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POLICY INITIATIVES ON HEALTHY AGEING IN RUSSIA FROM 2010–2020**

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Background: A number of various policy strategies has been adopted in the last decade in response to population ageing in Russia. Governmental actions have yet to be evaluated in terms of their efficacy. By making a detailed overview of policy actions and relevant research, we are able to define successes and failures on the way to having a thriving and healthy older population.

Aims: To analyse policy initiatives targeting healthy ageing in terms of both the entire population and the individuals thereof, and provide the overview for the most recent years of 2010–2020.

Methods: The study has a theoretical nature. We undertake an analysis of available research literature and policy documents. In Section 2.2.1, we used a systematic literature review approach. Regarding the segment of the collection of literature discussed in the paper, a mixed approach was used retrieving online indexing services and additional searching in the Russian electronic library eLibrary.ru.

Results: Main demographic documents and primary structural changes focus on the population decline, ageing, retirement, and overall population health. Research on healthy and active ageing in the Russian academic literature, and elaboration of the new strategies and programs designed specifically for the benefit of older people and their health, have been discussed, with special attention given to the mental health of older people.

Conclusion: The initiatives mainly prioritise further increases in life expectancy, the quality of life of older persons, stimulating old-age productivity and active ageing. Many aspects require further improvement such as clear definitions, focused attention to geriatric care, better coordination of managing authorities, sustainable funding, and realistic expectations toward implementation indicators.

Keywords: healthy ageing; social policy strategies; demography structure; mental disorders; older population; Russian Federation

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1. Introduction and methods

Novel concepts and policies have been introduced in the last decade to respond to population changes in the Russian Federation. Numerous changes have been recognised as a matter of national security and of the highest priority and importance for the life of people. The aim is ‘to create the conditions for stimulating the birth rate, reducing mortality, pursuing a healthy way of life, and developing mass children’s and youth sport, as well as organise the promotion of a healthy way of life’ (The President Executive Order of 31.12.2015 № 683, 2015; our trans.)¹. Although the new policies have already been adopted, governmental actions have yet to be evaluated in terms of efficacy, likely impact on population movement and distribution, and the pros and cons of suggested actions. A review of the Russian academic literature shows very few publications on the theme of healthy or active ageing (see more in Section 2.2.1).

In this paper, we aim to address the gap in analysing policy initiatives targeting societal and healthy population ageing and provide the overview for the most recent years, namely 2010–2020. Section 2.1 introduces the timeline, main demographic documents and primary structural changes associated with population decline, ageing, retirement, and overall population health. In Section 2.2, we discuss research on healthy and active ageing in the Russian academic literature and elaborate on the new strategies and programs created specifically for the benefit of older people and their health, special attention being given to the mental health and organizing geriatric help for older people. In conclusion, we summarise the discussion points and define data obstacles in analysing governmental policies on population matters in the Russian Federation.

To achieve this aim, we use the methods of descriptive approach, critical analysis of existing legislation and social welfare policy, as well as the analysis of documents and research articles. The study has a theoretical nature. We undertake an analysis of available research literature and policy documents. In Section 2.2.1, we used a systematic literature review approach.

2. Research results

2.1 Policy initiatives in demography

2.1.1 Timeline of major population related policy documents

There are a number of strategic actions and legislative acts that the government of the Russian Federation has implemented and enacted in the most recent decade. In the following subsections, we analyse new laws enacted with regard to the improvement of population size and growth (Section 2.1.2), on age structure (Section 2.1.3),

¹ Original text: ‘Tsel- sozdat usloviya dlya stimulyatsii rozhdaemosti, umensheniya smertnosti, sledovanie zdorovomu obrazu zhizni, razvitie massovogo detskogo i yunosheskogo sporta, organizatsiya prodvizheniya zdorovogo obraza zhizni.’

and on health and mortality (Section 2.1.4). All of them have direct effects on population ageing manifestations. A number of recent documents allowed regulations on population movement, e.g. on spatial mobility, internal migration, new incentives to attract people to specific abandoned regions such as the High North, and citizenship-related procedures. We do not discuss these separately in this paper but acknowledge them as also having an effect on the country's demographic development. *Table 1* summarises major policy initiatives in the years 2007 to 2019.

