



Shared Prosperity **Dignified Life**



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Advancing the Implementation of the Madrid International Plan of Action on Ageing in Arab Countries



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Main characteristics and objectives

Over the past few decades, addressing the expanding proportion of ageing population has been gaining momentum as a demographic priority globally.¹ Recognizing this growing and accelerating phenomenon, the Madrid International Plan of Action on Ageing (MIPAA) was adopted at the Second World Assembly on Ageing in 2002 to enable countries to address the challenges and take advantage of the opportunities of population ageing to promote development.

Table 1. MIPAA priority directions and related issues

Priority Directions	Issues
I. Older Persons and Development	I: Active participation in society and development
	II: Work and the ageing labour force
	III: Rural development, migration and urbanization
	IV: Access to knowledge, education and training
	V: Intergenerational solidarity
	VI: Eradication of poverty
	VII: Income security, social protection/social security and poverty prevention
	VIII: Emergency situations
II. Advancing health and well-being into old age	I: Health promotion and well-being throughout life
	II: Universal and equal access to health-care services
	III: Older persons and HIV/AIDS
	IV: Training of care providers and health professionals
	V: Mental health needs of older persons
	VI: Older persons and disabilities
III. Ensuring enabling and supportive environments	I: Housing and the living environment
	II: Care and support for caregivers
	III: Neglect, abuse and violence
	IV: Images of ageing

Source: Report of the Second World Assembly on Ageing, 2002 (A/CONF.197/7).

MIPAA forms the most comprehensive international policy framework on ageing. It marks a turning point in the international public policy discourse on ageing issues and associated challenges and opportunities as it recognizes the ageing phenomenon as a global phenomenon that has a strong influence on societal development. It takes a comprehensive approach to development, linking ageing to the United Nations social, economic and human rights development frameworks, and transforms the discourse and approach to addressing ageing issues from a social welfare approach (considering older persons as beneficiaries of care and support) to a developmental approach (considering older persons as active actors and partners in the development process). It also stresses the importance of adopting a positive approach in dealing with ageing issues and overcoming the negative stereotypes associated with ageing.

¹ United Nations Economic and Social Commission for Western Asia (ESCWA), *Ageing in ESCWA Member States: Third Review and Appraisal of the Madrid International Plan of Action on Ageing* (E/ESCWA/SDD/2017/Technical Paper.12).

The main objective of MIPAA is “to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights”.² It provides recommendations for action to that effect, divided into three priority directions or pillars: (a) Older persons and development; (b) Advancing health and well-being into old age; and (c) Ensuring enabling and supportive environments. Issues requiring policy-level actions are identified for each of the priority directions (table 1).

Other international and regional policy frameworks that address ageing issues

Other frameworks that touch on ageing issues include the Programme of Action of the 1994 International Conference on Population and Development, which emphasizes the link between population and development. This conference marked a turning point in the approach to population issues by placing people, including older persons and their needs, at the centre of development and by emphasizing their rights and dignity as essential for the achievement of social, economic and sustainable development.³

Table 2. Goals and targets in the 2030 Agenda for Sustainable Development that relate to the Madrid International Plan of Action on Ageing priority directions

MIPAA	SDGs	SDG targets
Priority direction I. Older persons and development	Goal 1	1.2, 1.3 and 4.1
	Goal 4	4.4, 4.5 and 4.6
	Goal 5	5.1 and 5.a
	Goal 8	5.8
	Goal 10	10.2
Priority direction II. Advancing health and well-being into old age	Goal 2	2.1 and 2.2
	Goal 3	3.4; 3.8; 3b; and 3c
Priority direction III. Ensuring enabling and supportive environments	Goal 5	5.2
	Goal 11	11.1; 11.2; 11.5 and 11.7
Implementation and follow-up	Goal 16	16.1; 16.3; 16.6 and 16.7
	Goal 17	17.18 and 17.19

Source: ESCWA, *Ageing in ESCWA Member States* (E/ESCWA/SDD/2017/Technical Paper.12, Beirut).

