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**ECONOMIC AND SOCIAL COMMISSION FOR WESTERN ASIA (ESCWA)**

**SOCIAL POLICY BRIEF**

**REINFORCING SOCIAL EQUITY: MAINSTREAMING AGEING ISSUES  
IN THE PROCESS OF DEVELOPMENT PLANNING  
IN THE ESCWA REGION**

**ISSUE NO. 4**

## **Introduction**

The Social Policy Brief is one of a series of technical materials issued by the Population and Social Development Section of the Social Development Division of ESCWA, within its programme of work for the biennium 2010-2011.

The current Issue of the Social Policy Brief, entitled “Reinforcing Social Equity: Mainstreaming Ageing Issues in the Process of Development Planning in the ESCWA Region”, is released in the occasion of the second review and appraisal of the Madrid International Plan of Action on Ageing (MIPAA) to be conducted in 2012. It reiterates the importance of mainstreaming ageing into the broader policymaking discourse. In fact, the issues related to elderly, like those related to women and youth for example, should constitute an integral part of the process of formulating development plans and programmes, and their implementation, monitoring and evaluation.

This Brief has the following objectives:

1. To disseminate knowledge of the links between ageing and other trends affecting the region, the consequences of population ageing for ESCWA member countries, and the challenges facing older people in the region as identified by the MIPAA and the Arab Plan of Action on Ageing (APAA).
2. To advocate mainstreaming ageing and its significance in reinforcing social equity in member countries.
3. To enhance policymaking processes by identifying a feasible approach for mainstreaming ageing.

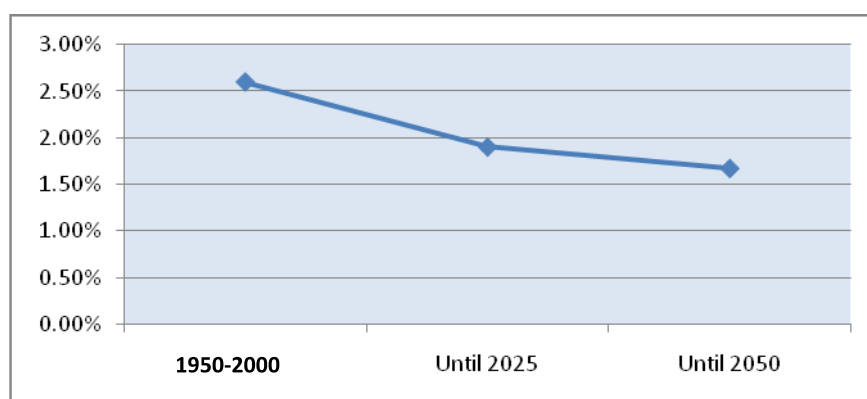
## **I. SITUATION AND TREND ANALYSIS OF AGEING**

### **A. DEMOGRAPHY OF AGEING**

The Arab region has been undergoing significant demographic changes in the last decades. The population growth rate has been declining, and the trend is expected to continue. The annual population growth rate was 2.6 per cent in the period from 1950 to 2000 and is projected to reach 1.99 per cent by 2025, and to further decrease to 1.67 per cent by 2050. The average annual growth rate for the Arab region between the years 2000 and 2050 is estimated at 1.5 per cent (figure 1). There is, however, a variation between the different countries in that respect. Projections for that period indicate the highest rate in Yemen at 3.4 per cent and the lowest rate in the United Arab Emirates and Lebanon, each at 0.7 per cent. Egypt is the most populous country in the region, but it is expected to maintain an annual growth rate of 1.0 per cent (ESCWA, 2004, pp. 5-6).

Moreover, the Total Fertility Rate has been declining in the region causing significant changes in the age structure. The average Total Fertility Rate in the Arab countries was 6.2 children per woman in the period 1980-1985, then declined to 4.1 children per woman in the period 2000-2005, with expected projections to reach 3.1 children per woman for the period 2015-2020 (ESCWA, 2008a, p. 1).

