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UNITED NATIONS
ECONOMIC COMMISSION
FOR EUROPE

Population Activities Unit
Palais des Nations
CH-1211 Geneva 10
Switzerland

Tel +41 22 917 2468
Fax +41 22 917 0107
<http://www.unece.org/pau>
E-mail: ageing@unece.org

**Reporting on National Follow-up
to the UNECE Regional Implementation Strategy (RIS)
of the Madrid International Plan of Action on Ageing (MIPAA)**

April 2007

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Introduction

The report of the United Nations Secretary-General to the Commission for Social Development on the modalities for the review and appraisal of MIPAA (E/CN.5/2006/2) considers most relevant for countries to share information, experiences and good practices, draw conclusions and set priorities for future cooperation and technical assistance **primarily at regional-level review and appraisal exercises** organized by the regional commissions. It is expected that the regional commissions will elaborate concrete plans for conducting the review and appraisal exercises and convene regional conferences on MIPAA review and appraisal in 2007. The secretariat of the United Nations Economic Commission for Europe (UNECE) is engaged in this work, receiving support from the European Centre Vienna and from the Task Force for Monitoring MIPAA/RIS. The Government of Spain has proposed to host the Conference on Ageing in the UNECE region in autumn 2007.

The present guidelines are designed to assist Member States in reporting on the national follow-up to the UNECE Regional Implementation Strategy (RIS) of MIPAA. They are meant for national focal points on ageing and all the others involved in writing the report on the review and appraisal of national follow-up to MIPAA/RIS. It is hoped that the report outline provided in this document would help the focal point on ageing to organize existing as well as newly collected material into a concise report. The harmonised structure of country reports is also helpful for summarising ageing related developments across the region and for exchanging experiences between Member States. Information provided through these reports would form the basis for discussions at the 2007 UNECE Conference on Ageing.

It is suggested that the length of the report is 6000 to 8000 words (excluding annexes), including an abstract of 700-1100 words. **The deadline for submitting this report to the UNECE is 16 April 2007.**

For additional background information, you are referred to the following documents available through our website <http://www.unece.org/pau>:

- *Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing*
http://unece.org/pau/age/berlin2002/docs/berl_ris_rev_e.pdf
- *Berlin Ministerial Declaration – A Society for All Ages in the UNECE Region*
http://www.monitoringris.org/documents/norm_reg/berl_md_e.pdf
- *Guidelines for the review and appraisal of MIPAA*
http://www.monitoringris.org/documents/imp_glob/Guidelines_draft_final_June.pdf
- *Note on the UNECE Conference on Ageing*
<http://www.unece.org/pau/age/focalpointmeeting/Note2007UNECEConferenceonAgeing.pdf>
- *Implementation of the Madrid International Plan of Action on Ageing in the UNECE Region*
http://unece.org/pau/age/focalpointmeeting/summary_report_questionnaires.pdf

Outline of the Report on the Follow-Up to the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in [country]

ABSTRACT

Please provide an abstract of 700 - 1100 words (depending on the number of priority areas chosen) according to the structure below.

Methodology used for this report, in particular the explanation of bottom-up participatory approach used (about 100 words)

Review and analysis of national progress in fulfilling the commitments of the RIS (about 200 words for each priority commitment; about 300 words in total for the remaining commitments)

Conclusion (about 100 words)

Methodology used for this report

The reports and interviews of the members of the National Demographic Ageing Council. The official websites of the Serbian Ministry of Labour, Employment and Social Policy, Ministry of Health, PRSP Focal Point. (First Draft of Second Progress Report on Poverty Reduction Strategy Implementation in Serbia).

Bottom-up participation – 1. Results of the evaluation research (quantitative and qualitative) of NGO “Amity” in cooperation with UNDP Serbia, February, 2007 “Social Protection community services for elderly in Serbia”. 2. Results of the focus groups of elderly citizens of Serbia presented in the national workshop “The Life and Rights of the Elderly in Serbia”, March 2007, within the Project “Support to the reform of elderly people protection policies in Serbia” - NGO “Progetto Sviluppato” in cooperation with MoLESP.

Review and analysis of national progress according the commitments of the RIS

Commitment I

With the adoption of the National Ageing Strategy (2006) the phenomenon of the demographic ageing is promoted at the national level, as a factor of all the sectors of the GoS. It is the first strategic orientation of action envisaged in the Strategy Paper.

In 2005, the GoS adopted the Review of the MDGs achievement. By the adoption of this approach (2006) in the activity planning and budgeting, involving 6 ministries (of economy, labour and employment, social protection, education, health, environment protection) the progress was made in the reform of the work of the GoS. Annual Operational Plans (AOP) have clearly spelled out the activities and planned costs of the National Ageing Strategy. The share of the costs in GDP in service of the poverty reduction is also significant (31,1 per cent 2004, 29,8 per cent GDP 2005, 28, per cent GDP 2006). In period 2002-06, the poverty was reduced in the urban areas of Serbia, in Belgrade and in Vojvodina region.

Pension insurance of the greatest part of working age population is mandatory. The pension and disability insurance system reforms have been implemented towards the greater sustainability of the system and basic material security of the retired. The progress has been made in the regular pension benefit disbursement: in 2004 the pensioners had disbursed all 12 pensions benefits per month, and voluntary pension scheme was introduced.

Commitment II

The most significant activity from the aspect of the participation of the elderly citizens was initiated in the process of the development of the National Ageing Strategy. (2003 - 06). This process involved for several years already, both organisations of the elderly citizens (NGO Association of Trade Unions of Retirees of Serbia, Veterans' Association, NGO Association of Trade Union of Retirees „Nezavisnost“) and NGO (National network “HumanaS”). All these took part in the process of democratic debate and consultations on the future GoS paper and in the drafting of the text. Enhanced participation of the elderly citizens in the community and society is the second strategic direction of the action foreseen in the NAS with various specific goals oriented towards local communities. The elderly citizens participate in the development of the local social and health service policies in one third of the municipalities in Serbia (58 from 165 in total).

Commitment III

The issue of equitable redistribution of the achieved economic growth in the country is one of the strategic orientations of the actions in the NAS, defined as: *Promotion of equal and sustainable economic development*. The main aim of the economic development is accelerating the economic development through realization of the process of transition and at the same time extenuate the unfavourable social and economic consequences of transition respecting the demographic processes of the ageing population.

Commitment IV

The poverty rate in the period 2003-2006 was reduced, the pension and disability benefits have been regular (for more than 2/3 of the elderly citizens), and social benefits have also been regular for about 60.000 citizens (4 per cent elderly citizens).

The adoption of the "minimum level of social security" in the territory of Serbia in 2004, the greater accessibility of social welfare resulted in the increase of the amount and number of family beneficiaries of social welfare in the most disadvantaged municipalities. The additional amounts were appropriated from the Budget for this type of welfare through the increased transfers and better coverage of the most vulnerable groups. The number of services in local community rose for 50 per cent. In spite of this increase in the number of services, the elderly citizens report that they still have low accessibility to the services and that they mostly rely on the support of their families.

Commitment V

One of the main strategic directions in our NAS (2006) is: *Promotion of adaptive labour market to reduce the social and economic consequences of the ageing population* for whom the first priority is the possibility of a flexible and gradual retirement and the second, to be able to minimize the unemployment rate among the workforce, both women and men, over 45, and over 50 years of age.

Although the unemployment in Serbia is extremely high (particularly youth unemployment) the rise in the number of the elderly persons who remain active at the labour market has been observed, which is the observation that cannot be fully supported by the recorded statistics. In line with the

mentioned reform in the area of employment the Law on Employment has been amended so as to allow for the incentives for the employers when they employ the workers over 45 and younger than 30 years of age.

Commitment VI

National Strategy on Ageing point it out as one of the strategic directions *Promotion of lifelong development*, which encompasses the following aim: creating and supporting an enabling environment for lifelong learning which is a prerequisite for participation of elderly people in employment.

We accentuate the progress made in the education of the elderly through the growing activities of NGO and spreading of the network of “Third Age Universities” especially owing to the fact that in 16 years of its existence it has been completely financially independent. The state invests more into the education of the elderly.

Commitment VII

One of the adopted strategic directions in our national Strategy on Ageing (2006) is also to *Ensure quality of life and provide services to sustain the independence of the elderly people* with the aim to preserve and enhance the health and the quality of life of the elderly people through provision of qualitative and quantitative health services.

In the previous period in Serbia systemic measures were introduced in the reform of health care system, prevention and treatment of the elderly. The sustainability of the health care services by the introduction of this model of funding in the health care in 2006 so called “heavy capitation” that allows for more time and better quality services for the patients.

In primary health care the health care services for the adults as well as in-house care and treatment have been adopted.

In the secondary health care, the measure for mandatory appropriation of 10 to 15 per cent of the bed capacity(2006) have been adopted. The measures resulted in the increased accessibility of the health care for the older patients (source: Ministry of Health).

The data from the focus groups providing the opinion of the elderly citizens about the health care services at the local community level indicate that their expectations concerning health care services are considerably higher. Also, they indicate that the number of the in-house health care services is insufficient.

Commitment VIII

Recently adopted Strategy on Ageing promoted as the action direction also the *Commitment to gender equality*, with the aim to enhance and promote gender equality.

The efforts have been made to amend the Law on Employment so that to support the women employment. In the system of social protection and in cooperation with NGOs continuous actions have been carried out in response to the challenges in the area of the domestic violence the victims of which are most often women. The widespread campaign on the elimination of the domestic violence is underway organised and managed by the NGOs

Commitment IX

Commitment IX is also the strategic direction of our National Strategy on Ageing, formulated as: *Ensure support to the families with the older members and enhance intergenerational interdependence*, with the aim to assess the present and the future needs for social services of the families with the elderly members, including formal and informal systems, promoting and supporting provision of specific support to the families that take care of their elderly and dependent family members.

Positive labour laws in Republic of Serbia provides for adequate protection of the interest of the employees providing care for seriously ill family members, i.e. reconciliation of working and family obligations concerning provision of care for dependent family members. However, it has been noted that these regulations are often neglected in the private sector, while the state still does not have adequate mechanisms to control the compliance on the part of the employers.

Commitment X

In the National Strategy on Ageing there is strategic direction: *Implementation and monitoring of the National Plan of Action on Ageing* in which three aims are set: 1. Implementation of the strategic planning on national and local level, with participation of all stakeholders, including the elderly; 2. Enhancement of scientific work on ageing issues; 3. Support participation and development of the non-governmental and volunteer organizations and associations of the elderly.

Conclusion

Democratic development and adoption of the NAS paper (2006.- 2015) of vital importance for demographic ageing in Serbia shows that the ageing policy has been progressing significantly.

Real optimism in the forthcoming period has to be based on the increased and more represented activities and actions oriented to better and improved M&E of full implementation of International Plan on Ageing in Serbia. For the more efficient achievement of our priority strategic goals the cooperation of the Republic of Serbia with other countries, with UN system, international and NGOs needs to be promoted.

