

UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE

Road Map for Mainstreaming Ageing: Georgia

Geneva, October 2014

Note

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Acknowledgements

The Road Map for Mainstreaming Ageing in Georgia was prepared by the Population Unit of the United Nations Economic Commission for Europe (UNECE), in partnership with the Government of Georgia, represented by the Ministry of Labour, Health and Social Affairs (MOLHSA), and with support by the UNFPA Country Office. The Population Unit is grateful for financial support received from the UNFPA Country Office in Georgia and UNECE's technical cooperation funds.

At the UNECE Population Unit, Viviane Brunne and Vitalija Gaucaite Wittich and Olga Kharitonova prepared the report, with assistance from Viktoriya Ereshchenko, Michelle Gonzalez-Amador, Birte Ifang and Oyungerel Bat-Ochir. On the side of MOLHSA, the main counterparts were Mariam Jashi, Deputy Minister, and Ketevan Goginashvili, the national focal point on ageing at the UNECE Working Group on Ageing. At the UNFPA Country Office, Lela Bakradze and Anna Tskitishvili provided invaluable support in organizing the meetings and facilitating the logistics in the country. UNECE is grateful for expert contributions received from Lasha Labadze, Natia Jokhadze and George Jologua. Specific thanks go to all stakeholders who agreed to take part in interviews and focus group discussions, a full list of them can be found in Annex I.

We thank Ms. Maia Zaridze for translating the Road Map into Georgian. The photos used throughout this publication were taken by Mzia Lekveishvili. They show participants of an essay contest on "Ageing in Georgia" which was organized on the side of the Road Map development.

Foreword

Christian Friis Bach
Executive Secretary
United Nations Economic Commission for Europe

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Executive Summary

Road Maps for Mainstreaming Ageing provide guidance for strengthening implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) in a particular country. The Government of Georgia first expressed interest in having a Road Map prepared by UNECE at the 4th meeting of the Working Group on Ageing in November 2011. The official letter of request was handed over by the Ministry of Labour Health and Social Affairs (MOLHSA) in 2013. A first pre-mission had already taken place in 2012 and more systematic work was carried out between autumn 2013 and autumn 2014. This included a desk study, interviews and focus group discussions with stakeholders, including Ministries and government officials, international organizations, private sector, non-governmental organizations and academia. Additional input was given by consultants working on labour, housing and the media. A first draft of the Road Map was presented to a national Interdisciplinary Working Group in July 2014. The results of the discussion were integrated into the final draft which is presented here.

The Road Map first provides some contextual information about the country and its ageing situation, followed by an overview of the policy and the institutional frameworks. Analysis and recommendations are presented for all areas of the ten commitments mentioned in MIPAA/RIS, with additional chapters addressing migration, research and data collection as well as monitoring and evaluation of the Road Map implementation. A total of 103 recommendations are given across all chapters. The government of Georgia agreed to adopt the Road Map and prepare an Action Plan, with the help of the national Interdisciplinary Working Group, to define the steps needed to implement the recommendations given. The Government of Georgia will report back to UNECE Working Group on Ageing about progress in implementation.

Georgia – the context

According to the United Nations Population Division Georgia has a population of 4.4 million (2010). Its share of population aged 65 and above is expected to grow from 14.2 per cent in 2010 to 21.1 per cent in 2030. The share of those aged 80 years and above will increase from 3.2 per cent to 4.2 per cent. Such demographic scenarios coincide with high levels of poverty, unemployment and underemployment, as economic growth has not been sufficiently associated with employment creation. Policymakers are faced with the task of establishing an environment that is adjusted to the population dynamics, providing older people with the means to ensure sufficient income and social protection, access to health and care and to allow participation in all areas, thereby creating an inclusive society.

Key findings

Mainstreaming ageing

In the past, Georgia has not pursued ageing-related policymaking in a holistic manner; no overarching strategy had been developed that could provide general direction to all entities concerned. No coordination mechanism could coordinate between Ministries and between the local, regional and national levels or between government and non-state actors. The Road Map provides a basis for a national strategy. When preparing the Road Map, an Interdisciplinary Working Group was

formed with representation from relevant Ministries and non-state actors. This Working Group should be further institutionalized to help devise the Action Plan and ensure its implementation, but also to revise new and existing laws with regard to their impact on older populations, suggesting changes where needed. It will be important to include stakeholders such as non-profit organizations or employers more strongly in policymaking in future. The voices of the people concerned, namely today's older persons but also the younger generations that provide care for them and that will be the older people of tomorrow, must be provided with opportunities to participate in developing strategies. Public consultation mechanisms should be used more systematically when designing laws, strategies and programmes. On the other hand, stakeholders should be able to receive training to make more valuable and professional contributions in the process.

When looking at the recommendations in different substantive areas, some of them particularly stand out. They reflect the priorities identified in the 2012 Vienna Ministerial Declaration, namely adjusting the labour market and supporting longer working lives; participation, non-discrimination and social inclusion of older persons; dignity, health and independence in older age and maintaining intergenerational solidarity.

Adjusting the labour market and supporting longer working lives

An important challenge for policymakers in the country is to enable labour markets to respond to the economic and social consequences of an ageing population. According to the official statistics, 15 per cent of the economically active population was unemployed and significant numbers of unemployed are thought to be hidden in the self-employment category. Economic growth strategies pursued by government need to support the creation of paid employment, with a view also on generating new and diversified opportunities for all workers, including older age groups.

Official statistics report that about 42 per cent of population 65 years old and above were economically active in 2012. A majority of them lived in rural areas, with 84 per cent of people aged 65 years and above being self-employed and working as subsistence farmers. Given the low productivity of the agricultural sector, they often do not have sufficient means to finance their needs, even when their pension income is added. Government programmes should therefore help older people to become more productive in their agricultural activities, increasing overall output.

In the Georgian labour market, age discrimination is high, stereotyping those in their late forties and above as belonging to the old times and lacking the necessary dynamism, efficiency and skills. Unemployed workers of the age group approaching retirement age are left with no income as no unemployment insurance is in place. They may accumulate debt and have no possibility to save for later when they may not be able to work anymore. Age-discrimination against older workers often comes with the fear that they may deprive the younger generation of employment opportunities. However, individual productivity is more related to physical fitness, mental agility and continuous professional training than age. And in any given economy the labour market is not contained in a prescribed number of jobs, but constantly changes. Older people bring considerable professional experience, are often reliable and more stable in their workplaces than younger workers who are more motivated by a fast-paced career. Discrimination on the basis of age alone should be forbidden in hiring, retention, promotion and training of employees. Awareness raising should target employers, helping them to understand the benefits of an age-balanced workforce. Incentives, for

example in form of tax reductions, can be offered to employers hiring or retaining older workers, offering flexible retirement solutions and providing adaptations in the workplace to accommodate people with special needs.

Entrepreneurship continues to be a viable strategy for older persons and the Government should support it by providing training about business plan development and by facilitating access to capital. Overall, government may become more engaged in assisting older workers in finding jobs or other income generating activities.

To ensure that older workers can be integrated into the labour market for longer, younger generations should already be better prepared to enter the labour market in the first place. Overall, the system of vocational and university education should be better streamlined with labour market needs. With the exception of some professions there is no established system of continuing education alongside paid employment. Adult education centres or distance learning facilities should be available to provide training in information technology, management, entrepreneurship skills or languages which will help workers to remain attractive in the labour market. Universities of the third age could provide targeted training for older people. Classes could cover housekeeping, gardening, handicrafts, disease prevention and healthy living – in short, competences that increase their ability to live independently. Older persons themselves could be involved as volunteer trainers.

A change of culture needs to take place whereby learning is seen more as a life-long process which continues in parallel to the work up until old age. A lifelong learning strategy should be elaborated under an expanded mandate of the Ministry of Education and Science.

Participation, non-discrimination and social inclusion of older persons

To achieve a fully inclusive society, a complex set of elements needs to be in place. As older people may encounter mobility limitations, the living environment is important, e.g. barrier-free pedestrian areas, possibilities to sit down or public toilets. A good reference framework is provided by the standards developed for the members of the Global Network of Age-friendly Cities and Communities of the World Health Organization (WHO). Cities and communities in Georgia should be encouraged to join this global network, thereby subscribing to its standards. It will give them access to a network of cities to exchange about good practices.

Mobility and transport is another important element. Buses have been made more accessible for people with disabilities in Tbilisi and Batumi. Outside of main cities the transport is ensured mostly by marshrutkas which are not accessible for people in a wheel chair. Affordability can be an important obstacle to using public transport. Part of the transport is privatized so that special rates have to be negotiated individually with every company. Where special rates apply they have sometimes led to discrimination by drivers against beneficiaries, i.e. not stopping for them or not providing assistance. It might be useful to implement a more generalized policy on preferential pricing for older people or people with reduced mobility. Training in professional conduct of drivers may help to reduce discrimination. Overall, access to means of transport for people with special needs and connectivity in remote and rural areas are important issues of concern, in particular when it comes to reaching hospitals or other care institutions. The availability of information on schedules or routes and connections also needs to be improved.

Due to a lack of corresponding legislation, public and private buildings may often not be accessible to people with reduced mobility. Minimum standards of accessibility and safety of housing for older and disabled persons should be elaborated. To improve coordinated policymaking in urban and spatial planning, housing, public spaces, and construction quality, one government entity should have overall responsibility (rather than dispersing tasks across ministries).

In the early 1990s, the housing stock was almost entirely privatized, usually at a symbolic price, resulting in a number of poor owners, not able to finance maintenance and renovations. In some places, there is no access to hot water or reliable heating. Older people may not be able to afford utility bills. The State may consider subsidies for older people to adjust their housing in case of reduced mobility or to cover utilities. Many of today's older persons have had to sell their apartments or houses due to economic hardship. There needs to be a better understanding of the actual numbers of homeless older people. The State should make social housing or shelters available to alleviate the most extreme hardship.

Social participation is important to maintain cognitive function and for older people to feel useful and appreciated. A sub-optimal health status and difficulties in making ends meet were often associated with higher risks of emotional and social loneliness. As society changes and becomes more individualized, community and neighbourhood networks, volunteering or self-help groups may help to prevent loneliness and social isolation, including for IDPs and other groups with special needs. Community organizations could offer cinema or reading circles, or visits to the theatre. In today's world, participation requires access to modern means of communication. While many older people seem to make good use of cell phones, more efforts need to be made to provide internet connectivity and IT literacy. Support should also be given to facilitate participation of older persons in physical activities.

To what extent older people can participate in society is also determined by the public perceptions about ageing, often reinforced by media reporting. A study of two newspapers, "Rezonansi" and "Kviris Palitra", and the daily 9 pm news programme "Kurier" from the Rustavi 2 channel were used as a proxy for media reporting. Overall, it was found that ageing or older people's issues were not featuring prominently, even less so in the TV news. Often older people were on the side-lines of the actual topic of the news item, for example homelessness. The main character of the story simply "happened" to be an older person. Articles were mostly written "about" older persons, for example as veterans, rather than letting them speak for themselves. When talking about older persons in connection with other topics, they were mostly represented as needy and vulnerable. Reporting in regional newspapers seems to be slightly more balanced, more frequently covering NGO and community activities.

To have a positive impact on societal perceptions, the full spectrum of experiences, realities and coping strategies should be reported on. It would be useful to balance stories of hardship with images of active older Georgians that creatively contribute to their families and communities, helping with child care, bringing in additional income, starting projects to encourage intergenerational exchange with schools, etc.. Such stories can serve as an example for other older people to do the same.

To improve the understanding of ageing in the general public, government officers and communications departments in ministries could be trained to play a more active role in disseminating information about the demographic challenges, and the activities undertaken to

tackle them. The Government should work with journalists to make them more familiar with demographic trends and their consequences for society, identifying good reporting standards. Overall, news media should give more of a voice to older people in particular, for example hiring a larger number of older journalists. NGOs working with older people should strengthen their media outreach and seek to professionalize their public relations skills, too. To tackle public perceptions more systematically, a campaign might be carried out under Government leadership with involvement of different stakeholders. It should serve to inform the public about ageing-related issues and policies, challenge existing stereotypes and misconceptions and provide alternative viewpoints.

Dignity, health and independence in older age

A life in dignity and independence requires that older people can ensure a minimum income to survive. According to the Law on State Pension, the citizens of Georgia as well as foreigners with a certain status receive a state pension of 150 lari once they reach the retirement age (65 years for men and 60 years for women). State pension expenditures are funded by tax revenues as there is no contribution mechanism. The amount is calculated to provide the minimum subsistence level, and the pension has played a major role in reducing the incidence of poverty. However, in reality it is likely not to be enough to ensure a life in dignity, good health and to allow for full participation in a society in all cases. Given the likely gap in revenue for pensioners, people should have more opportunities to build up additional savings throughout their lives. Overall, people of adult age should have easy access to understandable information regarding their possibilities to prepare their financial situation in old age.

Additional social support programmes are administered by the Social Service Agency (SSA) based on means testing. Regarding the full range of available support programmes, it is important to provide one-stop information about available benefits and eligibility criteria. The SSA website should be kept up to date and additional independent counselling should be available, for example through a hotline.

Important progress has been made in providing access to health care. In February 2013 the state-funded Universal Health Programme was launched giving access to a basic package of health services to those who had not been insured before. The Programme also provides coverage of emergency medical care, elective surgery, oncology treatment and maternity services. However, many expenses related to chronic illnesses are not covered so that people of 65 years and above are still vulnerable to catastrophic out-of-pocket payments. Expenses for medicine are exacerbated by the fact that pharmaceuticals tend to be more expensive in Georgia than in the EU due to higher mark-ups. To alleviate medical hardships of older people, pensioners organizations and other NGOs are providing health care in their own settings or in partnership with doctors who volunteer their services for older people in need. Overall, to improve access to health and care, the specific needs of older persons need to be addressed when further developing the health and care systems. Affordability of medicine should be improved and specific provisions may be considered for people suffering from chronic diseases, while simultaneously working to bring down the cost of pharmaceuticals and the share of prescribed generics.

Currently, prevention and screening are not well established. Related programmes should be scaled up, promoting healthy lifestyles, encouraging people to engage in physical activity, adopt healthy diets, avoid smoking and excessive alcohol consumption. A coordinated long-term care approach – currently missing in the National Health Care Strategy - is crucial to address older people’s needs. A continuum of care should be available for older people with different needs. The current development of the mental health strategy, which will include Alzheimer’s disease, is to be welcomed. However, much needed geriatric beds or geriatric professionals are not available. Institutional care is provided in two nursing homes for older people, located in Tbilisi and Kutaisi, each providing approximately 100 beds. The actual need is estimated to be much higher, even though no reliable figures are available, in part because of the stigma attached to sending an older relative to a nursing home. The public sector also runs 28 public day care centres in Georgia, and provides home-based care to 161 persons, of which 60 are in the older age group. Compared to the actual need this is an extremely low number. The largest share of home care services is delivered by non-profit organizations such as Caritas and the Red Cross, using a mix of professionals and trained volunteers. Municipalities can engage non-profit organizations to provide home care against a fee, which they do in Tbilisi. The Batumi municipality piloted their own home-based care project as of 2014, which followed a needs assessment. Solid needs estimations should be used more systematically as a starting point when scaling up geriatric care, palliative care for older persons, places in residential homes, day care centres and home-based care services. To achieve this, more private and non-profit providers as well as volunteers should be encouraged to offer services. In a more diversified setting, good coordination is key – between public services and non-state providers, as well as between health and care services. Frameworks to ensure quality of care need to be further developed, in particular to ensure protection against abuse. The role of the Ombudsman’s office could be expanded to ensure the protection of human rights of older persons.

Maintaining intergenerational solidarity

Traditionally, the multi-generational family – ideally with all of its members living under one roof – is considered the key provider of care and support. Most likely, the higher probability of living together (higher than in other GGS countries) and the high share of care provided within the family are results of a combination of cultural values and a lack of alternatives, as the younger generation cannot afford to live independently and alternatives to care within the family are lacking. Where family is available, it provides an important cushion to financial hardship, with financial transfers going both ways, from children to parents and vice versa. Parents living with their adult children also contribute to the family in many other ways, such as looking after grandchildren. As the main household tasks such as preparing daily meals, doing the dishes, cleaning the house and child care are mostly performed by women, a similar tendency can be assumed for providing care of older relatives. As more women participate in the labour market and as their perception about their roles changes gradually, men should engage more equally in the household. Advocacy and public campaigns may be useful means to sensitize public opinions on sharing employment and family responsibilities equally between men and women and between generations.

Overall, the realities of the multigenerational family are changing. As many people of working age move to the cities or migrate abroad in search of job or study opportunities, older parents may stay behind in rural areas or mountain villages. Family members may find it increasingly difficult to

balance challenging work lives with care responsibilities. Policies should aim to provide affordable, accessible and quality care services (e.g. day care, respite care, supplementary home-based), thereby alleviating the multiple demands on the middle generation, especially women. To ensure quality of care even in informal settings, training should be available for family carers, especially for those having older family members with Alzheimer's disease or other forms of dementia.

Policies have to acknowledge various different family situations which are equally worth supporting. Given low fertility rates and migration trends among the younger generation, more and more older people in future generations may not have a family available to look after them. For them, alternative financial assistance and institutional services should be developed. The community, including neighbourhood networks, can play a greater role to pool resources and facilitate intergenerational as well as intragenerational solidarity.

Cross-cutting issues

Migration

Migration has had a cross-cutting impact on all areas mentioned. Migration trends in Georgia have an impact on the population age structure in a way that most of the emigrants (93.8 per cent in 2012) are under 60 years of age, whereas in the immigrant flow the percentage of people of age 60 and above is 9.9 per cent. Emigration for work has contributed to reducing the burden of unemployment while the transfers of remittances from abroad have provided a significant contribution to the country's GDP (11.2 per cent in 2012). At the same time, older people may miss their families as a social anchor and to provide daily care. Families who live abroad may find it difficult to find alternative good quality services.

In addition, Georgia may wish to create conditions for emigrants to return, bringing with them their skills and expertise gained abroad. Possibilities of transferring social security and pension packages from abroad would be valuable, especially regarding older emigrants. It is equally important to ensure reintegration of the emigrants into the Georgian labour market through training and qualification-recognition programmes.

Internally displaced persons (IDPs), especially older IDPs, find themselves in a particularly difficult situation — having lost their homes, property and savings. They may find it challenging to rebuild their lives, especially in older age. It will be useful to carry out further research into IDP's needs and provide them with well-targeted support.

Data collection and monitoring & evaluation

Mainstreaming ageing needs to be monitored and evaluated with regard to progress made within different areas, developing benchmarks and introducing appropriate indicators. The more concrete activities to be identified in the Action Plan should come with a timeframe, responsible entity, and indicators of achievement. Progress reports should be part of an overall communication strategy and stakeholders should be actively engaged in addressing difficulties and taking things forward.

Monitoring progress and ensuring evidence-based policymaking in future requires the continuous improvement of the availability of high quality statistical data. Social statistics should be

strengthened, introducing surveys such as ESS and SILC. Availability of age-disaggregated data should also be improved, including coverage of all age groups. To achieve this, human resource capacities in data collection and analysis need to be further strengthened.

Next steps

Ageing is a major issue the consequences of which Georgia will have to confront over decades to come. The Government has demonstrated the necessary commitment to addressing this issue head on. This Road Map is a first step in the direction of implementing MIPAA/RIS more systematically. Actually achieving mainstreaming ageing will require a more fundamental change in organizational culture, away from thinking in silos towards a more coordinated approach. This Road Map will hopefully help by giving a good sense of direction. To implement it, Georgia should work closely with development partners – individual members of the Working Group on Ageing as well as international agencies – strategically engaging them in the implementation of the recommendations of this document.

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1. Introduction

In 2002, countries adopted the Madrid International Plan of Action on Ageing as the first international strategic document in response to population ageing. A few months later, member States of the United Nations Economic Commission for Europe (UNECE) gathered in Berlin to devise a Regional Implementation Strategy (RIS), bringing out the elements that particularly pertain to the regional situation. MIPAA/RIS defines ten commitments under which more specific activities and policy principles are singled out:

1. To mainstream ageing in all policy fields
2. To ensure full integration and participation of older persons in society
3. To promote equitable and sustainable economic growth in response to population ageing
4. To adjust social protection systems
5. To enable labour markets to respond to the economic and social consequences of population ageing
6. To promote life-long learning and adapt educational systems
7. To strive to ensure quality of life at all ages and maintain independent living including health and well-being
8. To mainstream a gender approach in an ageing society
9. To support families providing care for older persons and promote intergenerational and intra-generational solidarity among their members
10. To promote the implementation and follow-up of the regional implementation strategy through regional co-operation

Within UNECE, member States have been exchanging about ways to adjust their policy frameworks in different areas according to the MIPAA/RIS principles. Since 2008, the Road Maps for Mainstreaming Ageing were suggested as a means to carry out a systematic analysis of the policy framework in a given country. The aim is to provide the country with guidance for strengthening MIPAA/RIS implementation, based on their very specific realities. The country, in turn, commits to implementing the recommendations developed with its participation. Road Maps have been successfully developed for Armenia and the Republic of Moldova where they were officially adopted by the respective Governments and recommendations led to the development of Action Plans.

The Government of Georgia first expressed interest in having a Road Map for Mainstreaming Ageing prepared by UNECE at the 4th meeting of the Working Group on Ageing in November 2011. The official letter of request was handed over by the Ministry of Labour Health and Social Affairs (MOLHSA) in 2013. A first pre-mission had taken place in 2012 and more systematic work was carried out between autumn 2013 and autumn 2014. Ms. Ketevan Goginashvili, national focal point for the UNECE Working Group on Ageing and member of the Bureau, was nominated as main coordinator for the Road Map.

MIPAA/RIS is written in the spirit that population ageing is not a threat that needs to be averted or even a negative trend to be reversed but rather an inevitable reality of demographic transition to which policy frameworks need to adjust. It holds challenges, such as covering pension pay-outs of an increasing number of pensioners, as well as opportunities, such as people having a wealth of experience and being much fitter in higher age and thus able to stay active in the work force for longer. Therefore, the Road Map tries to gauge opportunities as well as to respond to challenges.

The structure of this Road Map was agreed with MOLSHA and reflects the thematic priorities of MIPAA/RIS, following the logic of its ten commitments. It provides an overview of the methodology used and some basic information about the country. There is an overview of the institutional and policy frameworks with regard to ageing, followed by information on the mainstreaming ageing situation, integration and participation of older persons in society, social protection, labour markets, life-long learning, health, gender, intergenerational solidarity, integration into international processes. In addition to these explicit MIPAA/RIS areas, the Road Map provides short chapters about the situation with regard to migration, research and data collection as well as monitoring and evaluation, followed by concluding remarks and bibliographic references. The annex provides a list of stakeholders interviewed as well as an overview of the participants of the national working group that was formed to accompany the process of developing the Road Map and Action Plan.

2. Methodology

The implementation of the Road Map takes place in four steps: (1) the desk study, (2) the field study, (3) the drafting of the Road Map and (4) monitoring and evaluation of its implementation.

For the desk study, documents were received from the Government of Georgia, UNFPA and other international organizations and stakeholders providing information about the ageing situation in general and different aspects of MIPAA/RIS. The study of available documents and data provided a first overview of the situation, additional information gaps were filled during the second part, the field study.

Information collection started as early as the pilot study for the Active Ageing Index in 2012 which also served as a pre-mission for the Road Map, establishing first contacts on the ground. Two field visits took place, from 27 October to 2 November and from 9 to 14 December 2013. The first visit served to discuss and agree upon the focus and outline of the Road Map. Relevant stakeholders were interviewed, including in different ministries, international organizations, civil society, private sector and academia. Interviews helped to fill information gaps, to find out about services provided (or lacking), to discuss problems and possible solutions in the respective fields of expertise of the interviewees. More than 30 meetings were held with different departments of MOLHSA, the Ministry of Education, the Ministry of Sports and Youth Affairs, the Committee on Health and Social Affairs of the Parliament, the Ministry of Health and Social Affairs of the Autonomous Republic of Ajara, the Municipalities of Tbilisi and Batumi, the State Fund for Protection of Victims of Trafficking (in charge of older people's shelters), the ombudsman's office, colleagues in international organizations, the European Union (EU) Delegation, the Statistical Office, with non-governmental organizations (NGOs; i.e. Caritas, Red Cross, the Home Care Coalition, DVV International, "Deserving old age") and employers' organizations including the American Chamber of Commerce and the Georgian Employers' Organization. Three older peoples' homes were visited in Tbilisi, Kutaisi and Batumi. For a list of interviewees, see Annex 1.

A national Interdisciplinary Working Group (IWG) consisting of experts from different areas to support the drafting for the Road Map was established and a first meeting was hosted by MOLHSA. Affairs. The meeting allowed participants to get acquainted with each other and to voice their expectations of the Road Map, in particular with regard to important issues that needed to be covered. For a list of IWG participants, see Annex 2.

| Full name | Georgia |
|---|--|
| Capital | Tbilisi |
| Total population in 2013* (thousand) | 4,484 |
| Human Development Index in 2012** | 0.745 (high human development) Rank 72 (2012, +3 from 2011) |
| Average monthly nominal salary in lari in 2012* | 712.5 |
| Monthly basic old age pension (lari) | 150 |
| Employment/Unemployment rate (per cent) 2012* | 56.8/15.0 |
| GDP per capita at current prices, PPP (US\$) in 2013* | 3,596.6 |

Sources: * National Statistics Office of Georgia (GeoStat); ** UNDP 2013b

Being an independent republic between 1918 and 1921, Georgia was part of the Soviet Union from 1922. It declared its independence in April 1991. A new constitution was approved in the same year, reinforcing a presidential-democratic form of government with the President being the head of State, and the Prime Minister the head of Government. From 2004 the Georgian Government under leadership of the United National Movement embarked on a series of comprehensive social and economic reforms, characterized by privatization and liberalization and a public sector reform aiming at de-bureaucratization (reducing the number and size of ministries). Important improvements were achieved in the area of corruption, largely eradicating low-level corruption among police and Government officials. Transparency International's International Corruption Perceptions Index data show an increase from 18 in 2003 to 49 in 2013 (on a 100 point scale; the lower the more corrupt).

In 2012, the Georgian Dream – Democratic Georgia coalition won the elections, hereby giving them the right to nominate the Prime Minister. The parliament appointed Government in the majority was comprised of the opposition to the President's party which resulted in a disruptive cohabitation between the Parliament and the President. This situation only ended when in October 2013 a new president was elected who came from the same coalition as the parliament majority. In 2010 the Constitution was amended, reducing powers of the president in favour of the Prime Minister and the Government. These changes were implemented as the winner of the October presidential elections took office in November 2013. Since October, 2013 a State Constitutional Commission, set up by the Parliament, works on further revisions of the Constitution.¹

Georgia is in conflict with the Russian Federation over two territories, Abkhazia and South Ossetia. Social unrest had started in Abkhazia in the early 1990s when local authorities had attempted to separate from Georgia. In August 1993, the United Nations Security Council, by resolution 858 (1993), decided to establish the United Nations Observer Mission in Georgia (UNOMIG) to monitor a ceasefire agreement reached in 1993. When the ceasefire did not hold, in 1994, an Agreement on a Ceasefire and Separation of Forces was concluded and a peacekeeping force of the Commonwealth of Independent States (CIS) was deployed to monitor compliance with the Agreement. UNOMIG

¹ Cf. http://government.gov.ge/index.php?lang_id=ENG&sec_id=41&info_id=44526.

monitored implementation of the agreement and observed the operation of the CIS force. In August 2008 the conflict over Abkhazia and South Ossetia deteriorated relations between Georgia and the Russian Federation again. Following armed conflict, the two regions declared independence from Georgia and were recognized by the Russian Federation. Georgia's Parliament, in turn, declared the two territories occupied. Most countries do not recognize these areas as independent, with only a few exceptions (e.g. Nicaragua and Venezuela). The United Nations have not recognized them as independent. Peace keeping missions have been established on the ground. UNOMIG came to an end in June 2009, as Security Council could not agree about an extension of its mandate, with the Russian Federation playing a critical role.² As data and other information are not available and due to the Georgian Government's lack of influence over policymaking in these territories, they have not been included in the considerations for the Georgian Road Map on Ageing.

With regard to foreign affairs, the Government has a Euro-Atlantic orientation and is committed to joining the European Union. In November 2013 Georgia initiated an association agreement with the EU at the Eastern Partnership summit in Vilnius, Lithuania. While not being a precursor to EU membership, it is an important step towards political convergence. The association agreement was signed in June 2014.

Joining the North Atlantic Treaty Organization (NATO) has been equally high on Georgia's agenda. At a summit in Bucharest 2008, NATO agreed that Georgia will eventually become a member but it is unclear when the Membership Action Plan (MAP) - the standard means to initiate the NATO accession process - could be received. The Georgian Government considers the United States of America an important ally. At the same time it looks for dialogue and crisis mitigation with the Russian Government. It seeks to strengthen economic and political relations with neighbouring countries – Armenia, Azerbaijan and Turkey as well as with countries of the Black and Caspian Sea region and Central Asian States.

Economic context

In 2012, Georgian GDP per capita (PPP, current international dollars)³ was ranked by the International Monetary Fund (IMF) as 119th in the world. The major share of the gross value added (GVA) comes from the services sector (67.5 per cent of GVA), followed by the industrial sector (16.5 per cent) and agriculture (8.5 per cent) (UNECE Database). The current account deficit in 2012 was at the level of 11.7 per cent of GDP and was mainly determined by the trade deficit (19.7 per cent of GDP) and by investment income.⁴ The country's external debt in 2012 accounted for 30.5 per cent of GDP.

In the course of the last 20 years, the Georgian economy has shown its ability to quickly adjust to the changing circumstances. It was characterized by a sequence of collapse - stabilization - acceleration - crisis - rebound (World Bank 2013b: 2). The economy declined drastically with independence and the

² <http://www.un.org/en/peacekeeping/missions/past/unomig/background.html>.

³ Gross domestic product based on purchasing power parity (PPP) per capita GDP (Current international dollar): expressed in GDP in PPP dollars per person. Data are derived by dividing GDP in PPP dollars by total population. These data form the basis for the country weights used to generate the World Economic Outlook country group composites for the domestic economy, cf.

<http://www.imf.org/external/pubs/ft/weo/2013/02/weodata/weoselser.aspx?c=915&t=1>.

⁴ Balance of payments of Georgia (2012).

beginning of transition to the market economy in 1991. With traditional export markets⁵ falling away and the conflict having an additional negative impact, the economic situation was at first very difficult. Between 1990 and 1992, GDP declined by 64 per cent. In 1991, agricultural production fell by 50 per cent, the value of trade with countries outside the former Soviet Union decreased by 59 per cent (Jones 2013: 179). In 1995, Georgia saw an annual GDP growth of 2.6 per cent and in 1996 it reached 11 per cent. From 1996 the country experienced a period of macroeconomic stability. Following the *Rose Revolution*, reforms were carried out, accelerating growth to up to 12.3 per cent in 2007.

The positive trend was halted in 2008–2009 by the combined shocks of armed conflict and the global economic crisis. The consequence was the deterioration in investor and consumer confidence, a fall in foreign direct investments (FDI), exports and other private inflows. A large international crisis assistance package to Georgia averted sharper adjustments. The international community pledged \$ 4.5 billion in post-crisis assistance over three years, in addition to a \$ 1.25 billion IMF Standby Agreement. Thanks to this and fiscal stimulus measures to restore confidence and mitigate the downturn in 2009, the economy recovered again and reached almost pre-crisis growth rate in 2010 (UNDP 2013a). In 2010–2012 the economy rebound to an average growth of 6.5 per cent. Growth has been largely powered by non-tradables with total exports remaining under 40 per cent of GDP. The resulting high current account deficit (among the highest in Europe and Central Asia) makes Georgia potentially exposed to future external shock (World Bank 2013b: xiii-xiv, 3–4; World Bank 2012: 2, 6–7).⁶

At the same time, Georgia achieved considerable results in creating a good business climate: in 2006, the World Bank named Georgia world's top reformer country as its rank of ease of doing business jumped from 112 to 37 over a year (from 2005 to 2006 respectively). The rank further improved from 7 to 8 in 2014.⁷ FDI have been playing an important role in the country's economic growth. Through the period 2010–2012 the average share of FDI in GDP was 6.7 per cent (GeoStat). Personal remittances constitute another significant part of money inflow to Georgia. In 2011 and 2012, money transfers to Georgia accounted for approximately 8.5 per cent of GDP (GeoStat) surpassing thus the inflow of FDI.⁸

Despite a successful economic performance, major challenges — poverty and unemployment — persist. The level of the extreme poverty was at 9.7 per cent in 2012, whereas relative poverty⁹ declined from 23 per cent in 2011 to 22.4 per cent in 2012 (GeoStat). The unemployment rate stayed at the level of 15 per cent being the most acute for the young population: 36.9 per cent for the age group 15–19 years and 32.2 per cent for the age group 20–24 years (GeoStat 2012). It appears that GDP growth did not lead to a significant decrease in the level of poverty. This has been ascribed to the fact that economic growth has not been sufficiently associated with employment creation (cf.

⁵ Before 1991 Georgian economy was focused on the export of agricultural products and energy-intensive industrial products to the other Soviet Republics (European Neighbourhood and Partnership Instrument 2011).

⁶ Cf. World Bank data base, <http://databank.worldbank.org/data/home.aspx>.

⁷ <http://www.doingbusiness.org/data/exploreeconomies/georgia/>
<http://www.doingbusiness.org/data/exploreeconomies/~media/giawb/doing%20business/documents/profiles/country/GEO.pdf?ver=2>.

