ACTIVE, HEALTHY AND DIGNIFIED LONGEIVITY FOR KAZAKHSTAN

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ACTIVE, HEALTHY AND DIGNIFIED LONGEIVTY FOR KAZAKHSTAN

Active, healthy and dignified longevity should become an important basis for the development of Kazakhstani society. The Republic of Kazakhstan can prepare for the ageing of its society, prevent possible challenges of ageing and utilize the opportunities of active, healthy and dignified longevity.

Key provisions and recommendations for the implementation of a policy of active longevity in Kazakhstan:

- The policy of active longevity in Kazakhstan is to solve a twofold task: to meet the current needs of older citizens and at the same time prepare the nation for the subsequent advancement of demographic transition and population ageing.

- The policy of active longevity for Kazakhstan should correspond to the priorities of national development and take into account the social, economic and political situation and the specifics of demographic development in the country, as well as the socio-economic situation and health status of older citizens.

- Active longevity is ensured by the joint efforts of individuals, the state and the whole society. Individuals organize their lives and plan their future. The state and society are responsible for creating conditions throughout the entire life course for active, healthy and dignified longevity.

- The policy of active longevity should be all-encompassing, but not universal - not the same for everyone; it must take into account the diversity of older people. Such policies will enable older people to age with dignity and a sense of satisfaction with the quality of their lives despite emerging health limitations increasing with age. People with different levels of health, including people with severe disabilities and frailty, must be provided with conditions to meet their needs in order to avoid exclusion of such people from society.

- The intergenerational solidarity is the basis of active longevity. Equitable distribution of social resources between different generations and the creation of positive and adequate images of ageing and older persons are the essential prerequisites for the cohesion of generations and the development of the whole society.

- Active longevity covers the entire life course. The strategy and practice of active longevity have a distinct preventive focus, involving all age groups in the process of ensuring active longevity and acting throughout a person's life. Preventive measures relate to health and lifestyle, nutrition, physical activity, thus helping to deter health problems at any age. It is equally important to support a person in planning and ensuring economic independence and a decent quality of life at a later age.
A balance of rights and responsibilities of older people is needed. Accordingly, the rights to social protection, continuing education and training must be accompanied by the obligations of older citizens to use educational and training opportunities, accumulated experience and vital energy in order to remain active members of society.

An active longevity policy involves recognizing the continuing contribution of older people to the development of society. This recognition is based on the affirmation of positive images of ageing and older persons. Overcoming ageism in all its forms and at all stages of human life is the most important prerequisite and, at the same time, the goal of the policy of active longevity.

Health is an integral component and precondition of active longevity. Increasing life expectancy, including life expectancy without disability, in different age groups, reducing excess mortality among the male population and reducing morbidity and mortality from chronic non-communicable diseases should be one of the main objectives of the policy of active longevity for Kazakhstan.

It is important to take into account the cultural diversity of the regions of the country, including the norms and models of activities of people of different ages. At the same time, the policy of active longevity should not condone practices that violate national and international norms of equality and human rights.

WHAT IS ACTIVE LONGEVITY?

The main provisions and practical approaches of active longevity were formulated at the international level by the World Health Organization (WHO) in 2002. WHO has proposed three priority areas of active longevity:

- **Health** – with reference to physical, mental and social well-being, as defined by WHO.
- **Participation** - defined as multi-faceted activities of older persons in social, economic, cultural, spiritual and civic affairs, in addition to their ability to be part of the labour force.
- **Security** - understood as accessibility of physical and social environments; income guarantees; and availability of safe and decent work for older people.

The policy of active longevity was further developed in the European Union (EU) during the preparation and implementation of the 2012 European Year for Active Ageing and Solidarity between Generations.

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**Definitions of active longevity:**

**WORLD HEALTH ORGANIZATION, 2002:**

“The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age”.

**2012 EUROPEAN YEAR FOR ACTIVE AGEING AND SOLIDARITY BETWEEN GENERATIONS:**

Active longevity “means growing old in good health and as a full member of society, feeling more fulfilled in our jobs, more independent in our daily lives and more involved as citizens”.

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Active longevity has also become the main approach in the implementation of the Madrid International Plan of Action on Ageing (MIPAA) in the region of the United Nations Economic Commission for Europe (UNECE); Kazakhstan is a member state of the UNECE.