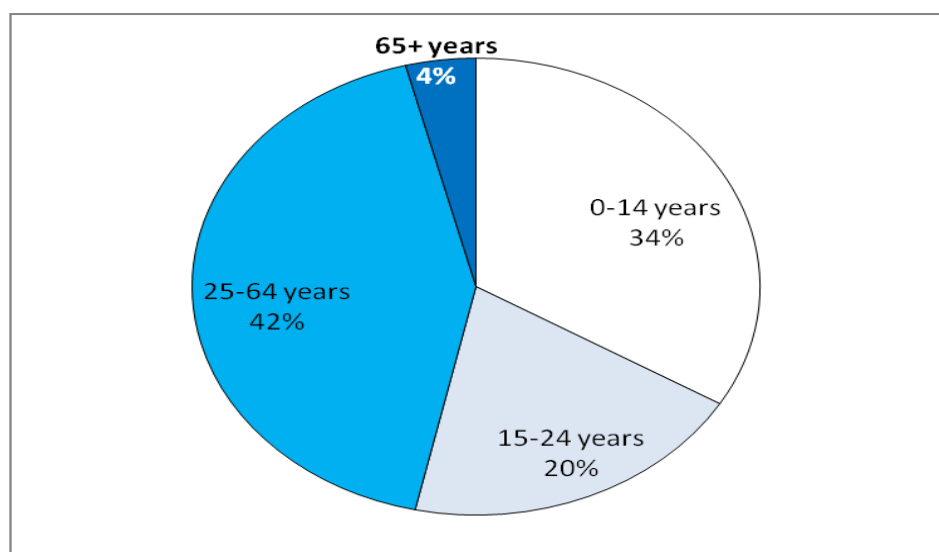
**Figure I. The annual population growth rate in the Arab region (1950-2050)**



Source: ESCWA, 2004, p. 3.

The young age group remains the fastest growing segment of the population of the Arab region. ESCWA estimates indicate that the proportions of the different age groups in the population of the region were as follows in 2010: those under 15 years of age at 34 per cent; those between 15 and 24 years at 20 per cent; those between 25 and 64 years at 42 per cent; the elderly (65 years and above) at 4 per cent (figure 2).

**Figure II. Distribution of the population in the Arab region by broad age groups (2010)**



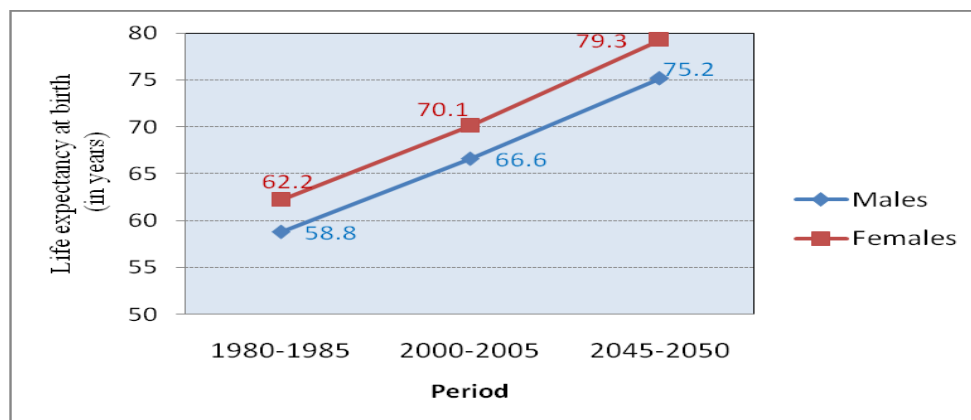
Source: ESCWA, 2010.  
United Nations, 2009.

The number of older persons is expected to increase in almost all countries by 2050. In Bahrain, Kuwait, Lebanon and the United Arab Emirates, projections indicate that the proportion of elderly would constitute almost one quarter of the total population by 2050. In absolute numbers, those aged 65 years and older in the region were 5.7 million in 1980, rose to 10.4 million in 2000 and to 14 million in 2010, and are expected to reach 21.3 million by 2020 (ESCWA, 2004, p. 11).

The rise in life expectancy is a major factor in the growth of the ageing population. The average life expectancy at birth in the region rose from 58.8 years for males and 62.2 years for females during the period

1980-1985, to 66.6 years for males and 70.1 years for females during the period 2000-2005 (figure 3). Projections indicate a further rise to approximately 75.2 years for males and 79.3 years for females in the period 2045-2050 (ESCWA, 2010). Kuwait is expected to witness the highest rise in the average life expectancy during that period reaching 81.9 years (ESCWA, 2004, p. 9).

**Figure III. Life expectancy at birth in the Arab region by gender (1980-1985, 2000-2005 and 2045-2050)**



Source: ESCWA, 2010.  
Unite Nations, 2009.