0. General Information

This introductory chapter should contain general information about the Member State that is submitting the report, in particular:

Country name

Republic of Serbia

Name of and information about the author(s) of the report

Dr Lidija Kozarcanin, Republic Institute for Social Protection, Zoran Panovic, Serbian Ministry for Labour, Employment and Social Policy, Ivana Mistic, Serbian Ministry of Health, Mr Nadezda Sataric NGO "Amity", Dr Mirjana Rasevic, Institut for Social Sciences, Natasa Todorovic, Serbian Red Cross (NGO network HumanaS), Ivana Cirkovic, Serbian Government, Social Policy and Vulnerable Groups Coordinator

Contact details for the author(s) of the report

1. Mr.Zoran Panovic, Head of PIO Department, Serbian Ministry for Labour, Employment and Social Policy, Nemanjina 22-26, 11000Belgrade, Serbia, Phone: +381 11 363 1490, fax: +381 11 362 1143 e-mail: zoran.panovic@minrzs.sr.gov.yu
2. dr Ivana Mistic, Special Advisor, Serbian Ministry of Health, Nemanjina 22-26, 11000Belgrade, Serbia, Phone: +381 11 3616 632, +381 11 3631 439, e-mail: ivana.mistic@zdravlje.sr.gov.yu
3. mr Nadezda Sataric, Program Menager, NGO Amity, Spanskih brigada 4, 11000 New Belgrade, Phone: +3811 11 2140 554 Fax: +381 11 2131 261, e-mail: Amity@yubc.net
4. dr Mirjana Rasevic, Director, Institut for Social Sciences, Narodnog fronta 45, 11000 Belgrade, Serbia, Phone: +381 11 3616 002, e-mail: IDN@eunet.yu
5. Natasa Todorovic, Program Menager, Serbian Red Cross, Simina 19, 11000 Belgrade, Serbia, Phone: + 381 11 3032 125, e-mail: natasharedcross@hotmail.com
6. Ivana Cirkovic, Social Policy and Vulnerable Groups Coordinator, PRSP Focal Point, Nemanjina 11/RM38, 11000 Belgrade, Phones: +381 11 3817 590, Fax +381 11 3617 613, e-mail ivana.cirkovic@sr.gov.yu , web address www.serbia.sr.gov.yu , www.prsp.sr.gov.yu

Name of official focal point on ageing and contact details

Dr Lidija Kozarcanin, Republic Institute for Social Protection, Marije Bursac 49, 11000 Zemun - Belgrade, Serbia, e-mail: lidija.k@sezampro.yu, phone. +381 11 2693 609, Cel.phone: +381 63 89 10 557

Name, reference, and date of adoption or status of preparation of national strategy, action plan or similar policy document on ageing (please attach relevant documents in the annex).

National Strategy on Ageing (2006 – 2015),

Government of the Republic of Serbia,

7/9/2006

1. Situation, Activities and Priorities Related to Ageing

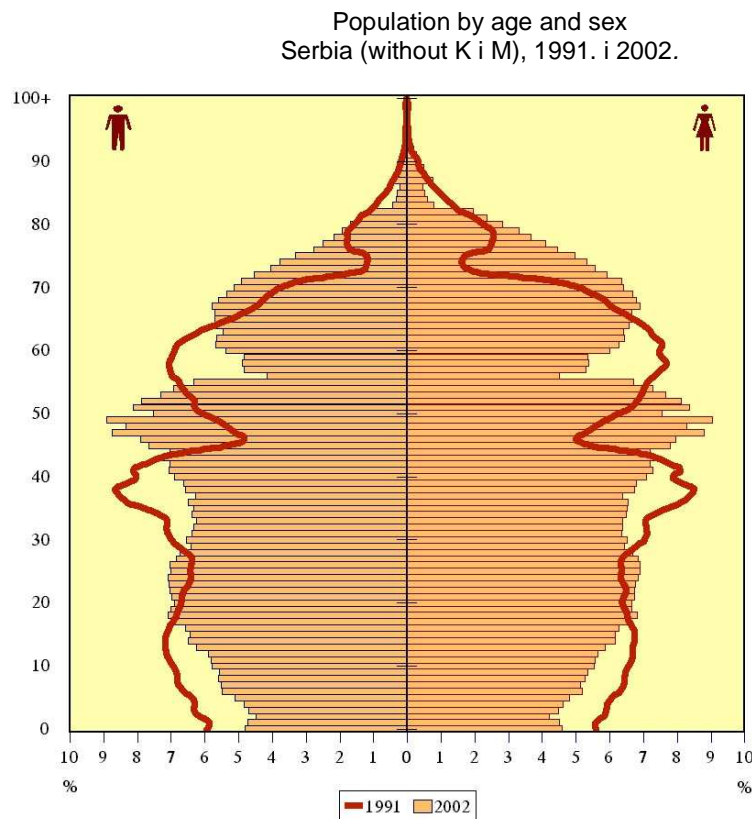
a) National ageing situation

This first chapter includes an overview of the national ageing situation with respect to demographic, social, economic and political developments.

One of the key objectives of the reports is to allow Member States share good practices and different approaches to similar challenges and opportunities related to the ageing of their societies, deeply understanding the different contexts in which the latter evolves. Therefore, this chapter may consist of the following sections:

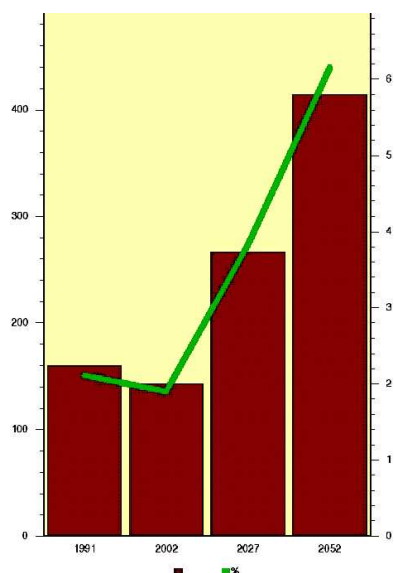
- *Presentation of **demographic indicators** that could help better understand the country's development regarding the issues discussed.*

The population of Serbia belongs to the oldest populations in Europe and globally. According to 2002 census, over 1.200.000 citizens are over 65 and older, which is one sixth of the overall population. The ageing process will keep on with particularly intensive ageing of now old population. Every second older individual lives alone or in elderly household.¹



¹ National Ageing Strategy, Ministry of Labour, Employment and Social Policy of Republic of Serbia, Belgrade, 2006

Elderly 80 +
Serbia (without K i M), 1991-2052.



- *Presentation of key quantitative social and **economic indicators** and features that may help to put into focus the issues treated and ease quantitative analyses.*

In Serbia poverty is more prevalent amongst older citizens (10.9 per cent of older population, 2002). The structure of costs and housing conditions of the elderly are worse in comparison with the rest of the population. Simultaneously, there are obvious gaps in the institutional and instrumental level of the fulfilment of the basic needs of the elderly, and drawbacks in the overall response of the society to the impact and consequences of ageing of population.

Social image: By representational survey research, 826 persons older than 70 (basic population 844 998 osoba) in 2006, it has been identified that persons ageing 70-75 (58 per cent) prevails, women (59,6 per cent) and persons living in city (53,3 per cent). 41,4 per cent without education or without completed primary school education 34,7 per cent with primary school education, 17,3 per cent high school, and a 6,6 per cent higher or high education. 27,4 per cent live alone, 30,4 per cent with a spouse, 36,6 per cent in multimeber household.

20,8 per cent has personal income up to the amount of 81,25 EUR/month (RSD 80 = EUR1). 37,5 per cent has income between EUR 81,25 and EUR 150, and 28,9 percent over EUR 150. 12,8 per cent does not have personal income. As per member of the household, the largest number of the elderly has income in the amount of EUR 81,25 and from EUR 81,26 through EUR 162,5 – 34,3 per cent. The group 17,9 per cent with the highest income as per member, over EUR 162².

The democratic changes and development of the political system with the GDP growth for 18.03 per cent by 2006 in comparison to 2002, allowed for the stability of elementary social security of citizens. Pension and disability insurance system provides benefits on regular basis, meaning that

² Nadezda Sataric and Mirjana Rasevic – „Social and Health Care Services in Local Community in Serbia“, NGO Amity, UNDP Serbia, 2007, Belgrade, Serbia

two-third old- age beneficiaries receive their benefits regularly and social contributions for around 5 per cent of the elderly citizens are in place.³

- *Brief description of the **social and political situation**, which may help to understand in which context ageing related issues are dealt with in your country*

In Serbian society the transition of the economy and democratisation of the political system is carried on by means of reforms oriented to EU integration and enhanced compliance with fundamental human rights. The social and economic situation that resulted from the long-term crisis and isolation of the country, that saw the onset of reforms in 2000 was characterised by rapid decline of the social and legal security and rise of the poverty amongst citizens.⁴

You are invited to use the indicators developed in the European Centre Vienna MA:IMI project (http://www.euro.centre.org/detail.php?xml_id=81) for the above descriptions.

b) Instrumental assessment

This assessment should focus on **policies, laws and regulations** adopted and/or modified since the Berlin Conference (for instance, a new law on palliative care, etc.); on **programmes** established to adjust to demographic change (such as a new program for home care, etc.); on measures to adapt the **physical environment** (such as new housing or new transportation facilities for older persons); and on the allocation and rates of change per annum of **budgets** relevant for ageing related issues.

Government of Serbia (GoS) adopted on September 7, 2006, National Strategy on Ageing, 2006. - 2015, the document of major significance for ageing in Serbia, which indicates that ageing policy has been significantly progressing since after the adoption of the MIPAA and regional Ministerial Conference on Ageing in Berlin (2002).

On one hand, the Strategy directly builds upon the RIS (10 strategic directions, in line with 10 RIS obligations) and on the other hand, it taps into several adopted national strategies in various fields (EU accession, poverty reduction, employment, etc.), largely concerning areas of defined strategic lines of action, as the response to accepted obligations from RIS and challenges of ageing in Serbia, authentic needs of the population and activities conducive to effective adjustment to economic and social impact of ageing in the country.

The positive changes resulted from the adoption of or amendments to a number of laws and regulations in the area of pension and disability insurance, health and social care, and especially, from the adoption of action programmes, that on the whole or partially, directly or indirectly, support the development of the society in which there is room for all the generations and allow for the promotion and improvement of the status of the elderly.

