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Development of policies towards the elderly in Estonia

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Abstract: The paper examines the main development in the policies related to the elderly in Estonia since 1920´s to nowadays, observing the extent to which governments in Estonia have been concerned by the changing demographic situation and related care of the elderly during this period. The paper concentrates specifically on the changes in pension system, health care, institutional care and social services, and income maintenance of the elderly. Advanced population ageing and transitional economy generates sharp competition for available resources, making the implementation of population-related policies, particularly concerning elderly, more complicated. The paper also examines the legislative acts of 1990´s aimed to the elderly from the viewpoint of demographic situation.

Key words: population policy, population ageing, pension system, health care, Estonia.

1. Introduction

Presented from different perspectives, it is evident that the ageing process cannot be reduced to a mere change in the proportion of age groups but involves principal and irreversible transformation of societal reality. In a sense it would not be a major exaggeration to say that the consequences of population ageing have even exceeded the immediate impact of demographic transition. Given the extent of changes, ageing processes generate a clear understanding of the need for population policies focusing on the adaptation of the society to the new demographic situation, but not the demographic situation itself. Apart from policies attempting to a certain extent influence the course of demographic processes, such measures taking demographic development as the basis and attempting to influence all other societal processes have been generalised as population-responsive policies (Myers 1994).

Concerning elderly policies, it is important to note that compared to other countries with early timing of demographic transition, Estonia is currently in a very different position. Typically, the nations with advanced degree of population ageing feature similarly advanced level of economic development. In case of Estonia, however, the economic environment is underdeveloped due to the legacy of central planning and undergoing the stage of primary capital accumulation. Historically, such period is experienced in Estonia for the second time, but this time with much older population. Given this general discrepancy, the needs of population and social programs are competing for scarce resources with the needs to build the modern infrastructure for economic development.

2. Demographic Background

Due to the early timing of demographic transition, the process of population ageing started relatively early in Estonia. The proportion of elderly and the median age of the population increased parallelly until the 1940s. According to the 1941 census the percentage of elderly (above the age of 60 years) was already 15.6 percent. During the postwar period the process of population ageing delayed, and in the 1970s and 1980s the proportion of elderly remained about stable. The recent fertility decline and decrease in migration flows have contributed to the acceleration of population ageing. In 1998 the proportion of the population over 60 years of age was 19.9 percent.

As all the main demographic processes, also the trend of population ageing was, to a great extent, influenced by the changing population composition after the Second World War. Estonia lost in total between 1940 and 1953, due to war activities and the post-war Sovetisation, at least some 17.5 percent of its population (Katus 1989).

After the war the composition of the population changed due to mass immigration from different parts of the Soviet Union, mainly from Russia. Being a nationally homogeneous country in 1945 (Estonians formed 97.3 percent of population), Estonia developed into a country with residents of more than a hundred different ethnic backgrounds. Foreign-born population together with their second generation comprised 36 percent of the total population according to the 1989 census. The immigrant population structure is remarkably different from the native-born. The historical difference in timing of the demographic transition is of great importance to understand the present population and the social developments in its sub-populations (Vishnevski and Volkov 1983). In spite of the timespan passed since the completion of demographic transition and despite the five decades of unifying Soviet rule, the heterogeneous demographic behaviour still exists. In Estonia, the impact of historical differences is of special importance: immigrants from various parts of the Soviet Union to Estonia brought along the demographic behaviours characteristic to their home regions, making the country increasingly heterogeneous in terms of population development (Katus and Sakkeus 1993).

Due to the prevalence of young individuals among migrants, the immigrant population has a persistently younger age structure. However, due to its unstable age structure, shaped by the past migration waves, the immigrant population is expected to age more rapidly in the coming decades (Katus 1995). Continuously positive migration balance also assured the population growth throughout the post-war period. However, starting from 1991, natural population decrease (more people dying in year then children being born) was observed. Without the substantial immigration during the Soviet period, natural population decrease would have started already in the 1970s (as is the case for native-born population). Currently, the drop in fertility combined with the advanced population ageing and a relatively low life expectancy results in one of the world's most rapid population declines (Katus 1991; 1995).

3. Ageing in Estonian Legislation

Considering the importance of ageing policies in understanding the response of society as well as the implications these policies tend to have on the elderly population,

the present paper outlines the main developments of ageing-related policies in Estonia. The paper is structured in four sections, focusing respectively on pension system, health care, institutional care and social services, and income maintenance of the elderly. The time frame of the paper extends to the period preceding WW II, covers the post-war decades as well as the recent years of economic transition.

