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Road Map for Mainstreaming Ageing Georgia



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NOTE

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The population of Georgia is ageing rapidly: the share of older people is growing, life expectancy is increasing, and both of these trends are projected to continue throughout this century. These trends bring with them many challenges, not only economic but also related to social cohesion, participation, health, the environment, and indeed all aspects of society. Acknowledging these challenges, but determined also to identify and capitalise on the diverse opportunities posed by ageing, the Government of Georgia requested the United Nations Economic Commission for Europe to assist it in the preparation of a Road Map for Mainstreaming Ageing.

Road Maps provide a guide to aid countries in upholding the commitments of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy. The Road Map is intended to help identify concrete actions relevant to the economic, social, cultural and political specificities of the country, and to assist the country in fulfilling these internationally-agreed commitments within the framework of their own national situation.

This Road Map, the third in the series of Road Maps for Mainstreaming Ageing, reflects the outcomes of a wide-ranging participatory process that has taken place in Georgia. Close consultation with Government has been coupled with the pursuit of a participatory approach so that the final product reflects the inputs of a variety of stakeholders from amongst all sectors of Georgian society—civil society, academia, the private sector and of course older people themselves.

I hope that this Road Map will help to guide the way forward for policymakers, civil society representatives and others working in support of older persons, both in Georgia and beyond. The actions identified here are specific to the case of Georgia—where rural to urban migration, labour migration to other countries, political events and economic shocks have all contributed to changes in time-honoured patterns of life such as the tradition of caring for older people in the setting of multigenerational families.

While specific to Georgia, however, lessons drawn from this Road Map may be useful throughout the UNECE region. I hope therefore that the report will encourage other countries to review and develop their national strategies on ageing with a view to more effective implementation of internationally-agreed commitments.

Christian Friis Bach
Executive Secretary
United Nations Economic Commission for Europe



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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
ENP	European Neighbourhood Policy
ENPI	European Neighbourhood and Partnership Instrument
EU	European Union
FDI	Foreign Direct Investment
GDP	Gross Domestic Product
GeoStat	National Statistics Office of Georgia
GGS	Generations and Gender Survey
GII	Gender Inequality Index
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i>
GNAPC	Georgian National Association for Palliative Care
GNP	Gross National Product
GSBPM	Generic Statistical Business Process Model
ICPD	International Conference on Population and Development
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 Goal
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	Organisation 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

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CURRENCY

The currency of Georgia is the lari, abbreviated to GEL. At the time of publication (February 2015) 1 lari was equal to 0.4570 United States dollars, hereafter abbreviated to USD (1 USD equals 2.1880 lari).

Road Maps for Mainstreaming Ageing provide guidance for strengthening the 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 preparing a Road Map with UNECE at the fourth 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 then carried out between late 2013 and late 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 expert 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 situation with respect to ageing, followed by an overview of the policy and the institutional frameworks. Analyses and recommendations are presented for all areas of the ten commitments mentioned in MIPAA/RIS, with additional chapters addressing migration, research and data collection, and monitoring and evaluation of implementation of the Road Map. A total of 103 recommendations are given across all chapters. The government of Georgia agreed to adopt the Road Map and to prepare an Action Plan, with the help of the national Interdisciplinary Working Group, to define the steps needed to implement the recommendations. The Government of Georgia will report back to UNECE's Working Group on Ageing about progress in implementation.

Georgia – the context

According to the National Statistical Office of Georgia, GeoStat, Georgia had a 2013 population of 4.5 million people. The share of its population aged 65 years and above, according to projections from the United Nations Population Division, is projected 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 over the same time period. Such demographic scenarios coincide with high levels of poverty, unemployment and underemployment, since economic growth has not been sufficiently associated with creation of employment. Policymakers are faced with the task of establishing an environment that can adjust to these population dynamics, providing older people with the means to ensure sufficient income and social protection, to access health and care, and to participate in all areas, as part of 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 mechanism existed to coordinate between ministries and between the local, regional and national levels of administration or between government and non-state actors. The Road Map provides the 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 an Action Plan and ensure its implementation, but also to revise new and existing laws with regard to their impact on older persons, suggesting changes where needed. It will be important to include stakeholders such as non-profit organizations or employers more strongly in future policymaking. The voices of the people concerned —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. At the same time, 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 stand out particularly. 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 official statistics, 15 per cent of the economically active population was

unemployed, and significant numbers of unemployed persons are thought to be hidden in the self-employment category. Economic growth strategies pursued by government therefore need to support the creation of paid employment, with an emphasis on generating new and diversified opportunities for all workers, including those in older age groups.

Official statistics report that about 42 per cent of the population aged 65 years and above was economically active in 2012. A majority of these people 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, these people 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 there is a high level of age discrimination, where those in their late forties and above are stereotyped as belonging to the 'old times' and lacking dynamism, efficiency and skills. Unemployed workers of the age group approaching retirement age are left with no income since there is no unemployment insurance. They may accumulate debt and have no possibility to save for later when they may no longer be able to work. Age discrimination against older workers often arises from 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 to age. And in any given economy the labour market does not consist of a prescribed number of jobs, but constantly changes. Older people bring considerable professional experience, and are often reliable and more stable in their workplaces than younger workers who may be 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, could be offered to employers for hiring or retaining older workers, for offering flexible retirement solutions, or for 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 on business plan development and by facilitating access to capital. Overall, the 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 be better prepared to enter the labour market in the first place. Overall, the system of vocational and university education should be better harmonized with labour market needs. With the exception of some professions, there is no established system for 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 lifelong process continuing in parallel with work up until old age. A lifelong learning strategy should be developed 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. For example, since older people may encounter mobility limitations, the living environment is especially 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. This would give them access to a network of cities with which to exchange good practices.

Mobility and transport is another important element in enabling an inclusive society. Buses have been made more accessible for people with disabilities in Tbilisi and Batumi. Outside of the main cities, transport is mostly in the form of *marshrutkas* (minibuses) which are not accessible for people in wheel-chairs. Affordability can be an important obstacle to using public transport. Part of the transport system is privatized so that special rates for older persons have to be negotiated individually with every company. Where special rates apply, this has sometimes led to discrimination by drivers against the beneficiaries, e.g. 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 of drivers in professional conduct 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 facilities. The availability of information on schedules, routes and connections also needs to be improved.

Due to a lack of appropriate legislation, public and private buildings are often inaccessible to people with reduced mobility. Minimum standards of accessibility and safety of housing for older and disabled persons should be developed. A single government entity should have overall responsibility for coordinated policymaking in urban and spatial planning, housing, public spaces, and construction quality, rather than such tasks being dispersed 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 who are unable 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 cases of reduced mobility, or to cover the cost of 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 in older people's maintenance of cognitive function, as well as in helping them to feel useful and appreciated. A sub-optimal health status and difficulties in making ends meet are 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 internally displaced persons (IDPs) and other groups with special needs. Community organizations could offer cinema or reading circles, or visits to the theatre. In today's world, social participation requires access to modern means of communication. While many older people seem to make good use of cellular phones, more efforts need to be made to provide Internet connectivity and to foster information technology (IT) literacy. Support should also be given to facilitate participation of older persons in physical activities.

The extent to which older people can participate in society is also influenced by public perceptions of ageing, which are often reinforced by media reporting. A study of two newspapers, *Rezonansi* and *Kviris Palitra*, and the daily 9 p.m. news programme *Kurieri* from the *Rustavi 2* channel were used as a proxy for total media reporting. Overall, it was found that ageing or older people's issues did not feature prominently, especially in the television news. Older people were often 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 who contribute creatively to their families and communities, helping with child care, bringing in additional income, undertaking projects to encourage intergenerational exchange with schools, etc. Such stories could serve as an example for other older people to do the same.

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

In order for older people to experience dignity and independence, they must be able to rely on a minimum income upon which 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 since there is no contribution mechanism. The amount is calculated to provide income that meets minimum subsistence needs, and the pension has played a major role in reducing the incidence of poverty. However, in reality it is not likely to be enough to ensure a life of dignity and good health or to allow for full participation in 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 options for financial preparation for older age.

Additional social support programmes are administered by the Social Service Agency (SSA) based on means testing. It is important to provide one-stop information about the benefits and eligibility criteria for the full range of available support

programmes. 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 previously been insured. The programme also provides coverage for emergency medical care, elective surgery, oncology treatment and maternity services. However, many expenses related to chronic illnesses are not covered, so that older people 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 greater mark-ups. To alleviate medical hardship among older people, some 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 generics amongst prescribed drugs.

Currently, prevention and screening for health problems are not well established. Related programmes should be scaled up, promoting healthy lifestyles and encouraging people to engage in physical activity, to adopt healthy diets, and to 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 whom 60 are in the older age group. Compared to the actual need this is an extremely small number. The majority 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 for a fee, which they do in Tbilisi. The Batumi municipality piloted their own home-based care project in 2014, following 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, and 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 – typically with all of its members living under one roof – has been the key provider of care and support. The high probability of multi-generational living and the large share of care provided within the family are the result of a combination of cultural values and a lack of alternatives; members of the younger generation cannot afford to live independently, and alternatives to care within the family are lacking. Where family care is available, it provides an important cushion against 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. Since the main household tasks – such as preparing meals, doing the dishes, cleaning the house and child care – are mostly performed by women, it is likely that the same is true in the case of care for older relatives. As more women participate in the labour market, and as their perceptions of their roles change gradually, men should engage more equally in the household. Advocacy and public awareness campaigns may be useful means of sensitizing the public about sharing employment and family responsibilities equally between women and men 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 jobs or study opportunities, older parents may stay behind in rural areas or mountain villages. Family members may find it increasingly difficult to balance challenging working lives with care responsibilities. Policies should aim to provide affordable, accessible and quality care services (e.g. day care, respite care, supplementary home-based care), 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 with older family members who have Alzheimer's disease or other forms of dementia.

Policies must acknowledge that various different family situations are equally entitled to support. 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, could 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, since 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 aged 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. Family members who live abroad may find it difficult to locate or access alternative good quality services.

Georgia may wish to create conditions to encourage emigrants to return, bringing with them the skills and expertise gained abroad. Possibilities of transferring social security and pension packages from abroad would be valuable, especially for 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 would be useful to carry out further research into IDPs' needs and to provide them with well-targeted support.

Monitoring and evaluation and data collection

Progress made in mainstreaming ageing needs to be monitored and evaluated, with reference to benchmarks and 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 moving forward.

Monitoring progress and ensuring evidence-based policymaking in future requires an increase in the availability of high quality statistical data. Social statistics should be strengthened, introducing surveys such as the European Social Survey (ESS) and the EU Statistics on Income and Living Conditions (EU-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 the 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 the goal of mainstreaming ageing will require a more fundamental change in organizational culture, a shift away from thinking in silos, towards a more coordinated approach. It is hoped that this Road Map will help by guiding actions in the necessary direction. To implement the Road Map, Georgia should work closely with development partners – individual members of the Working Group on Ageing as well as international agencies – engaging them strategically in the implementation of the recommendations of this document.



1 - INTRODUCTION

In 2002, countries adopted the Madrid International Plan of Action on Ageing as the first international strategic document responding 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 pertain particularly 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 lifelong 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 intragenerational solidarity among their members
10. To promote the implementation and follow-up of the regional implementation strategy through regional cooperation.

Within UNECE, member States have been exchanging ideas about ways to adjust their policy frameworks in a variety of areas according to the MIPAA/RIS principles. In 2008, Road Maps for Mainstreaming Ageing were suggested as a means of carrying out a systematic analysis of the policy framework in a given country. The aim is to provide the country in question with guidance for strengthening MIPAA/RIS implementation, based on the specific national circumstances. The country, in turn, commits to implementing the recommendations, which are formulated with its participation. Road Maps have been successfully developed for Armenia and the Republic of Moldova, where they have been adopted officially by the respective Governments. In both cases

the recommendations of the Road Map have led to the development of detailed Action Plans.

The Government of Georgia first expressed interest in preparing a Road Map for Mainstreaming Ageing with UNECE at the fourth 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 late 2013 and late 2014. Ms. Ketevan Goginashvili, national focal point for the UNECE Working Group on Ageing and a member of its Bureau, was nominated as the main coordinator for the Road Map.

MIPAA/RIS is written from the point of view that population ageing is not a threat that needs to be averted or 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 for an increasing number of pensioners, as well as opportunities, such as people having a wealth of experience and being much fitter in older age and thus able to stay active in the workforce 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 MOLHSA, and reflects the thematic priorities of MIPAA/RIS, following the logic of its ten commitments. It begins with a summary of the method used and some basic information about the country. There is an overview of the institutional and policy frameworks related to ageing, followed by sections on the situation with respect to mainstreaming ageing, integration and participation of older persons in society, social protection, labour markets, lifelong learning, health, gender, intergenerational solidarity, and integration in international processes. In addition to these explicit MIPAA/RIS areas, the Road Map contains short chapters on migration, research and data collection, and monitoring and evaluation, followed by concluding remarks and bibliographic references. The annex lists stakeholders interviewed and participants in the national working group which was formed to participate in the process of developing the Road Map and Action Plan.

2 - METHOD

The development of a Road Map takes place in four steps: (1) a desk study, (2) a 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 who provided information about the ageing situation in general, and on the various aspects of MIPAA/RIS. The study of available documents and data provided an initial overview of the situation, with any identified gaps then being filled during the second part, namely 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. During this pre-mission, initial contacts were established on the ground. Two field visits took place, from 27 October to 2 November and from 9 to 14 December 2013. The purpose of the first visit was to discuss and agree upon the focus and outline of the Road Map. Relevant stakeholders were interviewed, including representatives of various ministries, international organizations, civil society, the private sector and academia. Interviews were used to fill information gaps remaining from the desk study, to discover details about services provided (or lacking), and to discuss problems and possible solutions in the fields of expertise of the interviewees. More than 30 meetings were held with representatives of various 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), and the Ombudsman's office; with colleagues in international organizations, the European Union (EU) Delegation, the National Statistical Office; with non-governmental organizations (NGOs): Caritas, Red Cross, the Home Care Coalition, DVV International (the Institute for International Cooperation of the German Adult Education Association), 'Deserving old age'; and with 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 a range of areas was established to support the drafting for the Road Map, and its first meeting was hosted by MOLHSA. The meeting allowed participants to become acquainted with each other and to state their expectations of the Road Map, with particular regard to identifying important issues that they felt needed to be covered. For a list of IWG participants, see Annex 2.

The first draft of the Road Map, including analysis and recommendations within each chapter, was prepared by UNECE in early 2014. Inputs were received from three expert consultants, one on labour market and entrepreneurship, one on housing and one on media reporting and public perceptions of older persons. The IWG met again in July 2014 to provide feedback on the draft. The Road Map was also presented to the Bureau of the Working Group on Ageing and comments received were taken into account for further revisions. The final version of the Road Map was presented to the UNECE Working Group on Ageing at its meeting in November 2014.

An essential part of the Road Map process is the preparation of an Action Plan, translating the recommendations of the Road Map into a set of concrete actions. The Action Plan will be prepared by the IWG and then further developed with the help of UNECE and the Bureau of the Working Group on Ageing.

The Road Map will be handed over to the Government of Georgia as a comprehensive strategy for responding to population ageing in the country. The Government is expected to adopt it and to ensure its implementation. The IWG should participate in and oversee implementation, each member focusing on their specific area of work or expertise. The Government is responsible for monitoring and will report back to the UNECE Working Group on Ageing periodically. An external evaluation mission should take place at least one year after adoption of the Road Map in order to provide recommendations on further implementation.

Historical and institutional context

Georgia is a country situated towards the east of the UNECE region, bordering Armenia, Azerbaijan, the

Russian Federation, and Turkey, with a Black Sea coast in the west.

Table 1: General facts about Georgia

Full name	Georgia
Capital	Tbilisi
Total population in 2013* (thousands)	4,484
Human Development Index in 2012**	0.745 (high human development) Rank 72 (2012, +3 from 2011)
Average monthly nominal salary in 2013 (GEL) *	773.1***
Monthly basic old age pension in 2013 (GEL)	150
Employment/unemployment rates (per cent) 2013*	56.6/14.6
GDP per capita at current prices in 2013 (USD, PPP) *	3,596.6

Sources: *National Statistics Office of Georgia (GeoStat); **UNDP 2013b; ***On 31 December 2013 the exchange rate was 1 GEL (Georgian lari) to 0.5764 USD

Georgia has a rich history. Archaeological finds and references in ancient sources reveal elements of early political and state formations that date back to the 7th century BC. Over the centuries, several independent kingdoms became established in what is now Georgia. The Kingdom of Georgia reached its zenith in the 12th to early 13th centuries, a period that has been widely termed as the Georgia's Golden Age or the Georgian Renaissance. For a short period of time, between 1918 and 1921, Georgia was an independent republic. From 1922 Georgia was part of the Soviet Union until 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. Starting in 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 aimed at de-bureaucratization (reducing the number and size of ministries). Important improvements were also achieved in eradicating corruption.