However, the rising life expectancy does not mean that older persons live a long, healthy life, because, in most cases, their health in old age is poor.

There are variations in the rate of ageing in the different countries of the region. A slow rate appears in Iraq, the Occupied Palestinian Territory and Yemen. On the other end, rapid rates appear in Bahrain, Kuwait, Lebanon, and the United Arab Emirates. In the middle come Egypt, Jordan, Oman, Qatar, Saudi Arabia and the Syrian Arab Republic.

The ageing population is not a homogeneous group. Differences include age, gender, financial status, health conditions, as well as rural-urban disparities. An important variation appears in the two age sub-groups of the ageing population, namely the “young old” aged between 60 and 79 years, and the “oldest old” aged 80 years and older.

Projections estimate that the percentage and size of the “oldest old” in the total population of the region are expected to increase. Those aged 80 years and older constitute the fastest growing segment of the older population, at a rate increasing by 4.25 per cent annually. In five ESCWA member countries, the percentage of the population aged 80 years and older is expected to exceed 3 per cent of the total population by 2050 (United Nations, 2007a).

The rising rate of increase in the 80+ category has led to the differentiation between the age groups. The group of “young old” refers to those individuals between ages 60 and 79. The “oldest old” are those 80 years and older. The differentiation serves to define the needs of each group.

## B. SOCIO-ECONOMIC DIMENSION OF AGEING

Although the socio-economic conditions in the Arab countries are different, common factors prevail in the situation of the elderly. This age group is characterized by a low level of education; a high proportion of illiterates; limited participation in the economy; extended labor activity; and shortage of old-age pensions and safety nets.

Furthermore, the increasing labor migration of the youth group has an impact on the situation of the elderly. When the young migrate, the elderly are left behind in need of care. As a result, the traditional intergenerational co-existence declines.

The prevalence of poverty among the elderly is yet another significant variable in their situation. It is caused by the reduction in income which is common in old age. Consequently, old persons, of both sexes, continue to work because of financial needs. In poor countries, poverty is aggravated in old age, as the pension and social security systems are short of covering the total ageing population.

The provision of care for the elderly remains inadequate in the ESCWA region. The care approach is more welfare-based, than developmental, at both the government and civil society levels. Charity and religious organizations play a big role in that respect. In addition, policies addressing the ageing are, for the most part, fragmented and uncoordinated, and do not target the older persons directly. In those policies, older persons are part of a package that covers the poor, the disabled and the widows, among other marginalized groups. Moreover, government support for families caring for older persons is practically nonexistent.

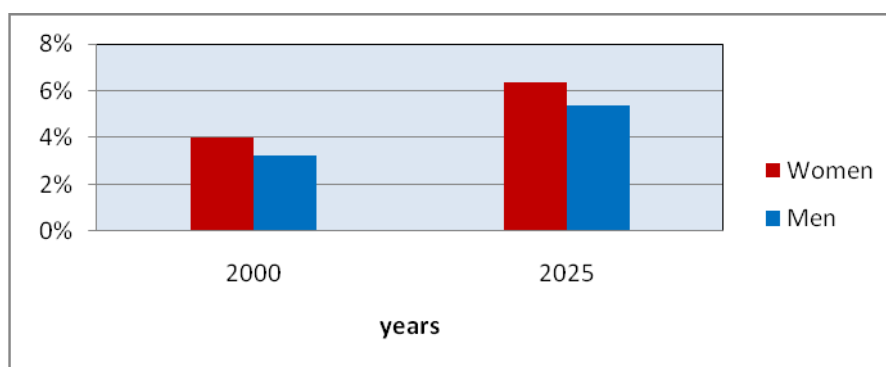
The family still retains its traditional role in the care of older persons. Consequently, institutionalized centers for the elderly are not widespread, and in some cases still carry a social stigma. However, increasing female employment creates a major hindrance to family elderly care at home.

Health care for old people is also inadequate, since geriatric medicine is not common. There are no specific centers specialized for elderly health care. Health insurance does not achieve universal coverage of the elderly. In addition, health care in the region is mostly directed towards communicable diseases. Training for health care personnel and social workers dealing with older persons is not common.