Only the most significant strategic documents will be mentioned here, as well as the laws adopted by the GoS and/or Parliament in the period in question: Poverty Reduction Strategy Paper (2002), Health Care Reform Policy (2004), National Employment Strategy (2005), National Accession Strategy of Serbia and Montenegro (2005), Social Welfare Development Strategy (2005), Family Code (2005), Law on Citizens' Ombudsman, Amendments to Employment Law, and Amendments

³ Republic Statistic Office, web site <http://webzrzs.statserb.sr.gov.yu/axd/index.php>, 2007

⁴ Poverty Reduction Strategy, Government of the Republic of Serbia, Belgrade, 2003

to Law on Social Protection of Citizens and Provision of Financial Security (2006), Disability Discrimination Law (2006), Strategy for enhance persons with disabilities (2006).

c) Identification of areas for in-depth evaluation

Based on the overview of the national ageing situation and the instrumental assessment, an identification of national priorities can be undertaken. These priorities reflect the main axes of intervention for your country and indicate which areas deserve an in-depth evaluation. These priorities would also be the subject of the short (max. seven minute) statement that your government delegation may wish to make at the Commission for Social Development in February 2007.

The areas of priority activity in Serbia in relation to right to social inclusion of the elderly, poverty reduction and antidiscrimination and promotion of health of the elderly have been carried out through the provision of enhanced social and financial security and sustainable, more complete, and more adequate functioning of the pension and disability insurance system, labour market, education, social and health care.

The following results have been achieved:

Mainstreaming ageing (1) The issues of ageing have been mainstreamed as medium-term goals (for the period of two to three years). These issues have been built into the new enhanced system of annual operational planning of the republic ministries – AOP, at the level of six responsible ministries and state agencies, for the purpose of integrated planning, budgeting and transparent reporting.

In the initiated process of pension and disability insurance reform significant step forward concerning regular disbursement of benefits have been made: in 2004. Beneficiaries received all 12 benefits per month. The pension insurance for the larger part of active population is mandatory. The voluntary pension insurance has been introduced as well.

Pursuant to the most recent Law on Debt Restructuring, the arrears of old-age benefits will be disbursed in the next three to five years depending upon the categories of the beneficiaries (employees, self-employed, farmers). The consolidation of all three pension funds is in the pipeline.

Encouragement of social integration of the elderly (2) The initiated reform of National Employment Service (education for the provision of the enhanced quality services, organisation, promotion of the system of registration) greater access to labour market for older workers – facilities concerning pension contributions and taxes paid by the employers.

Adjustment of the social protection system to the economic and social consequences of ageing of population (4) Introduction of the “minimum level of social security” on the territory of Serbia in 2004 enhanced access to social allowance resulted in its increased amount and the number of beneficiaries of social allowance in the most disadvantaged municipalities. Additional appropriations were allocated from the Budget by means of increased transfers and enhanced coverage of most vulnerable groups.

Since 2002 through the programmes and cooperation of the Ministry of Labour, Employment and Social Policy and international donors the projects of service provision at local level have been financed. Their main goal is development and testing of the new and more efficient social and health care services by means of cooperation of government, non-government and private sectors,

public institutions, self-government and staff training. The number of services of at-home assistance and care for older beneficiaries has been increased for one – third.

Securing conditions for quality living and sustainability of independent living (7) Introduced systemic measures in the health care system reform as of 2002, prevention and treatment of older persons – introduced health care services for the adult and in-house care and treatment at the level of primary health care leading to greater accessibility. In 2006, at the level of secondary health care, measures were undertaken for mandatory allocation of 10 – 15 per cent of the beds in hospitals for the elderly and dying patients. The measure is now observed so, the discrimination against the elderly as patients have been weakened.

In order to secure sustainability of the health care services a new model of funding has been introduced since 2006, capitation for older patient that provides more time and better quality service⁵.

⁵ Interviews of the Advisors in the Ministry of Labour, Employment and Social Policy, Special Advisor in the Ministry of Health, and the Deputy Prime Minister's PRS Implementation Focal Point responsible for monitoring and implementation of PRSP, research, NGO Amity, UNDP Serbia, "Social and Health Care Services in Local Community in Serbia", 2007, Belgrade.

2. Methodology of In-Depth Evaluation of Identified Priorities

This chapter deals with the methodology for an in-depth evaluation of policy actions taken towards the implementation of MIPAA/RIS within the identified national priorities. It is suggested that both a quantitative and a qualitative approach be used for assessing the impact of policy actions.

Quantitative information can be taken from ongoing and new studies on ageing, both cross-sectional (assessing the impact of policies across several sectors) and longitudinal (observing a specific policy impact over a longer period of time).

Qualitative information can be obtained through a **bottom-up participatory approach**. Participatory approach refers to the involvement of older persons in assessing the impact of policy actions on the quality of their lives. This approach is flexible, as it can be adapted to country-specific challenges and opportunities.

This chapter should address interactions with the different stakeholders, such as ministries, NGOs, private sector, academia, older persons, and on how this contributed to the report. If applicable, the link of the review and appraisal of MIPAA/RIS to other established monitoring mechanisms in your country should be discussed here.

The national focal point on ageing is expected to organize the process of bottom-up participatory assessment. The focal point is encouraged to identify and engage one or more *facilitators* with the expertise of using a participatory methodology. Such facilitators could come from academia or non-governmental organizations for the participatory assessment.

There is raising process of cooperation among different Government sectors, stakeholders, such as ministries, NGOs, academia, and older person's organisations.

For the purpose of this Report we used already existing results of focal point on Ageing reports (focal point meetings: in Segovia, Spain, 2006 and Chisinau, Moldova, 2007), official Government reports, results of evaluation research - NGO "Amity" in cooperation with UNDP-Serbia (2007) and in bottom-up participatory process realized activities of elderly focal groups - NGOs in ongoing projects regarding the Social Position of Elderly in Serbia (2007).

3. National Capacities for Follow-up to MIPAA/RIS

This chapter analyses to what extent national capacities exist to ensure national follow-up of the commitments made by your country in the MIPAA/RIS. Issues to be analyzed could include:

a) *institutional follow-up: what institutions are responsible for follow-up to MIPAA/RIS?*

To respond to the accepted obligations in Madrid (MIPAA) and Berlin (RIS), as well as to adopt relevant ageing policy at the national level, including the M&E obligations concerning its implementation, GoS established the Council on Ageing and Old Age on June 17, 2004, as a Task Force of the Government.

Pursuant to the GoS Decision on the establishment, the Council on Ageing and Old Age is responsible for the issues concerning adjustment to social and economic impact of ageing of population in Serbia, and pursuant to its Rules of Procedure, Secretariat of five members is set up to carry out individual tasks as the preparation of sessions and of task forces. All the activities of the Council are financially and professionally supported by the relevant capacities and Departments of the Ministry of Labour, Employment and Social Policy.

Minister of Labour, Employment and Social Policy is its President, and Vice-President and Secretary are elected from among the members appointed by the GoS. The members are representatives of seventeen different organisations directly or indirectly engaged in ageing issues or in the provision of services to the elderly in Serbia. The membership is equally shared among the government, non-government organisations respectively and humanitarian sector, university professors and professionals for social protection, health care, education, trade union of retirees, national network of NGOs for the elderly, etc.

The organisations which have been engaged via its appointed representatives as the members of the Council and simultaneously and directly engaged in M&E of actions, activities and services in the field of ageing are:

1. Ministry of Labour, Employment and Social Policy
2. Ministry of Health
3. Social Sciences Institute – Centre for Demographic Researches
4. Institute for Political Studies – Social Policy Centre
5. Republic Institute for Social Protection
6. Belgrade University, School for Political Sciences – Department for Social Policy and Social Work
7. Clinical Centre „Zvezdara“ – Geriatric Clinic
8. Institute of Gerontology, At-Home Treatment and Care - Belgrade
9. City Centre for Social Work – Belgrade, as representative of all Centres for Social Work in Republic
10. Gerontology Centre – Novi Sad, as representative of all Homes for elderly in Republic
11. NGO Gerontology Society of Serbia
12. NGO Project - University for Third Age
13. National network of NGOs and humanitarian organisations „HumanaS“
14. Red Cross of Serbia
15. NGO Association of Trade Unions of Retirees of Serbia
16. NGO Veterans' Association
17. NGO Association of Trade Unions of Retirees of Serbia “Nezavisnost”

In the adopted document the National Strategy on Ageing the Local Community Governments will also take the appropriate role in further activities in strategic planning, implementing and follow up the local action related to ageing. More than 1/3 of the 165 Local Community Governments in Serbia are already actively involved in this process.

b) organizations of older persons: do national organizations of older people take part in the follow-up activities?

Association of Trade Unions of Retirees of Serbia, Veterans' Association, Association of Trade Union of Retirees „Nezavisnost“(represented in the Council), are the leading force organized on national level but so far, they are not included in the process of follow up activities on the level that could be achieved in the near future.

c) educational, training and research activities on ageing: what activities on education, training and research are undertaken in your country with regard to ageing?

In the last 5 years we can find some good and positive answers in Serbian formal educational system, previously in adding new profiles of medical schools and universities with possibility for students to specialize in the geriatric area.

Education and Training for social and health service providers for the elderly are for the time being predominantly organised and delivered by NGOs:

- For the promotion of development and quality of social protection services NGO Gerontology Society of Serbia, „Viktorija“ Kragujevac, „Progetto Sviluppo“ (Italian project on the development of the Ageing Policy in Serbia) and others;
- Training for medical staff aimed at the promotion of the development and quality of health care services is delivered in NGO Gerontology Society of Serbia and also in the public health care sector in Geriatric Clinic – KBC Zvezdara and Institute of Gerontology and At-Home Treatment and Care, Belgrade.

In 2006 NGO „Snaga prijateljstva – Amity“ undertook the study on socio-economic and health care situation and needs of the older citizens of Serbia (over 70) for social and health care services at the level of local community, with special emphasis on assessment of the situation, life problems and views of the older citizens living in the poverty. The survey has been completed thanks to the UNDP donation whereas the findings are published in March, 2007.

In 2006, the research “ Long term care of elderly in Serbia“ began as a part of the international project of the Institute for Social Policy from Vienna (funded by „Erste Bank“ of Austria) covering 8 countries of Europe. The associates of the Social Sciences Institute and Republic Institute for Social Protection are the experts from Serbia involved in this research

d) data collection and analysis: does the available data and research allow getting an adequate picture on ageing related situation in your country?

The databases available at relevant Ministries of the Government of Serbia are comprehensive and detailed since most services are provided centrally. To have complete picture of the situation concerning ageing in Serbia in the period 2002 – 2006 one must have also the missing data on all

those older citizens who are partially or completely outside the reach of pension and disability insurance system, social protection system and health insurance system. Also, functional links among mentioned systems are missing and broader and more often use of the existing data base for evidence based researches.

e) mobilization of financial resources: what resources have been specifically dedicated to MIPAA/RIS follow-up

The Ministry for Labour, Employment and Social Policy financed the Council Task Force and democratic process in building up National Strategy on Ageing and all relevant activities from 2004 to the end of the 2006. The Council on Ageing and Old Age has not yet issued relevant decisions nor has it submitted relevant recommendations and proposals to GoS for future activities, which contain relevant funds for targeted activities to be undertaken within MIPAA/RIS follow up.

f) independent and impartial monitoring of progress in implementation: what are the monitoring mechanisms in place for the review and appraisal of MIPAA/RIS?

