Active ageing in the time of COVID-19 with references to European and post-Soviet countries

Alexandre Sidorenko[1]

Abstract. This paper discusses the aspects of active ageing policies in the context of the COVID-19 pandemic. The article begins with a brief overview of the evolution of the concepts and content of the active ageing policy. The features of the approach to active ageing in the post-Soviet countries are outlined. What follows is a brief overview of the situation of older people during the COVID-19 pandemic. In the concluding part, the author introduces proposals for adapting the policy of active ageing to the new realities of the (post)pandemic world.

Keywords: active ageing, COVID-19, post-Soviet countries.

Active ageing: evolution of approaches

In 2002, the World Health Organization (WHO) produced a landmark publication entitled "Active Ageing – policy framework", as the WHO's contribution to the Second United Nations World Assembly on Ageing in Madrid, Spain (WHO, 2002). The WHO publication identified determinants of active ageing and proposed three *pillars* of active ageing policy:

Health: prevention and reduction of diseases and disability; protection of health throughout the life course; continuum of age friendly health and social services; training and education for caregivers.
Participation: education and learning opportunities throughout the life course; participation of older persons in formal and informal work and voluntary activities, in family and community life.
Security: Social, financial and physical security rights and needs of people as they age; equities in the security rights and needs of older women.

[1] European Centre for Social Welfare Policy and Research, Vienna, Austria. (sidorenko.alexandre@gmail.com)

In 2015, one more pillar was proposed by a group of experts in the report issued by the International Longevity Centre, Brazil: *lifelong learning* (International Longevity Centre Brazil, 2015). Since the introduction of the active ageing concept and policy framework, their evidence basis and practical applications have grown to make active ageing the principal content of policy on ageing in various parts of the world. Active ageing has also become one of the central themes of implementation of the Madrid International Plan of Actins on Ageing (MIPAA) – the major international framework for policy actions on ageing worldwide (United Nations, 2002).

During almost twenty years the active ageing concept and framework have undergone significant development and transformation. Recognized globally, the policy of active ageing has found its application primarily in countries at the later stages of the demographic transition. In the European Union (EU), the main policy approach to ageing involves measures for transforming the challenges of demographic change into opportunities. This transformation is being advanced by "extending working life and providing older people with access to adequate social protection and, where necessary, supplementary pensions" (European Union, 2019). Thus, in the EU countries, it is the economic (productive) participation of older people that is considered to be the principal direction of policy on active ageing and demographic change.

The main content of active ageing policy in the EU countries comprises measures to stimulate the economic participation of older people in society. These measures correspond to the central task of the general socio-economic policy formulated by the European Commission (EC): turning the EU into a smart, sustainable and inclusive economy delivering high levels of employment, productivity and social cohesion (European Commission, 2010). Moreover, measures to ensure active ageing are also included in the general economic policy of the EU. The Europe 2020 Strategy, defining the prospects for economic growth and development of the EU until 2020, emphasizes the task of "promoting a healthy and active ageing population to allow for social cohesion and higher productivity" of the European community (European Commission, 2010).

Conceptual approaches and practical measures for the implementation of active ageing policies in the EU countries were advanced during the preparation, implementation and analysis of the results of the European Year of Active Ageing and Solidarity between Generations, 2012. The European Year aimed "to help create better job opportunities and working conditions for the growing numbers of older people in Europe, help them take an active role in society and encourage healthy ageing" (European Commission, 2010a). The European Year was intended to promote active ageing in three priority areas: employment; participation in society; and an independent living. Employment measures were aimed at creating better employment opportunities for older workers. Participation measures have focused on combating the social exclusion of older persons by encouraging their active involvement in society as volunteers and informal caregivers in their families and communities. Interventions for independent living were supposed to promote healthy longevity and healthy lifestyles, taking a preventive approach in health and social care,

making transportation more accessible and making the environment friendlier for older people (Eurobarometer, 2012).