⁸ By comparison, World Bank data assume that remittances are at 11.1 per cent of GDP

(<http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:22759429~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html>).

⁹ Share of population under 60 per cent of median consumption.

World Bank 2013b: xv). The **older population** can rely on a publicly funded basic pension, expenditures for which amount to 3.3 per cent of GDP in 2011. This pension plays a major role in reducing the incidence of poverty with simulations indicating that the poverty headcount in 2009 would have been 38.1 per cent instead of 25.7 per cent without these benefits (World Bank 2012b: xvii).

The World Bank has also drawn attention to the relatively low saving rate in Georgia — during 1999-2011 it was 16.5 per cent of GDP, significantly less than countries with a similar age dependency ratio. A decline in public savings after 2007 was connected with the implementation of countercyclical fiscal policies (World Bank 2013b: 8, 15-16). At the level of private households, this was attributed to optimism regarding future growth prospects after 2004 and abundant availability of private domestic credit. Between 2001 and 2008 domestic credit to households expanded almost ten-fold. At the same time expenditures for health (Georgia having relatively high out-of-pocket payments) and education were responsible for a reduction in household saving. The Consumer Confidence Index, a measure combining consumers' perceptions of the current situation and future developments, shows younger people (up to 35 years) to be more optimistic than older ones (above 35 years): 44 per cent of young respondents expected a better future financial situation, while only 27 per cent of older respondents had the same expectation. Meanwhile, 65.5 per cent of young people thought it was the right time to make major purchases, compared to 53.9 per cent of their seniors.¹⁰

Following the parliamentary elections in 2012 economic growth fell to 1.9 per cent in the first half of 2013 (EBRD 2014) after three years of an average annual growth of 6.5 per cent (GeoStat). The new Government stopped or postponed a number of infrastructure construction projects redirecting the State budget to social spending, such as the Universal Health Programme (UHP), raising pensions, reducing electricity tariffs, etc. Following these measures, FDI declined by 4 per cent in the first half of 2013 compared to the same period in 2012 (EBRD 2014). However, already in the third quarter the FDI level increased again bringing the overall FDI for 9 months in 2013 to a 2 per cent higher level than in the respective period of 2012 (GeoStat).

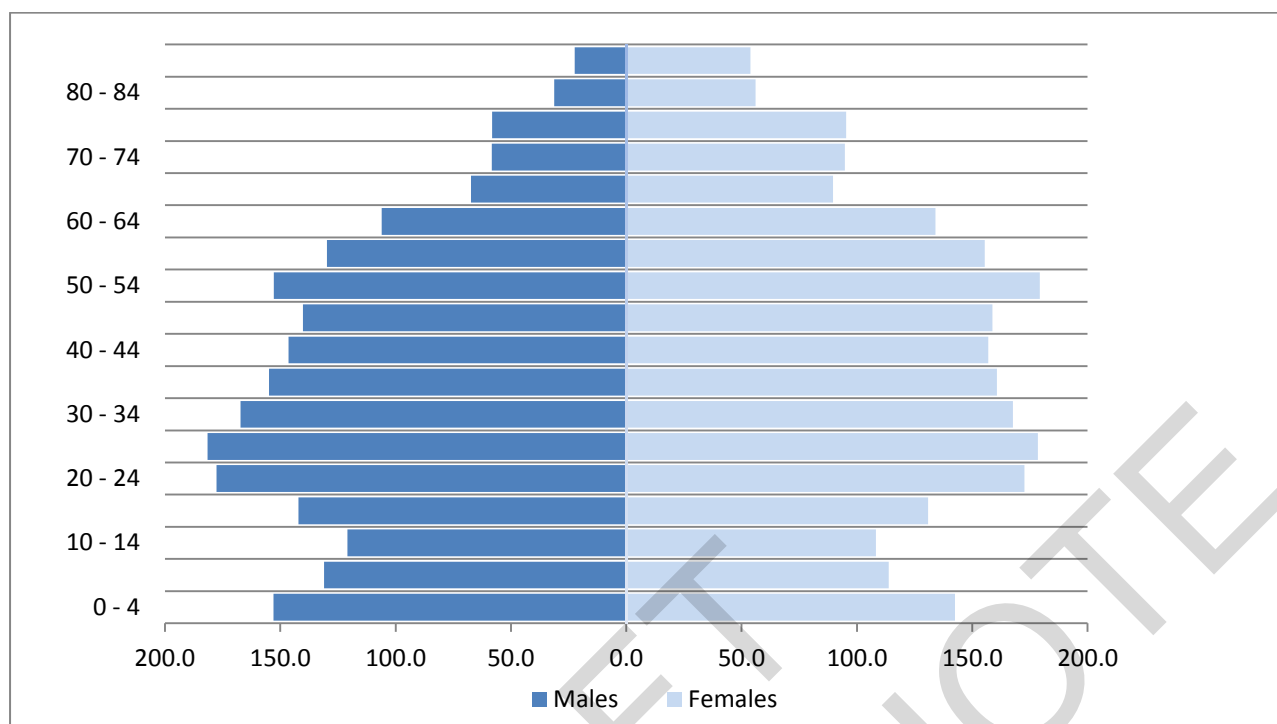
Demographic context

According to the National Statistical Office of Georgia, GeoStat, Georgia has a population of 4.48 million (2013). Just before independence, in 1990, the population was at 5.42 million. From then on it declined to as low as 4.32 million in 2005, growing again to above the 4.4 level from 2010 on. About 53 per cent of today's population live in urban areas.

The total fertility rate has been below replacement level since the early 1990s, so that the pyramid below shows a significant narrowing in the cohorts born since then. From a level of 2.16 children per woman, the fertility rate declined to 1.54 in 1995 reaching its lowest level of 1.39 in 2005. It then increased again to 1.86 in 2009, gradually declining to today's level of 1.67 (2012). At 1990 levels, the percentage of **people aged 65 and above** was at 9.2 per cent. In 2013, the share had increased to 13.8 per cent (GeoStat).

¹⁰ http://iset-pi.ge/index.php?article_id=1121&clang=0, accessed March 2014, with data updated February 2014.

Figure 1: Age structure of the population of Georgia, 2013



Source: GeoStat

According to the United Nations Population Division data, the share of the population aged 65 years and above is expected to grow from 14.2 per cent in 2010 to 21.1 per cent in 2030. The share of those aged 80 years and above will increase from 3.2 per cent to 4.2 per cent.

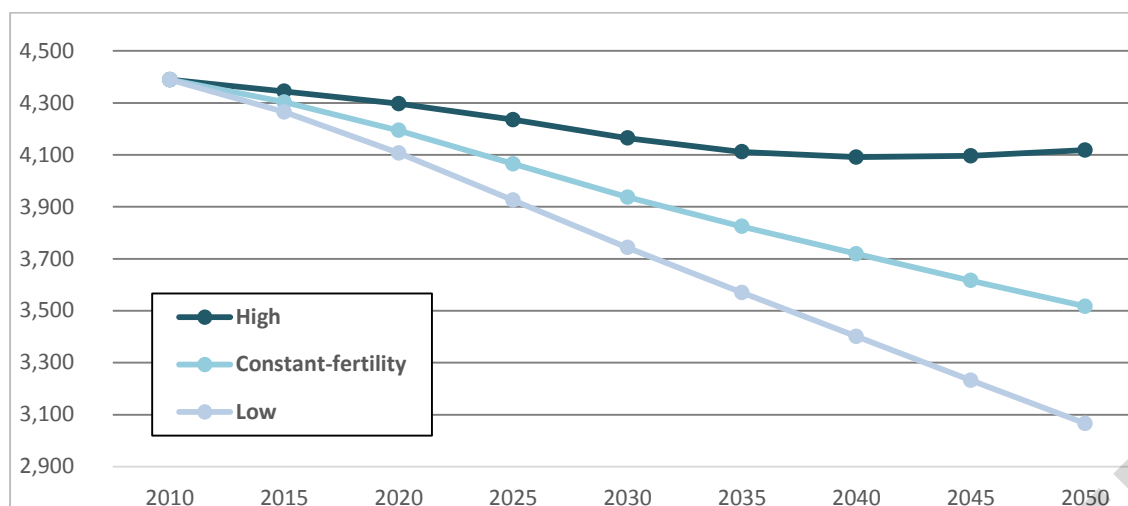
Table 2: Population projections

| | |
|---|-------|
| Population, 2010 (thousands) | 4,389 |
| Population, 2030 (thousands) | 3,953 |
| Population >65 years old, 2010 (per cent) | 14.2 |
| Population >65 years old, 2030 (per cent) | 21.1 |
| Population >80 years old, 2010 (per cent) | 3.2 |
| Population >80 years old, 2030 (per cent) | 4.2 |

Source: United Nations Population Division: World Population Prospects: The 2012 Revision, <http://esa.un.org/wpp/Documentation/publications.htm>.

According to the United Nations Population Division, the population of Georgia will decrease under all three projection scenarios - with high, constant and low fertility rates.

Figure 2: Population projections for Georgia, 2010-2050



Source: United Nations Population Division, Population Estimates and Projections Section

Looking at data from GeoStat and the United Nations Population Division, most figures are rather similar (where data are available in both sources). The biggest striking difference is in net migration rate which may in part be attributed to the different period covered.

Table 3: Selected demographic indicators for Georgia (GeoStat)

| | |
|--|---------------------------------|
| Life expectancy at birth (years) 2012* | 74.7 (male: 70.2, female: 79) |
| Life expectancy at age 65 (years) 2012* | 16.7 (male: 14.5, female: 18.4) |
| Total Fertility Rate (children per woman) 2012* | 1.67 |
| Natural population increase rate (per 1,000 population) (2012)** | 1.7 |
| Net migration rate (per 1,000 population)* | -21.5 in 2012 ¹¹ |
| Population aged 65 years or above (per cent) 2013* | 13.8 |

Sources:

* http://www.geostat.ge/cms/site_images/_files/english/population/15.10.2013_krebuli%202012.pdf

** http://www.geostat.ge/index.php?action=page&p_id=152&lang=eng

¹¹ In the three preceding years net migration was positive: 20.2 (2011) 18.1 (2010) 34.2 (2009).

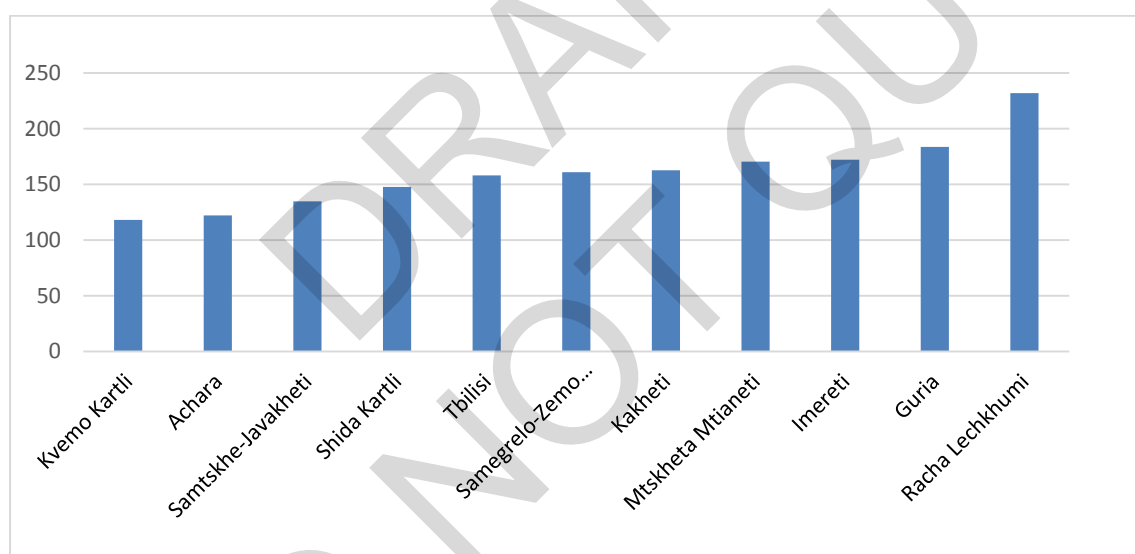
Table 4: Selected demographic indicators for Georgia (United Nations Population Division)

| | |
|--|-----------------------------|
| Life expectancy at birth, 2005-2010 (years) | 69,76 (male) 77.04 (female) |
| Life expectancy at age 60, 2005-2010 (years) | 17.16 (male) 21.24 (female) |
| Life expectancy at age 80, 2005-2010 (years) | 6.5 (male) 7.49 (female) |
| Population Growth rate, 2005-2010 | -0.391 |
| Median age, 2010 | 37 |
| Total fertility, children per woman, 2005-2010 | 1.8 |
| Net number of migrants (thousands), 2005-2010 | -150 |
| Net migration rate (per 1,000), 2005-2010 | -6.8 |

Source: United Nations Population Division: World Population Prospects: The 2012 Revision, <http://esa.un.org/wpp/Documentation/publications.htm>.

In order to detect regional differences in ageing in Georgia, the number of pensioners per thousand was calculated. As can be seen in figure 3, Racha Lechkumi is the region with the highest share of pensioners, with 232 pensioners for every 1,000 people. It is followed by Guria and Imereti with 183 and 172 pensioners for every 1,000 people.

Figure 3: Number of pensioners (60 years and above) per 1,000 of population



Source: Social Service Agency (November 2013)

Currently available census data date back to 2002 (a new census will be carried out in autumn 2014). According to the 2002 census, of the 4.37 million population, 84 per cent were Georgians, 6 per cent Armenians, 6.5 per cent Azerbaijanis, 1.5 per cent Russians, and 2 per cent other groups (GeoStat).

4. The policy framework

Constitution of Georgia

The Constitution of Georgia provides an overall legal framework in the country. While it contains no special reference to age, it contains a number of general provisions about rights pertaining to all citizens, for example the freedom and equality before the law “regardless of race, colour, language,

sex, religion, political and other opinions, national, ethnic and social belongings, origin, property status and title, place of residence” (article 14). Article 30 is about labour, including the protection of labour rights, fair compensation for work and safe, healthy working conditions, in particular for juveniles and women (with no mention of older workers). Article 34 makes special reference to the State’s responsibility to support the development of culture and the unrestricted participation of citizens in cultural life – an article that would justify special provisions for access to cultural event of older people and people with lack of mobility. As per the same article, the State shall facilitate the physical development of adults and youth (again, no special reference to physical activity of older person). Article 35 sets out everyone’s right to education and guarantees the freedom of choice in education. While younger people have a variety of choice for education in practice, this element might still be strengthened for **older persons**. Article 37 proclaims that “everyone shall have the right to health insurance as a means of affordable medical aid”, an important element in particular for older persons.

The Labour Code of Georgia

After the collapse of the Soviet Union, employer-employee relationships were still guided by the Soviet Labour Code until 1997, when first amendments were made. However, these amendments were not enough to transform the Soviet Labour Code into a modern document regulating relationships in the newly established labour market. Following the *Rose Revolution*, in 2003, the Labour Code was revised more fundamentally. As a result, Georgia had one of the shortest and most liberal labour codes in the world which was criticized for violating standards of the International Labour Organization (ILO) and recommendations of the EU Commission. The Labour Code adopted in 2006 gave employers the freedom to dismiss their employees without any explanation.

The next generation of amendments to the code was approved in 2012. The changes made the current code less liberal and were oriented towards increasing employee rights. For example, employers now had to provide candidates with information about the type of their contract (e.g. fixed, verbal, written, etc.). While the previous code had no constraint, the new one made it mandatory to have written contracts for anyone hired for more than three months. One of the most important changes was that “termination at will” was no longer permitted. Once asked, an employer was obliged to provide justification for an employee’s termination.

The current version of the Labour Code was adopted by the Georgian Parliament in September 2013. The changes took place in response to criticism received from the EU and other organizations. The Labour Code regulates labour relations and related issues not listed in the civil code. The code prohibits labour relations which lowers the norms adopted in the code. No reference is made to **older workers** and the ageing population. While other groups, including the vulnerable and disabled population or those living in mountainous areas, may receive preferential treatment, the current code does not provide any incentives for employers hiring older workers. There are also no incentives for the ageing population to be involved in entrepreneurship activities or to stay otherwise involved in the labour force after reaching the retirement age.

Georgian Law on State Pension (2012)

The aim of the law is to guarantee that the older population receives a state pension. The retirement age is set at 65 years for men and 60 years for women. As of September 2013, the old age pension is 150 lari independent of years of service.

Georgia - National Health Care Strategy 2011-2015: Access to Quality Health Care (2011)¹²

The strategy identifies four major challenges: 1) demographic challenges such as increasing life expectancy with a fertility rate below replacement level (albeit growing), leading to an increasing share of population aged 60 and above; 2) population health challenges for different age groups, including cardiovascular diseases, vision and hearing impairment, and cancer among the older population as well as behavioural risk factors like tobacco consumption, unhealthy diet and physical inactivity among all age groups; 3) health care system challenges, including high out-of-pocket expenditures for health to be borne by households, especially for drugs; 4) health human resources, in particular with regard to quality of training and the high number of graduating doctors compared to the low number of nurses.

In response to the major challenges, five strategic objectives are set out, to reduce mortality and increase quality of life: (1) *To reduce inequalities in access to medical care*, the strategy foresees major investments into the hospital sector and an increase in the number of insured citizens by financing participation through the public budget, by developing private affordable insurance options and by introducing a basic insurance package. Developing primary health care is another priority, including improved access to medicines. This shall be achieved by allowing easier market access of medicines that have been accredited elsewhere and by allowing parallel import regimes. Another strategy has been pursued by pharmacy networks to negotiate better retail prices for certain groups of drugs. (2) *To improve quality of medical services*, the management of staff resources shall be improved, achieving a more appropriate number of doctors and nurses per number of patients. The nursing profession shall be popularized and the training of doctors shall be improved in terms of more relevant clinical competencies and problem solving skills. A voluntary accreditation system shall be introduced for health institutions, followed by an external quality control system. (3) *To more effectively protect patients' rights*, mediation mechanisms shall be introduced to address grievances between insurances or institutions and patients. Electronic portals and data bases shall provide transparent information about insurers and medical facilities. (4) *To prevent diseases and assure preparedness and response to health threats*, a well-functioning disease surveillance system shall be established and maternal and child health services shall be improved. Disease control and prevention activities are foreseen for tuberculosis, HIV/AIDS and non-communicable diseases as well as more generally in the area of health promotion. To promote healthy lifestyles, the Government intends to collaborate with private and non-governmental organizations to implement information, education and communication initiatives aimed at increasing the population's awareness of health issues and the benefits of healthy lifestyles (e.g. drug use, healthy diets, physical activity, alcohol and tobacco consumption and road safety). (5) *To increase effectiveness of the health care system*, electronic data processing shall be strengthened and inter-sectoral coordination mechanisms enhanced for specific objectives of the strategy. For example, for health promotion and implementation of healthy lifestyles MOLHSA intends to strengthen collaboration with the Ministry of Education and Science, the Ministry of Environment Protection, the Ministry of Sport and Youth Affairs and the Civil Registry Agency. Overall, health science shall be supported.

¹² http://www.moh.gov.ge/files/2011/failebi/xarisxiani-jandacva/jandacva_Eng.pdf; At the time of writing a new strategy for 2014-2020 was under discussion.

Law of Georgia on Gender Equality

The Law of Georgia on Gender Equality was adopted in 2010, establishing fundamental guarantees of equal rights, freedoms and opportunities for women and men. The aim of the law is to ensure prevention and elimination of all kinds of discrimination based on sex in all spheres of social life. According to the law, the State supports and ensures equal rights of women and men in political, economic, social and cultural life. This includes free choice and equal access to education, free choice of occupation or profession and equal employment opportunities for both sexes. Sexual harassment at the workplace is prohibited. Women and men in the family shall have the equal right to independently make decisions on the issue of participation in labour and social activities. In family relations, men and women are ensured of their equal private and property rights. Both have equal rights and obligations with regard to child rearing and housework. Violence in the family and society should be eliminated. The law calls for gender equality in health care and social protection with special measures implemented to support women's reproductive rights and the health of mothers and children. Both men and women should have equal rights in passive and active participation in elections. Finally, official statistical reports related to gender issues shall contain sex-disaggregated data. However, no mention of the need of age-disaggregated data is made, nor are the special needs and vulnerabilities of older women and men acknowledged in the law.

The Georgian Parliament and the Gender Equality Advisory Council (established by the Parliament) are responsible for ensuring compliance with the provisions of the Gender Equality Law. The Council developed an Action Plan for Gender Equality which was adopted by Parliament in January 2014. The Council is mandated to review existing and new legislation and draft proposals for overcoming gender inequalities it may contain. It should elaborate and plan activities to achieve gender equality, and elaborate and implement the monitoring and evaluation system of activities targeted at ensuring gender equality. Local self-government bodies are requested to develop and implement activities on the local level to ensure identification and elimination of discrimination based on sex. The Public Defender of Georgia is authorized to take relevant measures in case of violations of gender equality.

Law on Elimination of Domestic Violence, Protection of and Support to its Victims (2008)

The law addresses the issue of "violation of constitutional rights and freedoms of one family member by the other, in conjunction with physical, psychological or sexual violence, coercion or threat to undertake such actions". The law specifies family members as "mother, father, grandfather, grandmother, spouse, child (stepchild), adopted child, foster parents, grandchild, siblings, parents of spouse, children-in-law". As such, it includes **older persons** who may be particularly vulnerable to issues of abuse, due to financial dependence, frailty or dementia, for example. The law puts responsibility on the State, through its authorized bodies, to support and ensure introduction and application of mechanisms for the domestic violence prevention, such as analysis and study of risk factors of domestic violence, legal methods, maintenance of statistics, carrying out information-education campaigns and organization and delivery of special education courses. To identify and eliminate domestic violence protective or restrictive orders may be issued, as part of criminal and civil law procedures. The law sets out the responsibilities of the police and provides for the possibility of shelter and calls for the establishment of rehabilitation centres for abusers. The law has been complemented by an Action Plan on Prevention of Domestic Violence and Protection of Victims of Violence (2009–2010) which addressed the needs of all members of families

affected by domestic violence, including children and older persons.¹³ A New Action Plan 2013-2015 was adopted in July 2013.

The United Nations Convention on the Rights of People with Disabilities

Georgia signed the United Nations Convention on the Rights of Persons with Disabilities in 2008 and ratified it at the end of 2013. The Convention treats disability as a human rights issue and aims to improve the living standards of people with disabilities by ensuring equal access to education, employment and social services. It requires countries to incorporate the human rights standards for disabled persons in national legislation. The Constitution of Georgia and several laws include a special provision on the rights of people with disabilities, e.g. The Georgian Law on Social Protection of Persons with Disabilities. Georgia is also a signatory of the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region as well as the Asian and Pacific Decade of Disabled Persons (1993-2002 and 2003-2012). Overall, in recent years, policy responses to disability have been adjusted from solutions that segregate people with disabilities towards community and educational inclusion (cf. UNDP 2013).

Persons with disability are entitled to a disability pension. In 2006, the Government introduced a new rehabilitation assistance programme for disabled persons. It provides partial coverage of assistive devices, but some medication that may be needed by a disabled person is not covered. People with disabilities who fall below the poverty threshold receive financial assistance of 300 lari in order to finance technical supplies such as a wheelchair, crutches or hearing aids. Everybody else needs to purchase these aids with private means.

People with disabilities are eligible to receive technical supplies such as wheelchairs, prosthesis, crutches, hearing aids, cochlear implants. Mechanical wheelchairs can be financed with up to 300 lari, electrical wheelchairs with up to 3.480 lari. For prosthesis the limit varies between 370 lari and 3.340 lari, Cochlear implantations can be financed with up to 28,500 lari. For disabled persons living below 100,000 rating scores (a reflection of the socio-economic situation of the household) mechanical wheelchairs and prosthesis are financed 100%, for others by 75% in case of wheelchairs and 90% in case of prosthesis. Hearing aids, cochlear implantation, electrical wheelchairs and crutches are financed by 100% for all disabled irrespective of the socio-economic status of the household.

Currently, the Social Service Agency (SSA) implements the programme Social Rehabilitation of People with Disabilities with the aim of integrating them into society and improving their social status. The main components are day centers and community organizations for people with disabilities, an early intervention subprogramme, rehabilitation of children with central neural systems diseases, a deaf persons' communication subprogramme and foster care for disabled children.

An Action Plan 2010-2012 on Social Integration of Persons with Disabilities had the following main objectives: to improve the ability of the system to determine disabilities; to promote the public awareness of disabilities and improve the accessibility to information; to improve the accessibility of public buildings and transportation systems; to implement the unified strategic plan of education of children and adults with disabilities; to provide a specialized system of vocational education and

¹³ <http://www.un.org/womenwatch/daw/vaw/handbook-for-nap-on-vaw.pdf>.

training and develop professional skills using alternative methods; to promote higher education; to improve the health care system and the State's welfare programmes.¹⁴ So far, concern has been voiced about a lack of strategic policy and implementation as well as the shortage of human and financial resources (cf. UNDP 2013: 31-33). However, disability issues have recently received more attention as the Georgian Government declared 2013 the Year of Respect for the Rights of People with Disabilities. With participation of governmental and non-governmental organizations and people with disabilities, the 2014-2016 Government Action Plan for Equal Opportunities of People with Disabilities was developed. This Plan is built upon the principles and obligations defined in the United Nations Convention, namely raising awareness, accessibility and individual mobility, freedom of opinion and expression, access to information, education, health care, enabling and rehabilitating, labour and employment, social security, engagement in political and public life, participation in cultural, recreational, entertainment, and athletic events, statistics and data collection, as well as issues related to monitoring.¹⁵

Provisions for Internally Displaced Persons

According to the Law on Internally Displaced Persons (IDPs), an IDP is a citizen of Georgia or a stateless person permanently residing in the country, who was forced to leave the place of habitual residence and was displaced (within the territory of Georgia) as a result of a threat to the life, health or freedom of the person or a family member, due to the aggression of foreign country, internal conflicts or mass violation of human rights. Georgia has around 250 thousand IDPs.¹⁶ The Law of Georgia on Internally Displaced Persons, adopted in 1996 and last amended in 2011, sets out the right to social assistance benefits for IDPs who were displaced due to conflicts in Abkhazia and South Ossetia in the 1990s and in 2008.¹⁷ IDPs and those living near the borders could benefit from free health insurance without additional means-testing. Now they also are beneficiaries of the UHC programme. Until recently, IDPs had the right to a monthly allowance of 22 lari for those living in collective centers and 28 lari for those living in private accommodation (which is the case for about 80 per cent of IDPs). For older IDPs, this allowance was in addition to the monthly basic pension. In addition, the State allocated funds to partly cover utility bills of IDP families living in collective centers, while IDPs living in private accommodation are not eligible for this assistance. A new bill on the status of internally displaced people came into force on 1 March 2014 whereby the monthly allowance has increased to 45 lari (independent of where IDPs live). At the same time, IDPs with a taxable income of at least 1,250 lari per person per month are no longer eligible to the monthly allowance.¹⁸ The Ministry of Internally Displaced Persons from the Occupied Territories,

¹⁴

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:23101106~pagePK:210058~piPK:210062~theSitePK:282699,00.html>.

¹⁵ http://government.gov.ge/index.php?lang_id=ENG&sec_id=288&info_id=39187.

¹⁶ <http://mra.gov.ge/eng/static/55>.

¹⁷ Additional detail is provided by Order N 124 of the Minister of Refugees and Accommodation of Georgia on IDP status related issues, Decree N 157 of the Government of Georgia on registration of Internally Displaced Persons and Refugees and social issues and Order N 146 of the Minister of Refugees and Accommodation of Georgia on approving the allocation of monthly allowances for the Internally Displaced Persons.

¹⁸ This refers only to the individuals, so if other family members do earn a taxable income of 1,250 lari, they still receive the monthly allowance of 45 lari.

Accommodation and Refugees estimated that the increase of the monthly allowance will require an additional budget of about 22 million lari compared to 2013.¹⁹

In 2006, a State Commission was established in order to elaborate a State Strategy for IDPs. The strategy was approved in 2007 and determined two major goals: (1) to create conditions for dignified and safe return of IDPs and to support IDPs who have spontaneously returned to their places of permanent residence; and (2) to support decent living conditions for the displaced population and their integration in all aspects of society. Since 2009, with the assistance of donor organizations, many collective centres were rehabilitated and new apartment blocks built. Despite the considerable efforts made to support IDPs, resources devoted remain limited and there are no provisions for IDPs to recover their housing, land and property at their place of origin or receive compensation for its loss (cf. UNDP 2013: 30-31).

The Ministry of IDPs from Occupied Territories, Accommodation and Refugees adopted another strategy for the period 2012 to 2014 and an action plan for IDPs to facilitate their integration and social inclusion into society. The strategy aims to support the settlement of IDPs by reconstructing existing State buildings or giving compensation to each family registered in the data-base.

Provisions for veterans

According to information provided by the Social Service Agency, different categories of veterans are entitled to receiving a household subsidy. For example, disabled veterans may receive 44 lari per month. Children younger than 18 years of parents who died in military activities for Georgia's territorial integrity and independence may also receive 44 lari per month. Participants of military activities on other states' territories and of military activities for Georgia's territorial integrity, freedom and independence are eligible to an amount of 22 lari per month. Generally, veterans of the military forces entitled to a pension when reaching the retirement age may receive an additional 22 lari per month. Veterans may also receive household subsidies. For example, disabled veterans of the Second World War, or participants of military activities on foreign states' territories and military activities for Georgia's territorial integrity, freedom and independence have a right to 44 lari per month. Veterans with a moderate-grade disability status may receive a state pension for disabilities.

A special medical assistance programme for veterans provides inpatient and outpatient assistance. It is directed to persons registered in the database of the State Service of Veterans Affairs. Applications have to be submitted to the service-providing medical institution directly, e.g. the V. Sanikidze War Veterans Clinical Hospital. The Social Service Agency maintains a subprogramme providing support for rehabilitation of veterans. The services of the programme may be used by those registered in the database maintained by the State Service of Veterans Affairs. In order to receive the service, a veteran (or his/her legal representative) has to apply to the service-providing organization (e.g. Balneology Health Resort of Tbilisi, Scientific Practical Centre of Balneology, Physiotherapy and Medical Tourism of Georgia) submitting relevant documentation.²⁰ Since the introduction of UHC, uninsured veterans can also benefit from this programme.

Based on an amendment to the Law of Georgia on State Compensation and State Academic Scholarship, a compensation of 400 lari is given to veterans of world war II and 200 lari is given to family members of deceased veterans who had participated in international operations or other

¹⁹ <http://civil.ge/eng/article.php?id=26728>.

²⁰ http://ssa.gov.ge/?lang_id=ENG.

peacekeeping activities starting from 1 January 2014 as well as to those deceased in the aftermaths of the events of May 1998. The above-mentioned groups include parents, spouses, children to the age of 18 years and disabled children.

Housing and urban development in legislation and national policies

Georgia as a signatory to the Universal Declaration of Human Rights declares in its Constitution: “(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control” (Article 25). The Constitution of Georgia also declares these to be main principles of human rights.

A document regulating urban development is the Law of Georgia on spatial and territorial arrangements and fundamentals of city-planning (2005). This normative document covers the principles of city-planning, land-use, cultural heritage and some infrastructure issues. Housing, however, is not part of the document. The Law on Local Government did not reflect housing issues either, even though the development of urban-planning documentation as well as the housing stock have been the prerogative of local government. In February 2014 a new Code of Local Government was adopted, replacing the previous law. According to this document, local governments have their rights and responsibilities, among them:

- Territorial-planning and definition of norms and regulations of the sector; adoption of city-planning documentation, land use plans, regulation plans of settlements
- Engineering infrastructure and development of parks, roads, streets, public spaces, green spaces, outdoor light systems
- Water and waste-water infrastructure
- Transportation systems
- Licenses for construction
- Development of infrastructure, public spaces and adaptation of transport to be adjusted to the needs of children and older people
- Registration of the homeless and provision of shelter to them.

There is no unique normative document uniting all the principles of urban development, housing and construction. In February 2014 a draft Code of territorial and spatial arrangements and construction activities was presented for discussion and eventual adoption. The document was prepared by the Ministry of Economy and Sustainable Development. This law will regulate the main principles of territorial and spatial planning, urban development and construction activities across the country. Georgia in most areas still has no modern standards of construction. The draft Code has been sent to the relevant ministries for comments. It is expected to adopt mentioned Code after the revisions and comments. In January 2014, the Government of Georgia adopted the decree Technical Regulations of Spatial Arrangement and Architectural-planning Elements for Persons with Disabilities. The main focus of the decree is technical and functional issues for new constructions to ensure that those correspond to the universal design and inclusive design concept. Regulations cover: entrance, stairs, elevators, doors, utility, living buildings, territorial centres of social support, allocated land, spaces for children with disabilities, infrastructure for sport, health care buildings, as

well as public buildings including trade, entertainment, restaurants, public spaces, bus stops and parking areas.

The Civil Code of Georgia (1997) regulates homeowners' issues by suggesting the establishment of associations of multi-flat building owners. Later, a new law on the homeowners association was adopted (2007). In reality, there has been little motivation among home owners to establish associations – they did not understand the purpose and there were little financial resources. To support the maintenance of multi-flat houses, the Tbilisi Municipality co-financed homeowners associations that were already established. Most of the resources went into the reconstruction of roofs and elevators.