All seven NGOs (represented in the Council), are the organisations founded at the national level with own infrastructure responsible for monitoring and implementation of the activities. All the NGOs mentioned participate in the creation of the national report on ageing. We would like to emphasise the activities of two NGOs in Serbia – NGO „Lastavica“ from in Surcin and NGO „Viktorija“ from Kragujevac. These are leading members of national network HumanaS and members of the network of NGOs in South East Europe within SEEN PROGRAMME (Help Age International, UK- Civil Society Organizations and Institutions working with the elderly), within which, the report MIPAA+5 for Serbia was prepared in line with internationally accepted M&E methodology.

As for independent and bottom up monitoring of the progress achieved, M&E mechanisms predominantly used, have been developed as integral parts of individual projects of NGOs involved in the provision of the services for the elderly, which were presented collectively in the research undertaken by NGO „Snaga prijateljstva –Amity“ by means of quantitative methods and methods of qualitative research. For older citizens who are in poverty risk - focus groups, realised by social experts all over the Serbia. The NGOs' report MIPAA+5 from Serbia produced within SEEN PROGRAMME (Help Age International, UK-South East European Civil Society Organizations and Institutions working with the elderly) also included face to face interviews of the older citizens themselves. The results from independent experts working with elderly focus groups in Novi Sad and Kragujevac are presented also, on the recent national workshop in Belgrade (March, 2007).

4. Review and Appraisal by Subject Area

This part of the report is expected to be organized along the lines of RIS commitments. Most of the commitments are divided into *themes* with guiding *questions* on each theme, aligned with the content of the corresponding RIS commitment.

You are expected to report on all commitments, while focusing on one or more national priorities selected for in-depth review in your country. Reporting on these priorities is expected to address all the guiding questions pertaining to that area of priority. In other areas, you are expected to provide at least some information about related activities or reflect on their absence. In other words, more detailed information and analysis are expected in reporting on the priority areas selected for in-depth review, while less detailed information is expected on all other areas.

The report is expected to include evidence of **results and outcomes** that the described measures, programmes or initiatives have achieved, especially in the areas chosen for in-depth evaluation.

The structure provided for this part of the report should be seen as a framework for presentation of pre-existing and newly collected information and its analysis. The questions under each commitment are formulated to assist you in selecting and presenting relevant information. You may also wish to add other observations, as appropriate, to supplement the themes (issues) mentioned under each commitment.

RIS Commitment 1: Mainstreaming ageing

This chapter analyzes whether and to what extent mainstreaming ageing is part of national priorities. It reveals whether ageing is included in development plans and policy strategies on the national, regional and local levels. This specifically refers to RIS Commitment 1, which intends to mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages.

The analysis could focus on the following issues:

- a) *What are the areas in which ageing is mainstreamed and to what extent is this done?*

Recently adopted National Strategy on Ageing (2006) spells out, as the first Strategy direction the *Recognition of the situation of ageing in all aspect of the development*, which equally refers to the economy, labour market as well as the development of democracy in a society, social security, education, culture, health and social protection for all citizens. This direction of action encompasses the following aims:

- 1) Coordinated action of relevant bodies of the Government and consistent approach of all policy makers adopted, the community and the elderly themselves towards affirmation and integration of the issue of ageing in all sectors and fostering opportunities integral to all phases of life;
- 2) Reaffirmation of the important role of families and the family solidarity and enhancement of the quality of life through social development for the elderly people.

Issues of the ageing population is also partly integrated in the Poverty Reduction Strategy (2003), Health Care Reform Policy (2004), Social Welfare Development Strategy (2005), Strategy of Employment (2005) and Strategy for enhance persons with disabilities (2006).

Ostvaren je progres u smanjenju siromastva starijih gradjana u urbanim delovima Srbije (Beograd) I na podrucju Vojvodine (Severno podrucje Srbije) – (izvor: First Draft of Second Report of Implementation PRSP)

- b) *To what extent do the different policies related to ageing pursue a holistic approach and are coordinated and applied consistently?*

On the national level first step were done with adoption National Strategy on Ageing (2006) in which were recognized the importance of mainstreaming ageing in all government sectors as the relevant factor for all further activities.

All strategy documents had a holistic approach and mutual coordination. Established infrastructure for monitoring and evaluation of the implementation, in this phase had Poverty Reduction Strategy.

As the progress on the local level, in one third of 165 local self-government units in Serbia, we have the recently recognized needs for the holistic approach toward the needs of the elderly population. That units have already established local Councils relating to Social Policy which are dealing also on ageing issues, at the first place, on the needs related to poverty and the needs for coordinated social and health services in local communities.

- c) *What initiatives has your country taken to tackle age discrimination? Which results have these initiatives achieved?*

The National Strategy on Ageing has been drawn on the following guiding principles, taking into account the international documents on human rights and fundamental freedoms, more specifically the documents that refer to the rights of the elderly people as well as the state documents:

1. Ensuring lifelong personal development
2. Full realization of all human rights and fundamental freedoms of all older persons
3. Ensuring the full enjoyment of economic and social security and quality life in the old age
4. Empowerment of older persons to fully integrate and participate in their societies
5. Elimination of all forms of negligence from the society due to the situation of ageing and disability
6. Commitment to gender equality
7. Recognition of the situation of the ageing persons, their unique circumstances and their specific needs
8. Promotion of intergeneration and intra-generation transfers, solidarity and dialogue
9. Facilitating partnership on all levels of government, civil society, the private sector and older persons themselves
10. Ensuring equal opportunities for all
11. Affirmation of personal responsibility

Taking into account the afore-mentioned principles, the Plan encompasses closely related obligations from all spheres of policies, organized around ten strategic direction of action and concrete aims and measures that are drawn from them in order to adequately respond to the multiple crosscutting challenges and the circumstances of the elderly population striving to make Serbia a society for all generations and dignified ageing.

As the results in practice we can see the growth of the public and media interest on elderly human rights and condemning negligence from the family and the society which are mainly the consequence of the NGO activities, but also supported by formal institutions.

- d) *What is the participation of older persons in the development of policies and strategies and in their implementation?*

In the process of developing the National Strategy on Ageing (nearly 4 years) we have the broad participation of elderly organized through NGO and other organizations of elderly citizens such as Association of Trade Unions of Retirees of Serbia etc.

The NAS paper envisages the participation of the elderly and their organisation in the implementation of the actions both at national and local levels.

- e) *To what extent are NGOs and the private sector involved in policy development and what is their role in the implementation of policies and programmes?*

NGO are fully represented in National Council on Ageing (7 of 17). In policy development we prepared the Network HumanaS of 15 NGOs and other humanitarian's organization to be involved in implementation of the national policy on local level.

RIS Commitment 2: Integration and participation of older persons

The Member States have committed to further enhance the social, economic, political and cultural **participation** of older persons.

- a) *What measures has your country undertaken to recognise, encourage and support the contributions of older people to society (e.g. media campaigns, school curricula)?*

The leading role in the management of the media campaigns of mostly local, i.e. regional character, belongs to NGOs that implement concrete project in the domain of the advocacy and representation of the interests of the elderly and provision of social and health care services.

The curricula also foresee maintenance of positive relations towards the elderly, their contributions. Also, there is ongoing cooperation of NGOs and education institutions in the organisation of contests in essay writing and artistic children's works on the topic of relations with and respect of the contributions of the elderly – the occasion is usually October 1, and this year the activities last whole October.

- b) *What mechanisms has your country put in place to take into account the views of older persons on the services provided to them?*

In the context of the initiated health care reform in all health care institutions and facilities mechanism of the protection of the patients' rights has been introduced, as well as the possibility for the patients (the elderly as well) express their opinion on the quality of the services provided. These opinions are taken into account when the best health care facilities and institutions are rewarded.

The Red Cross of Serbia in its programme of the provision of care to the elderly citizens that has been going on for 6 years now, covers 10.000 beneficiaries older than 65. The elderly themselves decide which services they need in line with the Red Cross mandate. Every beneficiary has the registering card indicating the services selected and the frequency of their provision. In the early 2005 a new project was designed that involved active participation of the beneficiaries in its design. Every municipality in which the needs assessment was carried out designed own project with the participation of beneficiaries and in line with the needs both of beneficiaries and local community itself. The services missing in every community were taken into account and also the possibility to establish partnership relations with other stakeholders. The Commission that selected the project at the level of Red Cross

comprised experts and beneficiaries of both genders on whose evaluation selection of the projects was based.

c) *How has your country encouraged the participation of older persons in society, culture, and economy?*

The participation of the elderly is encouraged through the permanent calls for active engagement of all the citizens from policy makers, and NGOs. The participation of the elderly and retirees in the working life and creation of the services in the local community is on the rise. The interest of the media for the issues of demographic ageing is also growing.

d) *What activities have you undertaken to promote the political participation of older persons and in particular of older women?*

The initiative and participation of the elderly citizens in the political life is indicated – the pensioners' party has been organised and participated in the recent parliamentary election earlier in 2007.

e) *What mechanisms and organisations exist in your country to provide a political voice for older persons and how have they been promoted?*

There are two big, republic trade unions of retirees and association of war veterans with the affiliations. All three organisations have its representative in the Council for Ageing and Old Age. The programmes of their activities are oriented to the promotion of the quality of living and financial/material status of their members.

f) *Have you set up a national advisory body on ageing or a similar institutional mechanism that includes older persons to ensure a dynamic and coordinated contribution of older persons to national policy responses to ageing?*

Serbian Government established the national advisory body on ageing in 2004 – Council for Ageing and Old Age, which was immediately involved in the creation of the National Strategy Paper in 2006. This body included the older persons as well – representatives of the trade unions of retirees (2), war veterans (1) and gerontological society of Serbia (1).

g) *Have you adopted policies and programmes to improve the housing and living environment of older persons especially in rural areas? This includes access to and affordability of services, such as housing, utility, sanitation and in particular transportation.*

The activities in cooperation with the GoS, NGOs from Italy, and local self-government of Kragujevac (through the project of the support to the development of the local ageing policy) and activities of the local NGO "Viktorija" from Kragujevac, and older persons with disability in the city of Kragujevac and neighbouring village areas (central region of Serbia) actively exercise the improved accessibility to social and health care services.

The representation of the interests of the elderly is the task of the "Viktorija", resulted in the free of charge transport for the elderly (they initiated this action). Incentives and facilities for some utility services and public transportation for the elderly are in place in all larger local communities in Serbia including their rural territories. Belgrade, with 1/5 of elderly population in general has the largest number of services provided.

Member States also committed to promoting the **integration** of older persons by encouraging their active involvement in the community and by fostering **intergenerational relations**.

- a) *What steps has your country taken to promote age-integrated communities where facilities are made available to people of all ages and where they can meet and interact (e.g. joint community centres for the elderly and the young)?*

As an example of good practice in this predominantly rural Belgrade municipality – Srucin there is a community center for vulnerable groups of all ages in this local community in operation since 2000 as authentic activity NGO "Lastavica". This community center has the support of the city of Belgrade, local primary school and other projects implemented by this NGO. The basic goal is fostering of good intergenerational relations and provision of a series of various services.