3.1. Pension System

In the early 1920s the Republic of Estonia started to develop its pension system basically from scratch. Regarding the limited categories of government employees who had been entitled to pensions in the Russian Empire, the pension funds had been lost and the payment of pensions was found impossible on the previous basis. The Government resumed the payment of those pensions after the War of Independence, integrating the payments into the newly developed system of state pensions. The scheme of state pensions became established by the mid-1920s and covered central and local government employees, teachers, workers in state enterprises, military personnel and the war invalids. Also, there was widely developed system of private pensions paid by the employers and other institutions. Additionally, the elderly persons who were not entitled to pensions, could apply for assistance under the scheme of public relief enforced in 1925: every man and woman aged 60 or over if in distress was entitled, depending on circumstances, to pecuniary assistance or full board (Pullerits 1927).

The state pension scheme foresaw the payment of old-age, disability and survivors' pensions. According to this scheme, all persons of 60 years of age, both men and women, who had been in service for 25 years were entitled to old-age pension. The amount of the allowance depended on the length of service, payment rate and the reason for retirement. For example, given the full length of service, the benefit accounted to 55 per cent of former salary, each additional year of service added three per cent (Buldas 1934). Pension expenditures were covered from the Pension Fund based on the allocations of state budget, contributions of employers and employees. Reflecting the maturation of the scheme, the period between World Wars witnessed rapid increase in the number of pension recipients and change in their composition (Tuisk 1931; Lepp 1936). Initially, the beneficiaries were dominated by the persons granted pensions according to former Russian laws but gradually this category became a minority. Another tendency concerned the increase in the proportion of old-age pensioners and the decrease of disability and survivors' pension recipients who formed a majority of new pensioners in the beginning.

The occupation and incorporation of Estonia into the Soviet Union brought this scheme to an end. Under the Soviet pension system, a large proportion of the beneficiaries under the former scheme were denied their pension rights (RKN 1945). Except for the years of German occupation, during which the Estonian pension system was temporarily restored, payment of pensions according to Soviet scheme was continued until 1991. During most of this long period, the basic characteristics of the scheme were based on the 1956 Pension Act. Despite the widely advertised care for the aged, the scheme covered only workers, neither collective farmers nor the self-employed were eligible for pension. It was only in 1965 when a state pension for collective farmers was established, in 1971 the two schemes were equalised with respect to the calculation

of benefits. The referred restrictions kept the number of old-age pensioners initially rather low in Estonia as several economic activities were considered non-productive or even "capitalist", and correspondingly many persons were left with zero employment record. Even in 1960 the beneficiaries accounted for one fourth of urban population in post-retirement age. Reflecting the extension of the scheme to rural population and the gradual replacement of older elderly generations with those who had earned their pension rights during the Soviet period, the coverage gradually rose. By the 1980s, almost complete coverage was achieved (Leppik 1998).

Since the adoption of the 1956 Pension Act, persons were awarded either a full or a partial old-age pension upon retirement. To be eligible for a full old-age pension, males were required to be 60 years of age and have an employment record of 25 years while for females the age limit was 55 years with required employment record of 20 years. Persons who had passed the age limit and had at least five years of employment were entitled to a partial old-age pension. For workers in unhealthy conditions and hazardous occupations as well as some other categories the eligibility started at an earlier age. Regarding the amounts of pension benefits, the old-age pension award was calculated from the reference wage. The reference wage was defined as an actual of monthly earnings received in the last twelve months of employment, or at workers request, in any five consecutive years out of the last ten before retirement. Indeed, the system was built exclusively around state pensions with no other elements like occupational, employer or private pension schemes available. To provide more favourable conditions for the Soviet elite, however, a special scheme of personal pensions was applied. From the financing point of view, the system was operated on the pay-as-you-go basis.

A specific feature of the Soviet system was the lack of indexation of benefits, based on the assumption of zero-inflation. Once determined, the amounts were very rarely increased which implied a large discrepancy between newly awarded and old pensions. To a certain extent workers attempted to compensate this by bloating their reference wage during the last twelve months of employment. The bloating of wages was achieved by different means ranging from multiple appointments to changing to blue-collar or other better rewarded jobs. It was generally admitted that the bloating of the reference wage often occurred through various irregularities in which both workers and the management were actively involved. Although, the attempts were dwarfed by the maximum pension of 120 roubles fixed in 1956 for more than 30 years, the pension replacement ratio rose gradually from 1970s to 1990s (Figure 1). Another outlet was the loosening of initially restrictive earnings-test of the 1956 Pension Act, allowing older persons to continue working and receive simultaneously pension benefits. These circumstances brought about a decline in economic activity in older ages in 1970s, however, data for 1980s reveal that in the post-retirement ages the economic activity even grew, which increased the discrepancy towards later retirement age than the legal one foresaw (Puur 1993).

