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Ageing in ESCWA Member States

Third Review and Appraisal of the Madrid International Plan of Action on Ageing

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Third Review and Appraisal of the Madrid International Plan of Action on Ageing

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Executive summary

The central theme in this report is the significant strides being made in building governmental and institutional infrastructure to successfully implement the ageing agenda and meet the ideals of the 2002 Madrid International Plan of Action on Ageing (MIPAA). This will not be realized, however, without a renewed and coordinated response on a regional scale.

The report appraises the findings of the third review of MIPAA in member States of the Economic and Social Commission for Western Asia (ESCWA). It highlights progress and emerging issues related to the planning and implementation of ageing policies and programmes over the past five years and outlines avenues for prioritizing population ageing to meet the Goals of the 2030 Agenda for Sustainable Development.

Findings are primarily based on submissions prepared by national focal points on ageing nominated by ESCWA member States to complete the MIPAA review survey questionnaire.[1] Although all ESCWA member States were considered for this report, only 10 responses were received – from Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, the State of Palestine, the Sudan and Tunisia. Data collection spanned a four-month period from January to April 2017 and findings were shared, discussed and validated with the national focal points on ageing and independent experts in a review meeting held at the United Nations House on 3 August 2017. The report of this meeting is available from https://www.unescwa.org/events/third-review-ageing-arab-countries.

The report is divided into six sections. Section 1 examines population trends and demographic transitions in ESCWA member States for the period 1985-2050, using data extracted from the *World Population Prospects: The 2015 Revision*.[2] Combined, ESCWA member States are projected to experience a consistent decrease in crude birth rates and crude death rates and a 1.7-fold increase in their overall populations by 2050. Overall, the total population of ESCWA member States will increase from a current estimate of 340 million to 444 million in 2030 and 573 million in 2050. If trends continue uninterrupted, this will result in an overall decrease in population growth rates across the Arab region. Due to demographic disparities between countries, this trend is expected to be uneven across the region. Where some countries, such as Morocco and Oman, are expected to reach a population growth rate similar to the world average of 4.8 per 1,000 by 2050, most will either be significantly above or below that average. Iraq is expected to maintain the highest population growth rate across all time periods, reaching 18.0 per 1,000 in 2050, while Lebanon is projected to experience the most drastic decrease and reach 0.2 per 1,000 by 2050.

In tandem with these changes, the percentage of population above 60 and 80 years of age in the region is expected to rapidly increase in the future, though remaining below the world average. Currently, 6.6 per cent and 0.7 per cent of the population of ESCWA member States are above 60 and 80 years of age, respectively. These figures will increase to 9.3 and 0.8 per cent, respectively, by 2030, then to 14.9 and 2.4 per cent, respectively, by 2050. Differences in the pace of population ageing among countries are expected to widen with time. The difference between the countries with the highest and lowest percentage of persons above 60 was only of 5.9 percentage points in 1985, it has increased to 9.4 percentage points in 2015 and is expected to further widen to 22 percentage points in 2050. While only Lebanon and Tunisia had more than 10 per cent of their population above the age of 60 years in 2015, they are expected to be joined by Bahrain, Saudi Arabia, the United Arab Emirates, Libya and Morocco by 2030, then by the State of Palestine, Egypt, Jordan, the Syrian Arab Republic, Qatar and Kuwait by 2050. Only Iraq, Mauritania, the Sudan and Yemen are expected to remain below the 10 per cent threshold by a small margin, reaching 8.8 to 9.9 per cent of the population aged above 60 by 2050. Countries such as Bahrain, Saudi Arabia, Libya and the United Arab Emirates are expected to experience a very rapid rise in the number and proportion of persons above 60 years in the 15 years between 2015 and 2030, shifting from the 2.3-7.0 per cent range to 10.8-12.0 per cent range.

[1] This was an updated version of the "Regional ICPD and MIPAA review on ageing in the Arab world: A mapping tool", originally developed by the Center for Studies on Ageing in Lebanon and used for the second MIPAA review. The questionnaire followed the structure of MIPAA and was tailored to the specificities of the Arab region.

[2] At the time of data abstraction and analysis, only the 2015 revision of the World Population Prospects was available.

While many ESCWA member States are experiencing a slow to moderate pace of ageing at the moment, this pace is expected to rapidly increase across the region in the coming decades due to an advanced position in the demographic transition which allows for exponentially faster population ageing.[3] The ageing index, defined as the number of persons aged 65 years and above per 100 persons below the age of 15, measures the weight of dependent older persons relative to dependent children and the pace of population ageing.

In this report, we use ageing indices for 2030 to classify ESCWA member States as ageing 'slowly', 'moderately' or 'rapidly'. With an estimated ageing index ranging from 9.3 per cent to 11.6 per cent in 2030, Iraq, Yemen, the State of Palestine, Mauritania and the Sudan are considered slowly ageing countries. Jordan, the Syrian Arab Republic, Egypt, Kuwait, Oman, Qatar, Saudi Arabia and Libya are considered moderately ageing countries, with an index ranging from 17.9 per cent to 32.8 per cent in 2030. Bahrain, Morocco, the United Arab Emirates, Tunisia and Lebanon, with an ageing index ranging from 41.7 per cent to 72.8 per cent by 2030, are considered rapidly ageing countries. Some countries in the moderately ageing category, especially Oman and Qatar, are expected to become rapidly ageing countries at a faster rate than others, when 2050 ageing indices are considered.

Section 2 presents the most recent updates on institutional arrangements on ageing in reviewed countries, as well as developments in the policy and legislative arenas. All ESCWA member States included in this review have formed at least one institutional arrangement on ageing, whether a governmental department or a national committee. Yet, the level of institutional arrangements in ESCWA member States does not necessarily correspond with the pace of ageing. Iraq, the State of Palestine and the Sudan, all categorized as having a slow pace of ageing, and Kuwait and Oman, categorized as moderately ageing, are among the six countries that have developed both governmental bodies and national committees on ageing. Among countries experiencing a rapid pace of ageing, namely Lebanon, Morocco and Tunisia, only Lebanon has established both institutional arrangements.

Health and social affairs ministries feature in coordinating bodies and national committees on ageing in all reviewed countries; ministries of transport, women or family affairs, planning or statistics, and social security or pensions to a lesser extent. In most countries, civil society organizations and non-governmental organizations (NGOs) are reported to participate with the government in developing policies and implementing programmes through such coordinating bodies. Only a few countries reported the presence of academics and researchers in coordinating bodies. Most national committees on ageing are mandated with the roles of planning, collaboration, coordination, monitoring and evaluation of ageing programmes. However, national committees on ageing in countries experiencing a rapid demographic transition, notably Morocco and Tunisia, appear to carry a larger number of roles, including advisory and technical support, and resource mobilization. Committees in countries experiencing a moderate pace of ageing appear to carry less responsibilities than in those with a slow and rapid pace of ageing. Overall, resource mobilization is the least indicated role of national committees.

In the past five years, there has been a surge in updated national strategies and plans of action on ageing in ESCWA member States. Iraq, Kuwait, the State of Palestine, the Sudan and Tunisia have issued new strategies on ageing. For the most part, slowly and moderately ageing countries have more often issued national plans of action on ageing than their rapidly ageing counterparts. Egypt and Lebanon, moderately and rapidly ageing countries, respectively, remain the only countries without a national strategy or plan of action on ageing. This is despite Egypt previously reporting a Public Strategy for Elderly Care in 2010.[4] In Lebanon, the country with the highest anticipated increase in older persons in the region, the last reported national policy was in 1994. As in previous review exercises, most countries ranked low financial resources as either the primary or secondary challenge, closely followed by weak ministerial coordination and lack of human resources.

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[3] Prem C. Saxena, "Ageing and age-structural transition in the Arab countries: regional variations, socio-economic consequences and social security", *Genus*, vol. 64, No. 1/2 (January-June 2008), pp. 37-74.

[4] Abla M. Sibai, Anthony Rizk and Nabil M. Kronfol, *Ageing in the Arab Region: Trends, Implications and Policy Options*. United Nations Population Fund (UNFPA); Economic and Social Commission for Western Asia (ESCWA) and Center for Studies on Aging (CSA), 2014. Beirut. Available from www.csa.org.lb/cms/assets/csa%20publications/unfpa%20escwa%20regional%20ageing%20overview_full_reduced.pdf.

Research infrastructure remains scarce in ESCWA member States. Eight of the 10 reviewed countries have updated their census data in the past 10 years, Iraq has not done so in more than two decades and Lebanon not since 1932. Only three countries reported the presence of research institutes and data repositories on ageing: Egypt, Lebanon and Morocco.

ESCWA member States, with the exception of Egypt and Tunisia, have been prolific in producing national reports on older persons, more so than in previous regional reviews. The reports have also been more comprehensive. Data collection for national reports has been a pervasive challenge. While many have consistently produced these reports since 2002, few have integrated platforms where data and reports are collected. Most countries reported the absence of government research infrastructure, more generally, as a key barrier, ranging from the absence of an observatory or research centre in Tunisia, no age-disaggregated sociodemographic data in Jordan, and lack of systematically collected data on older persons in Morocco and Oman. Lebanon has also reported a paucity of mechanisms to monitor ageing programmes and coordination between governmental programmes and departments.

Data from country reports suggest that countries experiencing a slow pace of demographic transition may be more active in conducting national conferences on ageing, with the State of Palestine conducting two conferences in 2015 and the Sudan conducting a national conference every year since 2012. Overall, there has been an increase in the frequency of national conferences since the last review.

Formal mechanisms to translate research knowledge into policy and practice are generally scarce, though informal mechanisms do exist for coordination between researchers and policymakers. However, surveyed ESCWA member States self-evaluated their capacity to translate ageing knowledge into policies and programmes moderately to positively.

Section 3 discusses ageing, employment and development. Many ESCWA member States report that they encourage older persons to participate in developing and monitoring policies and programmes, most notably Kuwait, Morocco, Oman and the Sudan, and especially through collaborating with civil society organizations (CSOs). However, advocacy organizations and committees representing and involving older persons themselves remain lacking in the region.

Policies that encourage early retirement or older persons to participate in the labour force have depended on country-specific socioeconomic considerations. In wealthier countries, such as Oman, where State-sponsored social and economic security for older persons is more strongly addressed, labour participation in the private sector may occur after retirement to encourage active ageing rather than for social or economic need. In most member States, however, older persons continue to work as an economic necessity, particularly in low- to middle-income countries where social and economic security systems are relatively weaker, such as in Iraq, Lebanon, Morocco, the State of Palestine and the Sudan. Governments may encourage early retirement in the public sector to lower youth unemployment or public spending. In other middle-income countries that generally encourage older persons to participate in the labour force, early retirement may be encouraged in specific critical social and familial situations – working women who are also the heads of households, for example – allowing more security in older age. In most countries, there are no regulations that prohibit labour participation after the age of retirement in the private sector. However, few ESCWA member States reported concrete programmes that encourage labour force participation by older persons, with the exception of the Sudan. In the case of Morocco and Oman, older persons are encouraged to participate in the workforce in order for the society to benefit from their accumulated skills and experiences.

Most surveyed countries report active social security policies and support programmes for those living in rural areas. Countries report policies and programmes that support income-generation for the poor to a lesser extent. Most policies and programmes are directed to the general population and do not target the particular needs of older persons.

Most ESCWA member States have national literacy policies and programmes that include older persons within wider national strategies. Lifelong learning programmes, which are essential to provide older persons

with opportunities to pursue advanced learning, are not widely adopted. Only one lifelong learning programme targeting older adults aged 50 years and over, exists in the region, the University for Seniors at the American University of Beirut in Lebanon. In Jordan, Kuwait, the State of Palestine and the Sudan, lifelong learning programmes have been implemented at a smaller scale.

Section 4 examines health and well-being in old age. Programmes targeting the health of older persons within primary care centres are widespread across ESCWA member States. Screening programmes for non-communicable diseases (NCDs) exist and include attention to early detection and treatment of NCDs and awareness-raising campaigns. In some countries, such as Iraq, Lebanon, Oman, the Sudan and Tunisia, medications for senior citizens are either subsidized or provided for free. Mental health and nutrition, however, are often underrepresented in policies and programmes for older persons, except in Lebanon, Morocco and Oman.

Several ESCWA member States have established policies and programmes for the care of the disabled of all age-groups, including older persons. These include disability cards to access a range of services and benefits in Lebanon and Tunisia.

Geriatrics remains relatively a new field in the region. Only Kuwait, Lebanon, Morocco, the Sudan and Tunisia reported recognizing geriatrics as a specialty. Except for Tunisia, a workforce trained in the care of older persons, including geriatricians, gerontologists and social workers, is largely lacking.

ESCWA member States listed several hurdles to providing adequate health care for older persons. These included a lack of political will and legislation, lack of human and financial resources, the absence of guidelines for old-age homes and the rising cost of medical and health-care services. The absence of universal health coverage remains the main concern and most pressing barrier to the well-being of older persons.

Section 5 of the report deals with enabling and supportive environments. A key indicator of the level of development and its impact on well-being is the capacity to provide enabling and supportive environments that ensure ease of mobility for older persons and promote ageing in place. Programmes that ensure the mobility of older persons in ESCWA member States generally include age-friendly public transport and access to streets and buildings. All moderately and rapidly ageing countries are trying to create supportive community environments by establishing clubs for older persons. Those considered to be experiencing a slow pace of ageing, such as Iraq, the State of Palestine and the Sudan, did not report the availability of such programmes.

For the most part, efforts to promote ageing in place, home care, de-institutionalization and care within the community continue to expand in ESCWA member States. Ageing in place and home care programmes include volunteer elderly sitters, surrogate family programmes, meals on wheels and mobile care units. Countries such as Morocco, Oman, the State of Palestine and Tunisia reported that these services are delivered through ministry or civil society programmes. These programmes are newly developing in Lebanon, while no home-care services were reported in Iraq or Jordan.

Previous reports suggest that, for many countries, the presence of older persons in the traditional multigenerational family structures is declining, especially in Lebanon and Tunisia. In comparison with Western countries, homes for the elderly are uncommon in ESCWA member States, notably in the Gulf region. Here, governments have strengthened pro-family policies and programmes to keep older persons living with their immediate or extended families. Accessibility and guidelines to ensure the health and well-being of residents in homes for the elderly are lacking in most countries.

Although underresearched, isolation, abuse and violence towards older persons is an area of potential concern in the region. Despite the profound respect for elders in Arab societies, their mistreatment, when present, remains a hidden problem, frequently cloaked by family secrecy. Some countries have shown awareness of the gravity of the issue at the policy level, but programmes for reporting and deterrence of neglect, abuse and violence towards the elderly are implemented in a small number of countries, in which they seem to have a relatively narrow reach.

In a region experiencing war and conflict, there is a distinct lack of consideration for older persons in emergency situations. There are no risk-reduction and humanitarian assistance programmes targeting the elderly. Greater age-responsive planning and action is required.

Over the past five years, many ESCWA member States have made progress in meeting the challenges of population ageing. This has included new mandates for institutional arrangements and national committees on ageing and, in some countries, national strategies and plans of action. Some rapidly ageing countries, such as Lebanon, have yet to adopt a national plan of action, while some slowly ageing ones, such as the State of Palestine and the Sudan, have taken concrete steps towards ensuring that they meet the needs of older persons. Slow or moderate paces of ageing should not mean slow or moderate action. All ESCWA member States need to anticipate the challenges of population ageing.

The gap between the existence of policies and the reach and scope of programmes on the ground may hamper advancing the older persons' agenda. Reported implementation challenges include a lack of political will and social awareness of population ageing, lack of up-to-date data and evidence and limited access to resources when ageing is not prioritized on national agendas. As population ageing is becoming a growing regional issue, it requires a regional or subregional response. Coordination and collaboration, and cross-country knowledge exchange, could save limited resources and encourage leaps forward in the development and implementation of health, social and legal measures for the welfare of older persons.

Health-care systems across the region are challenged by chronic diseases, which will only increase with population ageing. To meet this challenge, a holistic, comprehensive model of patient-centred care is required for older persons, one that operates within existing primary health-care centres. Coordination between State and non-State actors, notably civic agencies, needs to be enhanced to ensure accessible and affordable social and health coverage for older persons. The private sector needs to be encouraged to contribute.

The 2030 Agenda for Sustainable Development provides impetus to successfully implement the MIPAA recommendations. Progress in the three MIPAA priority directions, namely integrating older persons in development, ensuring the health and well-being of older persons, and building enabling and supportive environments for them aligns closely with wider efforts to meet the 2030 Agenda for Sustainable Development – a new window of opportunity to ensure healthy, secure and empowered ageing societies where no one is left behind.

LIST OF ABBREVIATIONS

APAA	Arab Plan of Action on Ageing to the year 2012
CBR	crude birth rate
CDR	crude death rate
CSA	Center for Studies on Aging
CSO	civil society organization
ESCWA	Economic and Social Commission for Western Asia
GCC	Gulf Cooperation Council
HAI	HelpAge International
ICPD	International Conference on Population and Development
MIPAA	Madrid International Plan of Action on Ageing
NCD	non-communicable disease
NGO	non-governmental organization
PAPFAM	Pan Arab Project for Family Health
PHC	primary health care
PGR	population growth rate
SDGs	Sustainable Development Goals
TAIEX	Technical assistance and information exchange instrument
UfS	University for Seniors
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
WHO	World Health Organization

Introduction

Worldwide, population ageing has been gaining impetus as a demographic priority. Among member States of the Economic and Social Commission for Western Asia (ESCWA) experiencing a slow pace of ageing, preparing for demographic transitions towards ageing populations is necessary. For moderately and rapidly ageing countries, this may have become a matter of urgency.

While member States share many similarities – a rich history, common language and strong cultural traditions and values – their patterns of ageing are diverse, reflecting differences in economic resources, demographic and sociopolitical priorities, migration and political stability. Governments face challenges in creating policies that tackle the health-care and social security needs of an ageing population within short and difficult time frames. Current policies and services for many such populations in the region are well below international standards.

Three policy frameworks address ageing in ESCWA member States: the Madrid International Plan of Action on Ageing (MIPAA) adopted during the Second World Assembly on Ageing in Madrid in 2002; the Arab Plan of Action on Ageing (APAA) developed ahead of the Second World Assembly; and the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994. MIPAA aims for "societies for all ages". Its priorities remain pertinent today: older persons' participation in development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The APAA emphasized the key role of the family, non-governmental organizations (NGOs) and civil society institutions in old-age care and support. The ICPD adopted a 20-year programme of action in 1994 that placed people, including older persons, at the centre of development, while stressing the rights and dignity of people as fundamental to social progress, economic growth and sustainable development.

Such policy frameworks are critical to achieving the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development. Older persons are a cornerstone of efforts to "leave no one behind", which include provisions to eradicate extreme poverty and reduce poverty (SDG 1), end hunger (SDG 2), promote healthy lives and well-being (SDG 3) and lifelong learning (SDG 4), empower all women (SDG 5), promote decent work (SDG 8), ensure economic and social protection (SDG 10) and make human settlements inclusive, safe and sustainable (SDG 11), and promote inclusive societies and provide access to justice for all (SDG 16).

This report assesses progress in implementing MIPAA over the past five years, much of which informs strategies to achieve the SDGs by 2030. Classifying ESCWA member States according to their pace of ageing, the report outlines challenges and draws recommendations on the way forward.