More recently, Arab countries adopted the Arab Strategy for Older Persons 2019-2029. The strategy is responsive to international decisions and seeks to guarantee the rights of older persons. It demonstrates Arab governments’ awareness of these rights and their common position in this regard. The objective of the strategy is to ensure the well-being and integration of older males and females, and the enjoyment of their right to good social and health services and to full participation without any form of exclusion or discrimination by 2029.⁴

The aforementioned frameworks support the achievement of the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development. In addition to including specific references to issues of concern to older persons, the 2030 Agenda for Sustainable Development includes older persons in the list of vulnerable groups (para. 23) that should fully benefit from development efforts and should not be left

² United Nations, *Report of the Second World Assembly on Ageing, Madrid, Spain, 8-12 April 2002* (A/CONF.197/7), para. 10.

³ United Nations, *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (A/CONF.171/13/Rev.1).

⁴ صندوق الأمم المتحدة للسكان وجامعة الدول العربية، مجلس وزراء الشؤون الاجتماعية العرب، *الاستراتيجية العربية لكبار السن 2019-2029* (القاهرة، صندوق الأمم المتحدة للسكان، 2019).

behind.⁵ Several of the goals and targets of the 2030 Agenda for Sustainable Development address issues of importance to older persons, specifically SDG 1 on ending poverty; SDG 2 on ending hunger and improving nutrition; SDG 3 on ensuring healthy lives and promoting well-being; SDG 4 on promoting lifelong learning; Goal 5 on achieving gender equality and empowering all women; SDG 8 on promoting decent work; SDG 10 on reducing inequalities; SDG 11 on making cities and human settlements inclusive; SDG 16 on promoting peaceful and inclusive societies and providing access to justice for all; and SDG 17 on strengthening the means of implementation.⁶ Targets of relevance to older persons that link to policy issues underlined under the three priority directions of the Madrid Plan of Action are presented in table 2.

Box 1. Main steps for the development of strategies to implement MIPAA at the national level

- Determining national priorities;
- Evaluating existing social policies and programmes by examining:
 - ✓ Social Impact;
 - ✓ Cost-effectiveness;
 - ✓ Sustainability and affordability;
 - ✓ Governance issues.
- Evaluating implementation requirements and available infrastructure, including the role of ageing focal points and other ageing mechanisms, which entails:
 - ✓ Defining priorities and setting national policies;
 - ✓ Coordinating with government entities to integrate ageing issues into relevant policies;
 - ✓ Collaborating with concerned partners and stakeholders;
 - ✓ Raising awareness and lobbying for issues of importance to older persons;
 - ✓ Building capacities of institutions and staff to develop initiatives that address these issues.
- Assessing the availability of national data disaggregated by sex and considering methods for collection and analysis;
- Developing indicators for policy review and evaluation;
- Determining the required financial resources;
- Engaging older persons in policy formulation, implementation and monitoring processes;
- Integrating older persons' issues into national development frameworks and poverty eradication strategies and identifying barriers to the integration process.

Source: United Nations (2008). Guide to the National Implementation of the Madrid International Plan of Action on Ageing, New York.

Relevance to the region: a demographic snapshot and synopsis of the socioeconomic situation of older persons

Countries in the Arab region follow different ageing patterns, with some experiencing a slow pace of ageing and others a moderate or a rapid pace. This variance mainly results from the interplay between fertility and mortality, in addition to other factors such as migration, sociopolitical priorities and economic resources. It is anticipated that the ageing phenomenon will accelerate significantly over the coming decades, giving countries little time to adjust to the requirements of ageing populations in light of competing development priorities, mostly weak infrastructure and institutions and difficult economic, social and political conditions. Taking action across sectors is therefore necessary in countries undergoing a slow ageing transition and imperative in those experiencing a moderate or rapid transition.⁷

⁵ United Nations, *Transforming our World: the 2030 Agenda for Sustainable Development*, 25 September 2015 (A/RES/70/1).

