETY

The full integration of older people in a “society for all ages” implies that they can enjoy the same access to the opportunities, rights and services available to younger age groups. Barriers to the integration and participation of older persons in social, economic, cultural and political life include poverty, lack of information on or access to services and entitlements, low priority accorded to older persons in the access to services, persistent negative images about ageing and older people in the media that convey the idea that quality of life is necessarily diminished in older age. Rather, it is important to recognize, and value, the potential and actual contributions that older people make and to encourage and enable their active involvement in social, economic, cultural and political life for as long as possible.

The main policy programme promoting the integration and participation of older persons in society is the **five-year State Programme on Social Protection and Employment Promotion for 2016-2020**.¹⁶ The programme makes provisions for a barrier-free living environment for people with disabilities and physically impaired persons and the social integration of persons with disabilities and older person.

Older persons as consumers

To foster the full economic integration of older persons, it is important to recognize them as an important consumer group and to take their needs and preferences into account in the design and delivery of services and products.¹⁷

As consumers, older people have specific needs for age-friendly products and services. The views of older persons should be taken into account when designing such products and services. Government entities may need to organize outreach activities to build awareness among product producers and service providers about the needs of older persons. As consumers, older people may need specific support in accessing goods and services, such as home delivery of medication or food shopping when they have reduced mobility.

Furthermore, older persons might need specific protection against economic and financial abuse, specifically those most vulnerable may easily become targets for vendors offering bogus or over-priced services.

¹⁶ Resolution of the Council of Ministers of the Republic of Belarus 30/01/2016 No. 73.

¹⁷ See UNECE 2009b. Policy Brief on Ageing No.3 on Older Persons as Consumers; UNECE 2017b. Policy Brief on Ageing No. 19 on Realizing the potential of living longer (section on the Silver Economy).

Digital inclusion of older persons

In Belarus, as in most countries, there is a notable digital divide between older and younger age groups. In 2017, 89.3 percent of women aged 25-54 used the Internet compared to 46.5 percent of those aged 55-74. In turn, 84.6 percent of men aged 25-54 used the Internet as against 39.9 percent of men aged 55-74. These figures also indicate a digital gender gap between men and women across the life course, with a higher Internet use among women.¹⁸ The divide also exists between urban and rural older population.

While moving forward with Belarus “Digital transformation” plans (State Programme for Development of Digital Economy and Information Society 2016-2020) with an aim of a 75 per cent coverage of all administrative procedures to be carried in e-form, this digital divide between older and younger, rural and urban population needs to be addressed.

To prevent digital exclusion of older persons, access to age-friendly ICT training opportunities is important to enhance older people’s access to information and services. In Belarus, there are informal learning opportunities for older people, such as IT classes provided through the education programme of MTS¹⁹ which has developed a volunteer-run curriculum aimed at improving the ICT literacy of older people since 2014. The curriculum refers to applications and services that can be useful to older persons in daily life. Classes are taught by university students, employees of MTS and IT companies as well as older volunteers who have already mastered the necessary ICT skills. There are currently 32 training centres in all regions of Belarus. This programme could potentially be built upon involvement of older volunteers even more to encourage peer support.

While digital inclusion should be promoted, it is also important to ensure that traditional – mail, radio, TV, etc. - communication and information channels are available for those who do not have access to or ability/interest of using computers and the Internet.

¹⁸ UNECE Statistical Database. Definition: Use of Internet includes any kind of use, whether at home, at work or from anywhere else, for private or professional purposes, using a computer or any other means.

Users of Internet over three months period: proportion of individuals who used the Internet in the last three months preceding the survey over the total number of individuals in the same group.

¹⁹ One of the largest mobile network operators in Belarus.

Volunteering in older age

Volunteering can be an important source of recognition, providing older people with a sense of purpose and contribution to societal life particularly after retirement from the labour market. In Belarus, the status of a volunteer is not defined by law or any other legislative act and the absence of it may weaken the recognition of volunteer contribution. As volunteering promotes social contacts, it is also an effective tool to combat social isolation of older people. Volunteer activities furthermore promote both intragenerational and intergenerational solidarity and provide important services.

Volunteering movement among older Belarusians is becoming more visible. Volunteers active in the Belarusian Red Cross Society for instance, where older persons make up 30 per cent of volunteers, provide support to older persons who live alone, the disabled and other population groups needing support.²⁰ Older persons are also active in an initiative called “the elderly help the elderly” where older volunteers support other older persons with limited mobility.

The number of public associations and organizations of war and labour veterans in Belarus has been growing and in 2016 counted 89 national associations and organizations. The main activities of regional veteran organizations working directly with older people are: patriotic and moral education of young people (meetings with veterans in museums, educational institutions, at rallies, holding “Lessons of Courage” and “Watch of Memory”, actions on admission to the pioneers and members of the Belarusian Republican Union of Youth, participation in the solemn presentation of passports), assistance to members of organizations in health improvement, medical and commercial services, organization of leisure time and classes of interest (the work of the clubs).²¹

Overall, however, **the potential of volunteering is currently still underdeveloped** in Belarus. Very few people over the age of 55 are engaged in volunteering activities. Survey showed that in 2012, only 0.5 per cent of men and 0.4 per cent of women over the age of 55 engaged in volunteering through organizations.²²

Volunteering opportunities through organisations for the population in general and for older persons in particular could be further developed with financial incentives and support to civil society organisations for example to scale up existing initiatives across the country. (A clarification of the legal status of volunteering could spur the development of volunteering in the country).

Another barrier to volunteering among older persons can be a lack of information on available opportunities. This could be facilitated. In Cyprus, for example, volunteer activities are promoted by the Volunteer centre, which is the coordinating body for the promotion and facilitation of volunteering. The Volunteer Centres identify social problems and needs, matches need and demand for voluntary service, registers and trains volunteers and supports their placement or initiates volunteer projects.²³ It could be explored if such an approach could be introduced in Belarus.

Decision-making

In recent years the number of older people’s organisations in Belarus has increased providing opportunities for civil engagement.²⁴ To involve older persons in decision-making processes and give them a say at the table to ensure that their needs and preferences can be voiced and heard, the development of mechanisms for consultation and participation of older persons themselves and their organisations could be strengthened. Currently in Belarus, older people’s interests are represented through the Chairman of the Belarusian Public Association of Veterans who is a member of the Interdepartmental Commission on the Problems of the Elderly, Veterans and Persons Affected by the Consequences of War under the Ministry of Labour and Social Protection.²⁵ Older people’s participation in decision-making could be broadened by creating older people’s councils with representatives of different organisations at national and local levels as is done in other countries in the UNECE region.²⁶

Age-friendly environments

Creating an accessible and barrier-free living environment is an important factor in enabling the social participation of older persons with reduced mobility as well as people of all ages living with disabilities. In October 2016, the Republic of Belarus ratified the Convention on the Rights of People with Disabilities and has been advancing on objectives for barrier-free environments since 2017. To date, more than 25,000 priority objects (health, social services, administration, etc) are made accessible. The current State programme on Social Protection and Employment Promotion for 2016-2020 builds on previous work and seeks to further improve the accessibility of public space, buildings, transportation as well as services and information.

Local authorities and communities play an important role in the creation of age-friendly environments that are both physically accessible and socially inclusive to foster the participation, health and well-being of older people. A useful concept of age-friendly environments at the city

²⁰ Report on MIPAA/RIS implementation in Belarus, 2016.

²¹ Ibid.

²² Volunteering was defined in the survey as doing unpaid voluntary work in organisations.

²³ UNECE 2017b. Policy Brief on Ageing No. 19, p.12.

²⁴ Report on MIPAA/RIS implementation in Belarus, 2016.

²⁵ Information provided by Ministry of Labour and Social Affairs.

²⁶ UNECE 2017c.

and community level is the Age-friendly Cities model promoted by the World Health Organization. It adopts a holistic approach spanning the physical environment (public spaces, housing, transport and mobility), the social environment (civic engagement and employment, social inclusion and participation) and access to health and social services, and communication and information.²⁷ In Belarus, the Third Sector Centre Grodno (Public Association “Grodno Regional Centre for Information Support of Public Initiatives”) has translated and adapted the WHO Age-friendly Cities Guide to Belarus. It could be explored if this initiative could be scaled up with State support to raise awareness and promote age-friendly measure in local communities.

Housing

Older men and women may face a range of challenges regarding housing. Data from the 2009 census show that 51.1 percent of women and 19.6 percent of men over the age of 65 live alone (in one-person households). Especially those living alone on a single pension might experience challenges with regard to the affordability of their rent and utility charges such as heating and electricity bills. Under the State Programme Comfortable housing and favourable environment for 2016-2020, a non-monetary housing subsidy was introduced to compensate part of the utility fee for persons in need.²⁸

In addition to the costs involved, older home owners may also struggle with the task of repairing and maintaining their homes and gardens, especially when they do not have family members close by.²⁹ Support with such tasks is provided by territorial social service centres and volunteers.

Home adaptations to make homes barrier free and safe should be supported to enhance older persons’ ability to continue to live in their own homes for as long as they wish/possible even when their functional mobility decreases due to declining health.

Another challenge related to housing in old age is to what extent an older person’s home is connected to shops, medical services, community and day care centres that allow participation in cultural, social and economic life. Particularly in rural areas where public transportation options are less dense and frequent, isolated homes can exacerbate social isolation and loneliness of older residents.

New housing developments for older persons such as residential home units should therefore not be built in

isolation but well connected to public transports to allow older persons to continue to be mobile and to participate in social and cultural life.

In the rural areas, the ability of older people to live independently depends to a large extend on the house heating system, and the availability of central water supply and sanitation that presently is not accessible for about one in five rural inhabitants in Belarus.³⁰

Transport

To overcome the mobility barrier experienced by many older persons whose health has declined, it is important to provide affordable and accessible transport services that enable those with mobility problems to participate in social activities. Such access is crucial for older persons to be able to also to reach shops and services in their community. Efforts to create barrier-free and accessible public transport options that older people can use even with reduced capacities are necessary. Another aspect is to ensure that transport options are affordable for older persons. Free public transport or reduced fees for retired persons are practised in a number of countries to improve affordability and encourage socialization of older persons. Shared car/mobility schemes among older persons might be another possibility.

Finally, especially in rural areas, on-demand transportation, such as subsidized taxis or mini-buses, can ensure that older persons can access essential services (supermarkets, medical appointments, pharmacies) and participate in social and cultural life.

Combating social isolation and loneliness

While over two thirds of older persons over the age of 55 regularly meet with friends, relatives or colleagues (66.8 per cent of men and 74 per cent of women), a significant minority does not have regular social interactions.³¹ Though these data are not broken down by age groups the sociological research shows that the degree of social isolation increases by age. In advanced age particularly, women are likely to live alone given their longer life expectancy, which exposes them more to the risk of social isolation and loneliness.

This risk of social isolation is especially pronounced with the onset of reduced functional ability when older persons need assistance with activities of daily living. The reduced physical and social activity levels of many older people may limit their ability to take part in political, social and cultural life, unless such participation is proactively facilitated.

²⁷ WHO 2008a; WHO Europe 2016; WHO Europe 2017.

²⁸ UNECE 2019 (forthcoming). Chapter on Housing and Population Welfare in Country Profile on Housing and Land Management.

²⁹ UNECE 2015: In Belarus, 250,000 people have reported the need for the improvement of living conditions, but the funding and finance needed for these interventions are lacking, p.89.

³⁰ According to Belstat, in 2016 in rural areas the share of the total area of housing stock equipped with (a) piped water supply was about 50 per cent, (b) with sewage 46 per cent, (c) central heating 44 per cent, and (d) hot water – 37 per cent.

³¹ UNECE 2017c. Statistical Annex Table 9b, p.88.

There are a range of social activities, including informal learning programmes provided through universities of the third age or day-care centres in communities that provide older persons with the opportunity for social interaction with peers and across generations.

For older people who are home-bound, social isolation and loneliness can be reduced by organised home visits, integration in foster families (which is a new initiative developed in Belarus), or residential older people's homes that allow people with reduced mobility to live in the company of others. In Belarus, social workers operating through territorial centres reach out to older persons living alone and in need of services.

