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The Concept of Active Longevity in Russia's Policy on Aging

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ABSTRACT

Since the 1960s, the goal of *active longevity* has been mentioned repeatedly in Russian policy documents on aging and aging-related research. Analyzing current policy documents revealed divergences in the ways the term was interpreted, which in turn allowed for aging policy to develop in more than one direction. One policy development path considers active longevity to be more or less synonymous with the active aging concept. It focuses on older people's potential, and measures policy progress according to the Active Longevity Index (ALI). Another takes a more holistic approach, seeing active longevity as a policy goal in itself, alongside healthy aging, employment, social participation, and older people's contribution to society in ways that suit them. The latter approach accords with previous policy implementations in Russia and with extensive research data collected from various Russian regions since the 1940s. Preliminary observations on active longevity policy implementations show progress in health-care development and multiple opportunities for older people's social participation. However, data on older people's employment and life expectancy challenge the effectiveness of policy and cast doubt on the reliability of the ALI. A more flexible approach and the application of accumulated data and knowledge may assist in achieving active longevity policy goals.

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Active aging; active longevity; older people; policy document analysis; Russia

Introduction

This paper presents findings regarding the interpretations of *active longevity* in current Russian policy documents that focus on older people. The government faces the challenge of implementing social policies across a wide range of regional conditions and cultural contexts, simultaneously with an increase in the overall average age of the Russian population. Between 2002 and 2021, the number of people aged 65 years or older increased from 18.81 million to 23.16 million, or 13% to 15.8% of the total population (Federal State Statistics Service (FSSS), 2021), and this proportion is predicted to continue increasing. In addition to the socioeconomic and geographic differences

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between regions, policymakers must consider differences in the cultural and social norms of various ethnic groups in Russia (FSSS, 2012).

The Russian government has released various policy documents to address demographic changes and aging, and recent policy documents aimed at improving the well-being of older people have used the term active longevity (Government of Russia, 2016a, 2016b, 2017a, 2017b, 2018/2021; Government of Russia, 2020, 2021a, 2021b) without directly defining it, referring to it as a policy goal. In 2020, a multidisciplinary interdepartmental working group of experts at the High School of Economics (HSE) published a scientific and methodological report entitled *Concept for an Active Longevity Policy* (HSE, 2020), which outlined a model policy and attempted to define the term. The suggested definitions and policy are rooted in the World Health Organization's (WHO's) concept of active aging (2002) and the European measures introduced in 2012 as part of the *European Year for Active Aging and Solidarity Between Generations*.

The term active longevity and its derivatives, such as *longevous active life*, are not new to Russian policy documents and research on aging. In Russian-language sources, active longevity has often been discussed in connection with employability, active and healthy lifestyles, and social participation (e.g., Chebotarev, 1979; Frenkel, 1949; Stankov, 1960). It has also been the main topic and used in the titles of various works by researchers (e.g., Mikulin, 1977; Nikitin, 1964), and institutions – e.g., *Intellectual Work and Active Longevity: The 1976 Yearbook* (Chebotarev, 1976). Since the 1960s, longevity has increasingly become a subject of policy documents, and since the 1980s, the term active longevity has been regularly used in policies. Using the method of policy document analysis, this paper focuses on several such documents to analyze how they use or address active longevity as a social policy concept.

Longevity as a discourse in Russian social policy documents

At the policy level, prolonging the life expectancy of citizens (and the term active longevity) gained increasing attention in the 1960s. The Institute of Gerontology, the USSR Academy of Medical Sciences, founded in 1958, studied topics related to aging, and published *Gerontology and Geriatrics Yearbooks* that included a significant number of articles on aging (and active longevity). From 1959 onward, the Gerontology Department of the Moscow Society of Naturalists organized many conferences on aging and longevity that focused on the mechanisms of aging and ways to extend life. Moreover, Decree 63 on the development of biology in the USSR required the medical sciences to provide “theoretical bases and practical measures to increase the longevity of people and their working capacities” (Council of Ministers of the USSR, 1963). This decree would later manifest in a Soviet health policy

stipulating that “scientific research in the field of medicine is devoted to caring for people’s health and ensuring they have a long, active life” (Supreme Soviet of the Soviet Union, 1969).