Table 1
Timeline of larger population policy documents in the Russian Federation, 2007–2019

<i>Year</i>	<i>Document</i>
2007	* President Executive Order of 9.10.2007 №1351 "On the Approval of the Concept of Demographic Policy of the Russian Federation for the period up to 2025". It has its action plans, e.g. currently in force the Government Decree of 14.04.2016 №. 669-p. "On The Realization of Plan of Actions for the 3rd stage (2016-2020) of the Concept of Demographic Policy in the Russian Federation"
2009	* The Government Decree of 04.02.2009 № 132-p "Concept of sustainable development of indigenous northern peoples of the North, Siberia and the Far East of the Russian Federation"
2010	* The Government Decree of 25.10.2010 № 1873-p "On the basis of state policy in the sphere of healthy nutrition in the Russian Federation for the period up to 2020" * The Government Decree of 05.07.2010 №1120-p "Strategy of the socio-economic development of Siberia until 2020" * The Government Decree of November 30.11.2010 № 2136-p "The Concept of sustainable development of rural territories of the Russian Federation for the period up to 2020"
2011	* The Federal Law as of 21.11.2011 №323-FZ "On the fundamentals of health protection in the Russian Federation"
2012	* The Government Decree as of 6.02.2012 №98 "On the social grounds of abortion" * The Concept of the State Migration Policy, approved by the President of the Russian Federation dated June 8, 2012 № Pr-1490
2013	* "Russian Strategy of the Development of the Arctic Zone and the Provision of National Security for the period until 2020", approved by the President of the Russian Federation on February 8, 2013 No. Pr-232
2014	* The Government Decree as of 25.08.2014 №1618-p "On approving the Concept of state family policy in the Russian Federation for the period till 2025" * The Federal Law No. 172-FZ of June 28, 2014 "On strategic planning in the Russian Federation" * The Federal Law of 20.04.2014 No. 71-FZ On the amendments to the Federal Law "On the citizenship of the Russian Federation" and certain legislative acts of the Russian Federation * Decree of the President of the Russian Federation of 25.07.2014 No. 531 "On the amendments to the State Program for the Support of Voluntary Resettlement of Compatriots living abroad" * Resolution of the Russian Federation Government of 22.07.2014 No. 690 "On providing temporary asylum to Ukrainian nationals in the Russian Federation in a simplified order"
2015	* The President Executive Order of 31.12.2015 №683 "On the Strategy of National Security in the Russian Federation" targeting "To create the conditions for stimulating the birth rate, reducing mortality, pursuing a healthy way of life, and developing mass children's and youth sport, and organize the promotion of a healthy way of life"
2016	* "The Concept on Safeguarding Population Reproductive Health in the Russian Federation for the period 2016 to 2025" * The Draft of the Interministerial Strategy on promoting healthy lifestyle, prevention and control for non-communicable diseases (NCD) for the period up to 2025 * The Government Decree of 20.10.2016 № 2203-p "On the approval of the state strategy to combat the spread of HIV in Russia through 2020 and beyond" * The Government Decree of 5.02.2016 №164-p "Strategy for the benefit of older people in the Russian Federation for the period up to 2025" * The Government Decree of 29.11.2016 №2539-p "Plan of actions on the strategy for the benefit of older people in the Russian Federation for the period up to 2025 (the first stage until 2020)" * The Federal Law of 01.05.2016 № 119-FZ (Edited on July 29, 2017) "On the peculiarities of granting to citizens plots of land in state or municipal-owned territories of the constituent entities of the Russian Federation that are part of the far Eastern Federal District."

<i>Year</i>	<i>Document</i>
2017	* The Government Decree of 20.06.2017 №1298-p “On the approval of the concept of demographic policy in Russia’s Far East for the period up to 2025”
2018	* The Federal Law of 03.10.2018 N 350-FZ. (2018) “On the amendments to certain legislative acts of the Russian Federation on the allocation and payment of pensions”
2019	* Development and implementation of the national program of raising the quality of life in old age “Older Generation”

2.1.2 Initiatives on demography policy: From national to regional level

The Concept of Demographic Policy of the Russian Federation for the period up to 2025 (further cited as Concept of Demographic Policy) (*Ob utverzhenii Kontseptsii demograficheskoy politiki Rossiiskoi Federatsii na period do 2025 goda* 2007) was introduced in response to clear concerns on slow growth in certain regions of Russia as well as slight to severe depopulation in others. Acknowledged is a particular challenge to prevent the further significant loss of people in the Arctic and Far Eastern regions. These include the regions with the highest indication of shrinking (Republic of Komi, Arkhangelsk, Murmansk, Magadan and Sakhalin oblasts) as well as less depopulating regions such as the Republic of Karelia and Sakha (Yakutia). The Concept of Demographic Policy sets definite quantitative targets with regard to Russia’s population number: stabilising the population number by 2015 at the level of 142–43 million people and establishing the conditions for its growth to 145 million people by 2025. The later merging of Crimea increased the total population of the country and, due to this, the third stage of the Concept realisation (2016 to 2020) set a higher target to increase the population of the country to 147.5 million people by 2020 (*On the Realization of Plan of Actions for the 3rd Stage (2016–2020) of the Concept of Demographic Policy in the Russian Federation* 2016). (Also see *Table 1.*)