Rural / urban divide

An important consideration with regard to the creation of age-friendly environments, accessible public spaces and transportation services is the risk of a rural/urban divide in opportunities for social participation that older people enjoy. Many opportunities such as third age universities might be concentrated in urban areas, the density of health and social care services provided might also be higher in urban areas.³²

Recommendations

- 5.1. Encourage service providers and product developers to involve older persons in the design and evaluation of products to ensure that they meet needs and preferences.**
- 5.2. In collaboration with the local public associations on consumer rights set a consumer protection service at the local level where older persons and others can seek advice about quality of products and services, contracts etc. and seek help if they become victims of abuse.**
- 5.3. Scale up ICT training for older persons at community level as well as technical support where needed. Consider financial incentives (discounts, subsidized Internet access services, etc.) to reduce rural-urban digital divide.**
- 5.4. Develop the system of volunteering in Belarus by establishing accessible platforms for persons of every age to find possibilities to volunteer if they so wish; raise awareness about such possibilities taking into account the means of information most accessible to each age.**
- 5.5. Further encourage civil society organisations to develop and scale up volunteering opportunities for older persons, for example by providing financial incentives / support to public associations.**
- 5.6. Take proactive measures to ensure that poverty or isolation do not lead to social exclusion of older persons by reaching out to those living alone and providing affordable and accessible opportunities for social and cultural activities.**
- 5.7. Provide affordable transportation options to enable older persons with reduced functional ability to remain mobile and access services and opportunities for social participation, particularly in the rural areas.**
- 5.8. Foster the development of age-friendly city and community initiatives which could draw on the methodology and resources developed by the World Health Organization. Explore if the initiative already developed in Belarus could be scaled up with State support.**
- 5.9. Create a mechanism to consult with and involve older persons in decision-making processes at all levels, such as older people councils.**
- 5.10. Assess the geographical equity of access to services and opportunities for social participation in rural and urban areas and take actions to ensure that place of residence is no disadvantage.**

³² UNECE 2017a. Policy Brief on Ageing No. 18 on Older Persons in Rural and Remote areas.

6 - PERCEPTION AND IMAGES OF OLDER PERSONS AND MEDIA REPORTING

The media both mirror and influence societal perceptions of ageing and older people. They can be agents of change and can positively influence perceptions. In order to understand the messages conveyed by major opinion leaders in the Belarusian media landscape, the coverage of ageing-related issues in Belarusian printed media, television and radio programmes was monitored and analysed.

Between 1 November 2018 and 31 January 2019, the TV channels Belarus 1, Belarus 4 and Belarus 1st National Radio and TV Channel were monitored. They were selected for monitoring on the basis of their large viewer- and listenership being the main public broadcasters and having a leading position on the market. In total 17 TV programmes and 6 Radio programmes were included in the analysis.

Newspapers and web-portal publications were monitored retroactively during the period from 1 August 2018 to 31 January 2019. Belarus Segodnya Publishing House, which comprises SB.Belarus Segodnya, Respublika, Sel'skaya Gazeta newspapers; Zdoroviye Liudy web portal ("Healthy People") and Grodzenskaja Praŭda newspaper were selected for this purpose. SB.Belarus Segodnya is the most popular state-owned newspaper, widely read by decision makers. Zdoroviye Liudy ("Healthy People") web portal is one of the most popular specialized resource in the sphere of medicine, health and ageing. Grodzenskaja Praŭda is the largest edition in Hrodna region which is traditionally active in the social sphere, including health and social protection issues. In total 66 articles were included in the analysis: 31 articles from the newspapers "SB.Belarus Segodnya", "Respublika" and "Sel'skaya Gazeta"; 13 from the web portal "Healthy people" and 22 from the newspaper "Grodzenskaya Praŭda".

During the period monitored, older persons and ageing issues did receive a fair amount of coverage, however media reporting on the situation of older persons was concentrated around specific dates such as the Day of Older Persons, the October Revolution Day, Christmas and New Year. On such dates, there are traditionally wide-scaled information campaigns highlighting state support provided to older persons and acknowledging the care provided by volunteers to those most needy of support.

Media coverage of older persons focuses on the very old and those needing help. The age groups 45+, 50 +, 60 + are practically invisible.

TV and radio materials do not evidence a strategic understanding of the concept of active ageing. The term itself, with reference to people of advanced age, is either not mentioned at all, or it is mentioned in isolated cases. In the print and online media, the theme of active longevity is more present, also in the context

of the announced development of a national strategy on active longevity in Belarus which has attracted some media attention. However, as in the case of television and radio materials, articles keep emphasizing the role of the state and the opportunities that can be offered to older people.

The emphasis in media reporting is on what the state can and does provide to older persons rather than what people can do themselves to prepare for old age and to age healthily and actively. As such older persons are predominately portrayed as needy and dependent on state and societal support rather than as active, independent contributors to both their own and societal well-being.

Although some media coverage does provide advice on healthy behaviours and does portray older persons who are active, this seems to be rather ad hoc. There is no strategic use of positive role models such as celebrities who could set an example for active and healthy lifestyles in old age.

In order to encourage a more positive image of older persons in the media, there is a need to engage with journalists writing on social topics and other opinion-shapers to deepen their understanding of the concept of active ageing and sensitize them to the continued prevalence and negative implications of negative stereotypes and ageism in media reporting.

To better understand the representation of older persons and the topic of ageing within the media, a comprehensive media analysis that would include advertising and entertainment media such as popular soap operas and series is recommended. Such a media analysis could combine a gender and age analysis to realise how and to what extent gender and age stereotypes are conveyed and perpetuated within news and entertainment media (and how these intersect). Such an analysis could then inform a media strategy to promote a balanced and non-stereotypical portrayal of women and men³³ in the media as well as of young and older age groups.

Engagement of key media actors could be fostered through participation in a "communication expert council on active ageing". Such a body could include journalists, bloggers, influencers, representatives of ministries/ departments and international organisations with the task of analysing the challenges (informed by the media

³³ This would also contribute to implementing Strategic Objective J.2. (Women and the Media) of the Beijing Platform of Action, <https://www.un.org/womenwatch/daw/beijing/platform/media.htm> accessed on 3 April 2019.

analysis), defining a communication strategy on positive images of ageing and committing to actions within respective spheres of influence and fostering experience exchange on good practices and lessons learnt.

There is also a need for targeted capacity-building opportunities in the form of training seminars on active ageing. Such trainings should be provided to regional and district media as well as national (central) media, bloggers, moderators of Internet resources of public organisations, as well as government officials.

In order to support positive media reporting on ageing and older persons that highlight the contributions older

persons can make to society and ways in which individual ageing can be positively prepared for and experienced, it would be useful to develop an information/analytical web portal, a one-stop-knowledge and resource hub on ageing which would provide relevant information for media actors. This hub could be developed in cooperation with Belstat, the Ministry of Information, the Ministry of Labour and Social Protection, the Ministry of Health and Ministry of Internal Affairs. It could include infographics, personal stories/testimonials of role models, case studies, lessons learnt, international resources on ageing policies and good practices/case studies from other countries.

Recommendations

- 6.1. Conduct a comprehensive media analysis including news reporting, advertising, and entertainment media to gain understanding about the prevalence of age-related stereotyping in current media reporting and inform communication strategies on ageing.**
- 6.2. Develop a communication strategy on ageing to address ageist communication and negative stereotyping and to promote a positive image on ageing and older persons, using positive role models (successful older persons in the labour market, entrepreneurs, celebrities, older role models for a healthy life styles, etc.).**
- 6.3. Sensitize journalists to ageism in media reporting and raise awareness about the concept of active ageing and need for shift in the portrayal of older persons as dependent and a burden to society to acknowledging older persons as a heterogeneous group, and recognizing the contributions of older persons to society.**
- 6.4. Conduct awareness-raising and training seminars on active ageing for journalists and staff of communication departments of public authorities at central and regional and district level.**
- 6.5. Develop an information portal on ageing with relevant resources for journalists reporting on active ageing issues. With a help of media initiate public discussion on the role of older people in the society.**
- 6.6. Engage media actors around the topic of active ageing and combating ageism in the media in the form of a communication expert council or a journalistic club.**
- 6.7. Encourage regional and local press to report on active ageing. This could be motivated through competitions for the best publication, workshops and meetings on experience exchange with editors of the publications.**

Social protection policies are key to ensure inclusiveness for all, especially society's most vulnerable groups. Pensions and other social transfers are often the main source of income for older people, preventing them from living in degrading conditions and material deprivation. Although data indicates relatively low poverty rates and low inequality among the population of Belarus,³⁴ the recent economic downturn made households more vulnerable and increased the risk of social exclusion of older people. Tackling social exclusion is a challenging task and there are several explanations to this phenomenon, ranging from the fear among older persons of being a burden to the younger generation, to a lack of information as to existing programmes and opportunities for active participation in economic and social life.

The State Programme on Social Protection and Employment Promotion for 2016-2020 was conceived with an aim of increasing the effectiveness of employment policy, ensuring occupational safety, preventing disability and rehabilitating the disabled, creating a barrier-free living environment, and ensuring the social integration of disabled people and senior citizens. Described measures include the maintaining of services, such as health care, education, science, sports and culture accessible and affordable for all, as well as those aimed to improve and strengthen targeted and personalized state support.

The implementation of these policy measures requires adequate budget allocation that were seen as affordable in a healthy growing economy. However, following the recession of 2015-2016, the growth of Belarusian economy has not gathered much momentum and it is projected to stabilize at about 2 per cent growth annually (see section on socio-economic context). As a result, the sustainability of Social Protection Fund is under growing pressures as expenditures on pensions and other social transfers are rising more rapidly. The ongoing parametric pension reform based on gradual increase of retirement age may alleviate these pressures in a short to medium run, however the planned SOE reforms, need for gradual alignment of energy and other utility tariffs to costs, and expansion of private sector prone to more frequent restructuring may necessitate further strengthening of the social safety nets (for instance, expanding unemployment benefits or providing subsidies for heating).

According to IMF, expenditures of the Belarus Social Protection Fund amounted to 12.2 per cent of GDP (BYN 11.5 billion) in 2016 and 11.7 per cent (BYN 12.3 billion) in 2017, with pensions in relation to GDP accounting for 9.4 per cent (BYN 8.9 billion) and 9.1 per cent (9.6 billion BYN), respectively.³⁵ Belarus's Government

resorted to subsidising SFP for the first time in 2014. Since then the subventions to SPF from the general government budget had increased substantially: in 2016 they accounted for 12.3 per cent of SFP expenditures of which about 40 per cent were used for pensions and other social transfers and the remainder to balance out SFP. In 2017, the subventions amounted to 10.1 per cent of SFP expenditures with more than 50 per cent dedicated for pensions and other social transfers, in 2018, they amounted to 6 per cent. IMF projects that such subventions to SFP will remain at 8-10 per cent in the next five years. According to the Belarus authorities, subventions to cover for the SFP budget deficit could only be used to ensure the pension adequacy ratio at 40 per cent of the average salary in the country.

Pension system – general characteristics

In 2014-2015, Belarus, along with some other Eastern European countries, initiated a parametric pension reform mainly by increasing required contributory years to the pension fund and extending the retirement age. The subsequent Decree of the President of the Republic of Belarus No. 137 of April 11, 2016 "On Improvement of Pension Provision" provided for gradual increase of the pension age from January 1, 2017. The retirement age has been growing by 6 months every year and will reach 63 years for men and 58 years for women in 2022. The government also foresaw some harmonization of diverse "special" pension provisions with the main pension based on state social insurance.

The country's pension system functions on a solidarity between generations principle (Pay-As-You-Go basis), with 28 per cent of payroll contributions paid by employers.³⁶ An additional 6 per cent of payroll is allocated for social insurance. Employees' contributions of 1 per cent are withheld from their monthly gross salary. For self-employed individuals, contributions represent 29 per cent of the declared salary, in addition to 6 per cent for social insurance. Practically all citizens/permanent residents have the right to participate in social insurance system.

There are two pension types: labour (social insurance) pension (by age, disability, loss of breadwinner, for length of service) that depends on pension insurance contributions – further SI pension; and social pension that does not depend on paid contributions. The social pension is provided after reaching 65 years of age for men and 60 years for women while the statutory retirement age is lower - in 2019, it was 61 years and 6 months for men and 56 years and 6 months for women.

³⁴ See section on socio-economic context for more details.

³⁵ IMF 2019. Republic of Belarus. IMF Country Report No. 19/9; January 2019.

³⁶ The level of contribution is lower for some categories of employers (i.e. in agricultural sector or those engaging persons with disabilities, etc.).

In May 2019, nearly 2.08 million people were receiving the SI pensions based on age. About 3 per cent of those receiving SI pension were early retirees. The number of persons receiving social pension was rather low: 1,000 men and 2,500 women. The current baseline for SI pension calculations is 25 years of service for men and 20 years of service for women under the condition of at least 17 years of paid contribution. The latter will be raised to 20 years by 2025.

For Belarusian nationals who have been residing and working abroad, transfers of pensions are possible through bilateral agreements with the following countries: Azerbaijan, Latvia, Lithuania, Republic of Moldova and the Russian Federation. The similar agreements with the Czech Republic, Estonia and Poland are pending the ratification.

In Belarus, persons who have reached the statutory retirement age have the possibility to continue working. According to the amendment of the Labour Law in 1998, in case of employment after retirement, individuals can either receive their due pension each month, in addition to their professional income, or, continue working without drawing the pension and thus increasing the amount they would be receiving in the future. Working for five years past retirement age can increase monthly pension by up to 70 per cent.

According to data from the Ministry of Labour and Social Protection, the average monthly SI pension amount in December 2018 was BYN 393.27, while the minimum stood at BYN 279.30. The SI pension amount varies depending on the contributory years and the wages and salaries received over the working life (with a limit of maximum five-times the average salary in the country for the same period). The pension/wage substitution (adequacy) ratio remains below 40 per cent. The social pension amounted to BYN 109.18 per month in December 2018. For certain categories of older persons depending on their socio-economic status additional allowances and supplementary payments are provided by state (see more in the section below).

