

Implementation of the Madrid International Plan of Action on Ageing Social-Legislative Protection of the Older Population in Ukraine

In Ukraine, the last five years witnessed the formation of the main principles of a national Plan of action to address the demographic challenges. In particular, there has been formulated the state (national) Concept of demographic development for the 2005-2015-year period. On this basis, an attempt was made to systemize and coordinate political and demographic undertakings, that resulted in making a key document called **“The strategy of demographic development of Ukraine for 2005-2015 years” (Resolution of the Cabinet of Ministers no. 879 dated 24 June 2006)**. This strategy was approved by a Resolution of the Cabinet of Ministers as a priority national program aiming to overcome negative aftermaths of the population ageing. In it, it is emphasized that there is a need of adaptation of the Ukrainian society to the demographic aging process and provision of harmonious integration of the representatives of different generations into society.

The tasks of the national demographic policy include:

- Provision of economic wellbeing for the elderly;
- Provision of equal access of the elderly to the means of health and active longevity maintenance;
- Development and implementation of measures for increasing elderly person’s period of independent living;
- Perfection of social security system;
- Increase of the quality of social services for the disabled and incapacitated elderly;
- Improvement of the range of territorial social service centers for pensioners and disabled citizens living alone, such as rehabilitation units, day time and temporary stay in-hospitals and domiciliary services, etc.

In 1992, **the UN General Assembly took a “Declaration concerning the problems of the Ageing”**, which says that in view of an unprecedented ageing of the world population, the United Nations calls world community to promote the implementation of the International Plan of Action on Ageing and work out its own national policies and programs in response to the Madrid Plan.

In 2002 year, a second UN World Assembly on Ageing was convened which took **“The Madrid International Plan of Action”** and **“The Political Declaration”**, representing a series of obligations of the UN member-states to make the ageing a priority direction of the national programs in the 21st

century. In accordance with this Plan, the main task in the area of ageing has been proposed to be the building a society for all ages, in which different generations will promote a **global capacity development** on the basis of the double principle – reciprocity and justice.

The Constitution of Ukraine as the main guarantor of ensuring the right of elderly people

According to article 46 of the Constitution, “the citizens of the country, including the elderly, have the right for social protection: These may be the cases of full, partial or temporary loss of working ability, death of breadwinner, unemployment and old age. Pensions and other kinds of social payments and aids must ensure the level of life that would be not lower than the subsistence minimum that has been established by the law”.

In the real life however average pensions are far from being high enough and they do not guarantee either a decent level of life or a sufficient physiological minimum.

The size of an average monthly old-age pension is much lower than subsistence minimum that was fixed by the government, and it does not ensure adequate nutrition and general level of life. At the present time the state cannot guarantee to the full the principle of social justice relative elderly people and the fulfillment of **Article 48 of the Constitution** about every citizen’s right for “a sufficient level of life for himself and his family that includes sufficient food, clothes and housing”.

The demographers’ and sociologists’ estimates calculated the so-called economic human life potential. Its essence consists in that each person much more produces rather than consumes throughout his lifecourse. Assuming that average age for the beginning of working activity is 19 years and a real average age for retirement is 62 years, one can see that by the age of 28 years the person returns to society all costs which had been spent by it on his childhood, young years and older ages, including the costs spent on his education, on giving him the housing and social benefits in mature years. So, at later life periods this citizen brings the pure profit to a society.

At the same time, the high unemployment level more and more frequently provokes a cruel negative position of the enterprise administrations and organizations towards the working pensioners and a prejudiced attitude to proper use of their skills and experience.

Economic hardships of today do not allow speak about a full provision of the guaranteed rights for housing among Ukrainian citizens. Payment of housing and communal services does not meet average wages and pensions. Therefore privileges and subsidies for elderly become of vital importance.

Article 49 of a Ukrainian Constitution states: “every citizen has the right for health protection and medical insurance. Health protection is ensured by the state financing of respective socio-economic, medico-sanitary and health-improving – prophylactic programs. The state creates conditions for effective and accessible medical service for all citizens. Medical aid is given free and the range of such institutions cannot be reduced”.