The Concept of Demographic Policy defined actions for the first period of implementation (2007–2010), where regional authorities had to develop regional demographic policies to take into account local demographic trends, and targeted population loss in particular. As of 2025, the Concept aims to provide a gradual population growth via increasing life expectancy up to 75 years, increasing the Total Fertility Rate (1.5 times to the level of 2006), and encouraging replacement migration (300 thousand immigrants annually). As a result of the Concept of Demographic Policy actions on depopulation, the number of citizens of the Russian Federation increased during the period 2015–2017, in part due to including the new Crimea region with its population of more than 2 million people (TARENT 2016).

The most severe population decline and most challenging demographic situation in Russia is in the Far East. As of 1.1.2016, the population of the Far East of Russia accounted for as low as 4.2% of the total population of the country, while occupying 36% of the total land coverage of Russia (Federalnaya Sluzhba gosudarstvennoi statistiki 2020). The population density in the Far East is also the lowest in Russia, one

person per one sq. km, which was addressed in the policy for the development of the region. In 2017, the government developed an additional Concept of Demographic Policy in Russia's Far East for the period up to 2025 (*Ob utverzhdenii Kontseptsii Demograficheskoy politiki Dalnego Vostoka na period do 2025 goda* 2017). Its priority lies in reversing population decline caused by large out-migration and natural decrease. A number of related state directions is to be implemented in two stages, during 2017–2020 and 2021–2025.

Population decline is seen as the main structural challenge that defines the Russian Federation's demographic policy. It started in the USSR and turned into an all-national demographic crisis in post-Soviet Russia. At the moment, Russia has a tiny cohort of potential mothers born in the 1990s who will not likely have a high number of births; hence the policy needs to comprehensively address all demographic components that lead to population growth. This is a challenge also relevant to many European countries.

2.1.3 Initiatives toward balancing the age structure

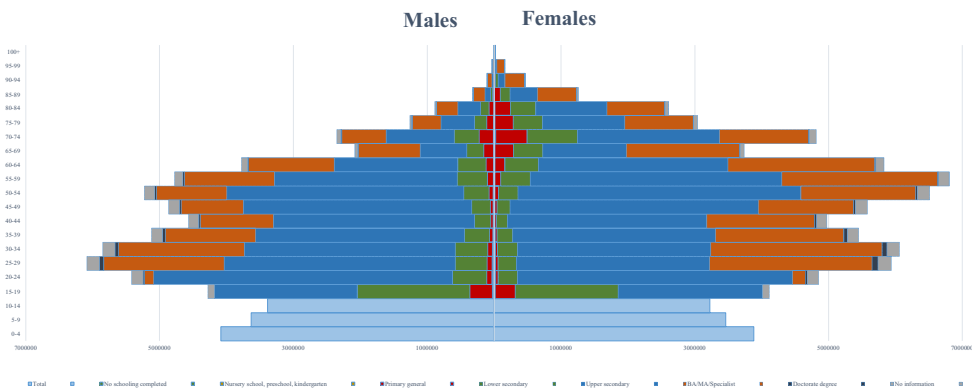
In expressing their views on the shrinking of the working force, the governmental representatives state that this alarming process is already happening and the prognoses show it to be shrinking even further. The Concept of Demographic Policy raises concerns on the problem of low fertility that leads to population ageing.

There are the Strategy and federal laws reflecting the long-term development of the pension system in the Russian Federation adopted in 2012–2013 (*O strakhovykh pensiyakh* 2013; *O nakopitelnoy pensii* 2013; *Strategy for the Long-Term Development of the Pension System of the Russian Federation*, 2012). Within the Strategy's framework, the government continues implementing measures aimed at raising the real level of pension provision for the older generation, establishing a decent level of pensions based on the principle of social justice. This is accomplished by providing a replacement level for the retirement pension consisting of 40% of the lost earnings under state insurance coverage linked to the average wage. Achieving an acceptable retirement level for the middle class has been also encouraged through participation in corporate and private enterprise pension systems (*Strategiya deystviy v interesah grazhdan starshego pokoleniya v Rossiiskoi Federatsii na period do 2025 goda* 2016).