Given that women in Belarus retire five years earlier and live on average ten years longer than men and often in a one-person household, their risk of deteriorating living standards in old age is higher. The more so, since their saving capacity during the working age generally is much lower - presently, the gender pay gap amounts to about 25 per cent in Belarus according to Belstat.

The life-course approach should be taken into account when reforming the pension system even in a parametric way. The gradual equalization of retirement age for both sexes should be considered. Also, private savings for old age need to be encouraged by providing state guarantees for such savings in addition to facilitating involvement of private sector in financial/insurance market. Additionally, policies aimed at widespread, accessible information on the system structure and functioning should be reinforced.

Social (monetary) benefits for persons with disabilities and older-olds

Disability pensions (SI or social) are paid to all citizens of the Republic of Belarus with a disability status. The degree of disability is assessed by specialized medical services (rehabilitation) and classified in one of the three groups, as defined by law. According to data from the Ministry of Labour and Social Protection, persons with disabilities accounted for close to 6 per cent of the total population in 2018. The minimum SI disability pension for the 1st and 2nd groups, is equal to the minimum SI pension, i.e. BYN 229.05 in May 2019.

As mentioned above, there is also a system of allowances and supplementary payments in addition to the monthly pension provided mostly to persons with disability and persons 75 years old and above. These are calculated on the basis of the 'minimum old-age pension' defined as 25 per cent of minimum subsistence income of population. For instance, non-working older persons aged 75-79 currently receive additional payment in the amount of 75 per cent of minimum old-age pension (BYN 40.16 in December 2018); those aged 80 years and above, 100 per cent of minimum old-age pension (BYN 53.42 in December 2018) while all persons with disabilities (1st group) – receive also additional payment for care needs in amount of 100 per cent of minimum old-age pension. Under the special merits' category,³⁷ benefits range from 40 per cent to 500 per cent of minimum old-age pension (from BYN 21.42 to BYN 267.75 in December 2018).

The variety of these additional social benefits/pension provisions may obscure the transparency of the system and might be difficult to navigate/understand to persons who are entitled to receive them -mainly the oldest groups of population (75 +) and persons with disabilities.

Social services and residential care

The system of social services in Belarus seeks to respond flexibly to the demand of the population and to ensure that all older persons in need are provided with social services by social service institutions. The need for various types of assistance is assessed through inspection of the living conditions of older persons. In addition to

³⁷ List of eligible persons includes: war veterans, war invalids and awarded national heroes; civil servants in international and economic affairs, as well as members of their families (parents, widows, who have not remarried and children, including disabled); army volunteers, fascist prisoners, labour camp survivors (on the condition that they have not committed treachery), victims of political, religious or social oppression between the 1920's and 1980's, including detained, exiled and expelled children who were subsequently rehabilitated; as well as emeritus donors who have been decorated by the Ministry of Health.

assistance with activities of daily living, the State provides help with the repair of buildings, plumbing, electrical wiring etc.

Social services are provided free of charge and on a reimbursable basis (full or partial). Currently, only 2.2 per cent of population receiving social services at home do not need to pay for them, 18 per cent pay at a reduced rate, and 79.8 — at a full rate.³⁸ Services are carried out in the case of medical indications and/or absence of medical contraindications, as confirmed by a medical certificate on the state of health, or the conclusion of the medical advisory commission of the state health care system. A written contract is concluded upon the written or oral statement of the older person (or his/her legal representative), between the citizen (his/her legal representative) and an organization or individual entrepreneur providing social services; or the citizen (his/her legal representative), organization or individual providing social services and legal entity.

There are 146 Territorial Social Services Centres (TSSC) providing services to individuals and families in difficult life situations. They are main hubs for gathering information on persons in need among their constituency as well as information dissemination centres. According to the TSSC registers, as of 1 January 2019 in Belarus there were 133,800 older persons without immediate family members (who are legally obliged to care for them); and 638,900 older persons living alone. In addition to providing a range of social services and assistance at home, the TSSC also operate numerous day-care centres for disabled and older persons and provide support when required in arranging social services for older persons who move temporarily or live permanently in so-called homes of independent (seasonal) living where several older people live together usually during winter period.

In the rural areas, the network of TSSC structures is developing. It includes social units and branches of TSSC (1,200 and 23 respectively) as of 1 April 2019, as well as mobile social service brigades.³⁹ For instance, in 2018, 151 mobile social services brigades were mobilized. The Belarusian Prosthetic-Orthopaedic Rehabilitation Centre and agencies of Ministry of Labour and Social Protection provide technical means for social rehabilitation (prosthetics, wheelchairs et.) and work on their technological improvement.

A number of non-governmental organizations/charities are currently contracted to provide care at home and other social services based on subsidies from the local governments. In 2018, local executive and administrative bodies were implementing 81 such “state social order” (SSO). Based on SSO the local authorities provide non-governmental non-profit organisations with subsidies for provision of social services and realisation of social

projects. In 2018, total subsidies provided under SSO amounted to BYN 340 thousand for services provided to 2,230 people.⁴⁰ Engagement of non-governmental organizations in providing social services is not limited to the SSO system, it is also based on the support of volunteers and grants received from foreign and international organizations. The timeliness and quality of services provided are generally under the supervision of TSSC. However, if criteria and requirements for the quality of social services, including those provided at home, have been legislated, no standardized guidelines for home-care services seem to be currently in place.

Day-care centres for disabled and older persons are becoming more popular: as of 1 January 2019, there were 155 day-care centres with 1.6 thousand persons using their services on a constant basis.⁴¹ Their capacity to temporarily care for frail older persons is limited, in particular as regards transportation from and to home, catering or resting rooms/beds. Day-care centres provide an opportunity for those aged 60 and above and not working, to access free social services such as information, consultations (including psychological), socio-rehabilitation etc. They also give an opportunity to engage in learning and creative activities, including acquiring new skills (e.g. work with computers), and physical exercise. Fees for these activities depend on the social and financial situation of the family of the non-working person.

The residential full-board care facilities for older people and nursing homes for people with disabilities or those 65+ old who cannot live on their own can host approximately 18.5 thousand residents per year. Presently there are sixty-four 24-hour residential/nursing units for older persons and persons with disabilities and 72 social service institutions providing inpatient care, including 50 psycho-neurological residential homes for older persons and persons with disabilities, 22 residential homes including the State Institution “Republican residential home of war and labour veterans” (providing for 4,100 persons). More recently, the possibility of short-term stays in residential care has been put in place to offer respite periods to family carers.

The stay in such facilities is either paid by state while retaining in the SFP the 75 per cent of pension for veterans and 90 per cent of pensions for those who are frail and live alone and do not have immediate family⁴² or fully/partly paid by the family or older persons themselves. The monthly full-board costs vary depending on the region and breadth of services. In the Minsk area, for instance, it currently amounts to BYN 500 per month, i.e. much higher than the average SI pension income.

⁴⁰ Ibid.

⁴¹ <http://www.mintrud.gov.by/ru/gosudarstvennaya-socialnaya-podderzhka/>.

⁴² http://www.mintrud.gov.by/ru/conference_ru/view/sotsialnoe-obslyuzhivanie-naselenija_405.

³⁸ <http://www.mintrud.gov.by/ru/gosudarstvennaya-socialnaya-podderzhka/>.

³⁹ Ibid.

Some new forms of (co-) payment for the right to stay in the full-board residential homes have been introduced. These allow persons 70 years old and above who do not have immediate family to enter into agreement with the local government ensuring a “for life” provision of services in the residential homes in exchange of their privately-owned housing (house, apartment).

To reduce the burden of out-of-pocket payments for older persons needing long-term care services and their families, the consideration should be given to introducing a long-term care insurance to which the working population contributes. This will in the future help cover care-related costs.

Recommendations

- 7.1. Ensure that the implementation of parametric pension reform and harmonization of diverse special pension provisions with the state social insurance pensions are on track helping to preserve the sustainability of the Social Protection Fund (SPF). In the longer term, consider a gradual equalization of retirement age for men and women.**
- 7.2. Strengthen the capacity of territorial social service centres to provide one-stop information about all available social protection benefits and programmes in a simple and understandable manner using both on-line and traditional forms of communication.**
- 7.3. Improve targeted social assistance, especially for older people in precarious situations.**
- 7.4. Encourage private savings for old age and ensure safe and reliable savings systems that protect the interests of consumers.**
- 7.5. Strengthen and expand involvement of relevant non-governmental organisations and non-profit institutions in delivering services and implementing social programmes. Involve them in developing guidelines/standard quality requirements for home-care service provision.**
- 7.6. Ensure quality of home- and residential care provision, including a complaints system in place that allows older persons to provide feedback and seek help in cases of abuse.**
- 7.7. Consider expanding the functions of the day-care centres for older persons by adding catering possibilities and resting rooms/beds for the frail as well as transportation options against affordable costs. This would allow family members to remain in employment and /or have respite periods if full time engaged in care.**
- 7.8. Consider the development of a long-term care insurance to meet the increasing costs of long-term care in the face of population ageing.**

General labour market characteristics

About 71 per cent of the total 15-74 years old population in Belarus are counted as economically active. According to the official statistics based on Household Employment Survey (HES),⁴³ some 4.8 per cent of them were unemployed in 2018. The employment rate fluctuated between 67.2-67.5 per cent in 2017-2018. About 40 per cent of employed persons were engaged in state-owned sector. Only 4 per cent of population are working on their own account.

Men account for about 50.5 per cent of Belarus's labour force with their economic activity rate reaching 76.1 per cent in 2018. Women's economic activity rate of 66.2 per cent was lower than that of men partly because of earlier retirement age. If the population reference group is that of the working age, i.e. from 16 years old to retirement according to Belarus standard, the economic activity rate is virtually the same among men and women (87.1 per cent and 87 per cent, respectively). Close to 38 per cent of employed women have higher education while among the employed men the vocational-technical level of education prevails (36 per cent).

Unemployment rate has been higher among men than women with rates standing at 5.9 per cent and 3.6 per cent, respectively in 2018. Men with vocational-technical education accounted for 39.4 per cent of those unemployed while for women there was no clear distinction based on educational level.

The age distribution of people in paid employment is changing. Based on HES data, the average age of employed persons is 40.5 years for men and 40.6 years for women; among the employed, persons aged 60-74 currently account for 5.7 per cent among men and 4.9 per cent among women. About 57 per cent of employed persons in the age group 60-74 years have higher or special secondary education.

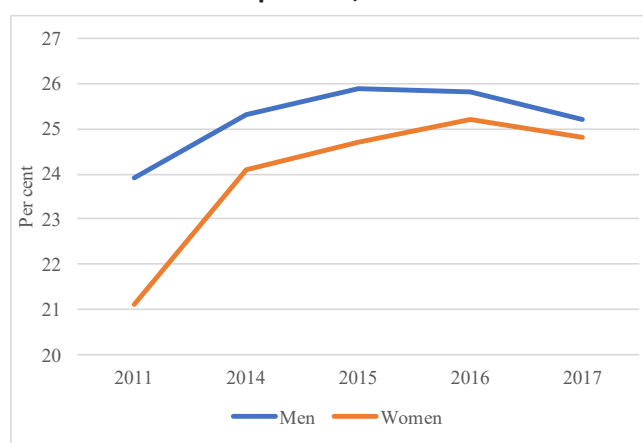
The data on balance of labour resources (enterprise-reported) show rising numbers of employees 60 years old and above with women employment growth outpacing that of men (increase of 15.1 per cent and 6.6 per cent, respectively, in 2012-2018). In fact, the number of employees in the age groups of 55-59 and 60+ were the fastest growing of all since 2012. If taken together, the share of 55 years old and above accounted for 18 per cent of total employees in 2012 as compared to 15.3 per cent in 2017 (Belstat, enterprise-reported data).

Stimulating employment and facilitating self-employment opportunities are in the focus of the State authorities. For instance, the earlier referred Presidential decree "On promotion of employment of the population" (No. 3, of 2 April 2015, edition of 25 January 2018) outlines concrete measures and accountability for stimulating employment, actively supporting citizens to find a job and tackling issues of unemployment and economically inactive working-age population. And the Presidential decree "On development of entrepreneurship" (No. 7, of 23 November 2017) aims to develop an entrepreneurial initiative, stimulate business activity and eliminate unnecessary requirements for businesses.

Limited opportunities for employment after retirement

The gap between men and women seeking paid jobs after retirement seems to be closing and their chances of being kept/hired for jobs do not differ much by now as about a quarter of retirees of both sexes are currently in paid employment (Figure 6).

Figure 6
Proportion of working men and women among retired persons, 2011-2017



Given the importance of the (mainly state-run) manufacturing and education and health care sectors for pre- and post-retirement employment (Table 4), policies enabling longer working lives could start here. Programmes initiated and/or supported by the Government could help older employees remain/become more productive in their activities by adapting their workspace, using flexible working hours, promoting mixed-age teams and encouraging/facilitating engagement in adult vocational/professional education

⁴³ Belstat started conducting the Household Employment Survey based on ILO methodology in 2014.

and training. Both, education and health care sectors require constant updating of professional knowledge and skills and though requirements for qualification upgrading by employees exist the lack of incentives

for older staff as well as financial constraints in general limit their enrolment in lifelong learning, including their participation in international exchange.