After restoring the independence, situation with the pension system in Estonia was comparable with the situation in the 1920s. The former sources of funding had disappeared and the state having taken the liabilities had vanished. However, this time the Republic of Estonia was not able to take fully over the responsibilities because of a totally other stage of population ageing. The collapse of centrally planned economy has introduced hyperinflation under which the pensions started to lag behind the increase in

price index as well as average wage. As a result, in just a couple of years the replacement capacity of pensions dropped by almost twice, reaching the lowest level in 1991.

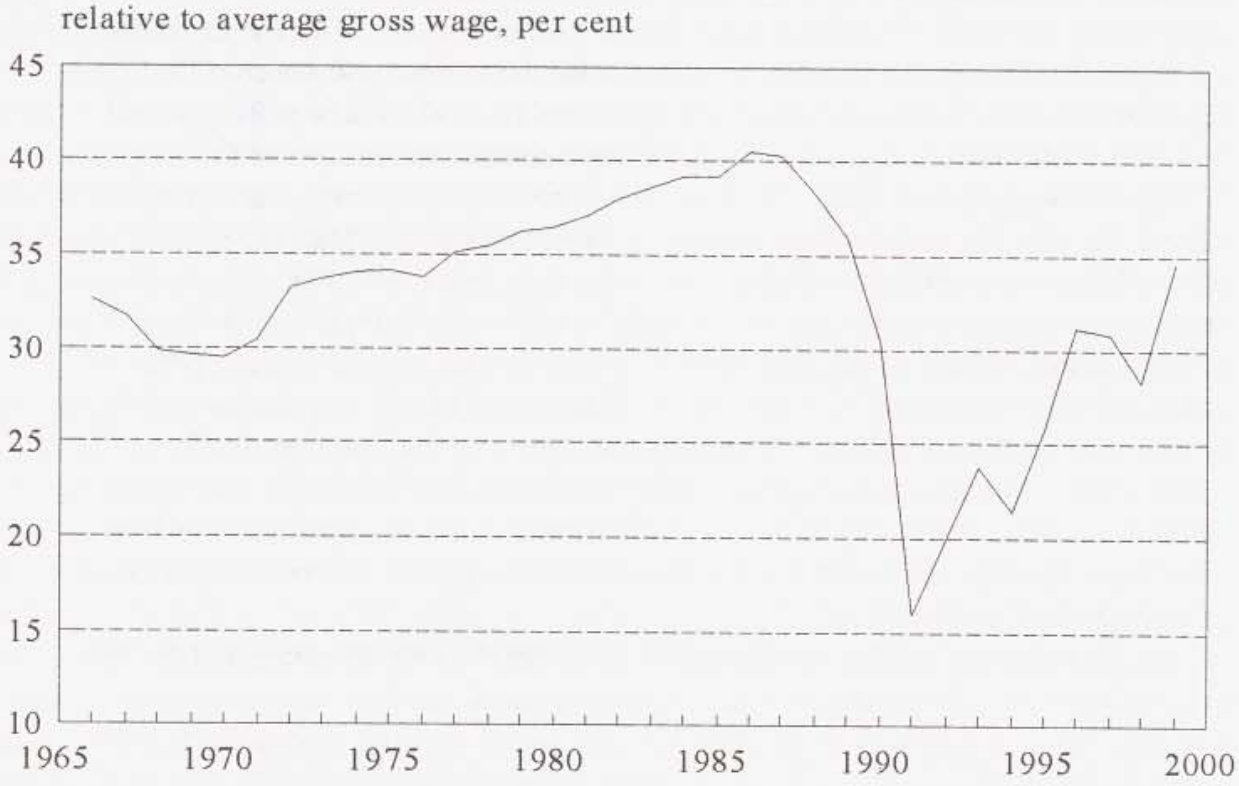

Figure 1 Pension replacement ratio, 1966–1999

In February 1992, the implementation of the existing pension formula was suspended and flat-rate benefits were introduced. All old-age pensioners received pension in similar amount which was dependent only on minimum wage. The amount of minimum wage was adopted by the Government, taking into account the current financial situation. In 1993, the fully flat-rate scheme was revised and differentiation according to length of employment was introduced. The basic rate accounted for 85 per cent of minimum wage, years of service added another multiplicative of minimum wage. Given the applied formula, the departure from flat-rate system was very limited and the differentiation of pensions continues to be rather low in Estonia, except for members of the Parliament and judges having separate schemes. The revision of 1993 was important from another point of view. The major change introduced was the increase of statutory retirement age by five years, to 65 for males and 60 for females respectively. The increase in the age of retirement, meant to reduce the burden on pension system, was scheduled for the period 1994-2003, each year the age limit was supposed to rise by 0.5 years. Accordingly, in 1998 men in Estonia obtained pension eligibility at age 62 and women at age 57. From the financing point of view, the changes included the establishment of the Social Fund, separate from the state budget. The scheme was operated on the pay-as-you-go principle, the source of funding was the 20 per cent payroll tax imposed on employers.