In 2012, a coalition of the parties 'Georgian Dream' and 'Democratic Georgia' won the parliamentary elections. In October 2013 a new President was elected and as he took office in November, the constitutional amendment of 2010, reducing the powers of the President in favour of the Prime Minister and the Government, took effect. From October, 2013 a State Constitutional Commission, set up by the Parliament, has been working on further revisions of the Constitution.¹

Since the early 1990s, the socio-economic development of Georgia has been affected by issues around two territories, Abkhazia and South Ossetia. In 2008 the two regions declared independence from Georgia. Since relevant data are not available for these two regions they have not been included in the considerations for the Georgian Road Map on Ageing.

During the last two decades Georgia has experienced a significant displacement of civilians from Abkhazia and South Ossetia. Based on a comprehensive registration undertaken during August-December 2013 by the

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

Ministry in charge, there were 246,974 internally displaced persons on 1 January 2014. Some 17.6 per cent of them were by then 60 years or older.² A report by the United Nations Secretary General to the 68th session of the General Assembly on the Status of internally displaced persons and refugees (A/68/868) expressed the concern for the generational aspects of displacement in the absence of durable solutions. The challenges of integration of the internally displaced persons and ensuring their sustainable livelihoods are considerable. Access to appropriate housing, medical and social services and the provision of other assistance, including employment and training opportunities, are of particular importance for persons in older age group.

In November 2013 Georgia initiated an association agreement with the EU at the Eastern Partnership summit in Vilnius, Lithuania. The association agreement was signed in June 2014. This agreement entails the need for Georgia to introduce a number of reforms in key areas, such as public governance, justice, law enforcement, economic recovery and growth, consumer protection and in various sectors including education and social development and protection. The commitment of Georgia to embark on these reforms coincides with the development of the Road Map on Mainstreaming Ageing in all policy areas and may be reflected in the Government's plan of action for the Road Map implementation.

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 Statistical 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 an ability to adjust quickly to changing circumstances. It has been characterized by a sequence of collapse-stabilization-acceleration-crisis-rebound (World Bank 2013b:2). The economy declined drastically with independence and the beginning of transition to a 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 and 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 this measure 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 a deterioration in investor and consumer confidence, a fall in foreign direct investment (FDI), exports and 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 to fiscal stimulus measures to restore confidence and mitigate the downturn in 2009, the economy recovered again and reached an almost pre-crisis growth rate in 2010 (UNDP 2013a). In 2010-2012 the economy rebounded to an average growth rate 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 has achieved considerable results in terms of creating a good business climate. In 2006, the World Bank named Georgia the world's top reformer country as its rank for 'ease of doing business' jumped from 112 to 37 over a year (from 2005 to 2006). The rank further improved from 7 to 8 in 2014.⁷ FDI has played an important role in the country's economic growth. Throughout the period 2010-2012 the average share of FDI in GDP was 6.7 per cent (GeoStat). Personal remittances constitute another significant share of money inflow to Georgia. In 2011 and 2012, money transfers to Georgia accounted for approximately 8.5 per cent of GDP (GeoStat) surpassing the inflow of FDI.⁸

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 database, <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>

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

³ 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)

Despite a successful economic performance, major challenges –poverty and unemployment– persist. The level of extreme poverty was 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 15 per cent, being the most acute for the young population: 36.9 per cent for the group aged 15-19 years and 32.2 per cent for the group aged 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 creation of employment (cf. 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 in countries with a similar age structure. 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 tenfold. 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 with an average annual growth of 6.5 per cent (GeoStat). The new Government stopped or postponed a number of infrastructure construction projects, instead redirecting the state budget towards 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, in the third quarter of 2013 the FDI level increased again bringing the overall FDI for the first nine months of 2013 to a level two per cent higher than in the respective period of 2012 (GeoStat).

Demographic context

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

The total fertility rate has been below the replacement level since the early 1990s; the population pyramid below shows a significant narrowing in the cohorts born since then. From a 1990 level of 2.16 children per woman, the total 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 a 2012 level of 1.67. In 1990, the percentage of people aged 65 and above was 9.2 per cent. In 2013, the share had increased to 13.9 per cent (GeoStat).

According to projections from the United Nations Population Division, the share of the population aged 65 years and above is projected 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 is projected to increase from 3.2 per cent to 4.2 per cent over the same time period.

The United Nations Population Division's projections indicate that the size of the population of Georgia will decrease under all three of their projection scenarios: whether future fertility is high, constant (unchanging from present level) or low.

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

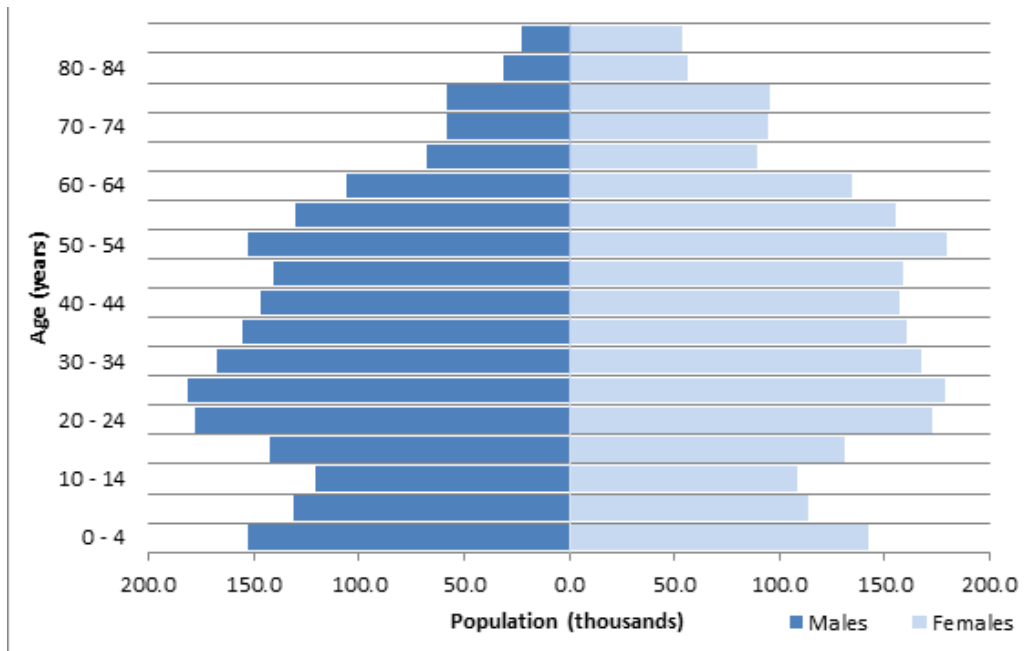
The number of pensioners per thousand population can be used to detect regional differences in ageing in Georgia. As can be seen in figure 3, Racha Lechkumi is the region with the highest share of pensioners, with 232 pensioners for every 1,000 people. This is followed by Guria and Imereti with 183 and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

The most recent available census data are from 2002 (a new census was carried out in late 2014). According to the 2002 census, of the population of 4.37 million, 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).

⁹ Share of population with consumption under 60 per cent of the median level

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

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



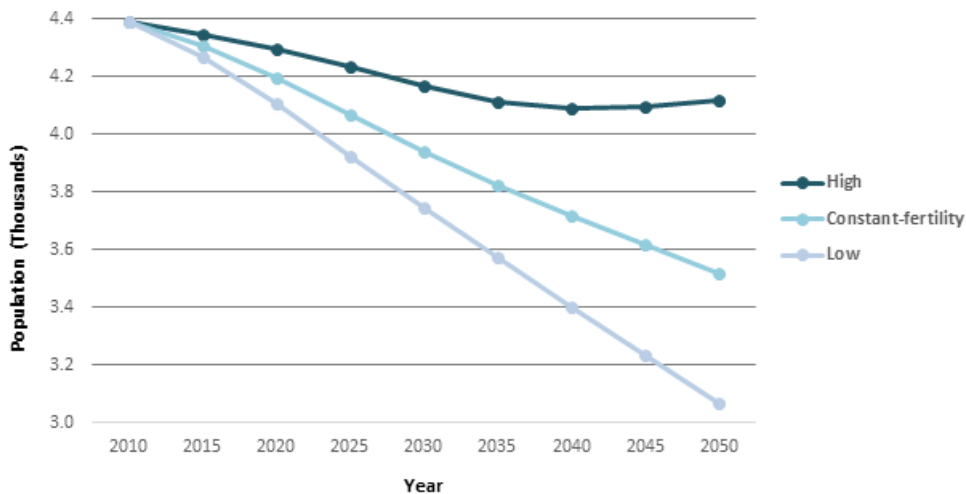
Source: GeoStat

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>

Figure 2: Population projections for Georgia, 2010-2050



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

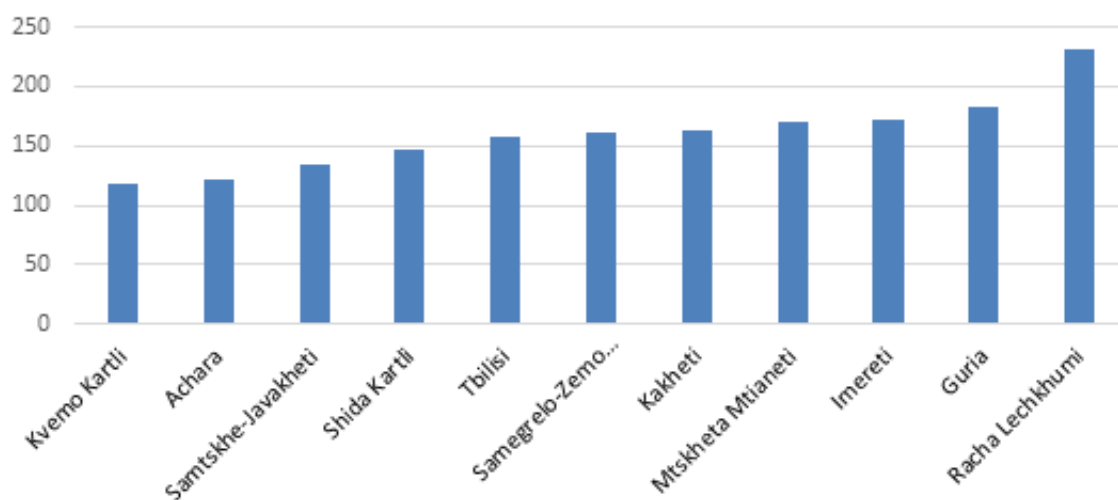
Table 3: Selected demographic indicators for Georgia (GeoStat)

Life expectancy at birth, 2013* (years)	75.2 (male: 70.8, female: 79.4)
Life expectancy at age 65, 2013* (years)	17.1 (male: 15.1, female: 18.7)
Total Fertility Rate, 2013* (children per woman)	1.72
Rate of natural increase, 2013** (per 1,000 population)	2.1
Net migration rate*, 2013 ¹¹ (per 1,000 population)	-2.6
Population aged 65 years or above, 2013* (per cent)	13.9

Sources:

* http://www.geostat.ge/cms/site_images/_files/english/population/demografiuli%20krebuli%202014.pdf** http://www.geostat.ge/index.php?action=page&p_id=152&lang=eng**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 (per cent)	-0.391
Median age, 2010 (years)	37
Total fertility, 2005-2010 (children per woman)	1.8
Net number of migrants, 2005-2010 (thousands)	-150
Net migration rate, 2005-2010 (per 1,000)	-6.8

Source: United Nations Population Division: World Population Prospects: The 2012 Revision, <http://esa.un.org/wpp/Documentation/publications.htm>**Figure 3: Number of pensioners aged 60 years and above per 1,000 population**

Source: Social Service Agency (November 2013)

¹¹ In 2012 net migration was strongly negative, at -21.5, while in the three previous years, the rate was positive: 20.2 (2011) 18.1 (2010) 34.2 (2009)



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, 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 of older people and people with limited mobility to cultural events. The same article states that the State shall facilitate the physical development of adults and youth (again, there is no special reference to physical development of older persons). Article 35 sets out everyone’s right to education and guarantees 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 for older persons in particular.

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 some initial 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 the standards of the International Labour Organization (ILO) and recommendations of the European Commission. The Labour Code adopted in 2006 gave employers the freedom to dismiss their employees without any explanation.

The next round 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 in this regard, 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 lower 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 to hire older workers. There are also no incentives for the ageing population to be involved in entrepreneurship activities or to remain otherwise involved in the labour force after reaching the retirement age.

Georgian Law on State Pension (2012)

The Law on State Pension guarantees that members of the older population receive a pension from the state. 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 per month, an amount which is independent of years of service.¹²

Georgia - National Health Care Strategy 2011-2015: Access to Quality Health Care (2011)¹³

The National Health Care 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 specific to certain age groups, including

¹² The monthly pension is due to increase to 160 lari in September 2015, according to the 2015 State Budget

¹³ 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.

cardiovascular diseases, vision and hearing impairment, and cancer among the older population, and behavioural risk factors such as tobacco consumption, unhealthy diet and physical inactivity among all age groups; 3) health care system challenges, including high out-of-pocket expenditures for health care, especially for drugs; 4) health human resources, in particular relating to quality of training and the large number of graduating doctors compared to the small number training as nurses.

In response to these major challenges, five strategic objectives are set out, in order to reduce mortality and increase quality of life: 1) *To reduce inequalities in access to medical care*, the strategy anticipates major investments in the hospital sector, and an increase in the number of insured citizens by financing participation through the public budget, by developing affordable private insurance options and by introducing a basic insurance package. Developing primary health care is another priority, including improved access to medicines. This will 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 strategy plans to improve the management of staff resources, achieving a more appropriate number of doctors and nurses per patient. The popularity of the nursing profession will be developed and the training of doctors will be improved in terms of more relevant clinical competencies and problem-solving skills. A voluntary accreditation system will be introduced for health institutions, followed by an external quality control system. 3) *To more effectively protect patients' rights*, mediation mechanisms will be introduced to address grievances between insurance providers or institutions and patients. Electronic portals and databases will 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 will be established and maternal and child health services will be improved. Disease control and prevention activities are proposed 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 the effectiveness of the health care system*, electronic data processing will 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 will be supported.

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 in the workplace is prohibited. Women and men in the family have the equal rights to make decisions independently on issues of participation in labour and social activities. In family relations, men and women are ensured of their equal private and property rights. Both sexes 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 in place 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 must contain sex-disaggregated data. However, no mention is made of the need for age-disaggregated data, 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 to draft proposals for overcoming any gender discrepancies it may contain. It should plan activities to achieve gender equality, and develop and implement a monitoring and evaluation system of activities targeted at ensuring gender equality. Local self-government bodies are requested to develop and implement activities at 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 domestic violence 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 abuse, due to financial dependence, frailty or dementia, for example. The law places responsibility on the State, through its authorized bodies, to support and ensure introduction and application of mechanisms for the prevention of domestic violence, such as analysis and study of risk factors for 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 proceedings. The law sets out the responsibilities of the police, 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.¹⁴ 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 individual 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 a 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 monetary assistance in order to finance technical supplies such as a wheelchair, crutches or hearing aids. Everybody else must purchase these aids with their own private financial resources.