In accordance with the economic, *productivist,* orientation of active ageing, it is seen in the EU as a component of social investment policies that seek to strengthen people's skills and capabilities and support their full participation in work and social life. According to the EC, the active ageing policy strives "helping people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society". Thus, the priority of the productive participation of older people in the life of society, primarily in its economic sphere, is clearly expressed in the policies on demographic change and ageing in the EU countries.

The economic orientation of the policy of active ageing is not limited to the EU countries. In the implementation of the MIPAA, the approach of active ageing has become central for all 56 countries of the region of the United Nations Economic Commission for Europe (UNECE) - one of five UN regional commissions. UNECE brings together the countries of Europe, including the EU countries, as well as the countries of North America, Central Asia and several countries of Western Asia. In the countries of the UNECE region, active ageing is recognized as the central concept and the main operational approach in national and regional policies on ageing (UNECE, 2017). The main goal of national policies on ageing in the UNECE countries is to ensure sustainability of social security systems, primarily pension systems. Measures to increase the retirement age and equalize the retirement age for women and men, as well as to use the potential of older workers are subordinated to this goal. The 2012 Ministerial Conference on Ageing, held in Vienna, Austria, adopted the Vienna Declaration entitled "Building a Society for All Ages: Promoting Better Quality of Life and Active Ageing", which endorsed the concept of active ageing and recommended four policy goals for the period 2013-2017 (UNECE, 2012):

1. Longer working life is encouraged and ability to work is maintained.
2. Participation, non-discrimination and social inclusion of older persons are promoted.
3. Dignity, health and independence in older age are promoted and safeguarded.
4. Intergenerational solidarity is maintained and enhanced.

In many European, as well as other countries, active ageing is perceived as one of the approaches to overcoming or preventing *demographic deficit* (Harper, 2014). However, a *productivist* focus of active ageing may limit the contribution of older people to society by their production of goods and services (Walker, 2006). As a result, older people without paid work can be excluded from active ageing policies and their contributions, which they can still make to society, ignored (Foster & Walker, 2015).

The original 2002 WHO concept of active ageing assumes continued participation of older people in social, economic, cultural, spiritual, civic and other affairs, and not just their inclusion in the workforce (WHO, 2002). Measures of active ageing are also to be suitable for people with different levels of functional capabilities and state of physical and mental health,

including people at the very late stages of individual development. Active ageing policies can allow people with different levels of health, including people with severe disabilities and frailty, to meet their psychological and social needs, despite their physical limitations, thus avoiding their further exclusion from society. The policy of active ageing is supposed to be all-encompassing, but not universal - not a one set of measures for all.

Promoting healthy ageing, along with economic engagement of older persons, is among the top priorities of active ageing policy, research and practice in many countries of the world. Prioritizing health in a policy of active ageing aims "to foster the functional ability of older people to be and to do what they value", as articulated in the WHO Global Strategy on Ageing and Health (WHO, 2017). Prevention throughout the life course is the main content of the policy of active ageing. Preventive measures aim to avert the undesirable consequences, including medical, economic, social, during the later stages of individual development. A thoughtful and consistent policy of healthy and active ageing that accompanies an individual throughout entire life course will allow one's life to continue until a very late age, contributing to the preservation of vitality and a decent quality of life.

Active ageing in the post-Soviet states

While active ageing has worn universal recognition and has become the basis of national policies on ageing around the globe, various regional and national variations in designing and implementing the policy measures of active ageing exist. Such variations are reflected even in the names of national policy documents. Some countries have chosen to keep the term "active ageing", e.g., Malta (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2014), while others have preferred the term "positive ageing" e.g., Ireland (Ministry for Disability, Equality, Mental Health and Older People, 2014) or New Zealand (Ministry of Social Development, 2001).