Figure 1 also presents the dynamics of the replacement capacity of average old-age pension in the 1990s. Considering the numbers, it should be noted that in official statistics

the amount of pensions refers to a specific moment (January 1), whereas the wage statistics is given as a period average (ESA 1991–1999). In other words, the figure relates the pension at the beginning of each year to average wage during the year, thus somewhat suppressing the ratio. The data reveal that in case of Estonia, after the rapid downsurge, the replacement capacity of old-age pension has been improving during the 1990s. The replacement ratio has increased from 21 per cent in 1993 to almost 35 per cent in early 1999. In relation to average net salary, the replacement ratio accounts for 50 per cent.

The revisions of the early 1990s were regarded as temporary and during the whole period the pension reform has been under preparation. In June 1998, the Parliament adopted the reform program which aims at the three-pillar pension system, consisting of the present pay-as-you-go element, supplemented with compulsory scheme based on funding principle and voluntary pension insurance. The role of the first pillar would be to secure minimum standard of living for all groups of elderly population and the second is meant to introduce differentiation based on persons lifetime contributions. The third pillar would aim at encouraging additional saving for old age, stimulated by tax deductions. The reform has started from the first pillar. The new revision of the scheme introduces equal pensionable age for both sexes (63 years) and personal accounting of contributions started from 1999.

The introduction of the second pillar is planned to be implemented in 2001. The system foresees splitting the current 20 per cent social tax into two components. The 12 per cent share is reserved to support the first pillar, and the remaining 8 per cent are channelled to funding system. Regarding the second pillar, several details of its operation are in the process are currently under elaboration (financial guarantees and control mechanisms, payments for certain groups of economically inactive population such as students, housewives etc). Nevertheless, even if implemented rapidly, the other two pillars are expected to have a significant effect on the situation of elderly only after decades when the new cohorts have had time to accumulate the respective resources. Thus, the reform does not solve the principal discrepancy between low pensions and other incomes and the progression of relatively numerous cohorts into retirement age adds pressures to the pay-as-you-go pillar of the scheme and calls for the inevitable increase in taxation level.

3.2. Health Care

The health care system in pre-war Estonia was developing alongside the principles of health insurance. In the beginning compulsory insurance covered central and local government as well as the employees and their family members in enterprises with 20 or more workers, in 1923 it was extended to smaller businesses as well. The insurance tax totaled for four per cent of payroll, the payment of the tax was shared equally between the employer and employee. The expansion of the coverage and development of the system was reflected in the growth of the number of local sickness insurance funds and almost sixfold increase in the number of insured persons between 1919 and the late 1930s (Sõrmus 1931; Raid 1939). For the insured persons sickness insurance paid for the cost of medical services, in several cases the funds had established their own facilities. Aside the insurance system which covered the population in paid employment and their family

members, another part of medical services was provided by private doctors and institutions. For that part of services the payment of costs stayed generally with patients, however, in case means were not available, care was provided through the local governments.

In the Soviet period the health insurance was abolished and replaced by a different system. The foundations of the new system originated from the context of pre-transitional and transitional mortality and morbidity conditions when the various infectious diseases and exogenous causes of death were primary concern. The focus of health care shifted to the treatment of specific illnesses rather than individuals passing through different health statuses. Regarding general development of the system, the priority was given to quantitative aspects such as the number of doctors, medium-level personnel, hospital beds etc. According to the available statistics referred target indicators increased throughout the entire post-war period, peaking in the 1980s (Figure 2). The same quantitative indicators would demonstrate the superiority of Estonia's health care system over most, if not all developed countries. However, when compared to mortality development as outlined in the introductory chapter, no positive effect of the expanding health care system can be traced over almost four decades. In the 1970s, even the reduction in life expectancy occurred. Similarly to the Soviet pension scheme, the medical system foresaw separate hospitals and polyclinics for the privileged categories.