Table 4: **Employment distribution of different age groups by economic sectors, end of 2017 (per cent)**

<i>Economic activity</i>	<i>Age groups</i>			
	[40-49]	[50-54]	[55-59]	[60+]
Agriculture	11.9	12.8	11.5	7.7
Industry	28.3	29.4	29.5	21.2
- Manufacturing	22.5	23.2	22.7	17.0
- Electricity, gas and water	4.5	4.9	5.2	3.2
Construction	5.6	6.0	7.2	6.2
Wholesale and retail trade; repair	9.9	8.2	7.2	6.7
Transport	6.6	6.8	7.1	4.9
Hotels and restaurants	0.8	0.9	0.9	0.9
Information and communication	1.7	1.3	1.2	1.1
Financial intermediation	2.1	1.6	1.0	0.5
Real estate, renting and business activities	0.8	0.9	1.0	1.5
Administrative services	1.1	1.4	1.6	1.7
Public administration	2.3	1.6	1.3	1.2
Research, professional activities	1.7	1.9	2.5	4.5
Education	14.2	14.0	14.1	21.8
Health and social work	10.1	10.1	10.2	14.3
Other community, social and personal service activities	3.0	3.2	3.6	5.8
<i>Total</i>	100	100	100	100

Source: Belstat

At the same time, government strategies should also aim to diversify employment opportunities for older workers, in both rural and urban areas. Generating new employment opportunities including in the social service sector should go hand in hand with enabling older people to acquire suitable skills for these new jobs and with assisting them in finding the jobs. In addition, it might be useful to invest into income generating activities as well as entrepreneurial and commercial skills of older people. The case in point is a hospitality sector in rural areas with advancement of “green tourism” activities or ecological farming produce for local markets. For this, training, counselling and certification services need to be put in place.

In the longer run, emphasis should be on lifelong learning that contributes to improving and matching skills and facilitates the adoption of new technologies (see next section). It is useful to help older workers with the job search and throughout the application process. Overall, a change of recruitment culture seems necessary, as many

people appear to not know how or have difficulty in finding jobs through official job announcements. According to HES data, in their search of jobs the unemployed more often than not rely on their friends/acquittances and family members (54 per cent of surveyed in 2017). Among economically inactive population aged 15-74, some 2.5 per cent refer to loss of confidence in finding a job, inability or difficulty to figure out how to find a job. About 58 per cent refer to retirement as a cause of their economic inactivity.

Attitudes to older workers

Misguiding beliefs about productivity and age as well as about older workers taking away the jobs from younger ones remain current even though it is known that in any given economy the labour market is not contained in a prescribed number of jobs, it shrinks or grows, undergoes important structural changes, embraces new professions and sheds some old ones.

Currently, working people can retire at age of 56 years and 6 months (women) and 61 and 6 months (men),⁴⁴ independent from the years of service. The law forbids the lay-off of older workers two years before retirement (though not in case of job contract ending during that period) and, in principle, people can continue to work beyond retirement age in which case they may receive their pension in addition to their professional income. In practice, however, the barriers exist in the labour market that may prevent individuals from staying in their jobs after retirement or finding new occupations.

The trade unions do occasional screening for job announcements to check if they contain the upper age limit for job seekers. However, except for a warning no penalty system seems to be in place for those publishing such announcements. On the other hand, it is possible that in the “forbidden-by-law” environment age-discrimination takes place in less obvious form, i.e. where age limits are not explicitly declared but applied in practice. As there is no ombudsperson institution in Belarus, the cases of age discrimination can be brought to court. Yet, it is an expensive and time-consuming procedure. In turn, older people also seem to view social exclusion after a certain age as normal.

The view that the young should be helped in finding employment, rather than the old,⁴⁵ can also be observed in Belarus. This is in part related to the fact that younger people do not have any income, while retired people at least have a pension. Also present is a stereotyping of employees in their early fifties or older as lacking dynamism, efficiency, skills and health necessary to succeed in changing labour market. Their acquired professional experience might be not recognised by hiring managers particularly in new technology-driven sectors. Nevertheless, there seem to be a growing recognition

among the employers that after receiving training/new tasks an older worker might be more reliable and stable in his or her job than a younger one who is more driven by a fast-paced career and is ready to leave the job quickly for better opportunity.

Employers need to be encouraged to employ and retain older workers. Awareness raising can help employers understand the advantages of an age-diversified workforce. Offering incentives to hire or retain older workers, e.g. tax incentives or state-provided/subsidised training opportunities, could help, too. Currently, there seems to be no culture of providing age-friendly workplaces or offering flexible working arrangements, even though the present labour legislation defines a number of them. Similarly, there seems to be no practice in providing an opportunity to older workers to change to different roles/assignments after being offered training.

Participatory policymaking

Overall, the unionization rate is very high in Belarus (about 90 per cent of the working population), being in part a result of state-ownership dominated economy that underpinned the role of trade unions since the Soviet era. The regional and industry-based branches form the Federation of Trade Unions administration for which is provided by the national trade-union centre. In addition to taking part in the tripartite system of devising labour policies and negotiating three-year general labour agreement (the latest spans from 2019 to 2021), unions are protecting the rights of trade union members of working age and provide with targeted social support in some instances. The retired persons can hold on their union membership and receive certain services and privileges. However, their retention or job-seeking efforts are not protected to the same extent as those of working age.

Recommendations

- 8.1. Government needs to pursue economic growth strategies that support employment creation, with a view also on generating new and diversified opportunities for older workers in both rural and urban areas. This should go hand in hand with enabling older people to acquire suitable skills for these new jobs.**
- 8.2. Consider piloting innovative approaches and measures (starting with the public sector) to help older employees remain/become more productive in their jobs by adapting their workspace, using flexible working hours, promoting mixed-age teams and encouraging/facilitating engagement in adult vocational/professional education and training.**
- 8.3. Services assisting workers in finding job, provided under the current employment strategy, should be also specifically targeted to older persons.**
- 8.4. The monitoring of adherence to non-discriminatory practices on the basis of age in hiring, retention, promotion and training of employees needs to be strengthened and complaint-review system simplified.**

⁴⁴ See section on social protection for more details.

⁴⁵ See UNECE Policy Brief No. 21 for more on ageism in the world of work (2019).

- 8.5. Awareness raising should target employers, helping them to understand the benefits of an age-balanced workforce, encouraging them to employ and retain older workers and to provide age-friendly workplaces. Consider introducing a model of “age-friendly employer” to promote and acknowledge good age-management practices.
- 8.6. Incentives, for example in form of tax reductions, can be extended to employers hiring or retaining older workers, offering flexible retirement solutions and providing adaptations in the workplace to accommodate people with special needs.
- 8.7. In view of growing demand for social services and home-care needs consider engaging more actively older persons in this sector by offering special training and mentoring.
- 8.8. Support entrepreneurship among older persons and promote their economic engagement with specific attention to rural areas. This may include training about business plan development, counselling as well as facilitating access to necessary capital.

The Constitution of the Republic of Belarus and the Education Code⁴⁶ establish the right of every citizen to education. By law, there is no age restriction to access any level of education. This applies also to qualification upgrade, staff training and retraining. At the same time, as of today, older persons both of pre-retirement and retirement age do not participate actively in the system of formal education.

The formal education system of Belarus is subdivided into three types of education: main, additional/supplementary, and specialised. The latter is aimed at ensuring that people with special psychophysical needs can obtain the preschool and secondary education.

Main education

The main branch of education is characterised by continuity and includes preschool education, general secondary education (includes three stages – primary, basic/lower secondary and secondary), vocational technical and secondary vocational (specialised) education, higher education, and postgraduate education. The mandatory stages of main education are primary and lower secondary (ISCED levels 1 and 2 respectively).

The education system of Belarus offers several forms of studying: intramural (full-time, present), evening (normally combined with other types of economic activity), and extramural (remote). The latter is growing in importance with the growing use of new ICT.

Pre-primary school (creche, kindergarten) is not mandatory. At the same time, 79.5 per cent of children aged 1–5 are attending the institutions of pre-primary education.⁴⁷ The coverage by the lower secondary education is practically 100 per cent overall in Belarus.

The Belarus education system implies a mandatory work placement for one or two years for the graduates of secondary vocational specialised and vocational technical education institutes, and university graduates whose studies were funded from the central or local budget (at least half of the time they were studying).⁴⁸ Those paying

for their education have access to a work placement as well, but it is not mandatory.

Another way for graduates to obtain a guaranteed employment and also reduce costs of vocational upper-secondary or higher education is so-called targeted education (“preparation”) of a specialist (worker, employee). In this case, a binding agreement is signed between an organisation that is interested in engaging a specialist, a person interested in obtaining education and future employment, and the educational institute.

To enhance opportunities for older persons, organisations could be encouraged to make “requests” for older workers in various areas of vocational, vocational technical and higher education. There should be a clear understanding that such targeted education will lead to employment. There is a need to make people feel needed not only when they are young, but also after their retirement. This is also essential for increasing the number of older persons requesting participation in qualification upgrade education programmes.

Supplementary education

The supplementary education is divided into two subcategories by the target audience: supplementary education of children and youth, and supplementary education of adults. The latter includes 12 types of educational programmes as defined by the Education Code. Out of these, nine are the programmes of qualification upgrade or skill training and are linked to professional activities of adults. Only eight of these twelve educational programmes imply a final attestation.

The priorities for the supplementary education of adults are set in the subprogramme 7 of the State Programme “Education and Youth Policy for 2016–2020”⁴⁹ and focus on meeting the needs of the economy. According to the State programme, there are currently about 400 educational institutes that ensure the qualification upgrade and re-training of managers, specialists, workers and employees for about 400,000 persons annually. However, in the area of supplementary adult education the programme does not address the needs of (re) training/education of personnel in the pre-retirement or post-retirement period aiming to extend their participation in paid economy.

The programme highlights the need to enhance the use of new educational technologies including remote education. While the remote forms of education could to some extent negatively affect inclusion of older persons bearing in mind the digital divide, it could nevertheless be recommended in cases where the educational facilities

⁴⁶ <http://www.pravo.by/document/?guid=3871&p0=hk1100243>.

⁴⁷ Belstat 2018, preliminary data for 2018.

⁴⁸ The mandatory work placement system was reintroduced in early 2000s. The Advisory Group on Support for the Belarus Roadmap on Higher Education Reform (AG2) for Bologna Process (European Higher Education Area), in its 2018 report indicated that the mandatory work placement can be hardly compared to career development system existing in European universities to assist graduates in their transition from education to work. The AG2 report also questions its efficiency and whether the mandatory work placement system for graduates conforms with EHEA fundamental values.

⁴⁹ <http://www.government.by/ru/solutions/2450>.

are not located nearby or in cases of limited mobility of older persons. In general, the use of new ICT could be beneficial for increasing participation in lifelong learning, provided these technologies are made accessible to all. This means ensuring the necessary level of ICT command among older persons.

Informal education

In addition to the formal system of education, the informal education is also available to older persons. These are currently four Third/Golden-age universities (in Minsk, Grodno, Brest, and Kobryn) and numerous courses (IT, language, sport, healthy life style, art etc.) organised mainly by the non-governmental organisations or through territorial centres of social services. Presently none of the high education institutions run special

programmes for older persons. The informal system is an important component of lifelong learning and social integration of older persons.

Informal education (courses, trainings, third-age universities) could benefit from introduction of an attestation system where relevant, namely this concerns IT-related and language courses – presently participants receive only a certificate of attendance. In this way, certificates / diplomas obtained as a result of final attestation would have a real value for potential employer.

The efficacy of both supplementary and informal older-adult education could benefit from specially trained educators knowledgeable of adult teaching appropriate methods and techniques

Recommendations

- 9.1. The current educational system of Belarus provides many possibilities for lifelong learning. At the same time, there is a need to increase participation in education throughout the life course, including in pre-retirement and retirement age.**
- 9.2. Sensitize, from an early age, to the idea that education and learning is lifelong and does not end with the graduation from school or university. This could be done by introducing elements on lifelong learning in the school curriculum.**
- 9.3. An information campaign could be developed targeting a) older persons to motivate them to take these study opportunities and not to stigmatise themselves as non-educatable (“it is too late to study”), b) employers to make aware of the potential of older persons and encourage them to take the existing opportunities, c) younger people to dismantle stereotypes (if exist), and d) the education providers to consider the potential and specificities of older-adult learning.**
- 9.4. Encourage employers to use current “targeted education” with work placement system also for older workers; to stimulate workers of pre-retirement age to engage in (re)training/ education programmes providing a possibility to move or assume a different role in the team.**
- 9.5. Consider introducing a provision for official attestation (when appropriate) to acknowledge informal education and increase its value to prospective employers.**
- 9.6. In terms of accessing higher education, and in case of state funding not being sufficient to cover costs of additional “free” places at the universities, a further application of an existing practice to provide a loan on preferential conditions to those who aim at obtaining their first higher specialised/ professional (vocational)) education, could be explored.**

The current *State Programme on People's Health and Demographic Security 2016-2020* which sets the priorities for public health in Belarus was developed in accordance with the priority actions defined in the Programme for socio-economic development of the Republic of Belarus for 2016-2020 (see the section on Policy Framework for more details). Overall goals include reducing the national mortality rate, especially for persons of working age, increasing life expectancy and improving quality and availability of health care services. There is no specific focus on the health of older persons in the programme. The *National Strategy for Sustainable Social and Economic Development up to 2030* foresees to improve the quality and availability of social services and to balance the demand for services with real need and the introduction of new types of social services, including for older persons and persons with disabilities (social patronage, accompanied living services, social respite services, etc.).