⁶ ESCWA, *Ageing in ESCWA Member States*.

⁷ Ibid.

1. Older persons: a demographic snapshot

The growth in ageing populations is mainly driven by declining fertility and increasing life expectancy, with countries that experience sharp declines in fertility ageing at a more rapid pace. The region witnessed a remarkable decline in fertility over the past three and a half decades from 6.1 children per woman of reproductive age for the period 1980-1985 to an average of 3.5 children per woman for the period 2010-2015. During the same period, life expectancy at birth increased by an average of 10.7 years from 59.7 years to 70.4 years respectively. The emigration of working age populations and the return migration of old age populations may further accelerate population ageing.⁸

“A population is considered to be ‘ageing’ when the share of persons aged 65 and above is between 7 per cent and 14 per cent of the total population, and ‘aged’ when the share of older persons exceeds 14 per cent”.⁹ Since 1980, the number of older persons in the Arab region has almost tripled from around 6 million in 1980 (or 3.6 per cent of the total population) to more than 17 million in 2015 (or 4.3 per cent of the total population). Projections show that this trend is expected to continue, with the number of older persons reaching 40 million in 2035 (or 7.2 per cent of the total population) and exceeding 71 million in 2050 (or 10.6 per cent of the total population). The population of the region will thus be considered as ‘ageing’ by 2035.¹⁰ If the cutoff of 60 years and over is used to denote older persons, the population of the region will be r ‘aged’ by 2050, with the proportion of older persons comprising 15.1 per cent of the total population.¹¹

“The ‘ageing transition’ refers to the period of time in which the share of older persons shifts from 7 per cent to 14 per cent”.¹² Projections show that countries in the region will begin this transition at different points in time and will advance at different paces (figure below). Tunisia, Morocco and Lebanon have already started the transition, with the share of older persons of the total population projected to reach 8.9 per cent, 7.6 per cent and 7.5 per cent respectively in 2020. Most of Arab countries will have begun the ageing transition by 2035, with only five countries, namely Comoros, Mauritania, Somalia, the Sudan and Yemen, beginning the transition at some point after 2050.

As per ESCWA calculations made in 2017, the majority of Arab countries are expected to complete the ageing transition over a period extending from between 13 to 40 years. The time span is in fact noticeably fast compared to OECD countries, which took between 50 to 150 years to complete this transition. Accordingly, Arab countries will have to start taking measures and developing suitable policies and programmes to better attend to the changing needs of the population, and benefit from the opportunities and minimize the challenges of the ageing transition. This becomes more pressing considering the lower levels of socioeconomic development of several countries in the region.¹³

⁸ ESCWA, *Arab Society: Demographic and Social Trends, 2020* (E/ESCWA/SD/2019/5).

⁹ ESCWA, *Population and Development Report Issue No. 8: Prospects of Ageing with Dignity in the Arab Region* (E/ESCWA/SDD/2017/3), pp. 19 and 5.

¹⁰ E/ESCWA/SD/2019/5.