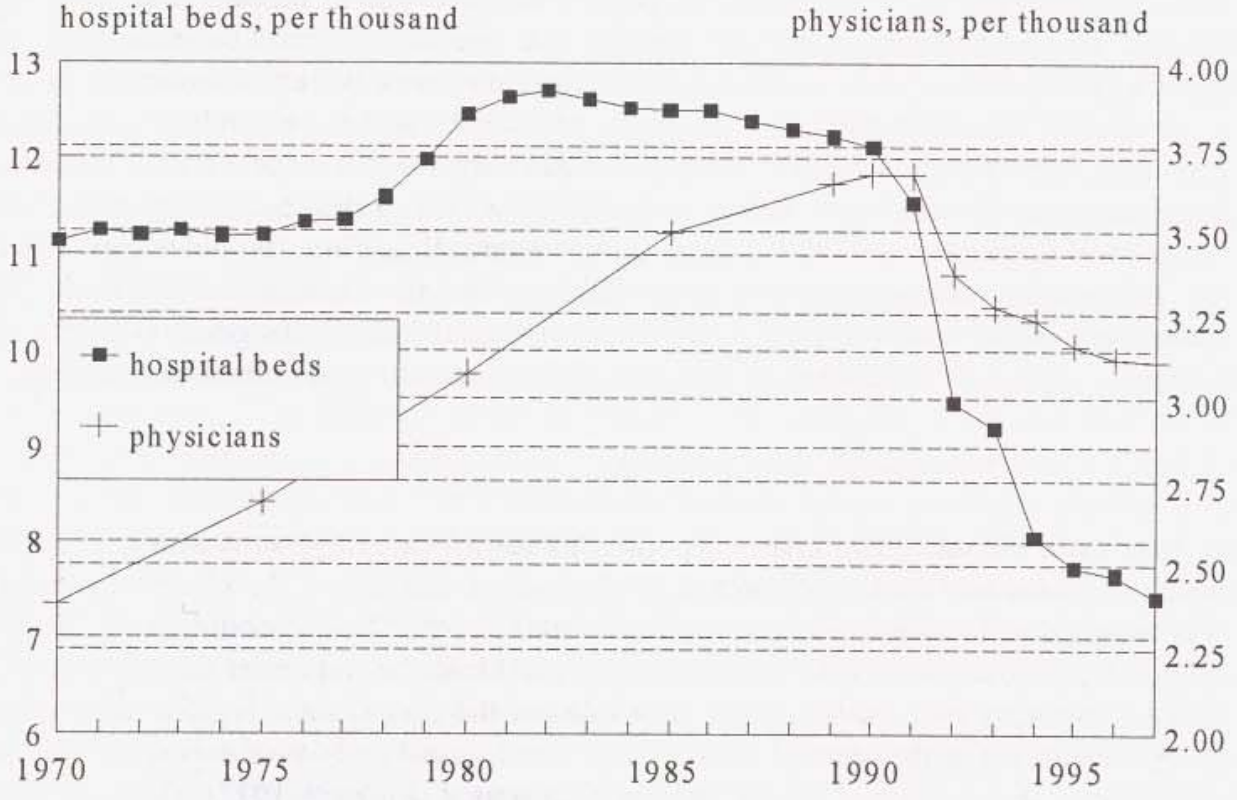

Figure 2 Number of hospital beds and physicians, 1970–1997

Societal transition of the 1990s has brought the health care system into change, however, the noticeable results have so far been limited to administration and financing,

involving the return to the principles of health insurance. In 1991 the direct health insurance tax accounting for 13 per cent of payroll was imposed, the tax is paid by employer. These funds have contracts with medical institutions which are paid according to provided services, small patient fees and copayments have been also introduced. The principal advantage of the new system was the institutional detachment of payment from the service provider, however, this has also introduced undesirable economic incentives (Vask 1998). Mostly proceeding from the considerations of greater efficiency, the transition has witnessed some reduction of medical staff and facilities (Figure 2). Compared to 1989, the number of physicians has dropped by more than 10 per cent with the biggest reduction taking place in 1992–1993. Aggravating the already distorted ratio of nurses to doctors, the number of medium level medical personnel has dropped to an even greater extent. The stock of hospital beds has been cut by more than third, mostly due to conversion of many small and poorly equipped hospitals into institutions of long-term care. On the other hand, except the dentists, the care is still mostly provided by state and municipal institutions (EMSB 1996).