### C. GENDER DIMENSION OF AGEING

Gender constitutes an important variation factor within the ageing group. The distribution of the ageing population shows a gender imbalance in favor of females, which reflects that women outlive men. Figure 4 reveals that, in 2000, 4 per cent of the population in the Arab region were old females (65 years and older) while old males constituted 3.2 per cent. These percentages are projected to reach 6.5 per cent for females and 5.6 per cent for males in 2025.

**Figure IV. Old women and men (65 + years) as a percentage of total population (2000 and 2025)**



Source: ESCWA, 2007b, p. 2.

Old women represent a highly disadvantaged group. A significant proportion of old women are widows. Their number is higher than that of male widowers. Cultural factors do not encourage the remarriage of a widow, but do encourage the remarriage of a widower. Therefore, the financial situation of old widows is poor, which may lead them to work, sometimes under conditions of hardship, in order to fulfill their basic needs. The informal labor sector, already congested with women, includes older women. In that sector, there are no guarantees for wages, working hours, environmental protection, sanitation, social security, and/or health insurance (ESCWA, 2008c, p. 145).

The term *feminization of ageing* has been coined to denote the predominance of older women in the old age brackets. It further denotes the plight of older women as a disadvantaged group. As such, it presents a challenge to policymakers, considering the high number of females in this age group who are illiterate, unemployed, and in most cases widowed.

The vulnerability of older women is aggravated by the male-dominated culture. Issues of gender discrimination can be seen in many respects, most important of which is the area of health care. Health problems in old age are often the result of poor health care, or the lack of it, in earlier periods. In the case of health, including nutritional concerns, females come at the end of the list of family members. The situation is no different in the case of pregnancy and childbirth. Consequently, the probability of exposure to health hazards is very high, leading to complications that accumulate and appear only later in life.

## II. ASSESSMENT OF POLICY RESPONSES TO THE MIPAA IN ESCWA MEMBER COUNTRIES

### A. CHALLENGES FACING ESCWA MEMBER COUNTRIES

ESCWA member countries are committed to the implementation of the Madrid International Plan of Action on Ageing. However, these countries face a number of challenges, including the following:

1. **On the cultural level**, the still persisting traditional role of the family as providing care for older persons is threatened by factors of social change. The gradual dwindling of the extended family, as the nuclear family is prevailing, has for the most part created difficulties in elderly care. Moreover, the increasing mobility of the youth in search of better opportunities, especially outside their home countries, is a case in point.
2. **Budgetary problems** in many countries, excluding the countries of the Gulf Cooperation Council, reduce the possibility of making funds available for public expenditure, not only in the area of health, but also in many types of services.
3. **The high unemployment rate**, especially among the youth, in most countries refutes the principle of providing employment for the elderly.
4. **The shortage of qualified personnel** needed for the provision of care to the elderly is a major obstacle.
5. **Armed conflicts** aggravate the problems related to the status of the elderly as ageing does not constitute a priority in those situations (the case of the Occupied Palestinian Territories, Lebanon and Iraq).
6. **The shortage of data** on ageing is a major setback in understanding and appraising the related issues, and more importantly, in formulating and implementing policies for mainstreaming those issues.
7. **The high incidence of poverty** in many ESCWA member countries aggravates the situation of the elderly, since they constitute a high proportion of the poor.

8. **Social assistance for the poor**, including older persons, is generally inadequate and short of serving the target population.

## B. POLICY RESPONSES TO THE THREE PRIORITY DIRECTIONS OF MIPAA IN ESCWA MEMBER COUNTRIES

The MIPAA highly emphasizes the contribution of older persons in development by mainstreaming the issue of ageing into all policy areas. The plan was preceded by the Arab Plan of Action on Ageing to the Year 2012. The formulation of the Arab Plan has been based on national reports and programs on ageing in the respective countries.

### **Priority Direction 1: Older persons and development**

This Priority Direction focuses on the “active participation of the elderly in society and development, with special emphasis on economic security and social policies”. In that regard, the economic situation is a major challenge in most ESCWA member countries, excluding the countries of the Gulf Cooperation Council. Poorer countries cannot afford to provide job opportunities for older persons. For old people who are better off financially, volunteer work is a possible option. It does not give old persons financial reward, but self-satisfaction and social esteem.

Participation in public life and legislative activities is low among the elderly population. When it exists, it is based on individual political and economic power.

Representation of the elderly in labor is high in agriculture and the informal sector. In most countries, the statutory retirement age in the government is 60 years, with some exceptions, as for the judges in Egypt.