At the same time, according to sociological investigations six of 10 patients at the treatment-prophylactic institutions face the violation of their rights in medical institutions and nine of 10 patients consider it necessary that measures be taken in order to enhance their rights in Ukraine.

IMPLEMENTATION

The **Law of Ukraine “About pensioning”** dated 5th November 1991 guarantees all disabled citizens the right for material provision from public consumption funds, assesses state pension categories (social, maximal, minimal, privileged), estimates length of service, order and terms of pension recalculation and indexation, as well as targeted monetary additions.

The **Law of Ukraine “Concerning the main bases for social insurance of labor veterans and other citizens of the old age in Ukraine”**, dated 16th December 1993 (with latest amendments of 9th February 2006), determines the labor veterans’ status, sanctions their privileges and guarantees of their social protection. **Here are several examples:**

Article 31. Promoting active longevity: “For the purpose of promoting active longevity of elderly citizens, the local organs of power create conditions to go in for exercises and sports, be engaged in tourism and leisure with a utilization of cultural and spiritual values”.

Article 32. Ensuring the right for medical care.

Article 35. Ensuring the right for social care.

Article 36. Ensuring the right for in-home and institutional care.

Article 37. Ensuring the right for decent level of life in nursing and boarding homes for the elderly.

For a fulfillment of **the Law of Ukraine “About the main principles of social protection of the labor veterans and other old citizens in Ukraine”**, President Ukraine issued **the Order “Concerning the program of “Healthy elderly people”** dated 10 December 1997. The aim of the Program was to improve life quality of elderly people. Being estimated for a period till the year 2002, this program had served the basis for state policy in the sphere of improving elder’s status in whole of Ukraine and in its separate regions. Besides, its ideas were incorporated in the elaboration of respective territorial and branch programs working between state institutions and public organizations.

The major tasks of this Program towards the elderly include:

- Slowing down of man’s aging rate, stopping life expectancy decline and raising it in near future;
- Reduction of morbidity, disability and mortality rates among elderly;
- Disease prevention and provision of up-to-date kinds of medical aid and means of treatment;
- Bringing public health and social welfare systems to the European standards;
- Elaboration of measures to increase a level of social protection of the elderly;
- Effectuation of measures to maintain active way of life and self-servicing.

The Law of Ukraine “About the status of war veterans and ensuring of their social protection” dated 23rd October 1993 (with amendments being made at the end of 2006 year) envisages creation of appropriate conditions for pensioning, health maintenance, provision of the array of privileged programs of social and legal protection of the war veterans and participants of fighting (combat) actions.

The Cabinet of Ministers Decree dated 11 September 2007 “About approval of the plan of action on life-sustenance of the war veterans for 2007-2010 years

Population ageing is one of the most characteristic demographic processes of today. Ukraine belongs to the demographically old countries in the world. Of 1st January 2010, its total population was 45.78 million people. The proportion of people aged 60 + makes 20.3% and it tends to increase. According to demographic prognoses it is anticipated that this indicator will increase to 38.1% and the percentage of elders 80 years and over will increase 3.5-fold. Average life expectancy for men is 61 years and 73 years for women that is lower by 11-16 years than in the countries of Europe.

The aging of the population is accompanied by an increase of the overall portion of less socially supported and requiring guardianship citizens who are living alone (up to 20%). Provision of possible highest life quality of elders and introduction of progressive forms of education and adaptation of society to this situation is one of the priority directions in the fulfilment by countries of the Madrid Plan of Action on ageing taken at the Second World UN Assembly in 2002. It stresses a need of many-level preparation both elderly themselves and providers of medico-social services.

Under present day conditions of an increasing aging rate, a real way of reaching optimal interrelation between the parameters of economic and demographic development is the continuation of economic and social activities of the elderly, their fullest possible integration into social-economic activity and societal life for the sake of maximally effective and humane use of their potential as well as the use of the unique experience and skills of older workers. In particular, the number of working older pensioners makes nearly 3 million (nearly 20% of their total number) that is linked with low retirement age especially for women (55 years for women

and 60 years for men) as well as with the possibility of getting pension and salary after retirement.