According to UNDP HDI data,⁵⁰ Belarus health expenditure in 2015 was 6.1 per cent of GDP,⁵¹ compared to 5.6 per cent in the Russian Federation, 6.3 per cent in Poland and 10 per cent in Norway.

Gender gaps in life expectancy and healthy life expectancy

In Belarus, women can expect to live significantly longer than men. In 2018, their life expectancy at birth was 79.4 years compared to 69.2 years for men. Men are significantly more likely than women to die before they reach retirement (see Figures 3 and 4 for notable difference in life expectancy and divergence of survival curve for men and women in the demographic context section). The average number of years that a person can expect to live in full health (healthy life expectancy)⁵² was 61.4 years for men and 69.3 years for women in 2016. Healthy life expectancy at age 60 is estimated to be 12.3 years for men and 17.2 years for women.⁵³ A major factor in the gender differences in life expectancy and healthy life expectancy are risk behaviours and unhealthy lifestyles that are more prevalent among men.

⁵⁰ UNDP Human Development Index: 2018 Statistical Update (data from WHO).

⁵¹ This includes spending on health care goods and services, expressed as a percentage of GDP. It excludes expenditures on capital in the health sector such as buildings, machinery, information technology and stocks of vaccines for emergency or outbreaks. Human Development Index Statistical Annex, <http://hdr.undp.org/en/content/human-development-index-hdi>.

⁵² Healthy life expectancy at birth: "Average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health because of disease and/or injury". WHO Global Health Observatory <http://apps.who.int/gho/data/node.wrapper.imr?x-id=66>.

⁵³ Global Health Observatory data repository, data for 2016.

Health promotion for older persons

Unhealthy behaviours such as tobacco use, harmful alcohol use, unhealthy diet and physical inactivity enhance the risk of dying of non-communicable diseases (NCD) such as cancer, cardiovascular disease, diabetes and chronic respiratory diseases. The objective to increase the life expectancy of the population of Belarus, and of men in particular, justifies a focus on healthy behaviours and the prevention of disease. Unhealthy habits and risk behaviours start early in life and remain prevalent among older age groups. Data show that in Belarus there is a clear gender gap in health behaviours.⁵⁴ Men are much more likely than women to smoke, consume alcohol and abuse of substances and less likely to exercise.

Tobacco consumption

Men smoke more frequently than women. At age 60 and above, men are over 13 times more likely to smoke than women. The prevalence of tobacco use by persons age 16 and over is 8.8 percent among women compared to 43.9 percent of men. Within the age group 60 and above, only 2 percent of women smoked compared to 27.9 per cent of men in 2017. This is reflected in men's higher mortality rate attributed to chronic respiratory disease which was 22.5 per 100,000 men compared to 5.3 women in 2017.

Harmful use of alcohol

The majority of older persons aged 60 and above in Belarus drink alcohol. Only 21.1 percent of men and 42.3 percent of women indicated not to drink alcohol in 2017. 63.8 per cent of men in this age group drink hard alcoholic drinks compared to 20.8 percent of women.

Overweight and obesity

In Belarus, older women are much more likely to be overweight or obese than men. In 2018, according to Belstat,⁵⁵ some 29.3 per cent of adult women (16 years and older) and 18.5 percent of adult men had a body mass index (BMI) of 30 or higher – i.e. were obese according to the WHO definition. In turn, at age 60 and above, 42.9 per cent of women had BMI ≥ 30 as compared to 23.4 per cent of men in the same age group.

Physical activity

Only one in five people in the 60+ age group practice physical exercise and sports. Women are slightly more

⁵⁴ Data on health behaviours in this section is taken from Belstat publications Social conditions and standard of living in the Republic of Belarus, 2017 and the Women and Men in the Republic of Belarus, 2018.

⁵⁵ Table 3.19 in Women and Men in the Republic of Belarus, 2018.

active than men: in 2017 close to one in four women compared to one in six men aged 60 and above were physically active. When asked about reasons why they did not practice physical exercise or sports, 23.4 per cent of women and 31.6 per cent of men indicated their lack of wish to do so, while 25.3 per cent of women and 17.8 per cent of male respondents aged 60 and above indicated a lack of possibilities to practice for people of their age. Poor health was a reason for 31 per cent of women and 28.7 per cent of men of this age group. Overall there is very low participation in organised physical activities: 94.8 per cent of women 60 and above and 96.3 per cent of men practice by themselves, and only small minority attend organized activities.⁵⁶

It is never too late to adopt healthy behaviours. In order to foster healthy behaviours among older persons and enhance their health literacy, tailored health promotion activities such as provided by the health schools of the third age that have been established in Belarus can be a valuable tool.⁵⁷ The focus of the curriculum seems to be on disease prevention and treatment. It could be expanded to include other pertinent topics such as early recognition of the onset of dementia, dealing with poor mental health such as feelings of loneliness and how to cope with them; advice on healthy habits; elder abuse and where to get help, etc.

Given the importance of physical activity in healthy ageing, it is recommended to facilitate and encourage physical activity for older persons by offering organized activities which would at the same time contribute to enhanced social participation and reducing loneliness and isolation in older age. For those suffering from poor health, activities that are adapted to different levels of functional ability should be offered.

To motivate healthy lifestyles for older persons and people with disabilities in all regions of the country, on an ongoing basis, specialists from health care organizations cooperated with the media. The media regularly publishes materials on how to preserve the health of older persons, and speeches on radio and television. Materials on a healthy lifestyle are shown on local TV channels, monitors of city buses, in pharmacies, on the websites of government agencies.⁵⁸

⁵⁶ Social conditions and standard of living in the Republic of Belarus 2017.

⁵⁷ In accordance with the recommendations of the Ministry of Health of the Republic of Belarus to promote a healthy lifestyle among older people health schools of the “third age” have been established in all health organizations. The chief physicians of the latter appoint the responsible persons for the organization and operation of health schools. During classes at such a school, specialists acquaint older persons with the specifics of disease treatment and give advice on the prevention of disease development. Today, there are more than 633 “third age” health schools in the Republic of Belarus, where more than 788,500 people have been trained over the past five years.” – Belarus (2016) Report on the implementation of MIPAA/RIS.

⁵⁸ Belarus (2016). Report on the implementation of MIPAA/RIS. Also confirmed by the media analysis conducted.

Access to health care services

Accessibility to health care services in Belarus is good. In 2015, 89 per cent of women and 84 per cent of men aged 55 and above reported no unmet need for medical and dental examination or treatment.⁵⁹ The health system in Belarus seeks to ensure universal access to health care services and access to safe, effective and quality medicines and vaccines. The refurbishment of health institutions with the latest medical equipment has allowed to provide previously inaccessible types of medical services based on the latest achievements in world medical science.⁶⁰

General medical care is provided free of charge. Older persons are medically examined by general practitioners and if necessary, by medical specialists. At the outpatient stage, treatment monitoring and dynamic health monitoring of older patients is carried out by medical assistants of outpatient care. Medical care for older patients is a part of the system of long-term dynamic health monitoring (medical examination) of citizens in Belarus. There are 103 nursing hospitals, where older persons with medical and social indications, including dementia, receive the necessary medical care.

Older persons have preferential access to medicines included in the list of essential medicines and rehabilitation equipment. Out of pocket medical expenses at the outpatient stage of medical care are mainly related to the purchase of prescription drugs that are not in the list of essential medicines or foreseen in other regulatory-legal acts. For instance, prescription drugs for hypertension and cholesterol control – the frequent condition among older persons – are covered only for persons with recognized disability or after a stroke or heart attack during six subsequent months.⁶¹

Health care workforce

The health care workforce in Belarus is ageing - currently 18.7 per cent of its staff are beyond statutory retirement age, according to Belstat - and there may be shortages of health care personnel in the future. In order to ensure that there will be sufficient qualified staff providing health and social care for a growing older population, the status and conditions of health care staff should be improved. With an enhanced recognition of health and social care worker, including through higher salaries and career prospects, the profession could be made more attractive.

⁵⁹ UNECE (2017c). Annex Table A8a.

⁶⁰ Voluntary National Review Belarus 2017 <https://sustainabledevelopment.un.org/content/documents/16357Belarus.pdf>.

⁶¹ This might contribute to the fact that more than a half of persons with high arterial blood pressure were not taking prescribed medication according to the Belarus report on 2016-2017 WHO STEPS survey (https://www.who.int/ncds/surveillance/steps/Belarus_2016-2017_STEPS_Report_RU.pdf?ua=1).

Geriatric services

In recognition of the necessity for health care staff to understand the specific needs of older patients, a geriatric service is being set up in Belarus. The National Gerontological Center (Active Longevity) founded at the basis of Republican Clinical Hospital for the Persons Disabled during the Great Patriotic War named after P.M. Masherov provides organizational and methodological guidance to the work of health care organizations in the area of gerontology, develops and introduces new technologies aimed at improving the quality of life of citizens over 60 years of age and preventing pathological ageing of the population. There are six regional geriatric centres in the country: one centre in Minsk that operates full time, and centres in Brest, Vitebsk, Gomel, Grodno and Minsk regions that operate on a functional basis.

Geriatric trainings to enhance the understanding of medical staff of the health needs and specificities of older patients has been provided at the gerontology and geriatrics department of the Belarusian Medical Academy of Postgraduate Education since 2006 in the form of advanced training and retraining in geriatrics and therapy. Every year, up to 300 physicians, general practitioners and geriatricians, as well as heads of therapeutic departments, deputy chief physicians, teachers of educational institutions of the health care system of the Republic of Belarus, and researchers are trained at the department (Report on MIPAA/RIS implementation of Belarus, 2016). The content of the training course is aimed at the treatment of somatic diseases of older patients without taking into account comorbidity, polymorbidity and geriatric syndromes, popularization of the potential and achievements of gerontology and geriatrics as modern areas of medicine that contribute to the prolongation of the period of active longevity. Also, geriatric training has not yet been mainstreamed in the curriculum of medical students, nurses and social workers.

It is recommended to update the educational programmes of geriatric specialists in accordance with the current state of the ageing issues and to incorporate geriatric training in the curricula of medical students, nurses and social workers to ensure that newly trained health and social care staff will have the necessary knowledge to provide the best quality care to the growing numbers of older patients.

Integration of health and social care services

A recommended approach is to provide person-centred health care in which the needs of the older person are assessed and the services by health and social care providers both formal and informal are integrated to assure that the needs of the older person are met. In 2017 WHO published *Guidelines on Integrated care for older people (ICOPE)* that provide guidance on community-level interventions to manage declines in intrinsic capacity including direction on comprehensive

assessment of health status in an older person; delivery of the integrated health care that will enable an older person to maintain their physical and mental capacities, and/or to slow or reverse any declines in these; delivery of interventions to support caregivers.

Mental health, cognitive decline and dementia

Dementia is a major cause of disability and dependency among older people and has a significant impact on affected individuals, their families and carers, communities and society. Age is the strongest known risk factor for cognitive decline. With a growing older population, the prevalence of dementia, which is already on the rise in Belarus, can be expected to grow.⁶² This requires a preparation of the health system and health and social care staff to adequately respond to the needs of persons with dementia and their families, formation of dementia-friendly services and communities, but also awareness raising about the disease among the general public in order to reduce stigma. In Belarus, older persons with dementia, depending on the severity of the disease, receive medical and social assistance in the inpatient social service institutions of the Ministry of Labour and Social Protection system, in specialized health care institutions and from non-governmental non-profit organizations. However, there is currently no targeted policy on dementia to ensure that the carers, both formal and informal, of people affected by dementia are adequately prepared.

In 2016, in the TSSC sections for prevention of dementia were established. The Research Institute of Labour in collaboration with two non-governmental organisations developed a model of a day-care centre for persons with dementia (with Hesed Rachamim), and a model of integrated care to persons with dementia at home (with the Belarus Red Cross).

The WHO Global Action Plan on the public health response to dementia 2017-2025 identifies priorities for action. Under the auspices of the national strategy on ageing of Belarus, is recommended to develop a policy, strategy, plan or framework for dementia either stand-alone or integrated into other policies/plans that takes into account actions recommended in the WHO Global Action Plan on the public health response to dementia 2017-2025.