Even in labor, older persons may be subjected to such discouraging “push” factors as difficult working hours and imposing younger employees in higher positions.

Pension systems are restricted to the government sector, and in some countries, they exist in the private sector. They do not include the informal sector neither the agriculture sector, denying older persons working in those sectors any pension rights.

### **Priority Direction 2: Advancing health and well-being into old age**

In general, governments are upgrading their health services and expanding them to cover a wider segment of the population, including the ageing. In that respect, more training is provided to prepare specialized personnel. Nevertheless, shortage of qualified care providers persists.

The countries of the Gulf Cooperation Council provide free health care for older persons. However, geriatric practice is not widespread enough in most of those countries; neither is it included in the medical and nursing teaching syllabi. Other health priorities take precedence over geriatric medicine.

Similarly, home care for older persons is not commonly available. In many cases, when home care is available, it is costly and far beyond the means of average families. Access to health services is also an issue, especially in the rural areas. Moreover, the resources allocated to the ageing population under the health sector budget vary among the different Arab countries. In most cases, communicable diseases have a large share of those resources.

Bahrain, Oman and Saudi Arabia have started a system of mobile clinic centers, with the objective of reaching the elderly in their family environment. Those mobile clinic centers also include social workers who try to have direct contact with the older persons in their own environment (ESCWA, 2007c, p. 2).

### Priority Direction 3: Ensuring enabling and supportive environments

In most countries, specialized facilities for old age, including housing and transportation are not available. Both the Madrid Plan and the Arab Plan emphasize government support to families with older persons, in the absence of a universal coverage of social security. However, such support is still generally inadequate.

Ensuring healthy ageing extends beyond prolonging life to include the exchange of good practice, strategies and policies, designed to promote the well-being of older persons.

In the context of ensuring enabling and supportive environments for older persons, ESCWA member countries are aware of the need to prepare trained helpers to assist families in their responsibilities. Some countries have, therefore, implemented programmes aimed to enhance and upgrade the skills of personnel caring for the elderly. However, in some cases, financial constraints have hindered those efforts. Egypt, Jordan, Iraq, Lebanon, Qatar and Yemen have initiated such programs targeting personnel from both public and private sectors. In addition, those countries have offered programs to train the older persons themselves in handicrafts and other productive skills, a step very conducive to their involvement in development (ESCWA, 2007c, p. 2).

In most countries, no special provisions or arrangements were made for the elderly in transportation, such as designated seats or discounts, neither in housing or road infrastructure.

#### C. ACHIEVEMENTS OF ESCWA MEMBER COUNTRIES

##### Legislation

Countries are committed to modify or introduce legislation relevant to the situation of the elderly. They might be confronted with some setbacks, the financial conditions being a major one. Some countries have, however, succeeded in the following attempts:

1. Issuing tax exemptions or fees reductions in transportation, cultural visits and entertainment (Egypt, Lebanon).
2. Issuing directives on mobility and accessibility to public premises (Egypt, Jordan).
3. Issuing directives on establishing homes and clubs for older persons (Jordan, Iraq).
4. Expanding health insurance to cover the needy elderly (Egypt, Jordan, Oman, Qatar, Yemen).
5. Expanding welfare provisions to include disability conditions in ageing (Kuwait).
6. Upgrading social security schemes, safety nets, and pension funds (Jordan, Iraq, Lebanon, Oman, Qatar).
7. Formulating drafts of a new pension law (Lebanon).
8. Issuing directives for the financial support of the very poor elderly, including free health insurance and monthly pocket money (Jordan, Iraq, Qatar). Qatar doubled the financial assistance to the very poor elderly and their dependents in 2006 (ESCWA 2007c, p. 5).

##### Establishing National Committees

Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Qatar and Saudi Arabia have set up national committees for ageing, comprising representatives from public and private sectors.

In most cases, national committees for ageing are headed by the Minister of Social Affairs in the respective countries, except in the Syrian Arab Republic, where the head of the national committee for ageing is the Minister of Health.



## **Establishing specialized departments in the respective ministries**

Jordan has introduced the “family welfare program” to reach the elderly at home, covering their health needs. Qatar has also established a “family welfare unit”. Egypt provides home services, through the Ministry of Social Solidarity, in the form of “sitters” charged by the hour at a reasonable cost. Some non-governmental organizations (NGOs) provide the same service by highly qualified/trained personnel, but at a higher fee, in general, far beyond the means of average families. The Ministry of Health and Population has established nursing studies for the elderly.

