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**ROAD MAP FOR MAINSTREAMING AGEING:  
REPUBLIC OF ARMENIA**

This document, prepared by the secretariat in conjunction with the government of the Republic of Armenia, is a report on the process of developing a Road Map, or plan of concrete steps to be taken by the government of the Republic of Armenia to ensure the mainstreaming of ageing in all policy areas. The Road Map was prepared during 2010 using a stakeholder-participatory approach, and has formed the basis of the Armenian National Strategy and Action Plan on Ageing. It relates to paragraphs 28-33 of the draft programme of work (ECE/WG.1/2008/3).

UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE

# Report

## Road Map on Mainstreaming Ageing: Armenia



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## List of abbreviations

CIS	Commonwealth of Independent States
MLSI	Ministry of Labour and Social Issues
MIPAA	Madrid International Plan of Action on Ageing
RIS	Regional Implementation Strategy
UNECE	United Nations Economic Commission for Europe

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## Note

The designations employed and the presentation of the material in this publication do not imply the expression any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers and boundaries.

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At the UNECE Secretariat, Andres Vikat, Viviane Brunne, Katerina Joklova and Viola Lucas prepared this report. Amy Edgar performed the linguistic editing and France Font-Vérot prepared the layout.

## Executive summary

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

Armenia was selected as the first country to develop such a Road Map, with the assistance of the UNECE secretariat. Based on a field study, review of relevant documents, and a fact-finding mission carrying out 24 interviews, recommendations were developed. The exercise pursued a participatory approach in that representatives of all stakeholder groups – including government, civil society, trade unions and private sector - were consulted in the process. As the development of the Road Map coincided with a national process of developing a National Strategy on Ageing and a corresponding Action Plan, the recommendations developed for the Road Map were channelled directly into the drafts of these documents. In spite of the challenges that Armenia is currently facing due to the financial crisis, the government has upheld its commitment to the area of ageing. Given the difficulties that other age groups – youth and the working age population – are confronted with, it remains a challenge to design policies that generate equal opportunities for all age groups.

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

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

## Statement by Armenia

Statement made by Anahit Martirosyan on the occasion of the Second meeting of the UNECE Working Group on Ageing, 24 November 2009.

Dear ladies and gentlemen,

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

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

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

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

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

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

During the process of development of the Road Map different institutions have been involved, such as officials from the Ministry, experts from the National Institute of Labour and Social Research, representatives from the main NGO acting in the sphere of ageing ("Mission Armenia"), and representatives from international organizations

responsible for adult learning. This ensures that different points of views are taken into consideration which makes the documents more comprehensive.

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

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

- First of all, it has built a capacity in the country, and the model, the principles and the approaches of the Ageing Road Map will be used for designing Action Plans for other sub-sphere strategies that are in the process of development.
- Secondly, it can be used in other countries of the region for development of local Road Maps. Of course it cannot be taken by other countries as a completely ready document for them, but it can be efficiently adapted to local situation and needs, as the fundamental principles of the document are internationally accepted ones.

The situation and existing legislation does not differ too much particularly in CIS countries. We have a good example of using existing local capacity which was built by international organizations in other countries of the region. Right now our local expert with UNDESA experts is working in Tajikistan for conducting a household survey following the way it was done in Armenia with the assistance of UNDESA. So I hope that the Ageing Road Map of Armenia developed with the assistance of UNECE will be a useful basic document for extending the idea in the region to bring the national policies into compliance with the MIPAA principles.

Thank you for your attention.

Anahit Martirosyan

24.11.2009

## Introduction

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

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

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

## Methodology

The Road Map exercise was carried out in several steps. In April 2009, a pre-visit took place. UNECE was invited to contribute to the work of a workshop aimed at presenting and discussing the early stages of the Armenian Strategy on Ageing which was to become a cornerstone of ageing-related policymaking. It was agreed that the Road Map exercise should feed directly into the drafting process of the Strategy. Following the pre-visit, a desk study was carried out during which relevant available material was collected and reviewed by the UNECE secretariat. The material analyzed included sources available in English as well as in Armenian. Relevant Armenian documents were translated into English. Based on a review of these documents, hypotheses regarding the ageing situation and the corresponding policy framework were developed. These were verified during a field study that mainly consisted of interviews with national experts on ageing-related policymaking. Experts for interviews were selected from all sectors, including government, non-governmental organizations (NGOs), the private sector, trade unions and international organizations represented in the country. A total of 24 interviews were carried out; a list of the interviewed experts can be found in annex 3. Interviews attempted to assess the general importance attributed to ageing-related policymaking in Armenia as well as specific laws and programmes and their implementation. Respondents were asked to describe good practice examples and identify the areas of progress. The interviews addressed issues such as budgets, institutional responsibilities, data availability, stakeholder participation and integration in international processes. The guidelines for