The Russian pension system in its actual form was introduced on 1.1.2015, and included the following types of pensions: insurance pension, state-funded pension, and some other types. In 2017, 43 million Russian citizens received pensions. Under the new Federal Law (*O vnesenii izmeneniy v otdelnye zakonodatelnye akty Rossiiskoi Federatsii po voprosam naznacheniya i vyplaty pensyi* 2018) to be implemented from 2019, the retirement age in Russia will be increased from 60 to 65 for men and from 55 to 60 for women. The changes have now occurred in stages over a period of 10 years and will end in 2028. The government's decision to raise the retirement age was due to demographic changes and population ageing and was unprecedented in the nearly 90 years of Soviet and post-Soviet history. Changes in the pension system

are made to ensure a steady increase in insurance pensions and, in the long term, balance the ratio of working citizens and retirees.

Overall, the age structure of the Russian Federation has been redistributing towards more people of older ages, with a major concern in terms of the growing dependency ratios: OADR 49% in 2018 and 82.7 in 2050 (see *Table 2* and SCHERBOV et al. 2019). Median age is projected to increase from 39.6 in 2020 to 41.6 in 2050. It follows the Eastern European trend from 40.7 to 44.6 years in the same period (SCHERBOV et al. 2020). One noticeable feature of population development and ageing in Russia is that it mostly concerns females; there is still a significant sex gap and two to three times more females surviving into old age. *Figure 1* and *Table 2* illustrate the population composition in Russia from a variety of years, including an important component of human capital – educational attainment.



Projected total: 142,82 mln in 2015, Medium scenario in Emelyanova A. 2019

Figure 1

Population pyramid of Russia by education in 2010 based on census data, created by the authors

Table 2

Indication of population development and ageing in Russia (SCHERBOV et al. 2019).

<i>Indicator, year</i>	<i>Value</i>
Population size (thous.) 2018	146 880
Population size (thous.) 2050	137 360
Women per 100 men 60+ 2018	181
TFR 2017	1.62
No. of live births (thous.) 2017	1690.3
No. of live births (thous.) 2050	1328.2
No. of deaths (thous.) 2017	1826.1

<i>Indicator, year</i>	<i>Value</i>
No. of deaths (thous.) 2050	1986.1
Median Age 2018	39.2
Projected Median Age 2050	43.9
Net migration (total) 2017	211 878
Female LE at birth 2017	77.6
Male LE at birth 2017	67.5
Female LE 65 2017	18.0
Male LE 65 2017	13.7
Female old-age threshold* 2017	69.0
Male old-age threshold* 2017	62.6
OADR 2018 (F 20-54, M 20-59)	48.6
OADR 2050 (F 20-54, M 20-59)	82.7
POADR 2018	18.8
POADR 2050	25.6
Human Life Indicator (both sexes)	67.7

Notes: * With average remaining life expectancy of 15 years and less (%).

2.1.4 Initiatives on health and mortality

The Concept of Demographic Policy sets out a quantitative target with regard to Russia's population life expectancy at birth. The government sees the current life expectancy as low and recognizes the need to increase it up to 70 years (total for both sexes) by 2015 and 75 years by 2025 via enhancing the people's quality of life. According to the Concept's latest third stage realisation (for the period 2016 to 2020), the interim target in life expectancy is 74 years by 2020 (*On the Realization of Plan of Actions for the 3rd Stage (2016-2020) of the Concept of Demographic Policy in the Russian Federation*, 2016). To note, a strong concern/emphasis of the Concept of Demographic Policy is placed on reducing mortality from external causes among the working-age population, in particular males. Overall, male life expectancy at birth needs to be substantially increased, lowering the large gap between sexes, which was 10.1 years in 2017 (77.6 years for females and 67.5 years for males) (Scherbov et al., 2019).

Prevention is the priority direction of healthcare in Russia, as stated by Article 12 of the Federal Law on the fundamentals of health protection in the Russian Federation (*Ob osnovah zdoroviya grazhdan v Rossiiskoy Federatsii* 2011). Article 30

enacts the intersectoral approach on planning and implementing measures to promote healthy lifestyles as well as preventing and controlling non-communicable diseases (NCD) in the country. Since the law was released and the principal state position defined (intersectoral, preventive), it took several years to develop the relevant strategy. In 2017, the Russian Federation's Ministry of Healthcare has been leading the final stage of work towards the governmental approval of the Draft of Interministerial Strategy on promoting healthy lifestyles, prevention and control of NCD, for the period up to 2025 (Ministerstvo zdravoohraneniya Rossiskoi Federatsii 2018).

