

**COVID-19 Legal and Policy Frameworks  
Affecting Older Persons**

**KAZAKHSTAN**

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## **Abbreviations**

CIS – Commonwealth of Independent States

DIA – Department for Internal Affairs

EEU – Eurasian Economic Union

EFA – Education for All

GCFMC – Guaranteed Capacity of Free Medical Care

GVFMA –Guaranteed Volume of Free Medical Assistance

IIT – Individual income tax

ILO – International Labour Organization

MoH - Ministry of Health

MLSP - Ministry of Labour, Social Protection of the Population

NGO– Non-governmental organizations

OECD - Organisation for Economic Cooperation and Development

PHC – Primary Healthcare

RCHD – Republican Center for Health development

SSS – Special social services

UAPF – Unified Accumulative Pension Fund

UN – United Nations

UNFPA – United Nations Population Fund

UNHS – Unified National Health System

WHO – World Health Organization

## EXECUTIVE SUMMARY

This summary presents the results of a review in Kazakhstan conducted in November 2020, covering issues related to the legal status of older persons in the context of the pandemic. Since the share of people aged 65 and older in Kazakhstan exceeded 7%, the country entered the group of “ageing” countries in the world. Demographic ageing of the population in Kazakhstan leads to an increased need to address the issues of active older population, ensuring the rights of the elderly.

The rights of older persons are formulated in a variety of instruments of international law, of which the Republic of Kazakhstan is a part. These instruments define the obligations of States to protect the rights of older persons without discrimination based on health, ethnicity, gender, disability, language, religion, income, or social status. The realization of these rights is especially important, in view of the current global pandemic phenomenon in the world and what is expected after the pandemic. Moreover, the current events reinforce the need for both an immediate and a strategically long-term inclusive approach to ensuring the rights of older people in the country.

The review was based on published official statistics, data from UNFPA in Kazakhstan and supplemented with information received from competent government agencies, representatives of non-governmental and international organizations, as well as a desk study of the existing regulatory framework.

The conceptual framework of this review is defined by the central concepts of the international document on ageing – the Madrid International Plan of Action on Ageing (2002): participation of older persons in the development of society, ensuring health and well-being in old age, and creating an enabling environment that promotes and supports individual development throughout the life. Further, recommendations are made for strengthening state measures to ensure the rights of older people in the UN Policy Brief: *The Impact of COVID-19 on older persons*. The UN Policy Brief defines four key priorities for action: 1) ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health; 2) strengthen social inclusion and solidarity during physical distancing; 3) fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19; and 4) expand participation by older persons, share good practices and harness knowledge and data.

The main part contains an overview of the legal and policy framework for older persons. The legal framework is represented by general and special legislation. The leading directions of the state policy of the Republic of Kazakhstan in relation to the older people are reflected in long-term national strategies. The norms for the protection of the rights of older people are contained in various legislative acts, but there is no single regulatory legal act on the rights of older people that would regulate all issues of social protection of the older population, including pension provision, health and medical care, social services, and cultural rights. As a result, not all needs and problems of the elderly population are covered equally by the current legislation. At the same time, in 2020, the Ministry of Labor and Social Protection of Population of the Republic of Kazakhstan developed a National Action Plan to improve the situation of older citizens “Active longevity” in the Republic of Kazakhstan until 2025.

As part of the guaranteed package of free medical care, elderly people have the right to receive free medical care and medicines according to the approved list of medicines, medical devices within the guaranteed package and in the system of compulsory social health insurance at the expense of the state budget. Since the start of the coronavirus (COVID-19) pandemic, various sanitary and epidemiological measures were introduced to protect the population of the Republic. During the lockdown period, since March of this year, the movement of persons over 65 years old to protect themselves from infection has been prohibited in areas or facilities where restrictive measures have been introduced, including the quarantine.

The organization of medical care was developed, including for people from risk groups (the elderly and people with chronic diseases). Regardless of the epidemiological situation, the provision of planned medical care to patients receiving outpatient program hemodialysis, patients with oncological and oncohematological diseases, as well as with diseases whose postponement of treatment poses a threat

to the patient's life was continued. The quarantine and compliance with the sanitary and disinfection regime in medical and social facilities for the elderly have been introduced. The call centers to inform the population and mobile teams to provide assistance at home were created. The remote dynamic monitoring of patients with chronic diseases and the elderly (over 60 years old) was also organized. To inform the population about the COVID-19, the Digitalization Office of the Ministry of Healthcare of the Republic of Kazakhstan launched a free official chat bot in WhatsApp.

Taking into account that the epidemiological situation of coronavirus infection in the Republic of Kazakhstan also tends to increase, the Ministry of Healthcare has identified citizens who will receive the vaccine for free. These will be people over 65 years old, patients with cardiovascular diseases, diabetes, chronic obstructive pulmonary disease, as well as all medical professionals. It is considered possible to vaccinate people over 65 years old against pneumococcal infection at the expense of the state budget, the preliminary need for a vaccine against pneumococcal infection for people over 65 years old is 998,700 doses.

The system of social guarantees for older people includes two types of norms: norms that recognize the rights of all citizens regardless of age; norms related to the rights of the elderly and special groups (veterans, people with disabilities, etc.) and the respective responsibilities of state and family. Kazakhstan has a Standard for Provision of Special Social Services in the field of social protection of the population in the conditions of providing services at home. There is an electronic portal where with the help of digital signature the person can be subscribed to medical centers and specialists, and get special social services for people with disabilities.

Social security is regulated by 17 laws and more than 100 by-laws. The development of the Social Code in Kazakhstan will allow to systematize social protection measures provided at all stages, depending on the situation in a person's life. It is envisaged to establish a single standard for calculating social benefits based on subsistence minimum, the structure of which is recognized by the International Labour Organization (ILO). In order to approach the standards and living standard of the OECD countries, it is planned to gradually increase the minimum social standards and state guarantees (minimum wage, subsistence minimum), as well as the development of additional social support measures, increase the current poverty line, in accordance with world practice, the poverty line is equal to the subsistence minimum. Thus, the coverage of low-income citizens with social assistance measures will be expanded.

In terms of pension, Kazakhstan currently has a three-tier pension system. Since April 1, 2020, pensions were additionally indexed by 5%, which together provided an increase of the basic pension by 10%, and the solidarity pension by 12% compared to the level of 2019.

Due to the threat of coronavirus during the lockdown period visits to the nursing homes were banned. Currently, on the basis of 113 inpatient residential homes and 58 day-hospitals, more than 5,000 elderly people are covered by special social services at the expense of local budgets. The Social Service Home Care Departments service about 52,000 older persons and persons with disabilities. Persons residing in the social and medical institutions are fully covered for by the state. Therefore, in order to ensure joint responsibility between the state and the citizen, 70% of pensions and benefits are withheld and transferred to a separate bank account or to a cash control account of medical and social institutions.

In terms of employment of the older people in Kazakhstan, according to the Ministry of Labor and Social Protection, in 2019, the number of employed people aged 65 years old and over was 66,500 people, which was 4.5% of the total number of elderly people. The National Action Plan to Improve the Situation of Citizens of the Older Generation should enshrine at the legislative level the right of persons of retirement age to continue working without age discrimination. It is necessary to develop provisions of the Social Code of the Republic of Kazakhstan for the development of flexible forms of employment, which will lead to increased employment for the active older population.

In the part of integration and participation of older people in the life of Kazakhstan society, special attention is paid to creating conditions for integration and participation of older people in public life. Citizens of the Republic have the right to vote and be elected to state and local self-government bodies, as well as to participate in national referendums.

### **Community-level responses from networks of volunteers to ensure the social support of older persons affected by COVID-19.**

On behalf of the First President of the country, a single Republican campaign was launched in the country (“We are together!”). Participants of the action took measures to prevent and control the spread of coronavirus throughout the country. Currently, there are about 200 volunteer organizations in Kazakhstan, which have united more than 50,000 people. Volunteers and trade unions provided assistance in hospitals, delivered necessary food to the elderly, searched for and delivered medicines, held charity events. During the lockdown period, the private sector and entrepreneurs provided the elderly with everything they needed, including food and medicine.

**Based on the results of the review, recommendations were formulated for further implementation of the rights of older people, for an integrated approach, namely:**

- the development of current labor legislation related to the protection of the rights of older people and non-discrimination against older workers;
- at the legislative level, to regulate the integrated approach of medical and social systems in providing palliative care;
- development of psychological and social services for the elderly;
- improve special social services to overcome isolation and forced loneliness; and
- measures to support small businesses of the economically active elderly population.

The implementation of the recommendations is possible with the adoption of a single strategic document on the rights of the older people and creation of a single state body responsible for the formation and implementation of a comprehensive state policy in relation to the older people, including the harmonization of statistics on the elderly.

In conclusion, it should be noted that it is necessary to continuously monitor and evaluate the implementation of UN recommendations to address the rights of older people during the COVID-19 pandemic.

## **INTRODUCTION**

As rapid assessments of the impact of COVID-19 are conducted, it is gradually becoming clear that this issue can only be effectively addressed with the joint participation of both government agencies and civil society. In this regard, the Republic of Kazakhstan is making priority efforts to protect vulnerable segments of the population, and in particular the elderly, with the elimination of vulnerability factors in the context of the pandemic, which has become an essential preventive component of social policy in general.