interviewing are presented in annex 2. While following the guidelines, interviews retained a certain degree of flexibility in order to take account of what the interviewees themselves felt was most relevant. In addition to the interviews, several institutions were visited, for example the Nork Older People's Home and the Social House in Zeytun. This report is based on the findings of both the desk and the field study.

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

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

## Background information: Armenia

Full name	Republic of Armenia (RA)
Capital	Yerevan
Official language	Armenian
Currency	1 dram = 100 lumas
GDP at current prices, per capita	5,317 USD
Population	3.2 million
Life expectancy at birth in 2006	Men 70 years, Women 76 years
Total fertility rate, average number of children per woman	1.4
Source: UNECE 2009.	

### History

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

### Economy

The Republic of Armenia is a member of the Commonwealth of Independent States (CIS). It belongs to the group of lower-income economies with the GDP per capita at current prices and purchasing power parity amounting to USD 5,317 in 2007 (UNECE 2009). In the 1990s, the country implemented crucial reforms necessary for the transition from a centrally planned to a market economy. It privatized small and medium-sized enterprises, initiated price reforms and opted for prudent fiscal policies. Both the separation from the Soviet Union and the conflict over Nagorno-Karabakh contributed to a sharp 50 % decline in GDP between 1991 and 1994 (World Bank 2002). When Azerbaijan and Turkey closed their borders to Armenia, there was a considerable negative impact on existing trade patterns (World Bank 2002). After the ceasefire in 1994, the country launched a programme of economic liberalization supported by the International Monetary Fund (IMF). In 1995, the country entered a period of strong economic growth that continued for more than ten years. Between 2002 and 2007 annual growth of GDP exceeded 10 % (IMF 2009). During that period, Armenia was able to reduce levels of poverty and better control inflation as well as the stability of its currency.

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

In 2008, the growth of the economy slowed down to about 6.8 % compared to 13.8 % in 2007 (IMF 2009). In 2009, the situation further deteriorated and the IMF predicted a fall in GDP at about 5 % (IMF 2009). As Armenia has faced a sharper-than-expected impact of the economic crisis, IMF approved a 540 million USD Stand-By Arrangement in support of the governmental programme in March 2009. The sum was further increased to 822.7 million USD in November 2009 (IMF 2009b). The IMF has forecast a recovery of the Armenian economy for 2010.

## Labour market

As in most post-soviet economies, the size of the labour market reduced significantly during the transition. The National Statistical Service estimated that employment fell by 32 % between 1990 and 2005 – from 1.6 million to 1.105 million (World Bank 2007). Although Armenia's economy was growing comparably fast during the transition, its labour market outcomes were more modest than in other economies. In 2007, private companies were expected to create new employment and thus reverse the downward trend. However, the global downturn that followed would likely incur a further decline in employment (World Bank 2007). Hopes for job creation now depend on the private sector because of the continuing downward trend in the public sector.

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

## Population and demographic trends

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

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

Older persons in Armenia are economically vulnerable: although they are entitled to pensions, money transfers are far from sufficient to cover living costs. The average pension in 2007 was equivalent to 17.2 % of average salary, and 27 % of pensioners lived in poverty (UNDESA 2007; cf. Mission Armenia 2009 and UNFPA 2009). A high degree of vulnerability can be observed among older people living alone, especially women. The percentage of people living alone is significantly higher among older women than among older men, because of the shorter life expectancy of men. For example, 41 % of 60-64 year old women are widows (UNFPA 2009).

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

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

### **Introduction**

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

### **Government Action Plan**

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

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

expressed commitment to decrease poverty among pensioners, for which considerable financial means are made available.