In general, the MIPAA and the APAA share the fundamental principle of encouraging countries to draw policy guidelines for the formulation of national plans of action. In the ESCWA region, five countries have achieved this task, namely, Bahrain, Egypt, Jordan, Qatar, and the Syrian Arab Republic. In Egypt, the draft strategy and plan were declared in 2007. Qatar has set guidelines for a national strategy for the ageing.

Other countries are using the already existing national policies to implement programs in that respect. Lebanon is in the process of elaborating a national plan of action, comprising a “social plan of action” that covers all social segments, including the ageing population. Yemen has reported that its national population policy for the period 2001-2025 covers the ageing population. Iraq considers that its “welfare law” represents a national plan of action.

Some countries have embarked on individual attempts, as pioneer projects. In Egypt, the golden card allows older persons a number of privileges, including reductions in entrance fees to theatres, museums, means of transportation, among other services. Similarly, in Lebanon a draft project granting a special identity card for the elderly was prepared.

### **III. PROPOSALS TO STRENGTHEN POLICY RESPONSES TO THE MIPAA IN ESCWA MEMBER COUNTRIES**

In light of the ageing situation and trend analysis in the ESCWA region, and considering the above assessment of policy responses to MIPAA in ESCWA member countries, the following policy-oriented recommendations can be proposed:

#### **A. ENSURING THE AVAILABILITY OF DISAGGREGATED DATA ON THE ELDERLY**

It is important to ensure the availability of a solid dataset on the elderly in order to analyze their situation, identify the problems and challenges that they are facing and propose the measures and interventions needed to improve their status.

The data should be accurate, reliable and timely. It should be comparable across countries and administrative divisions as well as over time in a same country. Data should also be disaggregated by age groups (highlighting the differences in the needs and challenges of the ‘young old’ (60-79 years) and the ‘oldest old’ (80+ years)), sex (revealing the differences in the situations of old women and old men), area of residence (pointing out differences between the elderly living in rural areas and those living in urban areas), as well as socio-economic levels. The availability of reliable data can ensure that policies and measures are appropriately directed towards the target beneficiaries.

#### **B. STRENGTHENING COORDINATION BETWEEN GOVERNMENT, NON-GOVERNMENTAL ORGANIZATIONS AND THE PRIVATE SECTOR**

Better coordination among governments, civil society and the private sector should be achieved through networking. Lessons can be learned from such countries as Australia, Chile, Guatemala, India and Mexico that have established advisory bodies comprising non-governmental individuals assigned to address ageing issues. In fact, those bodies can serve as “watchdogs for government policymaking” (Commission for Social Development, 2006, p. 7).

#### C. INVOLVING THE OLDER PERSONS IN PLANNING RELATED TO AGEING

Older persons should have an opportunity to express their views on the impact of national policy actions affecting their lives. As primary stakeholders, they should be involved in all phases of policy actions on ageing, including implementation, monitoring and evaluation.

#### D. INTEGRATING AGEING ISSUES IN DEVELOPMENT PLANNING

Ageing should be mainstreamed into the broader policymaking discourse. The issues related to elderly, like those related to women and youth for example, should constitute an integral part of the process of formulation, implementation, monitoring and evaluation of development plans and programmes.

Governments should integrate policies to address the social, health and economic situation of older persons in their development strategies. This requires a coordinated multi-sectoral approach involving government ministries, including a gender perspective, to achieve a comprehensive and effective social policy.

#### E. ENCOURAGING THE SUPPORT OF OLDER PERSONS AT THE FAMILY LEVEL

In the Arab countries, the majority of the elderly population lives with their families and relies on care and help provided by family members. However, the nuclear family is slowly replacing the expanded family, a fact that threatens to weaken or diminish the family support system.

In that context, it is necessary to facilitate a social support system, formal and informal, for the elderly, including by enhancing the abilities of relatives to take care of the elderly within their family environment.

Policies should be designed to allow for special privileges to those families supporting older persons in the form of subsidies or tax reductions.

#### F. ENSURING HEALTH INSURANCE FOR OLDER PERSONS, INCLUDING PREVENTIVE AND REHABILITATIVE HEALTH CARE

Health insurance policies must be extended to older persons, including women, irrespective of their position in the government or in the private, informal or agriculture sectors. Geriatric medicine should be included as a major component of the curriculum in medical schools, and expanded as a practice. Likewise, gerontology should be incorporated in the syllabus of social workers.