Post-Soviet countries are a special case

In the post-Soviet countries, or countries of the former USSR, the term "active ageing" is practically out of use; instead, the term "active longevity" has become widespread. The reason for the displacement of the term "active ageing" from the scientific, policy and political terminology can be explained by the negative perception of the meaning of the term in the post-Soviet countries (Sidorenko & Zaidi, 2013). "Active ageing" in the minds of the people of these countries is associated with early, accelerated and *active* acquisition of negative characteristics, first of all, poor health, at relatively early stages of individual's development. The term "active ageing" can embed in the mind of a person the image of someone who was ageing "actively" and became old too early. Such an individual perception of *accelerated active* ageing might be associated with harsh living and working conditions, environmental threats and poor quality of and unequal access to medical and social services. The negative connotation of the concept of active, *accelerated,* ageing in the post-Soviet countries exists also at the societal level. It is based on a rapid increase in some countries of the relative number of

older persons owing to excess mortality of younger people and also owing to massive emigration of younger people (Sidorenko, 2016). There are other examples of regional semantics illustrating the negative perception of ageing in the post-Soviet countries. For instance, the age after retirement is often called "the age of incapacity", people of retirement age - "the incapacitated population of older age", and the years of life after retirement - "the time of survival". In spite of special regional semantics some of the post-Soviet countries have attempted to incorporate the concepts and measures of active ageing, or rather *active longevity*, into their national policies on ageing.

The Baltic States are the only countries of the former USSR to become members of the European Union. They also belong, along with Belarus and Ukraine, to the demographically oldest countries of the former USSR. During the current decade, Estonia and Latvia have been implementing projects to develop national policies for active ageing. Estonia designed its *National Plan for the Development of Active Ageing for 2013-2020* (The Estonian Ministry of Social Affairs, 2016). The Estonian plan envisaged the implementation of policies for active ageing in four interrelated areas: health; lifelong learning; civil society; and the labour market. In 2014-2016, Latvia attempted to elaborate a comprehensive strategy for active ageing with an overall goal of increasing the duration of working life (Ministry of Welfare of the Republic of Latvia, 2020). Four priorities were identified for the draft strategy: employment; education; health; and social protection. Unlike Latvia and Estonia, Lithuania did not endeavor to draft a comprehensive strategy on active ageing; however, the concepts and practices of active ageing were included in the National Strategy of Overcoming the Consequences of Ageing adopted by the government in 2004 (Ministry of Social Security and Labour, 2007).

None of the three Baltic countries eventually adopted their national strategies on active ageing by their legislative or executive authorities, and the formulated elements of the active ageing policy were included in national policy documents of a wider profile, for example, in the national development strategies (Estonia and Latvia) or in a more general policy on ageing (Lithuania). In addition, elements of the active ageing policy are also present in the sectoral policy and programmes of the Baltic States. Such programmes include social security, social protection, employment and protection against unemployment, occupational health and safety, and education (Praxis, 2014).

Strategic documents of the active ageing policy exist also in Kazakhstan, Russia and Ukraine. In Ukraine, the "Strategy for State Policy on Healthy and Active Longevity of the Population for the Period until 2022" was approved by the Cabinet of Ministers in January 2018 (Ministry of Social Policy of Ukraine, 2018). The goals of the Strategy are to ensure the achievement of the UN Sustainable Development Goals adapted for Ukraine; the establishment of favourable conditions for healthy and active longevity; and the adaptation of public institutions to the process of demographic ageing and the development of a society of equal opportunities. Achieving these goals entails action in four priority areas:

1. Improvement of conditions for self-realization of older citizens and their participation in the processes of development of society.

2. Ensuring the health and well-being of older citizens.
3. Creation of an environment conducive to active life of older citizens.
4. Creation of a system to protect the rights of older citizens.

The government of Kazakhstan has elaborated in 2020 the "National Action Plan to improve the situation of citizens of the older generation "Active Longevity" in the Republic of Kazakhstan until 2025" and the Implementation Plan developed on its basis (Ministry of Labor and Social Protection of the Population of the Republic of Kazakhstan, 2020). The main directions of the Action Plan are:

1. Increasing life expectancy;
2. Ensuring the rights and dignity of citizens of the older generation;
3. Improving the financial situation and pension provision;
4. Increasing the employment of citizens of the older generation;
5. Improving the health care system and bettering the physical and mental health of older people;
6. Increasing the level of social services;
7. Creating conditions for organizing leisure time;
8. Transforming public consciousness.