Data for this study were drawn from the MIPAA Regional Mapping Survey,[5] which was developed to cover the priority areas set by MIPAA and tailored to the specificities and available data of ESCWA member States. The questionnaire was adapted from an earlier version developed by the Lebanon Centre for Studies on Aging (CSA) in 2012 and used for the second MIPAA review. The final version included 83 questions that map six areas of ageing: institutional arrangements; policies and plans of action; research and data; older persons and development; health and well-being; and enabling and supportive environments. It was delivered in Arabic to ESCWA member States, which nominated national focal points to complete the questionnaire, provide supporting information and documents, and act as reference points throughout the review process.

All ESCWA member States were targeted and 10 responded.[6] The completion rate of the country-specific responses was high (more than 80 per cent of questionnaire items) in eight member States, average (50-80 per cent) in Iraq and low (less than 30 per cent) in Egypt. Low completion rates may have been due to difficulties that national focal points faced liaising with government entities and prevalent sociopolitical

[5] A copy is annexed to this document.

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

circumstances in several countries. At a meeting at ESCWA headquarters in Beirut on 3 August 2017, participants representing national focal points involved in data abstraction and other experts shared, discussed and validated preliminary findings.

The report details achievements and trends in the past five years, and compares these with the second MIPAA review in 2012.[7] Such comparisons have been limited, however, due to the different methodologies, mainly in data collection and data sources.

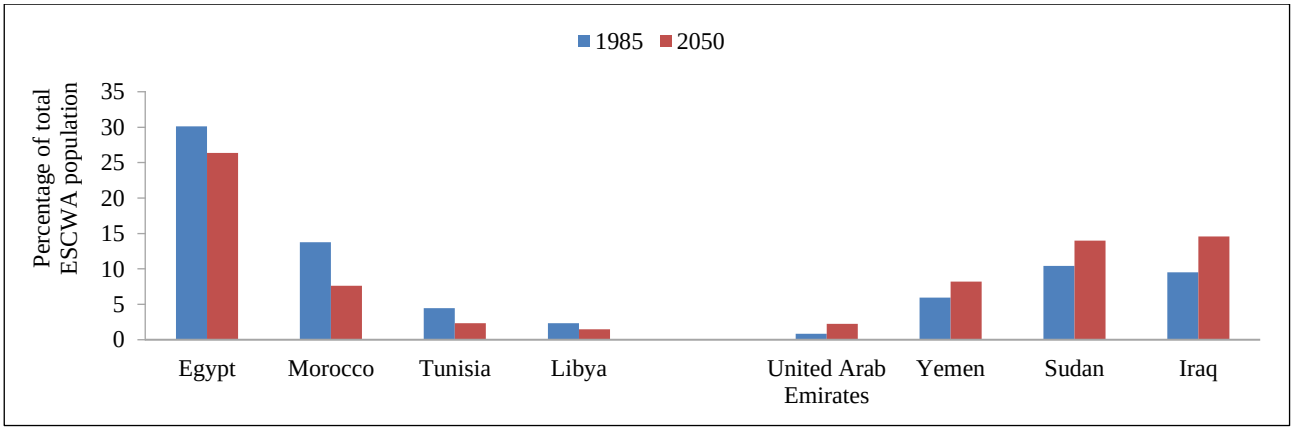
I. POPULATION TRENDS AND THE DEMOGRAPHIC TRANSITION

This section examines population trends and the demographic transition in 18 ESCWA member States for the period 1985-2050.[8] Data on population estimates and projections were extracted from the *World Population Prospects: The 2015 Revision*.[9] Five dates are considered: 1985, 2000, 2015, 2030 and 2050.

A. TRENDS IN DEMOGRAPHY AND GOVERNMENT POLICIES ON POPULATION GROWTH

From 1985 to 2015, the total population of ESCWA member States almost doubled from 164 million to 340 million, reaching 4.6 per cent of the world total. Despite a consistent decrease in the rate of growth with time, the total population of these States is expected to almost double again, reaching 573 million and constituting almost 6 per cent of the world total by 2050 (appendix table 1). Population size varies across the region, with Egypt the most populous country comprising almost 27 per cent of the total population, while smaller countries, such as Bahrain, Qatar and Kuwait, populate only 0.4-1.1 per cent of the region. For most countries, there will be minimal change in their share of the total population between 1985 and 2050, though the percentage in Egypt, Morocco, Tunisia and Libya is expected to decrease, and the percentage in Iraq, the Sudan, the United Arab Emirates and Yemen to increase (figure 1).

Figure 1. Percentage of country-specific population relative to combined population of ESCWA member States, 1985 and 2050



Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

[7] Sibai, Rizk and Kronfol, "Ageing in the Arab region".

[8] Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Qatar, Saudi Arabia, State of Palestine, the Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

[9] United Nations Department of Economic and Social Affairs (UNDESA), *World Population Prospects: The 2015 Revision* (New York). Available from www.un.org/en/development/desa/publications/world-population-prospects-2015-revision.html. Estimates and projections calculated by the above document are based on de facto population counts within any given country. As such, estimates and projections for Gulf countries may be skewed due to disproportionately higher numbers of migrant populations relative to the national population. Projections and trends for all countries, especially those experiencing chronic war, conflict and crisis, are contingent on current and future assumptions of economic, social and political stability.

In tandem with worldwide trends, crude birth rates (CBR) in ESCWA member States have steadily decreased, from 37.2 per 1,000 in 1985 to 24.6 per 1,000 in 2015 (appendix table 1). This decrease is projected to continue uninterrupted and reach 16.7 per 1,000 in 2050. On average, the region has consistently maintained a higher CBR than the world average across all five time periods. This is despite a significant number of countries, such as Lebanon (15.4 per 1,000), Bahrain (13.1 per 1,000) and the United Arab Emirates (10.0 per 1,000), reaching CBRs well below the world average of 18.6 per 1,000 in 2015 and can be attributed to more populous countries, such as the Sudan (31.7 per 1,000) and Egypt (25.1 per 1,000), maintaining CBRs above the world average in the same time period.

Crude death rates (CDRs) in the region have similarly followed global trends, with a drop in the average from 8.4 per 1,000 in 1985 to 5.5 per 1,000 in 2015, and an anticipated increase to 7.0 per 1,000 by 2050. Many countries, including Bahrain, Kuwait and the United Arab Emirates, are projected to experience a sharp increase in CDR by 2050 owing to ageing populations. Countries least affected by this trend include Egypt, Mauritania and the Sudan; while projected to experience a rise in CDRs by 2050, rates have drastically dropped since 1985 (appendix table 1).

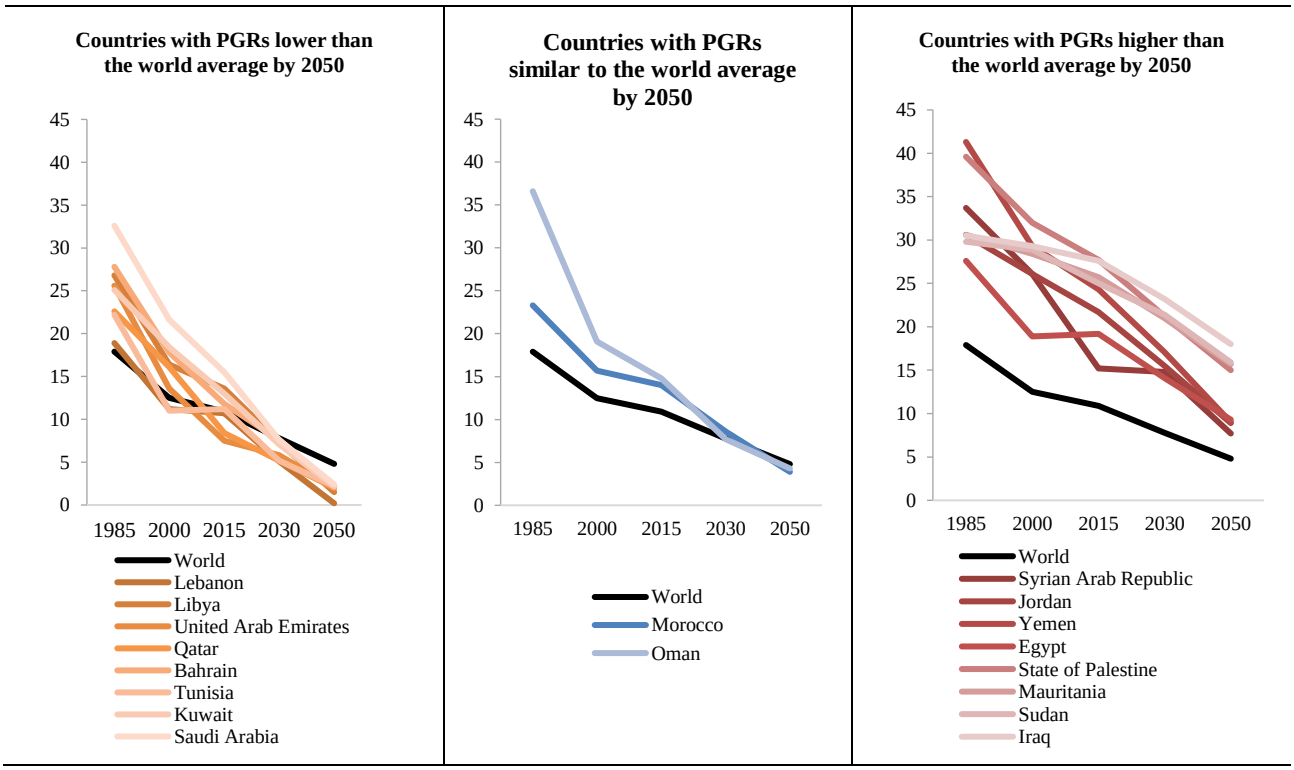
Table 1. Population growth rates
(*Per 1,000 population*)

Country	Population growth rates				
	1985-1990	2000-2005	2015-2020	2030-2035	2050-2055
Bahrain	27.8	17.8	11.8	7.6	2.1
Egypt	27.6	18.9	19.2	14.1	9.3
Iraq	30.5	29.3	27.6	23.2	18.0
Jordan	30.6	26.1	21.7	15.5	8.9
Kuwait	25.1	18.4	13.0	7.1	2.2
Lebanon	18.9	11.2	10.7	5.1	0.2
Libya	26.8	16.4	13.6	7.3	1.5
Mauritania	30.6	28.4	25.7	21.0	15.7
Morocco	23.3	15.7	14.0	8.6	3.9
Oman	36.6	19.1	14.8	7.7	4.3
State of Palestine	39.6	32.0	27.7	21.2	15.0
Qatar	22.6	16.1	8.4	5.2	2.0
Saudi Arabia	32.6	21.6	15.5	7.6	2.4
Sudan	29.8	28.9	25.0	21.4	15.9
Syrian Arab Republic	33.7	26.1	15.2	14.8	7.7
Tunisia	22.2	11.0	11.2	5.2	2.2
United Arab Emirates	25.6	13.6	7.5	5.8	2.0
Yemen	41.3	29.3	24.3	17.1	9.0
World	17.9	12.5	10.9	7.8	4.8

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

If current trends in CBRs and CDRs continue uninterrupted, the population growth rate (PGR) in ESCWA member States will decrease (table 1). While Morocco and Oman are expected to reach a PGR similar to the world average of 4.8 per 1,000 by 2050-2055, most member States will either be significantly below or above the world average. As shown in figure 2, eight ESCWA member States are expected to reach a PGR well below the world average, namely Bahrain, Kuwait, Lebanon, Libya, Saudi Arabia, Tunisia and the United Arab Emirates; eight others, Iraq, the Sudan, Mauritania, the State of Palestine, Egypt, Yemen, Jordan and the Syrian Arab Republic, are expected to maintain a PGR well above the world average by 2050-2055. While Iraq is expected to maintain the highest PGR across all time periods (reaching 18.0 per 1,000 by 2050-2055), Lebanon is projected to experience the most drastic decrease to 0.2 per 1,000 by that period (table 1).

Figure 2. Time trends in PGRs of ESCWA member States relative to world average, 1985-2050



Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

Table 2. Government policies on population growth, fertility level and family planning, according to PGRs

		Country	Policy on population growth	Policy on fertility level	Government support for family planning
PGRs relative to world average by 2050	Lower	Bahrain	Lower	Lower	Direct support
		Kuwait	Maintain	Raise	Direct support
		Lebanon	No official policy	No official policy	Direct support
		Libya	No intervention	No intervention	No support
		Qatar	Maintain	Raise	Direct support
		Saudi Arabia	Maintain	Raise	No support
		Tunisia	Lower	Lower	Direct support
		United Arab Emirates	Maintain	Raise	No support
	Similar	Morocco	No official policy	Maintain	Direct support
		Oman	Maintain	Maintain	Direct support
	Higher	Egypt	Lower	Lower	Direct support
		Iraq	Lower	Lower	Direct support
		Jordan	Lower	Lower	Direct support
		Mauritania	Lower	Lower	Direct support
		State of Palestine	No official policy	Maintain	Direct support
		Sudan	Lower	Lower	Direct support
		Syrian Arab Republic	Lower	Lower	Direct support
		Yemen	Lower	Lower	Direct support

Source: UNDESA, World Population Policies Database 2015. Available from https://esa.un.org/poppolicy/.

Disparities in the PGRs of ESCWA member States reflect distinctive economic, social and political processes, and require different policy responses. Table 2 details government policies on population growth, fertility level and support for family planning, according to projected PGRs relative to the world average in 2050. Morocco and Oman are projected to meet the world average PGR by 2050. While Oman seeks to maintain current population growth and fertility rates, Morocco seeks to maintain its current fertility rates only, and both provide direct support for family planning (table 2). All countries where the PGR will remain above the world average by 2050 have policies to lower population growth, with the exception of the State of Palestine. Some countries who are projected to have a PGR lower than the world average have policies to increase fertility levels while maintaining current population growth rates, namely Kuwait, Qatar, Saudi Arabia and the United Arab Emirates. While Lebanon's PGR is projected to reach 0.2 per 1,000 by 2050, it is one of the few countries with no reported official policy on population growth and fertility.

ESCWA member States combined have consistently maintained an overall life expectancy at birth comparable with the world average in all time periods, with the life expectancy of females remaining constantly higher than that of males (appendix table 2). Following global trends, life expectancy at birth increased substantially between 1985 and 2015, though at different rates. Countries with the lowest life expectancies in 1985, such as the Sudan (55.1 years), Yemen (56.8 years) and Mauritania (57.8 years), have experienced sharp increases (ranging from 5.8 to 9.1 years) in life expectancy by 2015. Lebanon, Morocco and Oman have achieved increases in life expectancies of more than 10 years within that same time frame (from 63.2 years in 1985 to 74.9 years in 2015 for Morocco and from 69.6 years in 1985 to 80.3 in 2015 for Lebanon). By 2050, Lebanon, Oman and Qatar are expected to achieve the highest life expectancies in the region (87.2, 84.5 and 84.2 years, respectively), closely followed by Tunisia, Morocco, Bahrain and the United Arab Emirates, with life expectancies that exceed 80 years. Only Mauritania (68.0 years) will maintain a life expectancy at birth below 70 years of age by 2050. Disparities between countries in life expectancy were projected to narrow from 19.3 years difference in 1985, ranging from 55.1 years in the Sudan to 74.4 years in Qatar, to 16.7 years difference in 2015, ranging from 63.6 years in Mauritania to 80.3 years in Lebanon. This gap is expected to widen again to 19.2 years in 2050, ranging from 68.0 years in Mauritania to 87.2 years in Lebanon.

While remaining below the world average, the percentage of population aged above 60 and 80 in the region is expected to rapidly increase in the future. In 1985, the region contained only 5.7 per cent and 0.5 per cent of people aged above 60 and 80, respectively. This is expected to increase to 9.3 per cent and 0.8 per cent by 2030, and to 14.9 per cent and 1.9 per cent by 2050 (table 3).

Table 3. Percentage of people aged above 60 and 80 in the region compared with world average

Year	Percentage of people above 60		Percentage of people above 80	
	ESCWA	World	ESCWA	World
1985	5.7	8.7	0.5	0.9
2000	6.0	9.9	0.5	1.2
2015	6.6	12.3	0.7	1.7
2030	9.3	16.5	0.8	2.4
2050	14.9	21.5	1.9	4.5

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

This increase is expected to be uneven across ESCWA member States. In 1985, the difference between the country with the highest and lowest percentage of persons aged above 60 was only 5.9 per cent. This difference widened to 8.7 per cent in 2000 and 9.4 per cent in 2015 and is expected to further widen to 13.9 per cent in 2030 and 22 per cent in 2050, with a substantial number of ESCWA member States experiencing rapid population ageing (table 4).

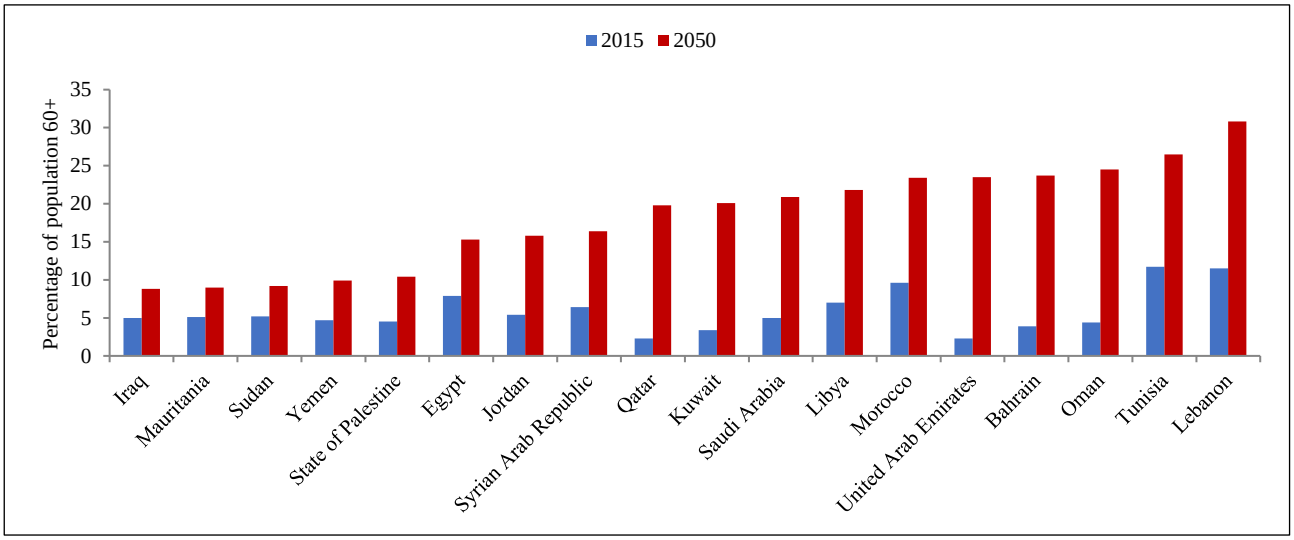
Table 4. Countries with minimum and maximum percentage of persons aged above 60

Year	Minimum		Maximum		Difference
	Country	per cent 60+	Country	per cent 60+	
1985	Qatar	2.0	Lebanon	7.9	5.9
2000	United Arab Emirates	1.7	Lebanon	10.4	8.7
2015	United Arab Emirates	2.3	Tunisia	11.7	9.4
2030	Yemen	5.3	Lebanon	19.2	13.9
2050	Iraq	8.8	Lebanon	30.8	22.0

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

In 2015, only Tunisia and Lebanon had more than 10 per cent of their populations aged above 60. Bahrain, Saudi Arabia, the United Arab Emirates, Libya and Morocco are expected to join them by 2030, and the State of Palestine, Egypt, Jordan, the Syrian Arab Republic, Qatar and Kuwait by 2050 (figure 3). By 2050, only Iraq, Mauritania, the Sudan and Yemen are expected to remain below the 10 per cent threshold, by a small margin (8.8-9.9 per cent). Countries such as Morocco, Tunisia and Lebanon, holding the largest percentage of persons aged above 60 in 2015 (9.6-11.7 per cent), are expected to see this percentage more than double by 2050 (figure 3). The United Arab Emirates, Libya, Oman and Bahrain are expected to experience a very rapid rise in the percentage of persons aged above 60 between 2015 and 2050, shifting from the 2.3-7.0 per cent range to the 21.8-24.5 per cent range (figure 3, appendix table 3).