Regarding the elderly, the newly introduced health insurance has not made a substantial difference as all non-working elderly are automatically insured. Perhaps more important concern vis-à-vis the elderly has been the availability of pharmaceuticals, demand for which increases towards old age. After a period of acute shortage in the early 1990s, the assortment of drugs has improved significantly, and now the availability is restricted primarily by the purchasing power. While drugs to hospital inpatients are covered free of charge, outpatient prescriptions must be covered by recipients. To alleviate the problems, the costs of medicaments are partly covered by insurance, based on a special lists introduced by Ministry of Social Affairs (depending on illness, disability, type of care and other factors). Additionally, there is a special list introduced for persons aged 65 and over, to whom up to 90 per cent of the cost, exceeding certain lower limit (20 kroons in 1999) can be compensated. Regarding the older population, another problematic area appears the rehabilitation. To improve the situation, the government program foresees the institution of special units with geriatric profile at hospitals, expansion of out-patient care units and development of home-based service.

3.3. Social and Institutional Care

In pre-war Estonia, the primary responsibility for the care of persons who, because of health or otherwise, could not manage by themselves and lacked the support from kin, was assigned to local governments, rather similar to other Nordic countries. Aside the role of local governments, it is necessary to underline the important contributions of various voluntary organisations. The principles of the care system, legally enforced in 1925, were based of the ideas of the time and international legislative experience, in the same period the training of social workers was started (Pullerits 1927). Generally, the assistance was aimed at enhancing the capacity of self-support, and respectively, much attention was paid to the development of non-institutional care. However, if the latter proved non-applicable or inadequate, persons were admitted to institutions. The network of institutional care units included children's homes, institutions for physically or mentally disabled, institutions for war invalids and homes for the elderly. In the second

half of the 1930s, local governments operated more than 30 homes of the elderly with about three thousand inhabitants. Another form of institutional care relevant for the elderly, were special sheltered dwellings which were typically accompanied with a plot of land. In these dwellings, elderly accounted for four fifths of the residents, totalling about two thousand in the 1930s (RSKB 1937). In such dwellings, most of the activities were performed by the residents themselves which saved the costs of maintenance.

Under the Soviet model of social care, institutionalisation was regarded primarily from the medical point of view which explains the lack of information on the demographic and social characteristics of the institutionalised population, the principles of social care were altered. The care was centralised into a limited number of state institutions, all those previously maintained by local governments and private organisations were closed. Regarding the elderly, other services of social care were neglected and the institutionalisation served as the single option. The emphasis of institutional care shifted and the homes of the elderly became largely medical-type establishments. Although the conditions and level of service was rather poor in them, the limited availability imposed rather strong restrictions to admission. Only those older persons living alone with no relatives and no ability to maintain independent living were eligible. In reality, even the eligible were denied admission and long queuing was common. From the viewpoint of elderly person, institutionalisation involved the loss of rights to an apartment, and also, 90 per cent of pension was detained for the expenses of the institution (Bachverk and Saia 1988). As institutional care was centralised into fewer units, it usually also meant the move to another location (county) and loss of previous social networks. Although consistent time series on institutionalised elderly are difficult to obtain, the level of institutionalisation seems to have likely declined in the post-war period compared to the earlier level. Surely, this does not indicate low demand but rather is a sign of unified social service system, which did not consider the twice higher proportion of elderly in Estonia relative to the average of the Soviet Union.

In the 1990s, the development has turned towards the decentralisation of social care: the primary responsibility for the provision of services has shifted from the state back to local governments. Also, different voluntary organisations have started to engage in providing care. The referred trend is evident, for example, from the number of institutional care units which has increased from 18 in 1990 to 81 in 1997. From the viewpoint of elderly persons, this has meant a desirable move to smaller units which are situated closer to person's usual residence. Another feature of these new developments has been the shift from the mostly medical treatment to the wider social care. Among others, the change in orientation is reflected in the resumed training of social workers and increasing emphasis on non-institutional services. According to the Ministry of Social Affairs, in 1997 the number of persons receiving such services somewhat exceeded the number of institutionalised elderly. Local governments have started to establish day-care centres, which provide services ranging from procedures to different kind of interest activities and medical consultation. Also elderly can apply for the residence in special small-apartment houses where elderly can receive attention by the social worker and the limited service. This type of services has become favoured in larger cities where local governments dispose greater resources. To sum up, the care of the elderly has started to diversify in forms and providers, and the further development in this direction could be

expected. Thus, the structure of the services has changed but the availability of services has remained at a low level. The local governments themselves are newly established after the restoration of independence and there is a heavy competition in the local budgets for various needs.