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

## **Government Anti-Crisis Action Plan**

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

## **Strategy on Demographic Policy**

The Strategy on Demographic Policy, adopted by the government in 2009, analyses the main demographic developments and suggests policies to tackle the various challenges they pose. Among others, the document describes the situation with regard to population ageing and identifies strategic approaches and activities in response. Following the principles of the Madrid International Plan of Action on Ageing and its UNECE Regional Implementation Strategy (MIPAA/RIS) and in response to the specific situation in Armenia, three priority areas of action are defined: 1) developing and implementing an effective policy in response to demographic ageing; 2) streamlining the social insurance system; and 3) developing social and healthcare services and improving older persons’ quality of life. Under these headlines, a number of actions are recommended, which aim at maintaining and developing the working potential of an ageing workforce, encouraging lifelong education, making the labour market more flexible to facilitate employment of pensioners without creating conflicts between generations, promoting pensioners’ active participation in public life, and developing social and healthcare systems.

## **Pension Reform Programme and Pension Reform Implementation Schedule<sup>3</sup>**

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

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<sup>3</sup> Document number: N 1487.

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

### **Law on State Allowances<sup>4</sup>**

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

### **Law on Social Assistance**

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

### **National Programme to Improve home-based social services to single older persons and persons with disabilities<sup>5</sup>**

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

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<sup>4</sup> Document number: HO-205.

<sup>5</sup> Document number: N 485.

## **Procedures for providing care to older persons and persons with disabilities<sup>6</sup>**

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

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

## **Minimum standards of care and social services for older persons and persons with disabilities<sup>7</sup>**

This Government decision from 31 May 2007 outlines minimum standards for social care and support provided to older persons and persons with disabilities. For example, it sets out the minimum size (5 square metres) and maximum number of inhabitants (4) per room for institutions for older or disabled persons. It sets requirements for appropriate number of bathroom facilities and leisure time areas. It defines minimum portions and energy value of food as well as minimum numbers of clothing and bedding provided to residents of institutions. Standards for home-based care and social services refer to the kind of services that have to be granted, e.g. home-based care, medical assistance, socio-psychological assistance and legal counselling. Four different service categories are designated: from sub-group A referring to persons in need of constant care provided by another person, to sub-group D referring to persons who are mainly in need of psychological assistance. The Government decision also contains provisions regarding the ratio of medical or social staff to clients in institutions, in social service centres providing home-based services, and in social rehabilitation day centres.

## **Ensuring access to the social, transport and business infrastructure for persons with disabilities<sup>8</sup>**

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

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<sup>6</sup> Document number: N 1874.

<sup>7</sup> Document number: N 730.

<sup>8</sup> Document number: N 392.

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

## **Conclusion: Ageing in the Armenian policy agenda**

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

Both the Government Action Plan (outlining its overall priorities) and the Second Poverty Reduction Strategy Paper<sup>9</sup> (2008) express a strong commitment to reducing poverty among pensioners, focusing on bringing contributory and social pensions to a level that ensures a minimum living standard. Accordingly, the government has adopted the pension reform<sup>10</sup> which foresees the introduction of the multi-pillar pension system. Other documents regulate specific subject areas such as social assistance, home-based services or access to buildings and thus make provisions that are, among others, relevant to older persons. What has been missing so far is an integrated framework of policy-making that considers all relevant aspects systematically and in their interrelatedness.

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

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

### **Recommendations:**

1. Adopt and implement the National Strategy on Ageing and its Action Plan, which provide a comprehensive national policy framework to guide action in all areas relevant to population ageing.
2. Achieve an age-inclusive and gender-sensitive policy framework that aims at providing equal opportunities regardless of age or gender.
3. Avoid discrimination in service provision to the detriment of those most vulnerable by removing discriminatory clauses in existing laws which exclude

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<sup>9</sup> RA Government Decree, N 1207-N, October 30, 2008, Republic of Armenia sustainable development program, Yerevan, October 2008.

<sup>10</sup> Government of the Republic of Armenia, Decree N 1487-N, 13 November, 2008 on Approving the RA Pension Reform Program and Pension Reform Implementation Schedule.

certain groups from service provision. It can be assumed that people with a history of alcoholism and drug use or sexually transmitted or other infectious diseases, including HIV/AIDS, may be especially in need of care and support and where no such care can be provided through the common system, alternative specifically targeted services should be provided.