Figure 3. Percentage of population aged above 60, 2015 and 2050



Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

B. AGEING INDICES AND RATE OF POPULATION AGEING

While ESCWA member States are experiencing a slow to moderate pace of ageing, this pace is expected to rapidly increase across the region in the coming decades due to the advanced position in the demographic transition, which allows for exponentially faster population ageing.[10] The oldest-old (aged above 80) follow a steeper trend compared with those older than 60. In the case of the Gulf countries, this transition to an ageing population is further exacerbated by an expected slow but steady transition from a migrant to a national workforce, where the de facto proportion of older persons relative to nationals will rapidly increase.

[10] Saxena, "Ageing and age-structural transition".

Two indices measure the rate of population ageing: the old-age dependency ratio and the ageing index. The old-age dependency ratio, defined as the number of persons aged 65 years and above per 100 persons aged between 15 and 64, measures the capacity of a working economy to sustain non-working older persons. The ageing index, defined as the number of persons aged 65 years and above per 100 persons below the age of 15, measures the relative weight of dependent older persons relative to dependent children. In the region, the old-age dependency ratio and the ageing index, while remaining below world averages, are expected to rapidly increase in the coming years and follow trends consistent with rapid population ageing in many ESCWA member States (table 5, appendix table 4).

Table 5. Old-age dependency ratios and ageing indices in the region and the world average

Year	Old-age dependency ratio		Ageing index	
	ESCWA	World	ESCWA	World
1985	7.2	9.7	8.4	17.3
2000	7.4	10.9	10.6	22.7
2015	7.1	12.6	12.6	31.7
2030	10.1	18.1	20.9	49.5
2050	17.4	25.6	41.4	75.2

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

Old-age dependency ratios are likely to be skewed in some ESCWA member States where the high number of migrant labourers are counted, such as in the Gulf countries. As such, the ageing index provides a more credible estimation of the demographic weight of older persons. Using the estimated ageing indices for the years 2030 and 2050, countries in the region are classified as ageing slowly, moderately or rapidly. With an estimated ageing index ranging from 9.3 per cent to 11.6 per cent in 2030, Iraq, Yemen, the State of Palestine, Mauritania and the Sudan are considered in this report as slowly ageing countries. Jordan, the Syrian Arab Republic, Egypt, Kuwait, Oman, Qatar, Saudi Arabia and Libya, with an ageing index ranging from 17.9 per cent to 32.8 per cent in 2030, are considered moderately ageing. Bahrain, Morocco, the United Arab Emirates, Tunisia and Lebanon, with an ageing index ranging from 41.7 per cent to 72.8 per cent, are considered rapidly ageing. Some countries in the moderate category, especially Oman and Qatar, are expected to become rapidly ageing at a faster rate than others, as the 2050 comparative data suggest (table 6).

Table 6. Classification of ESCWA member States by ageing index, 2030 and 2050

	Country	Ageing index 2030		Countries	Ageing index 2050
SLOW	Iraq	9.3	SLOW	Iraq	18.0
	Yemen	10.6		Mauritania	19.0
	State of Palestine	11.0		Sudan	20.4
	Mauritania	11.4		Yemen	23.7
	Sudan	11.6		State of Palestine	24.0
MODERATE	Jordan	17.9	MODERATE	Egypt	40.5
	Syrian Arab Republic	20.6		Jordan	48.3
	Egypt	22.6		Syrian Arab Republic	52.7
	Kuwait	24.1		Kuwait	80.0
	Oman	27.8		Saudi Arabia	81.7
	Qatar	28.6		Libya	86.2
	Saudi Arabia	29.8			
	Libya	32.8			
RAPID	Bahrain	41.7	RAPID	Oman	111.7
	Morocco	45.4		Tunisia	112.6
	United Arab Emirates	50.6		Qatar	113.3
	Tunisia	58.9		Bahrain	128.2
	Lebanon	72.8		United Arab Emirates	139.6
				Lebanon	162.9

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

ESCWA member States are therefore experiencing fundamental changes in the age structure of their populations. Figure 4 shows progressions in the structure of the age pyramids of slowly, moderately and rapidly ageing countries in 1985, 2015 and 2030. Slowly ageing countries maintain a standard pyramid throughout the three time periods, with a small percentage of the population aged above 60 compared with a large percentage of the population aged below 15. Moderately ageing countries, however, show a widening in the centre of the pyramid in 2015 followed by a large base estimated for 2030. Earlier decades of high fertility rates coupled with declines in infant mortality and increases in life expectancy have led to an imbalance in the age structure of the population, with a rapid increase in the number of youth and a slow yet consistent increase in the number and proportion of older persons. While moderately ageing countries may depend on a large proportion of adult working-age populations to sustain high numbers of older persons and children, rapidly ageing ones show a slow 'rectangularization' of the population pyramid, whereby an increase in older persons and decreasing potential for working-age populations due to low fertility rates explains the rapid progression towards an ageing population.

Table 7 details the policy concerns of ESCWA member States with regards to population ageing and the measures taken to address it as reported in the World Population Policies Database (2015). Almost all member States cited population ageing as a minor concern. Countries classified as experiencing moderate ageing have, more than others, taken measures to address it. Of the five countries classified as having slow ageing, only Iraq and Mauritania have cited population ageing as a minor concern and taken measures to address it. Of the five countries classified as having rapid ageing, only Tunisia has identified it as a major concern, though it has reported no measures to address it. Bahrain, Morocco, Tunisia and Lebanon all classified as experiencing rapid ageing, have not reported any measures to address it.

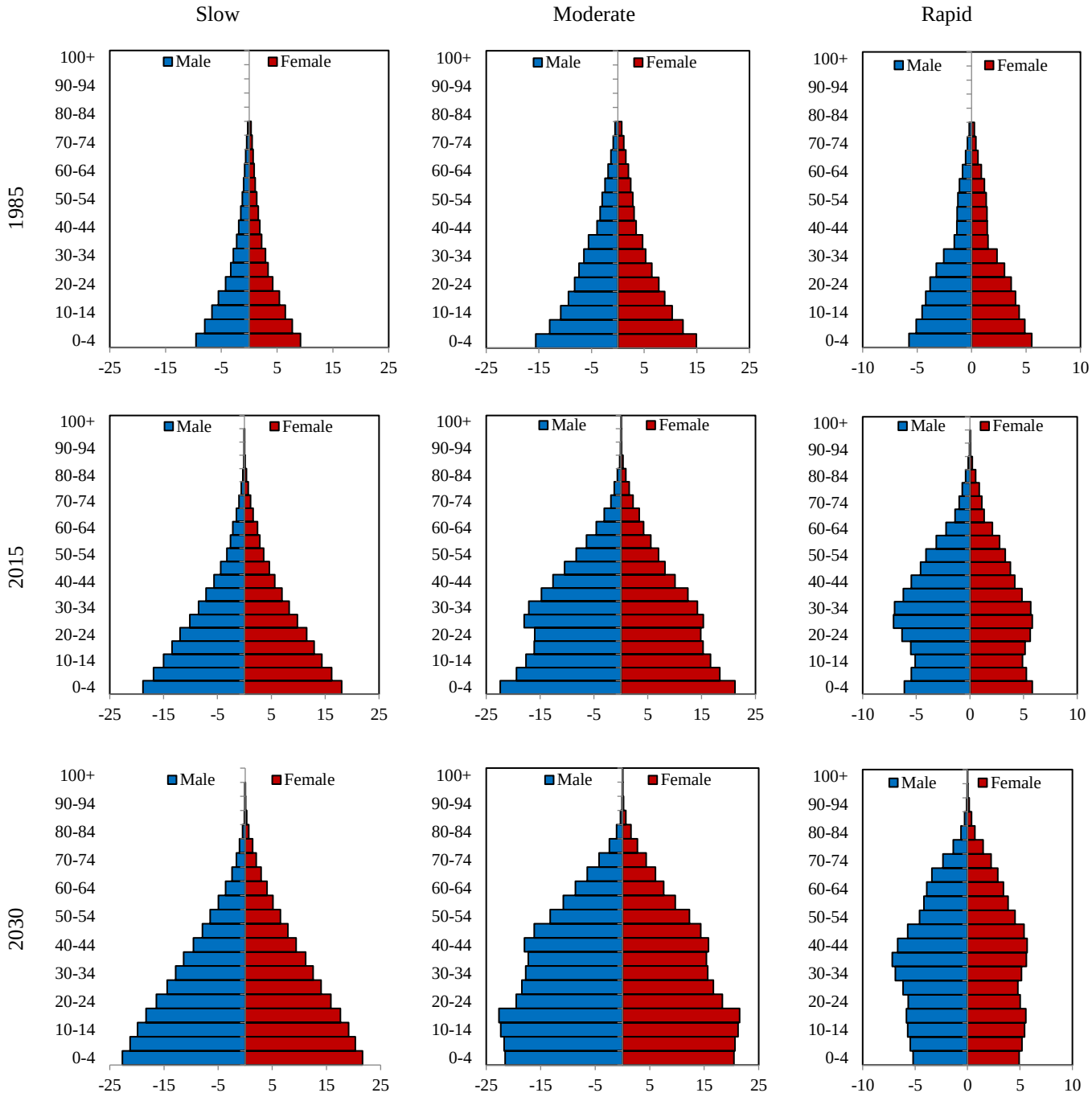
Table 7. Policies on ageing, immigration and emigration according to pace of ageing

	Country	Concern about population ageing	Measures on population ageing[a]	Policy on immigration	Policy on emigration
SLOW	Iraq	Minor concern	Several measures	Maintain	Lower
	Yemen	Not a concern	None	Lower	Raise
	State of Palestine	No official position	None	No official policy	Lower
	Mauritania	Minor concern	One measure	Maintain	No intervention
	Sudan	No data available	None	Maintain	Lower
MODERATE	Jordan	Minor concern	Several measures	Lower	Maintain
	Syrian Arab Republic	Minor concern	One measure	Maintain	Lower
	Egypt	Not a concern	One measure	Lower	Maintain
	Kuwait	Minor concern	One measure	Lower	No intervention
	Oman	Not a concern	Two measures	Lower	No official policy
	Qatar	Minor concern	None	Lower	No intervention
	Saudi Arabia	Minor concern	One measure	Lower	Lower
	Libya	Minor concern	None	Maintain	Maintain
RAPID	Bahrain	Minor concern	None	Lower	No intervention
	Morocco	Minor concern	None	No official policy	No official policy
	United Arab Emirates	Minor concern	One measure	Maintain	No intervention
	Tunisia	Major concern	None	No intervention	Raise
	Lebanon	Minor concern	None	Maintain	Lower

Source: UNDESA, *World Population Policies and Database* (2015). Available from https://esa.un.org/poppolicy/about_database.aspx.

[a] Per the *World Population Policies Database* (2015), measures that address population ageing include raising the minimum retirement age, raising social security contributions of workers, introducing or enhancing non-contributory old-age pensions or promoting private savings schemes for retirement.

Figure 4. Population pyramids of slowly, moderately and rapidly ageing countries in ESCWA member States in 1985, 2015 and 2030



Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

II. INSTITUTIONAL RESPONSE

More than two decades since ageing was first addressed as a developmental issue in the United Nations ICPD Programme of Action in 1994, and 15 years since MIPAA and APAA in 2002, countries in the Arab region have taken considerable strides in mainstreaming ageing issues in governmental institutions, national policies and plans of action. This section reviews institutional responses to the demographic transition to ageing societies and developments in research in the past five years. The review covers member States that are

ageing at different paces: slow pace (Iraq, the State of Palestine and the Sudan), moderate pace (Egypt, Jordan, Kuwait and Oman) and rapid pace (Lebanon, Morocco and Tunisia).

A. INSTITUTIONAL ARRANGEMENTS

Institutional arrangements on ageing, whether government bodies or national committees, are critical to developing policies, implementing programmes and services, and enabling a coordinated and integrated approach. All countries covered in the review have formed at least one institutional arrangement on ageing (table 8). While Jordan has not developed a specialized ministerial department, the country has made great progress by establishing in 2012 a National Follow-Up Committee on the Implementation of the National Strategy for Senior Citizens, which has developed from its National Committee for Family Affairs.

The level of institutional arrangements in ESCWA member States, however, does not necessarily match the pace of ageing. Iraq, the State of Palestine and the Sudan (slow pace of ageing), and Kuwait and Oman (moderate pace of ageing) are among the six countries that have developed governmental bodies and national committees on ageing. Of the rapidly ageing countries, only Lebanon has both institutional arrangements. Morocco and Tunisia have yet to establish national committees, while Lebanon revived its Permanent National Commission for Elderly Affairs in 2015. Departments, divisions, offices or committees are often housed within ministries for social and/or family affairs, except in Iraq, Kuwait and Oman, where ageing is administered by the Ministry of Health. Similarly, Oman's Elderly Care Section within the Ministry of Health was supplemented in 2015 with a Department of Elderly Affairs in the Ministry of Social Affairs, with a focus on ageing in place in its national plan of action.

Surveyed ESCWA member States, with the exception of Lebanon and the Sudan, have specialized departments for older persons. Although the Sudan does not have a specialized department on ageing affairs, its Ministry of Welfare and Social Security has developed policies and programmes on ageing. In 2013, Iraq made its first institutional arrangements on ageing by establishing the Elderly Health Division of the Ministry of Health, which replaced the Department for the Care of People with Special Needs.

Table 9 shows the degree of inclusivity of governmental sectors and non-governmental bodies in institutional arrangements, particularly national committees. Similar to previous findings in the second MIPAA review,[11] ministries of health and social affairs feature in all coordinating bodies in reviewed countries. Ministries of transport, women or family affairs, planning or statistics and social security and pensions feature to a lesser extent. Civil society organizations and NGOs are reported as participating with governments in developing policies and implementing programmes through coordinating bodies in most countries, with the exception of Iraq, Oman and Tunisia. Despite the benefits of including academics and researchers to help translate knowledge to policy and practice, only Lebanon, Morocco, Oman and the State of Palestine reported their presence in coordinating bodies. Egypt's proposed Higher Committee for Older Persons is expected to include representatives from: the Ministry of Higher Education; the National Institute for Older Persons; ministries of health, social solidarity, development, culture, youths and sports, and tourism; national committees of women's affairs, disability and human rights; and civil society organizations.

Figure 5 describes the distribution of mandated roles of national committees on ageing. Most national committees are tasked with planning, collaboration and coordination, monitoring and evaluating ageing programmes, advocacy and research. Those in countries experiencing a rapid demographic transition appear to have more duties, which often include technical and advisory support, and resource mobilization. This is especially the case in Morocco and Tunisia. States experiencing a slow pace of ageing, such as the State of Palestine and the Sudan, appear to have more responsibilities than their moderately ageing counterparts (appendix table 5). Oman's national committee appears to only conduct planning, while Iraq's National Committee for Older People is not involved in planning. Mobilizing resources is the least practiced role by the national committees.

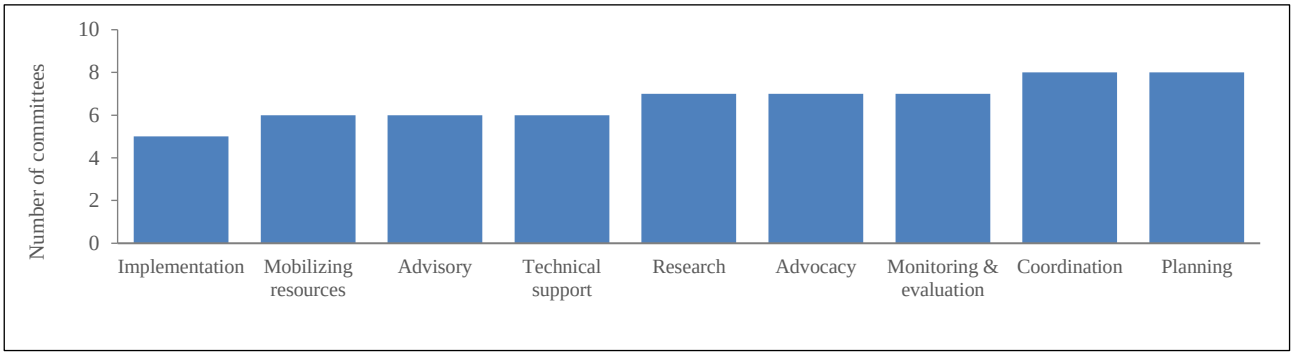
[11] Sibai, Risk and Kronfol, "Ageing in the Arab region".