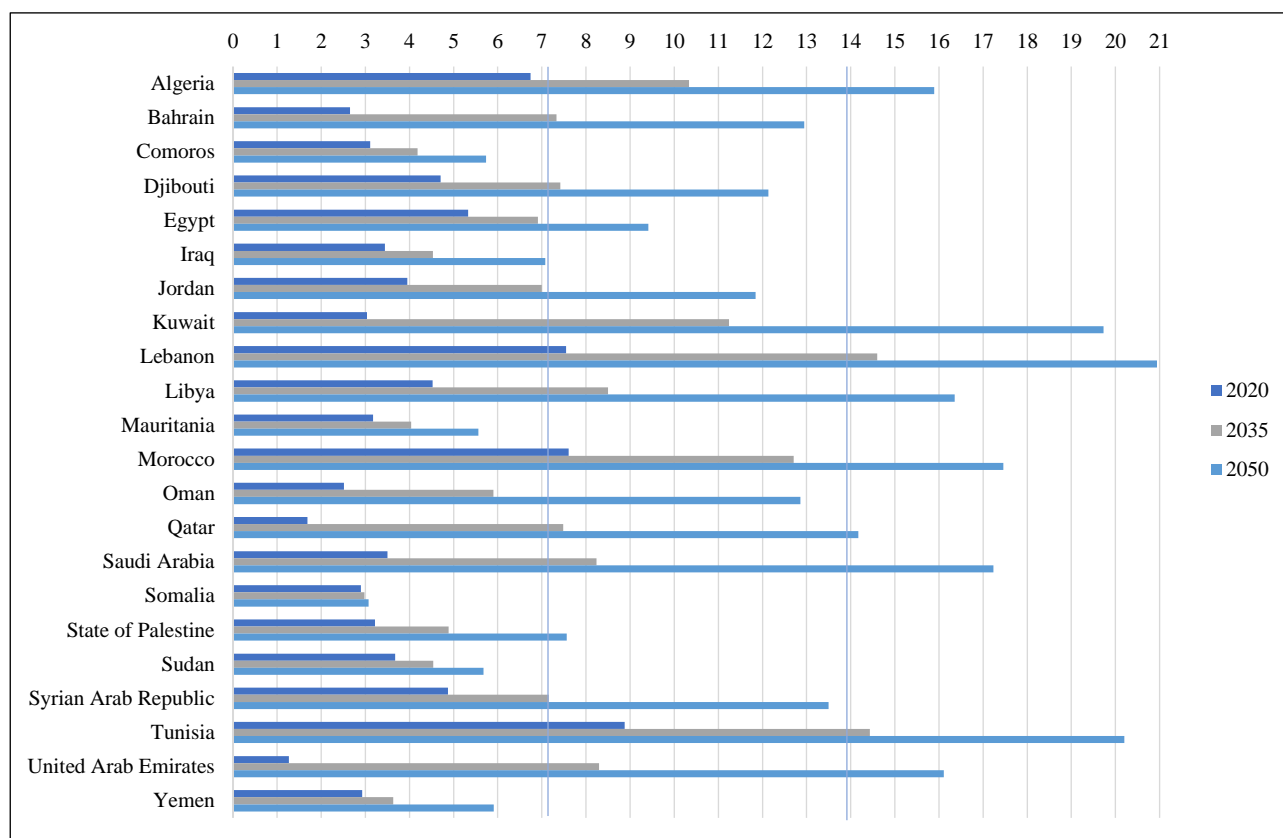
ESCWA, *Arab Society: Demographic and Social Trends, 2020* (E/ESCWA/SD/2019/5).

¹¹ ESCWA, *Inclusion of Older Persons: Policy Implications for the Arab Region* (E/ESCWA/C.2/2019/6).

¹² ESCWA, *Population and Development Report, Issue No. 8*.

¹³ Ibid.

Percentage of the population aged 65 and over in Arab countries



Source: ESCWA, *Arab Society: Demographic and Social Trends, 2020* (E/ESCWA/SD/2019/5).

2. Synopsis of the socioeconomic situation of older persons

Older persons in the Arab region face various socioeconomic challenges. The most common challenges include inadequate social protection, income security and access to health care. This leads to older persons' extended participation in the labour market, mainly in the informal sector, out of necessity rather than choice. The changing structure of the family, which plays an important role in the provision of care to older persons, is also increasingly becoming a challenge in some countries of the region. These challenges are often more acute in the case of older women. Other challenges that older persons in the region often struggle with are the lack of adequate specialization and training in gerontology and geriatrics, accessibility to public spaces and public services and accounting for their needs in emergencies.¹⁴

(a) Social protection systems and income security for older persons

The provision of adequate social protection and pension coverage is considered essential for ensuring the well-being of older persons and reducing the risk of poverty and vulnerability in old age. Although various countries in the region have developed social protection systems for health and pensions, the coverage and efficiency of these systems present challenges and differ between older persons. Compared to other regions, public expenditure on social protection systems for pensions and benefits other than health is somewhat low for people in the statutory retirement age. It is equivalent to 2.6 per cent of GDP in Arab countries compared to 5.1 per cent in the Asia and Pacific countries.