## Observations of the field study and recommendations

### Introduction

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

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

## Ageing-related policies and their implementation

### *Integration and participation of older persons*

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

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

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

#### *Economic integration*

Older persons should be able to stay economically active for as long as they are willing and able – to allow them to capitalize on their experiences and to be integrated into professional networks. Currently, there seems to be a bias against older people's activity as employees, with their contributions not being fully appreciated by employers. In the formal sector, the standard full-time employment is the norm and more flexible models such as part-time work, which may better accommodate the needs of older persons, are not readily available. Administrative burdens and/or difficulty in accessing credit also impede the ability of older persons to become entrepreneurs. A culture of older persons' economic activity is not well ingrained in society and needs to be built. Similarly, there is no broad acceptance of the need for continuous learning that allows employees to keep abreast of new developments so that even older workers remain well adjusted to their changing workplaces. A new strategy on Education and Lifelong learning has been developed under coordination of the Ministry of Education with inputs from NGOs and experts. It is expected to provide new opportunities for lifelong learning which have to be embraced by the working age population. In fact, the classical differentiation between education, work life and retirement as consecutive phases of life – still very much the norm in Armenian society – is not well adjusted to the requirements of an ageing society. Learning and working will increasingly have to become overarching concepts of equal relevance to all age groups.

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

#### *Social integration*

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

Some community centres offer older citizens participation in social activities. However, it would be useful to map such centres and establish alternative facilities where they do not exist. Volunteering is hardly developed as a means to achieve better participation of older persons. Volunteering should be both *for* and *by* older persons. Providing older persons an opportunity to volunteer could help their inclusion, since they can pass on their skills

to younger generations. For example, older persons could help pupils with their homework. At the same time, younger generations could volunteer to help older persons with small errands or accompanying them to places outside their homes. An effective approach to fostering integration of older persons is supporting the development of older people's self-help groups, based on a volunteering approach. Such groups can be organized around a specific community need, for example to provide child care or home care to other more vulnerable older persons.

### *Cultural integration*

Older persons carry a rich cultural heritage and they should be provided with opportunities to pass them on to the next generations. At the same time, culture, such as theatre or music, is a reflection of society's status quo and older persons should be provided with opportunities to take part in such performances. Armenia has made some efforts to provide access to culture for older persons, for example by providing tickets at reduced prices. However, physical accessibility of buildings is often an issue for older persons with disabilities. At the same time, acknowledging the active contribution of older persons to cultural life, for example as actors or artists, is important. A media study<sup>11</sup> showed that older artists and actors are indeed occasionally acknowledged in the news, for example on the occasion of their birthdays.

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

### *Political integration*

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

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

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

### **Recommendations:**

1. Organize outreach and public information campaigns to counter negative stereotypes of older persons.
2. Work with the private sector to facilitate the development of products especially designed for the needs of older persons.

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<sup>11</sup> Meri Yerosyan, The coverage of age-related issues in Armenian TV and print media, report submitted to the UNECE December 2009.

3. Improve mobility of older persons by enhancing accessibility and affordability of public transport.
4. Organize survey of existing community centres and establish alternative facilities where such centres do not exist.
5. Enhance integration and participation of older persons by promoting volunteering.
6. Continue providing opportunities for accessing cultural activities by older persons, both as spectators and as active participants.
7. Enhance access to modern means of communication and build capacities among older persons to use them (including the internet).
8. Improve opportunities of older persons to be politically active, especially in policy-making in areas that concern them.

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

The role older people play in society depends on how they are seen by other generations as well as how they perceive themselves. The image of older persons in society is difficult to measure. A proxy for public discourse is media reporting, since journalists try to capture in their stories what is thought and said by key opinion leaders as well as the broader public. At the same time, messages transmitted in the media reinforce public perceptions. They shape the images of older citizens in the minds of the people. A study to review media reporting on older persons and ageing-related policy-making was therefore commissioned<sup>12</sup>. The study covered the TV news programme Haylur, the daily 9 pm news programme of the main public TV channel H1, and the two newspapers Haykakan Zhamanak (Armenian Times) and Aravot (Morning). The selection was done so as to cover a sufficiently broad audience.