In the preamble of this Strategy, it says that NCD cause 68% of total deaths in Russia, which is a very high percentage and burden on the country's economy; hence we can assume that the level of concern is high. Once the Strategy is approved at the highest level, the next step will be the National Plan of Action on NCD (Ministerstvo zdravoohraneniya Rossiskoi Federatsii 2018).

The indicators of longevity, morbidity, and mortality in the regions of Russia are significantly associated with socio-economic factors such as income level. The stressful economic crises during the market economy transition in Russia have led to tremendous increases in crime, accidents, and morbidity-related deaths in particular due to alcohol consumption-connected diseases and psychoses. The economic uncertainties have also led to the spread of serious public health problems (e.g. HIV) and an increase in mental health issues (anxiety syndrome and depression) that noticeably lower the quality of life and survivorship among the population, in particular among working-age males. In general, the life expectancy at birth for males is more than 10 years lower than that of females (MOLCHANOVA 2016). Another important fact is that the Russian population is largely susceptible to unhealthy lifestyles. This is a socio-behavioral challenge that must be addressed in society (more in e.g. POPOVA 2014).

For these reasons, the policy on health and mortality should be part of a healthy economy and healthy lifestyle policy and continue to: enhance the economic wellbeing of individuals and reduce poverty; tackle alcohol-related mental health problems; address mortality from external causes; promote sports and healthy nutrition; and all these more so in prevention than in treatment. To work on these tasks, the policy must invest more in building sufficient scientific evidence. This scientific evidence will promote an understanding of the real situation, as it is unfolding across the regions, as well as the underlying causal/associative reasons. It is important to remember that Russia is a vast country and has notable differences in longevity and population health determinants; therefore, it may require a region-nuanced policy response.

2.2 Policy actions for the benefit of older people

In this section, we move to discuss the research on healthy and active ageing in the Russian academic literature and the most recent policy initiatives specific to societal ageing, elderly people and their health.

2.2.1 Russian academic literature on healthy ageing

By searching the Russian scientific electronic database ‘eLibrary.ru’², we evaluated the scope of focus on this theme using the words ‘healthy ageing’ and the often interchangeably used term ‘active ageing’ in the title, abstract, and keywords of the Russian research journal articles, books, academic dissertations, conference proceedings, and reports. We made a search for the period of the last five years about 1. healthy ageing, 2. healthy ageing policy, 3. active ageing, and 4. active ageing policy. As seen from *Table 3*, the number of relevant publications on healthy and active ageing is small (30).

Table 3
Results of the search for healthy and active ageing publications in eLibrary.ru

<i>Search word in eLibrary.ru</i>	<i>Publication hits by search word</i>	<i>Relevant publications after title/abstract/full-text screening</i>
1. “здоровое старение” – healthy ageing	142	12
2. “политика здорового старения” – healthy ageing policy	8	0
3. “активное старение” – active ageing	141	10
4. “политика активного старения” – active ageing policy	32	8
Total	323	30

Note: In search 2 often the same papers appeared as in search 1, and also the results of search 4 yielded numerous duplicates from search 3. Duplicates were not removed from the Table numbers.

The search results demonstrate that only a few Russian researchers use the terms ‘healthy ageing’, ‘active ageing’ or policy about it in their title, abstract, and keywords. This is despite the fact that many publications discuss important aspects of it in their full text, such as nutrition in old age, raising pension age and financial security, gerontological education and geriatric health care, the national program for older people, and other relevant topics that constitute healthy ageing.

One explanation is that an operational definition of healthy ageing is still being debated and a consensus has not yet been achieved either in the English language literature (POSCIA et al. 2017) or the Russian one (GOLUBEVA 2016). In the former, McLAUGHLIN and colleagues (2012), who analysed the impact of different definitions of healthy ageing, concluded that a functional definition of health, i.e., free from symptomatic diseases and disabilities, may be acceptable. The valuable pragmatic approach

² The database eLibrary.ru contains over 33.5 million articles, books, dissertations, conference proceedings, scientific patents, and other research materials across all disciplines. One limitation of the eLibrary.ru database is that entering multiple key words at a time yields minimal to zero results. Therefore, only one key word or phrase was used in the query window. The used search terms were recorded as well as the number of results retrieved for each search on March 18, 2020. The hits were shown only for publications where the full text is available to the user.

supported by these researchers, however, does not account for the social dimension of 'active' ageing. This social dimension is considered as being crucial because of its impact on developing and maintaining health at all ages (LIOTTA et al. 2018).