People with disabilities are eligible to receive technical supplies such as wheelchairs, prostheses, crutches, hearing aids and cochlear implants. Those needing mechanical wheelchairs may receive financing of up to 300 lari, those requiring electric wheelchairs with up to 3,480 lari. For prostheses the limit varies between 370 lari and 3,340 lari. Financing may be provided for cochlear implants with an amount up to 28,500 lari. For disabled persons living below a rating score of 100,000 (this score being a reflection of the socioeconomic situation of the household), mechanical wheelchairs and prostheses are financed at a level of 100 per cent of their price; for others, at 75 per cent in the case of wheelchairs and at 90 per cent in case of prostheses. Hearing aids, cochlear implants, electrical wheelchairs and crutches are financed at 100 per cent of their price for all disabled persons, irrespective of the socioeconomic 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 of this programme are day centres and community organizations for people with disabilities, an early intervention subprogramme, rehabilitation of children with central nervous system 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 identify disabilities; to promote public awareness of disabilities and improve accessibility of information; to improve the accessibility of public buildings and transportation systems; to implement a unified strategic plan of education for children and adults with disabilities; to provide a specialized system of vocational education and training

¹⁴ <http://www.un.org/womenwatch/daw/vaw/handbook-for-nap-on-vaw.pdf>

and develop professional skills using alternative methods; to promote higher education; to improve the health care system and the State's welfare programmes.¹⁵ So far, concern has been voiced about a lack of strategic policy and implementation as well as a shortage of human and financial resources (cf. UNDP 2013:31-33). However, disability issues have received more attention recently as the Georgian Government declared 2013 the Year of Respect for the Rights of People with Disabilities. With the 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.¹⁶

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.¹⁷ 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 2008.¹⁸ IDPs and those living near the borders can benefit from free health insurance without additional means-testing. They are now also beneficiaries of the Universal Health Care programme. Until recently, IDPs

had the right to a monthly allowance of 22 lari for those living in collective centres 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 partially cover the utility bills of IDP families living in collective centres, while IDPs living in private accommodation were 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 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 for the monthly allowance.¹⁹ The Ministry of Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees estimated that the increase of the monthly allowance will require an additional budget of about 22 million lari compared with 2013.²⁰

In 2006, a State Commission was established in order to develop a State Strategy for IDPs. The strategy was approved in 2007 and identified 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 into all aspects of society. Since 2009, with the assistance of donor organizations, many collective centres have been rehabilitated and new apartment blocks have been 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 to receive compensation for their losses (cf. UNDP 2013:30-31).

The Ministry of IDPs from the 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 in society. The strategy aims to support the settlement of IDPs by reconstructing existing state buildings or by giving compensation to each family registered in the database of IDPs.

¹⁵ <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:23101106~pagePK:210058~piPK:210062~theSitePK:282699,00.html>

¹⁶ http://government.gov.ge/index.php?lang_id=ENG&sec_id=288&info_id=39187

¹⁷ <http://mra.gov.ge/eng/static/55>

¹⁸ Additional detail is provided by Order No. 124 of the Minister of Refugees and Accommodation of Georgia on IDP status related issues, Decree NO. 157 of the Government of Georgia on registration of Internally Displaced Persons and Refugees and social issues and Order No. 146 of the Minister of Refugees and Accommodation of Georgia on approving the allocation of monthly allowances for the Internally Displaced Persons.

¹⁹ 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.

²⁰ <http://civil.ge/eng/article.php?id=2672>

Provisions for veterans

According to information provided by the Social Service Agency, certain categories of veterans are entitled to receive a household subsidy. For example, disabled veterans may receive 44 lari per month. Children aged 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 in military activities on other states' territories, and in military activities for Georgia's territorial integrity, freedom and independence, are eligible for 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 in military activities on foreign states' territories and military activities for Georgia's territorial integrity, freedom and independence are entitled 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 towards persons registered in the database of the State Service of Veterans' Affairs. Applications must 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) must 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 the relevant documentation.²¹ Since the introduction of Universal Health Care, 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 the Second World War, and starting from 1 January 2014, 200 lari is given to family members of deceased veterans who participated in international operations or other peacekeeping activities, as well as to those who died during and in the aftermath of the events of May 1998. Those eligible for such compensation include parents, spouses, children up to the age of 18 years, and disabled children.

²¹ http://ssa.gov.ge/?lang_id=ENG

Housing and urban development in legislation and national policies

As a signatory to the Universal Declaration of Human Rights, Georgia 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 the main principles of human rights.

The Law of Georgia on spatial and territorial arrangements and fundamentals of city planning (2005) is a legal document regulating urban development. 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 which was in place until 2014 did not reflect housing issues either, even though both the development of urban planning documentation and the management of 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 amongst their rights and responsibilities:

- Territorial planning and definition of norms and regulations of the sector; adoption of city planning documentation, land use plans, settlement regulation plans
- Engineering infrastructure and development of parks, roads, streets, public spaces, green spaces, outdoor lighting systems
- Water and wastewater infrastructure
- Transport systems
- Licences 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. In most areas Georgia still has no modern standards for construction. The draft Code has been sent to the relevant ministries for comments. It is expected

that this Code will be adopted following revisions and comments.

In January 2014, the Government of Georgia adopted the decree entitled 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 construction projects to ensure that they correspond to the concept of universal and inclusive design. Regulations cover: entrances, stairs, elevators, doors, utilities, residential buildings, centres of social support, allocated land, spaces for children with disabilities, infrastructure for sport, health care buildings, and public buildings including trade, entertainment, restaurants, public spaces, bus stops and parking areas.

The Civil Code of Georgia (1997) regulates issues of relevance to homeowners by suggesting the establishment of owners' associations for apartment buildings. Subsequently, in 2007, a new law on homeowners' associations was adopted. In reality, there has been little motivation among homeowners to establish associations – they did not understand the purpose and financial resources were limited. To support the maintenance of apartment buildings, Tbilisi Municipality has co-financed homeowners' associations that were already established. Most of these financial resources have gone into the reconstruction of roofs and elevators.

The Law on Social Protection is oriented towards homeless persons and their need 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 wastewater infrastructure and waste management systems, as well as supporting social policy for the growing older population.

As planned 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. Proposals for removing barriers in the physical environment are to be prepared by 2016, including adaptation of the physical environment of educational institutions (pre-schools, schools, vocational education institutions, higher/tertiary education institutions), health care institutions, public spaces and buildings, plus the development of relevant standards, adaptation of the transport system (e.g. roads, junctions, bus stops etc.). By 2016, persons with disabilities should also be included in national housing programmes.²²

The Office of the Public Defender presented a parliamentary report on The Situation of Human Rights and Freedoms in Georgia 2012.²³ The report touches upon adequate living conditions and social housing. Not having a reliable database 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)²⁴

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

In terms of health care provision, the Government plans to build upon the achievements already made when introducing the Universal Health Care Programme in 2013. In accordance with the EU Association agenda, public health care 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 health care in mountainous regions and the areas adjacent to conflict zones.

The economic policy will seek to increase regional and global competitiveness and promote job creation, by improving the business environment, developing entrepreneurship (especially small and medium-sized

²² No national housing programme has so far been developed for people with disabilities.

²³ <http://www.ombudsman.ge/uploads/other/1/1350.pdf>

²⁴ http://government.gov.ge/files/41_44526_228228_Governmentprogram.pdf

businesses) and foreign trade in products and services, attracting foreign direct investment 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 (see earlier section on 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 have been developed and a labour market management information system and electronic portal, worknet.gov.ge, have already been launched. A Tripartite Social Partnership Commission has been set up. In the education sector, a long-term strategy for the sustainable development of education was developed and its implementation began in 2014. Its aim is to develop a system for lifelong learning and to improve vocational education and training.

Policy on the protection of human is one of the top priorities of the Government. The 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 the leadership of the Prime Minister. The role of the Prosecutor's Office will also be strengthened as an independent law enforcement body.

In addition, the government programme plans for the strengthening of local self-government and regional development; considers the protection of IDPs and refugees; and includes considerations relating to tax, monetary and fiscal policy, among other areas.

United Nations Development Assistance Framework 2011-2015

The 2011-2015 United Nations Development Assistance Framework (UNDAF) describes the areas of collaboration between the United Nations and the Government of Georgia for the period 2011-2015. It is aligned with the National Millennium Development Goals (MDGs) and other key documents. The 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 areas, more concrete outcomes are identified. Among these, outcome 1 refers to "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 seeks to support the latter by enhancing the capacity of official statistics authorities to produce objective, reliable and timely statistical information for informed decision-making.

Since services are increasingly resourced from the Government budget, the United Nations focuses on the establishment of norms and standards in accordance with international conventions and treaties to which Georgia has acceded, which it has ratified, or to which it aspires. The United Nations provides 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 rights-holders. The United Nations offices in Georgia also contribute to monitoring and evaluation of national development policies.

Relations with the European Union²⁵

Relations between the EU and Georgia started in 1992 following Georgia's independence. Bilateral relations have 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

²⁵ http://eeas.europa.eu/georgia/index_en.htm; http://eeas.europa.eu/delegations/georgia/index_en.htm

economic ties with the EU in the framework of the Eastern Partnership.²⁶ It follows the Partnership and Cooperation

Agreement, which between 1999 and 2014 formed the basis for EU-Georgia bilateral relations.²⁷

The EU-Georgia Association Agreement ²⁸

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 alignment of its legislation with 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 areas such as energy, transport, environmental protection, industrial and small and medium-sized enterprise cooperation, social development and protection, equal rights, consumer protection, education, training and youth, and cultural cooperation.

The EU-Georgia Association Agreement comprises:

- 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

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.

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

²⁶ 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 other areas. Georgia has been part of the partnership since its launch in 2009 (cf. http://www.eeas.europa.eu/eastern/index_en.htm).

²⁷ The Partnership and Cooperation Agreement entered into force in 1999

²⁸ 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

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 2006.²⁹

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 2013.³⁰

Poverty Reduction Strategy Paper

The Poverty Reduction Strategy Paper, entitled Economic Development and Poverty Reduction Programme of Georgia (EDPRP),³¹ was released 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 citizens 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-sized 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). The paper states that the 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 for social risk management. Reducing poverty, achieving socioeconomic recovery in post-conflict regions and improving the 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 rising unemployment. Among the measures to improve the effectiveness of the social assistance system, a medical insurance programme targeting the extremely poor was 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 were made within the given period.³²

World Bank Country Partnership Strategy (CPS) for Georgia for Financial Years 2014-2017³³

The main objectives of the World Bank Country Partnership Strategy are to help end extreme poverty and to 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 of the main emphases is on enabling private sector-led job creation through improved competitiveness, in particular by removing important constraints in finance,

²⁹ The EU-Georgia ENP Action Plan aimed to fulfil the provisions of the Partnership and Cooperation Agreement, deepening economic integration and political cooperation. 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 other areas (cf. http://eeas.europa.eu/enp/pdf/pdf/action_plans/georgia_enp_ap_final_en.pdf, see box on page 18 for summary).

³⁰ http://eeas.europa.eu/georgia/index_en.htm

³¹ <http://www.imf.org/external/pubs/ft/scr/2003/cr03265.pdf>

³² <https://www.imf.org/external/pubs/ft/scr/2005/cr05113.pdf>; <http://www.imf.org/external/pubs/ft/scr/2006/cr06360.pdf>

³³ <http://www.worldbank.org/en/news/feature/2014/05/08/georgia-cps-highlights>

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 of the delivery of public services. The Strategy is closely aligned with Georgia's Socioeconomic Development Strategy 2020 (SDS).

The new Partnership Strategy includes financial support by the World Bank Group totalling 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).³⁴

³⁴ <http://www.worldbank.org/en/news/press-release/2014/05/08/world-bank-group-launches-new-country-partnership-strategy-for-georgia>

5 - THE INSTITUTIONAL FRAMEWORK

The main responsibility for ageing-related policies in Georgia lies with the Ministry of Labour, Health and Social Affairs (MOLHSA). This ministry 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 deal with the topic of ageing:

- Health care department
- Labour and employment policy department
- Social affairs department
- State Fund for the Protection and Assistance of 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 programmes for persons with disabilities, guardianship and custody of children deprived of care, etc. It receives applications for social assistance, takes decisions on eligibility of the applicants, manages the data, and informs the population about the social programmes and the procedures for application. The SSA employs more than 2,000 staff and has 68 territorial offices.³⁵

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

The table below lists 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 of information about ageing between them.

Table 5: Ministers of Georgia³⁶

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 Resource 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

³⁵ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=14

³⁶ 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

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:

1. The Department of Spatial Planning and Construction Policy of the Ministry of Economy and Sustainable Development develops policies and regulations for spatial planning and the construction sector. It formulates 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 formulates regional development policies for urban development, infrastructure and housing. This includes preparing and implementing regional socioeconomic development plans and programmes; coordinating construction and rehabilitation; analysing and forecasting socioeconomic developments in the regions, including living conditions, and 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 flats and giving compensation to IDPs for housing.

Since 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.³⁷ 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 are offered in addition to those provided by national government. However, there is no sense of an overall strategic framework whereby the region sees how it fits into an overall national strategy. Decisions at the Adjara level about the provision of additional services are based on needs assessments and surveys about service gaps. This is a good approach that could be followed more systematically by other regions.

The regions are further subdivided into municipalities. According to the Local Self-Government Code, local governments are entitled to develop and administer social assistance measures at the local level. This allows the municipalities to adjust social protection to the local environment and to meet the needs specific to the region. However, the national government holds a strong policy prerogative. The subsidiarity principle, whereby the least central level of government undertakes the greatest possible proportion of tasks, is not strongly developed. There seems to be a reliance on national government making the rules and the local authorities merely implementing the directions received from above. There is little bottom-up initiative from the levels that are closest to the real needs of the people to inform policymaking at the national level.

Local governments also have certain responsibilities for urban planning and housing sector development, but due to the lack of financial resources and capacities, most local governments cannot afford to further develop their housing and infrastructure sectors. However, a number of cities (mostly those with potential in the area of tourism) have developed urban planning strategies. These cities are Chokhatauri (2007), Batumi (2009), Tbilisi (2009), Ambrolauri (2012), Bakhmaro (2012), Bakuriani (2012), Borjomi (2012) and Ureki (2012). The hierarchical relationship between central and local government in the 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),³⁸ 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 party. The office is tasked with verifying 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 for the Protection of Rights of Persons with Disabilities. Some older people's issues fall under the responsibilities of one of these. 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 asked the Government:

³⁷ http://government.gov.ge/index.php?lang_id=ENG&sec_id=227

³⁸ www.ombudsman.ge

- to formulate a Governmental Strategy and Action Plan based on MIPAA
- to formulate a Governmental Strategy and Action Plan based on MIPAA
- to ensure wide participation of older people in policy design, development and monitoring for the realization of their 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 undeveloped.



6 - MAINSTREAMING AGEING

Mainstreaming ageing is a strategy, process and multi-dimensional effort to integrate ageing issues into all policy fields and levels. This means considering the consequences of and 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 pursuit of a life-course approach, taking into account the fact 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 continue to be 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.

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Mainstreaming laws, regulations, 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 ageing. Currently, no such document has been developed for Georgia. However, the request of the Georgian Government for this Road Map is an important step in this direction. Now that the Road Map has been developed, with the 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 developing such a national strategy in a separate document. Based on the broader policy directions set out in the national strategy for a certain time period (e.g. ten years), the 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 changes and larger investments. Since the members of the IWG have a variety of different substantive backgrounds, they can suggest realistic activities in their respective fields of expertise. It will be useful to consult with a broader group of stakeholders when preparing the Action Plan. When preparing the Action Plan, responsibilities in different areas should be clearly attributed, in consultation with all ministries.

When devising laws, regulations, 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 to raise public awareness of 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 in screening new laws, policies or programmes for their relevance to the ageing society. The screening process may also help to consider 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 situation 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 need 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 to the pension system and will be affected by the demographic changes in terms of their own pension once they reach retirement age. The 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 reviews of existing and draft laws, as mentioned above. 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 the non-central levels of government, it is advisable to maintain a strong role for national ministries in policymaking, for the time being. Municipal and regional level staff should be engaged in capacity-building to increase their capacity to understand ageing and to respond to it, enabling them to actively analyse their situation and make suggestions on enhanced policymaking to the higher levels of government. Regions with a high proportion of older persons could be prioritized initially, namely Racha Lechkumi, Guria, Imereti, Mtskheta Mtianeti and Kakheti. In the medium term, certain responsibilities could be delegated to local authorities. 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, which 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 development 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 operates at the expense of stakeholder consultations. Capacity development may be useful for key government officials on approaches to organizing efficient stakeholder consultations and on building 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 have 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 from policies. Here, capacity development is also required for interest groups, to help them to analyse the situation professionally in their area of work and to translate that advice into policy strategies. The European Union issues calls for proposals through which civil society coalitions can apply for funding to drive their agendas. However, a strong reliance on international sources of funding has been criticized for potentially diverting 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 could strengthen the independence of such organizations and potentially allow them to concentrate on real needs on the ground.