Table 8. Governmental institutions and national committees on ageing in ESCWA member States

	Country	Governmental institutions (year established) – legislation	National committees (year established) – legislation
SLOW	Iraq	Elderly Health Division (2013) and Technical Committee for the Development of Health and Social Services for the Elderly (2010), Public Health Directorate, Ministry of Health – Department of Planning and Resource Development Statement No. 262 and Ministerial Order No. 484, 2017	National Committee for Older People, Ministry of Labour and Social Affairs (--) – --
	State of Palestine	Department for Elderly Care, Ministry of Social Affairs (1994) – Draft Law on Rights of Older Persons (2012)	National Committee for Older Persons, Ministry of Social Affairs (2011) – Draft Law on Rights of Older Persons, 2012
	Sudan	Ministry of Social Security and Development (1999) – Ministerial Decree 37, 2012	National Committee for the Care of Older Persons, Ministry of Social Security and Development (2012) – Ministerial Decree, 2012
MODERATE	Egypt	Department of Elderly Care, Public Office for Family and Childhood, Ministry of Social Solidarity (1979) – --	Higher Committee for Older Persons in Beni Youssef University (in preparation)
	Jordan	None	National Committee for Senior Citizens and National Follow-up Committee on the Implementation of the National Strategy for Senior Citizens, National Council for Independent Affairs (2012) – Ministerial Decree
	Kuwait	Office of Elderly Care, Ministry of Social Affairs (2001) – Ministerial Decree	National Committee for Elderly Care, Ministry of Health (2012) – Ministerial Decree 110, 2012
	Oman	Department of Elderly Affairs, Ministry of Social Development (2015) – Ministerial Decree 51, 2015 Primary Healthcare Support Unit, Ministry of Health – Ministerial Decree 67, 2006	Committee for Elderly Affairs, Ministry of Social Development (2005) – Ministerial Decree No. 206, 2005
RAPID	Lebanon	Department of Family Affairs, Ministry of Social Affairs (1993) – Law 212, 327; Ministerial Decree 5734, 1994	Permanent National Commission for Elderly Affairs in Lebanon, Ministry of Social Affairs (1999) – revived through Ministerial Decree 1-557 and 1-380, 2015
	Morocco	Department of Protection of Older People, Ministry of Solidarity, Woman, the Family and Social Development, (2002) – Decree 2.13.22, 2013	None
	Tunisia	Office of Older Persons, Ministry of Women, Family and Childhood (2005) – Order 1257, 2005	None

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

Figure 5. National committees on ageing: mandated roles



Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

Table 9. Intersectoral approach to institutional arrangements on ageing in ESCWA member States

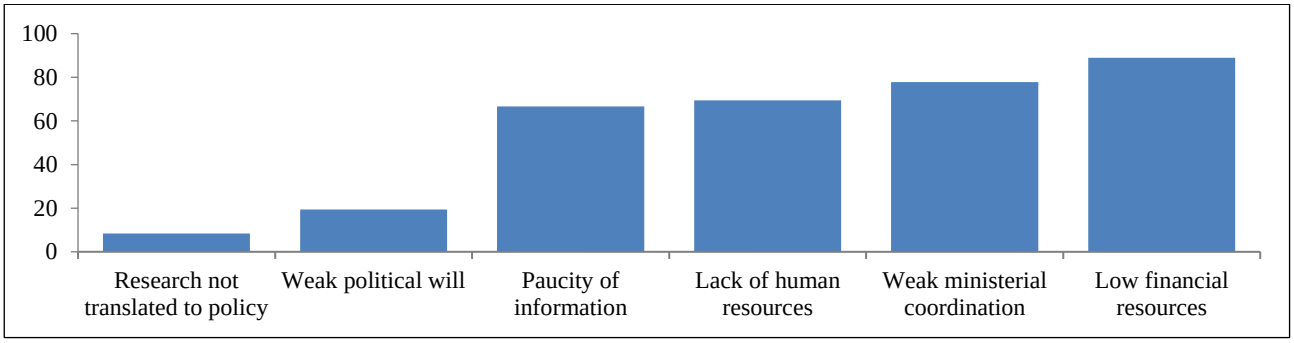
	Country	Representation from							Non-governmental		Others
		Social affairs	Health	Social security/ pension	Labour	Planning or statistics	Women or family affairs	Transport	Civil society and NGOs	Academia	
SLOW	Iraq	✓	✓	x	✓	x	x	✓	x	x	Human rights – Justice – Culture – Exterior
	State of Palestine	✓	✓	✓	✓	✓	✓	✓	✓	✓	Culture – Youths – Education – Finance – Media – Municipalities – Private companies – International organizations
	Sudan	✓	✓	✓	x	x	✓	x	✓	x	Human rights – Media – Justice – Youths – Finance – Private companies – Syndicates – International organizations
MODERATE	Jordan	✓	✓	✓	✓	✓	✓	✓	✓	x	Human rights – Justice – Education – Interior affairs – Disability – Media – Medical and nursing – Municipalities
	Kuwait	✓	✓	✓	✓	x	x	x	✓	x	Media – Kuwait Awqaf Public Foundation
	Oman	✓	✓	x	x	✓	x	x	x	✓	Housing – Electricity and water.
RAPID	Lebanon	✓	✓	✓	✓	✓	✓	x	✓	✓	Interior – Municipalities – Education
	Morocco	✓	✓	x	x	x	✓	x	✓	✓	Foreign affairs (Moroccans abroad) – Education – Environment – National Cooperation Foundation
	Tunisia	✓	✓	✓	x	✓	✓	✓	x	x	Justice – Culture – Foreign affairs (Tunisians abroad) – Youths – Religious affairs – Interior – Tourism – Media
	Total	9	9	6	5	5	5	4	6	4	

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

B. National policies and national plans of action

The principles of MIPAA and APAA have prompted member States to formulate policies and plans of action. In the past five years, there has been a surge in updated national strategies and plans of action on ageing. Table 10 details this progress. Iraq, Kuwait, the State of Palestine, the Sudan and Tunisia issued new national strategies on ageing and continue to implement them. In Iraq, the State of Palestine and the Sudan – slowly ageing countries – national strategies have been closely followed by national plans of action issued in 2013, 2015 and 2017, respectively, which are being implemented. In Jordan, a moderately ageing country, the national strategy issued in 2008 has been renewed through the Executive Follow-up Plan for the National Strategy for Older Persons. While Kuwait issued a national health strategy in 2016, it has yet to develop a national plan of action. Among rapidly ageing countries, only Tunisia issued a national strategy for older persons in 2016 and a subsequent national plan of action on older persons, both of which are being implemented. Morocco was scheduled to prepare a national strategy for the rights of older persons in 2017 in cooperation with ESCWA. Lebanon, the country with the most advanced demographic transition in the region, remains without a national strategy or plan of action on ageing, with the last reported policy dating back to 1994.[12]

Figure 6. Challenges in the development and implementation of national strategies and plans of action



Source: Ranking of challenges are based on responses from Jordan, Kuwait, Lebanon, Morocco, Oman, the State of Palestine, the Sudan and Tunisia.

Despite the developments cited above, there are significant implementation **c**hallenges, as illustrated in figure 6. Most countries ranked low financial resources as either the primary or secondary challenge, closely followed by weak ministerial coordination and lack of human resources. Paucity of information was ranked as the primary challenge for Oman and a secondary challenge for the Sudan. Political will and translation of research to policy were ranked as least challenging. Other noted challenges include a paucity in national and international organizations focused on ageing in the region and the absence of capacity-building programmes.

Ageing policies and strategies were examined further for issues tackled, including health, social coverage and pensions, their phase of operation (planning, initiated or operational) and the leading institution responsible for their implementation. Table 11 summarizes the presence and status of ageing policies in national and/or sectoral plans/policies. With the exception of policies on housing, almost all policy options were present in either national strategies or plans of action on ageing, or embedded within sectoral policies and plans. Policies on the health care of older persons was consistently present in national strategies or plans of action, while policies on pensions, poverty, neglect and maltreatment, disability and tax exemption were more often present in sectoral policies rather than an integrated national strategy or plan of action. Although countries are encouraged to consolidate efforts by endorsing a national plan of action for ageing, integrating ageing within the agendas of other sectors plays a critical role in mainstreaming ageing in existing legislation, policies and programmes.

[12] Sibai, Rizk and Kronfol, "Ageing in the Arab region".

Table 10. National strategies and plans of action on ageing

	Country[a]	Strategy	Issued/ implemented	Plan of action	Issued/ implemented
SLOW	Iraq	National strategy for the prevention and control of non-communicable diseases	---	National plan for the prevention and control of non-communicable diseases	2013/ongoing
	State of Palestine	Strategic plan for older persons in the State of Palestine (2016-2020)	2015/ongoing	Executive plan for the strategy for older persons in the State of Palestine (2016-2020)	2015/ongoing
	Sudan	National policy for older persons National strategy for the care of older persons (2010-2015)	2009/2009 2010/2015		2017/ongoing
MODERATE	Jordan	National strategy for older persons	2008/ongoing	Executive follow-up plan for the national strategy for older persons	2008/ongoing
	Kuwait	National health strategy for the care of older persons as part of the five-year plan (2016-2020)	2016/ongoing	Kuwait Mid-range Development Plan (2015/2016-2019/2020)	2015/ongoing
	Oman	Affairs of older persons subsection in the Social Work Strategy, Ministry of Social Development Strategy for older persons, Ministry of Health	2016 2015	National plan for the older persons programme, Ministry of Health	2015
RAPID	Lebanon	None	---	None	---
	Morocco	National strategy for the rights of older persons in Morocco	In preparation	None	---
	Tunisia	National strategy for older persons in the Development Plan (2016-2020)	2016/ongoing	National plan of action on older persons	2015/2016

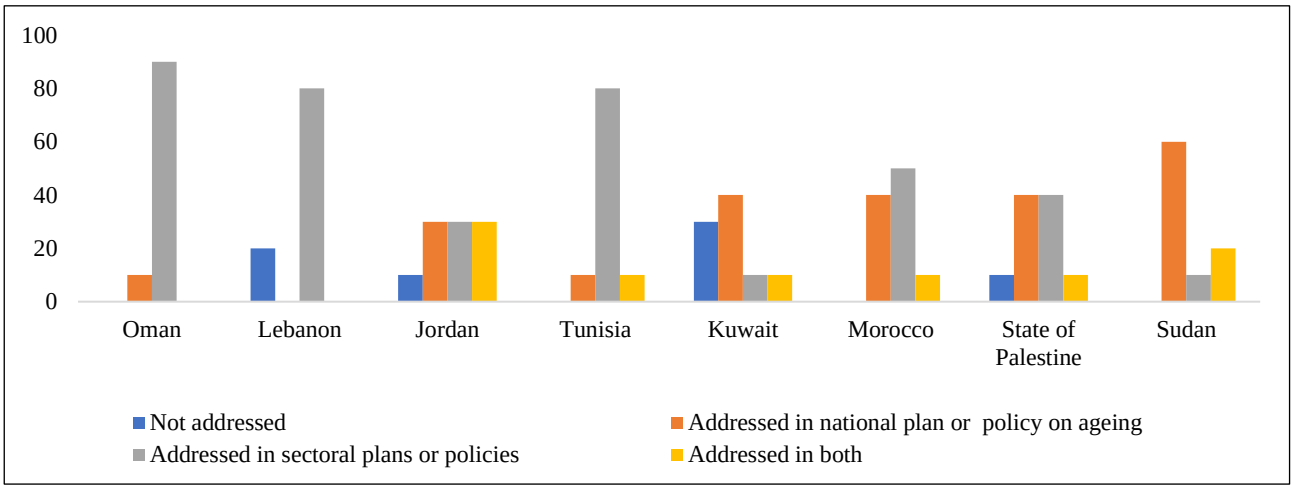
Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

[a] Missing data from Egypt.

Jordan, Kuwait, Morocco, the State of Palestine, the Sudan and Tunisia reported ageing policies in national strategies or plans of action and in sectoral policies (figure 7). Without a national plan of action on ageing, policies are nevertheless present in sectoral policies in Lebanon. Conversely, in the State of Palestine and Tunisia, ageing policies are mainstreamed across sectoral policies and plans, as seen in the recent Strategic Plan for Older Persons in the State of Palestine (2016-2020) and the Tunisian National Strategy for Older Persons in the Development Plan (2016-2020). In Oman, only health-care policies feature in the national plan of the Ministry of Health for the older persons programme. Overall, policies on housing and tax exemption for older persons remain largely lacking across the region.

National policies on ageing are, for the most part, in operation (table 11). This is especially the case in Oman, where all policies are operational, while Kuwait, Morocco and the Sudan were the only countries reporting policies in the initiated phase. Despite the presence of ageing policies in Lebanon, Morocco and Tunisia – all rapidly ageing countries – and in Kuwait, a moderately ageing country, almost half of the policies appear to still be in the planning or initiated phases.

Figure 7. Presence of ageing policies in national and/or sectoral plans/policies



Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

Table 11. Presence and status of ageing policies and programmes in national and sectoral plans/policies according to issues tackled

Issues	Presence				Status		
	Addressed in both national and sectoral	Addressed in national plans/ policies	Addressed in sectoral plans/ policies	Not addressed	Operational	Initiated	Planning
Health care	Kuwait, State of Palestine	Jordan, Morocco, Oman, Sudan	Lebanon, Tunisia	--	Jordan, Kuwait, Lebanon, Morocco, Oman, State of Palestine, Sudan, Tunisia	--	--
Pension	--	Kuwait, Morocco, Sudan	Jordan, Lebanon, Oman, State of Palestine, Tunisia	--	Jordan, Kuwait, Lebanon, Oman, State of Palestine, Sudan, Tunisia	--	--
Poverty	Sudan	--	Jordan, Lebanon, Morocco, Oman, State of Palestine, Tunisia	Kuwait	Jordan, Lebanon, Oman, State of Palestine, Sudan, Tunisia	--	Morocco
Income generation	Jordan	Morocco	Kuwait, Oman, State of Palestine, Sudan, Tunisia	Lebanon	Jordan, Morocco, Oman, State of Palestine, Sudan, Tunisia	Kuwait	Lebanon
Social coverage	Morocco	Jordan, Kuwait, Sudan	Lebanon, Oman, State of Palestine, Tunisia	--	Jordan, Kuwait, Oman, State of Palestine, Sudan, Tunisia	Morocco	Lebanon

Table 11 (*continued*)

Issues	Presence				Status		
	Addressed in both national and sectoral	Addressed in national plans/ policies	Addressed in sectoral plans/ policies	Not addressed	Operational	Initiated	Planning
Housing	--	State of Palestine, Sudan	Morocco, Oman, Tunisia	Jordan, Kuwait, Lebanon	Oman, Tunisia	--	Jordan, Kuwait, Lebanon, Morocco, State of Palestine, Sudan
Neglect and mistreatment	--	Kuwait, Tunisia, State of Palestine	Jordan, Lebanon, Morocco, Oman	--	Jordan, Kuwait, Morocco, Oman, State of Palestine	--	Lebanon, Tunisia
Disability	--	Jordan, Sudan, State of Palestine	Lebanon, Morocco, Oman, Tunisia	--	Jordan, Lebanon, Morocco, Oman, State of Palestine, Sudan	--	Tunisia
Tax exemption	Jordan, Sudan	Tunisia	Lebanon, Morocco, Oman, Tunisia	Kuwait, State of Palestine	Jordan, Oman, Sudan	--	Kuwait, Lebanon, Morocco, Tunisia
Positive ageing	Jordan, Tunisia	Kuwait, Morocco, State of Palestine, Sudan	Lebanon, Oman	--	Jordan, Kuwait, Lebanon, Morocco, Oman, State of Palestine, Sudan, Tunisia	--	--

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

C. Research and data repositories

Article 11 of MIPAA emphasizes "the importance of research on ageing and age-related issues as an important instrument for the formulation of policies on ageing". Census data, disaggregated by age and gender, research institutes and data repositories are fundamental tools for evidence-based decision-making and implementing national, regional and international recommendations. Such research infrastructure, however, remains scarce in ESCWA member States.

Eight of the 10 countries reviewed have updated their census data over the past 10 years, with the most recent conducted in Egypt, Jordan, Morocco and Tunisia (table 12). Iraq has not updated census data in more than two decades. In Lebanon, no census has been taken since 1932 when it was still under the French mandate. Among those countries that did update their census data, some reported challenges with government documentation of sociodemographic data, including incomplete or inconsistent birth records of older persons in Oman, approximation of ages in the records of Jordan and lack of records for older persons in Tunisia. Morocco reported the absence of a unified and consistent questionnaire for census-taking and difficulties in establishing consistent definitions for ageing and ageing-related characteristics.

Research on older persons, especially on older adults' health, has increased more than six-fold since the 1990s, and has been more often produced by private universities rather than research institutes and with

governmental cooperation.[13] In the surveyed countries, three reported the presence of research institutes and data repositories on ageing, specifically the National Institute of Longevity Elderly Sciences in Egypt, the CSA in Lebanon and the National Observatory for Older Persons in Morocco (table 12). While some member States, such as Iraq, report an active role by their National Centre of Statistics in the Ministry of Planning in producing data on older persons, specialized research centres are essential for building knowledge that can inform government policy and practice. CSA is a private NGO established in 2008 by researchers, academics, professionals and activists to strengthen evidence-based decision-making on ageing policies and practice in Lebanon and the Arab region. The National Observatory for Older Persons in Morocco was established in 2016 by the Ministry of Solidarity, Women, Family and Social Development as a platform for governmental bodies, research centres, civil society organizations and professionals to monitor ageing indicators in the country, produce research on ageing and a yearly national report on the situation of older persons, and advise the Government on evidence-based public policies, strategies, programmes and activities (box 1).

ESCWA member States have become prolific in producing national reports on older persons. Over the past five years, governmental bodies in most countries have produced or are in the process of producing such reports (table 12) to a much greater extent than in previous years. Jordan has been particularly active, publishing assessments of the national strategy and core programmes for older persons in 2015 and 2016, and an analytical study in 2016. Kuwait, Lebanon and Morocco are preparing their national studies. The reports have become more comprehensive than their predecessors, which focused on the sociodemographic characteristics of older persons, to include health status and the state of nursing homes (Iraq), the rights and needs of older persons (the State of Palestine) and mental health and violence (Lebanon).

Box 1. National Observatory for Older Persons in Morocco: a pioneering initiative

On 1 October 2014, following a workshop celebrating the international day of older persons, the Ministry of the Family, Solidarity, Equity and Social Development decided to establish the National Observatory for Older Persons in Morocco.

The observatory relies on intersectoral collaboration between the government, civil society organizations, academics and experts, allowing it to monitor demographic changes and track the social and economic conditions of older persons at the national level to respond to emerging needs. The observatory's mission, working strategies and legal framework are being finalized. The 15-member committee overseeing the observatory comprises seven government and four civil society representatives, three experts and one academic.

Its functions include:

- Creating a dynamic information system that involves data collection on various demographic, social and economic indicators;
- Conducting research and preparing annual and thematic reports;
- Proposing indicators and criteria for monitoring and evaluating programmes;
- Advising the ministry on policies, strategies and programmes to enhance the lives of older persons.

The observatory advocates scientific research on ageing and promotes collaboration with interdisciplinary sectors, acting as a forum to translate research into action.

Data collection for national reports has been a pervasive challenge for ESCWA member States. While many have consistently produced national reports since 2002, few have the integrated platforms where data and reports are collected. Most countries also reported a lack of government research infrastructure as a key barrier, including the absence of an observatory or research centre in Tunisia, of age-disaggregated census and sociodemographic data in Jordan, and of systematically collected data on older persons in Morocco and Oman. Lebanon reported a paucity of national mechanisms to monitor ageing programmes and coordinate government programmes and departments. Iraq and Lebanon reported financial challenges to generating knowledge.

[13] Abla M. Sibai and others, "Landscape of research on older adults' health in the Arab region: Is it demography-driven or development-dependent?" *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, vol. 72, No. 4 (2016), pp. 680-687.

Table 12. Research capacities on ageing and national reports produced in the past five years

	Country	Last census	Research institutes and data repositories	National reports (2012-2017)
SLOW	Iraq	1997	None	*Survey of the Social and Health Status of Older Persons in Nursing Homes* (2013), Ministry of Planning. *Old-age Homes in Baghdad* (2017), *Ministry of Planning.*
	State of Palestine	2007	None	*The Rights and Needs of Older Persons in the State of Palestine* (2015), Ministry of Social Affairs.
	Sudan	2008	None	*Study of the Needs of Older Persons in Al-Haj Youssef District, Khartoum* (2012), Ministry of Social Security and Development, Sudanese Red Crescent and Sudanese Society for Elderly Care, funded by the International Organization for the Care of the Elderly.
MODERATE	Egypt	2015	National Institute of Longevity Elderly Sciences	———
	Jordan	2015	None	*The Reality of Older People in Jordan: A Comparative Analytical Study* (2016), National Council for Family Affairs. Funded by UNFPA. *Assessment of Care Programmes for Older Persons and Their Future Needs* (2016), Jordanian Economic and Social Council. *Operational Assessment of the National Strategy for Older Persons* (2015), National Council for Family Affairs. Funded by UNFPA.
	Kuwait	2011	None	*National Report on the Health Situation of Older Persons* (in progress), Ministry of Health. *Report about Risk Factors for Non-communicable Diseases in the State of Kuwait* (2015), Ministry of Health and WHO/EMRO. *World Health Survey in Kuwait* (2013), Ministry of Health and WHO.
	Oman	2010	None	*Situation of Older Persons* (2016), National Centre for Statistics and Information.
RAPID	Lebanon	1932	Central Administration of Statistics Center for Studies on Aging	*National Survey on the Living Conditions of Families* (2012), Central Administration of Statistics. *Mental Health of Older Persons in Lebanon* (in progress), Ministry of Social Affairs. Funded by Université Saint Joseph. *Violence Against Older Persons* (in progress), Ministry of Social Affairs. Funded by UNFPA.
	Morocco	2014	National Observatory for Older Persons, Ministry of Solidarity, Women, Family and Social Development	*National Report on the Situation of Older Persons in Morocco* (2017), Ministry of Solidarity, Woman, the Family and Social Development in partnership with the National Observatory for Human Development. Funded by UNFPA. *National Report on Population and the Health of the Family* (2016), Ministry of Health.
	Tunisia	2014	None	———

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

All reviewed member States celebrate the International Day of Older Persons on 1 October each year, often followed by national conferences/activities on ageing (table 13). National conferences have become more frequent since the second MIPAA review.[14] Data from country reports suggest that countries experiencing a slow pace of demographic transition, in addition to Tunisia, a rapidly ageing country, may be the most active in conducting national conferences. The Sudan and Tunisia have had a national conference on ageing every year since 2012, with key recommendations for developing the ageing agenda. The State of Palestine and the Sudan report co-organizing national conferences with HAI. Since HAI established a regional office in Amman in 2015, the region is witnessing more interventions and advocacy work with governments and the civil society.