In the Russian Federation, a multidisciplinary and interdepartmental working group drafted the Concept for an Active Longevity Policy (Moscow High School of Economics, 2020). The tasks of active longevity policy are grouped into three basic priorities: health of older citizens; a secure and dignified life in older age; and activity and participation of older persons in the life of their communities. It is expected that on the basis of the draft Concept a document of state policy of active longevity will be developed.

Older persons in covid-19 pandemic

In a matter of months, the COVID-19 pandemic has changed reality everywhere and for people of all ages. If one is to identify a single *certain* characteristic of the evolving COVID-19 pandemic, that characteristic could by *uncertainties*. The scope of uncertainties is indeed overwhelming (Dolgin, 2020). To begin with, there is no universally accepted approach to calculating COVID-19 morbidity and mortality statistics for reliable international comparisons (Zylke & Bauchner, 2020). Another example: the controversy over recommended treatment protocols may not end in the foreseeable future. The most prominent examples of controversial treatments include the overuse at the earlier stage of pandemic of endotratracheal intubation and the infamous prescription of hydroxychloroquine and lopinavir/ritonavir (Bos, Brodie, & Calfee, 2020). Another example of controversy is related to identification of the prevailing mechanism of infection spread: airborne versus droplets. WHO continues to insist that "the main way the virus spreads is by respiratory droplets among people who are in close contact with each other", but leaves the door open for the possibility of aerosol transmission, subject to clarification by further studies (WHO, 2020c). The American

Centre for Disease Control had initially discouraged use of masks, but later, in April 2020, recommended face covering for the public (Mandavilli, 2020).

These days the scientific and media discourse is concentrated on the anti- SARS-CoV-2 vaccines: will they stop the pandemic and help to revert the humanity to the old/new real? The answer is vague. Even if vaccines demonstrate effectiveness in reducing severity of disease, they might not be able to significantly diminish virus transmission and ensure an adequate level of *herd* immunity (Peiris & Leung, 2020). The listing of uncertainties is much longer, yet in this troubled time one feature of the pandemic has been recognized almost by consensus: older persons are among the main victims of the COVID-19. This conclusion has been documented in numerous studies and media reports (Starke , 2020; Stevis-Gridneff, Matt Apuzzo, & Pronczuk , 2020) and distilled in policy briefs and recommendations issued by major intergovernmental organizations such as the United Nations (UN) and the WHO (UN, 2020a; 2020b; United Nations Economic Commission for Europe, 2020; WHO, 2020b).

The most alarming impact of the pandemic on older people is the violation of their fundamental rights, including the rights to life and health (European Union, 2020a; HelpAge International, 2020; United Nations Economic Commission for Europe, 2020). Numerous reports, particularly at early stages of pandemic brought disturbing testimonies of older persons facing age discrimination in decisions on medical care, triage and life-saving treatments (UN, 2020a). The vulnerability and marginalization of older people are particular evident in terms of their health status and social situation. Severity of disease and elevated mortality among the older victims of the COVID-19 are repeatedly revealed and recognized (European Union, 2020a; UN, 2020a; WHO, 2020a). Residents of long-term care facilities, including older age groups, are particularly affected (WHO, 2020a). At the same time, the main factor of severity of COVID-19 and probability of dying from it is not the person's age, but the accompanying (preexisting) chronic non-infectious diseases that are often present in older persons in a combined form (*polymorbidity*) (Boreskie et al., 2019; Golubev & Sidorenko, 2020). Consequently, measures to prevent such diseases could help to lower the severity of the course of COVID-19 and the likelihood of dying *at any age*. It has been demonstrated in numerous cohort studies that adequate physical activities are among the best preventive measures against age-related chronic diseases (e.g., Cunningham, & O' Sullivan, 2020; Nyberg et al., 2020; Saint-Maurice et al., 2019). Meanwhile, lockdowns and physical and social distancing have imposed additional barriers to physical activity. Forced or voluntary self-isolation introduced in many countries, including post-Soviet countries, abolishes the preventive potential of outdoor physical activities. In some places, failure to comply with such restrictions is sanctioned by a fine that grows with the age of violators. Adequate physical activities along with active mental activities, continuing involvement in life of family and community, positive self-image and optimistic view of life are the powerful tools for ensuring active and healthy ageing. All these tools should be sustained during the antiepidemic regime to the extent possible. A high risk of serious illness and death associated with SARS-CoV-2 infection in older persons, particularly those with chronic diseases, make them an important target population for future vaccination (Peiris, & Leung, 2020; Zhu et al., 2020). Yet an immune response to vaccination among older people might be limited owing to age