During the 2012 UNECE Ministerial Conference on Ageing, which was held in Vienna, Austria, the Vienna Declaration entitled “Ensuring a Society for All Ages: Promoting Quality of Life and Active Ageing” was adopted. The Conference approved the concept of active longevity and endorsed four policy goals for 2013-2017 (UNECE, 2012):

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

Five years later, during the third review and appraisal of the MIPAA implementation, the participants of the 2017 Lisbon Ministerial Conference on Ageing summarized the results of the MIPAA implementation in the ECE region in 2013-2017. One of the notable achievements was the promotion of active longevity as a central concept and strategic approach in national and regional policies on ageing. The Lisbon Conference endorsed three policy goals to be reached by 2022. These goals are fully consistent with the active longevity policy:

I. Recognizing the potential of older persons.
II. Encouraging longer working life and ability to work.
III. Ensuring ageing with dignity.

**Priority of economic aspects in the active longevity policy**

The strategic goals of implementing MIPAA in the UNECE region clearly demonstrate their economic, “productivist”, content. The productive participation and contribution of older people to the economy is seen as the main direction of policy on ageing and demographic change in many UNECE countries. In a number of countries in the region, declining “working-age” populations require ways to sustain economic growth through increased productivity as well as raised employment of older workers. The rise in the number of people of retirement age is forcing governments to think about how to ensure adequate funding for social security, health care and social services⁴. Active longevity measures are designed to solve these problems. In Kazakhstan, such problems have not yet become pressing due to the relatively young composition of the population. Thus, although the value of the potential support ratio has been declining over recent decade, by the middle of current century this indicator in Kazakhstan will be twice as high as in Western Europe⁵ (Fig. 1).

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⁵ Western European countries include Austria, Belgium, Germany, France, Luxemburg, Netherlands, Switzerland https://population.un.org/wpp/DataQuery/
Active longevity matters not only for economically active older people

Economic, “productivist”, content clearly dominates active longevity policies around the world. However, a productivist approach to active longevity limits the contribution of older people to public welfare merely to the production of goods and services⁶. With this approach, older people without paid work are excluded from active longevity policies, while their contributions, which they could still make to society, are ignored⁷. Older people provide informal care for members of their families and communities, raise their grandchildren, and share their experience and knowledge with younger generations. Therefore, it is necessary to take into account not only the economic, but also the social productivity of the older population.

Comprehensive and inclusive policy for active longevity should include measures to ensure active, healthy and dignified life for all older people, including people with disabilities and frailty, not just those “fit” for continuing economic activities. Even older people with significantly impaired physical or mental health can maintain a certain level of activity that ensures their psychological well-being and dignity in the family and community. An integrated approach to the policy of active longevity will not only mobilize the potential of older volunteers, but will also contribute to the formation of positive images of older people in society - not dependents, but active participants in societal development.

Active longevity policy should cover the entire lifespan

The theory and practice of active longevity are applicable not only to older people, as earlier life experiences can significantly affect how people age. The principle of covering the entire lifespan should be an intrinsic part of an active longevity policy. The success of such policy will depend on the joint efforts of an individual and society. An individual remains responsible not only for choosing a healthy lifestyle, but also for planning the later stages of one’s life. The responsibility of society and the state is to provide conditions for active, dignified and healthy longevity throughout a person’s entire lifespan.

The main content of the policy of active longevity throughout entire life is prevention, understood in a broad sense as a set of measures to foresee and counteract undesirable medical, economic and

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social consequences at the subsequent, including the latest, stages of individual development. The coverage of the entire life course concerns all areas of the policy of active longevity: health, social security, employment, education, social services.

Active longevity also applies to the latest stages of human life. The measures of active and healthy longevity should provide people of any age and any health status with the opportunity to live decent and active lives, no matter how limited this activities might be, until the very end of life.

Lifelong education plays a fundamental role throughout entire life. Continuing education provides opportunities for improving professional skills at different stages of working life, as well as for acquiring new knowledge for a possible change in the life trajectories throughout an entire life course.\(^8\)

**Active longevity means healthy longevity**

Healthy longevity is an indispensable prerequisite of active longevity and, in fact, its synonym. The priority of health in the policy of active longevity is designated to “foster the functional ability of older people to be and to do what they value”\(^9\).