Preventive care has become an integral part of this active longevity policy. What began in the 1920s and 1930s as medical screening in local dispensaries gradually expanded into more dynamic regular monitoring of the health and working conditions of Soviet citizens (Belostocky et al., 2013). This necessarily involved increased state expenditure on health and social services for all sectors of the population, which, in turn, led to an explosion in the number of available medical specialists, health resorts, and health facilities (Stankov, 1960). Measures were taken to provide better access to information about hygiene and medicines to “prevent diseases, increase working capacities, and reach *longevity*” in the overall population at large (Ministry of Health of the USSR, 1964). By the 1970s, the basics of this system – known as “mass dispensarization” (i.e., regular health screenings and the early detection and treatment of diseases) – had been established. At the same time, medical and social services began to be widely discussed alongside issues of hygiene, proper nutrition, and a healthy, active lifestyle to promote longer, healthier, and more active lives (Frenkel, 1949; Golicinskaya, 1975; Lukianov, 1958; Mikulin, 1977; Nikitin, 1964). Later, the Soviet Union’s Constitution emphasized that the right to health care would be guaranteed by, among other things, “scientific research aimed at preventing and reducing morbidity and ensuring the *long-term active life* of citizens” (Supreme Soviet of the USSR, 1977, Article 42).

Employment and active longevity, and their ramifications for the collective good of society, became an essential topic for gerontologists and social policy researchers (Aleksandrova, 1974; Chebotarev, 1976; Frenkel, 1949). Meaningful work was discussed as both a prerequisite for good health and longevity (Stankov, 1960) and a source of satisfaction and joy (Nikitin, 1964). Frenkel adopted a comprehensive approach to active longevity, seeing it as a “collective interest” (Frenkel, 1949, p. 14) and pointing out that work routines could be adjusted to allow older people to share their valuable expertise while meeting their individual needs to contribute. Considerable research has also been conducted on working longevity within different occupations, genders, age groups, and localities (Aleksandrova, 1974; Chebotarev, 1976; Dyskin & Reshetyuk, 1988; Nikitin, 1964).

The social component of the active longevity discourse has covered the themes of social inclusion, positive relationships, and quality leisure time (Golicinskaya, 1975; Lukianov, 1958; Mikulin, 1977; Nikitin, 1964), with researchers perceiving high self-esteem, continuing activity, and an optimistic attitude as prerequisites for these benefits (Stankov, 1960). Since the 1950s and 1960s, a network of cultural centers across many localities and universities has been established to improve the quality of leisure time and promote political and scientific knowledge (e.g., Lipatov & Valkovsky, 2015; Pinaeva, 2014).

Active longevity manifested in the Soviet program *Prolongation of lifespan* (Chebotarev, 1979). One part of the program was specifically focused on developing new approaches to longevity, maintaining work skills and remaining active. This included special “social hygienic” activities aimed at “encouraging an active longevity” (ibid, p. 9). From the 1980s, this focus on active longevity and maintaining an active lifestyle went a step further. The dispensarization main goal became the “formation, preservation, and strengthening of the population’s health, the prevention of the development of diseases, the reduction of morbidity, and an increase in *active and creative longevity*” (USSR Ministry of Health, 1986). Soviet citizens were also entitled to receive dispensarization at home if they had difficulty traveling to medical facilities. In 1987, regulations were passed to encourage active retirement, which entitled pensioners to medical, cultural, and employment services provided by their local social services (USSR State Committee for Labor and Social Issues, 1987). By the end of the 1980s, health and social services aimed to maintain and promote health, “improve work performance, and encourage *active longevity*” (USSR Ministry of Health, 1988).

Due to a political and socio-economic crisis in the 1990s, aging policy and aging-related research stagnated for almost a decade, with life expectancies and living standards decreasing. Then, the 1997–1998 Older Generation Federal Project introduced health care, social activities, and employment measures and requested the development of a concept of healthy aging (Government of Russia, 1997). This, and the following 2002–2004 program, achieved only modest results due to issues concerning budgeting, control, and gaps in theoretical and regulatory frameworks (Smirnov, 2016). Meanwhile, the goal of improving public health was again connected to people having an “active longevous life” (Government of Russia, 2000) and a “healthy active life” (Government of Russia, 2001), based on the ideas of the 1940s–1980s. Life expectancy increased, but relatively slowly, from 67.6 years in 2007 to 70.9 years in 2014, with gender disproportions at older ages remaining significant; older people still faced limited job opportunities, unsatisfactory working conditions, and reduced opportunities for social participation (Government of Russia, 2016a).