According to the data of UNFPA office in Kazakhstan at the beginning of 2019, the share of the population aged over 60 years accounted for 11.6% of the total population and that of the population aged 65 years and older accounted for 7.5%. The country is at the initial stage of demographic ageing. In accordance with the Ministry of Labor and Social Protection of Population of the Republic of Kazakhstan, as of March 1, 2020, the number of pensioners amounted to 2,225,900 people. This is a special vulnerable social group of the population that needs appropriate measures of state social protection and ensuring the rights of older people.

The coronavirus disease pandemic (COVID-19) has had a huge impact on global public health and the economy. At the global level, the UN, in order to assess the impact of COVID-19 on older people, notes that it is important to balance the successful control of the pandemic and socio-economic measures in the context of creating an inclusive approach to addressing the issues of older people. In particular, they called for the fight against the pandemic to pay special attention to the rights of older people, and expand their opportunities and access to health care, pensions and social protection.

In his speech at the General Political debate of the 75th UN General Assembly, the President of Kazakhstan confirmed the state's commitment to "leave no one without support and assistance", especially children, youth, women, the elderly and citizens with special needs, who were hit most hard by the crisis.

### **Methodology and statistics**

This legal and policy review of the impact of COVID-19 on the ageing population of the Republic of Kazakhstan covers the current period.

The assessment has the following objectives:

- a) To determine the policy of response to COVID-19 by the state bodies of the Republic of Kazakhstan in order to protect the elderly;
- b) To review the current situation of older persons with respect to COVID-19;
- c) To develop recommendations on policies against COVID-19 in the context of protecting older persons.

The pandemic has shown the importance of using government administrative data to improve decision-making process. The report uses official statistics, as well as research materials from Kazakhstani and foreign experts on ageing of population and official information from government agencies posted on government websites to determine what policies have been implemented so far, and what can be planned to improve the situation of the elderly in Kazakhstan.

The changes in the policy and legislative framework as a result of the pandemic, institutional protection mechanisms for the elderly population, as well as current and planned state measures to improve the quality of life of older persons were reviewed. First of all, a desk analysis of available official reports and other publicly available information was carried out, which was later supplemented by the collection of information on regulatory acts and recent initiatives.

During the preparation of the report, its main provisions were discussed with representatives of the Majilis of the Parliament of the Republic of Kazakhstan, the Ministry of Labor and Social Protection of

Population of the Republic of Kazakhstan, the Ministry of health of the Republic of Kazakhstan, the National Commission on Human Rights under the President of the Republic of Kazakhstan, Federation of Trade Unions of the Republic of Kazakhstan, non-governmental organizations (NGOs) and UNFPA office in Kazakhstan.

The report provides a brief overview of the demographic characteristics of the country's ageing using the materials of the report on the population situation of the Republic of Kazakhstan, prepared by the UNFPA office in Kazakhstan together with the Statistics Committee of the Ministry of National Economy of the Republic of Kazakhstan and published in 2019 (UNFPA in Kazakhstan, 2019), the implementation of the "Madrid International Plan of Action on Ageing" in the country.

The report recognizes the importance of Kazakhstan's rapid and long-term response to protect the situation of the elderly in the context of the pandemic, and also notes the need to complement the current approach with broader measures to address the long-term prerequisites for the vulnerability of the elderly.

### **Demographic transition and demographic ageing**

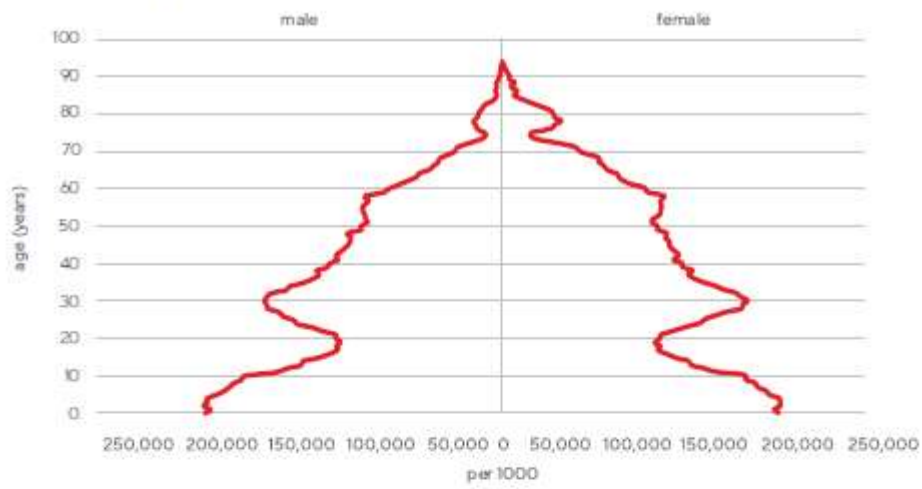
According to UNFPA data, Kazakhstan is at a relatively early stage of demographic transition. The demographic situation in Kazakhstan is characterized by an increase in the share of elderly in the age structure of the country's population (at the beginning of 2019, the share of the population aged over the age of 60 accounted for 11.6% of the total population, and that of the population aged 65 and older was 7.5%), and the country is at the initial stage of demographic ageing. At the same time, in half of the country's regions, the 7% threshold of an ageing nation has already been significantly exceeded. So, in the north-east of the country and in part of central Kazakhstan, the situation is similar to the countries of Europe. This is due to low natural population growth and emigration. And in the southern and western regions of the Republic, as well as in the city of Nur-sultan, there is an increase in the birth rate, as a result of which ageing indicators are lower. Due to the existing differences in life expectancy between men and women, the disparity in the size of the male and female population increases, especially in old age.

According to these indicators, Kazakhstan occupies an intermediate position among the 12 post-Soviet countries (all countries of the former USSR without the three Baltic States): between a group of the four "youngest" Central Asian countries (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and a group of four European countries (Belarus, Moldova, Russia and Ukraine) and three Western Asian countries (Armenia, Georgia and Azerbaijan). The age structure of the population of Kazakhstan is characterized by pronounced regional (inter-regional) differences.

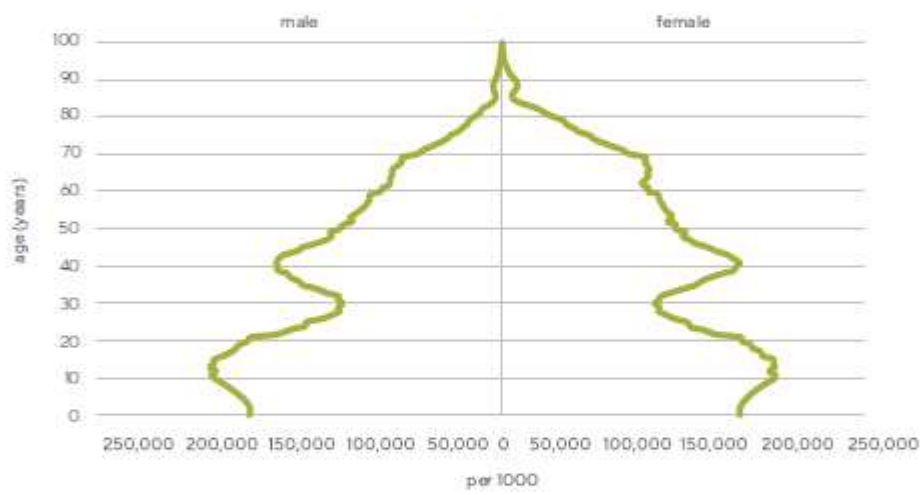
As consistent with the demographic forecasts, the number of elderly people will grow in the future — in the next decade, the number of people aged 65 and over will increase by an average of 4-5% per year, and by 2050 will exceed the figure of 2019 by 2.5 times. The share of people aged 65 and older in 2050 will be 13.2-14.6%. But, in any case, by the middle of this century Kazakhstan will remain a demographically relatively young country.



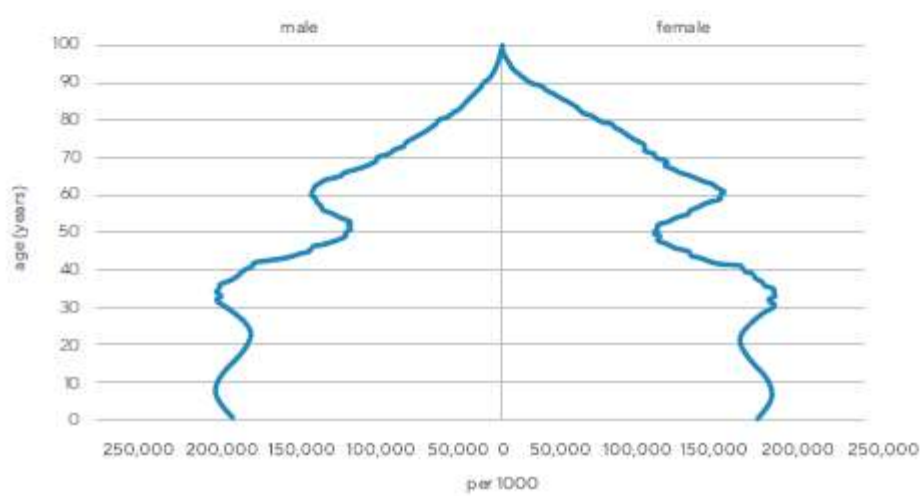
**Kazakhstan's population pyramid in 2019**



**Kazakhstan's population pyramid in 2030**



**Kazakhstan's population pyramid in 2050**



## **Age structure of the population**

The demographic “youth” of Kazakhstan is clearly visible in the age structure of the population. Of the total population, the population aged 0-19 years (“children”) accounted for 35% in 2019, the group aged 20-64 years (“working age” population) accounted for 57%, and the group aged 65 and over (“non-working age” elderly population) accounted for 8% (United Nations, 2019).