The health status of older people is a key determinant of their ability to continue productive activities, both economic and social, including in the workplace, in society and in the family.

Prevention of chronic non-communicable diseases - the main killers and disabling causes at a later age - is the central task of preventive measures of active longevity.\(^10\) COVID-19 pandemic has also clearly demonstrated the need for the prevention of acute infectious diseases and the preparedness of epidemiological services and medical institutions to combat the spread of infections and to meet rapidly growing needs for medical care during the unfolding epidemic. The pandemic has revealed special vulnerability of older persons, as well as people with chronic diseases.\(^11\) Coping with the pandemic requires not only anti-epidemic responses, but also ongoing efforts to combat non-communicable diseases and, more broadly, the socio-economic determinants of diseases: poverty and inequality.\(^12\)

**Active longevity contributes to the establishment of a positive image of older persons and the eradication of ageism**

Discrimination based on the systematic application of negative stereotypes to older people constitutes the content of ageism.\(^13\) Older people can become victims of discrimination - at work, at home, in transport, when seeking medical care, in long-term care facilities, and often also in the family. Ageism displaces older people to the periphery of society.

Eradication of ageism shall be based on scientific evidence and understanding of the fact that older people is not a homogeneous group and differ in their health and economic status, preferences and aspirations. Many of today's older citizens take personal responsibility for their own well-being and continue to contribute to the well-being of their families, communities, villages, cities and society at large.

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Political and public recognition of the contribution of older people is intended to support a new image of active longevity and dismantle negative stereotypes of old age. Educating young people, highlighting a positive yet realistic image of older people, and paying close attention to protecting their rights will help reduce and eradicate discrimination and abuse in old age and promote active, healthy and dignified longevity.

**DOES KAZAKHSTAN NEED AN ACTIVE LONGEVITY POLICY?**

Kazakhstan is a demographically young state at a comparatively early stage of demographic transition. The relative number of the population of Kazakhstan aged 65 years and over was about 8% in 2020, the relative number of 80-year-olds and people over this age - less than 2%, and the relative number of children (under 19 years old) - 35%. Corresponding figures in Western Europe are 21%, 6% and 21% (Fig. 2).

![Fig. 2.](image)

**Relative number (%%) of population aged 0-19, 65+ и 80+ years in Kazakhstan and in Western Europe**


The median age of the population of Kazakhstan in 2020 was 31 years; it could reach 34 years by 2050; in Western Europe, the median age in 2020 was 44 years and is projected to reach 47.5 years in 2050 (Fig. 3).

![Fig. 3.](image)

**Median age of the population of Kazakhstan and of Western Europe, 1990-2050**
According to the Committee on Statistics of Kazakhstan\textsuperscript{14}, in 2016 the employment rate of citizens of Kazakhstan aged 65 years and over was 4.8\% of the total number of this age group of the population. For women this indicator was 3.6\%, and for men - 6.8\%. These figures of Kazakhstan are close to those of some EU countries\textsuperscript{15}: in Austria the corresponding figures were 5\%, 3.5\% and 7\%; in Germany - 6\%, 4.5\% and 9.3\%; and in Italy - 4.7\%, 1.9\% and 6.7\%, accordingly.

Given the relatively low number of people at the age of 65 years and over in Kazakhstan, the older generation of the country at the present time can hardly be considered as a significant resource for the labour market. In addition, the high level of the potential support ratio (see Fig. 1) indicates a relatively low “pressure” on people of “working age” to meet the needs of non-working pensioners in Kazakhstan for pensions, medical care and social services. The resource of the older generation of Kazakhstan is in demand, most likely, at the family level, but not at the state level as a resource for economic development. However, this situation may soon change.

Today the policy of active longevity may seem irrelevant and premature for Kazakhstan. Nonetheless, the process of demographic transition is unstoppable, and very soon Kazakhstan will take its place among the countries that have significantly advanced along the path of demographic transition, accompanied by the ageing of population. By the middle of this century, the relative number of people aged 65+ years will reach 14\% (Fig. 4), and the potential support ratio will decrease from 7.2 to 4 (Fig. 1).