The Law on Social Protection is oriented towards homeless persons and their needs for shelter. In May 2014, the Government of Georgia adopted the Strategy of Social and Economic Development of Georgia 2020. The strategy seeks to support inclusive economic and social development. Strategic aims include the development of the water and waste-water infrastructure as well as waste management systems and support to the social policy for the growing older population.

As foreseen in the 2014-2016 Government Action Plan for Equal Opportunities of Persons with Disabilities, relevant regulations on spatial arrangements and architectural and planning elements for people with disabilities were adopted by Government in January 2014. Preparations of proposals to overcome barriers in the physical environment are foreseen until 2016, including adaptation of the physical environment of educational institutions (pre-schools, schools, vocational education, higher/tertiary education), health care institutions, public spaces and buildings, elaboration of relevant standards, adaptation of the transport system (e.g. roads, cross-roads, bus stops etc.). By 2016 persons with disabilities should also be included in national housing programmes.²¹

The Office of the Public Defender presented the parliamentary report on The Situation of Human Rights and Freedoms in Georgia 2012²². The report touches upon adequate living conditions and social housing. Not having a reliable data base of homeless people is described as problematic. The restricted financial resources of local governments to solve the housing problems represent another important challenge.

Government Programme: For Strong, Democratic and Unified Georgia (2014)23

The document represents the Government's programme, in its revised format as of July 2014. Older people are specifically mentioned in the chapter about Pensions and Social Policy. A change in the pension system is envisaged, towards one where retirees will receive their pensions based on their accumulated pension contributions, in the framework of a compulsory pension insurance. The amount of pension payments will depend on the service record and insurance contribution. Citizens with incomplete service and insurance contributions will be granted a social pension. Private pension institutions are expected to play a bigger role within the new system, with the state ensuring its general stability. Activities are also foreseen for people with disabilities, as outlined in the "The Government Action Plan 2014-2016 on Ensuring Equal Opportunities for Persons with Disabilities", with the overall aim to support their integration into society.

²¹ No national housing programme has been developed for people with disabilities, so far.

²² <http://www.ombudsman.ge/uploads/other/1/1350.pdf>.

²³ http://government.gov.ge/index.php?lang_id=ENG&sec_id=41&info_id=44526.

In terms of health care provision, the government plans to build upon the achievements already made when introducing the Universal Healthcare Programme in 2013. In accordance with the EU Association agenda, public healthcare policy and programmes will be enhanced in priority fields, such as control of infectious diseases, drug use and mental health, blood and organ donation, tobacco control as well as overall improvement in quality of services and access to healthcare in mountainous regions and the areas adjacent to conflict zones.

The economic policy will seek to increase regional as well as global competitiveness and promote job creation, by improving the business environment, developing entrepreneurship (especially small and medium businesses) and foreign trade in products and services, attracting foreign direct investments in high value-added product manufacturing and introducing modern and innovative technologies as sources of increased employment opportunities. Internationally, Georgia seeks to deepen trade and investment relations, especially with the United States and the European Union. Particular attention is paid to agricultural development, to promote competitiveness and profitability, thereby increasing income from agricultural production, creating jobs and improving living conditions of self-employed persons in rural areas. Agricultural leasing and insurance systems shall be enhanced and expanded and small and medium farmers will be provided with accessible financial resources. Farmers' cooperatives and associations should be further developed.

Significant changes have been made to the Labour Code, which have been welcomed by the International Labour Organization and other international organizations. A State strategy and action plan on labour market formation was worked out and a labour market management information system and electronic portal worknet.gov.ge have already been launched. The Tripartite Social Partnership Commission has been set up. In the education sector, a long-term strategy for the sustainable development of education was elaborated and implementation started in 2014. It is envisaged to develop a lifelong study system and to revise vocational education and training.

Human rights protection-based policy represents one of the top priorities of the government. A „National Human Rights Strategy 2014-2020“ outlines priorities in the fields of human rights. Implementation of the corresponding Action Plan will be monitored by an Interagency Coordination Council for Human Rights under leadership of the Prime Minister. The role of the Prosecutor's Office should also be strengthened as an independent law enforcement body.

In addition, the government programme foresees strengthening local self-government and regional development and considers the protection of IDPs and refugees alongside considerations for tax, monetary and fiscal policy as well as other areas.

United Nations Development Assistance Framework (UNDAF) 2011-2015

UNDAF describes the United Nations' areas of collaboration with the Government of Georgia for the period 2011-2015. It is aligned with the National Millennium Development Goals (MDGs) and other key documents. UNDAF translates these into a common operational framework for development activities. It outlines the three interrelated thematic areas in which the United Nations system can make the most effective contribution, namely (1) poverty reduction (inclusive development, employment creation and access to health, education and essential social services, especially for vulnerable groups); (2) democratic development (independent, fair and participatory governance, based on the Rule of Law, human rights and equality principles) and (3) disaster risk reduction (prevention and minimizing damage and loss in case of emergencies). Under these three broad

directions, more concrete outcomes are identified. Among these, outcome 1 refers to the “Enhanced protection and promotion of human rights, access to justice and gender equality with particular focus on the rights of minorities, marginalized and vulnerable groups”. This potentially encompasses **older people** even though they are not specifically mentioned. Outcome 4 is about independent civil society and free media participating effectively in democratic processes and outcome 5 refers to evidence-based policymaking. The United Nations seek to support the latter by enhancing the capacity of official statistics authorities to produce objective, reliable and timely statistical information for informed decision-making.

As services are increasingly resourced from the Government budget, the United Nations focus on the establishment of norms and standards in accordance with international conventions and treaties that Georgia acceded to, ratified or aspires to. The United Nations provide assistance and access to expertise for policy advice and legislative development, and capacity development of government and civil society and the population more broadly as duty bearers and right-holders. The United Nations offices in Georgia also contribute to monitoring and evaluation (M&E) of national development policies.

Relations with the European Union²⁴

Relations between the EU and Georgia started in 1992 following Georgia’s independence. Bilateral relations have further intensified since 2003 as consecutive governments committed to political and economic reforms. In June 2014 the EU and Georgia signed an Association Agreement, which includes a Deep and Comprehensive Free Trade Area. The Agreement deepens political and economic ties with the EU in the framework of the Eastern Partnership²⁵. It follows the Partnership and Cooperation Agreement, the previous basis for EU-Georgia bilateral relations since 1999.²⁶

The EU-Georgia Association Agreement²⁷

The Association Agreement aims to deepen political and economic relations between Georgia and the EU, and to gradually integrate Georgia into the EU Internal Market. This includes the setting up of a Deep and Comprehensive Free Trade Area (DCFTA), which is a core part of the Agreement. The Agreement constitutes a reform agenda for Georgia, based around a comprehensive programme of Georgia’s approximation of its legislation to EU norms, around which all partners of Georgia can align themselves and focus their assistance. The Agreement supports core reforms, on economic recovery and growth, governance and sector cooperation in

²⁴ http://eeas.europa.eu/georgia/index_en.htm; http://eeas.europa.eu/delegations/georgia/index_en.htm.

²⁵ The Eastern Partnership is a joint initiative between the EU, EU countries and the Eastern European partner countries promoting closer political association and economic integration with the EU by encouraging governments to reform and by strengthening the role of civil society. It is underpinned by a shared commitment to democracy, the rule of law and respect for human rights and fundamental freedoms as well as the market economy, sustainable development and good governance. It enables partner countries to move closer towards the EU, by supporting economic and social development, promoting democracy and good governance, encouraging people-to-people contacts and by providing additional funding for projects to reduce social inequality and increase stability, among others. Georgia has been part of the partnership since its launch in 2009 (cf. http://www.eeas.europa.eu/eastern/index_en.htm).

This initiative promotes closer political association and economic integration with the EU by encouraging governments to reform and by strengthening the role of civil society in development.

²⁶ The Partnership and Cooperation Agreement entered into force in 1999.

²⁷ http://eeas.europa.eu/georgia/pdf/quick_guide_eu_ge_aa_en.pdf; http://eeas.europa.eu/georgia/pdf/eu-ge_aa-dcfta_en.pdf.

areas such as, for example, energy, transport, environment protection, industrial and small and medium enterprise cooperation, social development and protection, equal rights, consumer protection, education, training and youth as well as cultural cooperation.

The EU-Georgia Association Agreement is comprised of:

- Eight titles which concern (I) General Principles; (II) Political Dialogue and Reform, Cooperation in the Field of Foreign and Security Policy; (III) Freedom, Security and Justice; (IV) Trade and Trade-related Matters, (V) Economic Cooperation; (VI) Other Cooperation Policies; (VII) Financial Assistance, and Anti-Fraud and Control Provisions; (VIII) Institutional, General, and Final Provisions
- Thirty-four annexes laying down the relevant EU legislation to be taken over by a specific date; and
- Three Protocols.

The EU-Georgia Association Agenda was agreed upon in June 2014 to help implement the Association Agreement and the Deep and Comprehensive Free Trade Area through joint priorities for 2014-2016. It replaces the European Neighbourhood Policy (ENP) Action Plan of 2006²⁸.

The EU-Georgia Association Agenda

The Association Agenda aims to support and facilitate the gradual introduction of the Association Agreement through a concrete Action Plan. It proposes a practical framework for achieving political association and economic integration between the EU and Georgia, incorporating the following elements:

- Political dialogue
- Reforms to strengthen democratic institutions
- The rule of law
- Independence of the judiciary
- Respect for human rights
- Cooperation on foreign and security policy as well as peaceful conflict resolution
- Cooperation on Justice, Freedom and Security

And economic and trade elements, such as:

- On DCFTA regulations
- Cooperation in the energy sector
- Cooperation in the transport sector
- Cooperation in the employment sector
- Social policy

²⁸ The EU-Georgia ENP Action Plan aimed at fulfilling the provisions of the Partnership and Cooperation Agreement, deepening economic integration and political co-operation. It covered a period of five years and set out priorities in areas within and beyond the scope of the Partnership and Cooperation Agreement, including strengthening democratic institutions and respect for human rights; improving the business and investment climate and continuing the fight against corruption; encouraging economic development and enhancing poverty reduction efforts and social cohesion; promoting sustainable development, the peaceful resolution of internal conflicts and cooperation on foreign and security policy, among others (cf. http://eeas.europa.eu/enp/pdf/pdf/action_plans/georgia_enp_ap_final_en.pdf, see box for summary).

The EU has committed to support implementation of the Agenda with financial aid, technical expertise and advice, information sharing, and capacity building.

Priorities for EU cooperation with Georgia are set out in the Single Support Framework of June 2014. They comprise justice reform, agriculture and rural development and public sector reform as well as aligning Georgia's laws with EU legislation across sectors, implementing the Association Agreement and Deep and Comprehensive Free Trade Area and supporting civil society organisations. Georgia will be allocated between 335 and 410 million Euro for the period 2014 to 2017. The country received a total of 452.1 million Euro in EU assistance between 2007 and 2013.²⁹

Poverty Reduction Strategy Paper

The Poverty Reduction Strategy Paper, entitled Economic Development and Poverty Reduction Programme of Georgia (EDPRP)³⁰, was presented in 2003 and provides a holistic long-term strategy to spur sustainable economic development, thereby promoting the reduction of poverty in Georgia. In the general analysis, the difficult situation of women and older aged citizen is generally acknowledged and age is mentioned as a risk factor for poverty. The document then identifies a number of priorities, namely strengthening the governance system (including reducing corruption levels and increased participation of society in democratic institutions); macro-economic stability (e.g. monetary and fiscal policy) and improving the structural and institutional environment (e.g. improving the business climate, and developing small and medium enterprises). The strategy identifies a number of sectoral economic priorities, namely energy, transport and communications, industry, tourism, agriculture and food - to achieve increased food, energy and ecological security and growing job opportunities in the labour market. Some consideration is also given to the promotion of science and information technology and the environment, thereby securing access to natural resources for future generations. Separate sections are dedicated to human capital development, in particular in health and education. A section is dedicated to social risk management (e.g. social security of marginal groups). Living conditions of people below the poverty threshold and with no potential for economic activity should be improved, by establishing a functioning redistribution system. The programme also suggests measures to reduce vulnerabilities, including a set of tools of social risk management. Reducing poverty, achieving socio-economic recovery in post-conflict regions and improving living conditions of internally displaced persons are identified as important elements.

The two progress reports on EDPRP implementation (2005 and 2006) observe a strong economic performance, marked by strong GDP growth. However, the poverty level has also increased, in part because of raising unemployment. Among the measures to improve effectiveness of the social assistance system the medical insurance programme targeting the extremely poor had been introduced in July 2006. Impressive progress has been made in curbing corruption, a factor contributing to a better business climate. Progress in privatization and improvement in public finances had been registered within the given period.³¹

²⁹ http://eeas.europa.eu/georgia/index_en.htm.

³⁰ <http://www.imf.org/external/pubs/ft/scr/2003/cr03265.pdf>.

³¹ <https://www.imf.org/external/pubs/ft/scr/2005/cr05113.pdf>;
<http://www.imf.org/external/pubs/ft/scr/2006/cr06360.pdf>.

World Bank Country Partnership Strategy (CPS) for Georgia for FY14-17³²

The main objectives of this Partnership Strategy are to help end extreme poverty and boost shared prosperity in Georgia in a sustainable manner. The programme seeks to maintain a balance between stimulating growth through business environment reforms and enhanced infrastructure while, in parallel, supporting poverty reduction and better social outcomes through improved public expenditure management, a more effective social protection system, and reforms in the health and education systems. One main emphasis is on enabling private sector-led job creation through improved competitiveness, in particular by removing important constraints in finance, infrastructure, technology and skills that prevent the private sector from thriving. The other focus is on strengthening public service delivery by increasing budgetary resources for the social sector in a fiscally sustainable manner and by improving the effectiveness and efficiency in the delivery of public services. The Strategy is closely aligned with Georgia's Socioeconomic Development Strategy 2020 (SDS).

The new Partnership Strategy foresees total financial support by the World Bank Group of around US\$1.2 billion, comprising sovereign loans from the International Bank for Reconstruction and Development (IBRD), private sector investments from the International Finance Corporation (IFC), and investment insurance from the Multilateral Investment Guarantee Agency (MIGA).³³

5. The institutional framework

The main responsibility for ageing-related policies in Georgia lies with the Ministry of Labour Health and Social Affairs (MOLHSA). It is in charge of developing social protection policies, and related programmes and laws. It ensures the provision of medical and public health services to the population. It regulates medical and pharmaceutical activities, manages state pensions, social security and the protection of the rights of children and other groups.

Within the Ministry, the following departments have dealings with the ageing topic:

- Health care department
- Labour and employment policy department
- Social affairs department
- State Fund for the Protection and Assistance to Victims of Trafficking
- National Centre for Disease Control and Public Health
- Social Service Agency
- Public relations department

The Social Service Agency (SSA) under MOLHSA administers the state social and health protection programmes, including the state pension, social assistance, health insurance, and primary health care programme provisions for persons with disabilities, guardianship and custody of children deprived of care, etc. It receives applications for social assistance, takes decision on eligibility of the applicants, manages the data, and informs the population about the social programmes and procedures of application. SSA employs more than 2,000 staff and has 68 territorial offices.³⁴

³² <http://www.worldbank.org/en/news/feature/2014/05/08/georgia-cps-highlights>.

³³ <http://www.worldbank.org/en/news/press-release/2014/05/08/world-bank-group-launches-new-country-partnership-strategy-for-georgia>.

³⁴ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=14.

Older people’s homes are administered by the State Fund for the Protection and Assistance to Victims of Trafficking which also administers shelters for women and other victims of domestic violence. The Social Service Agency coordinates the admission to older people’s homes; it receives applications, establishes neediness and decides where to place applicants. The homes themselves are not involved in the selection of their inhabitants.

The below table provides a list of the ministers of the government of Georgia. Almost all of them do work that has an impact on the lives of older persons. However, there is no institutionalized exchange about ageing between them.

Table 5: Ministers of Georgia³⁵

| |
|--|
| Minister of Agriculture |
| Minister of Corrections |
| Minister of Culture and Monument Protection |
| Minister of Defence |
| State Minister for Diaspora Issues |
| Minister of Economy and Sustainable Development |
| Minister of Education and Science |
| Minister of Energy |
| State Minister on European and Euro-Atlantic Integration |
| Minister of Environment and Natural Resources Protection |
| Minister of Finance |
| Minister of Foreign Affairs |
| Minister of Internal Affairs |
| Minister of Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees |
| Minister of Justice |
| Minister of Labour Health and Social Affairs |
| Minister of Regional Development and Infrastructure |
| State Minister for Reconciliation and Civic Equality |
| Minister of Sport and Youth Affairs |

Some policy areas are dispersed across different ministries. For example, functions and responsibilities in housing, urban development and planning, spatial planning, infrastructure, construction and social policy are distributed between four national level ministries:

³⁵

http://government.gov.ge/index.php?lang_id=ENG&sec_id=124&mod_id=0&info_id=0&new_year=0&limit=0&date=&new_month=&entrant=1.

1. The Department of Spatial Planning and Construction Policy of the Ministry of Economy and Sustainable Development elaborates policies and regulation for spatial planning and the construction sector. It elaborates strategies for spatial development of the territory and develops proposals and recommendations to improve the housing conditions based on relevant research.
2. The Ministry of Regional Development and Infrastructure elaborates regional development policies for urban development, infrastructure and housing. This includes preparing regional socio-economic development plans and programmes and their implementation; coordinating construction and rehabilitation; analysing and forecasting socio-economic developments in the regions, including living conditions as well as developing water supply and waste management systems.
3. The Ministry of Labour Health and Social Affairs covers the social issues of the population, including temporary shelters for homeless people.
4. The Ministry of Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees of Georgia covers housing and settlement issues of IDPs, reconstructing State-owned buildings into the flats and giving compensations to IDPs for housing.

As housing and urban planning issues are rather dispersed across different ministries, coherent planning and management of the sector has been difficult.

Georgia consists of the capital Tbilisi and nine regions - Guria, Imereti, Kakheti, Kvemo Kartli, Mtskheta-Mtianeti, Racha-Lechkhumi and Kvemo Svaneti, Samegrelo-Zemo Svaneti, Samtskhe-Javakheti, and Shida Kartli.³⁶ In addition, there is the Autonomous Republic of Adjara (there is a conflict over the Autonomous Republic of Abkhazia).

In the better-off Adjara region, services were offered in addition to those provided by national government. However, there was no sense of an overall strategic framework whereby the region saw how to fit into an overall national strategy. At the same time, the decisions at the Adjara level about additional services provided were based on needs assessments and surveys about service gaps. This was a good approach that could be followed more systematically by other regions, too.

The regions are further subdivided into municipalities. According to the Local Self-Government Code, local governments are entitled to developing and administrating social assistance measures at the local level. This allows the municipalities to adjust the social protection to the local environment and meet the needs specific to the region. However, the national level holds a strong policy-prerogative. The subsidiary principle whereby the most decentralized level takes over a maximum of tasks is not strongly developed. There seems to be a reliance on national government making the rules and the decentralized levels merely implementing the directions received from above. There was little bottom-up initiative from the levels that are closest to the real needs of the people to inform policymaking at national level.

Local governments also have certain responsibilities for urban planning and the housing sector development, but due to the lack of financial recourses and capacities, most local governments cannot afford to further develop their housing and infrastructure sectors. However, a number of cities (mostly those with a touristic potential) have elaborated urban-planning strategies, namely Chokhatauri (2007), Batumi (2009), Tbilisi (2009), Ambrolauri (2012), Bakhmaro (2012), Bakuriani (2012), Borjomi (2012), Ureki (2012). The hierarchy between central and local government in the

³⁶ http://government.gov.ge/index.php?lang_id=ENG&sec_id=227.

housing and urban development sector is not clearly defined and appears to be rather centralized, mostly because resources have not been allocated in line with rights and responsibilities delegated to local governments.

The Public Defender of Georgia (the ombudsman's office),³⁷ elected by the Parliament, is in charge of monitoring and protecting human rights and reinforcing the law. The Public Defender's office provides feedback on complaints regarding violations of rights and freedoms set forth by the Constitution and laws of Georgia, as well as international treaties and covenants, to which the country is a party. The office should verify whether human rights and freedoms are violated at places of detention, pre-trial detention and other places of arrest. It is also responsible for running civic education campaigns in the field of human rights. While there is currently no department specifically dedicated to issues pertaining to **older persons**, there is one on gender and there is a special centre on the Protection of Rights of Persons with Disabilities. Some older people issues would fall under the responsibilities of either one of them. In its report "Conditions of Human Rights and Freedom in Georgia 2013", the Public Defender's office included a chapter on the conditions of the rights of older persons where it asks the Government:

- To elaborate a Governmental Strategy and Action Plan based on MIPAA
- To ensure wide participation of older people in policy elaboration, development and monitoring for the realization of their rights
- To introduce relevant changes in normative documents and create new regulations for older people's rights.

Non-state actors, in particular non-governmental organizations, can be paid by the municipalities for providing services such as home care. Private sector service providers in the social sphere are not very well established. The voluntary sector is practically not developed.

6. Mainstreaming ageing

Mainstreaming ageing is a strategy, process and multi-dimensional effort of integrating ageing issues into all policy fields and all policy levels. This means considering consequences for the growing share of older persons in society from the perspective of all policy areas - the economy and labour market, housing, transport, health and social protection, education, intergenerational relations and gender. A holistic approach to ageing-related policymaking should reflect the principles of MIPAA/RIS. Mainstreaming ageing requires pursuing a life-course approach, taking into account that today's youth will be the older persons of tomorrow. More and more, it also needs to be acknowledged that the classical sequence of study, work and retirement is gradually becoming blurred with interlinked periods of work and study that continue beyond retirement. Some retirees go on being employees, entrepreneurs or volunteers, while other older workers as they approach retirement may gradually want to work less and spend time taking care of their grandchildren or their own ageing parents. Enabling people to combine these elements more flexibly creates new possibilities for all generations.

³⁷ www.ombudsman.ge.

Mainstreaming laws, regulation, strategies and programmes

A national strategy and action plan on ageing or similar strategic documents that provide a holistic approach to ageing-related policymaking are important instruments for mainstreaming. Currently, no such document has been developed for Georgia. However, the request of the Georgian Government for this Road Map is an important step into this direction. Once the Road Map has been developed with participation of the national Interdisciplinary Working Group and the wider public, it can be adopted as a national strategy or, alternatively, serve as the basis for elaborating such a national strategy in a separate document. Based on the broader policy directions set out in the national strategy for a certain time frame (e.g. ten years), IWG should translate it into an Action Plan which covers a shorter period (e.g. two years). The Action Plan should include some activities which can be realized quickly at no additional cost, as well as others which would require longer-term change processes and bigger investments. As the members of IWG have different substantive backgrounds, they can suggest realistic activities in their field of expertise. It will be useful to consult with a broader group of stakeholders when preparing the Action Plan, too. At the same time, when preparing the Action Plan, responsibilities in different areas should be clearly attributed, in consultation with all ministries.

When devising laws, regulation, strategies or programmes, the consequences for older persons should be considered systematically. Firmly rooting human rights and non-discrimination based on age in the Constitution as well as other key documents can help sensitize the public for the needs of older persons. As can be seen from the overview of laws and policies in the previous chapter, ageing and the needs of older persons have previously not been very prominent in the legislation. It would be useful to review key existing laws as well as new drafts with regard to ageing and compliance with MIPAA/RIS principles. Guidelines may help to screen new laws, policies or programmes for their relevance regarding the ageing society. The screening process may also help to analyse how to implement national priorities, and which indicators of success to use. Ideally, the screening process would also include the national budget which reflects the Government's commitment to specific policy areas in monetary terms. It should be systematically evaluated as to the consequences for different age groups.

Institutional mainstreaming

To mainstream ageing, the institutional set-up and distribution of responsibilities are important. As mentioned previously, there has been no regular mechanism to connect staff around ageing issues within and across ministries. The Interdisciplinary Working Group could be further developed into a more stable entity to fulfil such a role. All relevant MOLHSA departments and relevant ministries would have to be represented in the group. In addition, stakeholders' representatives, including older persons, should be involved. Younger persons are also important stakeholders, as they are today's contributors for the pension system and will be affected by the demographic changes in terms of their own pension once they reach retirement age. IWG should monitor implementation of the different elements of the Road Map and Action Plan. IWG members may also be put in charge of performing the above-mentioned reviews of past and draft laws. IWG members may need to receive additional training regarding the principles of good policymaking on ageing to be ready for these tasks.

With regard to the role of more decentralized levels, it seems advisable to stay with a strong role of national ministries in policymaking, for the time being. Capacities should be built about ageing and capacities to respond to it among municipal and regional level staff, enabling them to actively analyse their situation and make suggestions on enhanced policymaking to the higher levels. Regions with a high proportion of older population could be prioritized initially, namely Racha Lechkumi, Guria, Imereti, Mtshketa Mtianeti and Kakheti. In the medium term, certain responsibilities could be delegated to decentralized levels. This then has to come with an adequate transfer of resources, by creating direct income from specific tax revenues. It would be helpful to have a clear distribution of tasks between national, regional and local levels. Decentralized levels should realistically be able to fulfil their new roles, they should therefore be part of the development of this document. Decentralized levels can then be held accountable for the fulfilment of their tasks.

Stakeholder involvement and participatory approach

The ultimate objective of mainstreaming ageing is to achieve a more equitable development within a society that will benefit all social groups. Successful mainstreaming means that all relevant stakeholders – government, civil society, the private sector, trade unions, academia and the media – are involved in developing strategies, to ensure that the needs of all groups are met in all policy fields (UNECE 2009). All age groups should have access to opportunities so that they can live fulfilled lives. There should not be a trade-off between the interests of one generation and another. Reciprocity and solidarity between **all generations** is a prerequisite for achieving a society for all ages. Broad participation ensures legitimacy and engenders acceptance of goals and methods.

In Georgia, stakeholders such as non-profit organizations or employers are at present mostly excluded from the policy process. There is no well-established public consultation mechanism. Even though the Government programme advocates for a participatory approach, the pressure to present quick results often goes at the expense of stakeholder consultations. Capacity development may be useful to key government officials regarding how to organize efficient stakeholder consultations and how to build a public understanding about the importance of such procedures. Stakeholders in turn do not seem to have a strong habit of demanding access to decision-making processes. There seems to be a “weak tradition of social participation” and therefore organized interest groups are not very strong. Influence on policymaking seems to happen through informal networks and patron relationships rather than through more transparent stakeholder consultation mechanisms (Jones 2013: 111-113). NGOs find it challenging to communicate with the Government. They have found Government often not very responsive and they have encountered difficulties in maintaining relationships due to high staff turnover at ministries. With the change in government key personnel has been changed and stakeholders are worried about being able to establish new contacts quickly enough.

Stakeholders and organized interest groups are important sources of advice. Leaving them out comes with a risk of omitting important elements. Here, capacity development is also required for interest groups, to help them to professionally analyse the situation in their area of work and to translate that advice into policy strategies. The European Union maintains calls for proposals where civil society coalitions can apply for funding to drive their agenda. At the same time, it has been criticized that a strong reliance on international sources of funding may divert the policy agenda of NGOs, who are encouraged to follow donor-inspired agendas (Jones 2013: 137). To strengthen civil society, the Government may consider tax incentives to support charities and other NGOs active in

this field. Opening up national sources of funding can strengthen their independence and potentially allow them to concentrate on real needs on the ground.

The voluntary sector should be further developed. Given the large rate of unemployment and underemployment, this may be an interesting area for people to show activity, build connections and develop new skills. An incentive framework can be provided to attract volunteers, e.g. covering travel expenses and providing training. Government may decide to create a minimal legal framework of protection of volunteers. Under the Austrian volunteering law, for example, organizations recruiting volunteers have to be accredited and need to provide proof that the volunteer position is not replacing a paid post. The Austrian law requires that candidates provide an excerpt from the criminal register confirming their good record. The fee, however, has to be borne by the hiring organization. In Austria, a portal has been established that provides information about volunteering opportunities for interested parties. While the Austrian law on volunteering may provide some inspiration for creating a legal framework for volunteering, measures should be adjusted to the realities of the country.³⁸

Recommendations:

- 6.1. Based on the recommendations of the Road Map, the Government should adopt a national strategy and an action plan, to provide a holistic approach to responding to population ageing in Georgia. Responsibilities should be clearly attributed to specific ministries.
- 6.2. Past and draft laws, policies and programmes should be screened for their reflection of MIPAA/RIS principles.
- 6.3. The Interdisciplinary Working Group (IWG) should be further trained regarding the principles of ageing-related policymaking. They should assist in the review of past and draft laws and legislation.
- 6.4. Consider creating a consultative body, e.g. a council, consisting of members of different ministries and the Parliament as well as older persons and other stakeholders, to advise policymaking on ageing.
- 6.5. Develop vision for strengthened decentralized levels, build capacities on ageing, prioritize regions with a high proportion of older population and adopt a decision about the distribution of tasks.
- 6.6. Establish public consultation mechanisms (including older people, organizations representing them and employers) for all important laws and policies on ageing.
- 6.7. Provide a policy framework and incentives to develop the field of volunteering.

7. Integration and participation of older persons in society

Older persons may be vulnerable to exclusion. Potential obstacles to equal social participation of older persons include age discrimination, poverty, poor health, low educational levels, lack of transportation or access to buildings. Achieving social integration and participation has many aspects. Some of them will be discussed in this chapter, such as the living environment, housing and transport, social, cultural and political participation. However, practically all following chapters will

³⁸ http://www.sozialministerium.at/site/Soziales/Freiwilliges_Engagement/Freiwilligengesetz.

also touch aspects of integration and participation of older persons, given the cross-cutting character of the issue. It is important to note, that every older person has different needs of contact and involvement, and individual preferences have to be taken into account. The policy framework should be in place to give opportunities and provide incentives, in the end individuals will have to make their own choices.

Age-friendly environments

The World Health Organization's Age-friendly Cities framework provides a useful comprehensive approach to reviewing living environments as to how they allow participation of older persons. The Programme helps cities and communities become more supportive of older people by addressing their needs across eight dimensions: the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services. For public spaces, the guide suggests that they should be clean and pleasant, that there are green spaces and outdoor seating areas available that are well-maintained and safe, that pavements are free of obstructions and reserved for pedestrians and wide enough for wheelchairs. They should also have dropped curbs to road level. Pedestrian crossings should be sufficient in number and safe for people with different levels and types of disability, with visual and audio cues and adequate crossing times. Outdoor safety is promoted by good street lighting, police patrols and community education. Public toilets should be sufficient in number, clean, well-maintained and accessible. Whether services are clustered, located in close proximity to where older people live and can be easily accessed (e.g. are located on the ground floor of buildings) has important implications for the quality of life of older persons, as has the availability of convenience stores (rather than big shopping malls removed from the residential areas).³⁹

In Georgia, further development is needed in most of the areas mentioned in this framework. For example, while serious investments in infrastructure over the past ten years have helped to renovate most international and national roads, infrastructure and roads within towns or villages are still in bad condition. Pedestrian walking streets are mostly ignored, occupied by buildings and cars and big cities lack good networks of pedestrian streets.

The Global Network of Age-friendly Cities and Communities of the World Health Organization (WHO) provides a global platform for information exchange and mutual support by sharing experiences. Currently, Georgia has not participated in this programme. Cities and communities in Georgia should be encouraged to join this global network and thereby subscribe to implementing its suggested standards. It may be an activity that could be pursued in collaboration with the WHO country office.

Recommendations:

- 7.1. Encourage participation of cities and communities in WHO's Global Network of Age-friendly Cities and Communities and subscription to its standards

³⁹ For the full guide see: http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf; http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf.

Transport

The transport system plays an important part in ensuring inclusion of older people in society: an efficient transport infrastructure enables them to reach the health care, social and cultural facilities, as well as to maintain contacts with their relatives and friends.

According to the Gallup WorldView, in 2012, 78 per cent of people in Georgia aged 50 and over are satisfied with the public transportation system, and 69 per cent are satisfied with the roads and highways.⁴⁰ Seventy-seven per cent of international roads in Georgia are in good or fair condition, whereas only 30 per cent of secondary roads are in good or fair condition.⁴¹ The functions of constructing and maintaining local roads and their planning, organising municipal transport, and social assistance on the basis of municipal funds are assigned to the local authorities.⁴²

The main means of transportation in Georgia are trains, buses (mostly municipal) and “route taxicabs” (private minibuses called “Marshrutka”). There is also an underground and a ropeway in Tbilisi. Marshrutka is the major means of transportation within and between the cities, including serving the remote areas. Planes, railway transport (state owned), buses, and marshrutkas ensure international connections with Armenia, Azerbaijan, and Turkey (buses).

Big cities such as Tbilisi, Batumi, and Rustavi have a rather well-developed transport infrastructure. In 2012, 40 buses of the Tbilisi Transport Company were adapted for persons with disabilities, and special signs were made marking the end of a step to make it visible for visually impaired people at the metro stations.⁴³ Batumi Avtotransport Ltd. received an award from the NGO “Parsa” and the European Network for Accessible Tourism for the “universal design standards adopted for public bus service”. There are 21 buses that are adapted for people with disabilities in the Batumi bus fleet.⁴⁴

In Tbilisi, **pensioners**, citizens from socially vulnerable families, and social workers benefit from preferential fares (as do students and several other categories), whereas for the veterans and blind people buses and metro are free of charge.⁴⁵ In 2012, a new discount system was put in place resulting in an increased number of travels by public transport in Tbilisi: in 2012, 104 million metro and 76.4 million bus travels were recorded. There are bus stops near the hospitals and medical centres.

Outside of principal cities the transport is ensured mostly by marshrutkas. In remote areas the service is not always stable and reliable. This mean of transportation is not adapted for persons with disabilities.