Methods

Policy document analysis

In this study, policy document analysis was used to investigate how the current policy documents address the concept of active longevity. As Sayer (2010) pointed out, concepts predefine the actions and rules underpinning conceptual systems, so considering policy documents (which outline such actions and rules) allows concepts and ideas to be investigated in the context of the actors involved and the social phenomena targeted by the policies (Karppinen & Hallvard, 2012)

Based on theoretical recommendations (Dalglish et al., 2021; Kayesa & Shung-King, 2021) and practical examples (Kayesa & Shung-King, 2021; Koduah et al., 2015; Mandville-Anstey et al., 2022), this research followed the steps for policy document analysis. In the first step, the selection criteria were determined for the documents to be analyzed. In the second step, short descriptions of the documents were developed, and they were labeled. In the third step (data extraction), thematic analysis was used to identify documents that mentioned the active longevity concept, offered interpretations of the term, and contained data clusters for further analysis. Further analysis was conducted to consider temporal and international trends in the chosen documents and to identify the main themes. Herein, the author presents the results that answered the research question, backed up with document quotations, discusses preliminary policy results, describes the study's limitations, and provides a conclusion.

Data selection

In the first step, only documents relating to policy actions that issued for the period up to January 2022 and directly mentioned the term “active longevity” were selected. Using this term, a search was then conducted of the Official Internet Portal for Legal Information <http://pravo.gov.ru/> and the official webpage of the Russian Government <http://government.ru/>, which resulted in 27 different levels of documents, such as decrees, orders, resolutions, and messages. After these documents were listed in a table, those that did not focus on policies for older people were excluded. This left the following documents: the Action Strategy for the Benefit of Senior Citizens in the Russian Federation up to 2025 (A1) and two Action Plans for the periods of 2016–2020 and 2021–2025; HSE's Concept for an Active Longevity Policy (R); the Demography National Project (D-NP) and its part the Older Generation Federal Project (OG-FP); the Concept of Demographic Policy until 2025 (B1) and related Action Plan for the period of 2016–2020; the National Strategy for Women 2017–2022 (B2); the Demographic Policy of the Far East for the Period up to 2025 (B3); Strategy for the development of physical culture and sports until 2030 (Government of Russia, 2020) (B4).

Data analysis

As a first step in analyzing the selected documents, a list of questions was formulated to support the meaning-making process (Dalglish et al., 2021) as follows: 1) What are the main objectives of the documents?, 2) What is the content of the documents?, and 3) Do the documents explicitly refer to each other? Inductive analysis was used to determine the main themes (Kayesa & Shung-King, 2021; Mandville-Anstey et al., 2022), clarify the concept of active

longevity, and identify the theoretical conditions for achieving it. To facilitate this, further questions were formulated to guide the data extraction process: 1) How is the term active longevity explained?, 2) How is the concept of active longevity integrated with policy measures?, 3) Which policy actions related to active longevity are considered important in Russia?, 4) How do the documents describe older people's roles?, and 5) Do the documents complement or contradict each other?

The documents in the sample were published in different years, which allowed the evolution of the active longevity concept to be traced over time (Dalglis et al., 2021). Another factor that influences the formation of policy documents is the international context, which provides evidence of the actions of specific actors (Koduah et al., 2015). Thus, the presentation of the analyzed documents in chronological order (Figure 1) was accommodated by the international documents which were referred to. The relevant text extracts are presented in tables to facilitate the discussion of the results in this paper.

Findings

Active longevity is connected with healthy aging, employment, and social participation

The analysis revealed that although all the documents mentioned “active longevity,” only one specifically defined it. All of the analyzed documents were concerned with facilitating active longevity and extending it for as long as possible via policy measures to promote healthy living and aging, continued employability, and different forms of social participation (see Tables 1 and 2). Although “active longevity” also appeared in the 2021–2025 Action Plan in Document B1, it did not appear in the main text. As in previous demographic policy documents, its stated aim was to “preserve and prolong the health and working life of older people and develop gerontological care” (Government of Russia, 2007, p. 9).

The only document that treated active longevity as a separate concept and offered a specific definition was Document R. Active longevity was described as a “state of social, economic, physical, and psychological well-being which allows senior citizens to meet their own needs and be included in various spheres of society – this state can be achieved with the active participation of older people” (HSE, 2020, p. 7). The concept thus hinged on “actively participating,” but the degree of activity could vary greatly depending on the physical and mental health and cultural backgrounds of the individual older people. Hence, this was clearly an attempt to define active longevity as an umbrella term for aging policy. Whereas previously it was listed alongside the other factors, now it was described by precisely those factors – healthy living, continued employability, and participation in various social activities.