\textbf{Fig. 4. Relative number (\%) of people 20-64 \& 65+ years in Kazakhstan and in Western Europe, 2000-2050.}

\textit{The policy of active longevity in Kazakhstan can acquire a distinct orientation towards the future if it is focused not just on the today’s needs of older people, but on preparing the nation for the future stages of demographic transition. At these stages, the role of the second demographic dividend will become essential for the continued development of the country, and the country would benefit from it, if there are older people who have good health, protected by equitable, adequate and sustainable pension systems, and equipped with necessary knowledge, competencies and experience. Such a dual concern of the state for the current and future generations of older people.}

\textsuperscript{14}The Ministry of National Economy of the Republic of Kazakhstan. The Committee on Statistics. \url{https://stat.gov.kz/search}

\textsuperscript{15}International Labour Organization. ILOSTAT explorer. \url{https://www.ilo.org/shinyapps/bulkexplorer55/?lang=en&segment=indicator&id=EAP_DWAP_SEX_AGE_RT_A}
citizens can become a unique content of the policy of active longevity in the Republic of Kazakhstan.

Reserves of active longevity in Kazakhstan
The reserves and potential of active longevity are health, economic well-being and the availability of social services for people of all ages.

Health is recognized as the first priority in the 2002 WHO strategy of active longevity. The main indicators of a nation's health are life expectancy and rates of morbidity. According to the Committee on Statistics of the Ministry of National Economy of the Republic of Kazakhstan, the average life expectancy in Kazakhstan has been growing since 2006. Despite significant positive changes in this indicator of the nation's health, the life expectancy of Kazakhstani is inferior to the corresponding indicators of the population of Western Europe. For instance, life expectancy at birth for women in Kazakhstan in 2015-2020 was 7 years lower than for the inhabitants of Western Europe; for men this difference was 10 years\(^{16}\). One of the main reserves for increasing life expectancy in the country consists precisely in reducing the premature mortality of men.

The infant mortality and maternal mortality have significantly declined in the country. At the same time, Kazakhstan has one of the highest rates of mortality from non-communicable diseases among post-Soviet countries. The probability of dying from the most common chronic non-communicable diseases in 2016 between the ages of 30 and 70 in Kazakhstan (26.8%) was more than twice as high as in such Western European countries as Austria (11.4%) or Germany (12.1%), and more than 3 times higher as in the Republic of Korea, which has the lowest rate (7.8%)\(^{17}\).

Increasing life expectancy in different age groups, including disability-free life expectancy, reducing excess mortality among the male population and reducing morbidity and mortality from chronic non-communicable diseases should be among the main objectives of the active longevity policy in Kazakhstan.

Several factors determine economic situation of older person in Kazakhstan, as in any other country in the world: availability and adequacy of the social security system, possibility of earning additional income, and availability of assistance from family members.

Since Kazakhstan's pension system covers all persons of retirement age, Kazakhstan is the only Central Asian country of the former Soviet Union where the risk for older people to fall below the extreme poverty line is low\(^{18}\). However, the risk of poverty for older Kazakhstani still exists, for example, for low-paid categories of pensioners, therefore, older people in Kazakhstan fall into the category of economically vulnerable\(^{19}\).

According to a comprehensive national sociological survey of 2020\(^{20}\), in Kazakhstan, the share of working pensioners who indicated that they have to work to get additional income, as the size of

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their pension does not satisfy them, has approximately halved compared to 2008 (from 83% in 2008 to 47% in 2020). At the same time, the proportion of older people who are retired and who would like to work if they had such an opportunity increased by 2.5 times: from 10% in 2008 to 25% in 2020. These data indirectly indicate the possible support by older citizens of active longevity measures aimed at increasing the employment of older workers.

Active longevity is also ensured by the proper level and quality of social services.