The age structure of the population of Kazakhstan is also reflected in the ratio of the overall demographic burden. This ratio consists of two components of the age-related demographic burden – the children’s burden and the elderly’s burden. The “child component” is dominated in Kazakhstan’s ratio of the overall burden (Sidorenko, Yeshmanova, and Abikulova, 2017). In 2020, with a total demographic burden of 76, the child’s burden is 62, while the elderly’s burden is 14. By 2050, the child’s burden will decrease to 53, and the elderly’s burden will increase to 25. Despite a slight increase in the overall demographic burden (to 78) by the middle of this century, it will remain significantly below its 1970 peak of 112 (United Nations, 2019).

The indicator that is “inverse” to the demographic burden of the elderly is the potential support ratio. The values of this ration from 1950 to 2015 remained at a high level in Kazakhstan – they ranged from 7.5 in 1995 and 2005 to 9.4 in 1985. After 2015, the potential support index began to gradually decline.

Low levels of overall demographic burden and high levels of potential support indirectly indicate the presence of the first demographic dividend. This evidence is also confirmed by the high, though fluctuating, relative number of people of “working age” in the population of Kazakhstan. The presence of the first demographic dividend in the coming decades will allow, with timely and adequate public policy measures, to take advantage of the potential of the country’s significant labor resources to ensure sustainable economic and social development.

By 2050, the potential support ratio is expected to drop to 4, which practically means that for one resident of Kazakhstan aged 65+ (“unproductive age”), there will be 4 Kazakhstanis aged 19-64 (“productive age”). One of the main factors that will reduce potential support will be the gradual growth of the elderly population (65+).

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

## LEGISLATION AND POLICY FRAMEWORKS

### International and regional legislation and norms

In accordance with the Constitution of the Republic of Kazakhstan (article 4, paragraph 3), “International treaties ratified by the Republic have priority over its laws. The procedure and terms of validity of international agreements to which the Republic is a party in the territory of the Republic of Kazakhstan are determined by the legislation of the Republic”.

Kazakhstan, as a member of the United Nations, shares the goals of the universal Declaration of human rights of December 10, 1948 which provides that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”. However, since this Declaration is not a legally binding instrument, it does not impose any obligations on Kazakhstan; but it forms the context of the national legal system.

In accordance with article 12 of the International Covenant on Economic, Social and Cultural Rights of 1966, the States parties recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The International Convention on the Elimination of All Forms of Racial Discrimination of December, 21, 1965 also, in article 5 recognizes the right of every person regardless of race, colour, national or ethnic origin, in the economic, social or cultural fields, in particular to health care and medical care.

Kazakhstan has signed a number of regional international instruments developed within the framework of the Commonwealth of Independent States (CIS) and the Eurasian economic community, which define the state’s position on access to social services for the mobile population, including the elderly, in particular: Agreement on the provision of medical care to citizens of the CIS member States on March 27, 1997, providing for the full provision of first and emergency medical care to citizens of the CIS countries who are not citizens of the country of temporary residence, in all medical institutions (regardless of whether you have a health insurance policy) in case of sudden acute conditions and diseases that threaten the life of patients or the health of the population, as well as accidents, poisoning, injuries, childbirth and emergency conditions during pregnancy.

Kazakhstan also signed an Agreement on mutual provision of equal access to first aid and emergency medical care to citizens of the Republic of Belarus, the Republic of Kazakhstan, the Kyrgyz Republic and the Russian Federation dated November 24, 1998, which provides first and emergency medical care to employees from Member States.

Regional instruments for the protection of the elderly have been significantly strengthened during the pandemic. On November 26, 2020, the Senate adopted the ratification of the Agreement on Pensions Provision for Workers of the Member States of the Eurasian Economic Union (EEU). The legal settlement of the issue of pension provision for citizens of the EEU when they work in other Member States is aimed at implementing equal rights of citizens of the EEU Member States to pension provision, as well as citizens of the state where they worked. The Member States of the EEU will pay a pension to a worker for the length of service worked out on its territory. Pensions will be paid by the Member State of the EEU, where the employee carried out their work, despite the fact that they live in another country of the EEU.

In Kazakhstan, the main provisions of state policy regarding older people is enshrined in the Constitution of the Republic of Kazakhstan, Civil Code of the Republic of Kazakhstan, the Code on Nation Health and Healthcare System of the Republic of Kazakhstan, the Labor Code of the Republic of Kazakhstan, the Code on Marriage (spousal relations) and Family of the Republic of Kazakhstan, the Law “On Employment of population” of the Republic of Kazakhstan, Law “On social protection of People with Disabilities in the Republic of Kazakhstan”, Law “On special social services” of the

Republic of Kazakhstan, the Law “On veterans” of the Republic of Kazakhstan, the Law “On public associations” of the Republic of Kazakhstan and other.

#### Areas for improvement:

Among the existing international conventions that affect the essential rights and interests of the elderly, it is proposed to join two international standards:

1. ILO Convention No. 102 “On minimum standards of social security”. For the first time, the 1952 Convention on social security minimum standards systematized nine types of everyday risks that should be covered by the social security system. This includes medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit, survivors’ benefit. This is the main international document that contains a set of principles and criteria on the basis of which integrated national social security systems should be built, operated and developed.
2. ILO Convention No. 128 “On disability, old-age and survivor’s benefits”. The 1967 Convention (entered into force on 01.01.1969) provides for the provision of disability benefits to eligible persons.

The ratification of these ILO conventions will help to improve the labor and social legislation of the Republic of Kazakhstan and increase legal protection and guarantees for the older people.

#### **National legislation ensures equal access to health care for the elderly under COVID-19 in Kazakhstan**

Protection of the public health is one of the most important responsibilities of the state. Among all the socio-economic rights of a person and a citizen enshrined in the current Constitution of the Republic of Kazakhstan, a special position is occupied by the right to health protection and medical care. No state can be called social if the level of health care does not meet the real needs of the population and does not meet the requirements established by international standards. Medical activity is a specific form of professional activity, in which deviation from the norms and regulations, with the exception of certain extraordinary cases, is unacceptable due to the extremely complex object and regulated legal relations – human life.

Kazakhstan, as a member of many international organizations and as a social state, provides in its legislation various programs and regulations to protect vulnerable segments of the population, including the elderly. In 2020, the protection of older persons has become even more important due to the spread of coronavirus infection, which is particularly dangerous for them.

#### **The Constitution of the Republic of Kazakhstan (adopted at the Republican referendum on August 30, 1995, with amendments and additions as of March 23, 2019)**

Article 29 of the Constitution guarantees citizens of Kazakhstan the right to health care and the right to receive free, guaranteed, extensive medical assistance established by law. Receiving paid medical care in public and private medical institutions, as well as from persons engaged in private medical practice, is carried out on the grounds and in accordance with the procedure established by law.

#### **The Code on Nation Health and Healthcare System of the Republic of Kazakhstan dated July 7, 2020**

The regulations enshrined in the Code are specific and accessible in terms of the possibility of legal regulation and legal implementation. In accordance with Article 77, it regulates the rights of citizens of the Republic of Kazakhstan to access a guaranteed package of free medical care.

The main one is a guaranteed package of free medical care. The second is an insurance package. The third is an additional package. Additional package from paid services or other sources permitted by law. Guaranteed package of free medical care, as today, will be provided to all citizens of the Republic of Kazakhstan. The insurance package is provided to the insured patients. In other words, this is a medical care in excess of the guaranteed package of free medical care. Those who are insured will have access to the insurance package. In the system of compulsory health insurance, there is a privileged category of citizens, for whom the state is a payer. These categories also include the older people.

Within the framework of the state programs “Salamatty Kazakhstan” and “Densaulyk” for the development of health care in the Republic, programs for “guaranteed package of free medical care”, “programs for the management of chronic diseases” and various screening programs for older people have come into force. According to the program for guaranteed package of free medical care, older people have the right to receive free medical care and medicines from the state budget in medical organizations they were subscribed or at home for medical reasons. Also, on a voluntary basis, people suffering from non-communicable chronic diseases, such as diabetes, hypertension, chronic obstructive pulmonary disease (COPD) can register for the management of their disease with the provision of free medicines.

One of the important directions in the activity of the health care system of Kazakhstan is mandatory screening studies in the framework of guaranteed free medical care. The target group of this direction is men and women aged 30-70 years who are undergoing screening for early detection of arterial hypertension, coronary heart disease, diabetes, glaucoma, and oncogenesis. With the beginning of the coronavirus pandemic, various sanitary and anti-epidemic measures were introduced to protect the population of the Republic. During the lockdown period, since March 2020, in order to protect themselves from infection the movement of persons over 65 years old has been prohibited in areas or facilities where restrictive measures have been introduced, including quarantine. The organization of medical care was developed, including for people from risk groups (the elderly and people with chronic diseases).