Analyzed documents that refer to active longevity	Year	Other documents mentioned
Russian Government: <i>The Concept of Demographic policy until 2025 (B1)</i>	2007	2002 UN: The Madrid Plan of Action on Ageing; WHO: Active Ageing: A Policy Framework.
	2012	Council of the European Union Guiding Principles for Active Ageing and Solidarity between Generations; UN/EC: Active Ageing Index
Russian Government: <i>Strategy of Actions for the Benefit of Senior Citizens in the Russian Federation up to 2025 (A1), Action Plan 2016-2020 (A1-AP 2016)</i>	2016	2015 WHO: World Report on Health and Ageing
Russian Government: <i>National Strategy for Women 2017-2022 (B2)</i> <i>The Demographic Policy of the Far East for the Period up to 2025 (B3)</i>	2017	
Russian Government: the Demography National project (D-NP) including its part Older Generation Federal project (OG-FP)	2018	
Russia, HSE: the Concept of Active Longevity policy: scientific-methodological report (R) Strategy for the development of physical culture and sports until 2030 (B4)	2020	2019 Russia, Federal State Statistics Service: <i>Active Longevity Index in Russia</i>
Russian Government: <i>Action plan of 2021-2025 of the Concept of Demographic policy until 2025 (B1-AP 2021)</i> <i>Action Plans 2021-2025 from the Action Strategy in the Interests of Older Citizens in the Russian Federation until 2025: (A1-AP 2021)</i>	2021	WHO and UN: <i>Decade of Healthy Ageing 2021–2030: Second Action Plan of the WHO Global Strategy on Ageing and Health</i>

Figure 1. Policy documents chosen and chronological trends.

Different approaches to aging policy and different development paths

The analysis revealed different trends in policies concerning old age, aging, and active longevity. Document A1, for example, adopted a structure- and action-oriented policy similar to the Vienna International Plan of Action on Aging (United Nations (UN), 1982). Both recognized the importance of data collection, which also underpinned Soviet policy in the 1960s. To determine the members of the population on which the policy focused, Document A1 considered “specifics of life expectancy, health status, and the pension system” (Government of Russia, 2016a, p. 2) and accepted the conventional age groupings of 60–64, 65–80, and 80+ years. The point being made was that age alone cannot determine whether an older person remains active, and that policy

Table 1. The connection of active longevity to healthy aging, employment, and social participation in analyzed policy documents focused on policy targeting older people.

Action Strategy for the Benefit of Senior Citizens in the Russian Federation until 2025 (A) and related two Action plans for the periods of 2016–2020 and 2021–2025	<p>This strategy aims to <i>increase the longevity</i> of older people and their quality of life (p. 23).</p> <p>Regular physical exercise, while significantly increasing the physical ability to work, will also have a favorable effect on mental activity and extend <i>active longevity</i> (p.14).</p> <p>It is necessary . . . to ensure that senior citizens continue to actively participate in social engagements which get them out in public (p. 20).</p> <p>The outcome of the strategy will be a set of measures aimed at improving the well-being and sociocultural development of senior citizens, strengthening their health, life expectancy, and <i>active longevity</i> (p. 43).</p> <p>Raising civic society's attention to older people's issues solutions, promoting the potential and achievements of gerontology and geriatrics . . . which can extend <i>active longevity</i> (A1-AP 2016, Article 8).</p> <p>Activities to create conditions [conducive to] <i>active longevity</i>, a healthy lifestyle, leisure, and social and civic engagement (A1-AP 2021, Part IV). Monitoring the effectiveness of existing regional programs to extend <i>active longevity and healthy life expectancy</i> (A1-AP 2021, Article 35). Selection of best practices for <i>active longevity</i> (A1-AP 2021, Article 36).</p>
Concept for an Active Longevity Policy (HSE, 2020) (R).	<p>The first objective . . . is to provide citizens of all ages throughout life with the best possible health, following the WHO definition (p. 19). The second objective is to create the necessary conditions for a secure and dignified life for senior citizens, regardless of their sex, age, health condition, and ability to serve themselves (p. 27). Active longevity involves the engagement of senior citizens in work and in economic, social, and political activities (p. 29).</p> <p>The third objective is to create the necessary conditions for maintaining and increasing the availability of paid employment in old age and for increasing the participation of senior citizens in society (p. 32).</p>
Demography National Project (D-NP) and its part Older Generation Federal Project (OG-FP)	<p>National goals . . . : . . . 1.2 <i>Life expectancy increase</i> up to 78 years (D-NP, p. 2).</p> <p>Older Generation Federal Project . . . aims to creating suitable conditions for <i>active longevity</i>, improving the quality of life for senior citizens by 2024, and motivating citizens to lead healthy lifestyles. Recognizing the importance of older people and developing an image of healthy aging are the most important tasks for society. It is necessary to overcome the negative stereotyping of older people, which encourages discrimination against them, and to create instead an environment conducive to <i>active longevity</i> in which older citizens are [engaged with and] included in society (D-NP, p. 20).</p> <p>The most significant objectives of the project . . . : preventive examinations and dispensarization for persons over the working age; the establishment of regional geriatric centers; selective observation of population health conditions; the establishment and implementation of a long-term care system for older people and people with disabilities . . . ; the bringing of stationary social service organizations as constituent entities of the Russian Federation into proper condition, as well as the elimination of queues therein (OG-FP, pp. 69–70).</p>