⁶² "Between 2012 and 2015, the total morbidity of older persons with this type of disorder increased by almost 10 per cent and the primary morbidity rate increased by almost 17 per cent. In Belarus, the incidence of dementia accounts for almost one in five cases of mental disorders diagnosed in elderly citizens. Over the past five years, the number of people aged 60 and over living with dementia has increased by 25.1 per cent, while the prevalence of dementia among this age group has increased by 17.9 per cent" - extracted from Belarus (2016). Report on the implementation of MIPAA/RIS.

Depression and other mental health issues

According to the WHO, “unipolar depression occurs in 7 percent of the general older population. It is both underdiagnosed and undertreated in primary care settings”.⁶³ Symptoms are often overlooked and untreated. Older people with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. In Belarus, there is currently no specific policy on mental health that could provide guidance in addressing mental health issues that affect older persons.

It is recommended to develop a public health response to mental health that includes due consideration of mental health issues of older people.

Palliative care

Palliative care services for people with disabilities and older persons who do not have family members looking after them is provided in hospices, palliative care departments, mobile palliative care teams or nursing hospitals and inpatient health care organisations. According to the Ministry of Health, there are currently 106 nursing care hospitals with a total capacity of 2,670 beds.

Recommendations

- 10.1. Promote healthy behaviours across the life course to reduce the burden of NCDs and tackle the gender differences in health and life expectancy. A gender-sensitive approach to health promotion is needed taking into account the reasons for men’s unhealthy and risk behaviours. Health promotion must start early in life and should not stop in old age. The World Health Organization has pointed out that healthy habits, even when starting them late in life, pay off.**
- 10.2. Encourage physical exercise and provide opportunities tailored to older persons.**
- 10.3. Ensure equitable access to quality health and social care services and develop an integrated person-centred approach in which the needs of the older person are assessed and the services by health and social care providers both formal and informal are integrated to assure that the needs of the older person are met. Adopt the WHO guidelines on integrated care for older people.**
- 10.4. Consider expanding availability of compensated prescription drugs for chronic conditions including arterial hypertension and elevated cholesterol levels for older persons as well as other patients at high risk of cardiovascular disease in accordance with WHO recommendations.**
- 10.5. Ensure that the health system prepares for increased need of services for older persons by warranting adequate ratio of health and social care staff to patients, while improving the recognition and reputation of care workers making the profession more attractive.**
- 10.6. Adapt the health system to population ageing to prepare for future needs. This includes training of the health workforce in geriatrics to ensure that future (growing) needs are met. In addition to the specialized courses currently offered, gerontology courses should be included in the curriculum of doctors and nurses as well as social workers including training on dementia and related care.**
- 10.7. To prepare for the expected increase in dementia among the growing older population, develop a national policy, strategy, plan or framework for dementia either stand-alone or integrated into other policies/plans that implements actions recommended in the WHO Global Action Plan on the public health response to dementia 2017-2025 and the European mental health action plan 2013-2020.**
- 10.8. Develop a mental health strategy that includes measures to address the mental health needs of older persons. Consider wider availability of diagnosis and treatment of common forms of depression by general practitioners at the primary health care level.**

⁶³ <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>.

11 - GENDER EQUALITY IN AN AGEING SOCIETY

Although the Belarus Constitution stipulates that all are equal before the law and have the right to equal protection of rights and interests without any discrimination (Art.22), there is at present no comprehensive law which ensures de facto equality and protection from discrimination as there is no independent national human rights institution with a mandate to protect the full range of human rights.⁶⁴

The principle of gender equality is fundamental to the achievement of a society for all ages that promotes the well-being of all and ensures that everyone, regardless of their gender or age, can realize their full potential. Working towards full gender equality is in line with the provisions of Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the 2030 Agenda to which the Republic of Belarus is committed, and it is also one of the commitments of the Regional Implementation Strategy of MIPAA (Commitment 8).

In 2013, the National Centre for Legislation and Legal Research carried out a gender analysis of legislation on compliance with CEDAW. The gender examination showed that national legislation is gender-neutral and does not contain norms that would be discriminatory against women. The focus therefore needs to be placed on measures that foster de facto equal opportunities and gender equality for women and men across the life course. Rather than adopting a comprehensive gender equality law, it was decided in 2014 to make adjustments within specific laws.

Current gender policy in Belarus is guided by the Fifth National Plan of Action on Gender Equality in the Republic of Belarus for 2017-2020. The purpose of the National Plan is to develop mechanisms for the introduction of a gender perspective in the process of developing and implementing measures of state policy in various spheres of society. Gender aspects have been introduced across other state programmes and action plans according to the principle of gender mainstreaming.

The plan's activities are based on national priorities in the area of gender. These include the economic empowerment of women and men, gender responsive health care, gender equality in family relations, countering domestic violence and trafficking in human beings, and gender education and awareness.

The situation of older men and women is not specifically addressed. With regards to gender equality in family relations, policy measures focus on parents of young children. No mention is made of providing support to

older women and men who need to reconcile employment with caring for a spouse or older parent. Measures aimed at preventing domestic violence are age-neutral but no mention is made to gender and elder abuse.

Compared to other countries in the UNECE region, Belarus fares quite well on a number of gender equality indicators such as women's participation in the labour market and decision-making but there are significant gender gaps in health, remuneration for paid work (women earn a quarter less than men) and the gender division of unpaid work (women do twice as much unpaid work as men).

Belstat publishes the collection "Women and Men of the Republic of Belarus" on a three-year basis with data disaggregated by age groups, which gives useful insights into the situation of (older) men and women in Belarus.

The published data clearly shows significant gender differences in health behaviours, healthy life expectancy and longevity with women faring better than men in this regard (for details see section on Health and Well-being).

Women's labour market participation overall is high and about one in four women remain working after retirement, same as retired men (see section on Labour). Even though women earn a quarter less than men while at work there are practically no gender differences in pension income. There is also no perceptible gender gap in old age poverty. However, given women's lower earnings over a life span and lower ability to accumulate savings it can be assumed that they have fewer reserves to deal with unexpected expenses in old age than men.

Women in general are well represented among political and economic decision-makers. They currently hold one in three (34.5 percent in 2017) seats in the National Assembly and one in two (48.2 percent in 2018) in local governments. Women also hold about a half (49 percent in 2017) of managerial positions.

According to Belstat, one in ten women is victim of domestic violence by their partners: 11.8 percent of women are subjected by their husbands or partners to domestic violence in any form (physical, psychological, economic or sexual). There are currently no data collected on the prevalence of elder abuse. It is important to know to what extent older persons are victims of abuse by their spouses, children or caregivers. Older women as victims of abuse should be taken into account in the next national gender action plan.

Overall, in their family settings women do twice as much unpaid work as men: they spend 19.2 per cent of their time on unpaid domestic work and care for children compared to 9.5 per cent spent by men. There is a strong gender division of care work with women shouldering the majority of the childcare. And as the responsibility to care for older parents is to be assumed by the family

⁶⁴ Human Rights Committee: Concluding observations on the fifth periodic report of Belarus. (CCRP/C/BLR/CO/5), 2018. <https://bit.ly/2IVxNza>.

in Belarus, most of these care responsibilities fall on the daughters and other women in the families. Policies and support measures should be directed towards equal sharing of care responsibilities between women and men for children but also older relatives. Family-friendly policies are those that ensure that care givers are supported in their roles and not penalised in terms of labour market opportunities

Recommendations

- 11.1. The effective implementation of gender policy requires raising the competence of specialists in the field of gender expertise, strengthening the capacity of the National Council and expert working groups, and further developing cooperation with civil society institutions. In such capacity-building measures, gender experts should be sensitized to the intersection between gender and age and the specific needs and vulnerabilities of older women and men to ensure that the needs and concerns of older persons are mainstreamed in gender policy.**
- 11.2. Consider the development of gender-sensitive education in school curricula promoting the value of equality between women and men and a more equal sharing of domestic and care responsibilities. Risky behaviours of men and unhealthy habits should be addressed in a gender-sensitive way taking into account notions of masculinity and culture that may explain higher levels of tobacco use, alcohol and suicide in men, drastically reducing their life expectancy compared to women.**
- 11.3. A more equal sharing between men and women of the unpaid domestic chores should be promoted through information campaigns to change attitudes towards gender roles as well as concrete policy measures such as equal entitlement to care-related leaves for women and men.**
- 11.4. Family-friendly policies that support men and women in their care responsibilities not only for children, but also older relatives should be developed, such as the possibility of taking care-related leave and reduce working hours / flexible schedules when providing care for another person. Wage replacement payments would be needed to prevent economic hardship.**
- 11.5. The situation and vulnerabilities of older men and women should be taken into account, specifically with regard to measures aimed at preventing and addressing gender-based domestic violence. Older women need specific attention as they are more likely to live alone in advanced age, and may be more vulnerable to the risks of abuse, neglect, isolation and loneliness.**
- 11.6. In the collection of sex-disaggregated data, ensure the inclusion of ageing-related statistics to better understand and portray the living situation of older men and women, including with regards to their mental well-being and continued contribution to society in the form of unpaid care provision to grandchildren, spouses and aged parents as well as formal and informal volunteering.**

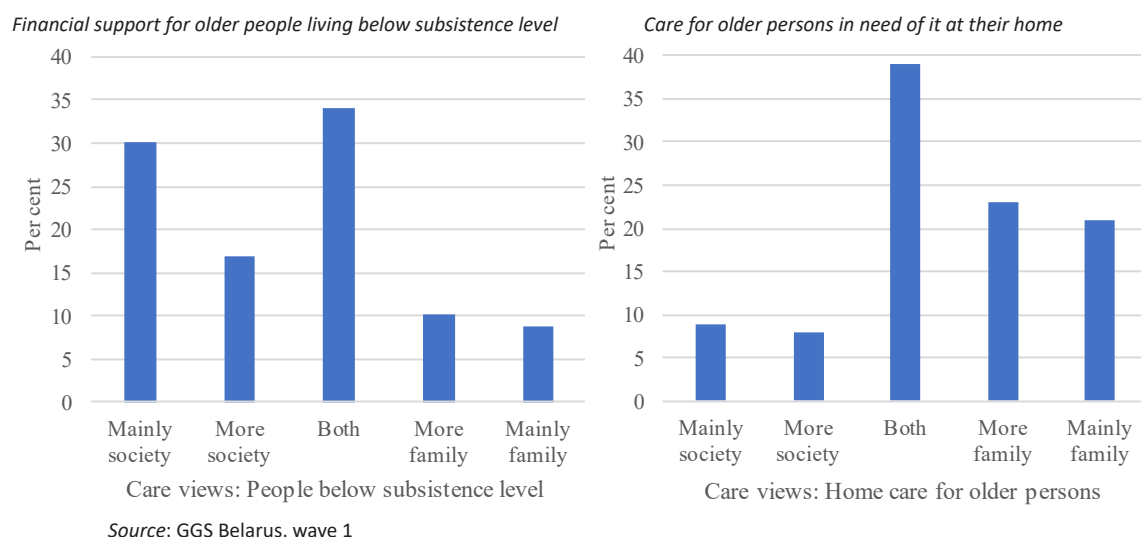
12 - FAMILIES AND INTERGENERATIONAL SOLIDARITY

Key actors in providing care to those who are in need of it are the State, family and the community. While the State normally ensures social security, health and social services (formal care), the family and community take on themselves the provision of informal care. The importance of informal care is growing with the demographic change. According to estimates in European countries, 80 per cent of the long-term care is provided by informal carers, and informal caregivers constitute from 10 to 25 per cent of the total population in Europe.⁶⁵

The Constitution of the Republic of Belarus and the Marriage and Family Code stipulate that adult children who are able to work have an obligation to take care of their parents, including financial provision for

parents unable to work. According to findings from the Generations and Gender survey (Figure 7), Belarusian men and women think that financial support for the older generation should be the responsibility of the society (or shared with the family), while provision of informal care — that of the family (or shared with society).⁶⁶ At the same time, when the question comes to child-parent relations, the overwhelming majority of respondents (adult children) believe that children should not only provide care to parents in need, but also support them financially and take parents unable to care for themselves to live with them.⁶⁷ These perceptions show that majority of the Belarusian population shares the opinion that it is the responsibility of family to take care of older persons.

Figure 7: Views on who has to provide financial support and care for older persons in need



Regarding the family settings, the most popular one is a nuclear family — two adults (spouses or partners) with their child/ren (42.9 per cent of GGS respondents).⁶⁸ According to the 2009 census, households with two parents and children accounted for 26.7 per cent of all household types and those consisting of a single person represented 29.7 per cent.⁶⁹ The share of older persons living alone amounted to 34.4 per cent in 2015.⁷⁰

While the situation where provision of care is ensured by family members can be considered as the most natural,

with the growing numbers of older persons, the family might not be able to ensure the provision of both financial support and informal care in the future. In addition, there is also a need for assistance with some tasks of everyday life which do not fall under care provision. In this regard, it is necessary to form a broader circle of people, including neighbours and friends, who can and will provide care and ensure social inclusion of older persons. In other words, family-based care needs to be complemented with a community-based care support.

⁶⁵ European Commission, 2018. Informal care in Europe: Exploring Formalisation, Availability and Quality.