#### G. IMPROVING THE HOUSING AND LIVING ENVIRONMENTS OF OLDER PERSONS

A large number of older persons live in isolation, rather than in the environment of an extended family. Left alone, they are often without adequate transportation and support systems. This reveals the importance of encouraging age-friendly and accessible housing designs and ensuring easy access for the older persons to public buildings and spaces.

Furthermore, providing a supportive and enabling environment requires that the elderly be given privileges in transportation, such as special seats and reduced fees; in housing designs to suit their specific social, economic and physical needs; and in road facilities.

Countries should improve housing and environmental designs to promote independent living for older persons, taking into account the particular needs of older persons with disabilities.

#### H. ENSURING EMPLOYMENT OPPORTUNITIES FOR OLDER PERSONS WHO WANT TO WORK

Older persons should be empowered to continue to perform income-generating work for as long as they want or as long as they are able to do so productively.

Employment policies must target the elderly by raising their participation in the formal system, whenever possible, and trying to reduce the possible “push” factors that they might face in the work place. Revising the pension system is of significant relevance to ensuring the economic security of older persons.

In addition, there is a need for flexible retirement arrangements. In that regard, lessons can be learned from other countries where the age of retirement is flexible.

#### I. STRENGTHENING THE INSTITUTIONAL AND LEGAL INFRASTRUCTURE NECESSARY FOR THE IMPLEMENTATION OF THE MIPAA

Government commitment to implementing the Madrid International Plan of Action on Ageing (MPIAA) is hindered by the lack of adequate institutional and legal infrastructures. In order to remedy this lack, the national committees should comprise individuals in strong political positions, who can enforce policies that protect the interests of the older persons.

Establishing focal points on ageing within the ministries and granting them high level political backing would be a supportive factor.

#### J. AGEING OF RURAL POPULATIONS

Ageing of rural populations is now well underway in the Arab countries. Therefore, efforts should be made to acknowledge the problem of rural ageing and its social, economic and human rights implications on the cohesion of the Arab society. Health, housing and social services should be increased and adapted to the requirements and needs of the rural elderly.

# Statistical Annex

Country	Annual population growth rate (%) <sup>*</sup> (2000-2050)	Number of people aged 60+ years* (thousands)		Proportion of 60+ population* (%)		Proportion of 80+ people in the 60+ population** (%)		Proportion of 80+ people in the total population** (%)		Sex ratio (men per 100 women) in 2005**	
		2005	2050	2005	2050	2005	2050	2005	2050	Age 60+	Age 80+
Bahrain	0.9	33	284	4.5	24.3	9.4	20.2	0.4	4.9	101.9	101.1
Egypt	1.0	5247	23432	7.2	19.3	7.7	13.1	0.6	2.5	85.0	69.5
Iraq	1.7	1284	7950	4.6	12.8	6.8	10.1	0.3	1.3	88.0	73.2
Jordan	1.7	281	1928	5.1	19.0	7.8	14.5	0.4	2.8	103.2	77.5
Kuwait	1.5	84	1306	3.1	24.9	5.4	17.8	0.2	4.4	145.4	81.2
Lebanon	0.7	411	1236	10.2	23.7	9.5	16.9	1.0	4.0	92.6	80.0
Occupied Palestinian Territory	2.6	168	1113	4.5	10.8	11.2	12.9	0.5	1.4	75.1	69.0
Oman	2.5	107	947	4.3	20.4	7.4	14.5	0.3	3.0	110.2	61.4
Qatar	0.8	22	300	2.7	22.5	4.9	14.6	0.1	3.3	243.8	128.3
Saudi Arabia	2.2	984	8127	4.2	18.0	8.9	14.5	0.4	2.6	108.1	76.3
Syrian Arab Republic	1.6	894	6916	4.7	19.8	8.9	12.6	0.4	2.5	86.8	75.2
United Arab Emirates	0.7	76	2041	1.8	24.0	9.6	12.0	0.2	2.9	176.5	80.9
Yemen	3.4	789	5440	3.7	9.4	7.7	8.0	0.3	0.7	89.2	74.4

Source: \* ESCWA, 2004 (adapted).

\*\* El-Safty, 2008 (adapted from United Nations, 2007)

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