SIDORENKO and ZAIDI (2013) noted that the term 'active ageing' is practically of little use in the CIS countries, mainly due to the fact that it can have a negative connotation in many (Slavic) languages of the CIS countries. The notion 'active ageing' might almost unconsciously turn on an image of someone who has become old too fast by accelerating through his/her life course. A negative view of ageing in general, and the active ageing in particular, can be attributed to the legacy of the recent past and the hardships of the continuing and still incomplete transition from the Communist past in many countries. In terms of semantics, a more acceptable term has been active longevity instead of active ageing. In the Russian research literature, we can find both definitions; however, in official governmental strategies, only 'active longevity' is used.

2.2.2 Initiative on ageing and for older people

In 2016, the Russian Federation Report provided details of the third appraisal cycle of the Regional Implementation Strategy to the Madrid Plan of Action on Ageing (*National Follow-Up to the UNECE Regional Implementation Strategy for the MIPAA in Russia*, 2016). In a further response to societal ageing, Russia introduced its strategy on ageing in Russia until 2025 (*Strategiya deystviy v interesah grazhdan starshego pokoleniya v Rossiiskoi Federatsii na period do 2025 goda* 2016) and consequently approved it. These strategies have been developed in addition to a number of federal and regional laws regarding the old age policies already in force. According to the strategy, principal directions should:

- stimulate employment of people in later ages;
- improve the present-day system of social and health services for the older population;
- ensure their access and widen their opportunities in education and leisure;
- fully integrate elderly people as consumers and provide age friendly goods and services;
- overall, form a new positive image of people in older ages in society.

The main targets of these documents seem to be twofold: (1) to empower older people to live healthy and actively as long as possible, increase life expectancy and raise the quality of life, and (2) to coordinate the actions of state and public institutes in addressing population ageing. The Ageing Network Database provides a comparative overview of research and active ageing initiatives in Central and Eastern Europe, including Russian research. We noticed there are some differences in the implementation of programs on active ageing in Russia and other European countries. For instance, many Central and Eastern European countries developed mechanisms for assessing the effectiveness of program actions and the possibility of their adjustment. In Russia, specific mechanisms to evaluate the quality of programs are rare to

non-existent. In addition, European countries pay particular attention to support the research provided by informal caregivers, volunteering, physical activity (Active Ageing Network, 2020). These are the areas that need a larger research focus in Russia.

The 49 initiatives in seven larger domains have been suggested in the Plan of Actions on the Strategy on Ageing for the first period 2016 to 2020 (*Plan meropriyatnykh po realizatsii v 2016–2020 godakh Kontseptsii demograficheskoy politiki Rossiiskoi Federatsii na period do 2025 goda* 2016). For instance, it suggested creating the institute of mentoring: older workers pass their professional experience to younger colleagues. From 2017–2020, the plan calls for developing professional standards to train ‘MD – Geriatrician’, ‘Specialist in palliative health care’ educational programs, and increasing the funding to lead the research in the field of gerontology and geriatrics.

With regard to the important policy response on lifelong learning, various regions of Russia have been testing lifelong learning options in the last decade, introducing pilot projects such as the universities of third age in Moscow, St. Petersburg, and other cities in Central Russia (Samara, Smolensk). These programs have been fostering social inclusion, volunteering, upgrading social and art skills, activating the internal resources of an older person, computer literacy, learning how to live actively and healthily in old age, how to safely transition into retirement, psychological and legal support during the retirement transition, etc.

However, more work is needed to develop professional education programs necessary to empower a person for late-age employment. Further understanding is needed to effectively coordinate the activities of various education centres offering courses for the elderly, as well as coordinating sustainable funding schemes, informing the masses about the usefulness of lifelong learning, available opportunities and recruiting more ‘old age’ students. In addition, the overall governmental strategy/priorities must define ways to move forward with lifelong learning, advance of which is crucial in order to secure funding and wider usage.

The concept of lifelong learning had been drafted in 2013 and went through public and governmental discussions. It concluded that the priority should go to creating a wide network of opportunities for new up-to-date qualifications and skills to increase the competitiveness of older people in the labour market as well as granting self-fulfilment and raising their quality of life. It also called for the development of infrastructure and accredited course materials to proceed with that aim. It defined the principles, including the flexibility of individual routes for education, opportunities for distant learning, disability-friendly learning, diversification of education providers, and integration of lifelong learning into the mainstream policies on education, economic development, social protection and other associated policy areas.

The initial draft was revised and published again several years later (Souz rukovoditeley uzrezhdenii i podrazdelenii dopolnitelnogo professionalnogo obrazovaniya i rabotodateley 2018). Among other things, it defines the role of lifelong learning in society and aims to coordinate related policy actions at all levels of governance. However, the government has not yet approved this strategic document.