3.4. Income Maintenance

Older persons have traditionally been more exposed to higher risks of loosing the standard of living. Withdrawal from economic activity, more gradual in farm-based agricultural economy and institutionally distinct after the separation of home and workplace, involves the need for the economic support in old age. In traditional societies, such support has been provided by families and kin. Demographic transition and population ageing generated the necessity to supplement this system as the redistribution of resources could not be secured at the family level. Under the transformed conditions, pension schemes, discussed earlier in this chapter, became the main source of the support for the elderly. To account for different economic hardships of poverty, however, pensions have been supplemented with different needs-tested support schemes. Prior to World War II, in Estonia such support was provided by local governments and various voluntary organisations (Pullerits 1927).

During the Soviet period, the existence of poverty was officially not acknowledged, as the socialist society was supposed to provide the entire population with continuously improving standard of living. As unemployment was also not acknowledged, all able-bodied persons were expected to take up jobs and provide for their families. This requirement was even legally pursued and individuals who did not work for no obvious reasons risked to be punished. On the other hand, persons who were not able to work were supposed to be supported by their working family members or state. Correspondingly, there was no scheme for persons whose incomes had for some reason dropped below the subsistence minimum. In fact however, the cited ideological assumptions did not correspond to the reality (Orwell 1966). For example, until the 1960s only a minor part of elderly population was entitled to old age pensions, and regarding younger population, there have always been cases with extremely adverse proportion between income earners and dependents. To account for the part of latter cases, regular allowances for lone mothers, large families and families with low incomes were introduced in the 1950s (Nõukogude 1978). Being fixed and not adjusted to inflation, however, the importance of these allowances remained rather low. More important role in avoiding the extreme poverty can be attributed to controlled and subsidised prices for food, transportation and housing. In that way the basic needs were secured at a very low price or no price at all, at least the homelessness was avoided.

Transition to market economy prerequisited principal change in the price setting mechanisms, and correspondingly, the former subsidies for basic commodities were abolished. This resulted in the upsurge of prices for housing, food, public transportation, medical services, etc., implying sharp restructuration of consumption patterns. Considering also the decline in economic activity and emergence of unemployment, it became necessary to introduce specifically targeted measures to assist the poorest segments of the population. The first step in this direction was the payment of income

compensation for the increase in food prices to non-working pensioners in 1990. In 1994, two basic schemes of income maintenance were introduced. The first, income support scheme, was aimed at households which per capita income had dropped under the established poverty line. The poverty line has been established by the Government and is periodically revised. There has been no proper methodological basis for defining the line but in the reality it covers the costs of minimal food basket, approximating the concept to absolute poverty. Regarding the elderly, only those with no pension eligibility qualify for support under the referred scheme. In practice, local governments who decide the eligibility are using the limited funds for irregular support in case of different emergencies. The statistics on the profile of recipients is not available.

Another scheme of income maintenance foresees the payment of housing allowances. Households were entitled to these benefits when the housing costs exceeded 30 per cent of total household income. The excess of these costs was compensated provided that the per capita floor area of the dwelling did not exceed the norm (18 square meters per person plus additional 15 square meters per household). If the first scheme has been of little relevance for the elderly, housing allowance has been rather important, also relative to other groups of population. The income level has been universally low which implies that the need for the allowance is defined mostly by housing conditions of the elderly. In 1997 two schemes were combined into the subsistence allowance under the Social Assistance Scheme, however, no principle change was brought along. According to the existing scheme, eligibility to the subsistence allowance is assigned in case the income of the household after covering housing costs is beneath the poverty line, stipulated by the Government. Beyond that, older persons can apply for support to cover the transportation and communication (telephone) costs as well as various occasional allowances by local governments.

Inside the elderly populations of Estonia a large inequalities can be observed defined by the long-term effect of exercised housing policies. In other words, housing allowance is not so much a income support for the (elderly) population as rather the adaptation scheme facilitating the transition from the housing situation of centrally planned to market economy conditions. It is expected that during transitional period the families will be able to choose the dwelling corresponding to their income level. Obviously, for the elderly this transition is most difficult because of low income as well as for the socio-psychological attachment to their residence.