¹⁴ ESCWA, *The Population Dimension in Achieving Sustainable Development* (E/ESCWA/SDD/2015/IG.1/4(Part I)).

Coverage is not universal even in countries that have higher public expenditure on social protection systems for pensions and other benefits. On average, not more than 30 per cent of the workforce in the region has pension coverage, with drastic variations between countries ranging from 5 per cent of the population in the Sudan to 63 per cent of the population in Algeria. Only military personnel and workers in the formal sector benefit from comprehensive social protection schemes covering social insurance, health, older persons' care, unemployment and assistance related to illness.

As it is mostly women who engage in unpaid work, are employed in the informal sector and are more likely to be widowed, they tend to be at a greater disadvantage in old age, with limited or no access to social insurance programmes. Civil society organizations in the region try to make up for the lack of adequate public social protection systems by providing services and support to the most vulnerable poor older persons. Even though disaggregated data on poverty among older persons is scarce, factors such as the inadequate sources of income and health coverage in old age and the increased risk of health problems, make it safe to assume that older persons are more exposed to poverty.¹⁵

(b) *Older persons' health*

Along with the gains in life expectancy, health issues become more pronounced and medical expenses increase. However, not all Arab countries provide universal health coverage. In instances where they are not covered by social security programmes, older persons themselves would have to pay out of pocket for treatment. If this is not possible, and their families cannot afford to pay for their health expenses, older persons forego treatment. Out-of-pocket payments for health care correspond to over 70 per cent of total health expenditure in the Sudan and Yemen, to 50 per cent on average of total health expenditures in Comoros, Egypt, Mauritania, Morocco and the Syrian Arab Republic, and to about 40 per cent of total health expenditures in Iraq, Lebanon and Tunisia. Actual out-of-pocket expenditures would be higher if the cost of informal care that is mainly provided by families and of informal payments made by them to cover the expenses of medical care were accounted for.

Due to limited public funding, health coverage is unlikely to improve in the region in the near future. In 2007, the average per capita annual public health expenditure in countries of the region amounted to \$280 (purchasing power parity), which corresponds to a third of the amount that other countries with the same average per capita income spend on public health care. That said, per capita public health expenditure varies significantly between Arab countries. In 2015, it ranged from below \$10 in Yemen and the Comoros to over \$ 1,700 in Qatar.¹⁶

(c) *The living arrangements of older persons*

The family is traditionally the main provider of care and support to older persons in Arab countries. Consequently, the vast majority of older persons reside with their family. Statistics show that not more than 1.3 per cent of older persons in Lebanon stay in care homes, with this proportion going down to less than 0.005 per cent in other countries in the region. Compared to western countries, the proportions are very small, mostly due to the structure of the family in Arab countries and to the availability of care homes and the quality of the services they provide.

Considering the inadequate social protection systems, health coverage and elder care, living arrangements, including cohabitation with the family, are critical for the overall well-being of older persons. At the same time, data indicates that older persons are still acting as household heads and having social and sometimes financial responsibility for the family, with the percentage varying between 16 per cent in the State of Palestine to around 32 per cent in Tunisia. This is a form of intergenerational support that is mutually beneficial to household members old and young. However, intergenerational support is slowly fading in the

¹⁵ ESCWA, *Population and Development Report*, Issue No. 8.

¹⁶ Ibid.

region due to an increasing societal shift towards individualism, urbanization and migration. It is thus necessary that social protection systems adapt to this new reality.¹⁷

In conclusion, the existing policies and services that address the social security and health-care needs of older persons in the region are well below international standards, leaving many older persons vulnerable to poverty and ill health. Developing and upgrading such policies and services within short timeframes would be indeed difficult, especially considering the levels of socioeconomic development in countries of the region and the rapid pace of the ageing transition. Consequently, it is recommended that Arab countries act fast to develop or enhance the necessary institutional mechanisms, social protection and health-care systems to adequately deal with the needs of older persons and enable them to live in dignity.