- b) *How has your country promoted volunteer activities to enable younger and older people to interact and help each other?*

Within Red Cross of Serbia the biggest voluntary organisations in the country active in the programme of the provision of care for the elderly there are over 1.700 volunteers. Greater number of them are the elderly persons, nevertheless there are a lot of young persons. RCS organizes joint meetings at which experience is exchanged and education carried out, where groups of young and older volunteers participate. In every municipality these joint meetings are held at least two times per month in line with the Programme rules. Thus we succeeded in facilitating the cooperation of the volunteers of different ages and to enable them to help each other in addressing the challenges they encounter. The first visits to the beneficiaries is always left for one younger and one older volunteer as a team.

The RIS commitments also refer to the need to **promote a positive image of ageing**.

- a) *What steps has your country taken to promote a positive image of ageing (e.g. media campaigns, incentives for employers to promote continued employment of older persons, initiatives within local communities and with participation of other social actors to facilitate dialogue and a better understanding between the generations)? In this respect, it is important to promote a differentiated and heterogeneous view of the life of older persons to better reflect reality.*

In this direction go the activity undertaken in relation to more different project with the aim of the reform of social protection – development of the network of services for the elderly as well as the support to their actions for exercise of certain rights and better life. The focus groups are where the elderly present their perception of the status of the elderly in Serbia, i.e. how they are marginalised. They say that they see themselves as losers in the reform of the pension system as they cannot manage out of the various frequent amendments to and changes of the regulations. As particular problem they single out the fact that contributions for periods of service are not paid in by the employers about which many are oblivious or find out late only when they need to retire. They have the impression that the state remembers the elderly and their problems only immediately before the elections, when politicians ask and need their support.

According to the opinion of the elderly the media report only superficially on the issues related to the ageing. As a special problem they pinpoint the prejudices about the elderly. "If I take the bus nobody let's me take a seat, and when I go to doctor's the first thing they ask me is how old I am." The elderly are aware of their absence of activity in the goings on in the society and expect more incentives and encouragement from the local

self-government and organisations of the elderly. The most active are the elderly – members of NGOs with new skills adopted, attitudes and feelings of usefulness for the society.

- b) *What actions (in particular in cooperation with mass media) have been taken to encourage older persons to make the general public more aware of the positive aspects of ageing?*

The actions that are undertaken in the NGO sector dealing with the support to the elderly and jointly with the older persons. We underline positive examples in NGO actions in Kragujevac, Belgrade, Vojvodina and in regions of Central Serbia, although the total number of the elderly participating in these actions is still insufficient.

RIS Commitment 3: Promotion of equitable and sustainable economic growth in response to population ageing

Member States committed to promoting **equitable and sustainable economic growth** in response to population ageing. Efforts should be made to raise the economic growth rates and productivity so as to increase available resources for transfer and distribution and to ensure the **financial sustainability of social protection systems** in general and pension schemes in particular.

- a) *What strategies has your country adopted to transform your economies with a view to eradicating poverty especially among older person?*

The PRSP indicated that there is permanent rise in the poverty of elderly citizens, and a new direction spelled out – improvement of the status of the pensioners and the elderly (2003). In line with the National Strategy of Serbia and Montenegro for the Accession to EU the directions of economic and social development of Serbia have been adopted (Chapter 3) adjusted to the consequences of demographic ageing (2005). MDGs are mainstreamed in the strategy papers of the GoS.

- b) *What measures has your country taken to review and adjust the macroeconomic policies to address the needs of a growing ageing population?*

The measures for economic growth especially in the private sector, employment rate increase and increased investment into education. Taking measures with view to the increased participation of the SMEs in the national economy structure, especially in the service sector, thus providing opportunities for older workers as well. In the employment reform, through the creation of the programmes for employment of vulnerable groups – older workers, etc.) Through the founding of the regional agencies for SMEs development across the country, where older workers are involved – entrepreneurs.

RIS Commitment 4: Adjustment of social protection systems in response to demographic changes and their social and economic consequences

Member States committed to take steps to **ensure the financial sustainability of social protection systems** in the face of demographic ageing. They agreed that social security systems should strengthen incentives for citizens to participate in the labour force while protecting the weakest

groups in society. Social protection systems should be adjusted so that they can fulfil their basic functions of safeguarding those who are deprived and covering those who are at risk. They need to be supported by high level of employment, comprehensive health services, functioning educational systems and active labour market policies.

In this regard, the Member States agreed to pursue the objective of preserving and strengthening the basic objectives of **social protection**, namely to prevent and/or reduce poverty and provide adequate benefits for all. In addition, the Member States agreed to adapt existing social protection systems to demographic changes and changes in family structures.

a) How has your country adapted social protection systems to societal and demographic changes?

In Serbia, the adopted National Strategy on ageing (2006) spells out the adjustment of social protection systems in response to social and economic effects of ageing of population as one of the priority strategic directions. Simultaneously, this is the subject addressed in depth in the Poverty Reduction Strategy (2002), Social Welfare Development Strategy (2005) and in part the adopted Health Protection Reform Policy (2004) and National Employment Strategy (2005). Although the process of adjustment is at its beginning, follow-up and implementation of these strategies led to the adoption of set of reform laws and special programmes.

More efficient social welfare mechanisms, the implementation of the Poverty Reduction Strategy, the revival of economic activity and an increased employment rate are expected to slow the growth of overall social benefits in relation to GDP

- Greater access to labour market for older workers – as a result of the amendments to the Employment Law, which ensure pension contribution payment facilities for the workers over 45 years of age (for the period of one year from the moment they enter employment), and the same facilities are provided for the first-time employees (under 30 years of age).
- Special Social Welfare System Development Action Programme (2006) foresees the extension and enhancement of the quality of protection measures and services for most vulnerable groups such as children, the disabled, and elderly at social and/or financial risk. The Action Programme promotes new modes of integrated social and health protection enabling enhanced cooperation among sectors at national and local levels. The on-going training programs for social protection service providers are client-oriented, focused to active participation of beneficiaries and responsibility for own well being. The development of all services at the level of local community and active involvement of non-profit and private sectors into the system are encouraged. Preparations for standardization, licensing and accreditation of social services and health care have been well on their way, and particularly phased-in development of mandatory M&E.
- The initiated health care reform included the introduction of positive discrimination measures for older patients (2006). Thus enhanced access to primary and secondary health care has been ensured. Health care services will become sustainable by already initiated implementation of the capitation model providing longer period and better health care services.

b) What steps has your country taken to achieve a sufficient income for all older persons?

Most elderly citizens in Serbia are retired. The rate of retirement benefits presents a problem, which for the certain categories of population such as the disabled and beneficiaries of survivor benefits are relatively low. Groups of beneficiaries of old-age benefit with very low benefits as well as all

those old persons without regular income in the households have at their disposal social allowances provided within the social welfare system on condition their household income is below “guaranteed minimum level of security”.

Introduction of the «minimum level of social security» at the territory of Serbia (2004), enhanced the accessibility to social welfare, and led to the increase of its amount as well as to the number of families beneficiaries of social allowances in the most disadvantaged municipalities. The additional amounts for this type of welfare have been allocated in the Budget by increased transfers and better coverage of most disadvantaged groups. The total number of elderly beneficiaries in social protection system in 2005 is 4% of the elderly citizens.

The results of the monitoring against relevant poverty indicators show that the problem of deep poverty among the older citizens of Serbia has not been fully addressed by the current social protection measures. Therefore the National Strategy on Ageing (2006) foresees that alongside the call for support from international organisations the activities aimed at development of non-contribution social pensions are to be initiated, which would be the best solution for those older citizens without regular income and socially and financially at risk.

- c) *What policies has it adopted to address on time the needs of older persons for a variety of social and health services, including sheltered housing and long-term care?*

The Social Welfare Policy adopted within the Social Welfare Development Strategy and its Development Action Plan, will to large extent contribute to the fulfilment the needs of all vulnerable groups of population in Serbia and of older persons. The development of special mechanisms through which at-home assistance for older and disabled persons at local level is introduced already has favourable outcomes. The number of such services rose for one third in comparison to 2002 when Social Innovation Fund was set up allowing for the funding of local project of sustainable partnership between local self-government, public institutions and NGO sector. There is also noticed that the private sector start to grow in the field of different social and health services and Homes for elderly.

These social protection services, as well as the at-home assistance and health care are those that are lacking to significant degree, thus the development of the day care social service and afore said services has been covered by National Investment Plan (NIP) in the field of social protection, adopted in 2006. Also, NIP covers the construction of 20 small capacity homes in those regions of Serbia where there are no homes for elderly, resulting in overcrowding of the homes in other, often remote areas.

- d) *How has your country promoted standards of living for persons with disability and for fragile older persons that allow them to maintain their independence and dignity?*

As for the protection of the standards of living of persons with disability and of older citizens with health problems in Serbia, general awareness rising campaign concerning fundamental human rights of these categories of population has already underway. In 2006, the first in line of upcoming laws was adopted – the Disability Discrimination Law. Also, in 2006 the Disability Strategy of the Republic of Serbia for the period 2005 – 2015 was adopted. Their positive impact is yet to come and activities founded in the strategy to be undertaken.

Member States also committed to establishing a regulatory framework for occupational and private pension provision.

- a) *What steps has your country taken to establish or further develop a regulatory framework for occupational and private pension provision?*

The pension and disability insurance system reform started in 2001 - 2003 and continued in 2005. The reasons for the reform are the fact that PAYGO system was no longer sustainable. The changes were related to the so-called first pillar of pension system, i.e. mandatory pension and disability insurance and introduction of the so-called third pillar of pension insurance, i.e. voluntary pension funds and pension plans. For the time being the elementary economic conditions for the introduction of the so-called second pillar, that is, mandatory private pension insurance are not in place.

The voluntary pension insurance is established by the Law on Voluntary Pension Funds and Pension Plans (2005) allowing for pension contribution to be paid in voluntary pension fund as per personal choice. This form of pension contribution, i.e. savings for the old age, will become more and more important, bearing in mind the problems of insolvency facing mandatory public pension funds in Serbia.

Owing to the high costs of transition, as well as certain disadvantages of the pension schemes of the neighbouring countries that included this type of insurance in its systems at this moment there are no conditions for the introduction of the mandatory private pension insurance (second pillar). Beside legislative framework, the other steps have been taken on the promotion and reform of the mandatory PDI system by the support of IDA credit so that in future the existing pension administration can be reformed, i.e. central register of contributors and beneficiaries could be introduced, update existing IT system in pension Funds, etc. Besides, in 2007 the Strategy of the Development of the Pension System is planned to be passed, which would set the reform trends.