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VÝVOJ POPULAČNÍ POLITIKY V ESTONSKU VZHLEDEM KE STARÝM OSOBÁM

Résumé

V důsledku demografického přechodu proces demografického stárnutí začal v Estonsku relativně brzy. Již v roce 1941 bylo 15,6 % osob starších 60 let. Po druhé světové válce se tento proces dočasně zastavil, avšak současný pokles úrovně plodnosti demografické stárnutí opět urychlil a v roce 1998 bylo již 19,9 % osob starších 60 let. Tento proces probíhal současně s velkými ztrátami v počtu obyvatelstva v průběhu války i po ní v době sovětizace. V té době ztratilo Estonsko nejméně 17, 5 % svého obyvatelstva. Až do roku 1945 tvořili Estonci 97,3 % obyvatelstva, ale v době sovětizace se Estonsko změnilo v zemi s více než 100 různými národnostmi. V roce 1989 žilo v Estonsku 36 % obyvatelstva narozeného mimo jeho území (včetně jejich dětí). Struktura i demografické chování této části obyvatelstva je významně odlišná od ostatního obyvatelstva v důsledku jejich jiného historického a kulturního vývoje. Mají výrazně mladší věkovou strukturu, ale u nich proces demografického stárnutí bude postupovat relativně rychle. V poválečné době imigrace zajišťovala početní růst obyvatelstva, ten se však po roce 1991 zastavil a dnes představuje Estonsko zemi s největším populačním úbytkem v Evropě.

Penzijní systém se začal budovat v Estonsku teprve po roce 1920. V carském Rusku dostávaly penzi pouze omezené skupiny státních zaměstnanců. Po získání nezávislosti byl v polovině roku 1920 vytvořen nový penzijní systém zahrnující zaměstnance státní administrativy (včetně místní), učitele, dělníky ve státních podnicích, vojáky a válečné invalidy. Zároveň se široce rozvinul soukromý penzijní systém dotovaný zaměstnavateli a jinými institucemi. Od roku 1925 mohly osoby starší 60 let, které neměly nárok na důchod a neměly vlastní prostředky, požádat o veřejnou podporu, ev. o plné zaopatření. Tento systém skončil ruskou okupací. Zaopatření starých osob bylo založeno na zákonu o důchodovém zabezpečení z roku 1956, podle kterého dostávali důchod pouze dělníci. Družstevní rolníci byli do tohoto systému zahrnuti teprve v roce 1965 a teprve od roku 1980 bylo do penzijního systému zahrnuto téměř všechno obyvatelstvo. Specifikou doby byl zvláštní penzijní systém pro sovětskou elitu (osobní důchody). Výše důchodu nebyla průběžně upravována v důsledku inflace. Po znovuzískání nezávislosti byla situace obdobná té z roku 1920. Fondy zajišťující vyplácení důchodů zmizely, by-

la však jiná situace pokud jde o stupeň demografického stárnutí. Hyperinflace důchody znehodnotila. V roce 1952 byly zavedeny důchody založené na minimální mzdě, od roku 1993 upravované podle délky zaměstnání. Od roku 1994 se postupně zvyšuje důchodový věk o půl roku každý kalendářní rok s cílem dosáhnout 60 let pro ženy a 65 let pro muže do roku 2004. V roce 1998 byl přijat nový zákon o penzijním systému založeném na průběžném financování, povinném a dobrovolném připojištění.

Systém zdravotní péče se vyvíjel také na základě zdravotního pojištění, v roce 1923 byl rozšířen na malé podniky. Pojištění bylo placeno rovným dílem pojištěnci a zaměstnavatelem. Kromě toho existovala soukromá zdravotní péče nezahrnutá do tohoto systému. V době sovětské okupace došlo k systému hodnocení zdravotní péče podle počtu lékařů a zařízení a k zaměření na určité nemoci, avšak nikoliv na hodnocení úrovně úmrtnosti a na zaostávání zdravotní péče. Po roce 1990 se výrazně snížil počet lékařů i postelí v nemocnicích. Zlepšila se však dostupnost léků, což se projevilo zejména v uspokojení poptávky starých osob, u kterých jsou potřeby léků největší a ve výsledku ve zlepšování úmrtnostních poměrů.

V předválečném Estonsku se staré osoby, které neměly příbuzné nebo někoho, kdo by se o ně postaral, dostaly do péče místní samosprávy podobně jako v severských zemích. Významná byla také péče různých nevládních organizací. Systém péče zahrnoval dětské domovy, ústavy pro fyzicky a duševně choré, pro válečné invalidy a pro staré osoby. Speciální byly bytové domy pro staré osoby s malými pozemky pro domácí hospodářství. Za sovětského modelu byla zdůrazněna pouze zdravotní péče a sociální aspekt byl zanedbán. Po roce 1990 došlo opět k výrazné decentralizaci sociální péče na místní úroveň. Pozornost je věnována přípravě sociálních pracovníků. Jsou zřizovány střediska denní péče a domy s pečovatelskou péčí. Staré osoby jsou častěji vystaveny riziku snížení životní úrovně a proto je nutné přijmout celou řadu opatření pro zabezpečení přiměřené úrovně jejich materiálního života a odpovídajícího sociálního postavení, které by zamezilo, aby se dostaly do oblasti chudob.