dependent *immunodeficiency*. Consequently, development of herd immunity among older contingents could become a daunting task (Bar-Zeev & Inglesby, 2020).

Older persons are the *main victims* of the pandemic, but they are not the *primary agents* of the spread of COVID-19. While the risk of lethal complications of COVID-19 sharply increases with age, the risk of catching the infection and infecting others does not: in April 2020, the median age of confirmed COVID-19 cases was 51 (UN, 2020a). Thus, again, the total isolation of older individuals appears unnecessary and can be harmful (Golubev & Sidorenko, 2020). The typical key measures of preventing and controlling the spread of infection, the social distancing and isolation, have led to exclusion and loneliness of older people with negative consequences for their psychological wellbeing and mental health (United Nations Economic Commission for Europe, 2020). Isolation interrupts social networks of older persons, complicates their access to health, social and other services and disrupts home and community care for older persons in need of regular assistance. The pandemic and corresponding anti-epidemic measures have negatively affected practically all forms of participation of older persons in society and prevented them from engaging in planning and implementing anti-epidemic measures (UN, 2020a).

Social isolation fostered by anti-pandemic measures has also disrupted social contacts, both intergenerational and intragenerational. As an example, it was admitted that the traditional for Russia and other post-Soviet countries institute of "babushkas" (grandmothers), has been terminated since older members of the family have been ordered to stay at home and avoid contact with their grandchildren (Kalabichina, 2020). Nonetheless, there is also some anecdotal evidence coming from one of the post-Soviet countries that contacts between grandparents and grandchildren may have actually increased in recent months due to the desire of older family members to improve their digital communication skills as social lives move online. This can become a promising model in designing the programmes and projects for promoting intergenerational reciprocity. Older persons are also vulnerable to the economic impact of the pandemic, including rising unemployment and poverty. Policy of adjustment can include measures to subsidise employers to keep workers over 60 in work (European Union, 2020b). Meanwhile, in Russia, the risk of income decline due to pandemic has somewhat decreased with age; and the employment of persons between the ages of 50 and 59 has been most sustainable and stable, with no gender variation in the vulnerability of employed (Kartseva & Kuznetsova, 2020). In general, it would not be an exaggeration to conclude that the pandemic has affected almost all aspects of the healthy and active life of older people.

Conclusion

Never before in human history has ageing been a major determinant of the course of epidemic (Golubev & Sidorenko, 2020). If so, measures for overcoming the consequences of the current global crisis should be inclusive of population ageing and older persons. Moreover, the unprecedented combination of biological, health, social and economic dimensions points to a specific nature of COVID-19 pandemic which may meet the criteria for a *syndemic* (Horton,