An integral part of expansion of elderly people's possibilities and provision of their active participation in societal life is their encouragement to pre- and post- retirement education and training at special schools and Third age universities. Among study themes of such educational institutions is the development of a system pre-retirement training for their adaptation to active societal life after retirement. In Ukraine, such structures were initiated by the Institute of Gerontology which elaborated special programs of education in many specialties.

Considering worse health indicators in elderly and having in mind the stimulation of work activity continuation, the provision of adequate medico-social servicing for this population category is gaining momentum. Unfortunately, its present-day level does not meet real needs and it costs very high in the sense of socio-demographic perspectives, namely, bringing about the increase of morbidity and mortality rates. Research data evidence for low accessibility of medical care for this population segment that also confirms regional analysis of overall lethality levels among people who are older their workable age, which have a reversible correlation with a level of disease spreading according to medical aid calls. The cost of medical servicing of elderly individuals is several times higher than the real state-ensured costs. Needs of people of older ages in ambulatory therapeutic and specialized consultative aid are not met, on the average by 47.0%; in rehabilitation out-patient treatment by 81.0%; organization of in-home hospitals by 71.1%; first aid care by 81.0%; stationary intensive treatment by 26.2%; social-daily living servicing by 20.5%. For elderly rural residents, the indicators of medical care quality and accessibility are much lower in comparison with urban inhabitants.

Network and Non-Governmental Organizations

For elderly people, there currently do not operate the really functioning structural-functional models of coordinated geriatric service system. Medico-social aid for elders is provided within a system of general institutions and special geriatric structures of Health Ministry, ambulatory and in-hospital institutions of Ministry of Labor and Social Policy. Partially it is given by civil and religious organizations like the Red Cross, Caritas, Hessed and others. The primary link of ambulatory-polyclinic servicing of elders is the district physician-therapist (general practitioner or family doctor), and his medical nurses. Their work load

consists of nearly 60% ambulatory service and 90% domiciliary care. As a matter of fact, these medical workers act like first degree geriatrists and they must be specially trained in issues of gerontology and geriatrics.

All elderly people are given certain ambulatory-polyclinic kinds of care, ranging **from mandatory** annual medical examinations of the war disabled **to ongoing** medical observations via organization of in-home hospital for very sick patients. Here mentioning should be made of inadequately developed network of medico-social divisions at territorial out-patient clinics, which would ensure skillful and economically effective care of patients in their homes and thereby reduce loading of in-patient institutions.

In-patient care is provided at clinics of all levels and in specialized geriatric institutions. Thus there function in Ukraine:

- 31 hospitals for 9,000 beds and wards for 17,000 beds for war disabled and equated categories;
- 11 nursing care units for 600 beds within multi-profile hospitals;
- 19 hospices for 540 beds

The prevalent practice is treatment of elderly people under conditions of day in-patient hospital units at general and specialized hospitals.

Within geriatric service system it is of essential importance to organize effective functioning of rehabilitation service that can be given in clinics, at day rehabilitation units of out- and in-patient hospitals, rehabilitation units and rooms within ambulatory-polyclinic network, and rehabilitation units of stationary social institutions, etc.

Psychiatric service for elders is given within a network of health care institutions (at specialized OPD rooms) as well as in psychiatric hospitals and dispensaries with day stay units.

The main form of complex social service for older population is **the territorial centers** of social care of the pensioners, incorporating all district structures of social and daily living services for living alone elderly and disabled.

There function in Ukraine more than 700 territorial centers and 800 social domiciliary care units/departments which give assistance to nearly 2 million disabled citizens. Within these institutions there function the divisions of medical rehabilitation and psycho-therapeutic support. It is regrettable however that practice of registering by domiciliary care services of living alone individuals with age-dependent cognitive impairments has not become widely used.