Regardless of the epidemiological situation, the provision of planned medical care to patients receiving outpatient program hemodialysis, patients with oncological and oncohematological diseases, as well as with diseases whose postponement of treatment poses a threat to the patient’s life was continued. The quarantine and compliance with the sanitary and disinfection regime have been introduced in medical and social facilities for the elderly. Call centers were created to inform the population and mobile teams to provide assistance at home. Remote dynamic monitoring of patients with chronic diseases and the elderly (over 60 years of age) was also organized. To inform the population about the coronavirus (COVID-19), the Digitalization Office of the Ministry of Healthcare of Republic of Kazakhstan launched a free official chat bot in WhatsApp to inform the population about the coronavirus (COVID-19) and contains reliable information about the coronavirus.

### **Implementation of the recommendations published in the UN Policy Brief: The impact of COVID-19 on older persons.**

- Ensure that all older persons at risk of acquiring COVID-19 — especially those with underlying health conditions and those living alone — are identified and attended to as early as possible.

In Kazakhstan there is a Standard for the provision of special social services in the field of social protection of the population in the form of home care (amended on 13.05.2019). The service recipients are persons with disabilities under the age of 18 with psychoneurological diseases; persons with disabilities of first and second groups; persons incapable of self-care due to old age (more older persons).

Home-based social services provided by the list of state-guaranteed social services include: catering, including home delivery of meals; assistance in purchasing medicines, basic food and manufactured goods; assistance in obtaining medical care, including accompanying to medical institutions; maintaining living conditions in accordance with hygienic requirements; assistance in organizing legal assistance and other legal services; and assistance in organizing funeral services and other home-based social services.

Older people who live alone or need assistance are provided with free assistance from of a social worker who is in constant contact with the recipient of services, purchases food and medicine, and provides other types of social assistance in accordance with the standard of special services. Comprehensive medical and social care for elderly people at home at the level of the primary health care facilities and medical social institutions includes measures to provide medical, social, and psychological assistance to both an elderly patient and a family member of an elderly patient who provides home care.

The Telemedicine Centers have been established and are being developed to consult and monitor patients with probable and confirmed cases of COVID-19. The doctor of the Telemedicine Center conducts a video consultation, assesses the patient's condition, prescribes treatment, and makes changes to the patient's electronic card. It is also a single electronic database of all COVID-19 cases.

- Ensure that medical decisions are based on individualized clinical assessments, medical need, ethical criteria and on the best available scientific evidence.

In practice, the Monitoring Center with patients from the risk group, a joint project of the akimat and KazNMU named after S. D. Asfendiyarov, works 24/7 and provides remote consultation of the moderate patients and patients from the risk group. This allows to track and monitor the health of patients, especially the elderly and those with concomitant diseases. The Center's staff, together with local doctors and mobile primary health care (PHC) teams, provide consultations and, if necessary, adjust treatment or recommend hospitalization of patients. This approach improves the quality of treatment at the outpatient level and minimizes the number of hospitalizations.

- Take urgent action to prioritize testing of vulnerable populations in closed settings, including older adults living in long-term care facilities, in areas of sustained community transmission.
- Ensure that visitor policies in residential care facilities, hospitals and hospices balance the protection of others with their need for family and connection.

According to #57 Resolution of the Chief Medical Officer of the Republic of Kazakhstan (current) "On further strengthening measures to prevent coronavirus infection among the population of the Republic of Kazakhstan" dated October 23, 2020, the quarantine and compliance with the sanitary and disinfection regime are observed in medical and social facilities for the elderly and people with disabilities and social rehabilitation centers. In addition, laboratories, regardless of their form of ownership, are required to conduct priority diagnostic tests for COVID-19 carried out within the guaranteed package/volume of free medical care (GPFMC) and compulsory social health insurance (CSHI).

- Ensure continuity of adequate care services for older persons such as mental health services, palliative and geriatric care

It is regulated by article 126 of the Code "On People's Health and the Health Care System" of the Republic of Kazakhstan dated July 7, 2020. Palliative care is provided on the basis of a health care standard developed and approved by the authorized body.

Chapter 20 of the Code “Provision of medical care for major non-communicable diseases” guarantees the provision of medical care in the field of mental health to persons with mental, behavioral disorders (diseases).

Currently, the work to create and implement standards for palliative care in non-cancer care is underway. The system of palliative care in geriatric practice requires integration into the system of medical and social security of the population.

- Ensure that COVID-19 cases or deaths occurring in care facilities are reported and improve monitoring of the situation in residential care facilities

According to #57 Resolution of the Chief Medical Officer of the Republic of Kazakhstan the National Center for Public Health of the Ministry of Healthcare of RoK conducts regular monitoring and provides the Ministry of healthcare and the Committee of epidemiological control with the updated forecast of development of the epidemiological situation in Kazakhstan.

As of October 2020, as a result of the abovementioned measures to protect the elderly population of the Republic during the pandemic, 13,645 elderly Kazakhstanis (over 65 years old) were infected with coronavirus. 95% of them recovered, 5% died (507 people).

#### Areas for improvement:

- In the frame of the standards for the provision of special social services, continue the work to improve qualification standards and workload standards for social workers, taking into account the changing demographic situation in the country.
- To improve palliative care for the elderly, including the development of standards and protocols for the treatment of patients in accordance with international requirements.
- To develop and implement a system for evaluating the effectiveness of geriatric care<sup>1</sup>

#### **Consultative and diagnostic assistance in the direction of a specialist in primary health care and profile experts:**

- 1) preventive medical examinations of children under the age of eighteen years and persons over 18 years of age in the manner and at intervals approved by the authorized authority, in accordance with Paragraph 7 of Article 155 of the Code of the Republic of Kazakhstan “On People’s Health and the Health Care System” (hereinafter referred to as the Code)
- 2) reception and consultation by specialized professionals of persons with diseases that are not subject to dynamic monitoring under the GCFMC, including: diagnostic services, including:
  - laboratory diagnostics, according to indications, in the direction of the specialist in the manner approved by the authorized authority;
  - use of high-tech medical services provided in the manner approved by the authorized authority in accordance with Paragraph 2 of Article 42 of the Code;
  - implementation by specialized professionals of medical manipulations and procedures in the manner approved by the authorized authority;
  - provision of inpatient care in accordance with Paragraph 5 of this List;

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<sup>1</sup> <https://fms.kz/ru/content/lgotnym-kategoriyam-grazhdan>

- prescription of medicines and medical devices, including certain categories of citizens with certain diseases (conditions);
  - provision of medicines on an outpatient basis in accordance with the List by the authorized authority, in accordance with Subparagraph 2) of Paragraph 1 of Article 88 of the Code;
  - examination of temporary incapacity for work, carried out in the manner approved by the authorized authority, in accordance with Paragraph 2 of Article 59 of the Code;
  - provision of emergency and planned dental care to certain categories of the population according to the List approved by the authorized body.
- 3) Inpatient care shall be provided, with the exception of cases of treatment of diseases under the GCFMC, in the direction of the PHC specialist or medical organization and includes:
- inspection, consultation of specialized professionals;
  - diagnostic services, including laboratory diagnostics;
  - treatment of the disease that caused hospitalization and its complications, concomitant diseases that pose a threat to life, using drugs, medical devices, through medical procedures, procedures and surgical operations (with the exception of aesthetic plastic surgeries);
  - use of high-tech medical services provided in the manner approved by the authorized authority, in accordance with Paragraph 2 of Article 42 of the Code;
  - medical rehabilitation and rehabilitation treatment in the direction of the PHC specialist or medical organization according to the List of diseases (conditions) approved by the authorized authority;
  - the organization of a hospital at home in acute conditions and exacerbations of chronic diseases for persons with reduced mobility.
- 4) Planned inpatient care shall be provided, with the exception of cases of treatment of diseases under the GCFMC, in the direction of the PHC specialist or medical organization within the planned number of hospitalizations and includes:
- examination, consultation of specialized professionals on medical indications, including using information and communication technologies;
  - diagnostic services, including laboratory diagnostics, for medical reasons;
  - treatment of the disease that caused hospitalization and its complications, concomitant diseases that pose a threat to life, using drugs, medical devices, through medical procedures, procedures and surgical operations (with the exception of aesthetic plastic surgeries);
  - provision of blood, its components in accordance with the nomenclature and in the order of their procurement, processing, storage, sale, as well as blood, its components, preparations in accordance with the procedure for their storage, transfusion, approved by the authorized authority, in accordance with Paragraph 5 of Article 162 of the Code;
  - use of high-tech medical services provided in the manner approved by the authorized authority, in accordance with Paragraph 2 of Article 42 of the Code;
  - medical rehabilitation and rehabilitation treatment in the direction of the PHC specialist or medical organization according to the List of diseases (conditions) approved by the authorized authority;
  - examination of temporary incapacity for work, carried out in the manner approved by the authorized authority, in accordance with Paragraph 2 of Article 59 of the Code;