Moderately ageing countries and some rapidly ageing ones appear to sporadically organize national conferences. Lebanon has organized two conferences in the past five years and Morocco's Ministry of Solidarity, Women, Family and Social Development co-organized, with the League of Arab States, a regional Arab Conference on Older Persons in October 2015, which resulted in a declaration for the rights of older persons.[15] Egypt's national conference, held by the National Institute of Longevity Elderly Sciences at Ben Youssef University in May 2017, was crucial to reprioritizing the ageing agenda, with key recommendations that included reinstating the Higher Committee for Older Persons, preparing an Arab Convention on the Rights of Older Persons and plans to establish an Arab Federation of Older Persons.

Table 13. International Day of Older Persons and national conferences on ageing

	Country	Celebration of International Day of Older Persons	National conferences on ageing (under the auspices of the public sector)
SLOW	Iraq	October	———
	State of Palestine	October	Launch of the national study on older persons in the State of Palestine, Ministry of Social Affairs and HelpAge International, April 2015. Launch of the National Plan of Action on Ageing in the State of Palestine 2016-2020, Ministry of Social Affairs and HelpAge International, December 2015.
	Sudan	October and November	Our older persons build our homes, Ministry of Social Security and Development in coordination with the Ministry of Social Affairs, August 2016. Our older persons are our wealth, manifested in communication, Ministry of Social Security and Development in coordination with the Ministry of Welfare and Counselling, November 2015. Bless your fathers, your sons shall bless you, Ministry of Social Security and Development in coordination with National Committee for the Elderly and HelpAge International, April 2014. Older persons: a renewed legacy, Ministry of Social Security and Development in Coordination with the National Committee for the Elderly, October 2013. Older persons keep the social fabric together, Ministry of Social Security and Development, October 2012.

[14] Sibai, Rizk and Kronfol, "Ageing in the Arab region".

[15] For more information, visit www.social.gov.ma/ar/المسنين/المؤتمر-العربي-حول-كبار-السن-بين-الرعاية-الأسرية-والمؤسسية.

Table 13 (*continued*)

	Country	Celebration of International Day of Older Persons	National conferences on ageing (under the auspices of the public sector)
MODERATE	Egypt	October	Older persons – the crowns of our head: strategies and procedures, National Institute of Longevity Elderly Sciences, May 2017.
	Jordan	October	———
	Kuwait	October	First Gulf conference on comprehensive care for older persons, Department of Health Services for Older Persons, Ministry of Health, March 2016. Gulf forum for the care of older persons and their services, Office of Elderly Care, Ministry of Social Affairs, May 2014.
	Oman	October	Towards secure ageing, Omani Association for Elderly Friends, May 2015. Active ageing and its application in the Gulf Cooperation Council (GCC) countries, April 2016.
RAPID	Lebanon	October	Older persons in emergencies: challenges, opportunities and recommendations for relief workers, Centre for Studies on Aging, December 2013. Technical assistance and information exchange instrument (TAIEX) of the European Commission for the study and prioritization of action at the national level in the area of older persons, May 2017.
	Morocco	October	Towards a national strategy for older people's rights in Morocco, Ministry of Solidarity, Woman, the Family and Social Development in cooperation with ESCWA, February 2017. Arab conference on older persons: between institutional and family care, Ministry of Solidarity, Woman, the Family and Social Development in cooperation with the League of Arab States, October 2015.
	Tunisia	October	National conference on voluntary work after retirement, Ministry of Women, Family and Childhood, October 2012. Older persons are a new energy for development, Ministry of Women, Family and Childhood, October 2013. Our society is for all persons, no one is forgotten, Ministry of Women, Family and Childhood, October 2014. Rights of older persons: between policies and practice, Ministry of Women, Family and Childhood, October 2015. Listen, we can help, Ministry of Women, Family and Childhood, October 2016.

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

Formal mechanisms to translate research into policy and practice are generally scarce in the Arab region and often paired with informal mechanisms to coordinate researchers and policymakers. One study on knowledge-to-action pathways in Arab States found that governmental infrastructure for knowledge production, translation into policies and implementation is fundamental for the improvement of ageing policies and programmes.[16] Surveyed ESCWA member States evaluated as moderate to positive their capacity to translate knowledge on ageing into policies and programmes. They cited routine meetings between researchers and policymakers in Oman, the National Observatory for Older Persons in Morocco, the Centre for Studies on Aging in Lebanon (box 2) and national committees on ageing in Jordan, Lebanon and the Sudan as platforms where government actors, civil society organizations, researchers and other experts meet and develop and appraise programmes. In Tunisia, forums where researchers and policymakers meet include a joint project on supporting the rights of older persons to social and health-care services and a special committee to establish a journal on older persons' rights.

[16] Anthony Rizk and others, "A survey of knowledge-to-action pathways of aging policies and programmes in the Arab region: the role of institutional arrangements". *Implementation Science*, vol. 10, No. 1 (2015), p. 170.

Box 2. Centre for Studies on Aging in Lebanon: translating research into action

The Centre for Studies on Aging (CSA) in Lebanon (www.csa.org.lb) is a non-governmental organization established in 2008 by a group of professionals committed to promoting evidence-based policy and practice in support of the older population in Lebanon and the Arab world more generally. The Centre acts as a platform to forge much-needed links between researchers, policymakers and service providers, and has put older adult issues at the forefront of national agendas and international scientific discussion. The Centre provides a hub for networking, mobilizing research, raising awareness and promoting ageing policies and programmes. This is done via conferences, round-table debates and policy events, briefing papers, and a repository of related papers, reports and theses. Students treasure the Centre's archives for their projects and theses. So far, the Centre has organized seven conferences and round-table debates on various topics (most recently on seniors in emergencies), produced six policy briefs and a country report. In 2014, CSA became an affiliate of HelpAge International, United Kingdom.

D. STEPS FORWARD

1. *Key findings*

- Governmental institutional arrangements on ageing have been established in all countries, with mandated national committees on ageing in most countries;
- Involvement of ministries and civil society organizations in institutional arrangements differs widely between countries;
- National committees on ageing have largely advisory roles, which include planning, coordination and monitoring and evaluation, but do not cover resources mobilization and implementation;
- National strategies and plans of action have been updated and widely adopted in most countries;
- Policies on ageing are increasingly mainstreamed in sectoral policies and national strategies, and are in operation;
- The number of national reports and conferences on ageing is increasing rapidly.

2. *Barriers, facilitators and opportunities: relevance to SDGs*

With long-established ministerial departments in some countries, a growing number of active national committees and a surge in updated plans of action in most countries, ESCWA member States have built the institutional infrastructure to advance the ageing agenda. This brings member States a step towards meeting SDG 16 to promote peaceful and inclusive societies for sustainable development, including providing access to "accountable and transparent institutions" (target 16.6) that are "responsive, inclusive, participatory and representative" (target 16.7) and to promote "non-discriminatory laws and policies" (means of implementation 16.B). This infrastructure, though, needs constant development and improvement. The main reported barriers across the region include a lack of human and financial resources, low political will (especially in rapidly ageing countries) and the absence of regional collaboration and capacity-building. These cannot be overcome without the support of the international community as part of the revitalization of "the global partnership for sustainable development" set out in SDG 17.[17] Regional and international coordination may include:

- Fostering increased institutional accountability and transparency;
- Ensuring that older persons participate in developing national agendas and monitoring programmes;
- Mainstreaming a human-rights approach to ageing.

[17] The list of relevant SDGs can be found in the appendix.

3. *Suggested priority actions*

- Increase participation of civil society organizations, academia, researchers and older persons themselves, with a view to ensuring accountability and transparency;
- Adopt national strategies or plans of action on ageing as a matter of urgency (for countries that have not yet done so);
- Establish national committees on ageing and expand the role of existing ones to include implementation, providing technical support and mobilizing resources;
- Assess discrimination against older persons in laws and sectoral policies, and mainstream non-discrimination across public policies;
- Increase the mobilization of financial and human resources, and research capacities;
- Strive to operationalize policies and programmes.

III. AGEING, EMPLOYMENT AND DEVELOPMENT

Age equity in access to education, training, employment, social security and pension is a premise for inclusive development. While the situation of older persons and the opportunities available to them vary across ESCWA member States, there are common social and economic vulnerabilities. This section discusses trends in policy and programme developments towards social, legal and economic security for older persons, and the contributions of older persons to the labour market and family care.

A. PARTICIPATION OF OLDER PERSONS IN DEVELOPMENT

ESCWA member States have made advances in policies and programmes for older persons over the past five years but tailoring effective initiatives to their lived realities relies, in part, on their own active participation in their development, implementation, monitoring and evaluation.

Many member States report encouraging the active participation of older persons in the development and monitoring of policies and programmes, most notably Kuwait, Morocco, Oman and the Sudan. In Oman, older persons are invited to participate in provincial and local committees and civil society organizations (CSOs). In February 2016, the Kuwaiti Government announced a plan to expand clubs for older persons offering tailored health and well-being programmes, which may serve as a forum to enhance their participation in civil, political and social activities.

In many ESCWA member States, CSOs act as conduits between older persons and the government, relaying their inputs and evaluations of policies and programmes. The Omani Association for Elderly Friends, for example, held a national conference in May 2015 on secure ageing and a workshop in April 2017 on active ageing. Recommendations were gathered from these discussions and delivered to relevant ministries and policymakers. In February 2017, the Kuwaiti Ministry of Health signed a memorandum of understanding with the Kuwaiti Civil Organization for the Care and Rehabilitation of Older Persons on cooperation for the development of community action plans and awareness campaigns for older persons and their carers.

Morocco reportedly adopted a participatory approach to encourage older persons' involvement in policy development and implementation, either directly with ministries and through the mediation of CSOs, which are responsible for managing social welfare institutions and delivering social, health and recreational services to older persons. CSOs also represent the interests of older persons by helping to draft laws and policies, such as on social welfare, and by sitting on the Supervisory Committee of the National Observatory for Older Persons and on the Board of Pension Funds Management. Such initiatives are fundamental to ensuring sustainable and effective policies and programmes for older persons. The Ministry of Solidarity, Women, Family and Social Development has ensured that CSOs, research organizations and older persons' groups and local committees are represented at cooperative meetings.

In Lebanon, the Ministry of Social Affairs encourages older persons in local development activities through municipal pensioner committees. One example of a successful initiative is the Elderly Empowerment Project piloted in one municipality, which aims to integrate older persons into the community through work and volunteering opportunities with local businesses and the municipality. The 2005 Constitution of the Sudan considers that the engagement of older persons in issues that concern their own welfare is a necessary condition for development.

Although CSOs play an important role as mediators, more representative advocacy organizations and committees for older persons remain scarce in the region. One strategy report[18] identifies such forms of direct engagement as user-led initiatives, whereby older persons are given the resources and control to determine their own agendas by cooperating with government and non-governmental agencies while retaining their independence. Such user-led organizations can be advocacy groups, representing the interests of their communities, and would further support countries of the region in meeting the MIPAA requirement for the active engagement of older persons in policies and programmes. Though the provision of services is critical to active and engaged ageing, governments in ESCWA member States must see older persons as partners in policy and programme development, not merely beneficiaries of care. Governments should create mechanisms that enable older persons to provide feedback and policy recommendations, and monitor and evaluate programmes.

B. LABOUR PARTICIPATION AND RETIREMENT POLICIES

Data on the labour activity of older persons are scarce in the region. Limited data suggests that Morocco has 18.8 per cent and Lebanon 14.1 per cent of older persons active in the labour market. In Morocco, this is more the case with men (34.8 per cent) than women (3.4 per cent). Women across all adult age groups are more active in the informal labour market. Data from Morocco suggest that the economic imperative to work after the formal retirement age may not only be for self-financing but to support adult children, with up to 50 per cent of older persons continuing to provide financial support to the extended family.

Policies that encourage early retirement or labour force participation of older persons in ESCWA member States are shaped by country-specific socioeconomic considerations. In wealthier member States, such as Oman, where State-sponsored social and economic security for older persons is more strongly addressed, labour participation in the private sector may occur after the age of retirement to improve income or encourage active ageing rather than for critical social or economic needs. In most countries, however, older persons continue to work due to economic necessity. This is particularly the case in low- to middle-income countries where social and economic security systems for older persons are relatively weaker, such as Iraq, Lebanon, Morocco, the State of Palestine, the Sudan and Tunisia.

Governments in ESCWA member States may encourage early retirement in the public sector for various reasons. In Oman, although early retirement in the public sector was encouraged in the past to lower the country's youth unemployment, it is no longer applied. In the State of Palestine, however, early retirement is encouraged to decrease public spending and the number of workers in the public sector. In other middle-income countries that generally encourage older persons to participate in the labour market, early retirement may be promoted in specific social and familial situations, allowing more security in older age. In Iraq, for example, laws that govern retirement were amended in 2014 to allow women who had at least three children below the age of 15 to retire early if they had been active in the labour market for 15 years. In Tunisia, early retirement is encouraged in instances where workers have three young children or a disabled child, or due to physical illness and disease or being made redundant.

In most ESCWA member States, there are no regulations that prohibit labour participation after the age of retirement in the private sector. In the case of Morocco and Oman, labour participation of older persons is encouraged to ensure the workforce benefits from their accumulated skills and experiences. Some member

[18] Tony Carter and Peter Beresford, *Age and Change: Models of Involvement for Older People* (York, United Kingdom, Joseph Rowntree Foundation, 2000). Available from www.jrf.org.uk/sites/default/files/jrf/migrated/files/1859353215.pdf.

States reported programmes that encourage labour-force participation for older persons. The Sudan, for example, counteracts high poverty rates among older persons through governmental programmes, managed by the General Union of Civil Service Pensioners and the Social Insurance Association, to provide microcredits and assist in establishing income-generating projects. These include providing raw materials, office equipment and home or shop maintenance, as well as social and financial assistance. In Lebanon, labour participation of older persons in need is encouraged through governmental programmes such as the Elderly Empowerment Programme. In some wealthier countries, such as Kuwait, there are programmes for those living in poverty. One example is the From My Own Hands project operating since 1997 in Kuwait. It helps older women receiving welfare to improve their economic situation through teaching marketable skills and encouraging participation in the labour force.

C. Social security and income generation

A majority of ESCWA member States report social security policies and support programmes for those living in rural areas. To a lesser extent, countries report policies and programmes that support income generation for those living in poverty (table 14). While most of these policies and programmes include older persons, they are not specific to their particular needs, with a few exceptions. In Iraq, the National Strategy to Reduce Poverty specifically supports older persons with financial aid and income-generating projects to provide opportunities for those without familial support. Jordan established in 2012 a National Aid Fund that provides monthly financial assistance to older persons living in poverty and older persons who are heads of families. In Morocco, the National Initiative for Human Development targets older persons as a marginalized population. The Sudan's efforts to reduce poverty since 2011 have resulted in support for up to 500,000 families that include unemployed older persons as of 2016. Older persons living in rural areas are often provided with aid as part of larger schemes that target entire populations, such as support for rural women in Oman, and programmes to support persons in rural areas in Iraq and Lebanon.

D. Literacy and lifelong learning programmes

Most ESCWA member States have implemented national literacy policies and programmes that include or target older persons (table 14). For many, such as Egypt, Jordan, Morocco, Oman and the State of Palestine, literacy policies and programmes for older persons are included within wider national strategies. In Morocco for example, programmes are integrated within mosques and television broadcasts. While this may be effective as a national strategy, decreasing illiteracy among older persons needs a targeted approach to counterbalance a tendency to exclude them from such initiatives. Data on literacy of older persons are lacking in the region. Literacy policies and programmes for older persons are critical to empowering them to be active in old age and in the labour market, allowing then to generate income for themselves and their families. Such targeted approaches have been adopted in Kuwait, Lebanon, the Sudan and Tunisia. In Lebanon, for example, the Ministry of Social Affairs organizes yearly literacy programmes for older persons at three sites. In Kuwait, evening literacy classes are offered for seniors.

Lifelong learning programmes provide older persons with opportunities to pursue advanced learning and share their wisdom and experience. However, only one such lifelong learning programme exists in ESCWA member States, namely the University for Seniors at the American University of Beirut in Lebanon, which invites those aged 50-plus to courses and lectures that suit their interests (box 3). In Jordan, Kuwait, the State of Palestine and the Sudan, lifelong learning programmes have been implemented on a smaller scale and integrated into institutions of higher learning. Evening courses and programmes exist in Kuwait's public university system, for example.

Table 14. Policies or programmes on ageing and development

	Country	Support for rural areas	Literacy	Encourage early retirement	Income generation	Encourage labour participation	Lifelong learning	Total
SLOW	Sudan	Yes	Yes	Yes	Yes	Yes	Yes	6
	State of Palestine	Yes	Yes	Yes	No	No	Yes	4
	Iraq	Yes	No	Yes	Yes	No	No	3
MODERATE	Jordan	Yes	Yes	No	Yes	Yes	Yes	5
	Oman	Yes	Yes	No	Yes	Yes	No	4
	Kuwait	No	Yes	Yes	Yes	Yes	Yes	5
RAPID	Morocco	Yes	Yes	Yes	Yes	Yes	No	5
	Lebanon	Yes	Yes	Yes	No	Yes	Yes	5
	Tunisia	Yes	Yes	Yes	No	Yes	No	3
	Total	8	7	7	5	4	4	

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

Box 3. University for Seniors at the American University of Beirut: a community-based social and health intervention

Older persons generally live longer and healthier lives than their parents. They enter retirement with diverse and valuable life experiences, possessing precious historical and cultural memory in a rapidly changing world. Many aspire to remain active.

Professors Abla M. Sibai and Cynthia Myntti dreamed of offering seniors in Lebanon an engaged, healthier ageing experience. They created the University for Seniors (UfS), a lifelong learning programme to keep older persons intellectually challenged, socially connected and useful in their communities. Since its inception in 2010, the programme has grown beyond expectations; from three courses in 2010 to 17 courses, 38 lectures and four trips in 2017, and from 50 members in 2010 to 285. The mailing list has also grown from an original 61 subscribers to about 1,300.

Built on gerontological theories and evidence linking increased social engagement and learning opportunities with positive health outcomes, the programme is increasingly recognized for its public health value.

UfS is aligned with the World Health Organization (WHO) mandate to promote engaged ageing for successful ageing. It aims to reintegrate older persons, project a positive face of ageing and promote empowerment and inclusion. It also battles ageism and offers proof that engaged ageing is possible in the Arab region. It has recently been selected by WHO and RAND Europe as one of the 10 most community-based social innovations in middle-income countries that seek to empower older persons and promote social cohesion and inclusiveness.