The segment of people in working ages (ages 16–59) has been shrinking in many regions of Russia, going down from 67.2% in 2010 (sexes combined) to 61.4% in 2018. At the same time, older aged people (60+) comprise one fifth of the population and this segment is growing (*Table 4*). Stemming from this trend and complementing the earlier Concept of Demographic Development and Strategy on Ageing, there has been a separate national project ‘Demography’ suggested as one of 12 priority projects in national development. It started in 2019 and the budget totals 3105,2 billion rubles from 2019–2024 (2973,4 from federal budget). The national project is meant to create a pool of interrelated activities to reach targets under the pressure of time and resource constraints. The ‘Demography’ national project, which addresses the accelerating population ageing, contains five directions. One is the ‘Older generation’ (Starshee Pokolenie) program, which focuses on the development and implementation of the support system and raising the quality of life in old age.

In the European doctrine on active and healthy ageing, the European Innovation Partnership on Active and Healthy Ageing has been constantly supporting the development and training on ageing topics over the past 10 years, including using the tools of the Horizon (Health) program, implementing research on ageing in the major European projects MOPACT and INNOVAGE (WALKER 2018), inviting experts from neighbouring countries, for example, Russia. In 2020, 13 thematic online seminars have been implemented within the framework of the action WE4AHA-H2020 Coordination and Support Action for the European Innovation Partnership in Active and Healthy Ageing. The topics covered staying safe in LCT institutions during COVID times, digitization in healthcare, and a number of other actives (see more in the European Commission 2020³).

Table 4

Population composition in the Russian Federation by larger age groups, % in total population, both sexes combined (Federalnaya Sluzhba gosudarstvennoi statistiki 2020)

	2010		2018	
	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>
<i>Children 0–14</i>	16,75	13,71	19,44	15,96
<i>Adults (16–59)</i>	70,00	64,36	64,25	58,49
<i>Older age people (60+)</i>	13,25	21,93	16,31	25,54

‘Older generation’ is a federal level program of an interministerial character (co-financing 98,8 billion rubles in 2019–2024). It aims to create by 2024 the conditions to extending the period of active ageing and for the healthy life of people, raising the quality of life for the older generation, and increasing their motivation for a healthier lifestyle (Prezidium Soveta pri Prezidente RF po strategicheskomu

³ https://ec.europa.eu/eip/ageing/news/13-thematic-workshops-will-be-funded-european-project-we4aha_en.

razvitiyu i natsionalnym proektam, n.d.). The initiatives related to this project are considered to be compatible with the international guidelines such as the WHO report on health and ageing (World Health Organization 2015). The main aim called ‘Active Longevity’ is pursued without a clear definition, in essence, via an increase in life expectancy to 78 years by 2024 and 80 by 2030 with four tasks:

- Development and implementation of the program on raising the quality of life of elderly people.
- Creating a long-term care system for older people and people with disabilities in all 85 regions by 2024, as part of the activities toward a better functional status of the population. It aims at a system of balanced state social services and health care at home and institutionally, non-state NGOs as well as supporting informal family carers (overall budget of 295 million rubles).
- Reconstruction and modernisation of the outdated infrastructure of social and health care services for older people, including the elimination of waiting lines.
- Free-of-charge professional education on the premises of existing universities and colleges and raising new competences that are relevant for the society, for older people in their pre-retired age (budget of 10,7 billion rubles) (DUBOVIK 2019).

2.2.3 Critical analysis of policy actions on ageing

The analysis identifies a few problematic areas in the above programs that are highlighted by the research community;

1. The definitions are not clear: what is meant by ‘healthy ageing’? Adding ‘healthy’ to the indicator requires that developers explain what is meant by this. In some places, it is used as a synonym of the WHO term ‘active longevity’ as regarding a ‘process of optimising’ opportunities in health, participation in public life, and security in order to maintain the quality of life of an ageing population (World Health Organization 2015). In reality, the program sets the main target to achieve the indicator of higher overall ‘life expectancy’. ‘Healthy life years’ would be something more meaningful to measure within the ‘healthy ageing’ program; however, there is a problem of limited statistical data in Russia. It will require many more resources toward data collection on mortality and morbidity in specific proportions of ‘healthy’ and ‘unhealthy’ older adults, and various other indicators of health in old age (TKACHENKO 2018). In comparison to the European countries, the indicator of healthy life years (HLY) could be considered a marker of active and healthy ageing as it accounts for the interaction of psychophysical and socio-economic factors during the individual’s life course (LAGIEWKA 2012). This phenomenon is not consistent across European countries, since in 12 countries out of 28, the HLY expectancy at 65 years has decreased from 2010 to 2014 (Eurostat 2020).
2. The target life expectancy indicator to reach 78 years by 2024 and 80 by 2030 is problematic itself, as it does not state separate targets for males and females