⁴⁰ The numbers represent answers to the Gallup World Poll survey questions: “In the city or area where you live, are you satisfied or dissatisfied with the public transportation systems / the roads and highways”; cf. <https://worldview.gallup.com/default.aspx> more details.

⁴¹ World Bank 2012b.

⁴² Open Society Georgia Foundation (2013), Report on monitoring the implementation of the Eastern Partnership Roadmap in Georgia. Independent Monitoring Report. November, http://www.osgf.ge/files/publications/2013/Book_eurounion_148x220_WEB.pdf.

⁴³ Tbilisi Transport Company (2012), Annual report, http://ttc.com.ge/files/pdf/2013/Annual_report_Eng._2012.pdf.

⁴⁴ <http://en.batauto.ge/archives/412>.

⁴⁵ For more details see http://ttc.com.ge/index.php?lang_id=ENG&sec_id=157.

In some regions there is no public transport, e.g. Shida Kartli region, where all passenger transportation is ensured by private companies, which also set the fares.⁴⁶ As the European Bank for Reconstruction and Development (EBRD) Strategy for Georgia states, the private transportation sector is mostly in deregulated competition, and the lack of regulation negatively affects the quality of transportation services.⁴⁷ The interviews showed that there are cases of discriminating attitude of private companies' bus/marshrutka drivers towards **older people** because the latter benefit from the preferential rates.

The EBRD Strategy for Georgia considers it as one of the priorities to improve transport efficiency, quality of service, and access to remote areas and communities. These are also among the recommendations mentioned in the World Bank's Policy Framework for Green Transportation in Georgia.⁴⁸ A development strategy (2013) for each of the nine regions and an "Action plan 2014" were developed by the Ministry of Regional Development and Infrastructure of Georgia, one of the goals being improvement of road infrastructure.⁴⁹

A number of investment programmes of different donor agencies aim at improving transport services and infrastructure in Georgia, e.g. the Asian Development Bank's Sustainable Urban Transport Investment Program and the Urban Services Improvement Investment Program and the World Bank's programme for rehabilitation and improvement of the road network throughout Georgia.⁵⁰

While improving the infrastructure may take time and only slowly reach **older persons**, one may consider using the existing fleet of school buses to service older people during the day, while the children are at school, or in the evenings. While at the end of the first implementation period of the corresponding plan (2012-2013) 574 mini-buses were available to service 335 schools, by the end of the second semester of implementation (2013-2014) 2,129 mini-buses are expected to be available for 916 schools, according to the Ministry of Education and Science.

⁴⁶ Ministry of Regional Development and Infrastructure (2013). Shida Kartli regional development Strategy 2014-2021. Tbilisi, <http://static.mrdi.gov.ge/52b2e7ff0cf2f9b6fab6b475.pdf>.

⁴⁷ EBRD (2013), Strategy for Georgia, <http://www.ebrd.com/downloads/country/strategy/georgia.pdf>.

⁴⁸ World Bank (2012a), A Policy Framework for Green Transportation in Georgia. Achieving Reforms and Building Infrastructure for Sustainability, June, <https://openknowledge.worldbank.org/bitstream/handle/10986/11899/702900ESW0whit0nsportation00Final0.pdf?sequence=1>.

⁴⁹ For more details see <http://static.mrdi.gov.ge/52e616ca0cf20c165d71f152.pdf>.

⁵⁰ For more details see <http://www.worldbank.org/content/dam/Worldbank/document/Georgia-Snapshot.pdf> and <http://www.adb.org/sites/default/files/cobp-geo-2012-2013.pdf>.

Recommendations:

- 7.2. Ensure preferential rates (bus, marshrutka, train) for older persons using public and private transport. Consider compensating private companies for the difference in rates.
- 7.3. Ensure equal access to means of transportation for both passengers paying full and reduced fares. Adopt standards of professional conduct and provide training to drivers to ensure non-discriminative attitudes to passengers with special needs or beneficiaries of preferential rates.
- 7.4. Further improve interregional transport connectivity.
- 7.5. Adapt buses and trains for people with limited mobility.
- 7.6. Introduce new models of marshrutkas adapted for people with limited mobility or replace them by the buses accessible for all passengers in the areas where marshrutkas are the only mean of transportation.
- 7.7. Put in place a user-friendly and publicly accessible information system on transport routes and schedules.
- 7.8. Ensure that all the major medical, social and cultural institutions are served by transport and accessible for older persons. This should also be taken into account when establishing new facilities.
- 7.9. Continue working on road infrastructure improvement, transport efficiency and quality of services including the implementation of action points under the strategies and investment projects by the World Bank, Asian Development Bank, and Ministry of Regional Development and Infrastructure of Georgia (see above).

Housing and utilities

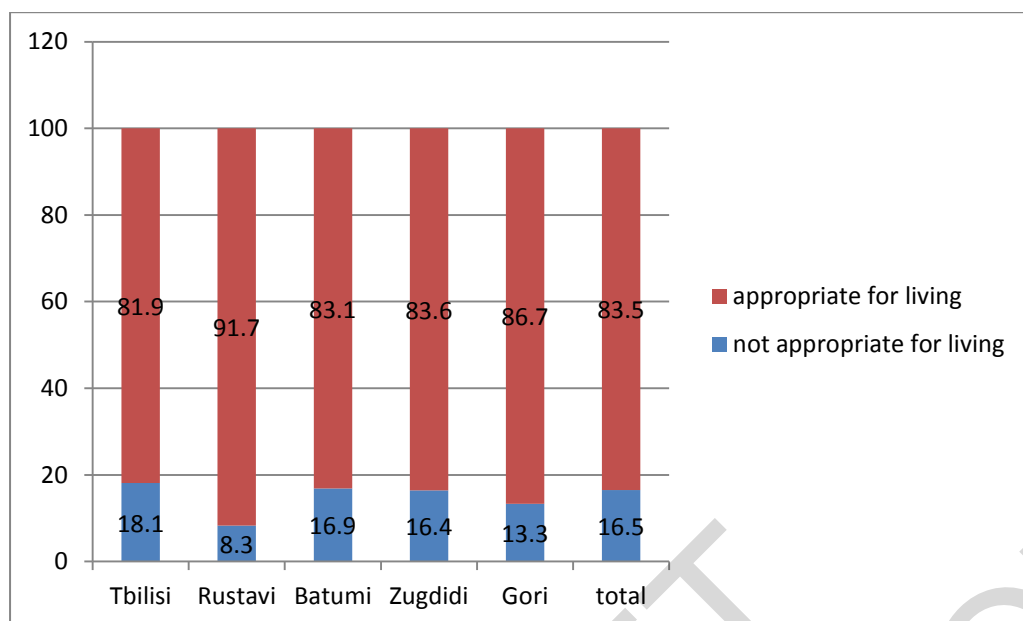
Housing situation of individuals and households

In Georgia, most of the population lives in multi-flat buildings in urban areas and in private houses in rural areas. In rural areas, most **older people** live in multi-generational family settings while in urban areas, this has been changing. According to the 2002 census the living space was 17.8 sq. meters per person in all types of housing. In 2010, an integrated household survey showed 19.6 sq. meters per citizen for the country-side and 13.0 sq. meters for the capital Tbilisi. Residential density is very high in big cities and according to a 2010 survey 2.7 per cent of households were living in housing where one room was shared between three members of the household. In Tbilisi this figure was 4.5 per cent. According to a recent study, every 10th household in Georgia lives in overcrowded housing allowing only 4 sq. meters per person.

According to the 2002 household census, of the 202 thousand single households in the country, almost 45 per cent were single households of **persons aged 60 and above**. Of those 113 thousand single older people's households, 80 were homeless, at that time.

Conditions of multi-flat buildings are extremely poor. After the collapse of the Soviet Union, no proper legislation regarding renovation, management and maintenance of the buildings was adopted to replace the previous system. The parts of the buildings jointly used by all tenants are often in dire conditions, e.g. elevators, roofs, utilities and surrounding areas (cf. figure 5).

Figure 4: Distribution of vulnerable groups according to their living conditions



Source: Survey of Target Groups' Attitudes and Expectations Related to Social Housing, Institute of Social Studies and Analysis, 2010

In the early 1990s, about 94.5 per cent of the housing stock was privatized, usually at a nominal symbolic price, thereby creating a number of poor owners not able to finance maintenance and renovations. In the years characterized by civil unrest and economic hardship, many households sold their flats and houses investing in doubtful businesses in quest of an income. Others mortgaged them during the years of the credit boom and lost them when they could not live up to the monthly payments. This has left quite a number of today's **older persons** without a place to live, even though exact numbers are not available. Some of them move in with relatives, some have the chance to find a place in residential care homes (even though they may not be in need of care). As housing construction is generally carried out by the private sector with a commercial interest it usually comes at relatively high prices in comparison to the average incomes of families. In Tbilisi, for example, buying an apartment costs at least 200 times the monthly pension of one person (for buildings at the lower end of the spectrum). On the other hand commercial banks do not provide housing loans to pensioners. This situation leaves no chance to **older persons** to improve their living conditions, unless the person has additional alternative sources of income. Finding a place to rent for an older person is also difficult: more than 90 per cent of the population own real estate and the demand for the few available rental places is very strong in big cities where migration of job seekers is high and relatively low in small cities and towns. For example, the rent for a one room flat (usually consisting of one living room, a small kitchen, WC and a small entrance hall) with infrastructure (gas, electricity, water/hot water/heating), in good condition (renovated) in the centre of Tbilisi would be at about \$ 150-300 per month. In the suburbs a similar apartment would be around \$ 100-200. In other cities of Georgia (except Batumi, and Kutaisi since the Parliament moved there) rent is rather lower at around \$ 25-60.

In the late 1990s a construction boom of new multi-flat buildings started. There was a shortage of adequate and appropriate housing, especially in the capital and larger cities, so that demand for newly constructed flats was high. At the same time, the construction sector was highly corrupt and

illegal constructions and informal settlements appeared in most cities of Georgia. A study conducted in 2011 by the Spatial Planning and Construction Policy Department of the Ministry of Economy and Sustainable Development revealed that 35 per cent of illegal construction in Georgia was housing.

Since Georgia's independence, the state has not been active in providing social and affordable housing and a state housing policy has not been elaborated. As most of the buildings were privatized this left little option for the development of municipal, social and other forms of affordable housing in existing constructions.

The housing situation may be even more difficult for special groups, such as IDPs. A study carried out by the Public Defender's Office on problems in realizing the rights of IDP women or girls with disabilities and an analysis of existing legislation in the framework of rights of women with disabilities (2013) revealed serious problems related to living conditions and utilities. The Ministry of Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees elaborated programmes for the resettlement of IDPs from collective centres to individual multi-flat houses. According to this study, IDPs face serious problems with adequate living conditions: 69.4 per cent of respondents pointed out that their flats or houses were not protected from weather, 82.7 per cent reported that their living space was not sufficient for an adequate functioning of the family; they also mentioned problems of safe clean drinking water and other utilities. However, the newly constructed accommodation for IDPs does not meet the needs of disabled persons either, for example these buildings are lacking ramps and lifts.⁵¹

Overall, there is an evident lack of housing to ensure adequate living for all older or vulnerable persons.⁵² Quantifying the actual need is difficult however, as statistical information regarding living conditions for different groups (e.g. different age groups, **older persons** with IDP status, with disability, below poverty line etc.) cannot be found in official sources. Local governments have some data available, but the system is not institutionalized which creates additional problems for central and local government in effectively tailoring social and economic policies and programmes. However, the 2014 housing census data are expected to provide a more accurate data source to analyse the situation in the country.

Utilities in individual housing

Accessibility and affordability of utilities is another issue of concern. **Older people** may be more sensible to temperature and a weaker immune system may be less able to fight off diseases during the cold period of the year, especially if they cannot properly heat their living space. They may also be less able physically to transport water from the well or some other external source.

Regarding utilities, almost 99 per cent of households have access to electricity. However, access to water and gas is limited in most settlements.

⁵¹http://www.ge.undp.org/content/dam/georgia/docs/publications/UNDP_GE_PwD_research_summary_eng.pdf.

⁵² This was confirmed, among others, by a study conducted in 2010 by the Institute of Social Studies and Analysis (ISSA) with the support of the Swiss Development and Cooperation Agency. The survey was conducted in five cities where it was foreseen to construct social housing: Tbilisi, Rustavi, Gori, Batumi and Zugdidi.

Table 6: Types of water supply, households (per cent)

| Type of water supply system | 2008 | 2009 | 2010 |
|---|------|------|------|
| Within the flat/house | 45.8 | 46.1 | 48.4 |
| Pipeline in the yard/close to the house | 25.0 | 26.9 | 25.8 |
| Draw well in the yard/close to the house | 21.4 | 20.1 | 19.4 |
| Natural spring in yard/close to the house | 7.3 | 6.6 | 5.9 |

Source: GeoStat

There are important differences with regard to water supply and waste-water systems between urban and rural areas. The capital, Tbilisi, is covered best of all areas. In many settlements, however, including in some districts of Tbilisi, the supply of water is restricted to several hours per day. About half of the population was not connected to waste-water pipelines (53.5 per cent in 2010; GeoStat).

After the collapse of the Soviet Union, central supply systems of hot water and heating stopped functioning. Since then, individual means of heating and hot water have been used. In most areas especially in rural settlements and towns the means of heating is the oven. When visited, the older people's home in Tbilisi did not have a reliable system for heating and hot water.

Table 7: Types of other utilities, households (per cent)

| Types of other utilities | 2008 | 2009 | 2010 |
|------------------------------------|------|------|------|
| Central system for hot water | 0.4 | 0.1 | 0.1 |
| Individual system for hot water | 18.2 | 20.0 | 22.3 |
| Electricity | 99.0 | 99.4 | 99.6 |
| Central system of gas provision | 37.4 | 38.6 | 42.2 |
| Individual system of gas provision | 34.3 | 35.6 | 37.4 |
| Individual heating ⁵³ | 22.1 | 19.2 | 21.0 |

Source: GeoStat

Some **older people** may find it hard to afford their utility bills. For example, the cost of water in multi-flat buildings is currently charged at 3.15 lari per person per month. Fees for electricity and gas are calculated on a consumption basis. A single pensioner with a normal use of TV, refrigerator, as well as gas and some local heating would pay approximately 25-40 lari per month. For an older couple the cost can be the same for electricity and gas while the cost for water doubles.

⁵³ Individual heating refers to a system whereby the whole housing space can be heated at once (e.g. using gas). Others who do not have this type of heating system use room-by-room means such as ovens or electrical heating devices.

Access to public buildings

Due to the lack of corresponding legislation, accessibility of public buildings is also rather limited. Almost all public buildings, including those for education, health care, leisure and entertainment, as well as the police lack the adopted environment for **older persons**, in particular those with limited mobility or other disabilities.

Capacities for policymaking in the housing sector

Human capacity for designing adapted programmes is limited. Vocational and tertiary education institutions do not provide modern, tailored programmes for students on urban development, housing and spatial planning.

Professional literature is not produced; there are no guidelines, instructions, theories and concepts on age-friendly cities, adequate housing, urban development and related topics available in Georgian and distributed to stakeholders.

International donors have largely had other priority areas than urban development and housing, a situation which creates a lack of local NGO's which are mostly dependent on international and donor funds. A notable exception has been Swiss Development and Cooperation Agency which has supported a social housing programme since 2007. Together with local partners (e.g. the Ministry of IDPs from Occupied Territories, Accommodation and Refugees, the Ministry of Labour Health and Social Affairs and the Municipality of Tbilisi), the Swiss agency constructed social houses for vulnerable groups. After the first stage of the project 28 beneficiary families could benefit from flats in social houses. In 2009, the Italian Development Cooperation and UNHCR joined the programme. After this stage an additional 24 families received social housing in 2010 in Tbilisi. In summer 2013 the construction of more social houses was completed in Tbilisi. In the identification of beneficiary families all the parties participated together with UNDP, NGOs and the representatives of the Public Defender's Office. The programme: "Social Housing in Supportive Environment" has been expanded to other cities of country, including Rustavi, Batumi, Kutaisi, Zugdidi, Bolnisi, and Gori.

Recommendations:

- 7.10. An overarching vision and strategy should be developed that includes elements of territorial, spatial and urban development, housing, settlements and age- and disability-friendly environments. The strategy should come with an appropriate action plan and corresponding legislation as well as a clear outline of functions and responsibilities of governments on different levels. The strategy should provide guidance to improve the living conditions of vulnerable groups, including older persons.
- 7.11. One government entity should have responsibility for policy issues currently dispersed across different entities, e.g. urban and spatial planning, housing, public spaces, and construction quality. The existing Ministry of Infrastructure and Regional Development could be strengthened in this regard, providing additional competence as well as budget and professional staff which should be sensitized to issues of older and disabled citizens.
- 7.12. Local government should be supported with expertise, knowledge transfer, trainings and financial resources to elaborate local land use plans, housing strategies,

infrastructure and all relative projects serving the improvement of quality of environment for local population, including those with special needs.

- 7.13. Determine minimum standards of accessibility and safety of housing for older and disabled persons. Especially public and cultural buildings should allow barrier-free access. Implementation should be monitored.
- 7.14. Ensure that all housing is adequately supplied with clean water, sanitation and heating facilities and that using these amenities is affordable for older persons (consider providing subsidies to older persons with low incomes).
- 7.15. Technical regulations should be elaborated for outdoor spaces, walking streets, roads, recreational areas, bus stops and train stations, crossroads and underground stations to increase accessibility for older people and persons with disabilities.
- 7.16. The state may consider financial supplements for older people to adjust their housing in case of reduced motilities.
- 7.17. The state should develop a minimum of social housing and shelter for the homeless, based on a needs assessment.
- 7.18. Capacity building and development of human resources at central and local levels of government is important to support the correct implementation of the age-friendly environment concept. Urban planning and housing in general should be strengthened in universities, offering new programmes/curriculums as well as short training courses.

Older persons as consumers

Older persons are a growing consumer group. They have a stable income due to their pension, as opposed to younger people who may have no income at all when they are not employed. Even though the 150 lari of basic pension is only about a fifth of the average monthly nominal salary of 712.5 lari (2012).⁵⁴ Many older people if they are fit to work do so to gain an additional income and some also receive remittances from their children living abroad, a large percentage of which is spent on consumer goods. As consumers older people have specific needs for age-friendly products and services. The views of older persons should be taken into account when designing such products and services. Government may have to organize outreach to build awareness among the private sector about the needs of older persons. Older people may easily become targets for vendors offering bogus or over-priced services, for example going door to door. A strong consumer protection service, possibly under the Public Defender's Office where certain elements are already in place, could help protect people and prevent certain abusive sales practices. It should be a legal office where older people (and others) can turn for help to judge the quality of contracts; the office could also collect data on the quality of services.

Recommendations:

- 7.19. Encourage service providers and product developers to provide age-friendly services and products.
- 7.20. Install a consumer protection service where pensioners can seek advice about

⁵⁴ http://www.geostat.ge/index.php?action=page&p_id=149&lang=eng.

quality of products and services, contracts etc.

Social participation

Social participation is about the extent to which older people are embedded into networks and interaction with others. Being socially involved is strongly related with maintaining cognitive function and, by feeling useful and appreciated, preventing depression. Therefore, older people's involvement with friends and relatives should be facilitated. De Jong Gierveld has worked with a scale to measure loneliness. Data available from the Generations and Gender Survey allow comparing levels of loneliness between countries. The emotional loneliness scale has been used as a measure for the absence of an intimate relationship, for example with a partner or best friend and the social loneliness scale is related to the absence of a broader engaging social network, for example with siblings, cousins, friends and neighbours. The score ranging from 0 (not emotionally/socially lonely) to 3 (intensely emotionally/socially lonely), Georgia had the highest loneliness scores among **older adults** (60-79 years), both for the emotional (1.48) and the social scale (2.27), in a comparison of seven countries⁵⁵. The emotional loneliness score for the age group 18-59 years was at 0.88 and the social loneliness at 1.87 (within the age group Georgia, again, had the highest rate of reported loneliness). The study found that for alleviating emotional loneliness in adults of all ages, but especially among adults of 60 years and above, having a spouse or partner was important. Social loneliness of older adults was significantly correlated with the number of children; older adults with no or a smaller number of children had a higher risk of social loneliness than older adults with more children. Furthermore, a less than optimal health status and difficulties in making ends meet in the household were associated with higher risks of emotional and social loneliness. Older women were more intensely emotionally lonely as they were more likely not to have a partner. They are also more often in poor health and are more likely to have difficulties in making ends meet. Males were more often socially lonely. The oldest old were more intensely emotionally and socially lonely than any other age group (De Jong Gierveld/Van Tilburg 2010).

Surely, feelings of loneliness are also strongly related to the expectations of individuals and the norms within society. High levels of perceived loneliness in Georgia could also be an expression of higher migration of family members or individualization within society where younger generations prefer to live independently rather than staying under the same roof with several generations, as was the tradition. In the interviews, working age adults have been concerned about leaving their less mobile parents alone at home in front of the TV, with no company. They were unaware of services that could help **older persons** that have difficulty in moving around by themselves to feel less lonely; or existing services were simply out of reach from a logistical point of view. As society changes, alternative options should be made available for older people to find company, for example in community or day care centres, or by coordinating volunteering and self-help groups. Communities could play a much stronger role, getting organized around volunteer and neighbourhood activities.

⁵⁵ The seven countries were: Bulgaria, France, Georgia, Germany, Japan, the Netherlands, Russian Federation.

Strategies should also aim to make work arrangements more flexible so that they can be combined more easily with care duties of working-age family members. Family-friendly policies can help younger adults to fulfil their desire to have children, thereby avoiding loneliness of more and more (undesired) childless adults who will be on their own in older age. Special policies should also consider the needs of older women who are more likely to survive a male spouse or partner.

Particular problems in social integration may also be encountered by IDPs who may be less ready to integrate into new circumstances. IDPs who were displaced as a consequence of the conflicts of the 1990s may have aged as IDPs. They may have lost or been separated from their children at the time and may find themselves alone in a society that relies heavily on the multigenerational family to care in older age. In the activities directed towards IDPs, the needs of older persons have not specifically been considered, however, it may be useful to design specific policies for them, ideally with their participation.

Recommendations:

- 7.21. Provide services for older people to socialize in day care centres, through volunteer networks or through self-help groups. Strengthen community and neighbourhood networks to provide opportunities for social integration, including for women and IDPs and other groups with special needs.
- 7.22. Promote and encourage volunteering, inter alia among older people since they have a high potential to contribute to the society through unpaid activities, e.g. caring for other people.
- 7.23. Pursue family-friendly policies allowing people to have children if they wish so and to combine work and family life.

Cultural participation

Social inclusion can also be achieved by providing options for participating in physical activity, together with other people of a similar age group. Participation should also be facilitated in cultural life, organizing for example cinema or reading circles in community centres. Gatherings should include the whole array of community locations, such as recreation centres, libraries, schools, parks and gardens. Cultural activities should be affordable, providing for example subsidized tickets for theatres or museum. At present, reductions for **older people** exist at museums and theatres but they are not required by any national regulation and older people do not seem to be frequent visitors. Purchasing a ticket should be easy and not require older people to queue for a long time. Venues for cultural activities and events should be conveniently located, accessible also for people with reduced mobility, well-lit and easily accessible by public transport. Often, older people have insecurities about visiting cultural (or other) institutions, including how to reach them. Some organizations, such as Amagdari, have organized outings for their members. Such possibilities should be well advertised. Voluntary organizations such as Amagdari or the Pensioners' Organization could also help organize shuttle services for specific cultural event, should transportation pose an obstacle. Such needs can be established through their networks. Events should be held at times convenient for older people. A wide variety of activities should be offered to appeal to a diverse population of older people and in fact of all generations. Comprehensive information should be available about activities and events. Ideally, there should be an active outreach to people at risk of social isolation,

organized through public, voluntary or commercial services. Personal invitations can be sent to promote activities and encourage participation. Social isolation can take place within residential care, so it is important to make inhabitants of **older people's** homes part of the community, too, to bring communities in. Bringing cultural activity to rural areas may be another challenge as more and more older people stay in rural areas while the younger generations move to the cities or abroad. Contributions of older people to cultural life should be honoured, including their role as actors, or in passing on folk costumes (WHO 2007a).

Recommendations:

- 7.24. Ensure accessibilities of cultural venues. NGOs may help to organize transport.

Communication

Social integration is closely related to communication, allowing older people to stay connected with family and friends but also to find out about available services. Older people are a diverse group with varying communication needs. Because of poor eyesight some will be reached more easily by oral communication, for example through public meetings or via radio. At times, auditory information can be spoken too quickly, making it hard for older people to follow. Telephone answering services should give instructions slowly and clearly and tell callers how to repeat the message. Printed information can be useful for people with hearing impairments. This includes text on visual displays, bank and ticket machines and television, all media where large font and big buttons should be used. Official forms may be made available in large print, with understandable terminology. This can be vital for receiving services and benefits (WHO 2007a; WHO 2007b).

A study by the Public Defender's office (with assistance from UNDP) showed that accessibility of information for persons with disabilities remains problematic. Despite the strong legislative leverage, in reality the majority of persons with disabilities suffer from a lack of information which, in their own words, does not allow their integration in the society and deprive them of productive life. State agencies were seen as not proactive enough in allowing persons with disabilities access to information. The research revealed especially alarming data on the limited possibilities for information exchange by rescue services, police, fire brigade and social service. Failure to provide assistance due to impeded communication may become fatal for the lives of persons with disabilities, stated the report.⁵⁶

Access to modern means of communication can generate new opportunities, especially for people with reduced mobility. The coverage of landline telephone lines is relatively low, only 29.6 per 100 population on average. At the same time, mobile cellular telephone subscriptions per 100 population are at 109.2, so practically everyone has one, including older persons.⁵⁷ This was also the impression given during the visit in **older people's homes** where inhabitants were well equipped with mobile phones to be in contact with family and friends. The Internet, including Internet calls via

⁵⁶ <http://www.ombudsman.ge/uploads/other/1/1323.pdf>.

⁵⁷ [\[MDGGOAL8/&lang=1&ti=New+Technologies+%28Target+8F%29%3A+telephone+and+mobile+lines%2C+internet+users+and+personal+computers\]\(http://w3.unece.org/pxweb/dialog/varval.asp?ma=021_MDG_G8T8F_r&path=../database/STAT/88-MDG/18-MDGGOAL8/&lang=1&ti=New+Technologies+%28Target+8F%29%3A+telephone+and+mobile+lines%2C+internet+users+and+personal+computers\).](http://w3.unece.org/pxweb/dialog/varval.asp?ma=021_MDG_G8T8F_r&path=../database/STAT/88-MDG/18-</p></div><div data-bbox=)

Skype, provides cheap way of contact with relatives living further away. However, less than half of the population use the Internet (45.5 Internet users per 100 population – more than four times the level of 2008) with a strong coverage in Tbilisi.⁵⁸ The social network Facebook is especially popular in Georgia. There are almost one million users, more than 20 per cent of the population and more than 80 per cent of Internet users. The percentage is higher than in neighbouring countries Armenia and Azerbaijan and much higher than in the Russian Federation, but lower than in Turkey. More than a third of the users in Georgia are between 18 and 24 years, a bit less in the age group 25 to 34. There are fewer users in the older age groups, even though numbers have been growing, especially among the 35 to 55 year olds. This means, that the coming older generations will be more used to being part of social networks. Facebook therefore has a potential to become a means of intergenerational exchange in future, where older people can be in contact with their younger family members.⁵⁹

Internet should be available and affordable for **older persons** who may also need support in setting up systems and learning how to use them. Some countries have made good experiences by setting up computers in municipal or school libraries, where they also offered courses of initiation for older people.

Recommendations:

- 7.25. Ensure access to age-friendly communication tools; facilitate access to the Internet and provide initiation courses.

Political participation

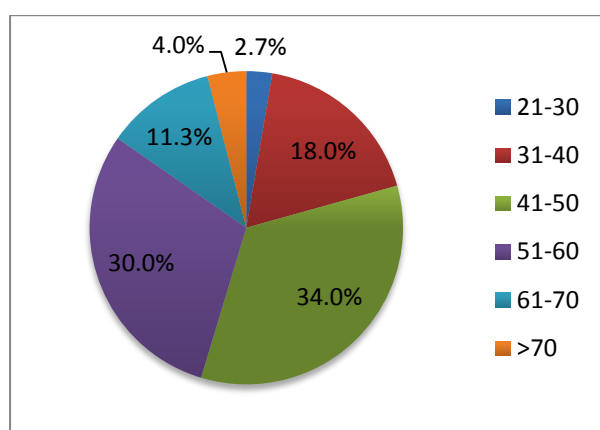
Older persons are often politically interested; they have time to follow the news and are active voters. Voting set-ups should therefore be prepared in a way that allows older persons to easily access voting booths or to vote via mail. Being active in political parties can help senior citizens to defend their interests and bring in their energies and experiences to help society further develop. Therefore, there should be no age restrictions to participation of older persons in parties or political office. A good representation of all ages will contribute to a vibrant democracy. In some countries, specific parties representing the interests of older persons have evolved. Older people can also be called into advisory bodies on ageing. They can become engaged in interest groups, self-help groups, trade union branches or other platforms. This engagement should be supported.

According to the Constitution, there is no upper age limit for members of Parliament, only the minimum age of 21 is indicated (Article 49). When looking at the actual age distribution of parliamentarians (figure 5), it appears that most of the 150 members of the Parliament are middle-aged. The largest share is made up of the age group 41 to 50 years (34 per cent), followed by the age group 51 to 60 years (30 per cent), followed by the 31 to 40 year olds (18 per cent). The older age group is also represented, 11.3 per cent are 61 to 70 years old and 4 per cent are 70 or above.

⁵⁸ Ibid; <http://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=605&crid=268>.

⁵⁹ http://btime.ge/page.html?id_node=361&id_file=4325.

Figure 5: Age distribution in the Parliament (2013)⁶⁰



In the current Government, there are 18 Ministers from a range of age groups: most of them are in the age range 41 to 50 years (7), another 4 are in the 51 to 60 years group and only one is above 60 years. The others are in the younger brackets. The governors are somewhat younger: most of them are in the age range 31 to 40 years (4), and 41 to 50 years (3) while only 2 are in the 51 to 60 bracket and only 1 is above 60 years. It will be important to encourage people of all age groups to fill leading political positions; especially the **older generation** may bring some valuable experiences and should not be discarded for leading functions simply because they are perceived as belonging to an old order just because of their age.

Recommendations:

- 7.26. Support political engagement of older persons as well as organization in interest groups or other platforms, thereby encouraging older persons and organizations representing them to participate in elaborating laws that concern them and in political decision making.

8. Perception and images of older persons and media reporting

The way older persons are perceived by the public influences their position in their communities and society as a whole. Negative perceptions of older people as inactive and a “burden to society” can lead to social exclusion and become a structural barrier to health, social or employment opportunities. They can lead to a long-term loss of benefits that may arise from intergenerational solidarity. Stereotypical views also influence how older persons see themselves and how they believe they should behave. Prejudices may become self-fulfilling prophecies, thereby limiting their potential contributions to society.

Media reporting is an important indicator for how ageing and older people are perceived by society. The media both mirror and influence societal perceptions. They seek to adjust their reporting to the expectations and world views of their audience while also influencing the public and its views on ageing. Therefore, media can also be agents of change and positively influence perceptions.

⁶⁰ http://www.parliament.ge/index.php?option=com_content&view=article&id=1682&Itemid=371&lang=en;
http://www.parliament.ge/index.php?option=com_content&view=article&id=2702&Itemid=488&lang=en.

However, they have a tendency to pick up on the outstanding, privileging either extremely negative or sad stories or surprisingly good experiences. To have a positive impact on societal perceptions, however, the full spectrum of experiences, realities and coping strategies should be reported on.

Media coverage of ageing and older persons

Given the importance of media reporting as an indicator for societal perceptions, a study of print media and TV reporting with regard to ageing and older persons was carried out.⁶¹ For the print media analysis, two newspapers, “Rezonansi” and “Kviris Palitra”, were monitored between 15 November 2013 and 15 May 2014. A total of 32 articles of the 181 editions of the daily “Rezonansi” were deemed pertinent for the study, alongside 26 articles in the 26 editions of the weekly “Kviris Palitra”.⁶² For the TV analysis, the daily 9 pm news programme “Kurier” from the Rustavi 2 channel⁶³ was monitored between 15 February and 15 May 2014. In total, 77 casts were studied and an inventory was developed which included 13 news items referring to ageing or older people.

Print media

In the two papers analysed, a number of recurrent themes could be identified:

- Anniversaries and death notifications (honouring special occasions of a person celebrating a birthday or passing away and remembering the special things they did)
- Portraits (stories of individual older people struggling to make ends meet, having made difficult experiences during the war, as IDPs or as migrants living abroad, as well as their role in keeping traditional professions alive)
- Veterans of the Second World War (available governmental support, their living conditions, annual celebrations)
- Crime (murder, drug dealing or possession, robbery done by older persons or to them)
- Culture/arts (singers, actors)
- Shelters (for older people or for homeless people of any age, but illustrated with pictures of older people)
- Pension and income (reform plans)
- Demographical changes (current trends and their implications)

Overall, ageing and older people do not seem very popular topics, as they were not very frequently addressed during the period studied. In a number of articles that cover social issues older people happen to figure almost accidentally, using for example a picture of an older person to illustrate the story. The fact that for example homelessness is immediately associated with an older character is much of a hint to the real dire situation many older people live in.