- medical nutrition provided in accordance with the national standards for food approved by the Government of the Republic of Kazakhstan, in accordance with sub-paragraph two of Paragraph 2 of Article 69 of the Budget Code of the Republic of Kazakhstan;
  - providing the patient with a bed for the entire period of hospitalization, without providing additional services in the ward of hospital (TV, refrigerator, telephone, ordered meals, individual stay in the ward, with the exception of cases due to medical indications);
  - providing the opportunity to stay in medical organization of mother (father) or another person directly caring for a child under the age of three years, as well as for seriously ill older children who need additional care upon the conclusion of a doctor, with the issuance of a sheet on temporary disability;
  - providing the nursing mother of a child under the age of one year with free nutrition in a medical organization for the entire period of stay to care for a child;
  - creating the necessary conditions for games, recreation and educational work in children's inpatient medical organizations.
  - Medical rehabilitation and rehabilitation treatment in the direction of the PHC specialist or medical organization in the manner approved by the authorized authority.
  - Pathological diagnosis of diseases that are not included in the GCFMC.
- 5) The provision of medicines, medical devices, specialized medical products, immunobiological preparations in the provision of medical care in the system of GCFMC shall be carried out in the provision of:
- inpatient and hospital-replacing care - in accordance with drug formulary of healthcare organizations;
  - outpatient care - in accordance with the List of medicines and medical devices approved by the authorized authority for certain categories of citizens with certain diseases (conditions) in accordance with Subparagraph 2) of Paragraph 1 of Article 88 of the Code.
  - When providing medical care in the system of GCFMC, healthcare subjects shall use medicines, medical products, specialized medical products, immunobiological preparations registered in the Republic of Kazakhstan. Medicines must be included in the Kazakhstan national drug formulary.
  - It is allowed to use medicinal products and medical devices that are not registered in the Republic of Kazakhstan to provide medical care according to the vital indications of a particular patient or to provide medical care to a limited number of patients with rare and (or) especially severe pathology in the manner approved by the authorized authority in accordance with Subparagraph 32) of Paragraph 1 of Article 7 of the Code.

### **Ensuring access to social services for older people in the context of a pandemic situation**

According to the Ministry of labor and social protection of the Republic of Kazakhstan the number of retirees in the country as of 1 August 2020 is 2.2 million people<sup>2</sup>. In 2020, over 32 billion tenge was allocated for various forms of social support for the elderly people.

Starting from January 1, 2020, the amount of solidary pensions increased by seven percent as a result of annual indexation, while the basic pension increased by five percent. In accordance with the instructions of the Head of state, the amount of pensions assigned since April 1 this year has been additionally indexed by another five percent, which together provided an increase in the basic pension

<sup>2</sup> <https://www.gov.kz/memleket/entities/enbek/press/article/details/20396?directionId=191&lang=ru>

by 10 percent, and the solidary pension by 12 percent compared to the level of 2019. As a result of the increase, the minimum amount of the total pension (solidary + basic) is more than 58 thousand tenge, and the maximum-128.5 thousand tenge. Besides, citizens receive pension payments from the Unified Accumulative Pension Fund (hereinafter referred to as the UAPF) based on the expense of their savings.

Currently more than 5 thousand elderly people are covered by special social services at the expense of local budgets on the basis of 113 inpatient boarding houses and 58 day-hospitals. Social assistance departments at home serve about 52 thousand elderly and disabled people.

In General, over 15.2 billion tenge was allocated during 2020, taking into account the capabilities of local budgets and within the framework of social responsibility of business (of these, local budgets – 14.2 billion tenge, at the expense of funds raised – 1 billion tenge), including: – a single payment for the Victory Day – 7.6 billion tenge (123,600 people – for the provision of food packages – 1 billion 481.1 million tenge (233,400 people.); – concessional terms for medicines, – 174.2 million tenge (40,800 people.); – denture – 142.7 million tenge (3,000 people); – for provision of health resort treatment – 1 billion 362.3 million tenge (19,500 people); – for housing renovation – 46.4 million tenge (376 people); – for fuel – 136.1 million tenge (3,700 people); - provision of transportation allowance in public transport – 740.7 million tenge (133,900 people); - for other forms of assistance – 3 498,8 million tenge (134,0 thousand people)<sup>3</sup>.

Owing to changed conditions, Kazakhstan has started to develop a social code. The social code will contain all the minimum guarantees for the population, due to the fact that the minimum social standards and guarantees do not meet the requirements and needs of the society. The basis for calculating the amount of social security payments is based on various indicators: monthly calculation index (MCI), subsistence level (SL), income poverty line, minimum wages (MW). MCI, SL, income poverty line, MW appear to not have any economic justification. Social security relations are regulated by 17 laws and more than 100 by-laws.

#### Areas for improvement:

The development of the social code in Kazakhstan will allow to systematize social protection measures provided at all stages, depending on the situation in a person's life. It provides for the establishment of a single standard for calculating social payments based on minimum wages, the structure of which is recognized by the International Labour Organization (ILO). With a view to moving closer to standards and standard of living of the OECD countries, it is planned to gradually increase the minimum social standards and state guarantees (MW, SL), as well as the development of additional social support measures (low-income people, citizens affected by nuclear tests). In addition, it is planned to increase the current income poverty line, in accordance with world practice, where the size of the income poverty line is equal to the subsistence level. Hence, Thus, the coverage of low-income citizens with social assistance measures will be expanded.

## **Pension security in Kazakhstan**

A special place in the implementation of constitutional guarantees of social security is occupied by the pension system in Kazakhstan. Kazakhstan was the first in the CIS countries to begin the transition to a funded pension system based on the principles of individual savings. Its main goal was defined – to build a financially stable, growth-sensitive and fair system that would balance the labor contribution with the pension through personalized accounting of pension contributions. As a result of the reform, Kazakhstan currently has a three-level pension system.

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<sup>3</sup> <https://www.gov.kz/memleket/entities/enbek/activities/191?lang=ru>

The first level (basic) – state basic pension payment, which is assigned to all citizens who have reached retirement age (men–63 years old, women in 2019 – 59 years old (with a gradual increase over 10 years for 6 months annually up to 63 years)). The state basic pension payment has been introduced since 2005 and has become the main tool in preventing poverty and has increased the income of older people. It is noteworthy that if earlier it was provided to everyone in the same amount, then from July 2018, on behalf of the Elbasy (the first president of the Republic of Kazakhstan Mr. Nazarbayev), the amount of it was determined for each recipient individually, depending on the length of participation in the pension system. The size of the basic pension is increased annually by the level of inflation, since its size is linked to the subsistence level.

The second level (mandatory) is represented by two payments:

- non-contributory pension, paid from the state budget;
- pension payments from the Unified Accumulative Pension Fund at the expense of employees' pension savings.

Persons who have at least 6 months of work experience as of January 1, 1998 have the right to non-contributory pensions. The amount depends on the number of years of the work experience worked out as of 1 January, 1998 and the level of pre-retirement income (the longer the length of service and the higher the income, the higher the amount of non-contributory pension).

The realization of the Concept and further pension system modernization of the Republic of Kazakhstan, their size increases ahead of the inflation rate by 2%. The funded pension is mainly formed from 10% of mandatory pension contributions withheld from the employee's income within 50 times of the minimum wage and 5% mandatory occupational pension contributions paid by employers for employees engaged in harmful working conditions.

The third level (voluntary) – voluntary pension contributions that encourage personal responsibility of citizens for pension provision.

Citizens of the Republic of Kazakhstan and other EAEU member States will apply directly to the UAPF for all issues related to the purpose of pension payments.

Under the Agreement, employees of other EAEU States will receive pension payments in Kazakhstan from the accumulative pension system, since they, along with citizens and foreigners permanently residing in the Republic of Kazakhstan, will transfer mandatory pension contributions to the UAPF in accordance with the procedure and conditions established by the national pension legislation.

Unified Accumulative Pension Fund is defined as the competent authority for the implementation of the Agreement.

#### Areas for improvement:

As part of the development of the Social Code, the structures of the subsistence level will be revised (currently, the basic pension payment is linked to the amount of the subsistence level (2.2 million people) – 830.8 billion tenge), the list of food commodities expanded from 43 to 51 item. The revision will ensure that the subsistence level complies with international standards and ILO recommendations. It is planned to increase the subsistence level by 58% (from 32, 668 to 56,454 tenge). As a result, it is expected to increase the income of low-income categories of citizens and the purchasing power of the population.

#### **Employment of the elderly in Kazakhstan**

In the ILO's preliminary assessment "COVID-19 and the world of work: Impact and policy responses" indicated that epidemics and economic crises can have a disproportionate impact on certain segments

of the population, which can provoke increased inequality. These include people who work in poorly protected and low-paid jobs, in particular older workers.

According to the Ministry of Labor and Social protection of the Republic of Kazakhstan (hereinafter referred to as the MLSP) in 2019, the number of people employed in the economy aged 65 and older was 66,500, which is 4.5% of the total number of elderly people. Older women are significantly less engaged in social production than men, although the difference is small in absolute terms. This is due to the fact that in the age group of 60 years and older, the number of women exceeds the number of men by 1.6 times<sup>4</sup>.

The Constitution of the Republic of Kazakhstan adopted on August 30, 1995 at the republican referendum, the amendments and additions as of 23 March 2019). Article 24 of The Constitution of the Republic of Kazakhstan guarantees that everyone shall have the right to freedom of labor, and the free choice of occupation and profession and the right to safe and hygienic working conditions, to just remuneration for labor without discrimination, as well as to social protection against unemployment.