Key findings and recommendations from the Third MIPAA Review¹⁸

ESCWA is mandated to undertake the review of MIPAA every five years at the regional level and to report back to the global level. For the third review, ESCWA prepared a regional mapping questionnaire to assess the progress made by ESCWA member countries in the implementation of MIPAA, and at identifying the main challenges and issues of priority for the region that should guide work on ageing in the short to medium term. The questionnaire was sent to all ESCWA member States, who were also approached to nominate focal point for coordinating the completion of the questionnaire and to act as points of reference during the review process.

Only ten member countries responded to the questionnaire¹⁹ with varying completion rates, which were generally more than 80 per cent. Preliminary findings and recommendations were presented to focal points and a group of independent experts for discussion and validation at an expert group meeting held in Beirut on 3 August 2017. The final results of the regional review informed the Secretary-General’s report on the Third Global Review and Appraisal of MIPAA, presented to the Commission for Social Development at its fifty-sixth session held in February 2018.

A summary of the key findings and recommendations of the third regional review of MIPAA is presented below.²⁰

Institutional responses to the ageing transition

Key findings	Corresponding recommendations
All countries participating in the review have established institutional arrangements on ageing, but the levels of involvement of ministries and civil society organizations varied widely between countries.	Increase the participation of civil society organizations, academic and research institutions, and older persons themselves to enhance transparency and accountability.
Most of the responding countries have established national committees on ageing. However, these committees have roles that are mainly advisory and that include planning, coordination, and monitoring and evaluation.	Establish national committees on ageing for countries that have not done so yet and expand the role of existing committees to cover implementation, technical support and resources mobilization.

¹⁷ ESCWA, *Population and Development Report*, Issue No. 8.

¹⁸ ESCWA, *Ageing in ESCWA member States*.

¹⁹ Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, the State of Palestine, the Sudan and Tunisia.

²⁰ More country information and details on the finding and recommendations of the Third MIPAA Review can be found in the report on “Ageing in ESCWA Member States: Third Review and Appraisal of the Madrid International Plan of Action on Ageing”, available at: <https://www.unescwa.org/publications/ageing-escwa-member-states>.

Key findings	Corresponding recommendations
Most countries have updated and adopted national strategies and plans of action on ageing.	Adopt national strategies and plans of action on ageing for countries that have not done so.
Policies on ageing are increasingly mainstreamed in national sectoral policies and strategies.	Assess and redress discrimination against older persons in laws and sectoral policies.
There is a policy-practice gap in most countries.	Strive to operationalize policies and programmes and use the scope of implementation of programmes as a key indicator of progress in future regional assessments.

Priority direction I: older persons and development

Key findings	Corresponding recommendations
The engagement of older persons in the development process as a whole is weak and is indirectly undertaken by civil society organizations in some countries.	Encourage governments to strengthen mechanisms that enable older persons to make proposals and recommendations and to take them into account when developing, monitoring and evaluating policies and programmes.
The participation of older persons in the labour market depends on the availability of national resources and individual social and economic needs.	Adopt a rights-based approach to the issue of ageing and employment, including ensuring that older persons enjoy the freedom of choosing whether or not to stay in the labour market after retirement, while providing employment opportunities for older persons.
Social protection programmes that benefit older persons are still few and uneven between countries.	Promote social protection in old age, especially through pension systems, with a focus on the most vulnerable groups.
Literacy and lifelong learning programmes for older persons are scarce and underdeveloped.	Design more literacy and lifelong learning programmes for older persons to minimize their exclusion from such initiatives.