⁶⁶ Tereschenko, O., Kuchera, T. (Eds.) (2018). p. 118.

⁶⁷ Ibid. p. 121.

⁶⁸ Ibid. p. 34.

⁶⁹ UNECE Statistical Division Database.

⁷⁰ Belarus (2016). Report on the implementation of MIPAA/RIS.

Inter- and intragenerational solidarity

Older persons are often perceived as receivers of care and financial support; however, they also are contributing to the family, economy and society. This contribution takes form of volunteering and provision of care to children/grandchildren but also adults, as well as in the form of financial transfers in support of younger generations. Regarding the latter, in Belarus, the main receivers of financial transfers from older persons are their children (aged 20–39 in 51.4 per cent of cases). The older persons (aged 60 and above) themselves constitute less than 10 per cent of financial transfer receivers.

Volunteering

Volunteering in Belarus, though not a new concept, is only starting to find its reflection in the legal framework (see also section on Social participation). At the same time, NGOs, such as for example the Belarus Red Cross, organises and brings together thousands of volunteers.

Low awareness about possibilities for volunteering could be one of the reasons why the share of older persons taking part in social activities (including volunteering) is below one per cent (0.5 per cent among men and 0.4 per cent among women).⁷¹

Another reason of low involvement in volunteering and social activities (and possibly a consequence) could be the general pattern of spending time by the older population. According to the Time Use Survey 2014, the most popular pass-time among persons of after-retirement age is watching TV and films (2 hours 23 minutes a day for women and 3 hours 19 minutes a day for men). (This is also true for younger population except for the time spent at work.) Communication, sport or active leisure, and cultural activities combined take 1 hour 15 minutes among women and 1 hour 22 minutes among men in that age group; and social and religious activities which include volunteering — only 21 and 6 minutes respectively.

Child care

Eighteen per cent of older women and 11 per cent of men indicated that they were involved in child-care-related activities. Most informal childcare providers are parents (biological or not) of either of spouses/ partners — 73.2 per cent. Two-thirds of such care providers are women; and 63.5 per cent of (grand)childcare providers belong to the age group 50–69.⁷²

Belarus has a wide network of childcare institutions (creches, kindergartens etc.) which are very popular: 80 per cent of families with children aged below 7 send them to kindergarten; and 61 per cent of families with children aged 7–13 use the after-school service in primary schools.

This fact can explain that three out of four families with children aged below 14 do not rely on any informal help in caring for their children.⁷³

In addition, working mothers or fathers (or any other working relative in case the mother / father continues to work) can take parental leave until the child reaches the age of three. During this period the care provider receives a compensation established based on the prior salary and a number of other factors. The working place is preserved during this period, which does not mean that the salary level or the working hours remain unchanged.

While fathers are given similar opportunities to those of mothers in terms of options to take care of their children, in the daily share of responsibilities in the households with children aged below 10, men spend at least three times less of their daily time on the child care than women (38 minutes vs 126 minutes on a weekday).⁷⁴

Other forms of informal care

The data on provision of care by older persons to older persons (parents, spouses or partners etc.) is currently lacking. According to the GGS results, only a small part (5.6 per cent) of the Belarusian population is recipient of informal help with housekeeping. Among them more than one in two are persons aged 50 and above, and about two-thirds are women. Providers of this type of informal care are mainly adult children (44 per cent), parents (17 per cent) and spouses/partners (11 per cent) — men and women equally — of the age group 30–59 (almost 70 per cent of all providers).

Informal help with daily self-care activities (e.g. personal hygiene) seems to be mainly received by persons aged 70 and above, and most often from their children (43 per cent). Nearly two thirds of providers belong to age group 40–69.⁷⁵

Supporting families providing care

Allowances to those leaving the labour market to provide care

Persons of working age who do not participate in the labour market but provide care to persons with disabilities of category 1 or to persons aged 80 and above in need of constant care have the right to receive a monthly allowance equal to minimum subsistence level (its highest level over the last six months). In case of care provision for two such persons, the allowance is 20 per cent higher. Currently, the law does not foresee integration of the time spent on such care provision as contributory years, but it is counted as years of service for pensions. Unlike the situation with the childcare leave,

⁷³ Ibid. pp. 113–114.

⁷⁴ Belstat. Time Use Survey 2014.

⁷⁵ Only 79 GGS respondents said they needed help with daily self-care, and 46 were receiving it.

⁷¹ Belarus (2016). Report on the implementation of MIPAA/RIS.

⁷² Tereschenko, O., Kuchera, T. (Eds.) (2018). Annex II.

the elder-care providers have to leave their jobs and their work place is not preserved.

According to the rules this allowance cannot be received by retirees who start drawing their pension even if they are willing to keep providing such care because, for instance, of good relations formed with the care receiver.⁷⁶ The argument of State already providing a 'social benefit' for retirees in the form of pension does not hold in case of social insurance pensions.

With the growing share of older persons, the need for care provision is likely to increase. More and more people being obliged to leave the labour market to provide care to their older relatives will create the premise for a later increase in the level of (old-age) poverty. In this regard, it is important to ensure social protection of those who leave the labour market to provide care to older persons in need of constant care. It is further recommended to consider inclusion of the care provision time into the contributory years (at least partly) in order to ensure a fair pension. In cases where carers would like to return to work after a prolonged period of care provision, provide possibilities for re-education, skills update etc. to facilitate the access to the labour market.

Substitute and guest families

A new form of ensuring integration of older persons, care provision, and intra/intergenerational solidarity is the so-called "substitute" family, legally introduced in November 2017. It is formalised by an agreement on provision of social services between a territorial centre of social services, an adult unable to work (person with a disability of category 1 or 2 or aged 70 and above), and a person aged 18–65 without disabilities of category 1 or 2 and permanently living in Belarus representing the substitute family. The substitute family lives together with the social service receiver and provides care to her/him. The substitute family receives a monthly allowance at minimum subsistence level (its highest value per capita over the last six months). The agreement also establishes how the budget of the substitute family is formed, with 75 per cent of a care receiver's pension being a maximum of her/his contribution to the common budget.⁷⁷ Respective territorial centres monitor the substitute families (once every two weeks at first, and once every three months after six months). As of September 2018, there were 28 such substitute families providing social services to 29 persons.⁷⁸

The ground for the institute of substitute families was laid by earlier appearing less formalised forms of such

"family services", namely foster, guest and "patronage" families. These were voluntary arrangements that could be formalised with an agreement between the receiver and provider of services and the respective territorial centre. Foster families would take an older person in and provide the necessary care and assistance for a longer period (i.e. winter season etc.). In 2016, there were about 250 such families receiving over 260 older persons or persons with disabilities in need of assistance.⁷⁹ Guest families invite older persons to come visit on a weekend or a holiday (or any other day in addition). During their stay older persons also receive the necessary care and help. "Patronage" families help an older person with house and garden keeping.⁸⁰

It is recommended to encourage further development of guest and "patronage" families as a form of providing assistance and care, while preserving independence of older persons who are not in need of constant care which fosters inter- and intragenerational solidarity, helps avoid isolation of older persons, and has a low degree of formalisation; and to continue introducing the practice of substitute families as a way of integrating lonely older persons into family and providing them with the necessary level of care without their institutionalisation.

Domestic violence and elder abuse

An important concern in intergenerational relations is the risk of becoming victim of domestic violence and in the case of older persons, of elder abuse.⁸¹ Elder abuse has been defined by WHO as "a single, or repeated act, or lack of appropriate action, occurring within a relationship where there is an expectation of trust which causes harm or distress to an older person."⁸² In Belarus, a number of measures have been implemented in recent years to prevent domestic violence, including that perpetrators who committed violence in the family are temporarily required to leave the common dwelling to protect the victim.⁸³ Civil society organisations such as Gender perspectives play an important role in providing support to victims of violence. They run a hotline for victims of domestic violence which lately receives increasing numbers of calls from older persons – currently around one third (35 per cent) of calls received come from older persons. In many cases, however, older persons will hide the fact that they have become victims of violence, especially if it is their own family and when they are dependent on their support. This could also be a risk in substitute families. Here it is important to train social workers and health care staff to be able to detect signs of elder abuse, to report such cases and to provide

⁷⁶ http://www.mintrud.gov.by/ru/new_url_1674124653.

⁷⁷ Resolution of the Council of Ministers of the Republic of Belarus of 20.11.2017 No 864 (in Russian). Available from: <http://www.government.by/upload/docs/file799cb5e1e6ff4ac0.PDF>.

⁷⁸ http://www.mintrud.gov.by/ru/conference_ru/view/sotsialnoe-obslyuzhivanie-naselenija_405/page/1. Accessed on 9 April 2019.

⁷⁹ Belarus (2016). Report on the implementation of MIPAA/RIS.

⁸⁰ <https://tcsonlyahovich.by/struktura-centra/otdelenie-socialnoj-pomoshhi-na-domu/>. Accessed on 5 April 2019.

⁸¹ For a detailed discussion of elder abuse see UNECE Policy Brief No. 14 on the Abuse of Older Persons.

⁸² WHO (2008b), p.1.

⁸³ Kalabikhina, et al. (2018); p.22.

appropriate support to victims. Prevention of domestic violence and elder abuse should be a priority.

Promoting intergenerational solidarity

Intergenerational solidarity is not possible without understanding by each generation of the role, contribution, and lifestyle of the others or without being sensitive towards challenges that persons of other ages might face. It is important to ensure early understanding of ageing as a natural process and of a need for intergenerational solidarity. It could be considered adding to school curricula teaching modules about possible challenges of each of the further life stages including older age, raising the level of sensitivity and empathy of children towards older generations (practical exercises could be of particular use). Growing old is a natural process and needs to be perceived as such from the very early age.

Children in Belarus are traditionally raised in the spirit of respect towards older persons. Teenagers participate in volunteering for older persons on specific occasions or sometimes on a regular basis (via organised volunteering for example with the Belarusian Republican Youth Union). On special dates and celebrations, activities bringing together younger and older generations are organised.

To facilitate more frequent contact between the generations, it could be considered to organise more intergenerational activities that are not devoted necessarily to special dates and celebrations to ensure that the interconnection of younger and older people is more of an every-day phenomenon. A possibility would be to create a platform for organising such activities providing venues and volunteers to help to run them, as well as inform the potential participants.

It is essential that older persons themselves realise what contribution they are making or can make to the society and economy, that they see their social role as more than being retirees and pensioners. The fact that leaving the labour market does not mean stop being active altogether needs to be clear to older as well as younger people.

To “activate” older persons, an information campaign could be envisaged recognising the contribution and important role of older persons, encouraging them to participate actively whenever possible in the economy and society with possible examples of such participation. To strengthen intergenerational solidarity, it is important to encourage intergenerational volunteering, investigate possibilities of engaging older persons (grandparents or not) in the “system of open pre-primary” school⁸⁴ and to further look into possibilities of establishing institutions for different ages, such as, for instance, orphanages merged with nursing homes.

Recommendations

- 12.1. Consider inclusion of the elder care provision time into contributory years (at least partly) in order to ensure a fair pension.**
- 12.2. Examine a possibility to lower the age limit of constant care receivers presently set at 80+ in order to improve social protection of caregivers who have to exit the labour market to provide care to such older persons.**
- 12.3. In cases where carers would like to return to work after a prolonged period of caregiving, provide possibilities for re-education, skills update etc. to facilitate the access to the labour market.**
- 12.4. Encourage (intergenerational) volunteering. Among other forms, investigate possibilities of engaging older persons (grandparents or not) in the “system of open pre-primary” school.**
- 12.5. Further look into possibilities of establishing institutions for mixed ages, such as, for instance, orphanages merged/combined with nursing homes.**
- 12.6. Promote and organise intergenerational activities that are not devoted necessarily to special dates and celebrations. To facilitate organisation of such activities, create a platform which would ensure the availability of venues and volunteers to help to run them, as well as inform the potential participants.**
- 12.7. Consider adding to school curricula teaching modules about possible challenges of each of the further life stages including older age, raising the level of sensitivity and empathy in children towards older generations (practical exercises could be of particular use).**

⁸⁴ http://president.gov.by/ru/school_ru.

- 12.8. Organise an information campaign aimed at raising awareness about the role of community – family, neighbours and friends – in taking care and providing assistance to older persons or other members of the community in need, and at encouraging persons of all ages to take an active part in the life of their community.
- 12.9. Encourage further development of guest and “patronage” families as a friendly form of providing assistance and care and continue expanding the practice of substitute families.
- 12.10. To enhance intragenerational solidarity, consider extending entitlements (possibly at a lower rate) to those who provide care to persons with disability of 1 category or persons aged 80 and above even when they start to receive their own pension.
- 12.11. Examine a possibility of respite provision for family carers by placing older persons in need of constant care for a short-stay (2 weeks-one month) in the respective centres (residential homes) for free or at a reduced rate.
- 12.12. Continue applying the practice of mentorship in the labour market where the older workers can transfer their knowledge to the younger ones.
- 12.13. Develop comprehensive measures to prevent and detect cases of domestic violence, including elder abuse and provide support to victims.