With increasing age, the likelihood of acquiring chronic diseases, loss of functional activity and disability increases. Accordingly, the demand for assistance and care services grows with age. In Kazakhstan the need for long-term home care services significantly increases with age - from 2% at 60-69 years to 28% after 80 years. 4.8% of citizens of Kazakhstan over 60 years old and 29.3% of citizens aged 80 years and older are in need of permanent daily medical and social assistance. 62.3% of people of 80 years of age and older require psychological and psychotherapeutic support; more than 82% of older people constantly take medications, and for such people a periodic review of prescriptions and monitoring of compliance are essential. According to the results of the 2020 sociological survey, only 0.8% of respondents reported that they turned for help to social services, while 69% turned to their children.

Improving the organization and quality of social services is another reserve and an important direction for the policy of active and dignified longevity in Kazakhstan. At the same time, it can be assumed that, in accordance with the national traditions of Kazakhstan, the family will remain an important source and space for rendering assistance to its older members. In this regard, public policies will be required to help family members who provide intra-family care services to reconcile their family and work responsibilities.

**Priorities of active longevity policy for Kazakhstan**

Formation of a society of active, healthy and dignified longevity involves actions in the following areas:

- **Health:** healthy lifestyle; prevention and treatment of diseases; rehabilitation and prevention of complications of diseases.
- **Inclusion:** ensuring the possible participation of older people of all ages, up to the very late age, in various spheres of society – cultural, social, spiritual, political, etc., and at various levels - from family to national level.
- **Social security:** improving the system of social security and implementing measures to strengthen its adequacy, equity and sustainability.
- **Social services:** developing the system of provision of social services.
- **Intergenerational relations:** strengthening intergenerational cohesion and cooperation, based on the historical and cultural traditions of the country and taking into account the ongoing changes in the country and in the world.
- **Individual development:** the opportunity to do what one loves, while maintaining interest in life and satisfaction with its quality until the very end.
- **Life-long learning.**
- **Rights of older people:** ensuring the rights of older people and preventing ageism.

The listed areas could form the priority directions for the policy of active longevity in Kazakhstan.

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What models of active longevity are appropriate for Kazakhstan?

As in any other country, the policy of active longevity in Kazakhstan should take into account the national aspects of demographic development, as well as the economic and social situation of older citizens, their state of health, the socio-economic and political situation in the country; the future policy should also be consistent with the national development priorities.

It is pertinent to look for suitable policy models in countries for which active longevity has already become the basis of policies in the field of demographic change and population ageing. The experience of implementing such policies over the past decade exists in the EU countries - both at the level of the entire Union and at the national level. As an example, Text box 1 shows the structure of Malta's National Strategic Policy for Active Ageing 2014-2020. Policy of active longevity is also implemented in Bulgaria and Romania. Some EU countries (Ireland, Czechia) used the term “positive ageing” in the titles of their policy documents, which in its meaning and content is identical to “active longevity”.

Text box 1

Malta: National Strategic Policy for Active Ageing 2014-2020

Source: https://activeageing.gov.mt/en/Pages/NSPAA.aspx

The National Strategic Policy document includes three major themes, each consisting of subthemes offering recommendations for action.

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<th>Active participation in the labour market</th>
<th>Participation in society</th>
<th>Independent living</th>
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<td>o Income security and poverty</td>
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<td>o Healthy working conditions</td>
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<tr>
<td>o Transfer of experience</td>
<td>o Support for informal carers</td>
<td>o Maximising autonomy in long-term care</td>
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<td>o Income security and poverty</td>
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New Zealand has been a pioneer of the positive ageing policy, which was developed and launched in that country back in 2001. The development, implementation and monitoring of positive ageing policy in New Zealand involved consistent and thoughtful stages, which were based on the principles of openness, participation of all stakeholders, and evidence-based actions. The New Zealand Positive Ageing Strategy includes 10 goals; for each goal specific objectives are formulated. The key mechanism for the Strategy implementation was the Interdepartmental action plan, which determined actions and measures to be taken, terms of their implementation, responsible actors and resources.

In 2019, New Zealand adopted a new strategy for active longevity: Better Later Life in 2019-2034. The Strategy is designed to create opportunities for all citizens of New Zealand to be valued as they age, to participate in society and to contribute to its development.