⁶¹ Radio appears to be an important source of information for many older persons and it is said to cover ageing-related issues more frequently. For budgetary reasons, however, it could not be included into the study.

⁶² “Rezonansi” is the daily newspaper with the highest rating of readers in Georgia while “Kviris Palitra” is the weekly newspaper with the highest rating. Each edition of “Rezonansi” has 16 pages while editions of “Kviris Palitra” vary between 35 and 55 pages.

⁶³ “Rustavi 2” is a privately owned Georgian national broadcaster which currently reaches 85 per cent of Georgia’s population. It has the highest rating of viewers among Georgian population. Each prime-time news broadcast is about 40 minutes long.

Less than one third of the newspaper articles selected as relevant (15 out of 58) specifically discussed the problems of older persons and ageing. The general tone of the reports was rather pessimistic, as the stories were about poverty, dissatisfaction with the current system of old-age pension and other financial support and a lack of the Government's attention to older people's affairs. Feelings of insecurity, uselessness and a lack of hope for a decent life were often expressed. Only 6 out of the 58 articles featured active seniors, still working despite their age, for example. Overall, the articles were mostly written "about" older persons, for example as veterans, or on the occasion of a birthday, rather than letting them speak for themselves.

Interestingly, both selected newspapers published a number of articles specifically addressing demographic issues. The articles provided data from research on demographic problems in Georgia and particularly highlighted that mountainous regions are now mostly populated by older pensioners and that their living conditions are very difficult.

In addition to the results of the study, it is noteworthy that, according to the interviews, regional newspapers (which have fewer readerships) seem to have a better coverage of activities related to older persons, regularly reporting about local activities of certain NGOs such as the Red Cross, for example.

Television

Television is considered to reach a far wider audience than print media with the Rustavi 2 broadcasting network currently reaching about 85 per cent of the population⁶⁴. In the three months period of the study, not a single news item of 9 o'clock "Kurier" was specifically dedicated to older people's issues and age-related policies in Georgia. Almost half of the examined TV news items (5 out of 13) were identified as relevant for the analysis only because the main characters in the stories were older persons. They covered issues like detentions in the conflict region near the South Ossetian border, the consequences of a mud slide or the meagre salaries of older employees in an observatory building. Another 4 out of 13 examined TV news items covered anniversaries and death notifications of famous Georgians. Two news items covered crime cases and one was dedicated to veterans of the Second World War and the celebrations of the 69th anniversary of the end of the war. Voice, however, was not given to the veterans themselves but rather to the Prime Minister, the President and the Speaker of the Parliament of Georgia. None of the speakers made any reference to the living conditions of veterans in Georgia. Only one news item portrayed an active older person, a translator, who discussed the works of a world famous author.

Ageing-related issues were not prioritized in the 9 o'clock "Kurier" of "Rustavi 2" in the research period. The main focus was on politics, celebrities or crime cases. When talking about older persons in connection with other topics, they were mostly represented as needy and vulnerable. Such images reinforce a perception that increasing age brings about a decline in physical and cognitive performance. If older persons are socially involved, physically active, and maintain a certain degree of professional training, this does not have to be the case. To give a true reflection of Georgian realities, it would be useful to balance such reporting with images of active older Georgians that creatively contribute to their families and communities, helping with child care or other household duties, bringing in additional income or providing a contact that helps a family member find a job,

⁶⁴ Rustavi 2 official website: <http://rustavi2.com/news/about.php>.

starting self-help groups or projects to encourage intergenerational exchange with schools etc. Such stories can even serve as an example to encourage other older people to do the same.

It is noteworthy, that only one old-age woman was featuring in the TV news programme.⁶⁵ To guarantee a full integration and participation of older people in society, there needs to be a better understanding of the gender nuances. Women play a great role in society, in their families, as employees or entrepreneurs, a role for which they do not receive a lot of recognition. Incorporating a gender perspective to broadcasting productions may help to decrease existing biases.

In addition to the study, information from the interviews and focus group discussions pointed to the fact that outside the evening news other programme formats and other channels have more regularly included older people's issues. Public broadcasters (reaching smaller target audiences) have been obliged to report about older people's affairs. The talk show format "Heroes of Imedi" has often covered older people and in the Akhmeti region a reality show format focuses on resolving problems between parents and children, thereby re-establishing an intergenerational dialogue.

Towards a new information policy and practice

General awareness of ageing and its implications appears not to be very high. There seems to be a perception that the traditional system of taking care of older persons in the multi-generational family still works rather well. A future information policy should aim to raise awareness about the actual scale of population ageing in Georgia and its implications, both in terms of challenges and opportunities. It should be highlighted that difficult policy choices have to be made and people should be given an opportunity to develop their own opinions about the policy choices they find acceptable or preferable.

To achieve this, the Government should work with journalists to make them more familiar with demographic trends and their consequences for society, including also positive aspects. The media may be alerted to some potential topics of interest, including the pension system, health care, shelters as well as the diversity of older people's experiences and situations. Media professionals should be sensitized to the potential damage that can be made by polarized reporting that overemphasizes the extremes, e.g. the desperate situation of some pensioners on the one side and the desirable conditions some celebrities may enjoy on the other. More emphasis may be put on covering ordinary older citizens, their different lifestyles, problems and coping strategies. Overall, news media should give more of a voice to older people in particular, letting the public hear their points of view, and also provide a space for debate.

The Government should work with journalists and other stakeholders to identify good reporting standards. Trainings could be organized sensitizing journalists to the principles of high-quality reporting on ageing. It might be interesting to involve younger professionals or media students in projects to report on age-related issues, in order to promote a dialogue between generations. Employing older journalists, even as freelance writers, may help to achieve a more balanced reporting. Many older people are well educated and good writers, with some additional training, they could more actively participate in the creation of a public discourse, also by writing letters to journals.

⁶⁵ The newspaper reporting appeared to be slightly more balanced. Women were central characters in 9 out of 54 articles, others were gender neutral. Even though the print media studied also had a tendency to focus on men more than women, this trend was slightly less marked.

Furthermore, government officers and communications departments in ministries could be trained to take a more prominent role by actively disseminating information about the demographic challenges, and the strategies being undertaken to tackle them. Capacities should be built on how to present information in a way that attracts media's attention. Press departments of the Government can showcase good examples or provide contacts to interesting interview partners as well as high-quality photos with realistic images of older persons that avoid stereotypes.

Some NGOs working on ageing have successfully partnered with media in the past. This can be a good way to change how older people are portrayed in the media. These connections currently largely depend on personal contacts. The Government might help to facilitate such linkages by bringing NGOs and media together at different events. NGOs can make an important contribution towards achieving a more realistic media reporting, by providing real life stories, turning official statistics and numbers into stories that convey a more heartfelt message. It might be useful to provide training to NGOs to professionalize their public relations activities, e.g. in preparing information that is interesting to the media.

To tackle public perceptions more systematically, a campaign might be carried out under Government leadership with involvement of different stakeholders. It could combine different elements, exploring consequences and responses to ageing, highlighting the contribution of older people to society, for example by interviewing active older people, dismantling stereotypes and providing information regarding available services for older people and their families. Billboard posters, flyers, exhibitions, TV advertisements and events could be used to disseminate certain key messages. So far, social media have not been used very much to address issues related to older people, in part because older people are considered less prone to using them. Some NGOs have ventured into this area, asking members to post photos of their grandmothers and mutually "like" them. Training older people in using social media can help them take part in technological change. New audiences can be reached through popular platforms such as Facebook. In general, the campaign should be well-planned, with the help of professionals. It should be evaluated with regards to its impact to bring out important lessons for subsequent campaigns efforts.

More generally, it might be useful to develop media monitoring with regard to ageing and older people, possibly with the help of an agency already active in the field.⁶⁶ It would provide both journalists and the Government with a systematic picture of the progress made in improving reporting, identifying favourable outcomes while also pointing out examples of stereotypical or even discriminatory messaging.

Recommendations:

- 8.1. Encourage high-quality reporting and journalism. Develop a scheme to provide training to journalists in both private and public outlets, on good reporting practices as well as highlighting the importance of covering all age groups and portraying the older generation in their whole diversity.
- 8.2. Build capacities in media relations among Government officers. Ensure that ministries as well as official communications departments periodically release information on ageing-

⁶⁶ For references to organizations active in this area, cf. Elections and the Media. Document prepared by the Democratic Governance team of UNDP in Georgia (2013).

related policy projects to the public.

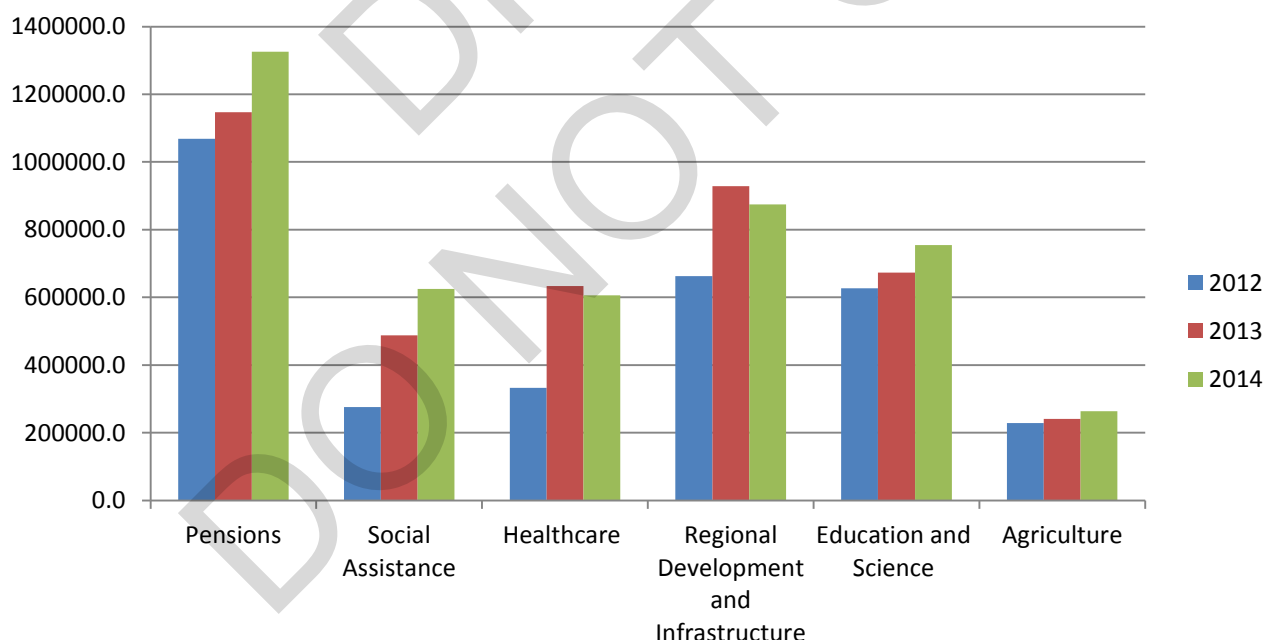
- 8.3. NGOs and other stakeholders with direct experiences working with older people should strengthen their media outreach and seek to professionalize their public relations skills.
- 8.4. Enhance the public discourse on ageing. Launch a campaign to inform the public about ageing-related issues, policies and challenge existing stereotypes and misconceptions.
- 8.5. Introduce media monitoring on ageing, in cooperation with existing agencies with experience in the field.

9. Social protection

Social protection allows for the poverty reduction and inclusive development of the society. For older people social protection is often the only source of income that would prevent them from material deprivation and extreme poverty and allow for decent living standards and involvement in the society. As poverty is one of the major challenges for Georgia, making the social protection system efficient is one of the primary concerns for the country.

Starting from 2012 the new Georgian Government has been implementing socially oriented economic policies (EBRD 2014). The Government of Georgia's Basic Data and Directions (BDD) for 2013–2016 set as main priorities health care, social protection, education and agriculture (Economic Policy Research Centre, 2012). This is well reflected in the changes of the state budget expenditures — within the period 2012–2014 the most important increases have been seen in spending on state pensions, social assistance and health care (see Figure 6).

Figure 6: Georgia Government 2012–2014 spending priorities



Source: Based on the “2012–2014 Government Spending Priorities: Analysis and Recommendations”, Transparency international, Georgia⁶⁷

Currently the social protection system in Georgia includes state disbursements such as pensions, compensations, household subsidies; various social programmes (such as subsistence allowance, day centres, community organizations, provisions for people with mental disorders with asylums etc.) and health programmes (such as the State Health Insurance Program, Universal Health Care Programme, “Support for rehabilitation of veterans”, “Mental health”, “Palliative care for the incurable patients”, “Country doctor”, etc.).

State pensions

Age pension

According to the Law on State Pension the citizens of Georgia, citizens of foreign states living in Georgia for more than 10 years and persons without citizenship with a legal status in Georgia have a right to receive a state pension once they reach the retirement age. The pension is paid on a monthly basis and is a flat-rate benefit. State pension expenditures are funded by the tax revenues and there is no contribution mechanism. The amount of the pension is set in the state budget for the respective year and does not depend on years of service. The pension is not indexed. It has been raised significantly within the last years: from 100 lari in 2011 to 125 lari in 2012, and 150 lari in September 2013, thereby aiming to bring it up to the subsistence minimum level. In 2013, 687 thousand **pensioners** received an age pension (data provided by MOLHSA). The pension can be complemented by other types of disbursements with the exception of the State Compensation (see below) — pensioners are entitled to both but have to choose one of these programmes.

The age pension, even though it plays an important part in poverty reduction (World Bank 2012b), is not sufficient to cover the expenditures of retirees. Despite the fact that the age pension rate was brought up to the substantial minimum level of 150 lari, the average expenditures per capita in 2012 accounted for 240.70 lari and 186.00 in urban and rural area respectively, (221.60 and 172.40 excluding expenditures on health care; GeoStat). The participation of older people in social life is limited due to the insufficient level of income, given the fact that first the necessary expenditures need to be covered, there will be nothing left for cultural and sport activities if they are not provided for free or with preferential rates.

If the pensions are to be continually financed by the revenue tax without any contribution mechanism, the further increase of its rate can turn out to be an unbearable burden on the state budget and could lead to the cuts in the targeted social assistance which proves to be the most efficient in poverty reduction (World Bank 2012b). At the same time, as the pension is not indexed to inflation means that its insufficiency will only aggravate.

Given the likely gap in revenue for older persons of retirement age, it would be useful to allow people to build up additional savings throughout their live courses. Overall, people of adult age should have easy access to understandable information regarding their possibilities to prepare their financial situation in old age.

⁶⁷ <http://transparency.ge/en/post/report/2012-2014-government-spending-priorities-analysis-and-recommendations>.

Social package for persons with disabilities

The disability pension is paid to all the citizens of Georgia with a disability status. The amount is differentiated in accordance with the category (group) of disability. There are three categories of disability: persons with severe disabilities (first group), people with a significant expression of disability (II group), and people with mild disabilities (III group), plus a separate category for children with disabilities. Payments range from 100 lari paid to the disabled people of the second group to 129 lari paid to persons of the first and second groups who became disabled in the course of the World War.⁶⁸ According to the World Bank, most of the recipients of the disability pension in 2011 were under age of 60 (World Bank 2012b). In 2013, 122,700 persons received the disability pension (MOLHSA).

State Compensation and Academic Scholarship

State compensation is a social programme the beneficiaries of which are the retired (or disabled) military and civil servants. The rate varies depending on the length of working years, disability group, official salary rate and special state rank. The maximum amount of the compensation is limited, and the limits for different categories are set in the respective laws. The rate of the state compensation is generally higher than the age pension rate, e.g. the maximum for the compensation paid to the persons moved to the reserve from the military bodies, is set at 560 lari.⁶⁹ The average amount paid out for this so-called “military pension” is 292 lari. The state compensation had been paid to 18,012 persons as of December 2013 (MOLHSA).

Social programmes

In order to better target the provision of social protection in Georgia, a proxy-means-testing system to identify the poor households was put in place in 2006. The test is based on more than 100 variables (including income, size of family, special needs etc.) and allows estimating household welfare. All the households can apply to SSA to have their situation evaluated. As a result of the evaluation the household would get a score from 0 to 200 thousand points (UNICEF 2011). The information on the households is added to the Unified database of socially vulnerable families managed by SSA. The ranking would define if a household is entitled to social benefits: the households with the score up to 57 thousand have a right to receive a subsistence allowance and up to 70 thousand — to benefit from the State Health Insurance Programme.

According to UNICEF, 96 per cent of the households of the bottom consumption quintile are aware of the vulnerable household database; and the majority of those who knew about the database but did not apply stated that they were not sure that the evaluation process would be correct or were not aware where to apply (UNICEF 2011). SSA has been running information campaigns, including information on radio and TV, to raise awareness of the population about the services provided and the application process (World Bank 2012b). At the same time there is an issue of applicants reporting incorrect or untrue information to SSA. To address this issue but also to keep the database up-to-date (and therefore the social assistance well-targeted) SSA has been implementing re-certification of the households in the database by cross-checking the reported data with the information from other sources (e.g. fiscal authorities) (World Bank 2012b). In the interviews it was

⁶⁸ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=91&info_id=987.

⁶⁹ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=24#.

suggested, that SSA should also work with village elders to establish the level of neediness in remote areas. Social workers should be trained and continuously retrained to be aware of the services available, eligibility and application procedures and to provide advice to the target group rather than being overly focus on identifying mis-use.

Subsistence allowance

The households with the score of up to 57 thousand are entitled to a monthly subsistence allowance of 60 lari to the oldest member of the household and 48 lari to each other member (if any).⁷⁰ In 2012, the number of registered vulnerable households was more than 525 thousand whereas the number of beneficiaries of subsistence allowance was slightly more than 163 thousand (GeoStat).

Household subsidy

This disbursement is provided to certain categories of population (veterans, persons who became disabled in the course of specified military activities etc.) to cover the household utility services. The rate differentiates from 7 lari to 44 lari.⁷¹ In 2012, the household subsidy was provided to 16.4 thousand beneficiaries. Seventy per cent of beneficiaries were at **age 60 and above** (MOLHSA).

Homes and day centres

At the moment there are two state shelters (boarding houses run by the State Care Agency) for older people in Georgia (in Tbilisi and Kutaisi). In 2013, 181 persons stayed at the shelters, of which 60 per cent were single persons (MOLHSA). The state covers 600 lari per month per person for the members of households with a score of up to 57 thousand. For the households with the score higher than 57 thousand and up to 70 thousand and higher than 70 thousand up to 100 thousand the state pays 510 lari, and the co-payment by the service users is 90 lari and 150 respectively.⁷² Eight small private homes for older people in different regions hosted 120 persons in 2013. There are waiting lists to the state older people's homes.

Throughout the country there are 20 state day centres for disabled people above age of 18 with 81 users above the age 60 -65 years (MOLHSA). The centres offer a range of services including training in communication and social skills, cultural and sport activities, medical and psychological help (if needed). The day centre services are funded by the state — the eligible persons get a voucher for day centre services. The regional council takes a decision on issuing vouchers the number of which is limited and varies from municipality to municipality (from 10 in municipality of Mestia to 520 in Tbilisi).⁷³ Day centres are very important as they allow for inclusion of older people in the society while preserving their independence.

Similar to the concept of the day centres are the centre for persons with mental disorders (aged 18 years and above). The daily expenditures of 15 lari per beneficiary are covered by the state. Up to 100 persons can benefit from the programme at any one time.⁷⁴ In addition, a number of community organizations for persons with disabilities provide people with disabilities of all ages with accommodation, alimentation and training of skills and abilities in a variety of areas (e.g. agriculture, housework, baking). The daily cost of services of 16 lari per person is covered by the state (in form of

⁷⁰ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=35.

⁷¹ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=29.

⁷² http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=90&info_id=973.

⁷³ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=789.

⁷⁴ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=791.

a voucher).⁷⁵ The community organizations can host up to 60 persons at any one time. According to the Parliament of Georgia, there are 95 NGOs working on disability issues, but not specifically on the matters related to older people.

Recommendations:

- 9.1. Ensure basic income levels for all older persons.
- 9.2. Encourage private savings for old age as a complement to the state pensions. However, the state should protect consumers and ensure that private pension schemes are reliable and secure.
- 9.3. Continue public information disseminations explaining the pension system's mechanisms (especially if an additional contributory element is to be introduced).
- 9.4. Provide one-stop information about available social protection benefits and programmes and eligibility criteria, as is already done through the SSA website. The site should be continuously kept up to date and there should be a possibility to receive personal independent counselling regarding a client's personal situation. Consider putting in place a hotline or call centre.
- 9.5. Improve targeting of state and municipal disbursements: social assistance should be first of all provided to the most vulnerable categories of the population. Eligibility should be closely monitored and verified to avoid abuse. At the same time, people should have an opportunity to complain and review SSA's decisions if they feel that they have been denied assistance unjustifiably.
- 9.6. Strengthen and expand involvement of the respective NGOs in designing and implementing social programmes that are well adjusted to the population's most urgent needs.

10. Enable labour markets to respond to the economic and social consequences of population ageing

General labour market characteristics

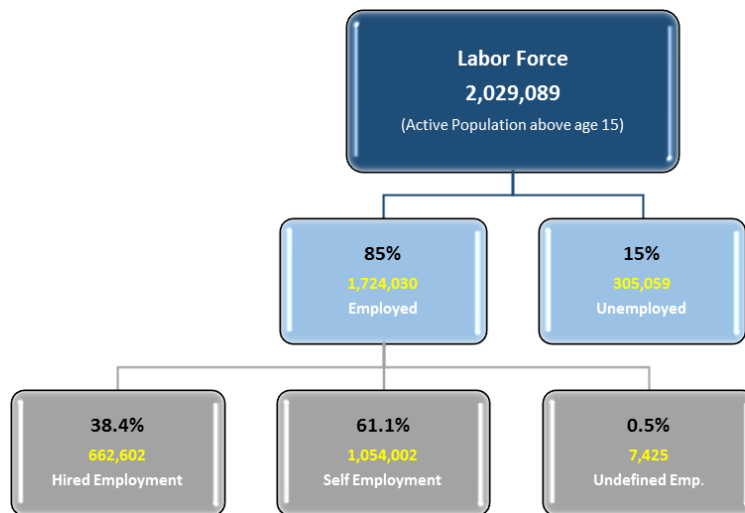
About 45 per cent of the total population of Georgia are counted as economically active. According to the official statistics, 15 per cent of them were unemployed and of those in employment, 61 per cent were reported as self-employed in 2012 (Figure 7). Among the hired employees more than 40 per cent are employed in public sector, which indicates a limited scope of labour market activities in the country.⁷⁶ Analysts suggest that the actual unemployment rate may be much higher, estimates going up to 30 per cent,⁷⁷ with significant numbers of unemployed being hidden under the self-employment category.

⁷⁵ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=790.

⁷⁶ National Strategy and 2013–2014 Action Plan for Labour Market Formation (English text provided by MOLHSA, Georgian available at http://www.government.gov.ge/files/276_37891_115102_199020813.pdf.

⁷⁷ Gutbrod, Hans (2013), Correcting Unemployment Numbers – A Call for Government Action, <http://www.iset.ge/blog/>.

Figure 7: Composition of the labour force, 2012



Source: GeoStat

Men account for 53 per cent of the Georgian labour force with their economic activity rate reaching 78.2 per cent. Women’s economic activity rate of 57.4 per cent is notably lower than that of men. Men also are more likely to be in hired employment while more women are counted as self-employed.

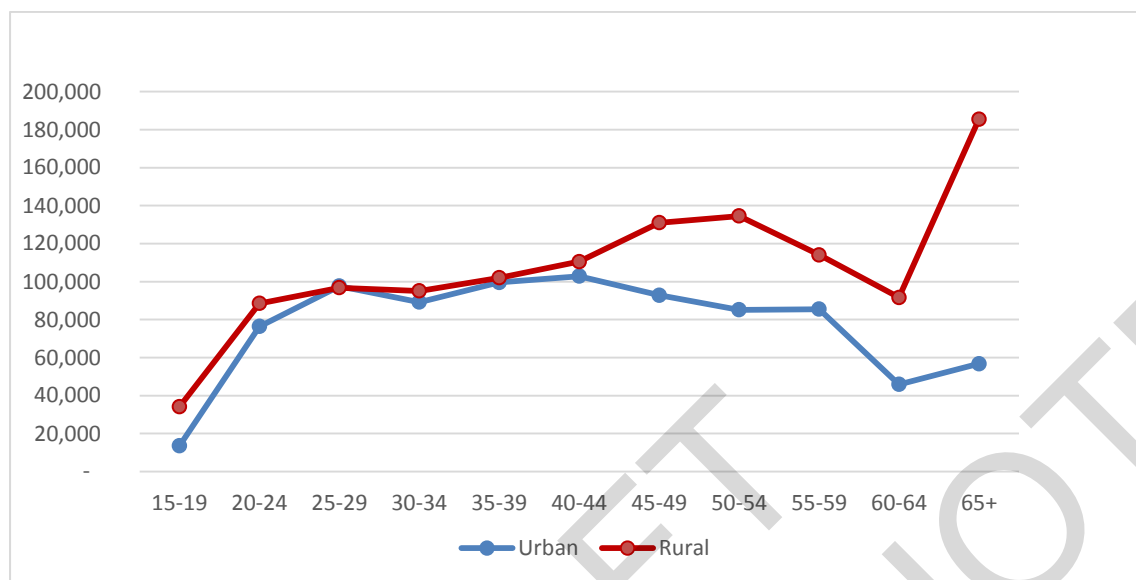
The age distribution of people in paid employment changed notably after the *Rose Revolution* in 2003 due to a number of crucial structural reforms including, for instance, the abolishment of the State Employment and Social Protection Programme and introduction, in May 2006, of an extremely liberal Labour Code.⁷⁸ Particularly, people over 40 years old at that time with less relevant job skills were often laid off and replaced by younger employees. Some of the dismissed became self-employed yet majority exited the labour force and are now counted as “discouraged workers” who have given up hope to find employment. Even with the Georgian economy improving in the last five years, the economic activity rate of these cohorts remained noticeably lower. For example, for a cohort presently 55-64 years old (50-59 years old in 2007) the economic activity rate in 2012 was by six percentage points lower than in 2007 and for those of them still in employment, the share of self-employed increased to 67 per cent (61 per cent in 2007). With no unemployment insurance in place or policy measures to reintegrate these “discouraged workers” into labour market many of them are entering into pensioners’ rank with no savings and heavily mortgaged or even lost housing after relying for years on social benefits for families below poverty line.

The official statistics reports that about 42 per cent of population 65 years old and above were economically active in 2012. Majority of them lived in rural areas (Figure 8). The share of self-employment among older employed is extremely high: 84 per cent for 65 years old and above as compared to 46 per cent for self-employed among the prime working age group (25-54 years old). The major reason for such a significant difference is that subsistence farmers – and most of older

⁷⁸ A number of amendments to the Labour Code of Georgia were approved in 2012. The changes made the current code less liberal and were oriented towards increasing employee rights. Some further changes are under consideration at the moment of writing.

people are among them - are considered to be self-employed,⁷⁹ even though being self-employed in the agricultural sector does not mean that one will have sufficient means to finance their needs even with the pension income added.

Figure 8: Labour force in rural urban areas, by age groups, 2012



Source: GeoStat

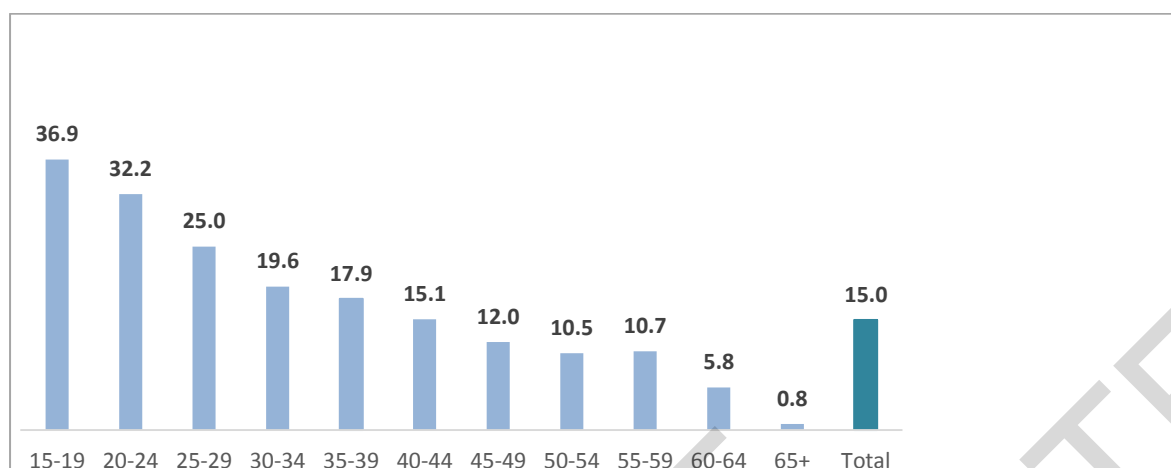
Altogether, the age structure of the Georgian labour force dramatically differs between rural and urban areas (Figure 8). According to GeoStat’s household survey of 2012, the actual number of labour force participants diverges starting close to the age of 45 and over indicating lower mobility among higher age groups. Many **older people** stay in rural areas, and are working as self-employed in a very unproductive agricultural sector, which creates less than eight per cent of country’s GDP. They rarely look for other jobs because they think they have no chance of finding one since the economic activity in the rural areas remains limp. The young more often than not move to urban centres, where they have opportunities for acquiring a better quality education and look for job openings there.

This rural-urban divide accompanied with the above mentioned “discouraged workers” explains to some extent the relatively low unemployment rates among the higher age groups of labour force (Figure 9). It also helps to explain the regional differences of unemployment: in 2012, for example, the unemployment rate varied between 6.5 per cent in the least urbanized region of Kakheti to 29.1 per cent in Tbilisi. The capital city absorbs people seeking jobs from other regions of Georgia and

⁷⁹ According to GeoStat, a person is employed if she/he has performed any job for at least one hour during the last seven days in order to get salary, profit or other (cash or in-kind) labour compensation inside the country. A “job” means any kind of activity including but not limited to: farming, hunting, fishing or gathering forest fruits, mushrooms, medical plants etc., processing of any agricultural products, corn grinding, wine making, making cheese, butter, canned products and etc. sewing, knitting, making brooms, baskets, etc. Even if a person performed an unpaid job at a farm, household or helped friends/neighbours doing any type of job for free, he/she is considered employed (for more details see GeoStat, Labour Force Statistics http://www.geostat.ge/cms/site_images/_files/english/methodology/labour%20force%20statistics%20Eng.pdf).

therefore the unemployment rate in Tbilisi has always been higher than average, followed by the Autonomous Republic of Adjara (16.4 per cent in 2012).

Figure 9: Unemployment rate by age groups, 2012



Source: GeoStat

The unemployment rate also differs by gender being consistently higher for men during the last decade. In 2012, the average unemployment rate for men was 16.1 per cent and that for women 13.8 per cent. The observation is true across all age groups, though the extent and reasons might be different. More men than women after retirement are seeking paid jobs and they seem to have somewhat better chances of being hired for employment; women usually remain self-employed or withdraw from labour force.

Skewed opportunities for employment of older people

The employment among more advanced age groups of population tends to concentrate in the agricultural sector (consistent with the earlier observation on self-employment/subsistence farming) while the share of employment in all other sectors declines as people get older (Table 8). Gender composition by economic sectors does not differ too much, but a few points are worth noting. In each age group, a greater share of women is employed in the agricultural and education sectors. Also with regard to professional occupation, among those aged 65 and above, a larger share of women (84 per cent) identify themselves as skilled agricultural workers as compared to men (78 per cent).

Table 8: Employment distribution of different age groups by sectors, 2012 (per cent)

| | [45-49] | [50-54] | [55-59] | [60-64] | [65+] |
|---|---------|---------|---------|---------|-------|
| Agriculture | 48 | 53 | 54 | 64 | 82 |
| Mining and quarrying | 1 | 1 | 1 | 1 | 0 |
| Manufacturing | 5 | 5 | 4 | 2 | 2 |
| Electricity, gas and water | 2 | 1 | 1 | 1 | 0 |
| Construction | 4 | 4 | 3 | 4 | 1 |
| Wholesale and retail trade; repair | 13 | 10 | 9 | 9 | 3 |
| Hotels and restaurants | 1 | 2 | 1 | 1 | 0 |

| | | | | | |
|---|------------|------------|------------|------------|------------|
| Transport and communication | 5 | 5 | 5 | 4 | 2 |
| Financial intermediation | 0 | 1 | 1 | 0 | 0 |
| Real estate, renting and business activities | 1 | 1 | 1 | 1 | 1 |
| Public administration | 3 | 2 | 2 | 1 | 0 |
| Education | 9 | 7 | 8 | 7 | 5 |
| Health and social work | 3 | 3 | 4 | 2 | 1 |
| Other community, social and personal service activities | 3 | 3 | 3 | 3 | 2 |
| Private households employing domestic staff | 2 | 2 | 2 | 1 | 0 |
| Extra-territorial organizations and bodies | 0 | 0 | 1 | 0 | 0 |
| Total | 100 | 100 | 100 | 100 | 100 |

Source: GeoStat

Given the importance of the agricultural sector for **older people's** employment, policies should start here. Government programmes could help older people become more productive in their agricultural activities, increasing overall output.⁸⁰ This to some extent could be achieved through adult vocational education and training that target rural population in higher age groups (i.e. 50 years and above). Policy measures to support older persons' employment could be piloted in the regions with high share of older population: Racha Lechkhumi, Guria and Samegrelo. In addition, it might be useful to invest into income generating activities as well as entrepreneurial and commercial skills of older people in rural areas. Employment policies should take gender differences into account: older women in rural areas are mostly self-employed and they are likely to have a very meagre income if at all from their activities.