13 - RESEARCH AND DATA COLLECTION

At the core of this Road Map report is understanding that population ageing affects virtually all domains of society and brings challenges and opportunities which require evidence-based policy responses. The need for relevant statistics is therefore equally wide-ranging. The UNECE Recommendations on ageing-related statistics,⁸⁵ point out that such statistics are cross-cutting and concern all areas of social and demographic statistics as well as government finance and public sector statistics. Statistics in various other domains that do not focus on the process of ageing as such do provide information about the situation of people at different ages, the timing of important transitions in people's lives and about services and expenditures that target different age groups. Hence, the statistics needed to inform policymaking go far beyond demographic measures in order to fully understand and plan for the consequences of ageing.

The statistical system in Belarus is guided by the Law of the Republic of Belarus "On State Statistics"⁸⁶ which establishes the legal framework in compliance with the international principles of official statistics and aims at creating the conditions to meet the demand of the general public, the Government and the international community for official statistical information. The medium-term priorities and goals are established by five-year strategies. The most recent Strategy for the development of state statistics of the Republic of Belarus until 2022,⁸⁷ adopted in 2017, sets goal to ensure the effective functioning of the national statistical system in order to meet the information needs of all categories of users.

The official statistics is produced by the National Statistical Committee of the Republic of Belarus (Belstat), territorial bodies of state statistics, and authorised state organisations, such as Ministry of Finance, Ministry of Health, Ministry of Labour and Social Protection etc.

Belstat collects data and conducts a number of regular surveys: the sample household survey on employment (quarterly), sample household living standards survey (annual), Census (every ten years), sample survey of private households of citizens permanently residing in rural areas (monthly). In addition, several non-regular surveys were carried out: the multi-indicator cluster survey to assess the situation of children and women (2005, 2012, 2019), sample survey of households for the

purpose of a comprehensive assessment of the situation of persons with disabilities (2018), and the Time Use Survey (2014–2015). Disaggregation by sex and age groups of survey data varies depending on a sample size and targeted respondents.

The Time Use Survey is a valuable source of information on how people at any age spend their time. In particular, it helps to identify how much time people spend on volunteering, provision of informal care, etc. It gives a clear picture of the distribution of household tasks among men and women, among different age groups etc. In Belarus it was carried out once and covered 6,000 households with the target population aged 10 and above.

A first wave of the Generations and Gender Survey was conducted in Belarus in 2017. It is currently the only longitudinal survey that is implemented in Belarus. It aims to collect information on the same persons at three-year intervals – to allow the examination of life cycle transitions, fertility and family relations, intergenerational exchange and causes of inequalities between genders and generations. The survey covers 10,000 respondents aged 18 to 79 from 96 territorial entities of Belarus.

The Active Ageing Index (AAI) — a monitoring tool to measure how much of the potential of older persons is realised — consists of 22 indicators. Belstat together with the Ministry of Labour and Social Protection took an active part in two workshops (2015, 2016) aimed at helping countries to calculate the AAI indicators in cases where data are insufficient. Currently, out of 22 indicators 4 are not available in Belarus and no suitable alternatives have been identified. These include care provision by older persons to infirm and disabled; political participation of older persons; physical safety; and mental well-being. One of the indicators — healthy life expectancy at age 55 — was calculated by the Research Institute of Labour under the Ministry of Labour and Social Protection for the purposes of the 2016 workshop but is not calculated on a regular basis.

Belarus research community is also involved in a number of internationally conducted surveys and research projects on various social issues. Among the most recent was European Value Survey (2000, 2008, 2017-2018).

Research studies on questions related to ageing are numerous and they touch upon socio-demographic, economic, medical, intergenerational, gender and other aspects of the phenomenon.

A research study on a specific topic is generally requested by the state (respective ministry) and the results are expected to lay the foundation of respective normative acts within three years. In this regard, there appear to be a lack of coordination between research institutes, and the research starts from scratch even though there might

⁸⁵ UNECE (2016). Recommendations on Ageing-related Statistics.

⁸⁶ [http://www.belstat.gov.by/en/o-belstate/pravovye-osnovy-gosudarstvennoi-statistiki-respubl/zakon-respubliki-belarus-o-gosudarstvennoi-statistiki/](http://www.belstat.gov.by/en/o-belstate/pravovye-osnovy-gosudarstvennoi-statistiki-respubl/zakon-respubliki-belarus-o-gosudarstvennoi-statist/), accessed on 31 March 2019.

⁸⁷ http://www.belstat.gov.by/upload-belstat/upload-belstat-pdf/o-belstate/Stategija_2022_en_2018-05-10.pdf, accessed on 31 March 2019.

be findings of other research studies that could be used. Ageing being a cross-cutting issue, research work on it requires cooperation and coordination of various study fields.

Among the most recent studies: an analytical review “Demographic ageing in the Republic of Belarus: challenges and opportunities”,⁸⁸ based on the results of GGS “Belarus: structure of family, family relations, reproductive behaviour” (two volumes, the second being devoted to the analysis of the results).⁸⁹

While the assessment of impact of population ageing in Belarus has not been neglected, the analysis of the situation of older persons themselves, their perceived image by the society (and by themselves) do not appear to be investigated in depth so far. Another matter of high importance is a prevalent attitude towards older persons as a homogenous group — research studies looking into differences between older-age subpopulations and identifying inequalities (if any), differences in life styles, aspirations etc. are needed.

Another aspect that seems to be missing in the wide-scope research is related to dementia and mental and behavioural disorders — not purely from the medical point of view, but from the perspective of the society, care-providing families, community care development

etc. In general, it is important to assess to what extent Belarus is ready to the growing number of older persons, and this including those with dementia and mental and behavioural disorders.

An aspect which is starting to appear in research with the GGS is the life-course approach. However, more studies are needed to stress the importance of the life-course approach, e.g. identifying the impact of healthy life style, participation in volunteering and education in earlier stages of life on the behaviours in the respective areas of life in older ages.

The eventual impact and underlying causes for the rapidly ageing health care and education staff also need attention from the research community (see section on the Labour market). Similarly, studies are needed to examine outcomes of existing adult educational programmes and suggest best ways to advance lifelong learning opportunities in the country. There is a need to focus on educational programmes of professional development, retraining, training in the organization, etc. that enable adaptation of older workers to modern requirements and acquisition of competencies by employees to master new knowledge, skills and abilities in professions and specialties that are in growing demand and have employment prospects in the rapidly changing labour market.

Recommendations

- 13.1. To gain a better understanding of the situation of older persons in Belarus and inform evidence-based policymaking in support of healthy ageing and the implementation of RIS/MIPAA, it is recommended to further enhance the collection of ageing-related statistics in line with the UNECE Recommendations on Ageing-related statistics (2016).**
- 13.2. Include missing indicators of the Active Ageing Index to respective surveys, and ensure regular calculation and update of the other indicators of the index.**
- 13.3. Create on the Belstat’s website a single-entry webpage (statistical module) dedicated to ageing-related statistics, which pulls together into one easily available location relevant statistics on different areas of interest.**
- 13.4. Consider carrying out Time Use Survey on a regular basis. A light version of the Time Use Survey can be carried out every five years.**
- 13.5. Continue participating in the Generations and Gender Survey in the future to obtain a more comprehensive picture of the situation of different generations and to be able to follow trends over time.**
- 13.6. Improve coordination and cooperation of different research institutes when working on matters of ageing.**
- 13.7. Extend the research to the areas where currently the information and evidence base are scarce (heterogeneity of and inequalities among older persons; readiness of society and economy for growing share and number of persons with dementia and mental and behaviour disorders; perceptions of older persons; incorporating life-course approach into research; rapidly ageing workforce in certain sectors of economy (health care, education)).**

⁸⁸ Kalabikhina, et al. (2018).

⁸⁹ Tereschenko, O., Kuchera, T. (Eds.) (2018).

14 - MONITORING AND EVALUATION

When developing the national strategy on ageing it is important to identify concrete measures, budgets and responsibilities as part of an action plan for its implementation and prepare a monitoring and evaluation framework with indicators that will allow to assess progress and outcomes achieved. Strategy on ageing and action plan for its implementation as well as monitoring framework need to be developed in a consultative manner involving a broad range of stakeholders: policymakers, social partners, the private sector, researchers and organizations of and for older persons, as well as other non-governmental organizations.

Performance indicators should be both quantitative and qualitative, using instrumental variables (laws, policies and programmes) and impact variables (measures of progress towards the desired outcomes such as financial

security or social participation indicators included in the Active Ageing Index).

Monitoring and evaluation framework should incorporate self-evaluation and external assessments by a range of stakeholders such as the target groups of policies and programmes. A mechanism for the engagement of older persons in this process should be developed. Progress should be reviewed periodically, identifying causes of actual and potential shortfalls and ways to address them.

It is good practice to be transparent about monitoring and evaluation mechanisms and outcomes. Progress reports should be part of the overall communication strategy. Stakeholders should be engaged actively in addressing difficulties.

Recommendations

- 14.1. Develop an action plan to implement the national strategy on ageing, identifying concrete measures, budgets, responsibilities and targets for implementation.**
- 14.2. Develop a monitoring and evaluation framework for the measures defined in the action plan with clearly assigned responsibilities for monitoring.**
- 14.3. Select indicators to measure progress over time and evaluate the impact of the National Strategy on Ageing.**
- 14.4. Engage older persons and other key stakeholders in the development of the National Strategy on Ageing and in monitoring and evaluation of its implementation.**

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ANNEX

LIST OF PARTICIPANTS (FOCUS GROUPS AND INTERVIEWS)

Ministry of Labour and Social Protection

Mr. Aliaksandr Rumak	Deputy Minister
Ms. Maria Gorbatsevich	Head of the Principal Department for Social Services and Social Assistance
Ms. Tatyana Fedorova	Deputy Head of Social Services Department
Ms. Natalya Murashkevich	Head of the Principal Department for Pension Administration
Mr. Oleg Tokun	Head of Employment Policy Department
Ms. Marina Artemenko	Deputy Head of the Department of Population, Gender and Family Policy
Ms. Elena Kovalevskaya	Chief Specialist of the International Cooperation and Social Partnership Department
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Ms. Hanna Zakreuskaya	Research Institute of Labour of the Ministry of Labour and Social Protection
Ms. Veronika Zanevskaya	Research Institute of Labour of the Ministry of Labour and Social Protection

Ministry of Health

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Mr. Alexander Verbovnikov	Chief Specialist of the Department of Medical Care
Ms. Lyudmila Zhilevich	Head of the Republican Gerontological Center (Active Longevity), Chief Freelance Specialist in Gerontology

Ministry of Foreign Affairs

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Ms. Lyudmila Kanananovich	Deputy Chairman of the Standing Commission of the House of Representatives on Labour and Social Affairs
Mr. Oleg Levshunov	Deputy Chairman of the Standing Commission of the House of Representatives on Labour and Social Affairs
Ms. Yulia Murina	Member of the Standing Commission of the House of Representatives on Labour and Social Affairs
Ms. Tatyana Starinskaya	Member of the Standing Commission of the House of Representatives on Labour and Social Affairs
Ms. Zhanna Stativko	Member of the Standing Commission of the House of Representatives on Labour and Social Affairs
Ms. Valentina Goshko	Head of the Department for Legislative Drafting and Cooperation with the Standing Commission on Labour and Social Affairs
Mr. Alexander Starovoitov	Member of the Standing Commission of the House of Representatives on Health Care, Physical Culture, Family and Youth Policy

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Ms. Tamara Krasovskaya	Chairperson of the Standing Commission of the House of Representatives on Labour and Social Affairs
Mr. Oleg Levshunov	Deputy Chairman of the Standing Commission of the House of Representatives on Labour and Social Affairs
Ms. Olga Mychko	Member of the Standing Commission of the House of Representatives on Health Care, Physical Culture, Family and Youth Policy
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Mr. Jurii Borovoi	Senior Engineer-inspector of the Supervision and Prevention Department, Ministry of Emergency Situations
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Ms. Olga Mukashkova	UNFPA Belarus
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Ms. Natallia Karkanitsa	Project coordinator, UNDP Belarus
Mr. Rashed Mustafa	Representative of UNICEF Belarus
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Road Map for Mainstreaming Ageing Belarus

The present volume is the fourth of UNECE's reports on country-level projects entitled Road Maps for Mainstreaming Ageing, undertaken in UNECE member States at the request of their Governments.

The Road Map for Mainstreaming Ageing in Belarus is intended to help guide the country as it works to fulfil the commitments of the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing. It is the culmination of a systematic review of the diversity of factors affecting the situation of older persons in Belarus; social, economic, cultural and political. It identifies recommendations for concrete actions in each of these areas, as well as advocating for a generalized mainstreaming approach in which the reality of population ageing is recognized and its consequences taken into account as a matter of course in all areas of policymaking.

- The institutional framework
- The policy framework
- Mainstreaming ageing
- Integration and participation of older persons in society
- Perception and images of older persons and media reporting
- Social protection
- Response of labour markets
- Lifelong learning
- Health and well-being
- Gender equality in an ageing society
- Families and Intergenerational solidarity
- Research and data collection
- Monitoring and evaluation

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