The post-Soviet Baltic states (Estonia, Latvia and Lithuania), being EU members, at the same time share a recent historical past with Kazakhstan. Their experience in applying policies of active longevity during a dynamic transition period can be especially interesting and useful.

|___________|__________________________________________________________|___________________________________________________________________________________|
| **Component of the Strategy** | **Goal** | |
| 1 Income | Secure and adequate income for older people |  |
| 2 Health | Equitable, timely, affordable and accessible health services for older people |  |
| 3 Housing | Affordable and appropriate housing options for older people |  |
| 4 Transport | Affordable and accessible transport options for older people |  |
| 5 Ageing in the community | Older people feel safe and secure and can age in the community |  |
| 6 Cultural diversity | A range of culturally appropriate service allows choices for older people |  |
| 7 Rural | Older people living in rural communities are not disadvantaged when accessing services |  |
| 8 Attitudes | People of all ages have positive attitudes to ageing and older people |  |
| 9 Employment | Elimination of ageism and the promotion of flexible work options |  |
| 10 Opportunities | Increasing opportunities for personal growth and community participation |  |

Among other countries of the former USSR, the current active aging policy exists only in Ukraine. The Ukrainian State Policy Strategy for Healthy and Active Longevity of the Population till 2022 was approved by the Cabinet of Ministers of Ukraine in January 2018. The goal of the

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Strategy is to ensure achievement of the UN Sustainable Development Goals adapted for Ukraine, create favourable conditions for healthy and active longevity, and adapt public institutions to the process of demographic ageing and development of the society of equal opportunities. Implementation of this goal implies actions in four priority areas:

- Improving conditions for self-fulfilment of older citizens and their participation in the development of society.
- Ensuring health and well-being of older citizens.
- Creating favourable environment for active life of older citizens.
- Creating a system for protection of the rights of older citizens.

In the **Russian Federation**, in 2020, a draft Concept of the policy of active longevity was prepared. The objectives of this policy are put together and arranged into three basic priorities: *health of older citizens; a secure and decent life in older age; and activity and participation in the life of society*. The draft Concept also contains mechanisms, stages and expected outcomes of the implementation process. To monitor social policies for older citizens and progress in the area of active longevity, it is proposed to use the international active ageing index adapted for Russia. It is assumed that the state policy on active longevity will be developed on the basis of the draft Concept.

The policy of active longevity is also being implemented in **developing countries**. The experience of these countries is interesting, since some of them are close to Kazakhstan in terms of the characteristics of the demographic transition, and some - in other characteristics, for example, social, economic or cultural.

The experience of Cambodia is of special interest. From a demographic point of view, it is a relatively young country in Southeast Asia with the median age of the population standing at 25.6 years, 5 years less than in Kazakhstan. Cambodia has a National Ageing Policy 2017-2030. The overall vision of the Policy is “to ensure that older persons are enabled to fully participate with freedom and dignity, for as long as they wish to, in family, community, economic, social, religious and political activities; and that younger persons are better equipped with knowledge that enables them to lead a more productive, healthy, active and dignified life in old age”.

Therefore, the Cambodian policy on ageing is forward-looking, targeting both present and future generations of older Cambodian, and have a strong lifelong orientation. Strengthening the intergenerational connectivity is seen as a prerequisite for policy implementation and for helping younger generations better prepare for later life.

Some elements of active longevity are also included into national policies on ageing of **India**, **Jordan**, **Thailand**, **Turkey**, and other countries of Asia and the Pacific.

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32 Russian Federation (2020) The Concept of Active Ageing Longevity Policy. Scientific and methodological report of the Higher School of Economics, Moscow (In Russian) [link](https://www.hse.ru/data/2020/04/28/1544884777/%D0%9A%D0%BE%D0%B8%D1%86%D0%B5%D0%BE%D1%86%D0%B8%D0%BD%D0%B3%D0%BD%D0%B0%D0%B9%D0%BD%D0%B8%D1%85%D0%BE%D0%BB%D0%B8%D1%81%D1%8F_%D0%BF%D0%BE%D0%BB%D0%B8%D0%BA%D0%BE%D0%B8_%D0%B9%D0%B8%D0%B6%D0%B5%D1%82%D0%B8%D1%86%D0%B8%D1%8F.pdf)
Based on the experience of other countries and taking into consideration its demographic, social, economic, cultural and historical characteristics, the Republic of Kazakhstan will be able to prepare for the ageing of its society and use the potentials of active longevity for societal development.