At the same time, government strategies should also aim to diversify employment opportunities for older workers, in both rural and urban areas. Generating new employment opportunities should go hand in hand with enabling older people to acquire suitable skills for these new jobs and with assisting them in finding the jobs. In the longer run, a stress should be made on lifelong learning that contributes to improving and matching skills and facilitates the adoption of new technologies (OECD 2005). It is useful to help older workers with the job search and throughout the application process. According to MOLHSA, at the time of writing, a two-year labour market formation strategy⁸¹ was being implemented, providing employment services for everyone. This includes developing a labour market information management system with a data base of employers, vocational training providers, job counselling, job matching and career guidance services. Job seekers can register online (<http://worknet.gov.ge>) and create personal profiles and Employment Service Centres will assist them in finding work. It would be useful to integrate a component into this strategy that provides job search assistance specifically for older workers. Overall, a change of recruitment culture seems necessary, as many people find employment rather through personal acquaintances and connections than through official job announcements.

⁸⁰ During a focus group discussion concern was raised that older people would not use advisory services to enhance agricultural services, for example those offered by agro-service centres. They do not feel the need to learn. In this context, it might be useful to offer tax or other incentives for the target group to accept training.

⁸¹ National Strategy and 2013–2014 Action Plan for Labour Market Formation, English text provided by MOLHSA, in Georgian available at http://www.government.gov.ge/files/276_37891_115102_199020813.pdf.

Attitudes to older workers

Frequently, the belief can be found that individual productivity declines with age. There is also the false view that there is a fixed quantity of work to be done within an economy so that older workers deprive the younger generation of employment opportunities (lump of labour fallacy). However, individual productivity is more related to physical fitness, mental agility and continuous professional training than age. And in any given economy the labour market is not contained in a prescribed number of jobs, it shrinks or grows, undergoes important structural changes, embraces new professions and sheds some old ones.

The view that the young should be helped in finding employment, rather than the old, can also be found in Georgia. This is in part related to the high level of unemployment among younger people but also related to the fact that younger people do not have any income, while retired people at least have a basic pension. In fact, judging from numerous interviews, there seems to be a rift going across the labour force, stereotyping those in their late forties or older as belonging to the old times and lacking the dynamism, efficiency, skills and health necessary to succeed in today's labour market. This is not necessarily justified since older people also come with considerable professional experience. It may well be that an older worker is more reliable and stable in his or her workplace than a younger one who is more motivated by a fast-paced career and thus will leave the job quickly after being trained for a new task.

Currently, working people can retire at age 60 (women) and 65 (men), independent from the years of service. Despite the availability of a basic pension, persons beyond retirement age will often depend on additional income. Financial needs may increase in older age due to the need to pay expensive medicines. In principle, based on the existing laws, people can continue to work beyond retirement age in which case they receive their basic pension in addition to their professional income. In practice, there are real barriers in the labour market that prevent them from staying in their jobs or finding new occupations.

For the purpose of this Road Map, the job advertisements from the private sector in one of the most popular hiring websites (www.jobs.ge) were reviewed between 1 November 2013 and 21 December 2013. Of the 622 vacancies announced, 28 per cent set either an upper or lower age limit for job seekers. Of those setting an age limit, 92 per cent set an upper limit. Age 50 was the threshold for most of the job announcements setting an age limit. It is likely that age-discrimination takes place in less obvious forms too, i.e. where age limits are not explicitly declared but applied in practice.

Discrimination on the basis of age alone should be forbidden in the hiring, retention, promotion and training of employees. Employers need to be encouraged to employ and retain older workers. Awareness raising can help employers understand the advantages of an age-diversified work force. Offering incentives to hire or retain older workers, e.g. tax incentives or state-provided/subsidised training opportunities, could help, too. Currently, there seems to be no culture of providing age-friendly workplaces or flexible working arrangements. An age-friendly policy framework might allow more flexibility on the terms of older workers' employment. For example, older workers could be allowed to gradually work less or more flexible hours or only during certain seasons or to telecommute. Small changes in the work environment can help accommodating special needs. Workplaces can be adapted to meet the needs of people with disabilities. Older workers could also be offered to change to different roles, for example training. As one interviewee suggested, establishing senior consultant services where older people provide advice without financial

remuneration but against some other benefit might be a good way to tap on older people's potential.

Entrepreneurship opportunities for older persons

While a significant share of the population is classified as self-employed, their contribution to the country's GDP is not substantial. Low productivity levels, which are mainly caused by a lack of access to modern knowledge/methods, are the major contributing factors to this situation. Still, entrepreneurship continues to be a viable strategy for older persons to take their destinies in hand.

At present, large industrial enterprises prevail over small and medium businesses (while in many countries in the EU it is the other way around). There is currently no government support for small businesses (Jones 2013: 186-187, 194). There is also no strategy to promote entrepreneurship among older persons to generate additional income opportunities and alleviate poverty.

Despite their reputation as "entrepreneurial", which refers more to a survival strategy during Soviet times, Georgians seem to have little experience in being "real" entrepreneurs. Especially **older people**, though with work experience and skills, may need help in translating them into marketable products and service, in developing viable business plans and marketing strategies. Access to capital may be a problem. An advantage is that, as entrepreneurs, the older people can work according to their preferred time schedule and available energy. Training in entrepreneurial skills, and providing tax or other incentives, can be useful elements of an overall strategy towards generating income and employment for an older target group. The NGO Deserving Old Age in Kobuleti has provided training on self-employment and entrepreneurship, specifically designed for older persons. These included elements such as writing business plans, negotiating with banks and revenue services or fundraising. Access to small low-interest loans was found to be one of the biggest bottle necks for older persons. The suggestion was made to create special funds to support the start-up of small businesses.

Participatory policymaking

Overall, the unionization rate is very low, being in part a result of previous labour legislation which diminished the role of unions. Another reason may be the negative image of trade unions that were perceived as corrupt ex-communist institutions (Jones 2013: 127). Unions are said to be most active in the public sector, so any negotiation would focus on benefits of the public sector and leave out the private sector. So far, trade unions have not prominently stood up for older workers' issues. Some outreach might be useful to trade unions so that they can take forward the interests of the growing older labour force. However, for policymaking it will be important to bring in different views, including those of the older employees and employers.

Recommendations:

- 10.1. Government programmes could help older people become more productive in their agricultural work, increasing overall output and moving away from the mere subsistence farming. This could be achieved through adult vocational education and training and by developing entrepreneurial and commercial skills. Policies to support older persons' employment could be piloted in the more aged regions: Racha Lechkhumi, Guria and Samegrelo. Policies should be gender-sensitive, taking different needs into

account.

- 10.2. Government should pursue economic growth strategies that support employment creation, with a view also on generating new and diversified opportunities for older workers in both rural and urban areas. This should go hand in hand with enabling older people to acquire suitable skills for these new jobs.
- 10.3. Services assisting workers in finding job, provided under the current labour market formation strategy, should be also specifically targeted to older persons. As job services become more efficient in assisting businesses/public enterprises that seek to find appropriate employees, the official system could help to replace the practice of finding jobs through personal acquaintances and connections.
- 10.4. Discrimination on the basis of age alone has to be forbidden in the hiring, retention, promotion and training of employees.
- 10.5. Awareness raising should target employers, helping them to understand the benefits of an age-balanced workforce, encouraging them to employ and retain older workers and to provide age-friendly workplaces.
- 10.6. Incentives, for example in form of tax reductions, can be offered to employers hiring or retaining older workers, offering flexible retirement solutions and providing adaptations in the workplace to accommodate people with special needs.
- 10.7. Government should support entrepreneurship among older persons, especially for smaller enterprises. This may include training about business plan development, counselling as well as facilitating access to capital.
- 10.8. Engage employers and older employees systematically when developing laws that affect older peoples' role in the labour market.

11. Life-long learning

In Georgia, the full general education (12 years) is free of charge. Compulsory education is covering six years in elementary school (grades 1 to 6) followed by three years (grades 7 to 9) in middle school. The following three years are spent at either academic secondary schools (mostly), or vocational education colleges/schools. Higher education follows the model of bachelor's, master's and doctorate degrees. There is no overarching law on education, but several laws covering separate sectors, e.g. the Law on General Education (08/04/2005 document # 1330) and the Law on Higher Education.

Educational challenges for teachers

For elementary and middle schools, there is a scarcity of qualified teachers. The young generation is not attracted by the profession - high qualification requirements are met with below average income and jobs may be located in rural and remote areas. Teachers are often retained in service beyond retirement age. One suggestion was to introduce incentives for teachers in training to pass periods of time in rural areas which would then be credited as additional benefits for promotions. The large **age difference** between teachers past retirement age and pupils may enhance intergenerational tensions. Training of intergenerational communication and promotion of mutual understanding could be useful. In addition, older teachers have been found to pursue old-fashioned teaching styles based on learning of facts and not on interactive methods and critical thinking. It has been

mentioned in the interviews that curricula had been changed several times over recent years, following several changes of the Minister. This may make it harder for teachers to keep track of the latest developments, save to ensure that they are well prepared to implement the new curricula. It might be useful to develop implementation tool kits or other assistance material that helps teachers understand the new methodologies. Despite the existence of professional development agencies for teachers they have not been sufficiently trained to implement modern curricula that have been introduced in recent years. However, teachers have had to undertake exams to proof their ability to implement new didactical methods regardless. Some of those who did not pass the exam continued to be employed but on a lower salary.

At the same time it would be desirable to have all age groups represented more evenly amongst the teacher corps, so that pupils can benefit from the experiences of older teachers and the new approaches of younger ones. The career path for teachers should gradually be made more attractive, salaries should be adjusted so that they correspond to the initial training requirements and the cost of living. A system could be established whereby younger teachers are invited to work in rural areas for a period of time after graduation and are rewarded by accelerated promotion.

More generally, it would be useful to integrate intergenerational respect and appreciation of older persons into the school curriculum. At present, ageing-related issues are not part of the school curriculum and whether or not they are addressed depends on the personal initiative of a teacher. For example, school classes could pay visits to older people's homes or day care centres to practice dialogue.

Professional degrees

Following compulsory schooling there are two main avenues - vocational training and university studies. A majority of school graduates choose the university path. At present, there are 27 universities (offering all three cycles of higher education and scientific research), 30 teaching universities (implementing higher education programmes except for Doctoral programmes) and 9 Colleges (implementing only the first cycle academic higher education programmes). About a third of Georgia's labour force has tertiary education which is higher than many other countries, including high-income countries. Since independence, more lawyers, dentists, economists and bankers have graduated from university than could possibly be absorbed by the labour market. The unemployment and underemployment rates are highest among those with tertiary education (World Bank 2013b: xix). They take on work in areas requiring lower skills. At the same time, firms report their inability to find qualified staff, despite considerable unemployment. This indicates that many workers do not possess employable skills. According to the World Economic Forum's Global Competitiveness Survey 2013/14, an inadequate workforce was considered to be the most problematic issue for 14.2 per cent of businesses operating in Georgia. Most jobs are in traditional sectors requiring low-skilled labour and there is a shortage of workers with vocational skills. The share of vocational education is considered low as is the quality of educational outcomes. To address these issues, the Government of Georgia has adopted the Strategy for the Reform of Vocational Education and Training (2009-2012).⁸² Its goal was to enhance responsiveness to market demand, to increase the diversity and autonomy of providers, and to have a growing share of private sector providers aligned with common quality assurance criteria. Vocational education and training (VET)

⁸² <http://www.mes.gov.ge/content.php?id=4336&lang=eng>.

programmes are designed at providers' level, which ensures flexibility, but programmes must comply with the established legal framework, laid out in the relevant occupational standards; and providers must be authorised and carry out annual self-assessments. There are at present 14 public and 76 private vocational education institutions. The reform succeeded to increase participation rates, as the number of admitted students (close to 13 thousand in 2012) more than doubled compared with the figures of 2011. In addition, stakeholder participation has increased in this VET. In 2009, the National Vocational Education and Training Council was established with the purpose of supporting the development of vocational education and training and ensuring coordinated activities of governmental institutions, employers, trade unions, the non-governmental sector and VET centres.⁸³

More work is needed to better streamline the system of vocational and university education with labour market needs. Involvement of the private sector is crucial to identify market demand for skills and support development of those through VETs. Lack of information about labour market tendencies intensifies the skills mismatch problem. To reduce labour market mismatches it will be important to provide better career guidance (based on regular analysis of labour market data). Quality of education, both vocational and at university, should be further improved to equip degree holders with more relevant skills thus enhancing their employability. Close collaboration with employers is needed to ensure that education better responds to the needs of the labour market. Employers should be consulted on the kind of skills needed and the content of curricula. Internships schemes can help to sensitize students for the realities of the labour market early on. Given the current shape of the labour market, vocational education should be further strengthened (World Bank 2013b: 43-46).

International donors - the EU, USAID, GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit), SDC (Swiss Agency for Development and Cooperation) and others – have devoted a significant amount of resources to the development of VET systems in Georgia. Table 9 presents statistics about trainings delivered at two VET colleges (Akhmeta and Akhaltsikhe) in Georgia. It shows that the middle-aged and **older populations** are the main beneficiaries of agriculture VET programme. It should be noted that the share of older population is much higher when the training is aimed at farmers.

⁸³ Cf. <http://www.mes.gov.ge/content.php?id=4991&lang=eng>.

Table 9: Number of participants in two Georgian VET colleges by specialization and age groups

| | Total | Female | Male | 18-25 | 25-45 | >45 |
|--------------------------|-------|--------|------|-------|-------|-----|
| Veterinary | 18 | 8 | 10 | 5 | 10 | 3 |
| Cattle-breeding | 16 | 9 | 7 | 3 | 7 | 6 |
| Market-gardening | 23 | 14 | 9 | 7 | 11 | 5 |
| Fruit-growing | 23 | 11 | 12 | 4 | 7 | 12 |
| Computer science | 27 | 21 | 6 | 9 | 15 | 3 |
| Business planning | 16 | 3 | 13 | 2 | 4 | 10 |
| TOTAL | 123 | 66 | 57 | 30 | 54 | 39 |

Source: UNDP

Given that many people pursue a university career, there seems to be a reputational problem related to choosing vocational training. There are 150 Professional Education Programmes listed on the special web page of the Ministry of Education and Science (<http://vet.ge>), but there is a lack of awareness about these programmes in the public, especially among older people. Thus, an awareness campaign would be useful to explain the importance and role of VETs for the society's future development.

Continuing education

The Georgian education system is centred around the goal of equipping young students with a degree that qualifies them for a profession. For many professions there is a requirement for ongoing training. However, at present there is no established system of continuing education whereby workers can refresh skills or acquire new ones on the side of their paid employment or while being out of work. There is also no culture of training accompanying the job. If at all, such training is paid by employers. Some programmes have taken place to train public-sector employees, for example with the help of bilateral donors. However, these initiatives are mostly ad-hoc and for a limited time period. More care should be taken to make sure that those trainings will address the most urgent learning needs and that a reliable programme is established that allows planning trainings in the medium-term, rather than picking trainings just because they happen to be available at a particular moment. In the private sector, the banking sector has a good reputation for training its employees in areas such as client management and communications. However, many employers in the private sector are said to have a tendency to hire new employees having the needed skills already, rather than spending funds on training existing ones. This comes at the price of losing institutional knowledge and with the risk of instability when there is a high staff turnover. The availability of certified trainers may help employers to become more engaged into training of their staff. Government may consider introducing an incentive system whereby employers are required to pay a percentage of their salary as an education tax and those who offer training for their staff can recuperate those taxes.

Adult education centres should be made available to providing training in cross-cutting skills such as languages, information technology, management, and entrepreneurship skills which will help workers to remain attractive in the labour market. Such classes can be offered by private institutions. This will require a central authority to ensure accreditation and licencing as well as

quality monitoring so that consumers have a certain guarantee that if they invest their private funds into classes they will receive worthwhile training and a degree that is universally recognized. People who personally invest into their education could be offered tax benefits. In addition, a system to approve skills that have been gained outside the educational system may be useful. Several countries have made good experiences in validating and certifying certain skills gained in non-formal and informal education thereby helping those with no formal or recognized degrees to increase their chances in the labour market. At the time of writing, a draft policy was discussed on informal education. It remains to be seen whether these issues will be sufficiently addressed. There is currently no distance learning system. In cooperation with universities, distance learning should be piloted with a limited number of programmes. It would allow people to obtain training without leaving home which can be interesting for those residing in rural areas or family carers. Internet-based learning can go a long way, but it might be useful to have alternative mail-based systems for those who cannot access the Internet easily.

Learning at older age

Retirement is a rather life-changing moment. Currently, there are no pre-retirement programmes targeting older workers to help them prepare for the changes in lifestyle, the need to find an alternative purpose in life and the potential need to gain an extra income.

In principle, people of all ages can register for university courses, provided they pass the entry exam. As universities are mostly designed for a younger target group, older people may not feel comfortable attending universities together with young people the age of their grandchildren. Many countries now offer learning opportunities specifically designed for older people past retirement age. Universities of the third age may address age-specific learning needs. Georgia may consider piloting such a model, first identifying the learning needs of people beyond retirement age. Classes could cover housekeeping, gardening, handicrafts, disease prevention and healthy living – in short, competences that increase the ability of older people to live independently. Useful topics could be information technology, modern means of communication or entrepreneurship. This pilot could be implemented as a joint initiative or integrated component into a DVV International adult learning centre which are at present created around the country. Those working with older people should be trained in didactical measures. Older persons could be involved as volunteer trainers, as they may better empathize with the needs of their trainees of the same age. The pilot should be accompanied with an evaluation element. Classes in the spirit of a third age university can also be offered in community centre or in municipal libraries, for example if computers are made available there and introductory courses can be given by volunteers.

Lifelong learning strategy

A change of culture needs to take place whereby learning is seen more as a life-long process which continues in parallel to the work up until old age. Awareness raising is probably necessary to help the public understand the importance of continuous learning, including its advantages such as additional income, enhanced career prospects, integration into social networks, etc. School children should be made aware of the concept of continuous learning already from an early age. An accessible system of awareness building about continuous education should come with easily available information about existing education opportunities.

The Ministry of Education and Science is currently mandated to cover three sectors: 1) national curriculum development; 2) pre-school education; 3) inclusive education for all sectors. The Ministry needs to be equipped with an enhanced mandate with regard to adult education and lifelong learning. It would be useful to have a lifelong learning strategy in place,⁸⁴ oriented towards internationally approved standards and models that create an enabling environment for lifelong learning, involving relevant stakeholders, including international donors, experts, employers, trade unions, employees, NGOs and older persons. Such a strategy should be gender-sensitive, distributing resources in a way that considers the needs, backgrounds and preferences of men and women equally, without presupposing gendered career paths. At the time of writing a new education strategy is being prepared. Hopefully, the above considerations can be taken into account in its preparation.

Recommendations:

- 11.1. Provide access to training of intergenerational communication to older teachers. Integrate intergenerational awareness as an element into the school curriculum.
- 11.2. Provide practical assistance (e.g. tool kits) and training about modern teaching methods, to support the introduction of new curricula.
- 11.3. Develop the career perspectives for teachers (including appropriate salaries) and create incentives for young teachers to go to rural areas, even if only for a period of time.
- 11.4. Evaluate the expected skills needs of the labour market and based on data, bring in line the system of vocational and university education with labour market needs. Enhance quality of education and raise awareness about the benefits of VET.
- 11.5. When further implementing the VET strategy, consider the needs and benefits of older persons and provide specific career guidance.
- 11.6. Cultivate links between educational institutions and employers, in terms of curricula development and internship schemes.
- 11.7. Develop a strategy of lifelong learning, including components such as establishment and quality control of private learning institutions, distance learning, skills validation, incentives to employers and employees to engage in continuous learning, and awareness raising.
- 11.8. Broaden the mandate of the Ministry of Education and Science with regard to adult education and lifelong learning.
- 11.9. Pilot Universities of the third age with a limited number of courses.

12. Health and well-being

Health system

In 2007, the reform of the health insurance system was implemented with introduction of the Medical Insurance Programme (MIP) for the poorest 20 per cent of the population (Smith 2013). MIP covered about 240 thousand of the poorest old-age pensioners (about 30 per cent of all the retirees)

⁸⁴ During one focus group discussion reference was made to a lifelong learning strategy that was developed by the Georgian Association of Adult Education. It was said to never have been considered by the Ministry of Education. It might be useful to build upon previous work when developing a new strategy.

(Gugushvili 2012). The government-funded health insurance was expanded in 2009 onto certain population categories (including teachers, IDPs, orphans etc.). The **pensioners** started to benefit from the state insurance in September 2012 (Gzirishvili 2012). In February 2013 the state-funded Universal Health Programme (UHP) was launched in Georgia giving access to a basic package of primary health services to those who had not been insured before, covering also emergency medical care in outpatient and inpatient settings. In a second phase that started in July 2013, an expanded primary health care package was offered including also elective surgery, oncology treatment and maternity services (World Bank 2013a). The UHP, however, does not include chronic illnesses and recurrent expenditures for outpatient drugs for people who were previously uninsured. Therefore, people suffering from chronic diseases may be subject to significant financial burdens (MOLHSA 2011: 13-14). According to the World Bank (2010: 5), people of 65 years and above and young children under 5 years are most vulnerable to catastrophic out-of-pocket payments (exceeding 10 per cent of total consumption). Out-of-pocket payments remain a major source of funding for the health system in Georgia (World Bank 2010: 4). Private households' out-of-pocket payments on health are at 70 per cent of total health expenditure in Georgia, compared to 16 per cent in the EU (2011). According to WHO estimates, the public sector health expenditure was at 18 per cent of total health expenditure in Georgia, compared to more than three quarters in the EU (2011). What is more, pharmaceuticals have much higher mark-ups in Georgia than in the EU and consequently drug prices are high (World Bank 2010: 2). Since 2009, policies have focused on competitiveness of the pharmaceutical sector by reducing market entry barriers for imported goods. There have been Mutual Recognition Regulations for drugs registered in the EU and the Organisation for Economic Co-operation and Development (OECD) and simplified registration for parallel imports, but reduced prices have not yet been observed.

Until recently (prior to the introduction of the UHP), public sector expenditures on health as a percentage of total government expenditure was relatively low, according to WHO estimates: 5.4 per cent in Georgia compared to 15.2 per cent in the EU (2011).⁸⁵ In 2013 almost twofold expansion of budgetary allocation for health (from 365 million GEL or estimated USD 225 million in 2012 to 635 million GEL or USD 391 million for 2013). The country has 20 so-called "vertical" (individual disease-oriented) programmes: The Early Detection of Diseases and Screening; Immunization; Epidemiological Surveillance; Blood Safety; Prevention of Professional Diseases; Management of Infectious Diseases; TB Management; HIV/AIDS; Maternal and Child Health; Drug Addiction; Mental Health; Diabetes Management; Onco-Hematology Services for Children; Dialysis and Kidney Transplantation; Palliative Care of Patients with Incurable Diseases; Treatment of Patients with Rare Diseases and in need of Continual Substitution Treatment; Emergency Ambulance care and Transportation; Village Doctor; Referral services; Medical Examination of Persons Who Should Pass the Military Forces. These programmes have increased availability of medical services.

It is noteworthy, that the Pensioner's Union runs its own polyclinic where services are offered at preferential rates. Amagdari, an older people's NGO, has taken the initiative to create special partnerships with doctors who would offer some of their services for free, only charging for the material used. While such initiatives are useful to facilitate access to needed health care for some older persons in the short run, government should seek to fill such gaps in the system more systematically.

⁸⁵ WHO health for all database: <http://data.euro.who.int/hfad/>.

Georgia inherited the legacy of resource-rich infrastructure with excessive bed capacity and redundant personnel (in 1992 bed capacity rate was 10 beds per 1,000 people). Hospital sector optimization started in 1999. In 2007 the General Plan for Hospital Sector Development was approved, subject to which the country had to have 100 general and multi-profile, privately managed hospital with 7,800 beds, optimum localization and 30-minute geographic coverage (Resolution #11 of the Government of Georgia).

Consolidation of health infrastructure is another issue of concern. Since 2000, important measures were undertaken in the primary health care sector in order to strengthen the material base and gradually improve primary healthcare services. Starting from 2007, with the material and technical support of donor organizations, construction and habilitation of new ambulatory facilities began in rural areas. Simultaneously, trainings were conducted for family doctors and nurses. With the financial support of donor organization, 178 primary health care facilities were rehabilitated and equipped in 2007-2011.

Hospital sector optimization started in 1999. In 2007 the General Plan for Hospital Sector Development was approved – 90 per cent of hospitals were sold to the private sector for redevelopment (Rukhadze 2013: 1). In 2010, the Health Insurance State Programme partner insurance companies that were identified through competitions were charged to construct and/or rehabilitate hospitals in medical districts. By the end of 2013 the country had 150 fully renovated medical centres.

According to the National Centre for Disease Control and Public Health (NCDC&PH) the number of hospital beds has continuously decreased from 17.1 thousand in 2005 to 11.3 thousand in 2012.⁸⁶ According to WHO, Georgia had 281 hospital beds per 100 thousand inhabitants in 2011 (down from 392 in 2005), compared to 542 in the EU (2011). However, unused capacity continues to be an issue: only 36 per cent of acute care hospital beds were used in 2011, compared to an average 76 per cent in EU.⁸⁷ This is mainly related to Georgians being reluctant to use hospital care, and even if they do, they stay for shorter periods of time than in Europe: as of 2011, Georgians stayed on average 7 days in hospital, while EU citizens stayed 9 days on average. Inpatient care admissions per 100 persons stand at 7.5 for Georgia, less than half the rate in the EU (17.3).⁸⁸ The under-utilization leads to low productivity of human resources: MOLHSA found that in 2011 a hospital physician treated 3.5 patients a month and a physician working in an outpatient settings saw four patients a day (2011: 7).

However, underutilization is not only an issue of inpatient care but can also be found in outpatient care. Under-utilization of inpatient and outpatient services in Georgia is about one quarter to one third in Eastern Europe and Central Asia, one of the lowest utilization rates in the region, according to WHO (World Bank 2010: 6). Among the reasons seems to be that the population directly visits pharmacies to avoid paying out-of pocket at health facilities. Vitamins and food supplements are among the top selling pharmaceuticals, often with uncertain therapeutic benefits (World Bank 2010: 10).

There seem to be disparities between urban and rural access to facilities. For example, there were three times as many physicians in the capital city, Tbilisi, than in rural areas (Rukhadze 2013: 6-7).

⁸⁶ www.geostat.ge/index.php?action_page&pid=197&lang=eng.

⁸⁷ WHO health for all database: <http://data.euro.who.int/hfad/>.

⁸⁸ http://data.euro.who.int/hfad/tables/tableA.php?id=tbla_775699001396529402&ind=6100;
http://data.euro.who.int/hfad/tables/tableA.php?id=tbla_775699001396529402&ind=6010.

Therefore, the National Health Care Strategy 2011-2015 identifies a need to reduce geographical barriers (MOLHSA 2011: 26-27).

Institutionally, the role distribution between central and local governments appears to be somewhat blurred, with central government in charge of developing and implementing health policies, and local government responsible for prevention of public health risks on the local level and environmental communal and animal health (MOLHSA 2011: 22). It may be useful to clarify the roles.

Health promotion and disease prevention

Mortality rates in Georgia are relatively lower compared to neighbouring post-Soviet states, but higher than in EU countries. Over the past decade the mortality ratio increased from 10.7 per 1,000 people in 2000 to 12.7 per 1,000 in 2012. However, absolute numbers of deaths over the past decade were not reduced and stood around 47-49 thousand annually. Based on national statistics, the mortality is mainly driven by: cardiovascular diseases (41 per cent), malignant neoplasms (11 per cent), trauma (3 per cent) and endocrine system diseases (2 per cent)⁸⁹. Among the **older population** specifically, a significant rise of chronic conditions related to respiratory diseases, including Tuberculosis, cardiovascular and gastrointestinal diseases, has been reported. Part of this growth might be attributed to increased service utilization and corresponding improvement in registration observed during 2000-2009 (MOLHSA 2011: 7-9).

WHO estimates that high blood pressure, high tobacco and alcohol consumption, high cholesterol levels and high body-mass index arising from an unhealthy diet and from physical inactivity, are the greatest contributors to the burden of disease observed in Georgia (MOLHSA 2011: 9).

Currently, prevention and screening are not well established. Consequently, preventive programmes should focus on healthy lifestyles, by encouraging people of all ages to engage in appropriate physical activity, adopt healthy diets, avoid smoking and excess alcohol consumption. This should include information campaigns, enhancing the ability of people to make health choices to minimize the incidence and prevalence of non-communicable chronic diseases. Education should start at an early age. Policies should provide supportive environments and screening for cardio-vascular disease and neoplasms (MOLHSA 2011: 7, 26).

WHO has been actively supporting activities in the area of non-communicable diseases (NCDs), health promotion and healthy lifestyles, developing an NCD national strategy with a strengthened prevention policy, and preparing educational materials and recommendations for establishing healthy lifestyles.⁹⁰ Given the relevance of these topics for the health of older persons and in the life-course, it would be useful if WHO can become a strong partner in implementing the Road Map on Ageing.

Long-term care

Long-term care can be both medical and non-medical and comprises the availability of a continuum of care services, including primary, secondary, tertiary care, public health services and emergency

⁸⁹ However, the quality of the cause specific mortality data has been criticized a not very reliable in Georgia and requiring further improvements (MOLHSA 2011: 7).

⁹⁰ WHO Georgia office, <http://www.euro.who.int/en/countries/georgia/areas-of-work>.

services. Increasingly, there has been an understanding that **older persons** should have the right to choose between different forms of long-term care, depending on their individually felt needs.

The recently developed strategy for the health sector in Georgia has missed out on prominently considering long-term care. While some elements of long-term care are available, others will need to be strengthened. An overall strategic vision of long-term care would be required to provide overall direction and vision for further development. So far, government activities have been perceived as erratic to an extent, with occasional initiatives to offer crutches or wheel chairs, but with little predictability on when this would happen and therefore little ability to plan.

Geriatric care

Geriatric beds and professionals are not available at hospitals, at present. Neither is there a geriatric faculty at university. Some classes are offered as part of the general programme, but not prominently so. Given the growing number of older patients, the basics of geriatrics and how to interact with older patients should become part of all medical professional training. There should also be a requirement for training of professionals already in the labour force.

Mental health issues have received increasing attention recently. While previously not much activity has been targeted to Alzheimer's disease and other forms of dementia, at the time of writing, a mental health strategy which includes Alzheimer's disease was under preparation. The need for qualified care for people living with Alzheimer's disease and other forms of dementia is likely to increase over the coming years, and these cases require particular services.

Palliative care

Palliative care is offered for incurable patients under the state programme Service of palliative care of the incurable patients. The programme includes outpatient palliative care for incurable patients and inpatient palliative care for incurable oncologic patients as well as patients with HIV/AIDS. Outpatient palliative care for incurable patients of all ages is provided by the state in full (i.e. no co-payments required from the patients), while for inpatient palliative care patients aged above 18 years have to contribute with 30 per cent of the costs and patients below this age limit with 20 per cent).⁹¹

Institutional and residential care

Traditionally, **older people** are taken care of in a multigenerational family setting. However, there are more and more cases where circumstances are such that older people find themselves without a potential family carer (e.g. children not available due to migration or death). Alternative services, such as nursing homes, should be available for this target group. However, institutional care also remains stigmatized – this may require more awareness raising to increase the acceptability of institutional care.

There are two public residential care homes, one in Tbilisi and one in Kutaisi, each providing approximately 100 places.⁹² At the time of visiting (autumn 2013), in Tbilisi, all places were taken,

⁹¹ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=822.

⁹² According to GeoStat, the number of older people in nursing homes was 19 women and 26 men in 2012 which seems unlikely given that the two nursing homes in Kutaisi and Tbilisi have a capacity of about 100 places each which has not been scaled up significantly over the past year. It might be useful to adjust the

while Kutaisi had a few places available. In Tbilisi there appeared to be a great openness for inhabitants to receive visiting family and friends and to leave on holidays. This is important to allow older persons, many of them still relatively healthy, to stay active and engaged with their families and friends. Older people in Tbilisi were also actively involved in taking on tasks in the home, such as repair works etc. This is a good approach, too, to avoid a purely passive recipient's mentality. More regular organized activities could be offered in both homes, teaching older persons a skill or helping them to produce something actively. Possibly, older people living in the home could suggest offering classes themselves, if they have a skill worth sharing. In addition, in collaboration with the pensioners' association, outside trainers could be invited to give regular classes on subjects of interest. They could be helped in organizing the activities by the older persons, who could successively take over some of them entirely. NGOs like Amagdari have started offering excursions or other activities to keep older people busy and involved in social networks. Such activities could be opened for participants from nursing homes who are still fit to travel. The Tbilisi home had a standing committee to keep regular dialogue with the staff. They can receive complaints and contribute to resolving conflicts. They could potentially become more active in offering activities. Both homes also had suggestions and complaints letter boxes.

A well-equipped older people's home is also available in Batumi, managed by the municipality, in collaboration with the church.