- in the program. Given that the longevity gap between sexes is one of the highest in the world, with the male mortality being 2–3 times higher than the female in Russia, it indicates the reluctance of the program's authors to understand the differences in the causes of such large discrepancies between the health of older men and older women in Russia and the inability to develop various gender-specific actions in national and federal activities (KLIMANTOVA 2019).
3. Given the recent increases in pension age, as well as the turbulent economic and other crises in the country, it is unclear whether those numbers are achievable; they may require an adjustment to quickly changing conditions (TKACHENKO 2018).
 4. The program pays too little attention (and money) to the necessary prevention of neurodegenerative diseases such as Alzheimer's disease, dementia, frailty, and strokes. The solutions to fight these diseases will require changes to the current system of health and social care; however, little has been stated in the program activities so far (KLIMANTOVA 2019).
 5. Target indicators are in fact contrary to the aims of increasing the healthy years of life. A project indicator about the hospitalisation of gerontological patients is projected to grow into the program. If the incidence rate is increasing, then the expected duration of a healthy life cannot increase. According to numerous researchers, the real activities aimed at improving the life of the older generation in the project are not enough; the adjustment of goals and target indicators is also required. The goal of 'increasing the expected duration of a healthy life' should be the main goal of the national projects 'Demography' and 'Health', since the indicator 'expected duration of a healthy life' is associated with morbidity indicators and the level of disability. The indicator 'expected healthy life expectancy' is based on subjective estimates of the population; it is impossible to trace the dynamics of its change, since it has not been previously measured in the Russian regions (BULANOVA 2019).
 6. It is so far noted that the city of Moscow as a federal subject has succeeded the most in creating conditions for healthy ageing for its citizens and can be used as an example of successful practices (DUBOVİK 2019).
 7. The program 'Older generation' is complemented with the programs 'Public health' (Ukrepnenie obshhestvennogo zdorov'ja) and 'Public sport' (Fizkul'tura i sport) under the same umbrella of the national project 'Demography' (Demografija). With regard to healthy ageing, a combined effort is expected in the healthy lifestyle propaganda, including dietary habits and nutrition, decrease in substance use, and mass sport, which is important for all age groups, including the elderly (KLIMANTOVA 2019). The actions in these programs are best realised in the corporate culture where employers shall develop programs for their workers, which might not be as effective as being widely promoted in other societal and public institutions.

To summarise, existing programs and policy documents illustrate the government's interest in the area of active and healthy ageing. However, there is a rather large focus on creating a long-term care system for the oldest persons, while lacking a variety of supportive activities for the younger among the elderly adults. Certain issues also exist with the usage of allocated finances, e.g., not all allocated money has been used; sometimes only a small portion of it has actually been spent. Among other issues, there is relatively little creativity – sub-national regions just repeat activities from old federal programs; delays in the planned action timelines; often an ineffective coordination and management of activities. Implementing these programs in relation to the documents adopted by WHO in the field of ageing and the MIPAA occurred 10 years later; little attention was paid to the differences across the regions of Russia and the formation of a policy of healthy ageing at the local level.

3. Conclusion

The government has enacted a range of strategic documents, legislative acts, orders and programs, reflective of national demographic trends and in many parts based on suggestions from the international frameworks on ageing. It illustrates that the government has recognised the upcoming ageing change, the need for health promotion at all ages and the targeted care for older people. The initiatives mainly prioritise further increases in life expectancy, the quality of life of older persons, as well as stimulating old-age productivity and active ageing. However, there are still many aspects that need further improvement, such as clear definitions, focused attention to the most vulnerable recipient population groups, a better coordination of the managing authorities, and realistic expectations toward implementation indicators.

The authors have acknowledged the rich databases on demographic processes and trends available via the Federal State Statistics Service and the Unified Interdepartmental Statistical Information System of the Russian Federation. Overall, collecting and reporting more detailed data should be further supported as this allows a proper analysis of the ageing variations at the sub-national and municipality levels of such a large country as Russia. Addressing current trends, data and statistics shortage is crucial in moving forward to more evidence-based policy solutions toward healthy ageing.

At the same time, the authors have noticed a lack or absence of publicly available data and research on some core topics related to healthy and active population ageing, such as an age-friendly environment; participation in social activities; lifelong learning, leisure, sport and tourism activities among older people; elderly migration aspects; policy initiatives and their results by granularities of ethnicity, age, sex, education, and others. The Russian researcher community needs to provide more public discussion of these aspects.

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