The voluntary sector should be further developed. Given the high rate of unemployment and underemployment, this may be an interesting area for people to become active, build connections and develop new skills. An incentive framework could be provided to attract volunteers, e.g. covering travel expenses and providing training. The Government may decide to create a minimal legal framework for 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 for this is 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.³⁹

Recommendations

- 6.1. Based on the recommendations of the Road Map, the Government should adopt a national strategy and an action plan, to provide an holistic approach to responding to population ageing in Georgia. Responsibilities should be clearly attributed to specific ministries.**
- 6.2. Existing 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 existing and draft laws and legislation.**
- 6.4. Consider creating a consultative body, e.g. a council, consisting of members of various ministries and the Parliament as well as older persons and other stakeholders, to advise policymaking on ageing.**
- 6.5. Develop a vision for strengthening non-central levels of government, build capacities in areas relating to ageing, prioritize regions with a high proportion of older persons and adopt a decision about the distribution of tasks.**
- 6.6. Establish public consultation mechanisms (including with 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.**

³⁹ http://www.sozialministerium.at/site/Soziales/Freiwilliges_Engagement/Freiwilligengesetz

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 and limitations in 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 of the following chapters will also touch on 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, but 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 in terms of the extent to which they allow participation of older persons. The Programme helps cities and communities to 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 should be green spaces and outdoor seating areas available that are well-maintained and safe, that pavements should be free of obstructions and reserved for pedestrians and wide

enough for wheelchairs. They should also have curbs that are dropped to road level. Pedestrian crossings should be sufficient in number and safe for people with a variety of levels and types of disability, with visual and audio cues and adequate crossing times. Outdoor safety should be promoted by good street lighting, police patrols and community education. Public toilets should be sufficient in number, clean, well-maintained and accessible. Whether or not services are clustered, located in close proximity to where older people live and easily accessible (e.g. 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).⁴⁰

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. Pedestrianized streets are mostly ignored, occupied by buildings and cars, and big cities lack good networks of pedestrianized 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 through the sharing of 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. This 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.

Transport

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

According to the Gallup World Poll in 2012, 78 per cent of people in Georgia aged 50 and over are satisfied with

⁴⁰ 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

the public transportation system, and 69 per cent are satisfied with the roads and highways.⁴¹ 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.⁴² The functions of constructing and maintaining local roads and their planning, organizing municipal transport, and social assistance on the basis of municipal funds are assigned to the local authorities.⁴³

The main means of transportation in Georgia are trains, buses (mostly municipal) and ‘route taxicabs’ (private minibuses called *marshrutka*). There is also a metro and an aerial cablecar ropeway in Tbilisi. *Marshrutka* is the major means of transportation within and between the cities, including serving 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 quite a 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.⁴⁴ Batumi Avtotransport, Ltd. received an award from the NGO *Parsa* and the European Network for Accessible Tourism for “universal design standards adopted for public bus service”. There are 21 buses that are adapted for people with disabilities in the Batumi bus fleet.⁴⁵

In Tbilisi, pensioners, citizens from socially vulnerable families, and social workers benefit from preferential fares (as do students and several other groups), while for veterans and blind people buses and the metro are

free of charge.⁴⁶ In 2012, a new discount system was put in place resulting in an increased number of journeys by public transport in Tbilisi: in 2012, 104 million metro and 76.4 million bus journeys were recorded. There are bus stops near the hospitals and medical centres.

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

In some regions there is no public transport, e.g. in the Shida Kartli region, where all passenger transportation is provided by private companies, which also set the fares.⁴⁷ 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.⁴⁸ The interviews conducted for this Road Map showed that there are cases of private companies’ bus/*marshrutka* drivers showing discriminatory behaviours towards older people because they benefit from preferential rates.

The EBRD Strategy for Georgia has as one of the priorities the improvement 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.⁴⁹ A 2013 development strategy 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.⁵⁰

A number of investment programmes of different donor agencies aim to improve 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

⁴¹ The Gallup World Poll is a probability-based, nationally representative survey of the resident population aged 15 years and above, on attitudes and behaviours related to a wide range of social issues. 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> or more details (requires subscription) or <http://www.gallup.com/178667/gallup-world-poll-work.aspx> for general information (open access).

⁴² World Bank 2012b.

⁴³ 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

⁴⁴ Tbilisi Transport Company (2012), Annual report, http://ttc.com.ge/files/pdf/2013/Annual_report_Eng_2012.pdf.

⁴⁵ <http://en.batauto.ge/archives/412>.

⁴⁶ For more details see http://ttc.com.ge/index.php?lang_id=ENG&sec_id=157.

⁴⁷ Ministry of Regional Development and Infrastructure (2013). Shida Kartli regional development Strategy 2014-2021. Tbilisi, <http://static.mrdi.gov.ge/52b2e7ff0cf2f9b6fab6b475.pdf>.

⁴⁸ EBRD (2013), Strategy for Georgia, <http://www.ebrd.com/downloads/country/strategy/georgia.pdf>

⁴⁹ 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>

⁵⁰ For more details see <http://static.mrdi.gov.ge/52e616ca0cf20c165d71f152.pdf>

and the World Bank's programme for rehabilitation and improvement of the road network throughout Georgia.⁵¹

Since improving the infrastructure may take time and the effects of such improvement may be slow to reach older persons, it is worth considering using the existing fleet of school buses to service older people during the day,

while children are at school, or in the evenings. While at the end of the 2013 there were 574 minibuses available to service 335 schools, by the end of 2014 it was expected that 2,129 minibuses would be available for 916 schools, according to the Ministry of Education and Science.

Recommendations

- 7.2. Ensure preferential rates for older persons using public and private transport (bus, *marshrutka*, train). Consider compensating private companies for the difference in rates.**
- 7.3. Ensure equal access to means of transportation both for passengers paying full fares and for those paying reduced fares. Adopt standards of professional conduct and provide training to drivers to ensure non-discriminatory treatment of 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 with buses accessible for all passengers in the areas where *marshrutkas* are currently 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 services and accessible for older persons. This should also be taken into account when establishing new facilities.**
- 7.9. Continue working on improvement of road infrastructure, 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.**

Housing and utilities

Housing situation of individuals and households

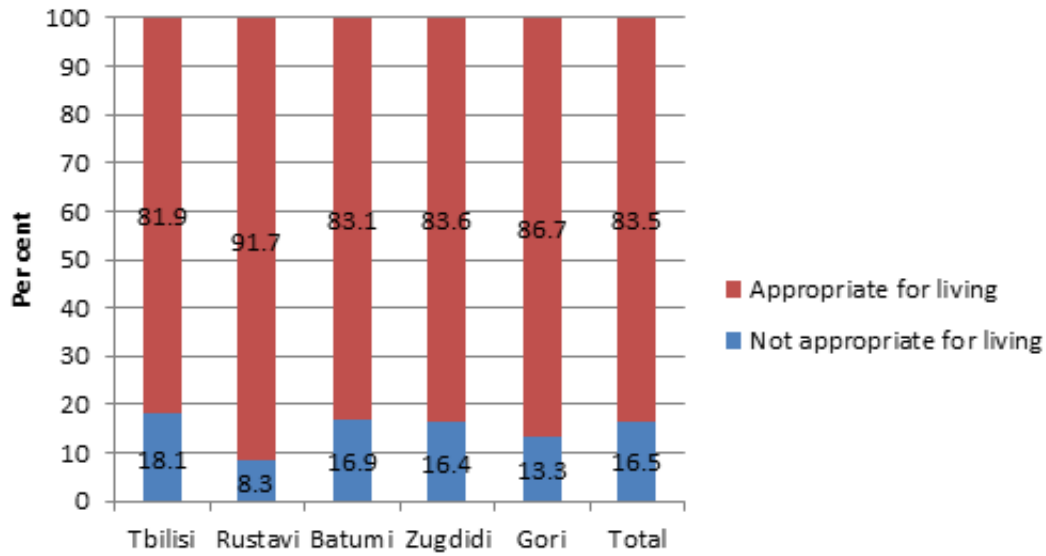
In Georgia, most of the urban population lives in apartment buildings, and most of the rural population lives in private houses. In rural areas, most older people live in multi-generational family settings while in urban areas, this has been changing. According to the 2002 census the average living space was 17.8 square metres per person in all types of housing. In 2010, an integrated household survey showed an average of 19.6 square metres per citizen for the countryside and 13.0 square metres 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 tenth household in Georgia lives in overcrowded housing with an average of only four square metres per person.

Conditions in apartment 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 (see, for example, figure 4).

⁵¹ 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>

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, p.8 (available at https://www.eda.admin.ch/content/dam/countries/countries-content/georgia/en/resource_en_201402.pdf). *Vulnerable groups are defined as families who are included in the integrated database for vulnerable families, whose rating score falls below 57 thousand and whose housing conditions are assessed by the social Service Agency as 'very bad'

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 who are unable to finance maintenance and renovations. In the years characterized by civil unrest and economic hardship, many households sold their flats and houses, investing in questionable businesses in their quest for an income. Others mortgaged their properties during the years of the credit boom and lost them when they could not keep up the monthly payments. This has left quite a number of today's older persons without a place to live, although exact numbers are not available. Some of them move in with relatives, and some manage to find a place in residential care homes (even though they may not be in need of care). Since housing construction is generally carried out by the private sector with a commercial interest it usually comes at relatively high prices in comparison with 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 scale). Commercial banks do not provide housing loans to pensioners. This situation leaves no possibility for 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 owns real estate and the demand for the few available rental places is very high in big cities with many migrant job seekers, 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 utility infrastructure (gas, electricity, water/hot water/heating), in good condition (renovated) in the centre of Tbilisi would be at about 150-300 USD per month. In the suburbs a similar apartment would be around 100-200 USD. In other cities of Georgia (except Batumi, and Kutaisi since the Parliament moved there) rent is rather lower at around 25-60 USD.

In the late 1990s a construction boom of new apartment buildings began. 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 developed. Since 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 with respect to the 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 developed programmes for the resettlement of IDPs from collective centres to individual apartment buildings. According to this study, IDPs face serious problems with inadequate living conditions: 69.4 per cent of respondents pointed out that their flats or houses were not protected from weather, and 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. The newly-constructed accommodation for IDPs does not meet the needs of disabled persons either; for example these buildings are lacking ramps and lifts.⁵²

Overall, there is an evident lack of housing to ensure adequate living for all older or vulnerable persons.⁵³ Homelessness, including among older persons, is a phenomenon that has recently received increasing attention. Quantifying the actual need is difficult, however, since statistical information regarding living conditions for specific groups (e.g. different age

groups, older persons with IDP status, those with a disability, those living below the poverty line, homeless people, 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 with which 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 sensitive to temperature than other people, 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 wells or other external sources.

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

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 in water supply and wastewater systems between urban and rural areas. The capital, Tbilisi, is the best covered 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 is not connected to wastewater 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 during the development of this Road Map, the older people's home in Tbilisi did not have a reliable system for heating and hot water.

⁵² http://www.ge.undp.org/content/dam/georgia/docs/publications/UNDP_GE_PwD_research_summary_eng.pdf

⁵³ 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 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 ⁵⁴	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 apartment buildings is currently charged at 3.15 lari per person per month. Fees for electricity and gas are calculated on the basis of consumption. A single pensioner with a typical level of use of television, refrigerator, 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.

Access to public buildings

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

Capacities for policymaking in the housing sector

Capacity for designing appropriate policies in the field of housing 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 NGOs, and those which exist 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 the Occupied Territories, Accommodation and Refugees, the Ministry of Labour, Health and Social Affairs and the Municipality of Tbilisi), the Swiss agency has constructed social houses for vulnerable groups. After the first stage of the project, 28 beneficiary families were able to benefit from flats in social houses. In 2009, the Italian Development Cooperation office and UNHCR joined the programme. After this stage, in 2010 an additional 24 families in Tbilisi received social housing. In summer 2013 the construction of more social houses was completed in Tbilisi. All the parties, together with UNDP, NGOs and the representatives of the Public Defender's Office, participated in the identification of beneficiary families. The programme: 'Social Housing in a Supportive Environment' has been expanded to other cities of country, including Rustavi, Batumi, Kutaisi, Zugdidi, Bolnisi, and Gori.

⁵⁴ 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.

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 each level of government. 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 the 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, whose sensitivity to issues of older and disabled citizens should be enhanced.
- 7.12.** Local government should be supported with expertise, knowledge transfer, training and financial resources to develop local land use plans, housing strategies, infrastructure and all relevant projects serving the goal of improvement of environmental quality for the local population, including those with special needs.
- 7.13.** Determine minimum standards of accessibility and safety of housing for older and disabled persons. Public and cultural buildings in particular 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 developed for outdoor spaces, pedestrianized streets, roads, recreational areas, bus stops and train stations, junctions and subway 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 cases of reduced mobility.
- 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. Courses on urban planning and housing in general should be strengthened in universities, offering new programmes or curricula 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 (albeit the 150 lari of basic pension was only about a fifth of the average monthly nominal salary of 712.5 lari in 2012⁵⁵). Many older people work if they are fit to do so, in order to gain an additional income. 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 entities may need to organize outreach activities 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 through the use of door-to-door salespersons. 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. Such a service should consist of a legal office where older people (and others) could turn for help to judge the quality of contracts; the office could also collect data on the quality of services.

⁵⁵ http://www.geostat.ge/index.php?action=page&p_id=149&lang=eng

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 and others can seek advice about 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 developed a scale to measure loneliness. Data available from the Generations and Gender Survey allow comparisons of 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 ranges from 0 (not emotionally/socially lonely) to 3 (intensely emotionally/socially lonely). In a comparison of seven countries, Georgia had the highest loneliness scores among older adults (60-79 years), both for the emotional scale (1.48) and the social scale (2.27).⁵⁶ The emotional loneliness score for the age group 18-59 years was 0.88 and the social loneliness score was 1.87 (within this age group Georgia again had the highest rate of reported loneliness). The study found that for avoiding 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 inversely correlated with the number of children; older adults with no children 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 since they were more likely to not 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 and Van Tilburg 2010).

Feelings of loneliness are of course also strongly related to the expectations of individuals and the norms within society. High levels of perceived loneliness in Georgia could also be a result of high rates of migration of family members, or an expression of individualization within society whereby younger generations prefer to live independently rather than staying under the same roof with several generations, as was the tradition in previous times. In the interviews for this Road Map, working age adults expressed concern about leaving their less mobile parents alone at home in front of the television, with no company. They were unaware of services that could help older persons who 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, organizing around volunteering and neighbourhood activities. 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 future loneliness of more and more (involuntarily) 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.

⁵⁶ The seven countries were: Bulgaria, France, Georgia, Germany, Japan, the Netherlands, Russian Federation

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 to 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. Participation in cultural life should also be facilitated, for example by organizing 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 museums. At present, reductions for older people exist at museums and theatres but they are not mandated by any national regulation and older people do not seem to be frequent visitors. Purchasing a ticket should be easy and should not require older people to queue for a long time. Venues for cultural activities and events should be conveniently located, accessible 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 about 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 events, should transportation pose an obstacle. Such needs could 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, to people of all generations. Comprehensive information should be made available about activities and events. Ideally, there should be active outreach to people at risk of social isolation, organized through public, voluntary or commercial services. Personal invitations could 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, by bringing community members and activities into the homes. 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 accessibility of cultural venues. NGOs may help to organize transport.**

Communication

Social integration is closely related to communication, which allows 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— these are 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 society and deprives them of productive life. State

agencies were found by the study to be insufficiently proactive in allowing persons with disabilities to access information. The research revealed especially alarming data on the limited possibilities for information exchange by rescue services, the police, the fire brigade and social services. Failure to provide assistance due to impeded communication could be fatal for persons with disabilities, stated the report.⁵⁷

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, with only 29.6 lines per 100 population on average. On the other hand, there are on average 109.2 mobile cellular telephone subscriptions per 100 population, meaning that practically everyone has one, including older persons.⁵⁸ This was also the impression given during the visits to older people's homes in the preparation of this Road Map, where inhabitants were found to be well equipped with mobile telephones to maintain contact with family and friends. The Internet, including Internet calls via Skype, provides a cheap means of contact with relatives living further away. However, less than half of the population uses the Internet (43.1 Internet users per 100 population in 2013 – which is more

than four times the 2008 level) with a high coverage in Tbilisi.⁵⁹ The social network Facebook is especially popular in Georgia. There are almost one million users, representing more than 20 per cent of the population and more than 80 per cent of Internet users. The percentage of users is higher than in the neighbouring countries of 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 aged between 18 and 24 years, with somewhat fewer in the age group 25 to 34. There are fewer users in the older age groups, although numbers have been growing, especially among 35 to 55 year-olds. This means that the older generations of the future will be more used to being part of online social networks. Facebook therefore has the potential to become a means of intergenerational exchange in the future, with the possibility for older people to use it to maintain contact with their younger family members.⁶⁰

The 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 had good experiences in setting up computers in municipal or school libraries, where they have also offered initiation courses 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 procedures should therefore be set up 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 their energies and experiences to bear in order to help society develop further. Therefore, there should be no age restrictions on participation of older persons in political parties or political office. A fair 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.