Table 2. The connection of active longevity to healthy aging, employment, and social participation in other policy documents.

Concept of Demographic Policy until 2025 (B1) and Action plan for the period of 2021–2025	<p>The main objectives of the demographic policy of the Russian Federation for the period up to 2025 are: ... the preservation and promotion of public health, <i>extending active life</i>, creating the necessary conditions and motivation for healthy living, significantly reducing the level of morbidity from ... disease, improving the quality of life for those suffering from chronic diseases and people with disabilities (p. 7).</p> <p>Development of the system of <i>active longevity</i> and healthy aging in the constituent entities of the Russian Federation will ... improve the health ... [and] increase [the] life expectancy, material well-being, self-realization, and social participation of senior citizens (B1-AP 2021, Article 34)</p>
National Strategy for Women 2017–2022 (B2)	<p>There are a significant number of older women living alone in the Russian Federation, which entails the need to provide them support and promote suitable forms of employment, access to meaningful leisure activities, and other measures that contribute their <i>active longevity</i> (p. 6).</p>
Demographic Policy of the Far East until 2025 (B3)	<p>Reducing mortality and <i>increasing life expectancy</i> require: ... the development of regional action plans for senior citizens to improve their health, livelihoods, wealth, and social well-being at the regional and municipal levels, taking into account local socioeconomic ... living conditions (p. 10). State information and education campaigns should be carried out to promote ... healthy lifestyles, healthy nutrition, and <i>active longevity</i> (p. 12).</p>
Strategy for the development of physical culture and sports until 2030 (B4)	<p>... development of skills and abilities in the field of physical culture and sports, especially for maintaining health and <i>active longevity</i>, ensuring physical and mental well-being (p. 2).</p> <p>The share of older people (women of 55–79 years, men of 60–79 years) systematically engaged in sports ... : 15% in 2021 ... 45% in 2030 (Appendix p. 3).</p>

should recognize this heterogeneity. However, documents OG-FP, B1, B2, and B3 were not so specific about age groupings, simply using the terms “older people,” “older generation,” or “people above working age” instead. Document OG-FP also referred to people over 60 and over 65, while Document B4 set targets for people up to 79 years (see Table 2).

An analysis of these policies directed at older people showed that the goals were “active longevity” and “healthy aging” (see Table 1), echoing the recent WHO (2021) report on healthy aging and the earlier Russian demographic reports (Government of Russia, 2001) mentioned previously. Analysis of Documents A1, D-NP and its part OG-FP, B1, B2, B3 and B4 revealed that present-day policy documents continue the Soviet tradition of referring to active longevity as a policy aim, among others (e.g., prolonging lifespan, encouraging a healthy lifestyle, data collection, developing health care, quality leisure and social participation).

Like the WHO’s (2002) framework for active aging, Document R had a policy structure that covered three priorities. It also explicitly referred to “active aging,” though the term “active longevity” is used in its place (HSE,

2020, p. 4) – presumably the switch having been decided earlier by experts participated in Document R development (Sidorenko, 2019; State Council, 2018). In this respect, it seems reasonable to ask whether Document R was really tackling ageism (as it stated) or was, in fact, attempting to discourage further discussion on the topic because it also replaced the term “aging” with “longevity.” In previous Soviet and Russian research, longevity was part of the aging-related discussion, but it did not replace the discussion itself. The terms “longevity” and “longevous people” referred to those aged 90 years and over (Novoselov, 2021). Although Document R suggested expanding aging-related research, it made no reference to the extensive Soviet research data or existing policy documents on aging, perhaps showing a certain disregard for previous aging-related research and policies that focused on longevity.