In accordance with the law of the Republic of Kazakhstan “On employment of the population”, responsible executive authorities provide state services in the field of employment promotion to persons before reaching retirement age. When citizens of pre-retirement age apply to the employment authorities at their place of residence and are recognized as unemployed in accordance with the established procedure, they are guaranteed social support, including free services for vocational training, retraining and advanced training, and assistance to business initiatives. Persons who have reached retirement age are not registered as unemployed.

#### Areas for improvement:

The national action plan for improving the situation of older citizens “Active longevity” developed by the MLSP until 2025 will enshrine the right of persons of retirement age to continue working without age discrimination at the legislative level. In 2022, it is planned to cancel the provisions of the law of the Republic of Kazakhstan “On public service” in terms of the dismissal of workers based on age (paragraphs 1-1 of article 27). As a result of the National plan implementation, it is expected to increase the number of working citizens of the older generation to 7.5% by 2025 (in 2019 – 4.5%)<sup>5</sup>. Development of a Social code in Kazakhstan is necessary to ensure real incomes of citizens, to prevent deterioration in their financial condition due to the devaluation and rising prices for goods and services, indexing minimum wage to inflation. In addition, it is necessary to formulate provisions of the Social code of the Republic of Kazakhstan for the development of flexible forms of employment, which will lead to increased employment for certain groups of the population (the elderly, people with disabilities), for whom the traditional format is not convenient.

#### **Integration and participation of elderly in Kazakhstani’s society.**

Special attention is paid in Kazakhstan to create conditions for the integration and participation of older people in public life. According to the Article 33 of the Constitution of the Republic of Kazakhstan citizens of the Republic of Kazakhstan shall have the right to participate in the government of the state’s affairs directly and through their representatives, to address personally as well as to direct individual and collective appeals to public and local self-administrative bodies. Citizens of the Republic shall have the right to elect and be elected into public and local self-administrations as well as to participate in an all-nation referendum. Social and political activity of senior citizens is not restricted by law.

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<sup>4</sup> <https://legalacts.egov.kz/npa/view?id=3972493>

<sup>5</sup> <https://legalacts.egov.kz/npa/view?id=3972493>

## **Conceptual foundations of Kazakhstan’s policy on aging policy**

The leading directions of the state policy of the Republic of Kazakhstan in relation to the elderly are reflected in long-term national strategies:

- Strategy “Kazakhstan-2050”: a new political course of the established state”;
- Strategic Development Plan of the Republic of Kazakhstan until 2020, approved by #922 decree of the President of the Republic of Kazakhstan dated February 1, 2010;
- State Health Development Program of the Republic of Kazakhstan for 2020-2025, approved by the decree of the Government of the Republic of Kazakhstan dated December 26, 2019;
- State Education Development Program of the Republic of Kazakhstan for 2011-2020, approved by #1118 decree of the President of the Republic of Kazakhstan dated December 7, 2010;
- Concept of further modernization of the pension system of the Republic of Kazakhstan until 2030, approved by #841 decree of the President of the Republic of Kazakhstan dated June 18, 2014;
- Concept of family and gender policy in the Republic of Kazakhstan until 2030, approved by #384 decree of the President of the Republic of Kazakhstan dated December 6, 2016;
- Concept of social development of the Republic of Kazakhstan until 2030, approved by #396 decree of the Government of the Republic of Kazakhstan dated April 24, 2014;
- National plan for ensuring the rights and improving the quality of life of persons with disabilities in the Republic of Kazakhstan until 2025;
- National action plan for strengthening family relations, moral, ethical and spiritual values in the Republic of Kazakhstan for 2015-2020.

The state policy of the Republic of Kazakhstan in the field of protection of older persons is based on the following principles: 1) legality, humanity, respect for human rights; 2) guarantee of social protection, ensuring access to medical, social and professional rehabilitation; 3) accessibility and equal rights, along with other citizens, to health protection, education and free choice of activities, including labor; 4) interaction of state bodies with public associations and other organizations; and 5) prohibition of discrimination.

### Areas for improvement:

It is necessary to develop a single strategic policy document in the field of population ageing and the situation of older people in Kazakhstan. At the same time, in 2020, the Ministry of Labor and Social Protection of Population of the Republic of Kazakhstan developed a National Action Plan to improve the situation of older citizens “Active longevity” in the Republic of Kazakhstan until 2025”, according to which Kazakhstan needs to establish at the legislative level the right of persons of retirement age to continue working without age discrimination.

## **Community-level responses from networks of volunteers to ensure the social support of older persons affected by COVID – 19.**

Various formal and informal organizations, including volunteer networks, have played a huge role in helping the elderly during emergency situation in the country caused by COVID-19.

On direct instructions from the First President of the Republic a united country wide campaign “BIZ birgemiz!” (“We are together!”) was launched in Kazakhstan. Representatives of the “Nur Otan” party and its youth wing “Zhas Otan” actively participated and coordinated the campaign. Participants of the campaign took measures to prevent spread of coronavirus throughout the country. “Nur Otan” party

allocated 150 million tenge for the cities Nur-Sultan and Almaty. These funds provided those in need, including the elderly, with antiseptics, medical masks and other essential products for the prevention of coronavirus spread.

At the initiative of the President of the country, 2020 was declared the year of Volunteer in Kazakhstan. Currently, there are about 200 volunteer organizations in Kazakhstan, which united more than 50,000 people. Volunteers provided assistance in hospitals, delivered necessary food to the elderly, searched for and delivered medicines, and held charity events. Volunteer networks monitored pharmacies to prevent queues for medicines, check the availability of necessary medicines and medical supplies for those in need, and prevent overstating the maximum allowable prices for essential medicines needed for the treatment of pneumonia and coronavirus infection. During the lockdown period, the private sector and entrepreneurs provided the elderly with everything they needed, including food and medicine.

The Federation of trade unions of Kazakhstan, showing solidarity, together with the primary trade Union organizations, provided assistance to veterans of the trade Union movement. For example, in March 2020, the Association of trade unions of East Kazakhstan region called on the industry trade unions of the region to help minimize the movement of the elderly. The first to respond to the call to help the elderly, who are more susceptible to the disease than others, were members of the trade Union of JSC “Ust-Kamenogorsk heat networks” (trade Union of energy workers of East Kazakhstan region), who took patronage over the elderly, from among the company’s pensioners. The activities of the volunteers assigned to pensioners include the purchase and delivery of necessary food and medicines<sup>6</sup>.

Volunteers of the Red Crescent Society (hereinafter referred to as the RCS) provided humanitarian assistance to socially vulnerable, including the elderly. Beside the assistance, RCS volunteers conducted awareness-raising activities among the population how to prevent the spread of coronavirus infection. The unemployed are guaranteed with social support, including free services for vocational training, retraining and advanced training, and assistance to business initiatives. Persons who have reached retirement age are not registered as unemployed.

## CONCLUSIONS AND RECOMMENDATIONS

- Referring to the Madrid international plan of action on ageing, older persons are particularly vulnerable in emergencies such as natural disasters and other humanitarian emergencies, which should be kept in mind, as they may be far from family and friends and find it more difficult to find food and shelter. In addition, they may be assigned basic responsibilities for caring for other people.
- Governments and international relief agencies should recognize that older persons play an important role in families and communities, provide care and support, perform income-generating activities, and are able to make a positive contribution to emergency response by participating in recovery and reconstruction activities.
- Policies to reduce the transmission of COVID-19 through physical distancing now exist in most countries. Physical distancing can become an additional burden for older people, as they are less likely to rely on social media interaction, especially among older people (those aged 80+). Older people can also rely on long-term care service providers at home or in institutions to meet their basic needs, taking into account the commitment of organizations that are members of our networks, we appeal to Governments, international organizations and society:
  - Provide protection, assistance and humanitarian assistance to older persons in an emergency situation related to Covid-19;
  - To take measures to ensure that appropriate services are available, that older persons have physical access to them, and that they are involved in planning and providing services online;

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<sup>6</sup> <http://fprk.kz/2020/03/25>

- Raise awareness and protection of older persons regarding physical, psychological, sexual or financial exploitation in emergency situations, with particular attention to the specific risks faced by women;
- Reach older people through community relief and recovery programmes, including by identifying and providing assistance to vulnerable older people;
- Pay special attention to older people in the context of humanitarian assistance programs and packages during quarantine;
- To organize the work on exchange of experience and stories of successes, accumulated over a time of emergency;
- To help older people restore family and social ties and relieve post-traumatic stress;
- If possible, provide isolated elderly people living alone with electronic means of communication to ensure access to information and to optimize communication with them in order to provide the necessary assistance;
- Take measures to develop guidance for health personnel when making decisions about resource allocation and monitoring discrimination in access to health services for all high-risk groups, including the elderly. The equal rights of older people should not be ignored. Access to health care should be based on medical necessity, scientific approach and principles of medicine. Discrimination based on non-medical characteristics, such as age or disability, is not allowed;
- Provide protection and treatment for older people with pre-existing illnesses with the highest risk of developing a serious illness as the new Covid-19 coronavirus;
- Take measures to provide sufficient social services for older people to live independently in the community, so that people do not end up in nursing homes in the absence of other options, because the inability of governments to provide sufficient social services leads older people to nursing homes where they face health risks;
- Provide older people living in refugee camps with health care, including access to national health systems and hospitals, and older people should have access to shelters, water and sanitation facilities that they need to maintain their health, with particular attention to available hand-washing support, regardless of their legal status; and
- Provide adequate working conditions, transport, and protective equipment for social workers who serve.