In addition, Georgia has a number of institutions for persons with disabilities (of all ages). In a 2012 report, the Public Defender of Georgia publishes its account of the state of human rights in these institutions. It revealed violations in all the institutions for disabled persons. The violations were of both systematic and individual nature. There was evidence of physical restraint of disabled persons, restrictions of medical services for children with disabilities. Psycho-social rehabilitation services were restricted in all the institutions, not giving disabled persons an opportunity to develop independent living skills. Persons with disabilities reportedly lacked access to the outside world as well as the rights to contact with their families. Lack of professional staff and their unawareness of professional methods hampered the provision of proper health care services to disabled persons. The report makes an important contribution to improving the understanding of the situation people with disabilities live in. A Public Defender with an expanded mandate that also includes older persons, might prepare a similar review of the situation of older persons in residential care or day care centres. The outcomes of the report suggest that the quality management of such centres and abuse prevention and case management system should be strengthened. Allowing regular contact with family members will be important as an element of external control of the well-being of the centres clients. Alternatives should be developed to using physical restraints and health care staff should be trained accordingly.

Home-based care, day care centres

The public sector runs 28 public day care centres in Georgia, and provides home-based care to 161 persons, of which 60 are older people. Compared to the actual need this is an extremely low number. Municipalities can engage non-profit organizations to provide home care against a fee, which they do in Tbilisi. The Batumi municipality piloted their own home-based care project as of

statistics to make it more reflective of the reality (cf. http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf).

2014, starting with some 40 clients who receive services twice per week. A needs assessment preceded the pilot. Services offered have been advertised with the help of a brochure, TV and radio spots.

The largest share of home care services is provided by non-profit organizations such as Caritas and the Red Cross. Both Caritas and Red Cross work with people below the poverty line (based on a certificate from the Social Service Agency). Caritas, for example has 1,000 clients, 15 per cent of their work is paid by the municipality. Some services can be offered by Caritas against a small fee to better-off citizens. The organization also provides on the job training of family carers, based on methods developed by Caritas Germany. They have also been engaged in training 300 nurses and medical students in 2013. Caritas works with a mix of professional employees (about 200) and volunteers. The Red Cross engages some 15 thousand volunteers in 34 branches. Guidelines for volunteers have been developed. A home care handbook was implemented in 14 branches. The Red Cross also maintains Social Centres, mostly with the help of international funding. All providers agreed that the need of home-based care services and day care centres is much higher, an estimate of a potential 60 thousand clients was mentioned (statistics provided by the MOLHSA). To support people to stay in their homes for as long as possible, government should aim to roll out home-based care services across the country, based on a study of actual need. A framework should be created that encourages private and non-profit providers to offer services. Services should be accessible also for older persons and their families that do not fall under the poverty line. They might be asked to pay a fee. Home-based care services might be usefully complemented by the provision of repair services in the home and meals on wheels.

Generally, the use of volunteers for home care and day care should be encouraged. Volunteers could be educated for social service provision to older persons. As examples from the Red Cross and Caritas show, this can be an avenue into finding paid employment at a later stage. At the same time, it can help to fill a service gap in care provision which cannot be covered from national financial resources. Older people can also become active as volunteer, providing certain services depending on their competences and capacities. With a minimal coordinating infrastructure there can be an exchange of services at the community level where someone helps an older person in the household, fixing something that is broken, while the older person looks after children, helping them with the homework. A data base could help to match supply and demand of different functions. Through an agency, volunteers can be supported in their work, for example by being provided with transportation.

The Home Care Coalition is an umbrella organization for seven smaller organizations engaged in home-care. In addition to the home care, the coalition members provide users with services, such as day care, housing, nursing homes, hospice, palliative care, as well as retraining of nurses. Taoba is the organizational member specialized on working for older people, organizing for example an elderly club, a day care centre, homecare, social enterprises as well as training, and events for the International Day of Older Persons on 1 October. The Coalition aims to develop an evidence-based Georgian home-care model to then advocate for its implementation. It seeks to align with international quality standards and has been granted the international quality certificate ISO 9001: 2008.

Health care staff

Together with the high out-of-pocket payments, especially for medication, the mismatch between health care staff and the real requirements of the labour market have been a major issue of concern. On the one hand, Georgia has a very high number of doctors per capita, higher than the European average. The number of physicians per 100 thousand persons stands at 479 for 2012, increased from 435.3 in 2011, while in the EU there were 346 physicians per 100 thousand in 2011 (2012 figure not available). On the other hand, the number of nurses further decreased from a low level of 355.5 per 100 thousand people in 2011 to 300 in 2012, (compared to 836 nurses per 100 thousand people in the EU). The rate of correlation of doctors and nurses is low (0.9). With this indicator Georgia occupies the last place in the Europe.⁹³ Educational institutions produce two to three times more doctors every year than the estimated need (1,200 instead of 350 annually). While in both Georgia and the EU, about 11 physicians graduated per 100 thousand persons (2011), the disparity in nurses graduating was rather large – about one and a half nurses graduated per 100 thousand people in Georgia, as opposed to 36 in the EU (2011).⁹⁴ According to NCDC&PH, there were 21.5 thousand physicians and 13.5 thousand paramedical personnel (2012)⁹⁵. While most EU countries employ 2.4 nurses per physician, Georgia has 0.7 (MOLHSA 2011: 19).

Overall, the education of nurses and doctors is said to be among the longest and most expensive, and graduates later have to work for very low pay. Graduates are also not necessarily equipped with adequate theoretical knowledge and clinical skills (Rukhadze 2013: 6). Continuing professional education is not systematic and there are no clear requirements for participation in professional development activities to maintain and raise qualification. Moreover, the role of professional associations should be strengthened in order to increase their involvement in development of the healthcare sector. The nurse and care professions should be made more attractive, providing more interesting salaries and career opportunities, while quality standards for the education of doctors should be increased. The current human resources management system should be adjusted to the actual needs of physicians and nurses, based on the health requirements of Georgia.

Quality of treatment and care

To enhance quality of care, up to 134 clinical guidelines were developed and approved by MOLHSA for 2014.⁹⁶ Health care staff should be informed and if possible trained to ensure good implementation of these guidelines. Taking into consideration the importance of guidelines for improvement of clinical outcomes, a formal process must be introduced to monitor the practical use of officially approved guidelines.

Quality should be enforced also via accreditation and monitoring of institutions, with external evaluation missions. This system is not very well developed and should be built up.

Complaints regarding the health sector can be submitted by individuals to the Medical Mediation Service. The service is supposed to mediate between clients on one side and treating physicians and the insurance companies on the other, developing a customized approach for each situation. The

⁹³ WHO health for all database: <http://data.euro.who.int/hfad/>.

⁹⁴ WHO health for all database: <http://data.euro.who.int/hfad/>.

⁹⁵ <http://ncdc.ge/index.php?do=fullmod&mid=688>.

⁹⁶ http://www.moh.gov.ge/index.php?lang_id=GEO&sec_id=68.

Medical Mediation Service only charges for successful outcomes. The effectiveness of this service should be monitored to allow for changes and adaptations, as need arises.

According to information provided in the ICPD Global Survey questionnaire, **older persons** are protected from neglect, abuse and violence according to the Georgian legislation. However, there seems to be no programme to prevent and address abuse of older persons specifically. It would be useful to have a preventive information campaign on this, offering case workers who can refer mistreated older persons to professional help, including legal, medical, psychological, shelters etc. The Medical Mediation Service might be able to take on a more explicit responsibility in this regard.

Social service providers may have to be specifically trained to recognize and resolve abusive situations within families. Police should be trained to work with older persons who become victims of abuse. Given that older persons may fear to address the police, alternative services, such as case workers, should be available to support older persons throughout the process, e.g. accompanying them to the police, helping them to find a shelter etc.

Health information, evidence, research and innovation

A reliable and quality health information system is one of the most important tools for the implementation of health management functions. In 2010, the Ministry of Labour, Health and Social Protection developed a unified information system strategy for health care management named Healthy Georgia for You. Starting from February 2011, with active financial and technical support from the USAID Health System Strengthening Project (HSSP), the development of a new, innovative electronic health care system was launched. Implementation of this system will enable the population of Georgia, as well as the state and other parties involved in the healthcare system to receive all required information in a simple, effective and continuous manner and ensure appropriate response. An electronic healthcare system will connect insurance companies, medical care providers, pharmaceutical companies and regulatory bodies in order to help them share reliable information, increase the quality of information and effectively manage the resources.

Electronic healthcare consists of following basic components: electronic medical records; financial reporting; regulation of medical activities; portal for insurance companies, medical institutions and pharmaceutical companies; management of electronic prescription and pharmaceutical sector; immunization/vaccination; medical mediation, etc. This sub-component of health system effectiveness evaluates the quality of data gained through a routine information system.

At the same time, information about availability and quality of services should also be strengthened, using for example the Internet, as well as other sources. For a caring family member it is extremely difficult to find out which services are available, how much they cost and how they can be obtained. Information is generally passed on through informal networks. To ensure that the target group most in need can benefit from available services, information has to be available in a one-stop shop approach, to increase transparency.

Recommendations:

Continue developing the National Health Care strategy, paying particular attention to the issues highlighted below:

- 12.1. Education about active and healthy ageing should start at an early age and include all age groups. Prevention and screening programmes should be further promoted.
- 12.2. Improve access to health and care, addressing the special needs of older persons. Extend access to medicine and provide specific hardship provisions especially for people suffering from chronic diseases. Bring down cost of pharmaceuticals by increasing share of prescribed generics and negotiating better deals with wholesalers.
- 12.3. Address elements of long-term care in National Health Care Strategy, based on needs assessments. Further improve the availability of geriatric care facilities, palliative care for older persons, residential home places, day care centres, home-based care services, meals on wheels and home repair services, for all income strata.
- 12.4. Ensure appropriate access to health care for older persons in both rural and urban areas.
- 12.5. Improve the ratio of health care staff to population. Improve the knowledge and skills of doctors and other health care staff, in particular with regard to older patients. Improve university education and introduce a mandatory element of continuous education.
- 12.6. Consider introducing the profession of social workers and provide training.
- 12.7. Increase the diversity of providers by creating a framework and incentives for private and not-for profit service providers, including volunteer-based services.
- 12.8. Develop an integrated system to managing quality of care, including development and regular updates of guidelines and standards, including for institutional and home-based care, related training of staff, accreditation and monitoring mechanisms. Introduce services to prevent and address abuse of older persons.
- 12.9. Develop an integrated health management information system.
- 12.10. Provide easy access to information as well as individual counselling, regarding available services and how to apply for them, using for example an Internet portal. Additional awareness raising may be useful to destigmatize some of the services, such as institutional care, and to raise trust in hospital and other services.
- 12.11. Improve coordination of services between the health and care sectors. Government, the medical realm and non-state service providers should have an interface to ensure complementarity.

13. To mainstream a gender approach into an ageing society

The Gender Inequality Index (GII) is a measure for women's disadvantage with three dimensions – reproductive health, empowerment and labour force participation. Ranging from 0 to 1, 0 means total equality between both genders and 1 indicates the worst possible position of women in all dimensions. The lower the final score, the more equal men and women can be considered. Georgia achieved a value of 0.438 in 2012, less favourable than the one of its neighbours Armenia (0.340), Azerbaijan (0.323) and the Russian Federation (0.312) (UNDP 2013b).

Overall, in terms of rights and means guaranteed by formal institutions, Georgia has a relatively good record. The Georgian Parliament has ratified the United Nations Convention on the Elimination of all forms of Discrimination against Women in 1994 and signed up to the Beijing Platform of action

in 1995. This is reflected in the Constitution and other legislation. The Public Defender's Office has a special commissioner. Three presidentially decreed national plans for the advancement of women have been adopted since 1995. An Advisory Council on Gender Equality was established in 2004. When looking at the 2012-2013 ICPD Global Survey questionnaire⁹⁷, one finds an impressive list of enforceable regulations with regard to women's property rights, access to financial services, provisions against gender discrimination at work, against sexual harassment, measures against trafficking of women and girls, provision of paid maternity and paternity leave, criminalization of rape and other forms of sexual exploitation, ensuring men's financial support to their children etc. However, patriarchal traditions and weak enforcement of antidiscrimination laws appear to undermine women's equality in reality (Jones 2013: 205; Bendeliani 2012: 29-30).

According to the World Economic Forum's Gender Gap Index, the widest gap across genders in Georgia was observed in political participation, measured in women in parliament, women in ministerial positions and years with a female head of state. According to the Office of the Parliament of Georgia, 11.3 per cent of the seats in the national Parliament of Georgia are now taken by women⁹⁸, compared to 10.9 per cent in 2012.⁹⁹ In Europe and Central Asia, an average of 16.7 per cent of parliament seats are taken by women (UNDP 2013b: 157-159). In the current Government, 4 out of 19 ministers are women.¹⁰⁰ According to GeoStat, there were 3 female and 17 male ministers and 10 female and 42 male deputy ministers in 2012. Regarding the gender structure of regional government, a total of 9 governors of the provinces are all men.¹⁰¹ Regarding the composition of members elected in local self-governance bodies (Sakrebulo), there were 176 women and 1516 men.¹⁰² Interestingly, the low representation of women in political posts is supported by the general beliefs among the population: most participants of the Generations and Gender Survey (GGS)¹⁰³ agreed with the statement that a man was a better political leader than a woman (75 per cent of men and 55 per cent of women). In comparison, in France only 13.3 per cent agreed with this statement (Badurashvili et al. 2009: 6).

Meanwhile, Georgia reported in the ICPD Global Survey questionnaire that initiatives have been taken to increase women's representation in political processes. In December 2011 amendments were made to the Election Code and the Law on Political Objects that foresees a 10 per cent increase in state funding for qualified political parties (i.e. those that pass the 5 per cent electoral threshold) if they include at least two candidates of different sex in every 10 candidates on the party lists. The

⁹⁷ At the International Conference on Population and Development in 1994 a Programme of Action was adopted, implementation of which was reviewed in 2013. For this purpose, countries were asked to complete an extensive questionnaire as part of a global survey. Based on the questionnaires received, a regional report was produced outlining achievements and remaining challenges for the ICPD beyond 2014 process. For more information: http://www.unece.org/pau/icpd_beyond_2014.html.

⁹⁸ http://www.parliament.ge/index.php?option=com_content&view=article&id=2702&Itemid=488&lang=en.

⁹⁹ http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf.

¹⁰⁰ http://www.government.gov.ge/index.php?lang_id=ENG&sec_id=124.

¹⁰¹ http://www.government.gov.ge/index.php?lang_id=ENG&sec_id=374.

¹⁰² http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf.

¹⁰³ The GGS are harmonized large-scale longitudinal cross-national panel studies of individuals. It includes questions about the relationship between parents and children and partners. It covers issues such as fertility, partnership, transition to adulthood, work-family balance, gender relations, intergenerational exchanges, informal and formal care, well-being and health, grandparenthood, economic activity and retirement. The first GGS was carried out in 2006, the second in 2009, a third GGS is pending. For more informing, including the full questionnaire, see www.ggp-i.org.

proposed incentive in support of a 20 per cent representation of candidates of different sex on party lists concerns also local elections.

Inequality is also significant in terms of economic participation and opportunities (Bendeliani 2012: 31). According to GeoStat the average monthly nominal salary of employees in 2011 was 636.0 lari (460.2 lari for women and 771.1 lari for men).¹⁰⁴ According to international gender pay gap figures, women earn less than half per month compared to men, with a slightly negative trend: while the amount had increased from 45.7 in 2000 to 51 in 2006, it went down to the level of 42.6 in 2010.¹⁰⁵ GGS data showed that employment was a significant negative factor, preventing women from realising their fertility intentions, not surprisingly so, as the authors suggest: only 22.7 per cent of employed women were allowed to choose flexible time arrangements, only 58 per cent were entitled to sick leave and only 65.6 per cent had paid vacation time (Badurashvili et al. 2009: 59). The more women become active in the labour market the more they will participate in family decision-making. They will also be able to build up more savings and thus be more independent in older age.

In the GGS, the greatest inequality between partners was found in the time each partner can spend at a paid job: While a majority of men decided independently how much time to spend on their paid employment, women more often had to take into account the husband's point of view. In rural areas, when the family had more children and when partners lived with at least one of the parents of the man, the probability of a man to interfere in decisions concerning the wife's employment was even more pronounced. The more educated the woman the less the husband interfered (Badurashvili et al. 2009: 6, 21-23).

Women entrepreneurs have to fight with additional barriers, as for example access to finances is more difficult (Bendeliani 2012: 29-30). The Georgian Employers' Association has been engaged in promoting female entrepreneurship, inviting for example German counterparts to share their experiences. An Association of Women Entrepreneurs also exists. It may be useful to increase entrepreneurship opportunities for women, including older women, to enhance their independence (especially as they are likely to outlive their spouses and will then have to be self-reliant). According to the 2012-2013 ICPD Global Survey questionnaire, with the help of international donors activities have been undertaken to enhance women's economic potential, especially in business-oriented education and vocational training of women employed in agribusiness and small tourism enterprises and food industry, targeting especially women living in rural areas and IDPs.

One advantage of the current Georgian basic pension system should be noted, namely that all pensioners receive the same amount of 150 lari (2013), irrespective of contributory years and average salary. In settings where the pension is calculated based on average salary and years of contribution, women often fare worse, because they have taken years out for care. They end up with lower pensions and are at more risk of poverty when in old age. However, due to the lower average salaries, women are still less likely to have savings and working older women are likely to be disadvantaged.

While disparities in political and economic participation are significant, educational attainment and health and survival criteria only show minimal gaps (Bendeliani 2012: 31). However, it has been noted that reproductive and sexual health largely focuses on younger women, more attention needs

¹⁰⁴ http://www.geostat.ge/cms/site_images/_files/english/Women%20and%20Men%202013.pdf.

¹⁰⁵ <http://w3.unece.org/pxweb/dialog/Saveshow.asp?lang=1>.

to be paid to the reproductive and sexual health needs of older women, for example during menopause. According to the ICPD 2012-2013 Global Survey questionnaire, Georgia has no special sexual and reproductive health programmes and initiatives, including those related to HIV, that address older persons. It would be advisable to reach out to both men and women with information related to their sexual and reproductive health and how to protect themselves against sexually transmitted infections as well as related to cancer screening and other vital information.

In addition, the unnatural sex ratio at birth has raised concern in Georgia. There has been some indication of sex-selective abortions. According to data of the United Nations Population Division, the sex ratio at birth (males per 100 females, 2005-2010) is 111 while the European average was 106.¹⁰⁶ However data show inconsistent trends and need to be studied further to determine whether there is indeed a son bias in the context of social attitudes (Bendeliani 2012: 31; UNECE 2013b).¹⁰⁷ The issue of domestic violence, often underreported and taboo, should be further explored, too. GeoStat data show that victims of domestic violence are largely women (308 vs. 27 men in 2012) while perpetrators have been mostly men (291 vs. 22 women). Correspondingly, the number of hotline calls on domestic violence in the first half of 2013 came predominantly from women (430 vs. 52 men).¹⁰⁸ A 2010 study on domestic violence against women showed that 45 per cent of women aged between 35 and 44 years were injured as a result of physical or sexual violence, followed by 28 per cent in the age group 25 to 34 years and 15 per cent in the age group 45 to 49 years. Emotional violence was experienced by 48.1 per cent of women aged 35 to 44 years, by 27.7 per cent of women aged 25 to 34 years and by 14.7 per cent of women aged between 40 and 49 years. Unfortunately, the study does not give data for women aged 50 years and older but it is unlikely that existing patterns of domestic violence stop at age 50. Among study participants, 78.3 per cent perceived the family as a sacred place and that what is happening within the family should not be exposed in public. Therefore, most women affected by domestic violence, if at all, only told their closest social networks and hardly ever sought outside help, such as from doctors or the police. According to the study, effective services to combat gender-based violence did not exist and women did not know where to turn. As policies on domestic violence are developed, it would be useful to add an element considering the special needs of older women. It would be advisable to establish professional case management systems and referral networks of trained professionals who can provide support to women in domestic violence situations that also include considerations for the needs of older women. Service providers, such as doctors and police, should be especially trained and public awareness should be built through the education system and media (cf. Chitashvili 2010).

In the 2012-2013 ICPD Global Survey questionnaire, Georgia stated that progress had been made in the area of creation of services for victims of domestic violence through establishment of state-run shelters and a nation-wide hotline. Numerous initiatives were carried out to increase the skills and capacities of law enforcement structures to intervene and prevent domestic violence. More work needs to be undertaken to increase the role of social workers and health personnel in an effort aimed at combatting domestic violence.

¹⁰⁶ United Nations Population Division: World Population Prospects: The 2012 Revision, <http://esa.un.org/wpp/Documentation/publications.htm>.

¹⁰⁷ <http://www.economist.com/news/europe/21586617-son-preference-once-suppressed-reviving-alarmingly-gendercide-caucasus>.

¹⁰⁸ http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf.

The Georgian GGS showed that main household tasks such as preparing daily meals, doing the dishes and cleaning the house were mostly performed by women as was child care – the men’s share in child care not exceeding 17 per cent. Especially for child care, the inequality was higher than in any other country studied. A similar tendency can be assumed for providing care of older family members. The proportion of women (18 to 80 years) stating that they provide personal care to parents is 5 per cent, compared to 3 per cent of men (of the same age range). Interestingly, the proportion of women providing care is the same in the Russian Federation, followed by Bulgaria (4 per cent) and France, Germany and Romania (2 per cent) in a comparison of these countries. When looking at the proportion of men providing care, in the country comparison all other countries have a lower percentage than Georgia (2 per cent). When looking at the proportion of men and women aged 18 to 80 years providing emotional support to parents, the share of women is only slightly higher than that of men (13 vs. 11 per cent) (Dykstra 2010: 10-11).

As the GGS observed, mothers tended to take care of the male respondents until they married. After that, the daughters in law coming into family assumed more and more care duties, while the mother’s duties gradually declined. At the same time, mothers of daughters continued to perform household duties, even after the daughters’ marriages (Badurashvili et al. 2009: 66).

On a positive note, men have taken on more tasks in dual earner households over the past years, even if mostly traditionally male chores like lawn mowing, shovelling snow, house or automobile maintenance, while tasks like doing the laundry, cleaning, cooking and child care remain mostly on the female list of responsibilities (Badurashvili et al. 2009: 24). At the same time, men and women made decisions regarding the upbringing of their children jointly and they also had equal shares in planning their social life and leisure activities.

According to the GGS, men and women almost equally participated in decisions about occasional and expensive purchases. The management of financial resources was shared more equally since 2006 when 58.7 per cent of couples shared this task equally to 2009 when 61.7 per cent of couples did. The percentage of households where men managed the budget alone had decreased from 24.9 per cent (2006) to 20.8 per cent (2009). Overall, the male domination in managing family resources was less in families where women were employed, irrespective of whether or not the man was employed. In comparison, in 80 per cent of unions in France men and women shared household budgets jointly; families where the man alone managed financial resources were 3 per cent (Badurashvili et al. 2009: 17-18).

Overall, spouses seem rather satisfied with the relationships they live in, albeit men slightly more than women. Comparative analysis of GGS data showed that women in Georgia expressed less dissatisfaction with the division of family chores between them and their partners than in France, the Russian Federation and Bulgaria, where men participated more in household duties (Badurashvili et al. 2009: 28-31).

Recommendations:

- 13.1. Advocate for a greater participation of women in political decision-making. Consider introducing quota.
- 13.2. Encourage more equal participation of women in the labour market. Provide arrangements that facilitate reconciling work and care duties, for example by providing

day care centres, respite care and home-based care.

- 13.3. Facilitate programmes to encourage women entrepreneurship, including for older women.
- 13.4. Advocate for a more equal division of care and household tasks between men and women.
- 13.5. Further study the issue of son preference and sex selective abortions and introduce additional safeguards against domestic violence, including for older women.

14. Intergenerational solidarity

Traditionally, the family is considered a very important institution. The cultural expectation for many is that older people will be taken care of by the multigenerational family that would ideally be living under one roof. A considerable amount of care is provided within the family where often someone (e.g. an unemployed family-member) will have time to provide informal care. While this model ensures a large share of the care provision, it also involves risks, as informal carers are not necessarily trained. Issues of abuse may go undetected as the family is considered sacred and no older person would ever want to bad-mouth another family member.

Complex families with other family members living together made up about half in the GGS nuclear families, while families consisting of two partners with or without children represented 40 per cent of households (Badurashvili et al. 2009: 26). Traditionally, the eldest male is considered head of the family, the eldest son of the family is expected to stay in the parental home and take care of the parents. Even if not living together, sons would visit their parents much more often than daughters. Daughters move to the husband's family after marriage or even if not married. In case of widowhood, divorce or separation the man stays in or comes back to the parents' place, but not so the wife (Badurashvili et al. 2009: 60; Blum et al. 2009: 17-19). In a comparative study family unions were found more stable and separations more seldom than in other countries which was attributed to the stronger patriarchal control of the Georgian family (Blum et al. 2009: 29).

Every second household includes at least one family member **aged 60 years and above** (Badurashvili et al. 2009: 60). According to the GGS, 61.7 per cent of parents lived with their children, who often had their own families; 50 per cent of male and 56 per cent of female respondents aged 60 years and older lived with their children aged 25 years and more, while 8.7 per cent of men and 19.5 per cent of women lived alone. Georgians 60 years and older live alone three to four times less frequently than people of the same age in France, the Russian Federation or Germany. The multigenerational arrangement also persists because the young generation cannot afford to live separately from their parents. Between the Generations and Gender Surveys carried out in 2006 and 2009, the majority of respondents apparently did not manage to realize their intention to start living separately from parents, due to the financial and employment situation. From 2006 to 2009 the proportion of adult children living with parents had even slightly increased from 70.9 per cent to 73.2 per cent. This contradicts a general perception expressed by more than half of GGS respondents that children should start living independently at age 18 to 20. Culturally, the assumption is that children will move out with marriage (Badurashvili et al. 2009: 61-63). Most likely, the higher probability of living together (higher than in other GGS countries) and the high share of care provided within the family, are results of cultural values, but may be even more importantly a lack of

alternatives (Klaus 2012: 10). As the GGS shows, 98 per cent thought that children should take care of parents and support them financially when parents are in need, 90 per cent thought that children should have parents live with them when they can no longer look after themselves. Three quarters of those interviewed declared that adult children must adjust their working lives to the needs of parents - in France only 42 per cent thought that children should have parents live with them and only 11 per cent thought that children should adjust their work lives to the needs of their older parents (note that France also has more alternative services available) (Badurashvili et al. 2009: 66).

According to a cross-country comparison based on GGS, the “need to rely on informal, kin-based support for risks like unemployment, old age, and illness is highest in Bulgaria and Russia” (Klaus 2012: 10). **Older people** in Georgia are at a higher risk of facing financial difficulties: respondents indicating in the GGS that they made ends meet “with great difficulty” and “with difficulty” where 57.6 per cent (up to 60 years), 74.6 per cent (60 years and older) and 87.6 per cent (60 years and older and living alone), respectively (Badurashvili et al. 2009: 65). Where family is available, it provides an important cushion to financial hardship, thanks to intergenerational transfers: more than 70 per cent of people 60 years and above who lived separately from their children had received financial assistance from their adult children during the preceding year. However, intergenerational transfers go both ways: 41 per cent of older GGS participants had provided financial support to their children (Badurashvili et al. 2009: 66). And parents living with their adult children also contribute to the family through care for grandchildren. The importance of having siblings to rely on in times of needs is worrying when looking at future generations who may not have a family to fall back on when in older age, due to decreasing fertility.

According to the GGP 28 per cent of the respondents stated that help was provided primarily by daughters, followed by 25.6 per cent who reported receiving help from partner/spouse, and 13.4 per cent received help from the partner/spouse of a child. Given the great role families actually play, they should be acknowledged and supported in making this contribution to providing care and support across generations. However, the realities of the multigenerational family are changing. With urbanization, numerous families move from the countryside to the cities, where the living conditions are different. The **older parents** may stay behind in rural areas or mountainous villages. Adult children also migrate abroad in search of job or study opportunities. The need for institutional support to care for older persons may increase while the role the family can play changes (Blum et al. 2009: 16). Interviewees have observed that the traditional family has been on the decline, that intergenerational relationships have been characterized by more tensions and even neglect. The decrease of the multigenerational family is not something that can be reversed but the choices of people should be supported and made easier. Policies should acknowledge that various forms of families exist and that they are all equally worthy of support.

Family members may find it increasingly difficult to balance a more and more challenging work life with demands of care for children and older family members. Policies should aim to provide affordable, accessible and quality care services for children and other dependants as well as parental and other leave schemes, thereby making it easier for people, especially women, to equally live up to their responsibilities in the work place and as carers. It would be helpful to have informal care provision recognized officially, e.g. through financial compensation. Ultimately, it will be cheaper to provide support to home carers than through the state. To ensure quality of care even in informal

settings, training should be available for family carers, especially for those having older family members with Alzheimer's disease or other forms of dementia.

Sometimes worries are voiced about the increasing instability of family unions. This can be a consequence of the competing requests on couples in terms of labour market and family; it can also be an indicator for a mismatch between male traditional expectations on the women to take on all the care duties while women wish to have a career of their own and sharing housework and child care more evenly. This may warrant additional study to understand the underlying causes and design policies to alleviate them. However, it will not be possible to completely reverse the phenomenon. The big cohort of the 50 to 54 year olds will be retiring in some ten years. Many of the children of this generation have migrated for work and they have come to be accustomed to modern Western lifestyles in Western countries which are more based on the nuclear or two-generation family (cf. chapter 15 on Migration).

The community, including neighbourhood networks, can play a great role to pool resources, sharing care responsibilities when families go on holidays or have to be away for other reasons. Traditionally, the family is a strong point of reference in Georgian society and people have a tendency not to build trust with anyone outside the family easily, so the idea of communities may not come naturally (Jones 2013: 23). However, with divorce rates on the increase people may also lose their traditional reference point of the family and older persons become more likely to be on their own. It is worthwhile investing in a change of mind set, creating a stronger sense of community. Community arrangements can facilitate intergenerational solidarity as well as intragenerational solidarity, as older people may more and more take care of each other. Policies may support volunteer networks at the community level, for older persons supporting each other as well as for training younger volunteers to support seniors. It may be an opportunity to develop new skills and find an occupation for unemployed people. Intergenerational solidarity can also be facilitated by urban and housing arrangements that build on generations living together in a positive way, for example, creating parks with spaces for children and benches to sit down. Intergenerational solidarity requires positive attitudes already at early ages. Intergenerational training may already be part of school curricula. It would be useful to have public campaigns to sensitise public opinions on sharing employment and family responsibilities. Views of all age-groups should be taken into account when devising policies for older persons, to maintain intergenerational justice and balance.

Recommendations:

- 14.1. Acknowledge and support families in their role as care providers. Support families, especially women who provide informal care to older family members, providing respite care, day care, and supplementary home-based care as well as training.
- 14.2. Provide alternative financial assistance and institutional services for older people with no family to provide care and support.
- 14.3. Consider the needs of older carers, including grandparents caring for their grandchildren; formally-recognized carers should have access to the same benefits and service entitlements as parents.
- 14.4. Maximize opportunities for maintaining and improving intergenerational relations at the community level and in urban planning and housing arrangements
- 14.5. Carry out advocacy and public campaigns to sensitise public opinions on sharing

employment and family responsibilities equally between men and women and between generations.

- 14.6. Take into account views of all age-groups when devising policies for older persons, to maintain intergenerational justice and balance.

15. Migration

International migration

Georgia has found it difficult to have a good measure of their migration flows. Due to the lack of incentives for emigrants to register their departure, the number of undocumented migration constitutes an important problem. Furthermore, the statistical record of migration in Georgia was disrupted during the years of economic and political instability, which further exacerbated data unreliability (Tukashvili 2012b). While measuring legal migration is already difficult, understanding illegal migration poses even bigger challenges. Illegal migrants are usually in a very vulnerable situation and may easily be exploited. Georgia may think about providing assistance to them to legalize their status or return to their country to build alternatives there.

According to available data, after the collapse of the Soviet Union, with the deterioration of the economy, a large number of people left the country, many of them from urban areas and with skills. The 2002 census¹⁰⁹ shows about one million people less than the previous one in 1989¹¹⁰, that is about one fifth of the population less. Most people who could and wanted to leave had done so by the early 2000s, emigration slowed down afterwards (Jones 2013: 193, 204-205).

Looking at the statistics of destination countries, data on migration differ radically, depending on whether they are based on country of birth or country of nationality as a basis of estimation. Contingent upon data availability for certain receiving countries, available data suggest that, between 2002 and 2012, 767.5 thousand persons born in Georgia moved abroad, while only 198.9 thousand Georgian citizens resided overseas. As for immigration, around 8.1 thousand foreign citizens and 74.4 thousand people born abroad moved to Georgia (MPC Georgia 2013). By comparison, within the same time period there were around 644 thousand emigrants moving from neighbouring Armenia (MPC Armenia 2013) and 952 thousand from Azerbaijan (MPC Azerbaijan 2013).

Although many labour migrants in the 1990s and early 2000s intended to move only temporarily, many eventually stayed abroad on a permanent basis. The most popular destination country in the 1990s was the Russian Federation, since, firstly, large part of emigrants were ethnic Russians, secondly, social networks of migrants were well established in this country, and thirdly, Georgian emigrants knew Russian, which significantly facilitated the process of social integration into the host country. Another attractive destination for Georgian labour migrants was Turkey.

¹⁰⁹ http://www.geostat.ge/cms/site_images/_files/english/census/2002/01%20Population%20By%20Municipalities%20and%20sex.pdf.

¹¹⁰ http://demoscope.ru/weekly/ssp/sng_nac_89.php?reg=6; it is not clear how the territories in provinces affected by the territorial conflict with the Russian Federation are reflected in these data. Some of the reduction in numbers may be related to that.