Priority direction II: advancing health and well-being into old age

Key findings	Corresponding recommendations
Few countries have made progress in streamlining policies and programmes pertaining to the health of older persons, mainly on the prevention and treatment of non-communicable diseases.	Strengthen programmes and policies for the prevention and treatment of non-communicable diseases in countries where they exist, and develop them in countries where they don't.
Subsidized health-care programmes and medication for older persons in primary care centres are prevalent in ESCWA countries.	Integrate patient-centered care within primary health care and coordinate referrals and follow-up to specialized care, and gerontology programmes into all facets of health-care delivery.
Except for Tunisia, there is still a shortage of geriatricians and gerontologists in the region; there are programmes for retraining in geriatrics and gerontology in some countries of the region.	Promote trainings in geriatrics and gerontology to adequately meet the needs of the growing number of older persons, and further provide training for health care workers in old-age care.
Home care programmes for older persons are scarce.	Enhance coordination with civil society organizations to advance existing and develop new programmes for the provision of home care for older persons. ²¹

²¹ This recommendation is also related to priority direction III.

Priority direction III: ensuring enabling and supportive environments

Key findings	Corresponding recommendations
Jordan and Oman reported giving increased attention to age-friendly cities by enhancing accessibility to public buildings.	Mainstream efforts to build age-friendly cities in all countries.
Increase in the number of clubs for older persons in most countries but not in the scope of activities they offer and increase in the number of old-age homes but with no development of standardized guidelines and criteria to ensure safety and well-being in these institutions.	Ensure that older persons have access to community centres and day clubs, and to accredited and safe old-age homes.
Civil society organizations play a greater role in providing services and programmes on ensuring enabling environments for older persons.	Continue to support civil society organizations in providing services and programmes for older persons.
Policies that protect older persons from abuse, violence and neglect are scarce and their needs in emergency situations are not adequately addressed.	Ensure the development of policies and programmes that protect older persons from violence, neglect and abuse, and that their needs are accounted for in emergency responses.

General recommendations

- Standardize concepts and definitions pertaining to older persons and coordinate efforts to enable a very comprehensive mapping and monitoring of the implementation of MIPAA;
- Mainstream ageing issues into sectoral development policies and national development plans, and work to enhance coordination and coherence of efforts between governmental and non-governmental actors that play an important role in delivering services to older persons;
- Develop an age-sensitive research infrastructure by:
 - ✓ Building specialized databases, disaggregated by sex, age and location of older persons, to be updated periodically;
 - ✓ Establishing and financing research institutes on ageing issues to bridge the knowledge-gap and guide the development of policies and programmes for older persons;
 - ✓ Coordinating research efforts in the region and harmonizing methods and areas of research.

Box 2. Main barriers to the implementation of MIPAA as per the Third Regional Review

- Lack of human and financial resources;
- Lack of political will;
- Weak coordination between ministries;
- Paucity of data and research;
- Lack of attention to ageing in development plans;
- Lack of legislation.

Source: ESCWA (2017). *Ageing in ESCWA member States: Third Review and Appraisal of the Madrid International Plan of Action on Ageing* (E/ESCWA/SDD/2017/Technical Paper.12) Beirut.

The way forward

The fourth MIPAA review cycle started in 2019. The General Assembly adopted resolution 73/143 on “Follow-up to the Second World Assembly on Ageing” on 17 December 2018. The resolution encourages member countries in paragraph 19 to assign focal points for conducting national follow-up and review of MIPAA and “to strengthen existing networks of national focal points on ageing”.

In 2020, the Commission for Social Development decided on the modalities for the fourth review and appraisal of MIPAA in its Fifty-eighth Session (10-19 February 2020). National reviews will be held in 2021, followed by regional reviews in 2022 and will inform the global review process. The outcomes of the review will be presented during the Sixty-first Session of the Commission for Social Development due in 2023.²²

²² United Nations Department of Economic and Social Affairs, “Fourth review and appraisal of the Madrid International Plan of Action on Ageing”, available at <https://www.un.org/development/desa/ageing/fourth-review-and-appraisal-of-the-madrid-international-plan-of-action-on-ageing-2002.html>.