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[https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief\\_on\\_covid-19\\_and\\_older\\_persons\\_1\\_may\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf)

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## **ANNEX 1:**

### **LIST 1. International legal instruments ratified by the Republic of Kazakhstan in the field**

- The Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights
- The International Covenant on Economic, Social and Cultural Rights Convention on the Elimination of All Forms of Discrimination against Women
- Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Rights of Persons with Disabilities
- The CIS Agreement on Cooperation in the Field of Labour Migration and Social Protection of Migrant Workers of 15 April 1994.
- The CIS Agreement on the mutual recognition of workers' right for reparation for damages caused as a result of an injury, occupational disease or any other harm to health related to the performance of their duties of 9 September 1994.
- Agreement on the provision of medical assistance to citizens of the member countries of the Commonwealth of Independent States dated 27 March 1997.
- Agreement on the mutual granting of equal access to the first medical aid and emergency medical care to citizens of the Republic of Belarus, the Republic of Kazakhstan, the Kyrgyz Republic and the Russian Federation of 24 November 1998.
- Convention on the legal status of migrant workers and members of their families CIS member states of 14 November 2008.
- Treaty on the Eurasian Economic Union of 29 May 2014.

### **LIST 2. National policy, strategy**

#### State programs

- Strategic development plan of the Republic of Kazakhstan until 2020, approved by the decree No. 922 of the President of the Republic of Kazakhstan dated 1 February 2010; [https://online.zakon.kz/document/?doc\\_id=30559730](https://online.zakon.kz/document/?doc_id=30559730)
- Strategy “Kazakhstan-2050”: a new political course of the established state”; [https://www.akorda.kz/en/events/astana\\_kazakhstan](https://www.akorda.kz/en/events/astana_kazakhstan)
- State program for healthcare development of the Republic of Kazakhstan “Salamatty Kazakhstan»; URL: <https://strategy2050.kz/ru/page/gosprog1/>
- State program for the development of healthcare in the Republic of Kazakhstan “Densaulyk” for 2016-2020; URL: [https://strategy2050.kz/static/files/pr/gprz\\_ru.pdf](https://strategy2050.kz/static/files/pr/gprz_ru.pdf)
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- State program of education development of the Republic of Kazakhstan for 2011-2020, approved by decree No. 1118 of the President of the Republic of Kazakhstan dated 7 December 2010; [https://online.zakon.kz/document/?doc\\_id=30906915](https://online.zakon.kz/document/?doc_id=30906915)
- The concept of further modernization of the pension system of the Republic of Kazakhstan until 2030, approved by decree No. 841 of the President of the Republic of Kazakhstan dated 18 June 2014; [https://online.zakon.kz/Document/?doc\\_id=31570906](https://online.zakon.kz/Document/?doc_id=31570906)
- National action plan for strengthening family relations, moral, ethical and spiritual values in the Republic of Kazakhstan for 2015-2020; <https://primeminister.kz/ru/orders/07092015-78>
- About approval of standards of rendering special social services in the field of social protection of the population. Order No. 165 of the Minister of healthcare and social development of the Republic of Kazakhstan dated 26 March 2015;

URL: [https://tengrinews.kz/zakon/pravitelstvo\\_respubliki\\_kazahstan\\_premier\\_ministr\\_rk/sotsialnoe\\_obespechenie/idV1500011038/](https://tengrinews.kz/zakon/pravitelstvo_respubliki_kazahstan_premier_ministr_rk/sotsialnoe_obespechenie/idV1500011038/);

[https://online.zakon.kz/document/?doc\\_id=38265794#pos=9;-39](https://online.zakon.kz/document/?doc_id=38265794#pos=9;-39)

- Republican comprehensive plan for improving the quality of life of older citizens for 2018-2020.

### **LIST 3. National legislation related to the rights of the elderly**

- The Constitution of the Republic of Kazakhstan; [https://www.akorda.kz/en/official\\_documents/constitution](https://www.akorda.kz/en/official_documents/constitution)
- Civil code of the Republic of Kazakhstan; [http://adilet.zan.kz/rus/docs/K940001000\\_](http://adilet.zan.kz/rus/docs/K940001000_)
- The code of the Republic of Kazakhstan “On the health of the people and the healthcare system”; <http://adilet.zan.kz/rus/docs/K2000000360>
- Labor Code of the Republic of Kazakhstan; <http://adilet.zan.kz/rus/docs/K1500000414>
- The code of the Republic of Kazakhstan “On marriage (matrimony) and family”; <http://adilet.zan.kz/rus/docs/K1100000518>
- Law of the Republic of Kazakhstan “On employment”; <http://adilet.zan.kz/rus/docs/Z1600000482>
- Law of the RK “On social protection of disabled people in the Republic of Kazakhstan”; [http://adilet.zan.kz/rus/docs/Z050000039\\_](http://adilet.zan.kz/rus/docs/Z050000039_)
- Law of the RK “On special social services”; [http://adilet.zan.kz/rus/docs/Z080000114\\_](http://adilet.zan.kz/rus/docs/Z080000114_)
- Law of the RK “On veterans”; <http://adilet.zan.kz/rus/docs/Z2000000322>
- Law of the RK “On public associations”; [http://adilet.zan.kz/rus/docs/Z960000003\\_](http://adilet.zan.kz/rus/docs/Z960000003_)
- Law of the RK “On state social benefits for disability, loss of breadwinner and age in the Republic of Kazakhstan”; [http://adilet.zan.kz/rus/docs/Z970000126\\_](http://adilet.zan.kz/rus/docs/Z970000126_)
- Law of the RK “On special state benefit in the Republic of Kazakhstan”, “About social protection of people with disabilities in the Republic of Kazakhstan”; [http://adilet.zan.kz/rus/docs/Z050000039\\_](http://adilet.zan.kz/rus/docs/Z050000039_)
- Law of the RK “On benefits and social protection of participants, invalids of the great Patriotic war and persons equated to them”; [http://adilet.zan.kz/rus/docs/U950002247\\_](http://adilet.zan.kz/rus/docs/U950002247_)

- Law of the RK “On charity”; <http://adilet.zan.kz/rus/docs/Z1500000402>

**List 4. Regulatory legal acts concerning quarantine and state of emergency in Kazakhstan related to the spread of the COVID-19 coronavirus**

- Decree of the President of the Republic of Kazakhstan on the introduction of a state of emergency dated 15 March 2020
- Decision No. 6 of the Operational headquarters for preventing the spread of coronavirus infection in the territory of the quarantine zone in the city of Nur-Sultan dated 28 March 2020 “On measures to prevent the spread of coronavirus infection (COVID-19) in the city of Nur-Sultan”
- Order No. 10-R of the Prime Minister of the Republic of Kazakhstan dated 27 January 2020. “On measures to prevent the occurrence and spread of coronavirus infection in the territory of the Republic of Kazakhstan”
- Decision No. 5 of the Operational headquarters for preventing the spread of coronavirus infection in the city of Nur-Sultan dated 26 March 2020 “On additional measures to prevent the spread of coronavirus infection (COVID-19) in the city of Nur-Sultan”
- Resolution of the Chief state sanitary doctor of the Almaty region on March 30, 2020 No. 4 “On strengthening restrictive measures in the territory of the Almaty region”
- Order No. 28-R of the Prime Minister of the Republic of Kazakhstan dated 14 February 2020
- Decision of the head of emergency response of Nur-Sultan dated 19 March 2020 No. 1 “On measures to prevent the spread of coronavirus infection (COVID-19) in the territory of the city of Nur-Sultan”
- Order No. 14-R of the Prime Minister of the Republic of Kazakhstan dated 29 January 2020 to the action plan to prevent the Possible occurrence and spread of coronavirus infection in the territory of the Republic of Kazakhstan
- Resolution No. 25-PGR of the Chief state sanitary doctor of the Republic of Kazakhstan dated March 16, 2020
- Resolution of the Deputy Chief state sanitary doctor of the city of Nur-Sultan dated 17 March 2020 “On the introduction of restrictive measures on the territory of the city of Nur-Sultan, including quarantine with special conditions for economic and (or) other activities and life of the population
- Resolution of the Chief state sanitary doctor of the city of Almaty dated 26 March 2020 “On strengthening the quarantine regime in the city of Almaty”
- Resolution No. 19-PGR of the Chief state sanitary doctor of the Republic of Kazakhstan dated 12 March 2020 “On strengthening measures to prevent the spread of coronavirus infection in the Republic of Kazakhstan”
- Resolution No. 20-PGR of the Chief state sanitary doctor of the Republic of Kazakhstan dated 12 March 2020 “On strengthening measures to prevent the import and spread of coronavirus infection in the Republic of Kazakhstan during the pandemic”
- Resolution No. 8 of the acting Chief state sanitary doctor of Almaty dated 18 March 2020 “On the introduction of a quarantine regime in the territory of Almaty”
- On additions to the List of permitted industries and activities for organizations and enterprises of the city of Almaty that are not subject to temporary closure during quarantine and changing