- b) *Which changes have been implemented to the laws regulating mandatory retirement?*

The Reform of the pension system was continued by the amendments to the Pension and Disability Insurance Law in 2003 and 2005 aiming at reduction in deficit in mandatory social contribution funds, improvement in the efficiency of payment of contribution and sustainability of so called first pillar of pension system. The major changes included:

- Introduction of the new eligibility requirements for old-age and survivor benefit, i.e. phased in modification in age limit for retirement by 2011, thus resulting in the age limit of 65 years for men and 60 for women.
- New eligibility requirements for disability benefit due to more limited definition of disability
- New method of pension indexation (the benefits used to be adjusted in relation to the average wage trends, whereas now so called «Swiss formula» is applied – 50 % of average wage and 50 % of costs of living are taken into account in indexation, whereas in 2009 the pensions will be adjusted only to the costs of living), which will go in favour of the reduction in the funds necessary for the benefit disbursement, and thus result in deficit decrease concerning pension system.
- The retirees with lowest income have been provided with further support: the rate of the lowest benefit was raised to 25% employees' average wage in the previous year.
- Administrative consolidation of three existing pension and disability insurance funds will be effected starting from January 1, 2008 (those three being the fund of employees, self-employed and of farmers). They will become one Pension and Disability Insurance

Fund, whereas as of January 1, 2011 so called financial consolidation will be done, i.e. the fund will operate via one account, which will lead to the cost reduction.

- The project of the establishment of one central registry of contributors and beneficiaries has been initiated, and it will enable the accurate collection and registering of all the necessary data, more efficient exercise of the rights and better collection of social insurance contributions.

Member States also pledged to pay special attention to the social protection of women and men throughout their life course.

- a) *What policies has your country adopted to ensure the equal treatment of men and women in social protection systems?*

In the period 2002 to 2007 all the mentioned strategic documents, laws and action programmes within the social protection system foresee the measures and activities aimed at equal opportunities. The Government of Serbia (GoS) set up Council for Gender Equality (2004) that immediately has been tasked with the preparation of the draft Law on Gender Equality (underway).

- b) *What policies has your country adopted to ensure that social protection systems support a better reconciliation of work and family responsibilities throughout the life cycle (e.g. through special leave arrangements for working parents and other caregivers, or supportive measures such as respite care services (professional care services provided on an ad-hoc basis to give the regular caregiver some time off)?*

Family policy model in effect in Serbia foresees the obligation of the family to take care of the minors and older parents alike (and of their parents, grandparents). This has been stipulated in the Family Code (2005) and completely in line with family and culture tradition of the Serbian population. Demographic changes have resulted in the increased need of the families for social services at local community.

Social welfare development action plans (2006) and NIP for social protection (2006) both at initial phase of implementation, foresee the development of various social services for families and individuals at the local community level. In the period 2002-2007 the services for families taking care of dependent older members with chronic diseases as well as the older persons living alone (one- person household) have been developed with the support of Social Innovation Fund as temporary, reform mechanism that with the support of the Ministry of Labour, Employment and Social Policy, UN System and international donors at the level of one-year projects directly supports local initiatives aimed at the development of such services.

Positive labour law in Republic of Serbia provides for adequate protection of the interest of the employees providing care for seriously ill family members, i.e. reconciliation of working and family obligations concerning provision of care for dependent family members. However, it has been noted that these regulations are often neglected in the process of transition and privatisation, especially in the private sector, while the state still does not have adequate mechanisms to control the compliance on the part of the employers.

RIS Commitment 5: Enabling labour markets to respond to the economic and social consequences of population ageing

Member States committed to take measures to enable labour markets to respond to the economic and social consequences of ageing. In this regard, they pledged to seek increase in employment rates, especially the employment rates of older persons.

Has your country taken measures to promote access to employment opportunities and reduce unemployment rates especially for older persons, such as active labour market policies (job-search assistance, training, counselling, etc.), adaptation of curricula to labour market needs, measures to ease the transition between formal education and work, efforts to reduce non-wage labour costs while protection workers' rights, easing of factors reducing demand for labour (e.g. too heavy administrative regulations, etc.)?

In 2005 the GoS adopted the Employment Strategy (2005 -2010) according to which reforms in the employment are implemented. The National Employment Service (NES) has also been reformed, more efficient services and reliable system of registration has been introduced as well as special programmes of employment of vulnerable groups. The reform has been supported by the media campaign promoting active job search, training and retraining. The investments into the reform of education system are increased (to 4 per cent of GDP in 2007) which foresee the special adjustments of the education system to the needs of the adult education and education of the older workers.

The Member States also agreed to improve the **employability of older workers**.

Has your country taken measures to improve the employability of older workers, e.g. through vocational guidance and training, promoting life-long learning (delivery of job-relevant training to enable workers to adjust to changing labour markets), improvement of working conditions?

The leading role belongs to the GoS and NES in cooperation with the Agency for the setting up of the enterprises and NGOs. What is supported most is the transition to private sector by the provision of the favourable credits for the setting up of the small, family companies and agriculture. Vocational trainings are organised for different occupations in demand.

Raising **participation rates** for all women and men is another commitment of the Member States.

a) Has your country taken steps to raise participation rates in labour markets for all women and men, e.g. through removing barriers and disincentives to stay in employment?

The adopted National Employment Strategy spells out the means for enhanced adaptability of the workers and enterprises. Also, it envisages the promotion of the flexible forms of employment by which the obstacles to stay at the labour market need to be removed.

b) Has your country taken specific measures to increase the labour force participation of women, e.g. through suitable education and training, measures to broaden their job opportunities and avoid discriminatory situations with regards to pension benefits or personal income?

In Serbia, the participation of the female labour force is relatively satisfactory (women participation rate is 57 per cent – at the average level of transitional countries) but their position from the aspect of the accessibility of employment is poorer.

The Employment Strategy spells out the undertaking of special measures in the support of gender equality and wages. These are the measures of protection of their rights to employment, introduction of the flexible forms of employment and development of the help and support services for the families of the employed.

Member States committed to taking steps towards increasing the age at which people stop working and towards making **retirement** more **flexible** and **gradual**.

- a) *Has your country taken steps to offer incentives for the participation of older persons in the labour market (abolishment of incentives to take up early retirement, abolishment of disincentives to stay in the labour market)?*
- b) *What mechanisms has your country adopted to promote a smooth and gradual retirement?*

In the context of the age limit for pension, the Law provides for the phased in regime, i.e. gradual increase in the age limit from 63 to 65 for men and from 58 to 60 year of age for women. In the period 2008-2010 the age limit will be increased for 6 months per year, therefore by the end of 2011 the age limit will be 65/60. The same principle has been applied to the adjustment of the pensions with the costs of living, thus 2006, 2007 and 2008 remains the share of wages in the formula for indexation i.e. calculation of the pensions.

RIS Commitment 6: Promotion of life-long learning and adaptation of the educational system in order to meet the changing economic, social and demographic conditions

Member States committed to promoting life-long learning and adapting their educational systems in order to meet the changing economic, social and demographic conditions.

In particular, they committed to facilitate and encourage **life-long learning**.

- a) *What steps have been taken to adjust education institutions to the needs of persons in retirement?*

In Serbian Strategy on Ageing, one of the strategy direction for action on Ageing is *Promotion of lifelong development*, which encompasses the following aim: Facilitating and encouraging life-long education, with different activities in creating and supporting an enabling environment for lifelong learning.

Among the measures foreseen, particular place belongs to the practice of the Third Age University and support of the GoS and all the stakeholders of the Agenig Policy, for the further development with concrete proposals for the adjustment of the educational system to the long-life learning.

- b) *What initiatives has your country undertaken with respect to pre-retirement programmes?*

An example of positive practice, which ought to be supported and developed in the field of educating aged people in the country, is the project of University of the Third Age. There is also pre – retirement programs included. The net of universities of the third age, so far, functions only within a frame of four organizations in Belgrade (Adult Education Centre “Braca Stamenkovic”, Adult Education Centre “Bozidar Adzija”, Cultural Educational Centre “Cukarica”, and “Djuro Salaj” A.D.), in Novi Sad’s open university and the Gerontology Centre in the city of Vrsac. The number of aged people interested to join these programmes has been speedily increasing.

- c) *What learning methods have been developed to teach older persons the use of new information technologies?*

For now, there are only individual examples and attempts to involve the older persons in the ICT trainings. The leading role in this initiative belongs to the NGOs as well as the project Third Age University.

- d) *Has your country adapted educational curricula to prepare people to lives of continuous change and equip them with the necessary skills and attitude favouring flexibility? The use of which new didactic methods has been promoted in these regards?*

New didactic methods have been promoted within the curriculum of the University of Third Age.

The Member States also committed to ensure that the **education system** achieves better **employability** of all persons.

- a) *Has your country taken steps to establish closer links between educational institutions and employers and to encourage employers to provide on-the-job training for workers of different ages, including older workers?*

The trainings for the public sector employees are gradually more represented, but also the trainings that are provided by the private employers. Inclusion of the older workers is still insufficiently represented.

- b) *What initiatives have been taken to increase school retention rates and limit dropouts?*

These issues are particularly considered in the education system reform, from the relevant interventions in the adjustment of the curriculums to the labour market and increased involvement of the adults in the education through the already adopted Decision of the GoS to have 9 instead 8 years of primary school education as of 2006/7 in line with the Law on Mandatory Education.

- c) *Have any special programmes been developed and/or promoted to facilitate the reintegration into the labour market of those who left early the formal educational system?*

NGOs with the cooperation of the state have the leading role. The example of good practice are the projects the goal of which are the training courses for the sake of the continued schooling of the drop outs. Their engagement in the public works. NGO “Viktorija” (Kragujevac 2005/6) has trained the women (social welfare beneficiaries) in this manner for the provision of the social services to the elderly patients and helpless persons, after the training they worked one whole year on these kind of jobs within the public works.

- d) *Has your country taken steps to make formal schooling more gender-sensitive, e.g. through the introduction of gender-sensitive curricula, specific programmes for girls and women, and specific programmes for older women to help them re-enter the labour market?*

As an example of the good practice at the Belgrade University for many years now the practice of so called “Women’s Studies” is fostered, as specialistic studies at the Sociology division of the Faculty of Philosophy. Nevertheless, the leading role belongs to various NGOs supporting through their programmes with social and humanitarian features employment/economic and voluntary activities of the female groups, mostly, of older women.

RIS Commitment 7: Striving to ensure quality of life at all ages and maintain independent living including health and well-being

The UNECE Member States committed to striving to ensure **quality of life** at all ages and maintain **independent living** including **health** and **well-being**. In particular, the Member States agreed to promote health and well-being over the entire **life course**, by mainstreaming health through sectoral policies.

What actions have been taken to integrate ageing issues into sectoral policies?

The Health Protection Reform Policy adopted by the GoS in 2004 and Social Protection Reform Policy adopted in 2005 cooperation of these sector policies is included, especially in the provision of the better access to all services for all vulnerable groups (elderly, poor people refugees, IDPs, Roma, and others).

In addition, Member States committed to ensure **equal access** to health and social services including long-term care for persons of all ages.