Document A1 urged citizens “to develop a positive and respectful attitude toward older people” (Government of Russia, 2016a, p. 25) and promote successful social activities and practices “to create a positive image of older people in the society” (Government of Russia, 2016a, p. 42). Document R was concerned with “promoting a positive image in the media of an older person who follows a good lifestyle and has achieved improvements in health” (HSE, 2020, p. 21) and consequently giving a “positive image of an active lifestyle” (HSE, 2020, p. 34). Thus, the idea of enhancing older people’s image was embodied (with different emphasis) in the latter document, making activities a prerequisite for a positive image.

Meanwhile, in Document R, the policy objective was “to provide all citizens with the conditions necessary for a productive and independent life and also to mobilize the potential of an aging society to continue developing sustainably” (HSE, 2020, p. 8) – in other words, the emphasis was on productivity and potential. These levels have been gauged using the Active Longevity Index (ALI; FSSS, 2019), which was adopted as the “official tool for monitoring social policy toward senior citizens and their progress in active longevity” (HSE, 2020, p. 5). The ALI resembles the Active Aging Index (AAI), the methodological merits of which have been disputed, especially regarding the priorities, indicators, and regional contexts chosen for the index (e.g., José et al., 2017; Varlamova et al., 2017). Indeed, the neoliberal approach adopted by the AAI suggests that all older people should be active contributors, whether or not this concept fits more disadvantaged groups (Timonen, 2016) or those with different ethnic or cultural backgrounds and needs (Foster & Walker, 2015).

In light of Document R’s definition of “active longevity,” similar concerns were raised as for the neoliberal ALI, and researchers were urged to be cautious about the active aging model and its presentation of “the appropriate and recommendable aging experience” (López-López & Sánchez, 2020, p. 407). In the case of Russia, the heterogeneity of the various age groups of older people generally affects the extent to which a proposed active longevity

policy will succeed since what constitutes “being active” or a “positive image of aging” may well differ across regions and cultures.

Documents R, A1, D-NP and OG-FP revealed signs of neoliberal orientation by suggesting that non-governmental organizations should provide social care services alongside public institutions. Outsourcing care services for older people to third-party providers may effectively mean the marketization of social services, which aligns with the neoliberal logic pervading public health services and increases the likelihood of unequal levels of care.

Active longevity and a gender-based approach

Since there is a significant gender gap in life expectancy (especially in the context of remaining active), a gender-based approach was promoted in the Vienna Plan, which states that “gender-based differences in longevity may have some impact on living arrangements, income, health care, and other support systems” (UN, 1982, p. 81). This logic was adopted later by the Madrid Plan (UN, 2002) and the WHO (2002) report as a gender-based approach to social policy that would make it easier to address the specific gender-based issues that may understandably arise (Foster & Walker, 2013) when there are more older women than men.

In light of this, it is interesting that Document A1 did not suggest any particular measures for women but stated on a gender disproportion in older ages. However, Documents B1, B3 and D-NP raised questions about women’s employability and health, but mainly in the context of pregnancy, parental leave, and support while caring for small children. Document R recognized the differences in economic status between genders, mentioning older women in terms of sexism and ageism as being “specifically vulnerable to discrimination” (HSE, 2020, p. 25); however, this was not accompanied by a gender-oriented approach to the ALI.

Since Document B2 was explicitly dedicated to meeting the needs of women in Russia, it understandably specified measures to ensure the health of women of all ages, which included providing access to preventive care, dispensarization, improved facilities, and a healthy lifestyle. In addition to stating the overall goal of “active longevity,” Document B2 also highlighted the need to ensure that older women remain physically fit and able. Other policy measures were taken to ensure economic well-being, tackle social deprivation, and engage women more extensively in social and political activities.

A “society for all”

The theme of a “society for all” (i.e., where older people are recognized as an integral part of society) has been widely acknowledged since the Madrid Plan (UN, 2002). The preamble of the Vienna Plan in 1982 already recognized that “quality of life is no less important than longevity, and that the aging should,

therefore, as far as possible, be enabled to enjoy in their own families and communities a life of fulfillment, health, security and contentment” (UN, 1982, p. 47). This topic has also become important in Russia. Since 2013, the All-Russian Annual Conference entitled *Society for All Ages* has attracted experts, policymakers, and practitioners in the fields of care, research, and social activities for older people. Document A1 echoed the topic of inclusivity with its aim of creating “a society for all ages, which includes using the knowledge, experience, capacities of senior citizens, care about them, and the provision of the required help” (Government of Russia, 2016a, pp. 1–2). Document R also connected “active longevity” with an inclusive society in discussing older people’s rights, intergenerational interactions, and alternative housing concepts. Documents A1 and R also highlighted that goods and services should meet the diverse needs of older people.