For more information, visit www.aub.edu.lb/seniors or the Facebook page www.facebook.com/aub.universityforseniors.

E. STEPS FORWARD

1. *Key findings*

- Older persons do not participate in development in some countries. In others, their role is mediated by civil society organizations, and few reported direct participatory approaches for involving them;
- Labour participation and retirement policies for older persons remain contingent on national social and economic resources and needs, and have changed little over the past five years;
- Social security and income-generation programmes that target older persons have increased in the past five years, but they remain few and uneven across countries;
- Literacy and lifelong learning programmes for older persons remain scarce and are narrow in scope.

2. *Barriers, facilitators and opportunities: relevance to SDGs*

In many ESCWA member States, ageing-related developmental policies cut across national policies on poverty, literacy, women and rural empowerment, among others. Many countries have made progress on ageing and development since 2012, although there are indications of wide disparities between policies and their reach and scope on the ground. Ensuring that such policies are further mainstreamed and strengthened, and implemented with a national reach and inclusive scope, would go a long way towards meeting several SDGs. These include SDG 1 on ending poverty in all forms, SDG 4 on promoting lifelong learning opportunities for all, SDG 8 on promoting productive employment and decent work for all, and SDG 10 on reducing inequalities within countries,[19] through promoting the social, economic and political inclusion of older persons. Reported barriers to ageing and development include: lack of financial resources, research and data on ageing and income security; lack of attention to ageing in development plans; and difficulties in securing the universal social security of older persons. ESCWA member States need to further develop specific policies and plans of action to advance the ageing agenda, and use national policies on poverty, literacy, women, rural empowerment and other issues, as a springboard to mainstream ageing-related policies and programmes on development.

3. *Suggested priority actions*

- Strengthen social and economic security in old age, especially through pension schemes, focusing on the most vulnerable (for example, homemakers and, agriculture workers);
- Increase the number of literacy and lifelong learning programmes;
- Adopt non-discriminatory rights-based approaches to ageing and employment, ensuring older persons have autonomy in their choices after retiring, while providing opportunities for income generation, employment and social security in all instances of population planning.

IV. HEALTH AND WELL-BEING IN OLD AGE

The cumulative effects of physiological decline along with an increase in chronic diseases contribute to frailty, disability and dependency in an ageing population, which may become a leading driver of health-care resource mobilization. In response to this increase and to the rising rates of non-communicable diseases (NCDs) that sometimes exceed even those in developed countries, health-care systems in ESCWA member States have made changes to services and policies. This section appraises health policies and programmes for older persons in slowly, moderately and rapidly ageing member States to identify gaps and the necessary steps for adequate and equitable care specific to their needs.

[19] The list of relevant SDGs can be found in the appendix.

A. HEALTH POLICIES AND PROGRAMMES

All countries covered in this review have noted NCDs, including cardiovascular diseases, hypertension, diabetes and cancers, to be the most prevalent among older persons. In Lebanon, the Ministry of Public Health indicates a 45 per cent prevalence of NCDs among older persons, primarily respiratory and cardiovascular diseases and diabetes. In Morocco, another rapidly ageing country, a report from 2011 revealed that 57.5 per cent of older persons live with a chronic disease, including 49.3 per cent of older women and 65.3 per cent of older men, and 28 per cent and 14.8 per cent, respectively, suffer from hypertension and diabetes. Although Iraq and the State of Palestine are slowly ageing countries, national reports indicate a higher prevalence of hypertension (78.3 per cent and 43.2 per cent, respectively) and diabetes (29.7 per cent and 30.2 per cent, respectively). Musculoskeletal diseases are reportedly prevalent in Jordan, Morocco, Oman and Tunisia, and osteoporosis in Egypt, the State of Palestine, the Sudan and Tunisia. Some countries have reported concerns about the prevalence of Alzheimer's and neurological diseases, including Egypt, Iraq, Jordan and Tunisia. National reports and accurate data on the health of older persons in ESCWA member States remain scarce. More comprehensive studies are needed to enable evidence-based planning of health policies and programmes.

Overall, countries experiencing a rapid or moderate pace of ageing appear to have streamlined policies and programmes for older persons within existing health-related initiatives – NCD screening, smoking cessation, physical activity and free medication for older persons – to a greater extent than those experiencing slow paces of ageing (table 15). Programmes targeting the health of older persons within primary care centres appear to be widespread across ESCWA member States. Screening for NCDs was also prevalent. Policies and programmes targeting the nutritional needs of older persons and free transport were the least reported.

Among rapidly ageing countries, Lebanon hosts primary health-care centres throughout its governorates, providing free or subsidized medicines for older persons. Medical care for older persons may be subsidized by the Ministry of Public Health in cases where older persons and their families cannot afford it. Similarly, Tunisia provides free medical consultations and medications for older persons using senior citizens cards. It also reports a number of primary health-care centres throughout its territories that pay special attention to NCDs among older persons. This is the case in most ESCWA member States evaluated in this report, with Kuwait reporting a health-care reform that grants older persons earlier appointments and lower waiting periods at primary health-care centres. Other countries that provide free or subsidized medical consultations and medications for older persons include Iraq, Oman and the Sudan. In Iraq, a slowly ageing country, this is implemented using senior citizens cards that allow free access to selected services. In the Sudan, another slowly ageing country, the cost of consultation, treatment and medication is reduced by half for older persons.

Table 15. Health policies and programmes for older persons and their status of implementation

	SLOW			MODERATE			RAPID			Total
	State of Palestine	Sudan	Iraq	Oman	Kuwait	Jordan	Tunisia	Lebanon	Morocco	
Primary health-care centres	Yes operational	Yes operational	Yes --	Yes operational	Yes operational	Yes --	Yes operational	Yes operational	Yes operational	9
Screening for non-communicable diseases	Yes operational	Yes operational	--	Yes operational	Yes operational	Yes operational	Yes operational	Yes operational	Yes operational	8
Mental health	Yes planning	Yes operational	Yes operational	Yes operational	--	--	Yes operational	Yes operational	Yes operational	7
Free medication	Yes planning	Yes operational	Yes --	Yes operational	--	Yes operational	Yes operational	Yes operational	--	7
Smoking cessation	Yes planning	Yes operational	--	Yes initiated	Yes operational	Yes operational	Yes operational	Yes initiated	--	7
Physical activity	Yes planning	Yes planning	--	Yes operational	Yes operational	--	Yes operational	Yes initiated	--	6
Home-care programmes	Yes initiated	---	--	Yes operational	--	--	Yes operational	--	Yes operational	4
Nutritional needs	Yes initiated	Yes operational	---	--	--	--	Yes operational	--	Yes operational	4
Age-friendly primary health-care programmes	Yes planning	--	--	Yes operational	--	Yes operational	--	--	--	3
Elderly home programmes	Yes operational	--	--	--	Yes operational	Yes operational	--	--	--	3
Free transport	Yes planning	--	--	--	Yes operational	--	Yes planning	--	--	3
Total	11	7	3	8	6	6	9	6	5	

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

In response to the increasing prevalence of NCDs among older persons, most ESCWA member States have policies and screening programmes addressing NCDs and NCD risk factors. These include early detection and treatment in Oman and yearly public campaigns by Lebanon's Ministry of Public Health to raise awareness. In Kuwait, a national committee that includes ministries and civil society organizations campaigns for early detection of NCDs and to raise awareness of the risk factors. These are supplemented by videos on NCDs distributed via traditional and social media. Moderately and rapidly ageing ESCWA member States, primarily Jordan, Kuwait, Lebanon, Oman and Tunisia, have implemented programmes to raise awareness of the need to quit smoking. In the past five years, Lebanon's law banning smoking in public spaces was only briefly implemented, and the country's campaigns to promote physical activity among older persons were primarily carried out by civil society organizations.

In Morocco and Tunisia, mobile care units deliver home health-care services to disabled dependent older persons. Other age-friendly health programmes, home care and home-health programmes were reported by moderately ageing countries such as Jordan and Oman. Kuwait reported on fall prevention programmes and programmes that promote an enabling environment in old-age homes. Universal health coverage has been reported by several countries as a key factor for the well-being of older persons. It has been achieved in Jordan, Kuwait, Oman and Tunisia, and is under way in Lebanon. However, the lack of financial resources remains a challenge. In the State of Palestine, a draft law on older persons' health has yet to be passed. The health of its older population is impeded by a lack of a government budget and of full health coverage for older persons, and by difficulties in implementing policies and programmes.

B. Mental health, nutrition and older persons with disabilities

The mental health and nutrition of older persons are often underrepresented in policies and programmes of older persons. However, several countries covered in this review reported initiatives that address their mental health needs. In Lebanon, a rapidly ageing country, the Ministry of Public Health has recently launched a mental health programme, and in Morocco, the latest national strategy for older persons prioritizes mental health as part of older persons' health and well-being, and implements training programmes for health-care workers at primary health-care centres. In Tunisia, a national mental health programme also benefits older persons. In moderately ageing countries, Oman provides free mental health treatment for older persons, while policies and programmes on mental health are being developed in Kuwait. The slowly ageing countries Iraq and the Sudan also provide mental health services, albeit at mental institutions and old-age homes rather than being mainstreamed in other programmes and within primary health-care centres.

Several ESCWA member States have established policies and programmes for the care of older persons with disabilities. In Lebanon and Tunisia, disability cards are distributed to citizens, including older persons, that allow access to a range of services and benefits. Up to 31,000 older persons with disabilities (23,250 persons with motor disabilities and 2,825 with Alzheimer's disease) benefit from this arrangement in Lebanon through the efforts of the National Programme for the Rights of Persons with Disabilities. In Lebanon and Morocco, several NGOs assist in the provision of support. Morocco has reportedly taken steps to ensure that older persons with disabilities receive priority and tailored care and treatment, and that measures are in place to counter marginalization and discrimination in health-care services. Meanwhile, in Tunisia, older persons with disabilities and their families receive governmental subsidies to offset added costs. Countries experiencing a moderate pace of ageing, including Oman and Jordan, reportedly provide prosthetic devices to older persons with disability, although they have not established the level of policies and programmes seen in rapidly ageing countries. In slowly ageing countries, some advances have been made. Iraq has reportedly established old-age homes tailored to older persons with disabilities, and provides a monthly subsidy to older persons with disabilities and their caretakers. In the Sudan, older persons with disabilities are provided with health coverage, and up to 12,000 older persons with disabilities are included within larger social security schemes.

C. GERIATRICS AND GERONTOLOGY: TRAINING HEALTH PROFESSIONALS AND CARE PROVIDERS

Geriatrics remains a relatively new medical field in the region and lacks the glamour of other specialties. Six countries reported recognizing geriatrics as a specialty, namely Kuwait, Lebanon, Morocco, Oman, the Sudan and Tunisia, with huge variations in the number of geriatricians across countries (table 16). Specialized degrees in gerontology have been reported from Lebanon, the State of Palestine and Tunisia. In Tunisia, the high rates of geriatricians per older persons is due to the medical education system; graduates are allowed to specialize in geriatrics without previously enrolling in the internal medicine programme, as is the norm elsewhere. Further examples include a master's degree in gerontology at the Lebanese University, a diploma in clinical gerontology for nurses at the American University of Beirut and the Clinical Gerontology programme for nurses at Al-Quds University. Some countries, particularly those experiencing a moderate pace of ageing, reported widespread training programmes in geriatrics and gerontology for health-sector workers (table 16). This was particularly noted for nurses and social and primary health-care workers. In Iraq, training for doctors and health-care workers is provided on-site in old-age homes and specialized care centres. In the Sudan, training and ad-hoc courses on nutrition, holistic care, physical activity and the mental health of older persons are provided by the Ministry of Welfare and Social Security to social workers and primary health-care workers.

Table 16. Training programmes in geriatrics and gerontology

Country	Geriatrics acknowledged as a specialty	Proportion of geriatricians per 100,000	Geriatrics and gerontology training for						
			Family medicine doctors	Doctors	Nurses	Social workers	Psychiatrists	Physical therapists	PHC workers
SLOW									
Iraq	x	--	✓	✓	✓	✓	✓	--	✓
Sudan	✓	Negligible	✓	✓	✓	✓	✓	✓	✓
State of Palestine	x	--	x	x	✓	✓	--	--	✓
MODERATE									
Oman	✓	0.5 per 100,000	✓	✓	✓	✓	✓	✓	✓
Jordan	x	--	✓	✓	✓	✓	✓	✓	✓
Kuwait	✓	1.2 per 100,000	✓	✓	✓	✓	✓	✓	✓
RAPID									
Lebanon	✓	2.1 per 100,000	✓	✓	✓	✓	✓	✓	✓
Tunisia	✓	30.4 per 100,000	✓	✓	✓	✓	✓	✓	✓
Morocco	✓	0.6 per 100,000	✓	✓	✓	✓	✓	✓	✓

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

D. STEPS FORWARD

1. *Key findings*

- Rapidly ageing countries have made progress in streamlining health-related policies and programmes for older persons. These are primarily for the prevention and treatment of NCDs;
- Subsidized care and medication for older persons in primary-care centres appears to be widespread in ESCWA member States;
- Home-care programmes for older persons remain scarce across the region;
- Mental health and nutrition programmes remain underreported across the region;
- Civil society organizations are reportedly playing a larger role in providing health programmes to older persons, especially in the rapidly ageing countries Lebanon, Morocco and Tunisia;
- With the exception of Tunisia, there remains a gap in the supply of geriatricians and gerontologists across the region. This is somewhat counterbalanced by the presence of retraining programmes in those fields across the health sector in some countries.

2. *Barriers, facilitators and opportunities: relevance to SDGs*

Since 2012, rapidly ageing countries in particular have made progress with health-related policies and programmes, particularly in preventing and treating NCDs. These have been far less apparent in moderately and slowly ageing ESCWA member States. Those that reported universal health coverage for older persons also reported this being the main means to ensure the health and well-being of older persons. Reported barriers include a lack of political will and legislation, lack of human and financial resources, an absence of guidelines for old-age homes and the rising cost of medical and health care. Overcoming these barriers and prioritizing health care for older persons is essential to ending hunger, achieving food security and improving nutrition (SDG 2) and ensuring health and well-being for all at all ages (SDG 3). This includes reducing premature mortality from NCDs and promoting mental health (target 3.4), achieving universal health coverage and equal access to essential health services, essential medicines and vaccines (target 3.8) and increasing health financing, and training and retaining health workforces (means of implementation 3.C). Achieving this goal, therefore, entails prioritizing health financing for the well-being of older persons and promoting the training of geriatricians and gerontologists.[20]

3. *Suggested priority actions*

- Further strengthen NCD programmes and policies in rapidly ageing countries, and establish them in moderately and slowly ageing ones;
- Strive for age-friendly health care by ensuring that older persons have reduced waiting times and priority treatment at health-care centres and other medical facilities;
- Further coordinate with civil society organizations to advance or establish home-care programmes for older persons and homes for poor and vulnerable older persons;
- Increase the training of geriatricians and gerontologists to meet the needs of growing populations of older persons and continue to provide training in old-age care to health-care workers.

[20] The list of relevant SDGs can be found in the appendix.

V. ENABLING AND SUPPORTIVE ENVIRONMENTS

A key indicator of the level of development and its impact on older persons' well-being is the capacity to provide them with supportive environments that ensure ease of mobility, and enabling environments that promote ageing in place, in homes and in communities. In ESCWA member States, extended family structures have long played key roles in the care and well-being of older persons. The family remains a pillar and is often treated as the core safety net for the care and support of older persons. Reliance on family support in GCC countries,[21] and across the Arab region more generally,[22] may need to be revisited in social policies due to socioeconomic changes in family structures, increasing employment of females and the rising care needs of older persons. This section discusses intergenerational solidarity and the importance of ageing in place for the well-being of older persons as part of creating enabling and supportive environments. Providing traditional family care is being made more difficult due to demographic, social and economic transitions, wars and conflicts, and other sources of instability across the region.[23] Such transitions may require movement away from unsupported reliance on women and families as informal carers towards investing in family support policies and programmes, and home-based services for the long-term care of older persons.[24]

A. AGE-FRIENDLY POLICIES AND PROGRAMMES: INTERGENERATIONAL SOLIDARITY AND AGEING IN PLACE

Table 17 summarizes available age-friendly policies and programmes supportive of intergenerational solidarity and ageing in place in surveyed ESCWA member States. Programmes that ensure older persons' mobility generally include the provision of age-friendly public transport (Jordan) and the presence of elevators and mobility ramps (Jordan, Lebanon, Oman and the State of Palestine). Reports from Jordan indicate that 58 per cent of governorates have committed to a 'construction code' that caters for the specific mobility needs and accessibility for disabled older persons. In Morocco and Tunisia, older persons have a subsidized rate on the national railway, accessibility to public buildings in the capital and priority seats and waiting areas in governmental buildings and airports. In Kuwait, older persons are exempt from paying for public transport and vehicle registration fees.

In all of the moderately and rapidly ageing ESCWA member States, clubs for older persons have helped create supportive community environments and opportunities to socialize. In Jordan and Lebanon, however, they were reported to have limited scope. Countries considered to be experiencing a slow pace of ageing, including Iraq, the State of Palestine and the Sudan, did not report having similar programmes.

For the most part, efforts to promote ageing in place, in-home care, deinstitutionalization and care within the community continue to expand in ESCWA member States. Programmes that incentivize ageing in place and in-home care consist of volunteer schemes for elderly sitters in Oman, surrogate families in Morocco, Oman and Tunisia (box 4), meals on wheels in Lebanon, the State of Palestine and the Sudan, and mobile care units in Kuwait, Morocco and Tunisia. Many countries, including Morocco, Oman, the State of Palestine and Tunisia, reported home-based care services via either ministerial or civil society programmes. Such services are being developed in Lebanon, a rapidly ageing country, via civil society organizations with the support of the Ministry of Social Affairs.

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[21] Hafiz T. Khan, Shereen Hussein and John Deane, "Nexus between demographic change and elderly care need in the Gulf Cooperation Council (GCC) countries: some policy implications", *Ageing International* (2017), pp. 1-22.

[22] Sibai, Rizk and Kronfol, "Ageing in the Arab region" (see footnote 5, p. viii).

[23] Nabil M. Kronfol, Anthony Rizk and Abla Mehio Sibai, "Ageing and intergenerational family ties in Arab countries", *Eastern Mediterranean Health Journal*, vol. 21, No. 11 (2015), pp. 835-843.

[24] S. Hussein and M. Ismail, "Ageing and elderly care in the Arab region: policy challenges and opportunities". *Ageing International* (2017), pp. 274-289.

Table 17. Policies and programmes on enabling and supportive environment items

	Country	Legal obligation for family care of older persons	Intergenerational solidarity	Transport and mobility	Capacity building for family caregivers	Neglect, violence and abuse
SLOW	Sudan	Yes	Policy and programme	Policy and programme	Policy	Policy
	State of Palestine	Yes	Policy and programme	Policy and programme	Policy and programme	Policy and programme
	Iraq	Yes	None	None	Policy and programme	Policy and programme
MODERATE	Jordan	Yes	Policy and programme	Policy and programme	None	Policy and programme
	Oman	Yes	Policy and programme	Policy and programme	Policy and programme	Policy
	Kuwait	Yes	Programme	Policy and programme	Policy and programme	Policy and programme
RAPID	Morocco	Yes	Policy and programme	Policy and programme	Policy and programme	Policy and programme
	Lebanon	No	Programme	Programme	None	Policy
	Tunisia	Yes	Policy and programme	Policy and programme	Policy	Policy and programme

Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

Policies on intergenerational solidarity have been adopted as part of national plans of action or as sectoral policies in most countries. In Jordan, Oman and the Sudan, civil society organizations and youth associations recruit young persons to meet and interact with older persons as carers or companions, or to organize joint activities in the spirit of increasing intergenerational solidarity (Lebanon and Morocco). In Egypt and the Sudan, solidarity programmes have been planned but not yet implemented.