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

The review of the selected daily newspapers for the period of March to August 2009 (six months) generated a list of 36 relevant articles which were grouped into seven clusters: (1) “Making ends meet, pension and income”, (2) “Older persons and relationships,

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<sup>12</sup> Meri Yerosyan, The coverage of age-related issues in Armenian TV and print media, report submitted to the UNECE December 2009.

loneliness”, (3) “Housing”, (4) “Positive ageing”, (5) “Active older people”, (6) “Anniversaries” and (7) “Notifications on death”.

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

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

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

Furthermore, there is a tendency to focus on older people who are famous. To provide a realistic picture of the realities of older persons it would be useful to feature more average older persons facing ordinary difficulties in life but also finding many creative ways of coping with them. It could be shown how older people can be outstanding and special without necessarily being famous. Stories could show how average older persons are well embedded into networks of intergenerational solidarity in which they both give and receive.

Reporting about non-famous people often shows extreme cases of dire misery. In a considerable number of stories, older people are associated with a lack of hope for a decent life and sometimes even a desire of dying as the only way to escape. While it is important to acknowledge that such cases exist, they may become self-fulfilling prophecies if they are perceived by the public as the norm because of frequent media reporting. The audience may subconsciously adopt the view that this is how older people should be treated. It may be useful to balance such reporting with suggested strategies, i.e. showing how government or communities address the challenges. In fact, while older persons are occasionally reported on, ageing-related policy-making has been practically absent from media reporting. In as much as government is in a position to provide more information to the media about its activities – such information should be used. Press work of the Ministries may be intensified and capacities in the Ministerial PR offices

should also be enhanced so that they actually address the needs of the media, i.e. linking information provision with stories of real people the audience can relate to. More active outreach of government to the media, explaining ongoing activities and strategies may help increase transparency of government actions and ownership in the wider public.

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

**Recommendations:**

1. Government and organizations of (for) older persons should reach out to the media to enhance frequency of ageing-related reporting and to enable the media to provide a more balanced picture of ageing issues reflecting the real diversity of the lives of older people:
  - Substitute the image of passive seniors with active ones;
  - Bring older persons from the background to the forefront, give them a voice, make them central actors;
  - Portray seniors also as influential figures, show that they both give and receive;
  - Diversify the reporting on older people by presenting various groups of older persons;
  - Promote respect towards older people not only through insignia, care and praising but also through stories that highlight their capabilities, potential and determination;
  - Present success stories of entrepreneurship among seniors, show their contributions as volunteers.
2. Strengthen the role of media to provide useful information to the public about the rights of older persons and services available to them. Strengthen the function of media as an advocate of older persons' rights, including by uncovering cases of abuse and neglect.
3. Build the capacities of press offices in the Ministries to produce targeted information for the media, thus informing about ageing issues and generating understanding of existing challenges for government policies.
4. Organize an information campaign involving a diverse group of actors, including government, NGOs and media professionals, facilitating public discussion about the realities of older persons' life, the challenges of ageing societies and measures to help older persons to bring out their potentials and live fulfilled lives. The campaign should equally seek to fight stigma and prejudice against older persons. The campaign could involve intergenerational aspects, for example by involving school children or workplaces.

## **Social protection**

The pension age has been set at 63 years for both sexes. The basic pension is 8000 AMD, the average pension is 26000 AMD. While there is no official poverty line adopted in Armenia, the minimum consumption basket is calculated at 41000 AMD by the National Statistical Service. The pension provided by the state is insufficient for covering even the most basic needs. Women tend to receive a lower pension than men because they usually work fewer years in formal employment. Unregistered work – a widespread reality – is not credited towards the pension. Older people often depend on their children to receive financial support and help in their day to day lives. Over the past years, pensions in Armenia have been raised several times, but given the rapid increase in living costs, pension payments cannot ensure minimum subsistence levels. Implementation of the pension reform as adopted by the government will therefore be of major importance.