The policy documents (R, A1, and D-NP) all stressed the need to overcome the negative stereotypes of old age if active longevity and social integration are to be genuinely achieved. In this respect, it was irrelevant whether active longevity was a separate concept or appeared alongside other, equally important concepts for older people; what mattered was the development of a society for all.

Preliminary results and challenges regarding policy implementation

The study findings revealed a connection between active longevity, health care, and a healthy lifestyle, social participation, and employment. Due to the influence of COVID-19 on the 2020–2022 indicators, only preliminary conclusions can be drawn regarding active longevity policy implementations.

Implementations of the health-care goals outlined in Documents A1, D-NP and its part OG-FP, and R have been accommodated by state programs, such as the Healthcare National Project 2019–2024. However, the data revealed significant differences in the achieved results across regions. The progress in renovating existing facilities and building new ones, providing equipment, and enhancing medical treatment has been hindered by still-unresolved issues regarding shortages of medical workers and varying lifespans across regions (Ministry of Health of Russia, 2022). For instance, by the end of 2021, life expectancy in Moscow decreased by 2.16 years to 76.2 years; in the Ingushetia Republic, by 1.92 to 81.5 years; and in the Republic of Tyva, by 1.32 to 66.3 years (Ibid.). Thus, life expectancies had been increasing from 2002 to 2020 (FSSS, 2012; Scherbov et al., 2019), but the Covid-19 pandemic negatively affected this tendency. Furthermore, significant variations between the sexes and different regions of the country remain, as is the case across European countries (Eurostat, 2020). Since 2017, the long-term care system has been modernized with infrastructure development, approaches to identifying care needs, and service provision (Zenina, 2021). By 2021, the number of pilot

regions reached 24, with 108,700 people receiving services – only 23.9% of the total number requiring services, but still higher than was planned for the year (Ministry of Labour of Russia, 2022). Since 2020, private medical institutions have been included in the health-care system, but their services are paid for by the government; in 2021, in 14 pilot regions, these organizations provided medical and social services (Ministry of Labour of Russia, 2022). This engagement of private organizations raises concerns about the possible marketization of health-care services and related issues regarding the accessibility and quality of services. However, comprehensive monitoring and research are required to evaluate future outcomes.

The European measures on employment have led to steadily increased employment rates for people over 55 and even for people over 65, although rates for the latter remain relatively low (Eurostat, 2020). In Russia, the number of working pensioners dropped from 14.2 million in 2016 to 8.8 million in 2017 and continued decreasing, reaching 7.3 million by 2022. This situation can be explained by legal amendments that led to the cessation of regular pension indexing for working pensioners (FSSS, 2023). However, when pensioners stop working, the pension is increased by the index related to the entire work period during retirement. There is an assumption that some older people are employed unofficially, which affects the ALI calculations. To improve the situation, since 2021, the Promotion of Employment Federal Project has been included in the Demography National Project with measures aimed at people over 50, women with children, and some other groups. The project develops professional education and employment centers, fosters the development of individual entrepreneurship, and hosts events such as the All-Russian Fair of Employment.

Official statistics do not provide up-to-date information on the number of people involved in each type of activity in the European Union and Russia. But preliminary data in Russia showed the intensive involvement of older people in various social activities. In 2021, the significant growth of volunteering led to the participation of more than 110,000 older people, and sports activities have attracted 5.6 million older people (Ministry of Labour of Russia, 2022). Since 2018, the Moscow Longevity Project has provided educational classes and various sports and leisure activities for older people free of charge, and the number of participants exceeds 400,000 people (Moscow Mayor, 2022). In addition, the Culture National Project 2019–2024 supports art and cultural initiatives and fosters the establishment and modernization of cultural and recreational organizations. Social activities for older people across the country are developed and funded by government bodies (e.g., the Presidential Grant Foundation) and noncommercial organizations (e.g., grant competitions, such as Active Generation, Silver Age, etc.). Prominent actors in the field of social projects and activities for older people have established systematic collections of social practices for older people, disseminating them through webpages and fostering academic research on their results (e.g., the Close Circle initiative).