2020). The COVID-19 pandemic/syndemic has forced to pay close attention to the non-infectious aspects of the emergence and course of a new viral infection. It is becoming increasingly clear that overcoming the pandemic requires not only anti-epidemic measures, but also continuing efforts to combat non-communicable diseases and, more broadly, the socio-economic determinants of disease: poverty and inequality (ibid.). The pandemic has also indicated the individual responsibility of people for prevention and protection measures. The question of overcoming the prejudice against vaccination, the main method of forming individual and collective immunity, arose with particular urgency (Ball, 2020). The *syndemic* nature of COVID-19 requires the development and implementation of a comprehensive policy response that includes medical, social and economic measures along with the traditional epidemiological measures. Adjustment would also be required for policy on active ageing. A timely question, then, is whether the "new reality", or "new normal" caused by the COVID-19 pandemic (syndemic) is the right time to develop and implement active ageing / active longevity policies? There are grounds for such doubts. First, it is possible that the "new normal" will be significantly different from the situation before the pandemic. If so, the main international and national policy frameworks will need to be revised. Active ageing policy frameworks may also receive close scrutiny. Regardless of the priorities of the active ageing policy we take into account - the three pillars of the 2002 WHO framework, or the three priority areas of the European Year of Active Ageing 2012, or the priorities of the strategies of active longevity policy in the post-Soviet countries, the inevitable conclusion is that they all would require adjustments. Such adjustments would include policy measures that support the participation of older people in economic life, as the pandemic has caused unemployment in places where measures of strong lockdown were introduced, leading to the closure of businesses. Other forms of participation have been affected, including participation in political, social, cultural and spiritual life. The imposed isolation or voluntary self-isolation has disrupted or at least complicated social contacts. And older people have been among the hardest hit by the often-insufficient acquaintance of older users with digital communication technologies. Moreover, as mentioned above, in some countries significant fines were levied on the violators of isolation rules. Health care services were disrupted due to excessive workload on medical facilities; and again, older patients with chronic illness and polymorbidity were among the most affected. There have also been numerous reports of an increase in domestic violence, which often affects older family members. Overall, the core areas of active ageing - participation, health, independence and dignity - have all been stressed.

At the time of writing these notes, the COVID-19 crisis is still evolving. Consequently, the national actions and international cooperation are focusing on curbing the spread of COVID-19 and its devastating impact. The issues concerning older persons and population ageing must be included in timely and thoughtfully designed measures for controlling the pandemic. Special attention should also be given to older persons when societies will be reopening in transition to "new normal": that period of transition can be particularly demanding for older members of societies (European Union, 2020a). How long humanity will be immersed in the "new reality" of pandemic and post-pandemic recovery is anyone's guess. Therefore, it might

be prudent to replace the terminology of "fighting" the COVID-19 with the more appropriate term "adjusting to". Adjustment will be needed in practically all national and international policy areas, including policy on ageing. What changes might be required in the active ageing policy? To overcome the pandemic and post-COVID uncertainties, collection, disaggregation and analysis of data (information) will remain indispensable. Participation of target groups in collecting and analyzing the information should be ensured. The scope and urgency of policy actions must be informed through the innovative collaborative arrangements between researchers, practitioners, policy experts and policy makers. Experience in producing synthesized evidence (Donnelly et al., 2018), as well as new tools for navigating the information sea during the COVID-19 crisis (Brainard, 2020), would be useful. The immediate task should be to restore the pre-pandemic level of human rights of older persons. This is necessary for deterring and preventing the discriminatory practices of denying the basic human rights of older persons, including the rights to life and access to health care. Priority should be given to rebuilding and adjusting measures to support independent living and autonomy for older persons. The relative prominence of the above humanitarian and human rights measures should not negate efforts to promote and utilize the developmental potential of older generations. Such efforts would primarily aim at returning older members of society from the reclusiveness of self-isolation to their families and communities, where their roles are essential – as qualified professionals, grandparents, volunteers, care takers and custodians of cultural traditions. *Productivist* measures of (re)engaging older workers in formal employment should be carefully reconciled with measures of overcoming general unemployment and restoring the jobs lost during the lockdowns. Meanwhile, the overall emphasis of active ageing policy approaches on the economic and financial aspects of population and individual ageing is definitely insufficient and can even be harmful. It should be recalled that measures to *optimize* health care services, including geriatric services, in some European countries, as well as in the countries of the former USSR, could be one of the main reasons for the very weak preparedness of health systems to withstand the challenges of the COVID-19 pandemic (Golubev & Sidorenko, 2020). A "new" or rather a renewed policy on active ageing needs to be *comprehensive*, but *not universal*, in order to be consistent with the motto of the 2030 Agenda for Sustainable Development: no one must be left behind.

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