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

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

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

### **Recommendations**

1. Implement the pension reform; monitor its progress and impact, and make adjustments as necessary.
2. Introduce a consistent and integrated social protection system that provides targeted assistance based on level of need (low, medium, high) and defines thresholds of income so that vulnerable groups maintain an income at least at the minimum subsistence level.
3. Provide easy access to information and create more transparency about available services, eligibility, application procedures and selection. Distribute brochures, flyers and posters and install a hotline, internet platform, and responsible focal points, or counsellors, at local level where older persons and their families can seek advice. Independent advice could also be made available through NGOs such as Mission Armenia.

4. In case of grievances, complaint mechanisms should be in place in case applicants for social services feel treated unjustly. Strengthen capacity of the ombudsman, advertise and monitor his services.

## **Health**

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

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

The lack of specialized health expertise in health staff was of some concern. Medical staff, including doctors and nurses, does not receive training on how to interact with older persons. The speciality of geriatrics and gerontology is not developed, neither at university, nor are such specialized services available in hospitals.

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

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

### **Recommendations:**

1. Enhance skills among health care staff to professionally serve older persons. Include modules on gerontology and geriatrics in the curriculum of general practitioners and nurses.
2. Consider making palliative care services available.
3. Enhance prevention of disease and accidents and promote healthy living (balanced nutrition, physical activity, avoiding excessive alcohol consumption, non-smoking). Include prevention in school curricula and use public media to promote healthy life styles. Monitor and evaluate prevention programmes to find out whether they actually help to encourage healthy behaviours.
4. Tackle the collection of unjustified fees in health care and social service provision. Ensure service provision to vulnerable older persons without additional unjustified payments. Set up complaint mechanisms.

5. Introduce quality management mechanisms to monitor service provision. Establish independent external committees to perform unannounced visits to hospitals to verify quality of service provision and demand improvements where necessary.
6. Examine and address the urban-rural divide in service provision, especially in health care.

### ***Institutional care***

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

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

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

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

### **Recommendations:**

1. Assess needs in the number of places needed in nursing homes and day care centres. Make additional places available as needed.
2. De-stigmatize living in institutions.
3. Create transparent rules and procedures about the accessibility of older peoples' homes.
4. Introduce quality management mechanisms to monitor service provision in institutions. Establish independent external committees to perform unannounced visits and demand improvements where necessary.
5. Determine an optimal ratio of medical and social staff to patients in institutions, according to international standards. Avoid over- and under-staffing.

## ***Housing and independent living***

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

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

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

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

Similarly, there seems to be no solid understanding of the need for home-based care services. At the same time, such services are key in allowing older people to stay in their familiar environment for as long as possible. Often, small services in the house help them to otherwise live independently. Home-based care services are not well developed or widely available. The labour market does not provide incentives for such professionals and there are hardly any perspectives for an attractive professional development for them.

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

### **Recommendations:**

1. Support family members taking care of older persons, be it in co-residential settings or in living apart settings.
2. Make provisions to allow older persons to stay in their homes, e.g. by providing assistance with costs of refurbishment and utilities. Make special efforts to provide affordable and secure heating to older persons.
3. Gain a better understanding of levels of under-nourishment and need for food support and plan mechanisms to address this issue.
4. Appraise the needs of home-based care services and make them available accordingly. Provide more attractive career opportunities for home-based care workers.

5. Assess the problem of under-nourishment and the need for food support. In cases where pension does not cover minimum nutrition requirements, provide additional means either in kind or by financial support.
6. Assess the prevalence of homelessness among older people or older persons living in untenable makeshift homes and take action accordingly.

### **Education**

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

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

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

### **Recommendations:**

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

### **Labour market**

Given low pension levels, older persons are in need of earning additional incomes during retirement. Being employed beyond retirement age is perceived as difficult although the