the operating mode of checkpoints from 31 March to 00: 00 on 6 April 2020

- Joint order No. 169 of the Minister of trade and integration of the Republic of Kazakhstan of March 17, 2020 No. 53-NQ and Minister of healthcare of the Republic of Kazakhstan from 18 March 2020 “On approval of Recommendations on the functioning of objects of trade for the period of validity of the decree No. 285 of the President of the Republic of Kazakhstan from 15 March 2020 “About introduction of state of emergency in the Republic of Kazakhstan”
- Order No. 108 of the Minister of education and science of the Republic of Kazakhstan dated 14 March 2020 “On strengthening measures to prevent the spread of COVID-19 coronavirus infection in educational organizations, organizations for orphans and children left without parental care during the pandemic”
- Resolution No. 1489 of the Government of the Republic of Kazakhstan dated 31 December 2013 “On approval of the Rules for providing networks and communication facilities by Telecom operators in a state of emergency”
- Memo on measures for persons arriving from their countries according to the category introduced from 20 February 2020 on the basis of the Resolution of the Chief state sanitary doctor of the Republic of Kazakhstan dated 17 February 2020
- Memo on the access system of Almaty city: starting from 22 March 2020, a ban on the exit/entry of citizens and vehicles from/to the city of Almaty is introduced.
- Resolution No. 3 of the Chief state sanitary doctor of the Almaty region dated 20 March 2020 “On preventing the import of coronavirus infection from the quarantine zone to the Almaty region”
- WHO: Clinical Protocol for diagnosis and treatment of Coronavirus infection-COVID-19 Approved by the joint Commission on the quality of medical services of the Ministry of healthcare of the Republic of Kazakhstan dated 20 March 2020. Protocol No. 88
- WHO: The regime applied to persons traveling with symptoms of the disease at checkpoints – international airports, seaports and land border checkpoints-in connection with the outbreak of coronavirus infection - COVID-19. Interim guidance dated 16 February 2020
- WHO: Home care for patients with a mild form of the disease suspected to be caused by the new coronavirus (COVID-19) and contact management tactics. Interim guidance dated 4 February 2020
- WHO: Global surveillance of human infections caused by the new coronavirus (2019-nCoV). Interim guidance dated 31 January 2020
- Decree No. 286 of the President of the Republic of Kazakhstan dated 16 March 2020 “On measures to ensure socio-economic stability”
- Decree No. 287 of the President of the Republic of Kazakhstan dated 16 March 2020 “On further measures to stabilize the economy»
- Speech by President Kassym-Jomart Tokayev at the meeting of the State Commission on emergency situations (Nur-Sultan, 23 March 2020)
- Resolution No. 127 of the Government of the Republic of Kazakhstan dated 20 March 2020 “On defining a special procedure for public procurement»
- Order No. 103 of the Minister of agriculture of the Republic of Kazakhstan dated 22 March, 2020 “On the introduction of a ban on the export of certain goods from the territory of the Republic of Kazakhstan to third countries»
- WHO: Recommendations on the use of masks among the population, in the context of home

care and medical care in the context of the new coronavirus outbreak (2019-nCoV). Interim guidance dated 27 January 2020

- WHO: Clinical guidelines for the management of patients with severe acute respiratory infection with suspected new coronavirus (nCoV) infection. Interim guidance dated 25 January 2020
- WHO: Preparedness and response measures for risk awareness and community engagement (IRVS) in response to the 2019 new coronavirus outbreak (2019-nCoV). Interim guidance dated 26 January 2020
- Who: Laboratory testing of suspected cases of coronavirus infection 2019 (COVID-19). Interim guidance dated March 2, 2020
- The resolution No. 6 of the Chief state sanitary doctor of the North-Kazakhstan region from 30 March 2020 “On measures to ensure public safety in accordance with the decree of the President of the Republic of Kazakhstan from March 15, 2020 No. 285 “About introduction of state of emergency in the Republic of Kazakhstan” on the territory of North Kazakhstan region
- “On the introduction of restrictive measures on the territory of Zhambyl region” (30 March 2020)
- Resolution No. 6 of the Chief state sanitary doctor of the city of Shymkent dated 27 March 2020 “On measures to ensure the safety of the population of Shymkent city”
- Resolution No. 3 of the Chief state sanitary doctor of the city of Shymkent dated 19 March 2020 “On strengthening sanitary-anti-epidemic and sanitary-preventive measures”
- Resolution No. 126 of the Government of the Republic of Kazakhstan dated 20 March 2020 “On measures to implement Decree No. 287 of the President of the Republic of Kazakhstan” dated 16 March 2020 “on further measures to stabilize the economy”
- Resolution No. 17 of the Board of the Agency of the Republic of Kazakhstan for regulation and development of the financial market dated 22 March 2020 “On measures to support the population and business entities during the state of emergency”
- Resolution No. 26-PGR of the Chief state sanitary doctor of the Republic of Kazakhstan dated 22 March 2020 “On measures to ensure the safety of the population of the Republic of Kazakhstan” in accordance with the decree of the President of the Republic of Kazakhstan “ “On the introduction of a state of emergency in the Republic of Kazakhstan»
- Resolution No. 4 of the Chief state sanitary doctor of Kostanay region dated 29 March 2020 “On strengthening measures to ensure the safety of the population of Kostanay region” as part of the implementation of the Decree of the President of the Republic of Kazakhstan “On the introduction of a state of emergency in the Republic of Kazakhstan
- Resolution No. 8 of the Chief state sanitary doctor of the Atyrau region dated 29 March 2020 “On the introduction of additional restrictive measures in the territory of the Atyrau region with special conditions for economic and (or) other activities and life of the population”
- Resolution No. 8 of the Chief state sanitary doctor of the Karaganda region dated 29 March 2020 “On the introduction of quarantine in Karaganda, Abay, Sarani, Temirtau, Shakhtinsk cities”
- Resolution No. 6-PGSV of the Chief state sanitary doctor of the Mangistau region dated 27 March 2020 “On strengthening anti-epidemic measures at facilities designated by local Executive bodies during the state of emergency for coronavirus infection in the Mangistau region”

- Joint order No. 88 of the Chairman of the National Bank of the Republic of Kazakhstan dated 27 March 2020 and the Chairman of the Agency of the Republic of Kazakhstan for regulation and development of the financial market No. 169 dated 27 March 2020 “On the working hours of financial market entities”
- Resolution No. 6-q of the Chief state sanitary doctor of the Karaganda region dated 27 March 2020 “On further measures to prevent the spread of coronavirus infection in the region”
- Resolution No. 11 of the Chief state sanitary doctor of the Kazybek bi district of Karaganda city dated 27 March 2020 “On further measures to prevent the import and spread of coronavirus infection in the region”
- Resolution No. 5-PGSV of the Chief state sanitary doctor of the Mangistau region dated 27 March 2020 “On security measures of the population of the Republic of Kazakhstan” in accordance with the decree of the President of the Republic of Kazakhstan “On the introduction of state of emergency in the Republic of Kazakhstan” on the territory of Mangystau region
- Order No. 109 of the Minister of labor and social protection of the Republic of Kazakhstan dated March 25, 2020 “On certain issues of providing public services in the social and labour sphere and providing food and household supplies to certain categories of the population during the state of emergency”
- Resolution No. 26-PGR of the Chief state sanitary doctor of the Republic of Kazakhstan dated 22 March 2020 “On measures to ensure the safety of the population of the Republic of Kazakhstan” in accordance with the decree of the President of the Republic of Kazakhstan “on the introduction of a state of emergency in the Republic of Kazakhstan” (amended on 26 March 2020)
- Resolution No. 2 of the Chief state sanitary doctor of Zhambyl region dated 20 March 2020 “On carrying out sanitary and anti-epidemic and sanitary-preventive measures”
- Protocol No. 6 of the meeting of the Operational headquarters for ensuring the state of emergency under the Almaty city akimat dated 27 March 2020 “On the introduction of additional measures to strengthen the quarantine regime in Almaty city”
- Resolution No. 1 of the Deputy Chief state sanitary doctor of the Pavlodar region dated 19 March 2020 “On implementation of sanitary and anti-epidemic and sanitary-preventive measures”
- Resolution No. 4-Q of the Chief state sanitary doctor of the Karaganda region dated 19 March 2020 “On further measures to prevent the spread of coronavirus infection in the region”
- Resolution No. 39 Of the Board of the National Bank of the Republic of Kazakhstan dated 19 March 2020 “On approval of the program of preferential lending to small and medium businesses”
- Joint order No. 53-M by the Minister of trade and integration of the Republic of Kazakhstan dated 17 March 2020, and No. 169 by the Minister of health of the Republic of Kazakhstan dated 18 March 2020 “On approval of Recommendations on the functioning of objects of trade for the period of validity of the decree of the President of the Republic of Kazakhstan” dated 15 March 2020 No. 285 “About introduction of state of emergency in the Republic of Kazakhstan” (with amendments as of 22.03.2020)
- Order No. 167 of the Chairman of the Agency of the Republic of Kazakhstan for regulation and development of the financial market dated 26 March 2020 “On approval of the procedure for suspending payments of principal and interest on loans to the population, small and medium-sized businesses affected by the state of emergency”
- Order No. 110 of the Minister of labor and social protection of the Republic of Kazakhstan

dated 26 March 2020 “On approval of the rules for making social payments to participants of the mandatory social insurance system and individuals receiving income under civil contracts, the subject of which is the performance of works (services) for which tax agents paid mandatory pension contributions for the period of emergency” (as amended on 29.03.2020).