- a) *What targeted measures have been taken to decrease inequalities in access to health and social services, including for people in rural and remote areas?*

Access to basic health services of an appropriate quality without financial barriers for the whole population, particularly vulnerable populations (elderly, poor people refugees, IDPs, Roma, and others), is a key to health care reform. Such access should be achieved through numerous national health programs and strategies for specific sectors, including restructuring health care institutions, introducing a health benefit package, changing the way providers charge payment, introducing a reduction or exemption of out-of-pocket expenditures for vulnerable groups with regard to social protection costs and establishing a public/private mix in the health care system

The progress is made with adoption of the health services for the older people and in-house care and treatment in the institutions of the primary health care at the level of all local “Primary health centers” in Serbia. It is formally one institution but may be in dispensariens, schools or factories and in the rural aries, in the villages.

- b) *What initiatives have been taken to improve long-term care services for older persons, in particular community-based services mostly demanded in order to overcome the mismatch between home services asked for as against residential care services supplied?*

There is developed network of community based long-term care services in Belgrade and in the Vojvodina region, but less developed in the Central East and South region of Serbia. In the adopted National Investment Plan what was envisaged is the establishment of the new Centers for community based long-term services, predominately in the regions where these services are not easily accessible or are not accessible at all.

- c) *How has your country improved the coordination and integration of services provided to older persons (e.g. through case management systems)?*

On the policy level, the coordination and integration of services provided to older persons (e.g. through case management systems) is envisaged in the Social Protection Development Policy and supported by the National Ageing Strategy.

In cooperation with the GoS and Italy (NGO Progetto Sviluppo) at the local self-government level, local public health care and social protection institutions and NGOs in Kragujevac, this approach has been implemented successfully since 2002.

- d) *What efforts have been made to improve the training of care providers: professionals, volunteers and family members?*

RCS have for already six years engaged in the continuous training of the volunteers and professionals taking care of older persons. During 2005 on the basis of the needs assessment arose the project related to the in-house care for family members. Every year the seminars are updated according to the needs at the field.

- e) *What efforts have been made to improve the skills of older persons with regard to self-care, health promotion, prevention of disease and disability?*

CRS initiated the Self-help Programme with aim to enable the older person to stay as long as possible within his/her own environment and to motivate for as long as possible use of his/her mental and physical potentials. Education are focused to this direction. With view to promotion of health and healthy life styles, the education i.e. trainings are organised once a month in all local organisations of CRS. Topics are various: from the healthy life styles , physical activities i.e working out, through diabetes, incontinence, osteoporosis. Participation of the volunteers, especially the older ones in this Programme belongs to the effort for the activation and use of skills and abilities to help older persons who need help.

Member States also committed to ensure appropriate **financing** of health and social services for persons of all ages.

What has been done to ensure efficient, equitable and sustainable financing of health and social services for persons of all ages?

In 2006, in Serbia, the new legal model of financing of health services so called “heavy capitation” according to which more time and better services are provided to the older patients by the health care staff, simultaneously providing the sustainability of the health care services.

In addition, Member States pledged to enable people to make healthy choices.

What measures have been taken to facilitate the adoption of healthy life-styles (e.g. information campaigns)?

Adaptation of the population to healthy life styles is provided through permanent informative media campaign supported by the GoS and various NGOs, making a national plan on tobacco control, updating legislation on communicable disease control, mental health and food safety.

RIS Commitment 8: Mainstreaming a gender approach in an ageing society to support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members

The Member States committed to mainstream a **gender** approach in an ageing society.

a) What measures have been taken to mainstream gender, to remove all obstacles to achieving gender equality, to eliminate all forms of discrimination against women, and to promote individual development of women throughout their entire life cycle?

GoS formed the Gender Equality Council at the national level with the leading role of the creation of all the policies and awareness rising for the issues of gender equality. The Draft Law on Gender Equality is in the underway.

b) What has been done to give particular attention to collection and analysis of gender- and age-disintegrated data?

The Institute for Social Sciences with the support of European Agency for Security and Cooperation and Gender Equality Council of Serbia undertook the research on the position of the women in Serbia (2003/4) and then large number of seminars promoting the findings and education for numerous participants was organised. For the public service employees this seminar is obligatory.

c) What measures have been taken to promote the economic rights of women (such as legislation to ensure equal pay for equal work, to protect other women rights at work place, and to reconcile family life with work life, etc.)?

The economic rights of the women are in full supported by the regulations in effect in Serbia, although in practice the mechanisms for the compliance are still to be addressed. The status of women is poorer in the labour domain, as well as in relation to reconciliation of the work and family life.

d) Have social protection policies been reviewed to ensure full and equal participation of men and women in social protection systems?

The review is underway, and the initial steps have been undertaken with the adoption of a set of strategic papers addressing the equal opportunities for women and men. The operational plans for the amendments to the set of laws are adopted, which take into account gender equality to greater extent.

e) What measures have been taken to encourage and facilitate equal sharing of family and care responsibilities between women and men?

The rise of various services for family household has been observed, especially with the development of the private sector and small enterprises.

RIS Commitment 9: Support for families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members

The RIS describes the family as the basic unit of society. Member States committed to provide support to families that provide care for older persons and to promote solidarity among its members, to respond to the needs and changing roles of individual **family** members and strengthen **intergenerational and intra-generational solidarity**.

a) *How has your country adjusted its family policies to changing demographic circumstances?*

The Draft Strategy for the Promotion of the Reproductive Health of the Family is underway, the implementation of which will improve the approach and relation of the society towards the family with aim to stop decline of the natality by the enhanced family life quality.

b) *What policies and programmes has your country adopted to respond to the needs of family members of different ages?*

The NAS (2006) foresees every local community to address in its development plan the needs for various services needed by the families.

c) *What are specific elements of these policies and programmes to promote equality between men and women?*

d) *Have you taken any awareness-raising measures concerning the contribution of older persons to family, community and society at large?*

NGOs involved in the issues of ageing (Network HumanaS 15 organizations) organize activities in the first place with the young persons, develop positive relationships between generations through joint activities. The best example is NGO “Lastavica” (Belgrade) that develops this practice in the local community (Surcin).

e) *Have you adopted measures to help families deal with the growing responsibilities of care for their older members?*

U Social Welfare Strategy (2005) special attention is given to the development of the services in the local community and in NIP (2006), which is in the implementation phase, foreseeing the day care centers for the elderly in a number of local communities in Serbia. The 4149 families are the beneficiaries of in-house help, and there are 15 600 in the clubs for the older persons. (2007).

In Belgrade the social protection services – in-house help is used by 1560 families (2007). In Belgrade, integrated health care institutions Institute for Gerontology and In-house Treatment functions for more than a decade, and beneficiaries are around 1500 families.

f) *What mechanisms are in place to strengthen the role of communities, organisations and associations in providing support and care to older persons?*

Local self-government, in line with the Law on Social Protection and Social Security of the Citizens in effect, are obliged to secure the following services to the older persons: one-time financial support, in-house care and treatment, day care center, clubs for the elderly, placement in the residential institution but also the others (subsidised use of utility services, public transport free of charge, etc.) in line with the Decision on the Social Protection adopted by the local self-government.

Member States also committed to supporting the families in coping with the social and economic consequences of demographic change.

What measures has your country adopted to support families in coping with social and economic consequences of demographic change (e.g. support to care-giving families, family friendly policies and services; adaptation of the infrastructure of towns to the needs of families, and in particular the young and older persons, and to ensure that generations can live together; improvements in planning of services)?

In 17 municipalities 40 buildings are built with 271 housing units for 688 persons at risk. The design of the social housing implies the placement of the refugee and domicile families and in those social apartments there are also 180 older persons. They use the services of the center for social work and support of the local community maintaining the buildings and constructions. (2006).

Social Innovation Fund as a mechanism of the support for the development of the services in local communities has up to now supported about 180 projects for the service development in local communities in Serbia foreseen for the older people (40 per cent) but for other vulnerable groups as well offering support for the families that take care for them.

The PRSP and SWDS as well as the other strategy papers (NIP), initiate and support local strategic planning and development of social, health and other services in community.

RIS Commitment 10: Promotion of the implementation and the follow-up of the Regional Implementation Strategy through regional cooperation

UNECE Member States have the primary responsibility for the implementation and the follow-up of the RIS. They are encouraged to do so, among others, through regional cooperation, civil society involvement, and cooperation with the UNECE secretariat.

The analysis of your activities in this field could focus on the following questions:

- a) *What activities have you undertaken to strengthen cooperation among UNECE Member States in the field of ageing (e.g. participation in meetings of the UNECE and the European Centre Vienna, exchange of information with Member States and the UNECE secretariat)?*

In November 2004, on the request of the Ministry of Foreign Affairs, MoLESP sent the information to UNECE and the European Centre Vienna that I would be the Focal Point on Ageing in Serbia. In May, 2005 on the proposal and with the support of Help Age International, as observer I attended Task Force for Monitoring RIS Meeting on Malta. In the same year, on the proposal of the Austrian Government and with the compliance of the MoLESP I accepted the full membership in Task Force for Monitoring RIS and took part at the meetings in Copenhagen (2006) and in Vienna (2007).

I attended the Meetings of Focal Points on Ageing in Spain, in Segovia (November, 2006 with presentation of good practice in Serbia “Sustainability and partnership – Social Innovation Fund”) and in Moldavia, in Chisinau (March 2007 with three documents 1. Situation, Activities and Priorities Related to Ageing in the Republic of Serbia, 2. National Capacities for Follow-up to MIPAA/RIS in the Republic of Serbia, 3. Detailed information on one RIS commitment (4), and presentation “Bottom-up approach in building national capacities for M&E – MIPAA/RIS”).

b) How have you provided opportunities for civil society to cooperate in this process?

In the most part my activities have been oriented to the enhanced participatio of NGOs in the ageing filed in the international level, as well as in the development of the network of all NGO humatarian, religious and other associations working with older persons and for them in Serbia, with aim to enahce the quality of the future international cooperation. Within SEEN project HEI, our NGOs are included in M&E process of RIS/MIPAA implementation.

The experiences related to participation of NGOs in the development of the NAS as an example of the good pratice, I presented at the SEEN Regional Meeting 2005, 17- 19 November 2005, Bled, Slovenia in the organisation of Help Age International, as well as at the meetingof the Focal Point on Ageing from Eastern Europa, Caucasus and Central Asia, 13-16 March Chisinau, Moldavia

c) Have you requested the assistance of the UNECE secretariat and/or other entities of the United Nations system in the implementation of RIS? If so, what is your evaluation and how would you describe further needs for assistance?

We have intitaded the process of inclusen of Serbia in full membershiop in the European Centre for Social Welfare Policy and Research as we have recognized the exceptional importance of this organistaion in the process of RIS/MIPAA. We are satisfied with the understanding of this organisation for our situation and for obstacles of procedural nature for sucessful finalistaion of this process.