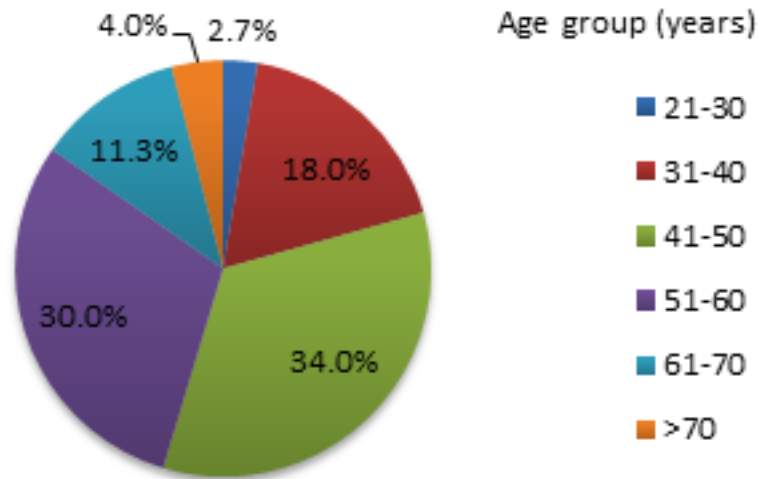
According to the Constitution, there is no upper age limit for members of Parliament; only a minimum age of 21 years is indicated (Article 49). When looking at the actual age distribution of parliamentarians (figure 5), it is apparent that most of the 150 members of the Parliament are middle-aged. The 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 aged 70 years or above.

⁵⁷ <http://www.ombudsman.ge/uploads/other/1/1323.pdf>.

⁵⁸ http://w3.unece.org/pxweb/dialog/varval.asp?ma=021_MDG_G8T8F_r&path=../database/STAT/88-MDG/18-MDGGOL8/&lang=1&ti=New+Technologies+%28Target+8F%29%3A+telephone+and+mobile+lines%2C+internet+users+and+personal+computers

⁵⁹ *Ibid*; <http://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=605&crid=268>

⁶⁰ http://btime.ge/page.html?id_node=361&id_file=4325

Figure 5: Age distribution in the Parliament, 2013⁶¹

In the current Government, there are 18 ministers from a range of age groups: most of them (seven) are in the age range 41 to 50 years, another 4 are in the age range 51 to 60 years, and only one is aged above 60 years. The others are in the younger age brackets. The governors are somewhat younger: most of them (four) are in the age range 31 to 40 years, and three are in the range of 41 to 50 years, while only two are in the range of 51 to

60 years and only one is aged above 60 years. It will be important to encourage people of all age groups to fill leading political positions. The older generation in particular may bring valuable experiences and should not be disregarded for leading functions simply because they are perceived as belonging to an 'old order' 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 development of laws that concern them and in political decision-making.

⁶¹ 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



8 - PERCEPTION AND IMAGES OF OLDER PERSONS AND MEDIA REPORTING

The way that older persons are perceived by the public influences their position in their communities and in society as a whole. Negative perceptions of older people as inactive and a 'burden to society' can lead to social exclusion and can become a structural barrier to health, social or employment opportunities. They can lead to a long-term loss of the benefits arising 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 the contributions of older persons to society.

Media reporting is an important indicator of 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 can positively influence perceptions. However, they (by their very nature) 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 of societal perceptions, a study was carried out of print media and television reporting on ageing and older persons.⁶² 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, along with 26 articles in the 26 editions of the weekly *Kviris Palitra*.⁶³ For the television analysis, the daily 9 p.m. news programme *Kurieri* from the *Rustavi 2* channel⁶⁴ was monitored between 15 February and 15 May 2014. In total, 77 newscasts were studied and an inventory was developed which included 13 news items referring to ageing or older people.

⁶² 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 in this study.

⁶³ *Rezonansi* and *Kviris Palitra* are, respectively, the daily and weekly newspapers with the highest ratings of readers in Georgia. Each edition of *Rezonansi* has 16 pages while editions of *Kviris Palitra* vary between 35 and 55 pages.

Print media

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

- Birthdays and death notifications (honouring a person's birthday or their passing away, and remembering the special things they have done during their lives)
- Portraits (stories of individual older people struggling to make ends meet, having had 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 committed by or against older persons)
- 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)
- Demographic 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 a telling hint to the really dire situation in which many older people live.

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 governmental attention to older people's affairs. Feelings of insecurity, uselessness and a lack of hope for a decent life were often expressed. Only six out of the 58 articles featured active seniors, still working despite their age, for example. Overall, the articles were mostly

⁶⁴ *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 the Georgian population. Each prime-time news broadcast is about 40 minutes long.

written ‘about’ older persons, for example as veterans, or on the occasion of a birthday, rather than letting them speak for themselves.

Interestingly, both of the newspapers selected published a number of articles specifically addressing demographic issues. The articles provided data from research on demographic problems in Georgia and particularly highlighted the fact 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 lower readership) seem to have a better coverage of activities related to older persons, reporting regularly 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 population.⁶⁵ In the three month period of the study, not a single news item of the 9 p.m. news show *Kurieri* was specifically dedicated to older people’s issues or age-related policies in Georgia. Almost half of the television news items examined (five out of 13) were identified as relevant for the analysis only because the main characters in the stories were older persons. They covered issues such as detentions in the conflict region near the South Ossetian border, the consequences of a mudslide or the meagre salaries of older employees in an observatory building. Another four out of the 13 television news items examined covered birthdays 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. There was no voice given, however, 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 p.m. *Kurieri* 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.

⁶⁵ *Rustavi 2* official website: <http://rustavi2.com/news/about.php>

To give a true reflection of Georgian contribute realities, it would be useful to balance such reporting with images of active older Georgians who contribute creatively 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, starting self-help groups or projects to encourage intergenerational exchange with schools, etc. Such stories could even serve as examples to encourage other older people to do the same.

It is worth noting that only one older woman was featured in the television news programme during the study period.⁶⁶ To guarantee full integration and participation of older people in society, there needs to be a better understanding of gender nuances. Women play a significant 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 into broadcasting productions may help to reduce 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 ‘Heroes of Imedi’ has often covered older people and in the Akhmeti region a reality show focuses on resolving problems between parents and children, thereby re-establishing an intergenerational dialogue.

Towards a new information policy and practice

The general level of 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, in terms of both challenges and opportunities. It should be highlighted that difficult policy choices have to be made and that 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

⁶⁶ The newspaper reporting appeared to be slightly more balanced. Women were central characters in nine out of 54 articles, while other articles were gender neutral. Although the print media studied also had a tendency to focus more on men than on women, this trend was slightly less marked than for the television news.

positive aspects. The media may be alerted to some potential topics of interest, including the pension system, health care, shelters and the diversity of older people's experiences and situations. Measures should be taken to ensure that media professionals are sensitive to the potential damage that can be done 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. Training could be organized to raise journalists' awareness of the principles of high-quality reporting on ageing. It might be valuable 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 more balanced reporting. Many older people are well-educated and good writers. With some additional training, they could participate more actively in the creation of a public discourse, for example by writing letters to newspapers.

Furthermore, government officers and communications departments in ministries could be trained to take a more prominent role by actively disseminating information about demographic challenges and the strategies being undertaken to tackle them. Capacity-building should focus on how to present information in a way that attracts media attention. Government press departments could showcase good examples, provide contact details of potential interview partners and make available high-quality photographs 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 depend largely on personal contacts. The Government might help to facilitate such linkages by bringing NGOs and media together at various events. NGOs can make an important contribution towards achieving more realistic media reporting, by providing real-life stories, turning official statistics 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 the involvement of a range of stakeholders. It could combine several elements, exploring consequences of 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 services available for older people and their families. Billboard posters, flyers, exhibitions, television 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 likely to use 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 could help them to participate 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. Its impact should be evaluated in order to draw important lessons for subsequent campaign 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.⁶⁷ This would provide both journalists and the Government with a systematic picture of the progress made, identifying favourable outcomes while also pointing out examples of stereotypical or even discriminatory messaging.

⁶⁷ 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).

Recommendations

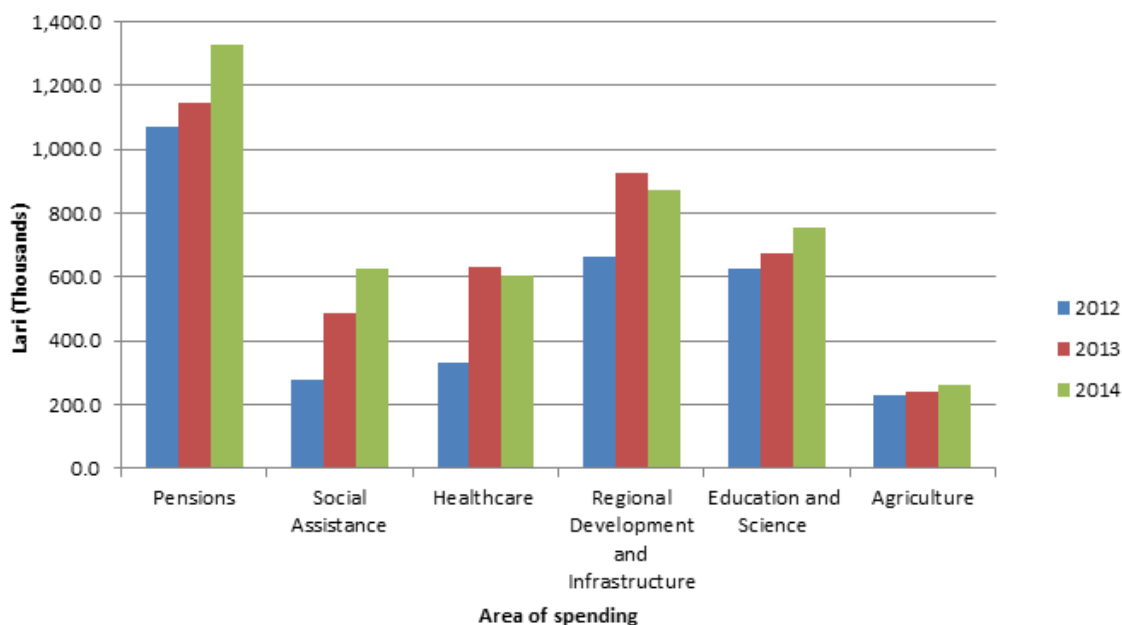
- 8.1. Encourage high-quality reporting and journalism. Develop a scheme to provide training to journalists in both private and public outlets, on good reporting practices as well as highlighting the importance of covering all age groups and portraying the older generation in their whole diversity.**
- 8.2. Build capacities in media relations among government officers. Ensure that ministries and official communications departments periodically release information on ageing-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 and policies and to 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 aids in poverty reduction and fosters the inclusive development of society. For older people social protection is often the only source of income safeguarding them from material deprivation and extreme poverty and allowing them to have decent living standards and involvement in society. Since poverty is one of the major challenges for Georgia, making the social protection system efficient is one of the primary concerns for the country.

Since 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 its main priorities health care, social protection, education and agriculture (Economic Policy Research Centre, 2012). This is clearly reflected in the changes of the state budget expenditures — within the period 2012–2014 the most significant increases have been seen in spending on state pensions, social assistance and health care (see Figure 6).

Figure 6: Georgian Government 2012–2014 spending priorities



Source: Based on '2012–2014 Government Spending Priorities: Analysis and Recommendations', Transparency International, Georgia⁶⁸

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 in asylums etc.) and health programmes (such as the State Health Insurance Programme, the Universal Health Care Programme, and programmes entitled 'support for rehabilitation of veterans', 'mental health', 'palliative care for incurable patients', 'country doctors', etc.).

State pensions

Old-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 the 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 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 recent 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 minimum level required for subsistence. In 2013, 687 thousand pensioners received an old-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).

⁶⁸ <http://transparency.ge/en/post/report/2012-2014-government-spending-priorities-analysis-and-recommendations>

The old-age pension, while playing an important part in poverty reduction (World Bank 2012b), is not sufficient to cover the expenditures of retirees. Although the pension rate was brought up to the minimum subsistence level of 150 lari, the average expenditures per capita in 2012 amounted to 240.70 lari and 186.00 lari in urban and rural areas 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 necessary expenditures need to be covered first, there will often be nothing left for cultural or sporting activities if they are not provided free of charge or at preferential rates.

If pensions are to continue being financed by tax revenue without any contribution mechanism, further increases in their size could turn out to place 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 means of poverty reduction (World Bank 2012b). At the same time, the fact that the pension is not indexed to inflation means that the degree to which it is insufficient to meet needs will only worsen over time.

Given the likely gap in revenue for older persons of retirement age, it would be useful to support people in building up additional savings throughout their life courses. Overall, people of adult age should have easy access to understandable information regarding their options for preparing for their financial situation in older age.

Social package for persons with disabilities

The disability pension is paid to all the citizens of Georgia with a disability status. The amount differs according to the category (group) of disability. There are three categories of disability: persons with severe disabilities (first group), people with a significant 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 those in the second group to 129 lari paid to persons in the first and second groups who became disabled during the course of the Second World War.⁶⁹ According to the World Bank, most of the recipients of the disability pension in 2011 were under the age of 60 (World Bank 2012b). In 2013, the number of persons receiving the disability pension was 122,700 (MOLHSA).

State Compensation and Academic Scholarship

State compensation is a social programme whose beneficiaries are retired (or disabled) military and civil servants. The rate varies depending on the number 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 size of the state compensation is generally higher than the old-age pension, e.g. the maximum compensation paid to persons moved to the reserve from military bodies is set at 560 lari.⁷⁰ 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 estimation of household welfare. All the households can apply to the 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 the SSA. The ranking would determine whether or not a household is entitled to social benefits: households with a score up to 57 thousand have the right to receive a subsistence allowance, and those with a score up to 70 thousand can benefit from the State Health Insurance Programme.

According to UNICEF, 96 per cent of the households in the bottom consumption quintile are aware of the vulnerable households 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 of where to apply (UNICEF 2011). The SSA has been running information campaigns, including information on radio and television, to raise awareness in the population of 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 the SSA. To address this issue but also to keep the database up-to-date (and therefore the social assistance well-targeted) the SSA has been undertaking re-certification of the households in the database by cross-checking the reported data with information from other sources (e.g. fiscal authorities) (World Bank 2012b). In the interviews it was suggested that the SSA should also work with village elders to establish the level of need 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 focused on identifying misuse.

⁶⁹ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=91&info_id=987

⁷⁰ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=24#

Subsistence allowance

Households with a score of up to 57 thousand are entitled to a monthly subsistence allowance of 60 lari paid to the oldest member of the household and 48 lari to each other member (if any).⁷¹ 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 cost of household utilities. The amount varies from 7 lari to 44 lari.⁷² In 2012, the household subsidy was provided to 16.4 thousand beneficiaries. Seventy per cent of beneficiaries were aged 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). 181 persons stayed at the shelters in 2013, of whom 60 per cent were single persons (MOLHSA). The state covers 600 lari per month per person for members of households with a score of up to 57 thousand. For households with a score between 57 thousand 70 thousand, and for those with a score between 70 thousand and 100 thousand, the state pays 510 lari, with a co-payment by the service users of 90 lari and 150 lari respectively.⁷³ Eight small private homes for

older people in different regions hosted 120 persons in 2013. There are waiting lists for the state older people's homes.

Throughout the country there are 20 state day centres for disabled people above the age of 18 with 81 users above the age of 60 years (MOLHSA). The centres offer a range of services including training in communication and social skills, cultural and sporting activities, medical and psychological help (if needed). Day centre services are funded by the state — eligible persons receive a voucher for the 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).⁷⁴ Day centres are very important as they allow for inclusion of older people in society while preserving their independence.