constitutional court has made a ruling that it must be allowed in principle. There does not seem to be a general awareness of such legal possibilities either among employers or among employees. According to the National Statistical Service, 82,500 of 385,500 pensioners were working in 2008 (National Statistical Service of the Republic of Armenia 2009). It appears however that more pensioners would like to work and there is a perception that there is not sufficient opportunity to do so. In a 2009 survey “lack of available jobs” and “employers avoid hiring retired people” featured prominently among the reasons given for unemployment (UNFPA 2009). The labour market is biased towards a younger workforce which is considered better able to adapt and use modern technologies and employers generally do not seem to be well aware of the advantages of a diversified workforce which also includes the experience of older workers. Possibilities to make special provisions for older workers, such as adapted workplaces or flexible or reduced working hours also do not seem to be widely appreciated. While employers often do not consider older applicants attractive, older persons themselves also do not actively apply because of an anticipated rejection. In 2009, the high court made a ruling that pensioners are allowed to be employed. However, not all potential employers and employees seem to be aware of this. Under these circumstances, pensioners often pursue informal gainful activities. Others may wish to become entrepreneurs to use their capacities to generate some income but also to be their own boss and be able to organize their work life according to their needs and possibilities. Older persons who want to become entrepreneurs face a number of hurdles, such as a complicated bureaucracy and difficult access to funding.

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

**Recommendations:**

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

**Gender**

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

**Recommendations:**

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

**Monitoring and evaluation of ageing-related policies**

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

More broadly, capacities in the area of monitoring and evaluation within the Ministries are not well developed. However, there is a clear recognition of the importance of such skills as a prerequisite to acquire international funding and international support has been sought in designing such strategies.

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

**Recommendations:**

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

**Institutional arrangements and allocation of responsibilities**

The main responsibility for ageing-related policies is with the Division for Older Persons' Affairs of the Department of the Disabled and Older Persons' Affairs in the Ministry of Labour and Social Issues. For specific issues related to health care or education, the line ministries would have responsibility. However, every ministry seems to be very focused on their immediate area of responsibility which makes interaction on a complex issue such as ageing difficult and effectively hinders mainstreaming ageing. Currently, there are

no established inter-ministerial mechanisms which could facilitate exchange and coordination on a regular basis.

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

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

There is not a lot of experience in systematically involving a diversity of NGOs or the private sector in service provision. Cooperation is mainly with Mission Armenia which is not active in all regions of the country. It would be beneficial to have several NGOs or private sector companies providing services to older persons, to generate a minimum of competition and ensure coverage throughout the country. To potential service providers who would like to be contracted in the social sector there seems to be some lack of clarity about the legal framework.

**Recommendations:**

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

**Involvement of stakeholders**

There is a great openness in involving stakeholders and it should be further enhanced. A social dialogue agreement commits public and private sector as well as trade unions to contributing to ageing-related policymaking. Trade unions have so far hardly become active in support of older workers. The great potential of trade unions providing practical support and advice to workers approaching pension age on how to stay attractive for the labour market is hardly used. Trade unions may only assist in cases of concrete conflicts. Pensioners can retain membership in the unions but do not receive any specific services. They would mostly choose to do so to stay in contact with former colleagues. Trade unions do not offer pensioners any support in finding or retaining employment which for many of them is essential because the pension does not provide them with sufficient income. Trade unions also do not seem to seek to influence policy discourse very much. Although they are sometimes invited to comment on policy issues they do not seem to have the necessary expertise to make a meaningful contribution defending the interests of older persons in the labour market. Employers have shown a bias towards younger employees and many do not see the advantages of a diversified workforce. Others, in

certain branches, have found it difficult to find qualified staff and therefore resorted to continuous employment of retirees. In general there does not seem to be a good understanding of how workplace-policies can be designed to accommodate the needs of older persons as well as those of the company. Chambers of commerce have been involved into designing policies, for example on lifelong learning, to an extent, but the full potential of a social dialogue where all parties bring in their expertise and contribute to making comprehensive policies, has not yet been exploited.

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

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

**Recommendations:**

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

## Research and data collection

The National Statistical Service of Armenia has the main responsibility for data collection. It issues the poverty and social snapshot annually for which it has received an award from the World Bank. The Institute of Labour and Social Issues, associated to the Ministry of Labour and Social Issues, is the authority in producing data relevant for ageing. For example, it is currently developing age maps to get a better overview of the distribution of the older population. The United Nations Population Fund (UNFPA) has also supported important data collection efforts. It has helped carry out and publish a survey on ageing in 2009 that provides policy-relevant data<sup>13</sup>.

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<sup>13</sup> Ministry of Labour and Social Affairs/National Statistical Service of RA/UNFPA 2009.