5. Conclusions and Outlook for the Future

This chapter is expected to

- a) *briefly summarize to what extent your country has addressed the challenges and opportunities of ageing since the adoption of the MIPAA/RIS in 2002;*

The great step forward has been made and progress achieved which is the sound base for further action. The older people in Serbia have not been rightfully satisfied with their status or with the overall approach of the society towards the old age. On the other hand, GoS made critical progress adopting the NAS as paper with clearly identified challenges of ageing in the country and response to them. The other strategic papers spelling out further activities of the GoS are coordinated and aligned with these challenges. The leading role of the civil society in Serbia represents a special contribution, which is the driving force of the development and changes in the area of ageing. Also, what cannot be left out is the positive impact of European integration processes.

- b) *indicate, based on the assessment provided and in view of future demographic developments, future policy challenges and perspectives related to ageing;*

The major challenge is the action for poverty reduction of elderly and pensioners in Serbia, because difficult material conditions of the lives of the elderly result in the passivity and giving up from the active attitude towards oneself and the society. Therefore, the special future challenge is the implementation of the project of uncontributory pensions foreseen in the NAS.

Also, it can be concluded that we will face relatively painful process related to the alignment of the resources in the social support system for the elderly population and the issue of sustainability. Other potential challenge is the rather slow process of decentralization. In some sectors, such as the social protection, a consensus has been reached that this service needs an enabling environment on the level of the local community. However this is just the beginning of reaffirmation of the role of local governance. It can be concluded that realization of the aims defined in the Strategy on Ageing will largely depend on the capacity and the development of non-governmental organization engaged in work with the elderly people throughout Serbia, especially at the local level.

- c) *indicate major strengths and weaknesses of your country in the field of ageing;*

The greatest force for the progress in the implementation of RIS/MIPAA are the organisations of older citizens in Serbia with numerous membership and those represented across country. This force has not yet been fully used. The greatest disadvantage is the fact that in the progress so far achieved we mostly relied upon the civil society insufficiently developed to initiate and spur more actions for the elderly and with them in local communities, as equal partner with the state. The disadvantage is also weak and restricted private initiative in this area.

- d) *outline future activities in the areas of population and individual ageing and other related areas;*

Future activities in the area of demographic ageing and old age in Serbia should develop in line with the defined strategic trends, goals, and activities in coordinated actions with their main implementators (at all levels) and timeframes for initiation and implementation of the activities

identified in the NAS. This document is completely in line with all the obligations of RIS as well as MIPAA.

In the area of the economy, education, pension system, social protection, health care the reform processes and development need to be sped up and transition phase of the Serbian society completed taking into account all the negative, economic and social consequences of demographic ageing.

It includes and bounds the GoS to develop security policies and measures, but also services accessible to vulnerable groups and by which the goal of poverty reduction will be achieved and quality of life of the elderly improved.

As for the individual ageing the special activities should be focused to:

- encouragement of the older people to greater activity and inclusion into society
- the family taking care of its old, helpless members and to development of support measures and various types of services accessible in local community, from different types of trainings to caregivers through immediate health and social services,
- elimination and abatement of the consequences of all types of discrimination, neglect of the older persons especially older women.

e) propose adjustments to existing policies;

The policies in effect in the areas dealing with ageing or cross cutting issues should be improved by stepped up adoption and undertaking of the measures already designed and suggested for smooth decentralization process. What should be particularly achieved in this process is enhanced cooperation among local self-government and national level

To secure sustainability of the reform and development policies related to ageing it is necessary to take into account promotion of the NGO development involved in the issue of ageing and which implement their activities jointly with the elderly, encourage the volunteer engagement of the elderly.

f) identify priorities for further policy research;

Challenges or priorities in Serbia for the future policy in the research work are definitely areas of identification of the development and characteristics of the poverty of the older persons with special tasks to research potential group of the elderly persons with any regular income at the national level, as a initial step towards the identification of the needs in the implementation of the proposals on non-contributory social pensions. Also, the priorities are the researches for detection of the real incentives and encouragement and methods of encouragement of the elderly to be more active. Also, the researches of the families of the elderly and the needs of the informal caregivers, as well as the research of the negative phenomena, such as types of discrimination, neglect and abuse of the older people, especially older women.

g) indicate capacity-development needs;

It is exceptionally important to as fast and as qualitatively as possible, on the initiative of the GoS and Ageing Council, set up network of relevant public institutions and organisations (not only members of the Council but more widely) dealing with various issues of ageing, and which will in the period to come, at adequate professional and scientific level, monitoring internationally set indicators of ageing regularly monitor and evaluate implementation of RIS/MIPAA.

It is important also for the GoS to as soon as possible, recognize and support the role of NGOs by the provision of the concrete, relevant measures in support for fast development of NGO network related to ageing.

h) describe the need and/or request for exchanges of experiences across countries;

Serbia has already cooperating with several countries of the EU in the implementation of key projects in the field of ageing. (UK, Norway, Italy)

The cooperation with neighbouring countries and others is extremely important for Serbia. In this direction the best form of cooperation is development of joint project with view to improve the status of vulnerable groups of older persons. And cooperation with other countries of Europe and wider is also appreciated, especially from the aspect of experience exchange in the ageing policy, reactions to various ageing challenges, exchange of good practice in the support for the older persons, etc.

i) indicate your requests/needs/wishes with regards to the work of international organizations in the field of ageing.

My personal wish is to further develop the cooperation and contacts with international organisations working in the domain of the demographic ageing. Also, it would be satisfactory if this cooperation could soon become positive experience of wider scope, with more of my colleagues and associates and relevant organisations, in NGO and government sectors. Personally I will put all my efforts to justify the expectations arising from this cooperation. I have the same expectations from the relevant international organisations in the area of ageing.

First steps towards the widening of the scope of this cooperation will be the continuation of the association process of Serbia to European Centre for Social Welfare Policy and Research as a full member.

Annex

1. List and contact details of organisations in your country directly involved in preparing this report.

Republic Institut for Social Protection, Marije Bursac 49, 11 080 Zemun – Belgrade, Serbia, Phones: +381 11 2693 609 Fax +381 11 2696 728 e-mail zavodsz@sezampro.yu , lidija.k@sezampro.yu

Republic of Serbia, Ministry for Labour, Employment and Social Policy, Nemanjina 22-26, 11000 Belgrade, Serbia, Phone: Fax: e-mail: web address www.mrzsp.sr.gov.yu

Republic of Serbia, Ministry for Health, Nemanjina 22-26, 11000 Belgrade, Serbia, Phone: +381 11 3616 632, +381 11 3631 439 e-mail ivana.misic@zdravlje.sr.gov.yu

NGO “Amity”, Spanskih boraca 4, 11 070 New Belgrade, Serbia Phone: +3811 11 2140 554 Fax: +381 11 2131 261, e-mail: Amity@yubc.net

Deputy Prime Minister’s Poverty Reduction Strategy Implementation Focal Point, Nemanjina 11/RM38, 11000 Belgrade, Phones: +381 11 3817 590, Fax +381 11 3617 613, e-mail ivana.cirkovic@sr.gov.yu , web address www.serbia.sr.gov.yu , www.prsp.sr.gov.yu

2. List and contact details of organisations in your country involved the follow-up to MIPAA/RIS, by sector (government institutions, NGOs, academia, private sector).

Members of Council for Ageing and Old Age:

Ministry of Labour, Employment and Social Policy, President, Minister Mr. Slobodan Lalovic, Nemanjina 22-26, 11000 Belgrade, Serbia, Phone: Fax: e-mail: web address www.mrzsp.sr.gov.yu

Gerontology Center for Elderly, Vice President, Mr. Janko Drca, Fruskogorska 32, 21 000 Novi Sad, Serbia, Phone: +381 21 63 50-542, e-mail gerontns@neobee.net

Institut for Political Studies – Center for Social Policy, Secretary, Ms. Dragana Dinic, Savski trg 7, 11000, Belgrade, Serbia, Phone:+381 11 2642 042, e-mail dsdinic@yubc.net

Institut for Social Sciences – Center for demographical studies, Dr Mirjana Rasevic, Narodnog fronta 45, Phone: +381 11 3616 002, e-mail: IDN@eunet.yu

Ministry for Health, Dr Ivana Misic, Nemanjina 22-26, 11000 Belgrade, Serbia, Phone: +381 11 3616 632, +381 11 3631 439 e-mail ivana.misic@zdravlje.sr.gov.yu

Belgrade University, Faculty for Political Sciences – Group for Social Policy and Social Work, Prof. Dr Drenka Vukovic, Jove Ilica 165, 11000, Belgrade Phone: +381 11 3976 422, e-mail: minav@eunet.yu

Republic Institute for Social Protection, dr Lidija Kozarcanin, Marije Bursac 49, 11 080 Zemun – Belgrade, Serbia, Phones: +381 11 2693 609 Fax +381 11 2696 728 e-mail zavodsz@sezampro.yu , lidija.k@sezampro.yu

Gerontology Society of Serbia, Mr Petar Manojlovic, Krfska 7, 11000 Belgrade, Phone: +381 11 2415 734, e-mail: gdskrfska7@yubc.net

Clinic for Internal Geriatric KBC Zvezdara, Prof. Dr Mladen Davidovic, Rifata Burdzevica 47, 11000 Belgrade, Phone: +381 11 417 094 e-mail davidovi@eunet.yu

NGO Network "HumanaS", Ms Nadezda Sataric, NGO "Amity" Spanskih boraca 4, 11070, New Belgrade, Serbia Phone: +381 11 2140 554 Fax: +381 11 2131 261, e-mail: Amity@yubc.net

University for Third Age, Ms Svetlana Zivanic, Narodni univerzitet «Đuro Salaj», Nemanjina 28, 11000, Belgrade, Phone: +381 11 763 250, e-mail: u3d@infosky.net

City Center for Social Work - Belgrade, Ms Jasminka Veselinovic, Ruska 4, 11000, Belgrade, Phone: +381 11 2650 329, e-mail: dir.gcsr@eunet.yu

City Institute for Gerontology, Home treatment and health care, Dr Ljiljana Zikic, Kralja Milutina 52, 11000, Belgrade, Phone:+381 11 2659 358, e-mail IGHT@beotel.yu

Association of Trade Unions of Retirees of Serbia, Ms Ljiljana Petrov, Svetozara Markovica 52, 11000, Belgrade, Phone: +381 11 3233 975

Association of Trade Unions of Retirees of Serbia "Nezavisnost" Mr Branko Pavlovic, Vladetina 5, 11000, Belgrade, Phone: +381 11 323 90 03 e-mail, nezavisn@Eunet.yu

Assotiation of Vetterans, Mr Andrija Merenik, Savski trg 9, 11000, Belgrade

Red Cross of Serbia, Ms Vesna Milenovic, Simina 19, 11000, Belgrade, Phone: +381 11 3032 125 , e-mail serbianredcross@hotmail.com

3. Attach, if applicable, the national action plan on ageing and the relevant laws on ageing.