Similar to the concept of the day centres are centres for persons with mental disorders (aged 18 years and above). 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.⁷⁵ In addition, a number of community organizations provide people with disabilities of all ages with accommodation, food and training 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 a voucher).⁷⁶ 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 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 dissemination 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 the possibility of receiving 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 the opportunity to complain and review the SSA's decisions if they feel that they have been denied assistance unjustifiably.**
- 9.6. Strengthen and expand involvement of relevant NGOs in designing and implementing social programmes that are well adjusted to the population's most urgent needs.**

⁷¹ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=35

⁷² http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=29

⁷³ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=90&info_id=973

⁷⁴ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=789

⁷⁵ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=791

⁷⁶ http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=790



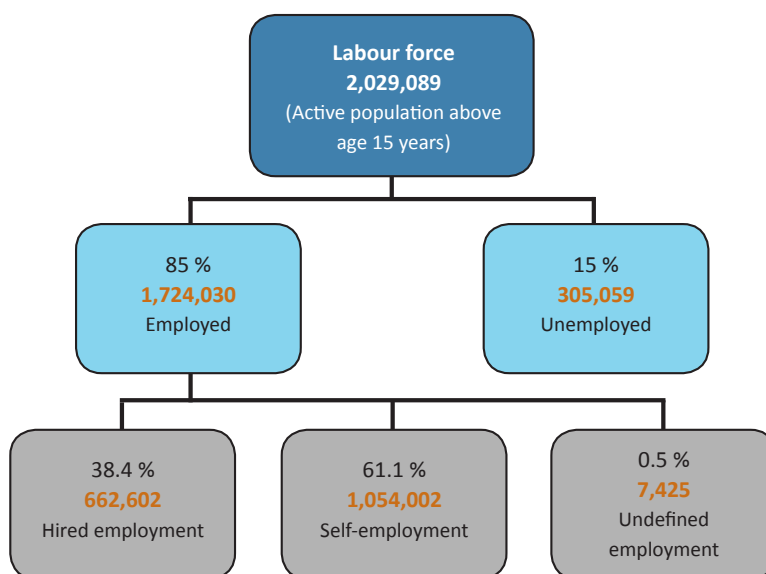
10 - ENABLE LABOUR MARKETS TO RESPOND TO ECONOMIC AND SOCIAL CONSEQUENCES OF POPULATION AGEING

General labour market characteristics

About 45 per cent of the total population of Georgia is counted as economically active. According to the official statistics, 15 per cent of these 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.⁷⁷ Analysts suggest that the actual unemployment rate may be much higher, with estimates as high as 30 per cent,⁷⁸ with significant numbers of unemployed being hidden under the self-employment category.

Figure 7: Composition of the labour force, 2012



Source: Reproduced from 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 considerably after the *Rose Revolution* in 2003 due to a number of crucial structural reforms including, the abolishment of the State Employment and Social Protection Programme and the introduction, in May 2006, of an extremely liberal Labour Code.⁷⁹ In particular, 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, but the majority exited the labour force and are now counted as 'discouraged workers' who have given up hope of finding employment. Even with the Georgian economy improving in the past five years, the economic activity rate of these cohorts has remained noticeably lower than before. For example, for the cohort presently 55-64 years old (50-59 years old in 2007) the economic activity rate in 2012 was 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 the labour market many of them are becoming pensioners with no savings and heavily mortgaged or even lost housing, after relying for years on social benefits for families below poverty line.

⁷⁷ 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)

⁷⁸ Gutbrod, Hans (2013), Correcting Unemployment Numbers – A Call for Government Action, <http://www.iset.ge/blog>

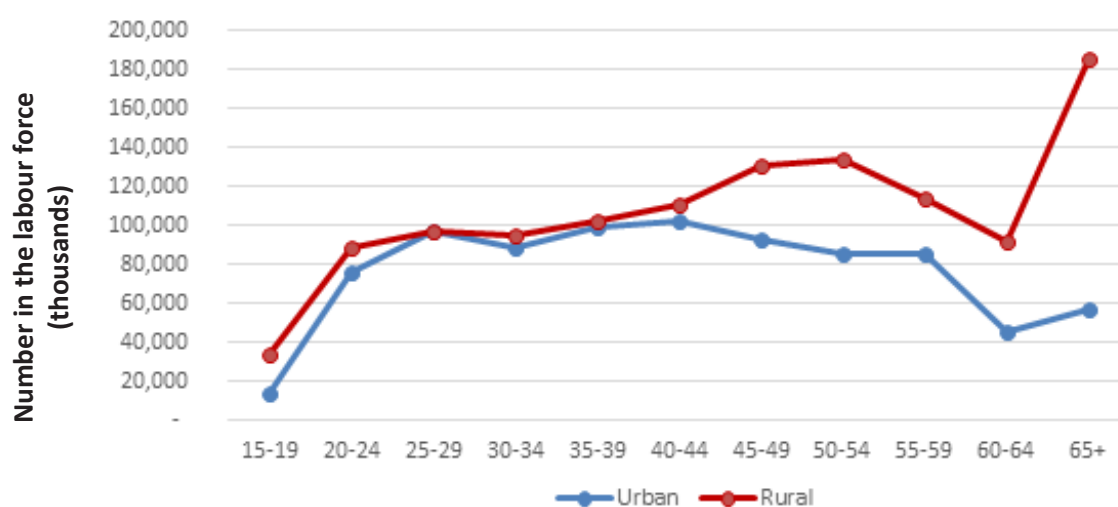
⁷⁹ A number of amendments to the Labour Code of Georgia were approved in 2012. The changes made the code less liberal and were oriented towards increasing employee rights. Some further changes are under consideration at the time of writing.

The official statistics reports that about 42 per cent of the population 65 years old and above was economically active in 2012. The majority of these lived in rural areas (Figure 8). The share of self-employment among older employed persons is extremely high: 84 per cent for those aged 65 years and above, as compared to 46 per cent self-employed among the prime working age group (25-54 years old). The major reason for such a significant difference is that subsistence farmers — a category which covers most older persons— are considered to be self-employed,⁸⁰ even though being self-employed in the agricultural sector does not mean that one will have

sufficient means to finance one’s needs even with the pension income added.

Altogether, the age structure of the Georgian labour force differs dramatically between rural and urban areas (Figure 8). According to GeoStat’s household survey of 2012, the number of labour force participants diverges between rural and urban areas around the age of 45, reflecting lower mobility among higher age groups. Many older people stay in rural areas, working on a self-employed basis in a very unproductive agricultural sector which creates less than eight per cent of country’s GDP.

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



Source: GeoStat

They rarely look for other jobs because they think they have no chance of finding one, given the weakness of the rural labour market. The young often move to urban centres, where they have opportunities for acquiring a better education and of finding jobs.

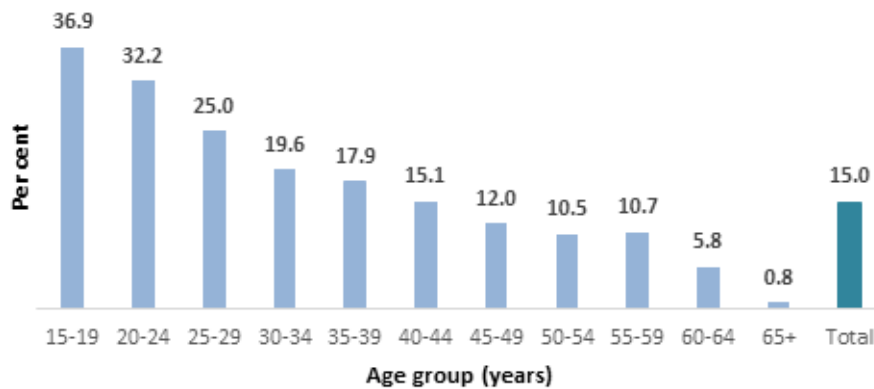
This rural-urban divide, along with the phenomenon of ‘discouraged workers’ who are no longer considered part

⁸⁰ 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 receive 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).

of the labour force, explains to some extent the relatively low unemployment rates among the older age groups of the labour force (Figure 9). It also helps to explain the regional differences in 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 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).

The unemployment rate also differs by sex, 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. This observation is true across all age groups, though the extent and reasons might be different. More men than women are seeking paid jobs after retirement and they seem to have somewhat better chances of being hired for employment; women usually remain self-employed or withdraw from the labour force.

Figure 9: Unemployment rate by age groups, 2012



Source: GeoStat

Skewed opportunities for employment of older people

Employment among more advanced age groups tends to be concentrated in the agricultural sector (consistent with the preceding observations on self-employment and subsistence farming) while the share of employment in all other sectors declines as people get older (table 8).

Sex composition by economic sectors does not differ very much, but a few points are worth noting. In each age group, a greater share of women than men 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) than men (78 per cent) identify themselves as skilled agricultural workers.

Table 8: Employment distribution of 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 to become more productive in their agricultural activities, increasing overall output.⁸¹ This could be achieved to some extent through adult vocational education and training targeting the rural population in older age groups (i.e. 50 years and above). Policy measures to support older persons' employment could be piloted in the regions with the highest shares of older population: Racha Lechkhumi, Guria and Samegrelo. In addition, it might be useful to invest in income-generating activities and 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 any 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, 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 their job searches and throughout the application process. According to MOLHSA, at the time of writing, a two-year labour market formation strategy⁸² was being implemented, providing employment services for everyone. This includes developing a labour market information management system with a database 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 through personal acquaintances and connections rather than through official job announcements.

⁸¹ 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.

⁸² 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 towards older workers

Frequently, the belief is encountered 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 (the so-called 'lump of labour fallacy'). However, individual productivity is more related to physical fitness, mental agility and continuous professional training than to age. Furthermore, in any given economy the labour market is not contained in a prescribed number of jobs; it continuously shrinks or grows, undergoes important structural changes, embraces new professions and sheds some old ones.

The view that the young, rather than the old, should be helped in finding employment can also be found in Georgia. This is in part related to the high level of unemployment among younger people, but also to the fact that younger people do not have any guaranteed income, while retired people at least have a basic pension. In fact, judging from numerous interviews, there seems to be a rift across the labour force, with those in their late forties or older being stereotyped 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 a job quickly after being trained for a new task.

Currently, working people can retire at age 60 (women) and 65 (men), irrespective of the number of years of service. Despite the availability of a basic pension, persons beyond retirement age will often be dependent on additional income. Financial needs may increase in older age due to the need to pay for expensive medicines. In principle, based on the existing laws, people may continue to work beyond retirement age, in which case they receive their basic pension in addition to their professional income. In practice, however, there are real barriers in the labour market that prevent them from staying in their jobs or from 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 those job announcements that set an age limit. It is likely that age discrimination takes place in less obvious forms as well, 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 to understand the advantages of an age-diverse workforce. Offering incentives to hire or retain older workers, e.g. tax incentives or state-provided/subsidized training opportunities, could also help. 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 in the terms of older workers' employment. For example, older workers could be allowed gradually to work less or with more flexible hours or only during certain seasons, or to telecommute. Small changes in the work environment can help to accommodate special needs. Workplaces can be adapted to meet the needs of people with disabilities. Older workers could also be offered the chance to change to different roles, for example in 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 into 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 and 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-sized 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 for the

generation of additional income opportunities and the alleviation of poverty.

Despite their reputation as 'entrepreneurial', which refers primarily to a survival strategy during Soviet times, Georgians seem to have little experience in being 'real' entrepreneurs. Older people in particular, despite having work experience and skills, may need help in translating these into marketable products and services and in developing viable business plans and marketing strategies. Access to capital may be a problem. An advantage is that, as entrepreneurs, 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 older age groups. The NGO 'Deserving Old Age' in Kobuleti has provided training on self-employment and entrepreneurship, specifically designed for older persons. This has 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 bottlenecks 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, in part as a result of previous labour legislation which minimized 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 that any negotiations would focus on benefits for 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 to become more productive in their agricultural work, increasing overall output and moving away from 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. The Government should pursue economic growth strategies that support creation of employment, with a view to generating new and diverse 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 jobs, provided under the current labour market formation strategy, should be also specifically targeted to older persons. As such services become more efficient in assisting businesses and public enterprises in finding 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 must 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. The 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.

In Georgia, the full general education (12 years) is free of charge. Compulsory education consists of six years in elementary school (grades 1 to 6) followed by three years in middle school (grades 7 to 9). 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 doctoral 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 spend periods of time in rural areas, which would then be credited in terms of accelerated promotion prospects.

The large age difference between teachers past retirement age and pupils may amplify intergenerational tensions. Training on 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 was 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 and 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 could help teachers to understand new methodologies. Despite the existence of professional development agencies for teachers, they have not been sufficiently trained to implement the modern curricula introduced in recent years. However, teachers have had to undertake exams to prove their ability to implement new didactical methods. Some of those who did not pass the exams have continued to be employed but with a lower salary.

It would be desirable to have all age groups represented more evenly among teachers, 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, and 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 intergenerational 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 of academic higher education programmes). About a third of Georgia's labour force has tertiary education which is higher than in many other countries, including high-income countries. Since independence, more lawyers, dentists, economists and bankers have graduated from Georgian universities than could possibly be absorbed by the domestic labour market. The unemployment and underemployment rates are highest among those with tertiary education (World Bank 2013b:xix). These highly-qualified graduates therefore take on work in areas requiring lower skills.

At the same time, however, 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 adopted a Strategy for the Reform of Vocational Education and Training (2009-2012).⁸³ Its goal was to enhance responsiveness to market demand, to increase

⁸³ <http://www.mes.gov.ge/content.php?id=4336&lang=eng>

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) programmes are designed at the level of providers, which ensures flexibility, but programmes must comply with the established legal framework laid out in the relevant occupational standards, and providers must be authorized and carry out annual self-assessments. There are at present 14 public and 76 private vocational education institutions. The reform strategy succeeded in increasing participation rates; the number of admitted students (close to 13 thousand in 2012) more than doubled compared with the number for 2011. In addition, stakeholder participation has increased. 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.⁸⁴

More work is needed to better align the system of vocational and university education with labour market needs. Involvement of the private sector is crucial to identify market demand for skills to and support development of these skills through VET programmes. Lack of information about labour market tendencies exacerbates the problem of ‘skills mismatch’. To reduce

the mismatch it will be important to provide better careers 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, thereby 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. Internship schemes can help to prepare 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 significant resources to the development of VET systems in Georgia. Table 9 presents information about training delivered at two VET colleges (Akhmeta and Akhaltsikhe) in Georgia. It shows that the middle-aged and older age groups are the main beneficiaries of vocational training in the field of agriculture. It should be noted that the share of older population is much higher when the training is aimed at farmers.

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

	Total	Female	Male	18-25 years	25-45 years	>45 years
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 among the public, especially among older people. Thus, an awareness campaign would be useful to explain the importance and role of VETs for the future development of society.

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 their skills or acquire new ones, either alongside their paid employment or while out of work. There is also no culture of training accompanying the job. Where it does exist, such training is paid by employers. Some programmes have taken place to train public sector employees, for example with

⁸⁴ Cf. <http://www.mes.gov.ge/content.php?id=4991&lang=eng>

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 training initiatives address the most urgent learning needs, and that a reliable programme is established that permits planning of training programmes in the medium-term, rather than picking training activities 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 high staff turnover. The availability of certified trainers may help employers to become more engaged in training of their staff. The 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 money in classes they will receive worthwhile training and a qualification that is universally recognized. People who personally invest in 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 had good experiences in validating and certifying certain skills gained in non-formal and informal education, thereby helping those with no formal or recognized qualifications to increase their chances in the labour market. At the time of writing, a draft policy was under discussion 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 could be valuable for those residing in rural areas or for family carers. Internet-based learning has great potential, but it might be useful to have alternative mail-based systems for those who cannot access the Internet easily.

Learning at older ages

Retirement is a life-changing event. Currently, there are no pre-retirement programmes targeting older workers to help them to prepare for the changes in lifestyle, the need to find an alternative purpose in life and the possible need to obtain an extra source of income.

In principle, people of all ages can register for university courses, provided they pass the entrance exam. Since universities are mostly designed for a younger target group, however, 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, starting by 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 as a component integrated into one of the DVV International adult learning centres which currently exist around the country. Those working with older people should be trained in didactical techniques. Older persons could be involved as volunteer trainers, since they may better empathize with the needs of trainees of the same age. The pilot should be accompanied by an evaluation element. Classes in the spirit of a third age university can also be offered in community centres 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 lifelong process continuing in parallel with 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 from an early age. An accessible system of awareness-building about continuous education should come with readily-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,⁸⁵ 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 will be taken into account in its preparation.