Box 4. Ageing in place: inspiring initiatives from Tunisia

Tunisian policies on ageing incorporate one of the fundamental principles of the 2002 Madrid International Plan of Action on Ageing (MIPAA), namely ageing in place. Since 1994, an elderly protection law has reinforced the primary role of the family and the duty of State and society to provide care and protection for older persons. Placing older persons in care homes is considered a last resort, when other channels to protect them within the family and their immediate environment fail.

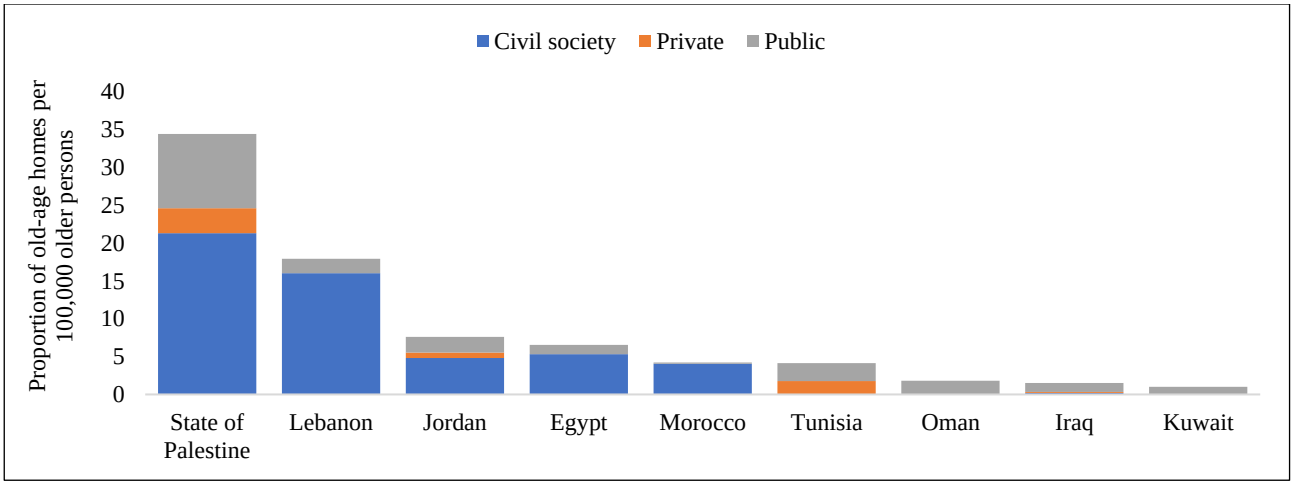
The Tunisian Government operates several programmes to ensure that older persons, wherever possible, remain within their families and immediate environment. These include:

- Mobile units that deliver health and social services within their homes;
- Day-care clubs that enable older persons to meet and socialize;
- A national registry of older persons' skills and competencies that provides opportunities to employ their expertise and engage them in development.

Perhaps the most remarkable is the Surrogate Family programme, where willing families can host older persons in exchange for a modest monthly allowance of 150 dinars (about $60) from the government. This programme aims to provide older persons with welcoming living conditions in a family environment, maintain their psychological and emotional well-being and strengthen intergenerational relations. It is regulated by guidelines and standards that need to be satisfied by both the family and the older person following evaluations by regional administrations of social affairs.

Data on the living arrangements of older persons across ESCWA member States are generally scarce. However, previous reports suggest that the presence of older persons in traditional multigenerational family structures is declining, especially in Lebanon and Tunisia. In Lebanon, an estimated 12 per cent of older persons live alone, with women proportionately more likely to do so than men.[25] This situation may be attenuated in Gulf countries, where fertility remains relatively high and governments have strengthened policies and programmes that incentivize older persons to continue living with immediate or extended families.

Figure 8. Type and number of old-age homes by 100,000 older persons aged above 60



Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

Changes in traditional family structures across the region have made old-age homes necessary for the health and well-being of older persons and for dignified end-of-life years. The largest proportion of old-age homes per 100,000 people aged above 60 is in the State of Palestine (34 per 100,000) and Lebanon (18 per 100,000) (figure 8). Elsewhere, the proportion of old-age homes ranges between 2 and 8 per 100,000 persons aged 60 and above. While Egypt has the largest number of old-age homes (about 230), these constitute only about 5 old-age homes per 100,000 persons aged 60 and above.

Aside from their availability, two key concerns about old-age homes are their accessibility and whether they uphold guidelines to ensure the health and well-being of residents. Publicly owned and civil society-operated old-age homes are fundamentally more accessible for older persons on low or meagre incomes. In Egypt, Jordan, Lebanon and Morocco, old-age homes are largely operated by civil society organizations with government subsidies, while publicly owned and operated homes are more common in Iraq, Kuwait, Oman and Tunisia, where governments cover 90-100 per cent of expenses. Where government subsidies exist in lieu of full coverage, these are reportedly reserved for those who cannot afford the expense of residing in old-age homes. Exceptionally, in the State of Palestine, both public and civil society-owned homes proliferate (figure 8). In ESCWA member States covered in this review, few reported a large presence of private old-age homes.

Almost half of these countries lack guidelines and legislation covering care services in institutions. Only in Jordan and Morocco, since 2012, are regulatory criteria reported to be implemented; in Lebanon and the State of Palestine, they have been prepared but still not implemented. Nursing home standards in Lebanon were developed and catered to the local context, and will be applied in a phased approach (box 5). Kuwait and Oman reported that such criteria exist, while they are being prepared in Iraq, the Sudan and Tunisia. In Egypt, routine training sessions are held for carers in old-age homes to ensure adequate provision of care.

[25] Rania Tohme and others, "Socioeconomic resources and living arrangements of older adults in Lebanon: who chooses to live alone?" *Ageing and Society*, vol. 31, no. 1 (January 2011), pp. 1-17.

Box 5. Developing nursing home standards in Lebanon: a bottom-up approach

Following the recommendations of the first international conference on ageing in Vienna, the Permanent National Commission for Elderly Care in Lebanon was established in 1999. The Commission, chaired by the Minister of Social Affairs, includes representatives from other ministries and civil society organizations.

Funded by the United Nations Population Fund (UNFPA), the Commission starting developing standards and measurable criteria for nursing homes and nursing care in Lebanon to be used as guidelines for quality care delivery. This initiative responds to the findings of a 2008 survey of nursing homes in Lebanon and aims to uphold the rights of older persons. The standards have been developed following extensive studies, consultations, focus group discussions and interviews with experts, including service providers, policymakers and academics, and older persons themselves. The guidelines benefited from desk reviews of material, were benchmarked against universal standards and tested within institutions following training workshops on quality and care. The final document presents standards of care and measurable criteria in 10 distinct themes, including human resources, infection control, information management and day-care services.

The standards were adapted to the Lebanese context and will be phased in with a long-term plan to upgrade old-age homes. The participation of nursing home heads in the development of the standards ensured ownership and anchored commitment to their application.

B. PROTECTION OF OLDER PERSONS FROM NEGLECT, VIOLENCE AND ABUSE

Although vastly under-researched, isolation, abuse and violence towards older persons – in the general community and in institutional care centres – are potential areas of concern in the region. Data from the Pan Arab Project for Family Health (PAPFAM) in 2008 point to a maltreatment prevalence rate among older adults of 1.2 per cent in Lebanon and 5.1 per cent in the State of Palestine. A more recent study in a rural community in Egypt points to a prevalence rate of 42.4 per cent for neglect, 5.7 per cent for physical abuse and 3.8 per cent for financial abuse, with women being more likely to report mistreatment than men.[26]

In the surveyed countries, Iraq reported a prevalence rate of abuse and neglect of 16.9 per cent among persons aged 60 years and above. In Morocco, 808 cases of violence were recorded in 2013 and 837 cases in 2014 in addition to 24 cases of sexual violence against women aged between 60 and 64 years in 2014. In Jordan, 787 complaints of violence, verbal and/or physical, were reported in 2016. Here, complaints are rarely referred to official justice and are often dealt with locally by a pledge to the complainant that the maltreatment or violence will not be repeated. The lack of consensus in defining and measuring abuse of older persons and its major subtypes (psychological, physical, sexual and financial abuse, and neglect) results in wide variations in reported prevalence rates. Worldwide, figures range between 2.6 per cent in the United Kingdom and 29.3 per cent in Spain.[27]

Arab societies pay profound respect to their elders and value social and religious obligations to sufficiently protect them against neglect, abuse and violence. Hence, mistreatment of older persons, where it exists, remains hidden, frequently cloaked by family secrecy. Legal deficiencies in tackling perpetrators discourage older persons from reporting violence and lead to underestimation of the problem.

None of the countries reviewed in the 2017 regional mapping provided detection measures specific to older persons. In Iraq and Oman, violence is generally self-reported and notified by civil society and the media. A free helpline for women, supervised by a specialized team whose role is to listen and offer guidance, is available in Tunisia. In Morocco and the State of Palestine, violence reporting and monitoring occurs through family or women protection programmes. Examples include Morocco's Institutional Information System for

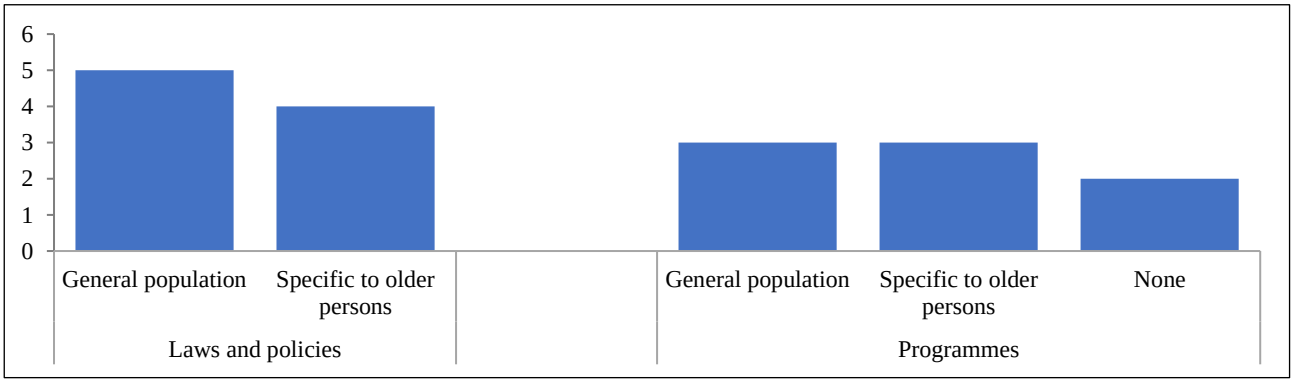
[26] Abdel Rahman T. Tomader and Maha M. El Gaafary, "Elder mistreatment in a rural area in Egypt", *Geriatric Gerontology International*, vol. 12, No. 3 (July 2012), pp. 532-537.

[27] Yongjie Yon and others. "Elder abuse prevalence in community settings: a systematic review and meta-analysis". *The Lancet: Global Health*, vol. 5, No. 2 (February 2017), e147-156.

Violence against Women and the National Observatory in the women's directorate of the Ministry of Development. Family protection programmes are operated by the Government and CSOs in the State of Palestine. In Oman and the Sudan, violence detection procedures are implemented by specialized national mechanisms and the police.

Relative to Western countries, the response to elder neglect and mistreatment through targeted policies and programmes has been slow in ESCWA member States. This is being addressed in the national action plans on ageing in Kuwait and Tunisia, and is mainstreamed into wider sectoral plans, policies or programmes in Jordan, Lebanon, Morocco and Oman.

Figure 9. Countries with policies and programmes on neglect, abuse and violence



Source: Results of the questionnaire on the third regional review of MIPAA 2002 (see appendix).

In most ESCWA member States, policies addressing violence against older persons are embedded in family protection and personal status laws that benefit all age groups. Laws specific to older persons were noted in chapters 218 and 319 of Tunisia's penal code, which criminalize violence against older persons, article 45 of the Constitution of Sudan, and law number 18 on the care of older persons in Kuwait. The second chapter of Iraq's penal code lists the penalties for those who endanger older persons (figure 9).

Programmes addressing neglect, abuse and violence against older persons range from awareness campaigns, in Kuwait, to individual and family counselling services, in Iraq, offered by the Social Research Office, where social workers provide guidance to the family of the abused elder; in cases where no solution is reached, they can offer to move the victim to a nursing home to receive proper care. The State of Palestine provides programmes that include awareness campaigns, legal consultations, individual and social counselling services, and internal institutional care.

C. Seniors in emergencies[28]

In recent years, wars, conflicts and political instability have been rife in Western Asia. This has led to mass social movements and a proliferation of internally displaced people and refugees, among them many older persons. Conflicts heighten the vulnerabilities of older persons; minor impairments that would not ordinarily interfere with daily life can develop into major handicaps during times of instability. Yet the distinct needs of older persons in emergencies, and their capacity to contribute, have been largely overlooked by disaster risk-reduction and humanitarian assistance programmes. There is a dearth of publications that examine seniors in emergencies or the consequences of armed conflict, loss of assets and waves of displacement on the health and social welfare of older persons.[29]

[28] Whereas this is discussed under Ageing and Development in MIPAA, in this report, we discuss seniors in emergencies as an issue pertinent to creating enabling and supportive environments.

[29] Sibai and others, "Landscape of research".

A recent study revealed that only 93 out of 1,912 humanitarian assistance projects explicitly addressed older persons as a vulnerable group.[30] Aside from offering training on giving first aid to older persons, national policies and programmes on emergency services in many ESCWA member States (Egypt, Iraq, Jordan, Lebanon, Morocco and the Sudan) have neglected to explicitly target older persons as a vulnerable population in need of tailored care. The symposium on seniors in emergencies which was organized by the Centre for Studies on Aging in Lebanon in 2013 drew the attention of relief actors to older refugees as both a vulnerable group requiring specific attention and as potentially active contributors in emergency situations. An action brief addressed specifically to relief workers in the field was prepared.

Most pertinent among emergency services are those that target the large number of displaced older persons and refugees in many ESCWA member States. In Lebanon, where refugees make up almost 30 per cent of the population, although humanitarian organizations and NGOs provide services to refugee populations, specific programmes for the welfare of older refugees are absent. A large majority of Syrian refugees in Lebanon are fully dependent on humanitarian assistance for their medical and non-medical needs. In Iraq, Jordan and Morocco, programmes that provide aid and support to refugees are non-specific to older persons. Only the Sudan reported programmes and services directed specifically to older refugees, where ministries and national and international NGOs provide for their nutritional and medical needs. Such efforts included those made by the Sudanese Red Cross.

Overall, consideration for older persons' specific needs in emergency responses is lacking. It cannot be assumed that older persons will benefit from programmes targeting the general population. Moreover, mainstreaming their concerns into general action plans does not ensure their consideration during and after emergencies. Governments, emergency planners and responders must, therefore, identify and integrate age-responsive actions in emergency planning, response and recovery.

D. STEPS FORWARD

1. *Key findings*

- Some moderately ageing countries, such as Jordan and Oman, report increased attention to building age-friendly cities by ensuring that public buildings are accessible to older persons;
- Clubs for older persons are increasingly present, albeit with a limited scope, in most countries;
- Many countries, including Jordan, Morocco, Oman, the State of Palestine and Tunisia, have expanded ageing-in-place and home-care programmes, though their reach and scope appear limited;
- Civil society organizations are reported to play a larger role in providing services and programmes that enable supportive environments;
- Although the number of old-age homes is increasing in the region, there is insufficient attention to standardized guidelines and criteria for the safety and well-being of older persons in these facilities;
- Policies that specifically protect older persons from abuse, violence and neglect remain scarce;
- A lack of consideration to older persons' specific needs persists in emergencies, wars and crises.

[30] HelpAge International and Handicap International, *Gaps in the Humanitarian Response to the Syrian Crisis for Persons with Disabilities and Older People, 14 May-8 July 2013* (London and Lyon).

2. *Barriers, facilitators and opportunities: relevance to SDGs*

In some ESCWA member States, large multigenerational families continue to act as a buffer against insecurity, poverty, neglect and abuse for many older persons, while in others, there remains a culture of taking care of older persons within the nuclear family household. Such arrangements, however, need to be supported. Since 2012, many member States have coordinated with civil society organizations to provide home-care programmes, respite services for caregivers, old-age homes and generally supportive environments to facilitate ageing in place. Yet, such activities continue to have a limited scope. They need further investment to meet the Goals of making cities inclusive, safe, resilient, and sustainable (SDG 11) and promoting peaceful and inclusive societies for sustainable development (SDG 16).[31] Such investments should focus on ensuring housing and basic services (target 11.1), accessible transport (target 11.2), disaster relief (target 11.5), and access to public spaces (target 11.7), and reducing violence (target 16.1) and promoting the rule of law and equal access to justice for all (target 16.3). Protection from neglect, abuse and violence, and from the fallout of crises, wars and conflicts, remains scarce in the region. This requires ESCWA member States to surmount barriers such as the lack of human and financial capacities and the absence of political will to implement national programmes that address these concerns.

3. *Suggested priority actions*

- Mainstream efforts to build age-friendly cities across the region, especially in rapidly ageing countries;
- Ensure older persons have access to community centres, day clubs and accredited, safe and health-promoting old-age homes;
- Continue to help civil society provide services and programmes for older persons;
- Ensure that policies and programmes are in place as a matter of urgency in order to protect older persons from violence, neglect and abuse, and to ensure their needs are met in emergency responses.

VI. RECOMMENDATIONS

This report appraises the implementation of the 2002 MIPAA in ESCWA member States, highlighting progress and emerging issues over the past five years. Although this overview is in no way exhaustive, we offer it to a diversified audience that includes policymakers, programme planners, service providers, researchers, civil society and advocacy groups, to review existing actions, policies and programmes, and benefit from examples of good practice and successful initiatives in specific countries.

Recommendations are presented below with two overarching premises. First, prioritizing population ageing on national and regional agendas is a key pathway towards meeting the 2030 Agenda of the Sustainable Development Goals. To this end, a combined framework that intersperses regional realities with the goals set out in MIPAA and the SDGs is a necessary tool for future policies and programmes on ageing. Second, while this report has outlined three paces of ageing in ESCWA member States – slow, moderate and rapid – slow or moderate paces should not mean slow or moderate action. Rather, all ESCWA member States need to anticipate the challenges of population ageing and be prepared for the new demographic realities, regardless of the pace at which their population is ageing.