However, as a consequence of the strong political discord with the Russian Federation, this country lost its attractiveness for Georgian emigrants, and since the 2000s the flow of emigrants to European countries, such as France, Germany, Belgium, the Netherlands, Greece, as well as to the United States has increased. According to World Bank data on bilateral estimates of migrant stocks for 2010¹¹¹ around 60 per cent of Georgian emigrants resided in the Russian Federation, 8 per cent in EU countries, 7 per cent stayed in Armenia and the same number in Ukraine. The United States and Israel both hosted 2 per cent of Georgian migrants, respectively.

Immigration flows to Georgia are largely represented by migrants from India, Turkey and China. Although, immigration flows, following the decade of negative net migration in the 1990s, exceeded emigration flows in certain years of 2000s, the overall trend of net migration starting from 2009 has been downward. Thus, after three years of positive net migration, the year 2012 saw a negative net migration again which amounted to 21.5 thousand people.¹¹²

Most migrants are in working age: the share of emigrants younger than 60 years was 93.8 per cent. Among these, about 13 per cent (11.7 thousand) were in **pre-retirement age**, between 50 and 60 years old. People at the **age of 60 and older** were 6.2 per cent of all migrants (2012). Among the immigrants the proportion of the older population is larger: 14 per cent are between 50 and 60 years old, 9.9 per cent were 60 years and above – a trend which adds to the pressures of the ageing society.¹¹³ Overall, migration dynamics have contributed to the growing share of the older population in Georgia – in part because most emigrants are of working age, while the older population stays, in part also because migrants are in the reproductive age group and may choose to raise their children abroad and not come back.

In Georgia, emigration helped to reduce unemployment pressure and generated significant revenues through transfers of remittances from emigrants to their families, and thus raising the incomes of the latter. In 2012, remittances were 11.2 per cent of GDP¹¹⁴ equalling \$ 1.77 billion.¹¹⁵ As working age children move abroad they are likely to financially support their **ageing parents** who stay behind. At the same time, they are not present to support them in practical terms, with day-to-day household duties or taking them to the doctor. Especially when older people start being in need of permanent care, problems may arise when the family is abroad, since appropriate services may not be available, especially when care is needed around the clock. Even if migrant children earn enough to pay hired staff, they will have difficulty identifying trained home care workers. It might be useful to help families who need to organize care and support remotely. It might help to develop a data base of trusted professionals (who have received a basic training in home care and who have no criminal record) that people can draw from. It could be established and maintained under the umbrella of an agency working on ageing-related issues. If the agency receives complaints about people hired from the data base, for example in case of abuse, they will be excluded. There could also be some supervision of these home care employees, for example through external checks or volunteer visits. This could help provide some minimum reassurance to families living abroad that their parents are in good hands.

¹¹¹ http://siteresources.worldbank.org/INTPROSPECTS/Resources/334934-1110315015165/T1.Estimates_of_Migrant_Stocks_2010.xls.

¹¹² http://www.geostat.ge/?action=page&p_id=173&lang=eng.

¹¹³ http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf.

¹¹⁴ <http://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>.

¹¹⁵ <http://data.worldbank.org/indicator/BX.TRF.PWKR.CD.DT>.

Although reliable figures could not be found, there is some indication that often it is only one family member, traditionally the husband, who is likely to migrate, while the wife stays in the country. There seems to be a degree of stigmatization of women migrating, because they would neglect their family duties and also because there is the inherent suspicion that female migrants are likely to be involved in sex work. The association with sex work is particularly common for women leaving to Greece or Turkey. However, female emigration has been on the increase, reaching 43 per cent in 2012,¹¹⁶ indicating the pressure on women who feel they have no other choice than to migrate to find an income. As more and more women emigrate as a matter of economic necessity, society's negative views on them have started to level out (Hofmann/Buckley 2011).

Internal migration

Regarding the internal migration in Georgia, it is marked by rural to urban migratory flows, pushed by a narrow range of employment opportunities in rural areas. Another feature attributable to internal migration is internally displaced persons (Badurashvili/Nadareishvili 2012). As a consequence of the territorial conflicts in the Tskhinvali region and Abkhazia in the early 1990s, about 251 thousand people became IDPs. They were forced to leave their homes and move to other regions of Georgia. The number of IDPs increased by 26 thousand people following the conflict with the Russian Federation in August 2008.¹¹⁷

Older persons in a situation of displacement may have particular vulnerabilities, in terms of health, but also psychologically. Older IDPs may find it particularly hard to make a new life, find new work, etc. For them, losing property and savings weighs particularly heavy, because they have no time to rebuild savings for old age. Although these people are included in IDP programmes implemented by the Georgian Government in collaboration with international and non-governmental organizations, important unmet needs still remain (UNHCR 2009). To this day, no study has been carried out to identify the precise needs of incapacitated IDPs or even their total number. Carrying out additional research on the needs of the most vulnerable group of IDPs might provide a better understanding and basis for and adequate response on the policy level.

Returning migrants

People moving abroad are always a loss to the skills base for a country. It might be useful to develop incentives and real opportunities for people who have worked abroad and gained additional skills to come back to Georgia and become productive members of the workforce in their country.

However, it has been found, that migrants who had had high levels of qualification prior to emigration did not use their human capital while abroad, as they were primarily engaged in low-paid and unqualified jobs. In a study on socio-economic problems of returning migrants in Georgia, 4.7 per cent responded that although they did work within their speciality, the job ranks were low, thus resulting in professional degradation of their skills. Most other respondents were engaged in low-skilled jobs such as, caregiving, construction or cleaning. Migrants returning to Georgia find it difficult to reintegrate into the labour market — 46.1 per cent of the respondents stated that they were unemployed (Tukhashvili 2012a: 29, 75).

¹¹⁶ http://www.geostat.ge/cms/site_images/_files/english/press/Population%20press_30.04%20eng.pdf.

¹¹⁷ <http://mra.gov.ge/eng/static/47>.

According to another survey conducted by the European Training Foundation, 69 per cent of the highly educated migrants reported taking jobs below their educational level, and only 23 per cent were engaged in jobs corresponding to their qualification level while abroad. Among the medium-skilled workers a higher proportion, about 54 per cent, were employed according to their educational level, and 40 per cent took up lower-skilled occupations in their destination countries (ETF 2013: 37). Given that a considerable number of migrant workers take employment in the care sector while abroad, qualified or not, they may still have gained important skills about that activity field which they may use to create new entrepreneurship opportunities when returning to Georgia.

Another challenge faced by returnees is their deteriorating health status while abroad. According to a survey of returned migrants, 92 per cent viewed their health as good prior to migration, but only 59 per cent of those surveyed stated that their health abroad was good. About 57 per cent of the respondents stated that they could not apply for medical assistance abroad, mainly because they could not afford to. Some 44 per cent of the respondents indicated that they had a worse health status when they returned from abroad than before, a factor affecting labour productivity, putting pressure on the health care system and leading to early retirement (Tukhashvili 2012a: 35-37).

Migrants returning to Georgia have usually no possibility to transfer social benefits, for example pension contributions, gained abroad back to Georgia. According to the survey on the data on social security transfers, only 4 per cent of respondents managed to transfer their social security coverage from abroad (Tukhashvili 2012a). Currently, migrants can benefit from universal primary health care and a basic pension. However, should a funded component be included into the pension system (as foreseen in the Government Programme; cf. ILO 2013), it may be useful to consider negotiating bilateral agreements with key receiving countries or, alternatively, a multilateral agreement with the EU to protect Georgian migrants.

Recommendations:

- 15.1. Improve data on migratory flows, inter alia via creating incentives for migrants to register their departure. Improve tracking of informal migration.
- 15.2. Negotiate bilateral agreements with main receiving countries on mutual recognition of migrants' qualification (to facilitate them taking up qualified jobs), on social protection and coverage of health care.
- 15.3. Provide easy access to information regarding migration, and available options, and inform about the disadvantages of illegal migration, thereby also contributing to destigmatizing female migration.
- 15.4. Create incentives and opportunities for migrants to return. Foster the returning migrants' reintegration into the Georgian labour market by providing them with job or entrepreneurship opportunities and possibilities to adjust their skills and qualifications to the necessities of labour markets via vocational schools and trainings.
- 15.5. Further study the needs of the most vulnerable groups of IDPs, including older people, as a basis for better targeted IDP programmes.
- 15.6. The health and care system should provide support to the older persons, whose families live abroad, by helping their relatives to organize care for the older parents, for example through providing information about reliable care providers or by developing volunteer visiting services.

16. Integration into international processes

Georgia has subscribed to the Madrid International Plan of Action on Ageing and the Regional Implementation Strategy (MIPAA/RIS). Since its adoption in 2002, two regional reviews have taken place of the progressive implementation of MIPAA/RIS. In 2007, 37 of the 56 UNECE member States submitted a report about progress, in 2012, 40 countries submitted their report. Georgia has not submitted a report so far, in neither of the two reviews. As countries with fewer capacities have managed to prepare a report, Georgia should ensure the human resources to prepare a report for the end of the third cycle of review, in 2016/2017. By then, Georgia should be able to report first results of implementation of this Road Map.

In 2008, as a follow up to the Ministerial Conference in León, Spain, where the second review was concluded, the UNECE Working Group on Ageing has been formed to assist member States in translating MIPAA/RIS into concrete action in their countries, thereby strengthening compliance with the principles set out in these policy documents. Georgia has participated in all six meetings of the Working Group and has been an elected member of the Bureau since its third meeting in 2010. The participation in the Road Map exercise is a sign of actively seeking to increase the level of implementation of MIPAA/RIS at country level. Georgia is encouraged to play an active role in the future in the UNECE Working Group on Ageing, ensuring that other countries can also benefit from its experiences.

While UNECE does not have a country office, many other United Nations agencies have. Georgia enters into regular agreements with them regarding specific joint activities. So far, none of the agencies has specifically focussed on ageing. The Government of Georgia may try to approach some of the agencies for assistance in implementing the goals and recommendations of this Road Map. The UNECE Secretariat will be happy to support the argument.

The EU delegation has an office in Georgia, but, again, none of the work is directly focused on ageing. Resources are made available for NGOs, their activities may also cover the area of ageing. At the time of writing, following the initialization of the association agreements with the European Union in late 2013, the Association Agenda is being prepared which will replace previous agreements. There might be some leeway to include elements on ageing populations which the Government of Georgia might want to explore.

Georgia received net official development assistance (ODA) of \$ 662 million in 2012, the bilateral share being 54 per cent. More than half of the total went into three sectors: education, health and population and other social sectors. As Georgia intends to mainstream ageing, with the help of this Road Map, it should be explored with donors how ageing-related concerns can feature more prominently in grants concerning these (as well as other) areas. The top ten donors are EU institutions, United States of America, Germany, IDA, Asian Development Bank Special Funds, Japan, Sweden, the Global Fund, Turkey and Switzerland.¹¹⁸

Georgia has been a member of the Council of Europe since 1999. With a contribution of € 510 thousand, Georgia is budgeted to receive € 402.7 thousand in aid in 2014.¹¹⁹ Activities will be

¹¹⁸ <http://www.oecd.org/dac/stats/documentupload/GEO.JPG>.

¹¹⁹ For a breakdown cf.

<https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2411482&SecMode=1&DocId=2091226&Usage=2>.

governed by a three-year action plan launched in February 2014 to support Georgia's reform agenda in the areas of human rights, the rule of law and democracy. Cooperation will be intensified particularly in protecting and promoting human rights under the European Convention on Human Rights, strengthening judicial independence and efficiency, support to criminal justice reforms and strengthening local democracy and self-government reforms. It might be worthwhile exploring if ageing and the needs of older persons could be strengthened as an element of social cohesion and could be mainstreamed into the programme more generally.

A number of persons have participated in international capacity development opportunities in the field of ageing. For example four representatives of MOLHSA, research and UNFPA have participated in trainings offered by the International Institute on Ageing (INIA) in Malta.

Georgia has participated in the review of the implementation of the Programme of Action adopted at the International Conference on Population and Development in 1994, completing a comprehensive global survey questionnaire. Information has been included in the analysis of regional trends. Georgia has also participated in the different review processes of the Beijing Platform of Action, adopted at the Fourth World Conference on Women in 1995, providing implementation reports and participation in related international high-level meetings.

In 2007, Georgia collaborated with UNECE in preparing a Country Profile on the Housing Sector, which included a chapter on affordable housing for vulnerable households (UNECE 2007). Most recommendations from this study are still valid today. In 2013, the World Bank produced a report Georgia Urbanization Review 2013 – Towards an Urban Sector Strategy. Together with a general overview of the country population and migration trends, the study describes urbanization in Georgia, gives statistical information on utilities, data on housing, an overview of Urban Management and recommendations for further development, including the recommendation to develop National Housing Strategy and Supporting Affordable Housing.

Involvement of the country in the international context is crucial. In key strategic areas, the country should seek to participate in conferences and discussions. International resources, guidelines and other tools, may be translated into Georgian for wider dissemination.

Recommendations:

- 16.1. Continue active participation in the UNECE Working Group on Ageing, providing regular updates about implementation of this Road Map. Provide resources to prepare country report for the third review and appraisal of MIPAA/RIS implementation.
- 16.2. Explore possibilities to engage with United Nations agencies and the EU as well as bilateral donors to receive support in implementing the Road Map on Ageing and to mainstream ageing into new projects on other topics that have relevance for ageing populations.

17. Research and data collection

The statistical system in Georgia is guided by the Law of Georgia on Official Statistics (LGOS) enacted in 2009. The National Statistics Office of Georgia (GeoStat) has the main responsibility for collection, analysis and dissemination of national statistical data, including on themes relevant for the Road Map, e.g. population, employment, gender, health care and social protection, education, standard of

living and subsistence minimum. It seems to be an important factor that GeoStat is an independent entity. It will be important in future, to establish safeguards against undue political influence upon data collection or methodology (Jones 2013: 187; Byfuglien et al. 2013).

GeoStat's work is guided by the Law of Georgia on Official Statistics and the Charter of the National Statistics Service of Georgia as well as annual Statistical Work Programmes. The National Strategy for the Development of Statistics in Georgia 2011-2014,¹²⁰ prepared with the help of the World Bank, was based on a thorough analysis of strengths and weaknesses as well as threats and opportunities of the Georgian statistical system and formulates a vision to address the issues identified.

The Strategy acknowledges improvements in the quality and coverage of economic and financial statistics demonstrated by reaching the IMF's Special Data Dissemination Standard in 2010. Georgia has also enhanced its capacity as measured by the World Bank between 2004 and 2010. GeoStat uses the Generic Statistical Business Process Model (GSBPM), developed by UNECE's Statistical Division, in collaboration with OECD and Eurostat. This model provides a framework for documenting, reviewing and improving the ways in which to collect, compile, process, disseminate, document and archive statistical information. The GSBPM is used to look at existing statistical processes, identifying where changes are needed and where improvements can be made, putting in place mechanisms for developing new approaches, testing these in practice and then putting them into effect.

Among the goals of the Strategy is improving the quality and coverage of GeoStat's statistics, improving its use, developing human resources, proving better coordination and management of statistical activities, building the infrastructure and improving regional statistics. The strategy comes with a financial plan.

Georgia has not conducted a census since 2002. Therefore, to design and conduct a new population census is mentioned among the priorities of the Strategy. In conjunction with the population census, an agricultural census and economic census should be carried out, according to the Strategy. Implementation of the census will take place in autumn 2014, with results expected by mid-2015. The findings for the Road Map should therefore be re-examined and adjusted if needed against the results of the census.

Another priority of the Strategy is investment in human resource development. The Strategy proposed a limited increase in the number of staff as well as a reduction in the salary gap between GeoStat and comparable government agencies. In the meantime, a salary increase has been granted to staff, resulting in a slightly higher overall budget for GeoStat. In addition, the Strategy suggested setting standards in terms of education and other qualifications needed for work at different levels in GeoStat and identifying skills gaps as a basis for a training plan to eliminate these over the period of the Strategy.

Finally, attention will also be given to improving the dissemination and use of statistics, making more use of technology and the Internet and reducing the delays between data collection and publication.

One independent measure of statistical capacity, which has been available annually since 2004, is the World Bank's statistical capacity indicator. The overall score for Georgia has increased from a value of 77 (out of a maximum score of 100) in 2004 to reach 94 in 2010 and 2011, slightly falling to

¹²⁰ <http://www.geostat.ge/cms/files/NSDS%20Geo%20Eng.pdf>.

94 and 92 in 2012 and 2013. The decrease in the overall measure seems to be due to one element, “periodicity and timelines”.¹²¹ Despite the deterioration in the value of this measure since the beginning of the Strategy’s implementation period, the document seems to provide a good basis for further improving statistical quality and addressing some of the remaining challenges.

In 2013, the results of the Adapted Global Assessment (AGA) of the National System of Official Statistics of Georgia were published.¹²² The project was jointly undertaken by the European Commission (Eurostat), the European Free Trade Association (EFTA), and UNECE in the frame of the EU-funded project on ‘Global assessments of statistical systems of candidate and potential candidate countries as well as ENP countries’. The goal was to evaluate the level of conformity with European standards, incorporating the United Nations Fundamental Principles of Official Statistics, the European Statistics Code of Practice, as well as the Eurostat Statistical Requirements Compendium. The assessment acknowledges the progress which has been made since independence in developing a modern statistical system with competent and engaged staff and management. At the same time, the assessment makes comprehensive recommendations with respect to the infrastructural environment such as quality of sampling frames, accommodation, and staffing, legislation and the institutional set-up. Georgia should seek to implement the comprehensive recommendations given in the report.

As addressing older peoples’ needs has previously not been a priority in terms of the government social policies, data are missing on issues such as homelessness or abuse. The availability of reliable statistical information on living conditions and housing stock, public institutions, disabled persons, households in poor living conditions etc. should also be improved. Social surveys are currently not existent except for occasional modules in the household survey with an average sample of 3,000 households. In order to better understand the needs of older persons, Georgia may consider investing in this area, orienting towards existing models such as the European Social Survey or SILC (Statistics on Income and Living Conditions).

One issue to be addressed is the education in statistics and demography at the university level. The quality of education seems to be not very high and there is only a small circle of specialists in the area of demography and population ageing. A good programme seems to be available but only at high user fees. Therefore, many students choose to study abroad but then also stay abroad to seek employment.

Another important aspect is the competence of policymakers or researchers to translate data into policy advice. This capacity should be further strengthened to increase the quality of evidence-based policymaking.

Overall, it would be useful, on the basis of the findings and recommendations of this Road Map, to review the data needs with regard to population. It may be beneficial to identify critical data needs also in view of creating capacities to monitor progress in implementing the Road Map and thereby the MIPAA/RIS principles. Data on abuse of older persons, for example, are currently not available.

One attempt to create a better understanding of ageing and life-course aspects was the Generations and Gender Survey, carried out in 2006 and 2009. The GGS covers a broad spectrum of variables including household composition and organization, the housing situation, the distribution of

¹²¹ <http://bbsc.worldbank.org/bbsc/SearchEngine?parameter=byCountry>.

¹²² http://www.unece.org/fileadmin/DAM/stats/documents/technical_coop/GA_Georgia_EN.pdf.

household tasks, including care responsibilities, relationship between parents and children/grandchildren, health and well-being, care and emotional support/loneliness, employment and income situation as well as attitudes and values, for example regarding who should provide care.¹²³ A number of policy-relevant research papers have emanated from the survey.¹²⁴ However, due to funding constraints, the third wave could not be implemented as planned. The GGS provides the opportunity to compare data with a number of different countries across Europe and beyond. At the same time, results of the micro data survey can be analysed against the policies listed in the contextual data base. It would therefore be desirable to still raise funds for the third wave to be able to judge developments over time and to put them in relation with the policy framework. Ultimately, Georgia should systematically seek to be part of international research collaboration that allows comparative studies. This may not only help to raise quality of research but also to learn about the impact of policies pursued elsewhere.

Recommendations:

- 17.1. The National Strategy for the Development of Statistics in Georgia 2011-2014 should be implemented as planned and then evaluated as the period covered draws to an end. Follow-up strategies may consider evaluating data needs in different areas of policy relevance, including ageing and life-course.
- 17.2. Recommendations of the Adapted Global Assessment of the National Statistical System of Georgia should be implemented.
- 17.3. The findings for the Road Map should be re-examined and adjusted, if needed, against the forthcoming results of the census.
- 17.4. Social statistics should be strengthened. Consider introducing surveys similar to ESS and SILC.
- 17.5. Availability of age-disaggregated data should be strengthened, including coverage of all age groups.
- 17.6. Strengthen human resource capacities in data collection and analysis as well as in translating data into evidence-based policymaking.
- 17.7. Further develop education and career paths for experts in demography and statistics regarding intergenerational issues, including ageing.
- 17.8. Continue seeking opportunities for international research collaboration in areas of key strategic interest with regard to ageing.

18. Monitoring and evaluation

Mainstreaming ageing needs to be monitored and evaluated with regard to progress made within certain areas, developing benchmarks and introducing appropriate indicators. Performance indicators should be quantitative and qualitative, using instrumental variables (laws, policies and programmes) and impact variables (measures of progress towards desired outcomes such as poverty or well-being indicators). Monitoring and evaluation strategies should incorporate self-evaluation

¹²³ The full questionnaire is available here: <http://www.ggp-i.org/materials/survey-instruments.html>.

¹²⁴ Cf. <http://www.ggp-i.org/bibliography.html>.

and external assessments, including participatory assessments by a range of stakeholders such as target groups of policies and programmes.

To ensure implementation of the Road Map recommendations, the national working group will develop an Action Plan. The Plan has to outline concrete activities to realize the recommendations, combined with a timeframe, responsible entity, and indicators of achievement. The Action Plan should be developed in a consultative manner, inviting outside views from different stakeholders. Progress should be reviewed periodically, identifying causes of potential shortfalls and ways to address them. Regular monitoring should include the possibility to make amendments in response to changing circumstances.

Finally, it is good practice to be transparent about monitoring and evaluation mechanisms and outcomes. Progress reports should be part of an overall communication strategy. Stakeholders should be actively engaged in addressing difficulties. Additional partners can be invited to support implementation of the Road Map and Action Plan, as necessary.

Finally, the procedures of the UNECE Working Group on Ageing require regular updates about implementation of the Road Map in Georgia at their annual meetings.

Recommendations:

- 18.1. Develop an Action Plan identifying concrete actions to implement recommendations of the Road Map. Explicitly integrate indicators of implementation for all items mentioned in the Action Plan.
- 18.2. Assign a clear responsibility for regularly monitoring implementation of the Road Map and its Action Plan. Ensure lines of accountability to respond to findings of evaluations, in particular in addressing shortcomings and barriers to implementation.
- 18.3. Further enhance skills and capacities for monitoring and evaluation, providing training to a pool of professionals with pre-existing skills in monitoring and evaluation.
- 18.4. Prepare regular progress reports for the UNECE Working Group on Ageing, especially for its annual meetings.

19. Concluding remarks

Ageing is a major issue the consequences of which Georgia will have to confront over the coming years and even decades. The Government has demonstrated the necessary commitment to addressing this issue head on. Ageing has clearly been recognized as a policy priority. As the ICPD Global Survey questionnaire confirmed, ageing issues and the needs of older persons will be a public policy priority for the next five to ten years, including the development of home care services for older citizens, the growth of pension allowances and advocacy for policies on ageing and the implementation of the Madrid Plan of Action.

This Road Map is a first step in the direction of implementing MIPAA/RIS more systematically. It provides the framework for an analysis of policymaking on ageing in a holistic manner. Actually achieving mainstreaming ageing will require a more fundamental change in organizational culture away from thinking in silos towards a cross-cutting and more coordinated approach.

Implementing the Road Map and Action Plan will necessitate a serious commitment. To be successful, activities have to be carefully sequenced and prioritized and additional fundraising may be necessary to achieve progress in a wider number of areas. The Road Map recommendations should provide a good basis to approach local United Nations offices and bilateral donors to request support. Investing into a good policy response to ageing now makes good policy sense and is likely to avoid paying a higher bill later on. However, investments should be made with the sustainability aspect in mind. In the past, big expectations have been generated towards foreign donors. International aid is always time-restricted and, frequently, well thought-out project activities have simply stopped as international funds dried out (Jones 2013: 111). Georgian policymaking will therefore have to be more self-reliant.

Following the changes in government since 2012, a number of policy initiatives have been taken. The results they will yield will only be known with some time lapse so they could not be entirely evaluated within this report. Many of the policy initiatives have been done on a fast track, with an aim of achieving quick wins. This is understandable, as expectations towards the new Government have been high. However, change requires time and is not always straight forward. Designing strategies without extensive consultations with stakeholders, in particular end users, risks missing out on important aspects and may be more expensive to fix than if they had been taken into consideration from the start. It is now time to take a step back and review progress so far with the long-term vision in mind that ageing-related policymaking requires. This Road Map will hopefully help by giving a good sense of direction.

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List of abbreviations

| | |
|---------|---|
| BDD | Basic Data and Directions |
| CIS | Commonwealth of Independent States |
| CPS | Country Partnership Strategy |
| DCFTA | Deep and Comprehensive Free Trade Area |
| EBRD | European Bank for Reconstruction and Development |
| EDPRP | Economic Development and Poverty Reduction Programme of Georgia |
| ENPI | European Neighbourhood and Partnership Instrument |
| EU | European Union |
| FDI | Foreign Direct Investments |
| GDP | Gross Domestic Products |
| GeoStat | National Statistics Office of Georgia |
| GGS | Generations and Gender Survey |
| GII | Gender Inequality Index |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit |
| GNAPC | Georgian National Association for Palliative Care |
| GNP | Gross National Product |
| GSBPM | Generic Statistical Business Process Model |
| IDP | Internally displaced person |
| ILO | International Labour Organization |
| IMF | International Monetary Fund |
| INIA | International Institute on Ageing |
| IWG | Interdisciplinary Working Group |
| LGOS | Law of Georgia on Official Statistics |
| M&E | Monitoring and evaluation |
| MAP | Membership Action Plan |
| MDG | Millennium Development Goals |

| | |
|--------|--|
| MIP | Medical Insurance Programme |
| MIPAA | Madrid International Plan of Action on Ageing |
| MOLHSA | Ministry of Labour Health and Social Affairs |
| NATO | North Atlantic Treaty Organization |
| NCD | Non-communicable diseases |
| NGO | Non-Governmental Organization |
| NIP | National Indicative Programme |
| ODA | Official Development Assistance |
| OECD | Organization for Economic Co-operation and Development |
| PCA | Partnership and Cooperation Agreement |
| PPP | Purchasing Power Parity |
| RIS | Regional Implementation Strategy |
| SDC | Swiss Agency for Development and Cooperation |
| SILC | Statistics on Income and Living Conditions |
| SSA | Social Service Agency |
| UHCP | Universal Health Coverage Programme |
| UNDAF | United Nations Development Assistance Framework |
| UNECE | United Nations Economic Commission for Europe |
| UNOMIG | United Nations Observer Mission in Georgia |
| VET | Vocational education and training |
| WHO | World Health Organization |

Annex 1: List of interviewees

Representatives of the central public administration

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| Ms. Mariam Jashi | Ministry of Labour Health and Social Affairs of Georgia, Deputy Minister |
| Mr. Dateshidze Amiran | Ministry of Labour Health and Social Affairs of Georgia , Head of the Social Issues and Program's Division |
| Ms. Lela Serebryakova | Ministry of Labour Health and Social Affairs of Georgia, Head of Public Health and Programmes Division, Health Care Department |
| Ms. Mariam Tarasashvili | Ministry of Labour Health and Social Affairs of Georgia , Head of Labour Relations and Social Partnership Division |
| Ms. Natia Jokhadze | Ministry of Education and Science of Georgia , Head of National Curriculum Department |
| Mr. Nugzar Surmanidze | Ministry of Health and Social Affairs of Autonomous Republic of Ajara Minister, Georgia |
| Mr. David Gigineishvili | Ministry of Spatial Planning and Construction Policy Department , Head of Spatial Planning and Construction Policy Department |
| Mr. Nuzgar Kandelaki | Ministry of Sport and Youth Affairs of Georgia , Head of Youth Affairs Department |
| Ms. Natia Pirashvili | Office of Public Defender(Ombudsman) of Georgia, Head of Disability Rights center |
| Ms. Guguli Magradze, PhD | Parlament of Georgia, Member, First Deputy Chairman Committee on Health and Social Affairs |
| Ms. Marina Meskhi | State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking Atipfund, Director |

National Statistics Office of Georgia (GeoStat)

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| Mr. Tengiz Tsekava | Deputy Executive Director |
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Mr. Paata Shavishvili Head of Population Census and Demography Division

Municipal Administration

Mr. Mamuka Katsarava Tbilisi City Hall, Department of Health, Social and Cultural Affairs, Head of Department

Representatives of academic community

Mr. Matthias Klingenberg DVV International (the Institute for International Cooperation of the German Adult Education Association), Regional Office for Caucasus and Turkey, Regional Director

Mr. Otar Gerzmava, PhD Grigol Robakidze University, Full Professor of the Faculty of Medicine

Mr. R.Michael Cowgill Georgian American University, President

Mr. Lasha Labadze International School of Economics at Tbilisi State University, Deputy Director, Senior Research Fellow

Ageing'related NGOs

Mr. Vakhushti Kizikurashvili Amagdari Charitable Society for all age, Chairman of Society, Academician

Mr. Gaioz Kubanieshvili Caritas Georgia, Health and Social Care Programme Manager

Ms. Ia Adeishvili Caritas Georgia, Health and Social Care Programme Officer

Mr. Ucha Vakhania, Home Care Coalition in Georgia, Executive Director

Ms. Natia Loladze Georgia Red Cross Society, President

Ms. Medea Margania-Avaliani Georgia Red Cross Society, Secretary General

Ms. Ketevan Mindeli Georgia Red Cross Society, Health and Care Programme Coordinator

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| Ms. Nino Avaliani | National Assistance Foundation, Executive Director |
| Ms. Nana Kalanadze | The aged Women’s Association “Deserving Old Age”, Chairwoman |

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| Employers organizations / Private sector |
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| Ms. Tamar Mamporia | American Chamber of Commerce in Georgia, Legal Analyst & Committee Coordinator |
| Ms. Betsy Haskel | American Chamber of Commerce in Georgia, Member, Business woman |
| Mr. Mikheil Kordzakhia | Georgian Employers’ Association, Vice-President |
| Mr. Lasha Labadze | Georgian Employers’ Association, Head of Department of Relations with Employers |

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| United Nations Agencies |
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| Ms. Anna Tskitishvili | United Nations Population Fund, Programme/Logistics Associate |
| Ms. Natia Partskhaladze, | United Nations Children Fund, Family and Child Wellbeing Specialist, |
| Ms. Nino Kizikurashvili, PhD | United Nations Development Programme, Global Compact Project Analyst |
| Ms. Rashmi Shankar | The World Bank South Caucasus Regional Office, Europe and Central Asia – Poverty Reduction and Economic Management, Lead Economist and Sector Leader |
| Ms. Rusudan Klimiashvili | World Health Organization, Regional office for Europe, Head of the WHO Country Office in Georgia |

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| Delegation of the European Union to Georgia |
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| Dr. Oliver Reisner | Attaché (Project Manager) Civil Society, Higher Education, Culture, Social and Labour Affairs |
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DO NOT QUOTE
DRAFT

Annex 2: Participants of the national Interdisciplinary Working Group

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| Ana | Chagaridze | Tbilisi City Hall | Chief Specialist |
| Nino | Noghaideli | Tbilisi City Hall | Chief Specialist |
| Ana | Tskitishvili | UNFPA | Programme associate |
| Giorgi | Bunturi | Ministry of Labour Health and Social Affairs of Georgia | Senior Specialist |
| Lasha | Labadze | Georgian Employers Association | Head of Department |
| Oliver | Reisner | Delegation of EU | Programme Manager |
| Natia | Sokhadze | Ministry of Education and Science of Georgia | Head of National Curriculum Department |
| Ucha | Vakhania | Taoba Foundation | Director |
| Amiran | Dateshidze | Ministry of Labour Health and Social Affairs of Georgia | Head of Division |
| Ioseb | Lobzhanidze | Social Service Agency | Deputy Director |
| Natalia | Kopaleishvili | National Statistics Office of Georgia | Senior Specialist |
| Shorena | Tsiklauri | National Statistics Office of Georgia | Methodology Specialist |
| Nino | Osepaishvili | Georgia Red Cross Society | Health and Care Department Senior Officer |
| Tamar | Kamkamidze | Georgia Red Cross Society | Disaster Management Officer |
| Nana | Kalandadze | Association "Deserving Old Age" | Board Executive Chairman |
| Nino | Mamulashvili | World Health Organization | WHO |
| Gaioz | Kubaneishvili | Caritas Georgia | Social and Medical Programme Manager |
| Natia | Pirashvili | Center for Disability Rights | Public Defender Office of Georgia |
| Marina | Meskhi | State Fund for the Protection of Trafficked Victims | Director |
| Tamta | Otiashvili | Ministry of Economy and Sustainable Development of Georgia | Head of Economic Analysis Division |
| Amiran | Gaprindashvili | Georgian Prisoners' Union | Deputy Chairman |
| Marina | Darakhvelidze | Ministry of Labour Health and Social Affairs of Georgia | Head of Health Care Department |
| Vakhtang | Kizikurashvili | Society for All age | Chair |
| Ketevan | Goginashvili | Ministry of Labour Health and Social Affairs of Georgia | Chief Specialist |