The importance of palliative care against demographic ageing of society is increasing. Since greater part of people survive into old age and suffer from chronic diseases, more and more of them will need a certain kind of assistance in the end of their life. All this will happen under conditions of a changed family structure. Besides, there take place an ever increasing processes of migration, busyness and ageing of those who might give care and assistance. Old people more often suffer from multiple problems that accompany diseases. A cumulative action of these problems can be much stronger than the effect of any disease alone. The elderly have a higher risk of unfavorable reactions to drugs. They more frequently suffer from additional health problems such as mental activity decline, economic hardships and isolation. With ageing, there occur more difficulties with eyesight and hearing, urination and defecation regulation, and cognitive impairments. That is, old age problems become combined with disease problems, leading to death. Absence of adequate policy in palliative care may lead to unwanted sufferings and greater loading on family.

Of great importance in improving services for elderly people are the veterans and voluntary organizations and, first of all, the Council of organizations of the veterans of Ukraine, which incorporates over 11 million pensioners, war and labor veterans, The Council is one of the actively work with legislative and executive power organs for the sake of provision of older age people with their rights. It also organizes and provides the variety of services and care for the veterans. There work nearly 460,000 participants of the voluntary center “Pensioner” within a structure of Council of organizations of the veterans, which have given assistance to 620,000 individuals.

The religious organizations take an active part in palliative care provision for the population of Ukraine. For instance, in 2009 year a Conception of the Ukrainian Orthodox Church concerning development of palliative care was developed. “The tasks of medicine with regard to facilitating

patient's condition by medical means must aim at giving to person possibilities along with creating conditions for such existence when person could realize his destiny and grow spiritually

To large measure unsatisfactory state of medico-social care for elderly is determined by the unpreparedness of respective institutions to work with geriatric patients in terms of their organization and personnel. Considering this, the Ministry of Labor and Social Policy of Ukraine introduced the post/position of a geriatrist into staff schedule of geriatric profile social institutions.

Another step to increase level of geriatric training of the personnel was an establishment in the year 2005 on the base of the Institute of Gerontology in Kiev of state-run educational-methodological geriatric Center, this being done within a program "Towards the people" initiated by the Cabinet of Ministers of Ukraine and **the Madrid International Plan of Action on Ageing** (UN, 2002). The objective of this Center is to carry on pre- and post-diploma geriatric education and training of medical and social workers and volunteers for system medico-social care of elderly people in Ukraine. Together with various specialists the Center prepares and introduces programs for multi-disciplinary training sessions for those who have been engaged in geriatric care. In particular, the followings have been done:

- Elaboration of educational work plans and programs of sessions/cycles in medico-social training to work with elderly people for the graduates of ecclesiastic seminaries.
- With the support of Fund of Renewal, the Center is currently acting as a coordinator of the development and introduction of training programs in palliative care for educators, physicians and nurses. With a support of the MATRA program, work has been done to develop new programs in geriatric training of medical college teachers and medical nurses and establishing innovation geriatric institutions in different cities of Ukraine (Ternopil, Kiev, Odessa and Simferopol).
- The new Center places its information on the website, works out materials about the ways of achieving longevity, carries on training sessions with voluntary and veteran's organizations, and medical professionals. Presently work has been done towards creating an international-consultative center.
- Implementation of the Madrid Plan has been guided by the Ministry of Labor and Social policy of Ukraine. The right for social protection is provided in accordance with the Ukrainian legislation and Constitution of Ukraine. Retirement age for men is 60 years and for women 55 years.

- The minimal pension size is 100 US that is equal to the subsistence minimum in this country.
- A system of palliative and hospice services is being established, both in the capital and in the regions.
- There have been developed, approved and introduced the geriatric education and training programs for physicians, medical nurses, social workers and volunteers. A new program in the specialty 'geriatrics' has been adopted and a series of programs for those who are specializing in palliative service has been approved for education of teachers, physicians and nurses.
- All this work has been done under the guidance of the State educational-methodological geriatric Center of the National Academy of Post- Graduate Education functioning on the base of the State Institute of Gerontology AMS Ukraine. This Center was established in 2005 year within a frame of **the Madrid International Plan of Action** implementation.

In conclusion, implementation of the Madrid Plan on Ageing by governmental and non-governmental organizations in Ukraine has been carried on with the aim of society's adaptation to demographic ageing of the population. The scope and efficacy of novelties are somewhat limited due to existing economic circumstances.