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

**Recommendations:**

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

## Integration into international processes

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

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

**Recommendations:**

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

## Outlook, the road ahead

Adopting the national Strategy on Ageing and its Action Plan (see advanced drafts in the annex) and seeing to their implementation will be the main challenges ahead. Most of the findings of the field mission have been directly reflected in the drafts of these documents. Some of the goals and objectives as well as actions set out there may require additional funding, and the international donor community is encouraged to support efforts in these areas. Many of the suggested actions, however, do not require additional

financial resources but refer to areas where things may be done differently or more effectively. Tackling the issue of corruption and increasing transparency in service provision will be crucial to increase efficiency and reduce expenditures.

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

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

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

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

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

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## Annexes

1. List of documents reviewed
2. Questionnaire
3. List of interviewees
4. Strategy on Ageing (draft)
5. Action Plan (draft)

## Annex

### Annex 1: List of documents reviewed

- The Government Action Plan.
- Government Anti-Crisis Action Plan and Government's anti-crisis action progress and status summary report.
- Strategy on Demographic Policy.
- The structure of single older persons' issues sub-sphere.
- Functions of the Division on older persons' issues of the Department on issues of older persons and persons with disabilities.
- Vardenis Nursing Home Monitoring: Questionnaire.
- Norq Nursing Home Monitoring: Questionnaire.
- Monitoring of care services provided by the social service centre to the disabled and elderly living alone: Questionnaire.
- Decision N 485, The national programme to Improve home-based social services to single older persons and persons with disabilities (November 4, 1997).
- Law on Social Assistance.
- N 1874, Government Decision on approving procedures for providing care to older persons and persons with disabilities and approving the list of diseases serving as grounds for a refusal to provide care (December 7, 2006).
- N 730-N, Government decision on approving minimum standards of care and social services for older persons and persons with disabilities (May 31, 2007).
- Law on State Allowances (October 24, 2005).
- N 1369-N, Government Decision on Establishing the Procedure for the Provision of Rehabilitation Assistance (September 22, 2006).
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- Timetable of the 2004-2010 Republic of Armenia National Action Plan on Improving the Status of Women and Enhancing Their Role in Society.
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- Government Decree No. 1487-N on approving the Pension Reform Program and Pension Reform Implementation Schedule (13 November, 2008).
- International Monetary Fund, Republic of Armenia: Poverty Reduction Strategy Paper Progress Report, IMF Country Report No. 06/239 (June 2006).
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## Annex 2: Questionnaire

### Armenian Road Map for Mainstreaming Ageing Questionnaire for the field study

#### Introductory statement

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

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

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

<p>Are you aware of internationally agreed policy frameworks (plans, programmes, principles) in ageing? How are such internationally agreed goals and principles on ageing reflected in Armenian policy?</p>	Strategic framework
<p>To what extent are these policies put into practice? Please describe.</p>	Policies, laws and programmes
<p>Can you give good practice examples of policy implementation in Armenia? Please describe.</p>	Good practice
<p>Do you think enough public funding is made available for older persons' needs? (Can you identify areas where the shortage of funds is particularly problematic?)</p>	Budget
<p>Given the existing budget constraints, do you think the government and local authorities are doing enough to accommodate the needs of older persons relative to other age groups? For example, in the following areas:</p> <ul style="list-style-type: none"> <li>• Associations, organizations</li> <li>• Labour market</li> <li>• Education</li> <li>• Pension, minimum income</li> <li>• Social security</li> <li>• Institutional care</li> <li>• Home care, available support for daily living</li> <li>• Transport</li> <li>• Cultural activities</li> <li>• ...</li> </ul>	<p>Policy priority Strategic framework Level of implementation Budget</p>
<p>Do you know of any arrangements for monitoring and evaluation of ageing-related policies in Armenia?</p>	Monitoring and evaluation
<p>Who should carry out this function in your opinion?</p>	Capacity for monitoring and evaluation
<p>In today's Armenia, are the needs of all age groups (children, young, middle generation, older persons, oldest old) considered equitably or are some age groups receiving too much or too little attention compared to others?</p>	Society for all ages or one generation singled out
<p>What could be done to accommodate the needs of these disadvantaged (vulnerable) age groups? Who should do it?</p>	Identify possible recommendations

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

### Annex 3: List of interviewees

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