Recommendations

- 11.1. Provide access to training on intergenerational communication to older teachers. Integrate intergenerational awareness as an element in the school curriculum.**
- 11.2. Provide practical assistance (e.g. tool kits) and training on modern teaching methods, to support the introduction of new curricula.**
- 11.3. Enhance career development prospects 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 the system of vocational and university education into line 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 them with specific career guidance.**
- 11.6. Cultivate links between educational institutions and employers, in terms of curriculum 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, skill 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.**

⁸⁵ 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.

Health system

In 2007, a reform of the health insurance system was implemented with introduction of a 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 retirees) (Gugushvili 2012). The government-funded health insurance was expanded in 2009 to certain population groups (including teachers, IDPs, orphans etc.). 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, also covering 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 elective surgery, oncology treatment and maternity services (World Bank 2013a). The UHP, however, does not include chronic illnesses or 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 make up 70 per cent of total health expenditure in Georgia, compared to 16 per cent in the EU (2011). According to WHO estimates, public sector health expenditure was 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 improving the 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 were relatively small, according to WHO estimates: 5.4 per cent in Georgia

compared to 15.2 per cent in the EU (2011).⁸⁶ In 2013 there was an almost twofold expansion of budgetary allocation for health (from 365 million lari or an estimated 225 million USD in 2012, to 635 million lari or 391 million dollars in 2013). The country has 20 so-called 'vertical' (individual disease-oriented) programmes: early detection of diseases and screening; immunization; epidemiological surveillance; blood safety; prevention of professional diseases; management of infectious diseases; tuberculosis management; HIV/AIDS; maternal and child health; drug addiction; mental health; diabetes management; onco-haematology 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 enter the military forces. These programmes have increased the 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 offer some of their services for free, charging only for the materials used. While such initiatives are useful to facilitate access to necessary health care for some older persons in the short run, the Government should seek to fill such gaps in the system more systematically.

When it became independent, Georgia inherited a legacy of resource-rich infrastructure with excess 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 a General Plan for Hospital Sector Development was approved, according 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 have been undertaken in the primary health care sector in order to strengthen the material base and gradually improve primary health care services. Starting in 2007, with the material and technical support of donor organizations, new ambulatory facilities began to be constructed and

⁸⁶ WHO 'Health for All' database: <http://data.euro.who.int/hfad/>

equipped in rural areas. Simultaneously, training was conducted for family doctors and nurses. With the financial support of donor organizations, 178 primary health care facilities were restored and equipped in 2007-2011.

Hospital sector optimization started in 1999. In 2007 the General Plan for the Hospital Sector Development was approved, and 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, which were identified through competitions, were charged with constructing and/or re-equipping 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 fallen from 17.1 thousand in 2005 to 11.3 thousand in 2012.⁸⁷ 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).⁸⁸ 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 the EU.⁸⁹ 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 EU countries: as of 2011, Georgians who had a hospital stay remained on average seven days in hospital, while for EU citizens this figure was nine days on average. Inpatient care discharges per 100 persons stood at 7.45 for Georgia in 2011, less than half the rate in the EU (17.28).⁸⁹ This under-utilization leads to low productivity of human resources: MOLHSA found that in 2011 a hospital physician treated on average 3.5 patients a month, and a physician working in an outpatient setting saw on average four patients a day (2011:7).

However, underutilization is an issue not only for inpatient care but can also be found in outpatient care. Utilization rates of both inpatient and outpatient services in Georgia are amongst the lowest in the Eastern Europe and Central Asia region, standing at about one-quarter to one-third of the average levels across the region as a whole, according to WHO (World Bank 2010:6-7). One of the reasons seems to be that the population visits pharmacies directly to avoid paying out-of-pocket charges at health facilities. Vitamins and food supplements are among the top-selling pharmaceuticals, often with uncertain therapeutic benefits (World Bank 2010:10).

⁸⁷ www.geostat.ge/index.php?action_page&pid=197&lang=eng

⁸⁸ WHO Health For All database: <http://data.euro.who.int/hfad/>

⁸⁹ <http://data.euro.who.int/hfad/>

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, as in rural areas (Rukhadze 2013:6-7). 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 government appears to be somewhat blurred, with central government in charge of developing and implementing health policies, and local government responsible for the management of public health risks on the local level and for 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 lower than those in neighbouring post-Soviet states, but higher than in EU countries. Over the past decade the crude mortality rate 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. According to national statistics, 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).⁹⁰ Among the older population specifically, a significant rise in 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, prevention programmes should focus on healthy lifestyles, by encouraging people of all ages to engage in appropriate physical activity, adopt healthy diets, and avoid smoking and excess alcohol consumption. This should include information campaigns to enhance the ability of people to make healthy choices to minimize the incidence and prevalence of non-communicable chronic diseases. Education should

⁹⁰ However, the quality of the cause specific mortality data has been criticized as not very reliable in Georgia and requiring further improvements (MOLHSA 2011: 7).

start at an early age. Policies should provide supportive environments and screening for cardiovascular 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.⁹¹ Given the relevance of these topics for the health of older persons and in the life-course, it would be useful if WHO could 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 a continuum of care services, including primary, secondary, tertiary care, public health services and emergency 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 covered, others will need to be strengthened. An overall strategic vision of long-term care would be required to provide overall direction for further development. So far, government activities have been perceived as somewhat erratic, 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 any 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 there has not been much activity 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.

⁹¹ WHO Georgia office, <http://www.euro.who.int/en/countries/georgia/areas-of-work>

Palliative care

Palliative care is offered for patients with incurable conditions under the state programme service entitled 'palliative care of the incurable patients'. The programme includes outpatient palliative care for patients with incurable conditions and inpatient palliative care for patients with incurable oncological conditions as well as patients with HIV/AIDS. Outpatient palliative care for patients of all ages with incurable conditions is provided by the state in full (i.e. there are no co-payments required from the patients), while for inpatient palliative care, patients aged above 18 years have to contribute 30 per cent of the costs and patients below this age limit 20 per cent.⁹²

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 childlessness, migration or death). Alternative services, such as nursing homes, should be available for this target group. However, institutional care 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.⁹³ At the time of visiting (late 2013), all places in the Tbilisi care home were taken, while the one in 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 holiday. 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 care home, such as repair work, etc. This is a good approach, too, to avoid a mentality of purely passive recipients of care. 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 homes could suggest offering classes themselves, if they have a skill worth sharing. In addition, in collaboration with the pensioners' association, outside trainers could be

⁹² http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=822

⁹³ 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 and this capacity has not been scaled up significantly over the past year. It might be useful to adjust the statistics to make them more reflective of the reality (cf. http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf).

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 maintain regular dialogue with the staff. The committee can receive complaints and contribute to resolving conflicts. They could potentially become more active in offering activities. Both homes also had suggestions and complaints 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 published 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, and 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 right 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 in which people with disabilities live. 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 the 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 whom 60 are older people. Compared to the actual need this is an extremely small 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 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, television 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 the 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, and 15 per cent of their work is paid for 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 were also 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. The guidelines included in a home care handbook have been implemented in 14 branches. The Red Cross also maintains social centres, mostly with the help of international funding. All providers agreed that the need for home-based care services and day care centres greatly exceeds the current level of provision; an estimate of a potential 60 thousand clients was mentioned (estimate provided by MOLHSA). To support people to stay in their homes for as long as possible, the 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 also be accessible for older persons and their families who 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 volunteers, providing certain services depending on their competences and capacities. With a minimal coordinating infrastructure there could 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, e.g. helping them with their homework. A database could help to match supply and demand for 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 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 specializing in working for older people, organizing for example an elderly club, a day care centre, homecare, social enterprises and training, as well as events for the International Day of Older Persons on 1 October. The Coalition aims to develop an evidence-based Georgian home care model and 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 health care labour market have been a major issue of concern. On the one hand, Georgia has a very large number of doctors per capita, higher than the European average. The number of physicians per 100 thousand persons stood at 406 in 2012, while in the EU there were 346 physicians per 100 thousand persons in 2011 (2012 figure not available). In contrast, the number of nurses decreased from an already low level of 370 per 100 thousand people in 2011 to just 314 in 2012, (compared to 836 nurses per 100 thousand people in the EU in 2012). Given the large number of doctors per capita and the small number of nurses per capita, the ratio of nurses to doctors is the lowest in Europe.⁹⁴ Educational institutions produce many more doctors every year than the estimated need: 511 physicians graduated in 2011, the most recent year for which data are available in the WHO Health For All database, while MOLHSA estimates that only 280 would need to graduate per year to equal the level seen in the United States, or 450 to reach a level comparable with the average EU level (MOLHSA 2011:19). While in both Georgia and the EU, about 11 physicians graduated per 100 thousand persons in 2011, the difference between the Georgian and EU figures for nurses graduating was rather large – about 1.6 nurses graduated per 100 thousand people in Georgia, as opposed to 36 in the EU (2011).⁹⁵ According to NCDC&PH, there were 21.5 thousand physicians and 13.5 thousand paramedical personnel (2012).⁹⁶

⁹⁴ WHO Health For All database: <http://data.euro.who.int/hfad/> (accessed 27/02/2015)

⁹⁵ WHO health for all database: <http://data.euro.who.int/hfad/>

⁹⁶ <http://ncdc.ge/index.php?do=fullmod&mid=688>

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. The role of professional associations should be strengthened in order to increase their involvement in development of the health care sector. The nursing and care professions should be made more attractive, providing more attractive 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 for physicians and nurses, based on the health requirements in Georgia.

Quality of treatment and care

To enhance quality of care, some 134 clinical guidelines were developed and approved by MOLHSA for 2014.⁹⁷ 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 also be enforced 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 Medical Mediation Service only charges for successful outcomes. The effectiveness of this service should be monitored to allow for changes and adaptations, as the need arises.

According to information provided in the Georgian response to the ICPD Global Survey questionnaire,⁹⁸ older

⁹⁷ http://www.moh.gov.ge/index.php?lang_id=GEO&sec_id=68

⁹⁸ 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 see: www.unecp.org/pau/icpd_beyond_2014.html

persons are protected from neglect, abuse and violence according to 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 preventative 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 trained specifically 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 shelter, etc.

Health information, evidence, research and innovation

A reliable and high 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 Affairs 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 health care system, to receive all required information in a simple, effective and continuous manner and to ensure appropriate response. An electronic health care 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 health care 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 prescriptions and the 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.

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 make specific hardship provisions, especially for people suffering from chronic diseases. Bring down the cost of pharmaceuticals by increasing the share of prescribed generics and negotiating better deals with wholesalers.
- 12.3. Address elements of long-term care in the 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 for 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 both information and individual counselling regarding available services and how to apply for them, using for example an Internet portal. Additional awareness-raising may be useful to de-stigmatize some of the services, such as institutional care, and to raise trust in hospitals and other services.
- 12.11. Improve the 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 - MAINSTREAMING A GENDER APPROACH INTO AN AGEING SOCIETY

The Gender Inequality Index (GII) is a measure of women's disadvantage with three dimensions – reproductive health, empowerment and labour force participation. It can take values ranging from 0 to 1, where 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 those 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 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 Georgian response to the 2012-2013 ICPD Global Survey questionnaire, 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 of 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 by 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 women,⁹⁹ compared to 10.9 per cent in 2012.¹⁰⁰ Across 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, four out

of 19 ministers are women.¹⁰¹ According to GeoStat, there were three female and 17 male ministers and 10 female and 42 male deputy ministers in 2012. Regarding the gender structure of regional government, the governors of all nine provinces are men.¹⁰² Regarding the composition of members elected in local self-governance bodies (Sakrebulo), there were 176 women and 1,516 men.¹⁰³ Interestingly, the low representation of women in political posts is supported by the general beliefs among the population: most respondents to the Generations and Gender Survey (GGS)¹⁰⁴ 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 its response to 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 provides for a 10 per cent increase in state funding for qualified political parties (i.e. those that pass the five per cent electoral threshold) if they include at least two candidates of different sex in every 10 candidates on the party lists. The proposed incentive in support of a 20 per cent representation of candidates of different sex on party lists also applies to 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 460.2 lari for women and 771.1 lari for men.¹⁰⁵ According to international gender pay gap figures, women earn less than half of what men

⁹⁹ http://www.parliament.ge/index.php?option=com_content&view=article&id=2702&Itemid=488&lang=en

¹⁰⁰ http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf

¹⁰¹ http://www.government.gov.ge/index.php?lang_id=ENG&sec_id=124

¹⁰² http://www.government.gov.ge/index.php?lang_id=ENG&sec_id=374

¹⁰³ http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf

¹⁰⁴ The GGS are harmonized large-scale longitudinal national panel studies of individuals. The survey 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 in Georgia was carried out in 2006, the second in 2009, and a third GGS is pending. For more informing, including the full questionnaire, see www.ggp-i.org

¹⁰⁵ http://www.geostat.ge/cms/site_images/_files/english/Women%20and%20Men%202013.pdf

earn per month, with a slightly downward trend: while the size of women's monthly earnings as a proportion of men's had increased from 45.7 per cent in 2000 to 51 per cent in 2006, it went down to 42.6 per cent in 2010.¹⁰⁶ GGS data show that employment is a significant factor preventing women from realising their fertility intentions. This is not surprising, the authors suggest: only 22.7 per cent of employed women were allowed to choose flexible working 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 to be more independent in older age.

In the GGS, the greatest inequality between partners was found in the time each partner is able to spend in 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, or when the family had more children or when partners lived with at least one of the parents of the man, the probability of a man interfering 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 against additional barriers. For example, access to finances is more difficult (Bendeliani 2012:29-30). The Georgian Employers' Association has been engaged in promoting female entrepreneurship, for example inviting 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 Georgian response to the 2012-2013 ICPD Global Survey questionnaire, activities have been undertaken with the help of international donors to enhance women's economic potential, especially in business-oriented education and vocational training of women employed in agribusiness and small tourism enterprises and the food industry, especially targeting 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,

¹⁰⁶ http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf

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 focuses largely on younger women, and that more attention needs to be paid to the reproductive and sexual health needs of older women, for example during menopause. According to the Georgian response 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.

The unnatural sex ratio at birth has raised concern in Georgia. There has been some indication of sex-selective abortions. According to data from the United Nations Population Division, the sex ratio at birth (males per 100 females, 2005-2010) is 111 while the European average was 106.¹⁰⁷ 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).¹⁰⁸ The issue of domestic violence, often underreported and taboo, should be further explored, too. GeoStat data show that victims of domestic violence are mostly 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).¹⁰⁹ A 2010 study on domestic violence against women showed that 45 per cent of women aged between 35 and 44 years had been 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 (Chitashvili 2010). Emotional violence was experienced by 48.1 per cent of women aged 35 to 44

¹⁰⁷ United Nations Population Division: World Population Prospects: The 2012 Revision, <http://esa.un.org/wpp/Documentation/publications.htm>

¹⁰⁸ <http://www.economist.com/news/europe/21586617-son-preference-once-suppressed-reviving-alarmingly-gendercide-caucasus>

¹⁰⁹ <http://www.economist.com/news/europe/21586617-son-preference-once-suppressed-reviving-alarmingly-gendercide-caucasus>

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 only told their closest social networks, if anyone, 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 the media (cf. Chitashvili 2010).

In its response to 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 nationwide 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.

The Georgian GGS shows that the main household tasks such as preparing daily meals, doing the dishes and cleaning the house are mostly performed by women, as is 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 aged 18 to 80 years stating that they provide personal care to parents is five per cent, compared with three 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).

The GGS observed that mothers tend to take care of the male respondents until they marry. After marriage, the new daughters-in-law entering the families assume more and more care duties, while the mother's duties gradually decline. At the same time, mothers of daughters continue 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, and 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 make decisions regarding the upbringing of their children jointly and they also have equal shares in planning their social life and leisure activities.

According to the GGS, men and women almost equally participate in decisions about occasional and expensive purchases. The management of financial resources has been shared more equally since 2006, when 58.7 per cent of couples shared this task equally; by 2009 the survey found that 61.7 per cent of couples did so. The percentage of households where men managed the budget alone decreased from 24.9 per cent in 2006 to 20.8 per cent in 2009. Overall, male domination in managing family resources was lower 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; in only three per cent of families did the man alone manage financial resources (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 has showed that women in Georgia expressed less dissatisfaction with the division of family chores between themselves 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 quotas.
- 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's 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) has time to provide informal care. While this model ensures a large share of 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 older persons may be reluctant to speak ill of another family member.