Discussion

The documents analyzed in this article underpin current Russian social policy. As the proportion of older people in the population increases, so do their needs and wishes. The findings suggest that active longevity is connected to health-care development, social participation, and employment. These foci dominated the discussion and policy measures related to active longevity from 1940 to the 1980s. The analysis revealed differences in the conceptions of aging and “active longevity.” Document R (HSE, 2020) defined active longevity as an umbrella concept, whereas other analyzed documents referred to it as one among other policy goals.

Defining active longevity as a concept (HSE, 2020) raises concerns about using the term differently from how it was used previously in Russian policy documents and research. Moreover, the target audiences for the HSE report and other policy documents also differ. The former document targeted everyone over the age of 55 (HSE, 2020), Document A1 divided the target audience into three different age groups over the age of 60 (Government of Russia, 2016a), and other policy documents used much vaguer terms, such as “older people” or those “above retirement age.” The latter term is particularly challenging due to ongoing pension reforms and biannual retirement age changes planned until 2028. Thus, the basic terms of discussion have still to be agreed upon.

An analysis of the active aging model and its implementation in Europe revealed challenges regarding cultural and regional diversity that affect the degree to which older people actively participate (Lakomý, 2021). Timonen (2016) questioned whether it is realistic to expect an active aging policy to be applied equally to a heterogeneous older population in which some people are more disadvantaged than others. Document R emphasized older people’s potential to contribute to society and recommended measuring this with the ALI. However, the index embodies a neoliberal logic that older people’s potential can and should be measured. Neoliberal rationality justifies explaining older people’s positive image and active longevity as something that must be achieved by encouraging them to be active and increasing their potential (Rudman, 2015). The neoliberal discourse challenges the heterogeneity of older people’s health conditions, abilities, values, and interests.

Preliminary observations of the practical implementation of policy measures revealed some progress in health care for and the social participation of older people, which are essential for the success of an active longevity policy. Hence, data on variations in life expectancies, official employment rates, and the involvement of private medical institutions in the health-care system are required to support further monitoring of outcomes and policy adjustments. Additionally, the situation regarding older people’s employment and diverse regional situations highlights the drawbacks of ALI calculations at the country level and hinders further comparisons with other countries. Recognizing the

heterogeneity of older people and diverse regional situations requires a more flexible approach, gender-oriented policy measures, more research on policy effects, and measures based on the results.

Limitations

Since aging and longevity have long been topics of debate in Russian-language research and policy documents, historical, regional, and cultural differences have affected how concepts are interpreted and policies implemented. Explanations of aging-related social issues may differ according to the policymaker or researcher doing the interpreting, but also between social groups in the same locality: as Sayer (2010, p. 41) stated, “meaning is context-dependent.” Nevertheless, the present article provides excerpts from Russian-language documents translated into English, which could provide alternative interpretations. The current analysis of aging policies would have benefited from an examination of more documents than it was possible to include (e.g., more recent documents and action plans or documents showing how active longevity policy is being implemented regionally).

Conclusion

Policy documents studied in this research referred to active longevity as one of a series of policy goals (the others being healthy living, continued employability, and other forms of social engagement and participation), following policy and research traditions that began in the 1960s. The exception is the *Concept for an Active Longevity Policy* (HSE, 2020) which interpreted active longevity as an umbrella concept. This interpretation of active longevity has less in common with the use of the term in the other analyzed policy documents and more in common with active aging models used elsewhere in the world (Council of the European Union, 2012; WHO, 2002). It also follows the rather worrying neoliberal logic that prioritizes the continued activity and employability of older people and ways to measure their potential for these activities. This approach does not adequately consider the increasingly heterogeneous nature of older people and their varying needs. The inclusion of non-governmental providers of social services may become a warning sign of care marketization aligned with the neoliberal logic; however, more research and monitoring are required to draw any conclusions.

Having an already rich gerontological and social policy research heritage, Russian policymakers have had various opportunities to define aging policy. Further using and improving research across the country may help address the regional specifics that affect the social policy framework surrounding aging in Russia. Analyzing a greater diversity of older people across the different regions in Russia would facilitate the implementation of the active longevity concept across a wider range of localities and cultures.

Key points

- Analyzing policy documents revealed the ongoing complexity of Russian government approaches to population aging.
- The analysis revealed different interpretations of *active longevity* and, thus, different ways in which policy on aging may be further developed.
- Active longevity is a component of a greater vision that includes healthy aging, employment, social inclusion, and social participation.

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