Nuclear families (those consisting of two partners with or without children) make up approximately 40 per cent of all households (Badurashvili et al. 2009:26). Other households are either complex households, in which other persons (family members such as members of additional generations, or others) are present, or single-person households. Traditionally, in multigenerational families, the eldest male is considered to be the head of the family, and 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 traditionally visit their parents much more often than daughters. Daughters move to the husband's family after marriage or even if not married. In cases of widowhood, divorce or separation, men stay in or return to their parents' home, whereas women do not (Badurashvili et al. 2009:60; Blum et al. 2009:17-19). In a comparative study, family unions were found to be more stable and separations more infrequent than in other countries, a finding 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 in turn 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 aged 60 years and older lived alone. Georgians aged 60 years and older are three to four times less likely to live alone 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 in 2009, the majority of young adult respondents apparently did not manage to realize their intention to start living separately from parents, due to their 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 reflection of a lack of alternatives (Klaus 2012:10). The GGS found that 98 per cent thought that children should take care of parents and support them financially when parents are in need, and 90 per cent thought that children should have parents live with them when they can no longer look after themselves. Three quarters of those surveyed felt that adult children must adjust their working lives to the needs of parents. In France, by contrast, 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 data, the "need to rely on informal, kin-based support for risks [such as] 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: the proportions of respondents indicating in the GGS that they made ends meet "with great difficulty" or "with difficulty" were 57.6 per cent for respondents aged up to 60 years, 74.6 per cent for those aged 60 years and older, and 87.6 per cent for those aged 60 years and older and living alone (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 aged 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 considering future generations of older persons who may not have a family to fall back on during older age, due to decreasing fertility.

The GGS found that 28 per cent of respondents had help provided primarily by daughters, followed by 25.6 per cent who reported receiving help from a partner or spouse, and 13.4 per cent received help from the partner or spouse of a child. Given the significant role that families 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. Older parents may stay behind in rural areas or mountainous villages. Adult children also migrate abroad in search of jobs or study opportunities. The need for institutional support to care for older persons may increase, while the role the family can undergo changes (Blum et al. 2009:16). Interviewees observed that the traditional family has been on the decline, that intergenerational relationships have been characterized by more tensions and even by neglect. The decline 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 for care for children and older family members. Policies should aim to provide affordable, accessible and high 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 combine 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 informal home carers than to rely on only state-provided care. 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 of a mismatch

between traditional male expectations for women to take on all the care duties, versus women's desire to have a career of their own while sharing housework and child care more evenly. This may warrant additional study to understand the underlying causes and to design policies to alleviate them. However, it will not be possible to completely reverse the phenomenon. The large cohort of current 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 become 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 in pooling resources, sharing care responsibilities when families go on holiday 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 this 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 may become more likely to be on their own. It is worthwhile investing in a change of mindset, creating a stronger sense of community. Community arrangements can facilitate intergenerational and intragenerational solidarity, as older people may increasingly 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. This 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 to already be instilled at early ages. Intergenerational training could be part of school curricula. It would be useful to have public campaigns to help inform public opinion on sharing employment and family responsibilities. The 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, by providing respite care, day care, supplementary home-based care, and 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 of children 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 awareness campaigns to help inform public opinion on sharing employment and family responsibilities equally between men and women and between generations.
- 14.6. Take into account the views of all age groups when devising policies for older persons, to maintain intergenerational justice and balance.

International migration

Georgia has found it difficult to measure migration flows. Due to the lack of incentives for emigrants to register their departure, the level 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 difficult enough, understanding illegal migration poses even greater challenges. Illegal migrants are usually in a very vulnerable situation and may easily be exploited. Georgia may think about providing assistance to illegal immigrants to legalize their status or to return to their home country to build alternatives there.

According to available data, with the deterioration of the economy following the collapse of the Soviet Union a large number of people left the country, many of them skilled people from urban areas. The 2002 census¹¹⁰ shows about one million people fewer than the previous census in 1989;¹¹¹ that is, a reduction in population of about one-fifth. Most people who could and wanted to leave had done so by the early 2000s, after which emigration slowed down (Jones 2013:193, 204-205).

Looking at the statistics of destination countries it is possible to derive estimates of migrant stocks living overseas. Available data from destination countries suggest that around the year 2012, approximately 767 thousand people born in Georgia resided abroad, a figure which is equal to approximately 17 per cent of Georgia's total resident population.¹¹² By way of

¹¹⁰ http://www.geostat.ge/cms/site_images/_files/english/census/2002/01%20Population%20By%20Municipalities%20and%20sex.pdf

¹¹¹ 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 this

¹¹² It is important to note, however, that figures differ radically depending on whether they are based on country of birth or country of nationality, most notably in the case of migrants living in Russia. For example, while the figure of 767 thousand given here refers to those born in Georgia, the equivalent figure is only 199 thousand if, instead, only Georgian citizens are counted. A similar degree of discrepancy exists between counts by country of birth and counts by citizenship in the cases of Armenia and Azerbaijan. This is due to the return of so-called 'ethnic Russians' after the fall of the Soviet Union, who were born in the territory of Georgia, Armenia or Azerbaijan but who have Russian nationality.

comparison, equivalent figures for neighbouring Armenia and Azerbaijan can be considered. Around 2012, approximately 644 thousand people born in Armenia resided outside of Armenia, representing approximately 20 per cent of the total population residing in Armenia (MPC Armenia 2013) and approximately 952 thousand people born in Azerbaijan resided outside Azerbaijan, representing approximately 10 per cent of the total population residing in Azerbaijan (MPC Azerbaijan 2013). As for immigration, during this same time period around 8.1 thousand foreign citizens and 74.4 thousand people born abroad moved to Georgia (MPC Georgia 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, a large proportion of emigrants were ethnic Russians; secondly, social networks of migrants were well established in this country; and thirdly, Georgian emigrants knew the Russian language, which significantly facilitated the process of social integration into the host country. Another attractive destination for Georgian labour migrants was Turkey.

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 2010,¹¹³ around 60 per cent of Georgian emigrants resided in the Russian Federation, 8 per cent in EU countries, 7 per cent in Armenia and the same number in Ukraine. The United States and Israel each hosted 2 per cent of Georgian migrants.

Immigration flows to Georgia consist largely of 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 the 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.¹¹⁴

¹¹³ http://siteresources.worldbank.org/INTPROSPECTS/Resources/334934-1110315015165/T1.Estimates_of_Migrant_Stocks_2010.xls

¹¹⁴ http://www.geostat.ge/?action=page&p_id=173&lang=eng

Most migrants are of working age: the share of emigrants in 2012 who were younger than 60 years old was 93.8 per cent. Among these, about 13 per cent (11.7 thousand) were of pre-retirement age, between 50 and 60 years old. People aged 60 years and older made up 6.2 per cent of all emigrants in 2012. Among the immigrants the proportion of the older population is larger: 14 per cent are between 50 and 60 years old, and 9.9 per cent were 60 years and above – a trend which adds to the pressures of the ageing society.¹¹⁵ 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 behind, and in part also because emigrants are in the reproductive age group and may choose to raise their children abroad and not come back.

In Georgia, emigration has helped to reduce unemployment pressure and generated significant revenues through transfers of remittances from emigrants to their families, thus raising the incomes of the latter. In 2012, remittances made up 11.2 per cent of GDP¹¹⁶ equalling 1.77 billion USD.¹¹⁷ When people of working age move abroad they are likely to provide financial support to their ageing parents who stay behind. At the same time, however, they are not present to support them in practical terms, for example with day-to-day household duties or by 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 offspring earn enough to pay for hired staff for their parents, they may 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 database of trusted professionals (who have received basic training in home care and who have no criminal record) from which people can draw. 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 database, for example in cases 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 to provide some minimum reassurance to families living abroad that their parents are in good hands.

Although reliable figures could not be found, there is some indication that it is often 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 it is thought that 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 of migrants in 2012,¹¹⁸ 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 and Buckley 2011).

Internal migration

Internal migration in Georgia is marked by rural to urban migratory flows, pushed by the narrowness of the range of employment opportunities in rural areas. Another feature of internal migration in Georgia is the prevalence of internally displaced persons (Badurashvili and 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 2008.¹¹⁹

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, to find new work, etc. For them, losing property and savings weighs particularly heavily, 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 groups of IDPs might provide a better understanding and a basis for an 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

¹¹⁵ http://www.geostat.ge/cms/site_images/_files/english/health/women%20and%20men-2013.pdf

¹¹⁶ <http://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS>

¹¹⁷ <http://data.worldbank.org/indicator/BX.TRF.PWKR.CD.DT>

¹¹⁸ http://www.geostat.ge/cms/site_images/_files/english/press/Population%20press_30.04%20eng.pdf

¹¹⁹ <http://mra.gov.ge/eng/static/47>

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 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 socioeconomic 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).

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 in that field of activity 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 a survey 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 proposed 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 on health care coverage.**
- 15.3. **Provide easy access to information regarding migration, and available options, and inform the public about the disadvantages of illegal migration, thereby also contributing to de-stigmatizing 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 training.**
- 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 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 its 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 either of the two reviews. Given that 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 on the 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 was 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 the Georgian national focal point on ageing 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 seeking actively to increase the level of implementation of MIPAA/RIS at the 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 do. Georgia enters into regular agreements with them regarding specific joint activities. So far, none of the agencies has specifically focused 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, and 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 USD 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. Since 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, the International Development Association of the World Bank, Asian Development Bank Special Funds, Japan, Sweden, the Global Fund, Turkey and Switzerland.¹²⁰

Georgia has been a member of the Council of Europe since 1999. With a contribution of 510 thousand euros, Georgia is budgeted to receive €402.7 thousand in aid in 2014.¹²¹ Activities will be 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, supporting criminal justice reforms and strengthening local democracy and self-government reforms. It might be worthwhile exploring whether 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, academic researchers and UNFPA have participated in training offered by the International Institute on Ageing (INIA) in Malta.

Georgia participated in the review of the implementation of the Programme of Action of the ICPD, completing a comprehensive global survey questionnaire. Information from this response was included in the analysis of regional trends.¹²² Georgia has also participated in the various review processes of the Beijing Platform of Action, adopted at the Fourth World Conference on Women in 1995, providing implementation reports and participating in related high-level international meetings.

¹²⁰ <http://www.oecd.org/dac/stats/documentupload/GEO.JPG>

¹²¹ For a breakdown cf. <https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2411482&SecMode=1&DocId=2091226&Usage=2>

¹²² Available from <http://www.unece.org/index.php?id=34421>

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 of the recommendations from this study are still valid today. In 2013, the World Bank produced a report entitled '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 a 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 a country report for the third review and appraisal of MIPAA/RIS implementation.**
- 16.2. Explore possibilities to engage with United Nations agencies, the EU and 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 minimum subsistence level. It is important that GeoStat is an independent entity. It will continue to 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 2011-2014,¹²³ 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, analyse, 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 their 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 late 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 94 and 92 in 2012 and 2013 respectively. The decrease in the overall measure seems to be due to one element, 'periodicity and timelines'.¹²⁴ 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.¹²⁵ The project was jointly undertaken by the European Commission (Eurostat), the European Free Trade Association (EFTA), and UNECE in the framework 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

¹²³ <http://www.geostat.ge/cms/files/NSDS%20Geo%20Eng.pdf>

¹²⁴ <http://bbbc.worldbank.org/bbbc/SearchEngine?parameter=byCountry>

¹²⁵ http://www.unece.org/fileadmin/DAM/stats/documents/technical_coop/GA_Georgia_EN.pdf

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.

Since addressing older peoples' needs has previously not been a priority in terms of the Government's 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 itself towards existing models such as the European Social Survey or SILC (Statistics on Income and Living Conditions).

One issue to be addressed is education in statistics and demography at the university level. The quality of education seems not to be 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 for 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 also to identify critical data needs in view of creating capacities to monitor progress in implementing the Road Map and thereby also 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 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.¹²⁶ A number of policy-relevant research papers have emanated from the survey.¹²⁷ 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 database. It would therefore still be desirable to raise funds for the third wave to be able to judge developments over time and to view them in relation to the policy framework. Ultimately, Georgia should seek systematically to be part of international research collaboration efforts that allow comparative studies. This may help not only to raise the quality of research but also to learn about the impact of policies pursued elsewhere.

¹²⁶ The full questionnaire is available here: <http://www.ggp-i.org/materials/survey-instruments.html>

¹²⁷ Cf. <http://www.ggp-i.org/bibliography.html>

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 the 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 and in translating data into evidence-based policymaking.
- 17.7. Further develop education and career paths for experts in demography and statistics on 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

The mainstreaming of ageing needs to be monitored and evaluated with respect to progress made within certain areas, developing benchmarks and introducing appropriate indicators. Performance indicators should be both 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 and external assessments, including participatory assessments by a range of stakeholders such as the 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 must outline concrete activities to realize the recommendations, combined with a timeframe, responsible entities, and indicators of achievement. The Action Plan should be developed

in a consultative manner, inviting outside views from a range of 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 engaged actively in addressing difficulties. Additional partners could be invited to support implementation of the Road Map and Action Plan, as necessary.

Finally, the procedures of the UNECE Working Group on Ageing will 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 the recommendations of this 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 for 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 been clearly recognized as a policy priority. As the ICPD Global Survey 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 International Plan of Action on Ageing.

This Road Map is a first step in the direction of implementing MIPAA/RIS more systematically. It provides the framework for a holistic analysis of ageing-related policymaking. Actually achieving the goal of mainstreaming ageing will require a more fundamental change in organizational culture away from thinking in silos towards more coordinated approach that cuts across domains.

Implementing the Road Map and Action Plan will necessitate a serious commitment. To be successful, activities will have to be sequenced carefully and prioritized, and additional fundraising may be necessary in order to achieve progress in a number of areas. The Road Map recommendations should provide a good basis for approaching local United Nations offices and bilateral

donors with requests for support. Investing in a strong policy response to ageing now makes good policy sense and is likely to avert higher costs later on. However, investments should be made with financial sustainability in mind. In the past, much has been expected of foreign donors. International aid is always time-restricted and, frequently, well thought-out project activities have simply ceased as international funds dried up (Jones 2013:111). Georgian policymaking will therefore need to be more self-reliant.

Following the changes in government since 2012, a number of policy initiatives have been undertaken. The results they will yield will only be known with some time lag so they could not be entirely evaluated within this report. Many of the policy initiatives have been fast-tracked, with the aim of achieving 'quick wins'. This is understandable, since expectations of the new Government have been high. However, change requires time and is not always straightforward. 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 that is required for ageing-related policymaking. It is hoped that this Road Map will help by guiding actions in the necessary direction.

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ANNEXES

INTERVIEWEES

Central public administration

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

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Mr. Paata Shavishvili	Head of Population Census and Demography Division
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Mr. Mamuka Katsarava	Head of Department of Health, Social and Cultural Affairs, Tbilisi City Hall
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Academic community

Mr. Matthias Klingenberg	Regional Director, DVV International (the Institute for International Cooperation of the German Adult Education Association), Regional Office for the Caucasus and Turkey
Mr. Otar Gerzmava, PhD	Full Professor of the Faculty of Medicine, Grigol Robakidze University
Mr. R. Michael Cowgill	President, Georgian American University
Mr. Lasha Labadze	Deputy Director and Senior Research Fellow, International School of Economics at Tbilisi State University

Ageing-related NGOs

Mr. Vakhushiti Kizikurashvili	Academic and Chair of Society, Amagdari Charitable Society for all Ages
Mr. Gaioz Kubanieshvili	Health and Social Care Programme Manager, Caritas Georgia
Ms. Ia Adeishvili	Health and Social Care Programme Officer, Caritas Georgia
Mr. Ucha Vakhania	Executive Director, Home Care Coalition in Georgia
Ms. Natia Loladze	President, Georgia Red Cross Society
Ms. Medea Margania-Avaliani	Secretary General, Georgia Red Cross Society

Ms. Ketevan Mindeli	Health and Care Programme Coordinator, Georgia Red Cross Society
Ms. Nino Avaliani	Executive Director, National Assistance Foundation
Ms. Nana Kalanadze	Chair, The Aged Women's Association 'Deserving Old Age'

Employers' organizations / Private sector

Ms. Tamar Mamporia	Legal Analyst and Committee Coordinator, American Chamber of Commerce in Georgia
Ms. Betsy Haskel	Businesswoman and Member, American Chamber of Commerce in Georgia
Mr. Mikheil Kordzakhia	Vice-President, Georgian Employers' Association
Mr. Lasha Labadze	Head of Department of Relations with Employers, Georgian Employers' Association

United Nations entities

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

Delegation of the European Union to Georgia

Ms. Nino Kochishvili	Project Manager
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