Robustly mapping and monitoring the implementation of the ageing agenda: A successful ageing agenda in the Arab region is contingent on robust mapping, surveillance, monitoring and evaluation of policies and programmes, and a human rights-based, needs-driven, context-specific development of policies and solutions. Coordinated efforts to map the implementation of the ageing agenda are conditional on a

[31] The list of relevant SDGs can be found in the appendix.

standardized regional lexicon and definitions. A main barrier to advancing the ageing agenda has been a disconnection between policies passed by institutions and their implementation on the ground. A persistent concern is that policies are not enough; the scope of implementation of programmes (based on policies) needs to be a central indicator in future regional mappings. Potential measures include programme-specific details, such as their operational size (number of staff, extent of budget), their reach (number and kinds of beneficiaries, extent of national implementation) and their evaluation (success of implementation, facilitators and barriers). Civil society organizations need to be key partners in mapping efforts. Measuring such a policy-practice gap would help focus regional efforts to improve the health, well-being and livelihoods of older persons. The 2030 Agenda of the Sustainable Development Goals offers an impetus for taking a new and broader look at the way we measure our progress, using some of the MIPAA indicators but also developing additional ones to better assess achievements and ensure that no older person is left behind.

Acting as a cohesive whole/empowering State and non-State actors: Civil society organizations play key roles in delivering social and health services to older persons. The private sector has declined to play as large a part. Coordination between State and non-State actors needs to be further strengthened, and governmental and non-governmental efforts synchronized, to ensure accessible and affordable social protection services and health coverage to older persons. To successfully implement national policies and plans of action on ageing requires ageing issues to be streamlined across sectoral policies and efforts coordinated with other national development plans and policies. National committees for older persons, established in many ESCWA member States, play an integral role as a coalition platform for coordination between governmental and non-governmental actors.

Enabling holistic age-friendly health care to respond to population ageing: Chronic diseases and an ageing population challenge the health-care system in most countries of the region, notably those with limited resources, and underline the need for reforms. The challenge, however, is not insurmountable. A holistic, comprehensive model is required, one that integrates patient-centred care within primary health care and is supported by coordinated referrals to specialized care and follow-up.[32] At one end, age-friendly health care demands that primary-care physicians be trained in geriatrics to accommodate the needs of older persons and that gerontology programmes need to be integrated into all facets of health-care delivery to ensure the well-being of older persons.

Ensuring older persons are protected from neglect, abuse and violence: This is a neglected priority topic, with jarring implications. There has been insufficient data collection and research on it. Protection from neglect, abuse and violence through government and international platforms has also been insufficient. Arab societies pay profound respect for their elders, but this is challenged by competing demands on the family and younger generations. The vulnerability of older persons is heightened in many ESCWA member States by war and conflict, and other sources of instability and emergency. A commitment to the well-being of older persons must start with a commitment to ensure that they are given ample social, economic and legal protection from neglect, abuse and violence.

Building age-sensitive research infrastructure: The capacity for evidence-based policymaking and programme development depends on robust age-sensitive research. Data on the social, economic and health aspects of population ageing remains scarce in ESCWA member States. There is a need to build dynamic up-to-date gender, age and nationality disaggregated population-based databases on older persons to keep pace with rapid demographic, socioeconomic and health changes in the region. Funding agencies need to be sensitized to ageing issues, and research institutes on ageing established and financed to inform policies and programmes. Coordinated research efforts are also needed and entail the harmonization of methods, terminology and priority areas.

[32] Abla M Sibai and others, "The older Arab – from veneration to vulnerability?" in *Public Health in the Arab World,* S. Jabbour and others, eds. (Cambridge University Press, United Kingdom, 2012), ISBN: 978-0-521-51674-7, pp. 264-275.

Coordinating a regional or subregional response to rapid population ageing: ESCWA member States are characterized by disparate paces of ageing and different social, cultural, political, and economic processes, with some already ageing without being rich, others having grown rich and are ageing, and some resource-poor countries still in their early demographic transitions but with growing ageing concerns. Slow or moderate paces of ageing should not mean slow or moderate action. Regional efforts should be exerted to support all ESCWA member States in anticipating the challenges of population ageing and being prepared for new demographic realities. Projections indicate that population ageing will become a regional problem in the coming years, with evidence that the older persons of today are healthier than their predecessors. This requires a commensurate regional or subregional cross-country response. Regional coordination and cross-country collaboration promote dialogue and the sharing of knowledge and experiences of successes and failures. They may save resources and realize advances in the health, social and legal situations of older persons. Regional responses may include identifying priorities, coordinating data collection and research and other activities, challenging attitudes and learning from best practices and similar experiences elsewhere.

Appendix

LINKAGES BETWEEN THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING (MIPAA) AND SUSTAINABLE DEVELOPMENT GOALS (SDGs) FRAMEWORKS

Madrid International Plan of Action on Ageing (MIPAA, 2002)		Sustainable Development Goals (SDGs, 2017)	
Priority direction I	**Older persons and development**	**SDG 1**	**End poverty in all its forms everywhere**
Issue 6	Eradication of poverty.		
Objective 1	Reduction of poverty among older persons.		
(a)	Reduce the proportion of persons living in extreme poverty by one half by 2015.	*1.2*	By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions.
(b)	Include older persons in policies and programmes to reach the poverty reduction target.	*1.3*	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.
(c)	Promote equal access for older persons to employment and income-generation opportunities, credit, markets and assets.	*1.4*	By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.
(f)	Support innovative programmes to empower older persons, particularly women, to increase their contributions to and benefit from development efforts to eradicate poverty.		
Priority direction II	**Advancing health and well-being into old age**	**SDG 2**	**End hunger, achieve food security and improved nutrition and promote sustainable agriculture**
Issue 1	Health promotion and well-being throughout life.	*2.1*	By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.
Objective 3	Access to food and adequate nutrition for all older persons.	*2.2*	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.
(a)	Promote equal access to clean water and safe food for older persons.		
(b)	Achieve food security by ensuring a safe and nutritionally adequate food supply at both the national and international levels. In this regard, ensure that food and medicine are not used as tools for political pressure.		
Priority direction II	**Advancing health and well-being into old age**	**SDG 3**	**Ensure healthy lives and promote well-being for all at all ages**
Issue 1	Health promotion and well-being throughout life.	*3.4*	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
Objective 1	Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age.	*3.8*	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
Issue 2	Universal and equal access to health-care services.		
Objective 2	Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process.		

Madrid International Plan of Action on Ageing (MIPAA, 2002)		Sustainable Development Goals (SDGs, 2017)	
Issue 4	Training of care providers and health professionals.	*3.B*	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines…and, in particular, provide access to medicines for all.
		3.C	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries.
Issue 5	Mental health needs of older persons.		
Objective 1	Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons.		
Issue 6	Older persons and disabilities.		
Objective 1	Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities.		
Priority direction I	**Older persons and development**	**SDG 4**	**Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**
Issue 4	Access to knowledge, education and training.	*4.4*	By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.
Objective 1	Equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services.	*4.5*	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.
(a)	Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.	*4.6*	By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy.
(b)	Encourage and promote literacy, numeracy and technological skills training for older persons and the ageing workforce, including specialized literacy and computer training for older persons with disabilities.		
(c)	Implement policies that promote access to training and retraining for older workers and encourage them to continue to use their acquired knowledge and skills after retirement.		
Article 8	*We recognize the need to mainstream a gender perspective into all policies and programmes to take account of the needs and experiences of older women and men.*	**SDG 5**	**Achieve gender equality and empower all women and girls**
Priority direction II	**Advancing health and well-being into old age**		
Issue 2	Universal and equal access to health-care services.	*5.1*	End all forms of discrimination against all women and girls everywhere.
Objective 1	Elimination of social and economic inequalities based on age, gender or any other ground…to ensure that older persons have universal and equal access to health care.	*5.A*	Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.

Madrid International Plan of Action on Ageing (MIPAA, 2002)

Priority direction III	**Ensuring enabling and supportive environments**
Issue 3	Neglect, abuse and violence.
Objective 1	Elimination of all forms of neglect, abuse and violence of older persons.
Priority direction I	**Older persons and development**
Issue 2	Work and the ageing labour force.
Objective 1	Employment opportunities for all older persons who want to work.
(b)	Enable older persons to continue working as long as they want to work and are able to do so.
(e)	Promote self-employment initiatives for older persons, inter alia, by encouraging the development of small and microenterprises and by ensuring access to credit.
Priority direction I	**Older persons and development**
Issue 3	Rural development, migration and urbanization.
Priority direction III	**Ensuring enabling and supportive environments**
Issue 1	Housing and the living environment.
Objective 1	Promotion of "ageing in place" in the community with due regard to individual preferences and affordable housing options for older persons.
Objective 2	Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons in particular those with disabilities.
Objective 3	Improved availability of accessible and affordable transportation for older persons.
Issue 2	Care and support for caregivers.
Objective 1	Provision of a continuum of care and services for older persons from various sources and support for caregivers.
Objective 2	Support the caregiving role of older persons, particularly older women.
Issue 3	Neglect, abuse and violence.
Issue 4	Images of ageing.

Sustainable Development Goals (SDGs, 2017)

5.2	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
SDG 8	**Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all**
8.5	By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.
SDG 10	**Reduce inequality within and among countries**
10.2	By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
SDG 11	**Make cities and human settlements inclusive, safe, resilient and sustainable**
11.1	By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.
11.2	By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.
11.5	By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.
11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

Madrid International Plan of Action on Ageing (MIPAA, 2002)

III Implementation and follow-up

116 …Progress in the implementation of the Plan should be contingent upon effective partnership between Governments, all parts of civil society and the private sector as well as an enabling environment based, inter alia, on democracy, the rule of law, respect for all human rights, fundamental freedoms and good governance at all levels…

119 Other crucial elements of implementation include:… national data collection and analysis, such as the compilation of gender and age specific information for policy planning, monitoring and evaluation…

125 Other priorities for international cooperation on ageing should include exchange of experiences and best practices… data collection to support policy and programme development as appropriate…

Sustainable Development Goals (SDGs, 2017)

SDG 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all.

16.6 Develop effective, accountable and transparent institutions at all levels.

16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels.

SDG 17 Strengthen the means of implementation and revitalize the global partnership for sustainable development

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries.

Appendix table 1. Current and projected population counts, crude birth rates and crude death rates in ESCWA (1985-2050)

Country	Total population (thousands)					Crude birth rates (births per 1000)[a]					Crude death rates (deaths per 1000)[a]				
	1985	2000	2015	2030	2050	1985	2000	2015	2030	2050	1985	2000	2015	2030	2050
World	4,852,541	6,126,622	7,349,472	8,500,766	9,725,148	27.5	20.8	18.6	16.1	14.4	9.5	8.4	7.8	8.3	9.4
Bahrain	419	667	1,377	1,642	1,822	31.4	20.0	13.1	10.1	8.6	3.6	2.7	2.5	4.0	8.1
Egypt	49,374	68,335	91,508	117,102	151,111	36.6	25.2	25.1	20.3	16.5	9.3	6.6	5.9	6.0	6.7
Iraq	15,576	23,575	36,423	54,071	83,652	38.3	34.9	33.2	28.4	23.7	7.6	5.6	5.0	4.6	5.2
Jordan	2,783	4,767	7,595	9,109	11,717	35.3	30.2	24.9	19.5	14.9	5.5	4.0	3.8	4.3	6.2
Kuwait	1,735	1,929	3,892	4,987	5,924	25.3	21.3	18.4	12.5	11.6	2.8	2.7	2.6	4.1	7.8
Lebanon	2,677	3,235	5,851	5,292	5,610	25.9	16.3	15.4	11.6	9.8	7.0	5.2	4.5	5.7	8.4
Libya	3,841	5,337	6,278	7,418	8,375	32.4	21.9	18.7	13.8	11.7	5.6	4.8	5.4	6.6	9.8
Mauritania	1,767	2,711	4,068	5,666	8,049	41.2	37.6	32.0	27.5	22.5	10.9	9.4	7.7	7.4	7.7
Morocco	22,596	28,951	34,378	39,787	43,696	31.4	20.6	19.1	14.3	12.0	8.1	6.2	5.7	6.4	8.6
Oman	1,498	2,239	4,491	5,238	5,844	42.9	22.4	17.5	10.7	10.6	6.4	3.3	2.7	3.6	6.4
Qatar	371	593	2,235	2,781	3,205	24.9	18.3	11.5	8.9	8.3	2.3	2.0	1.5	2.5	5.5
Saudi Arabia	13,361	21,392	31,540	39,132	46,059	37.9	24.4	18.5	14.6	11.7	5.5	3.6	3.5	5.1	8.4
State of Palestine	1,759	3,224	4,668	6,765	9,791	45.1	35.9	31.4	25.0	19.7	5.5	3.8	3.5	3.6	4.4
Sudan	17,098	28,080	40,235	56,443	80,284	42.1	38.9	31.7	26.7	21.2	12.3	10.0	7.5	6.7	6.8
Syrian Arab Republic	10,667	16,354	18,502	28,647	34,902	38.4	28.8	21.2	17.8	13.7	5.0	3.7	5.5	5.5	7.0
Tunisia	7,322	9,699	11,254	12,686	13,476	29.0	16.6	17.0	12.1	11.5	6.9	5.7	6.6	7.6	10.3
United Arab Emirates	1,350	3,050	9,157	10,977	12,789	28.3	15.1	10.0	8.4	7.9	2.9	1.8	1.8	3.5	7.2
Yemen	9,774	17,795	26,832	36,335	47,170	53.4	37.9	30.6	22.8	16.0	12.3	8.6	6.7	6.2	7.4
ESCWA member States	*163,968*	*241,933*	*340,284*	*444,078*	*573,476*	*37.2*	*27.9*	*24.6*	*20.2*	*16.7*	*8.4*	*6.2*	*5.5*	*5.7*	*7.0*
Per cent of world	3.4	3.9	4.6	5.2	5.9										

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

[a] Crude birth rates and crude death rates are provided over five-year time periods starting with the year presented.

Appendix table 2. Life expectancy at birth in ESCWA member States

Country	1985-1990			2000-2005			2015-2020			2030-2035			2050-2055		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
World	63.6	61.4	65.8	67.0	64.9	69.2	71.7	69.5	73.9	74.6	72.4	76.8	77.8	75.9	79.8
Bahrain	71.9	70.8	73.2	75.0	74.2	75.9	77.1	76.2	78.1	79.1	78.3	80.1	81.8	81.3	82.4
Egypt	63.5	61.2	65.9	69.0	66.7	71.4	71.8	69.6	74.1	74.4	72.1	76.7	77.5	75.4	79.6
Iraq	64.5	60.9	68.4	68.9	66.9	71.0	70.0	67.7	72.3	72.1	69.6	74.6	74.6	72.1	77.2
Jordan	69.2	67.9	70.6	72.2	70.8	73.8	74.6	72.9	76.3	76.8	75.1	78.6	79.6	78.3	81.1
Kuwait	71.7	70.9	72.9	73.3	72.6	74.5	74.8	73.8	76.2	76.5	75.3	78.1	78.9	77.7	80.4
Lebanon	69.6	67.9	71.3	75.6	73.9	77.4	80.3	78.6	82.1	84.0	82.9	85.3	87.2	86.2	88.3
Libya	67.5	65.9	69.4	70.8	69.1	72.8	72.2	69.5	75.2	74.5	71.8	77.4	77.5	75.1	79.9
Mauritania	57.8	56.5	59.0	60.3	58.6	61.9	63.6	62.1	65.2	65.6	63.9	67.4	68.0	66.0	70.1
Morocco	63.2	61.7	64.7	69.5	68.0	71.0	74.9	73.8	76.0	78.0	76.8	79.1	81.3	80.5	82.1
Oman	65.6	63.9	67.6	73.2	71.4	75.5	77.5	76.0	79.9	80.8	79.7	82.5	84.5	84.1	85.3
Qatar	74.4	73.7	75.7	76.4	75.6	78.1	78.7	77.9	80.4	81.1	80.5	82.4	84.2	84.0	84.8
Saudi Arabia	67.9	66.4	69.6	72.9	71.6	74.4	74.8	73.5	76.3	76.7	75.6	78.4	79.5	78.5	80.8
State of Palestine	67.1	65.5	68.7	71.1	69.5	72.9	73.5	71.5	75.6	75.9	73.8	78.0	78.8	77.0	80.7
Sudan	55.1	53.7	56.6	58.9	57.0	60.8	64.2	62.6	65.8	67.4	65.5	69.3	70.8	68.6	73.0
Syrian Arab Republic	69.3	68.4	70.3	73.2	70.9	75.7	70.7	65.2	77.2	73.9	68.7	79.6	77.8	73.3	82.2
Tunisia	67.1	65.4	69.1	73.7	71.4	76.3	75.5	73.2	77.9	77.9	75.8	79.9	80.6	79.1	82.0
United Arab Emirates	70.7	69.7	72.3	74.8	74.0	76.3	77.5	76.9	79.1	80.1	79.6	81.4	83.6	83.5	84.0
Yemen	56.8	55.2	58.2	61.0	59.7	62.4	64.5	63.1	65.9	67.1	65.4	68.7	69.9	68.0	71.9
ESCWA member States	63.7	61.9	65.6	68.4	66.6	70.3	71.3	69.5	73.2	73.6	71.7	75.7	76.4	74.5	78.4

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

Appendix table 3. Current and projected percentages of population above the age of 60 and 80 in ESCWA member States

Country	Percentage of population aged 60 and above					Percentage of population aged 80 and above				
	1985	2000	2015	2030	2050	1985	2000	2015	2030	2050
World	8.7	9.9	12.3	16.5	21.5	0.9	1.2	1.7	2.4	4.5
Bahrain	4.0	3.8	3.9	10.8	23.7	0.3	0.4	0.3	0.6	3.3
Egypt	7.2	7.4	7.9	9.9	15.3	0.6	0.7	0.8	1.0	1.8
Iraq	5.8	5.2	5.0	5.8	8.8	0.5	0.6	0.5	0.4	0.8
Jordan	5.2	5.0	5.4	8.6	15.8	0.6	0.4	0.5	0.8	2.0
Kuwait	2.4	3.2	3.4	8.9	20.1	0.2	0.2	0.2	0.4	1.9
Lebanon	7.9	10.4	11.5	19.2	30.8	0.8	0.9	1.5	3.2	7.5
Libya	4.7	5.8	7.0	12.0	21.8	0.3	0.4	0.7	0.9	2.8
Mauritania	4.9	4.9	5.1	6.5	9.0	0.2	0.3	0.4	0.4	0.7
Morocco	5.7	7.7	9.6	15.1	23.4	0.4	0.5	1.1	1.5	4.1
Oman	3.7	4.0	4.4	9.4	24.5	0.3	0.4	0.4	0.9	3.5
Qatar	2.0	2.9	2.3	7.9	19.8	0.3	0.2	0.1	0.4	3.1
Saudi Arabia	4.0	4.3	5.0	11.1	20.9	0.3	0.4	0.5	0.6	2.7
State of Palestine	3.4	3.7	4.5	6.2	10.4	0.3	0.2	0.4	0.6	1.2
Sudan	4.6	4.6	5.2	6.4	9.2	0.3	0.4	0.4	0.6	0.9
Syrian Arab Republic	4.6	4.8	6.4	8.9	16.4	0.4	0.4	0.7	0.8	2.0
Tunisia	6.9	9.6	11.7	17.7	26.5	0.4	0.8	1.6	1.9	4.8
United Arab Emirates	2.0	1.7	2.3	11.3	23.5	0.0	0.1	0.1	0.4	4.1
Yemen	4.2	4.1	4.7	5.3	9.9	0.3	0.4	0.3	0.4	0.6
ESCWA member States	5.7	6.0	6.6	9.3	14.9	0.5	0.5	0.7	0.8	1.9

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

Appendix table 4. Old-age dependency ratios and ageing index in ESCWA member States

Country	Old-age dependency ratios					Ageing index				
	1985	2000	2015	2030	2050	1985	2000	2015	2030	2050
World	9.7	10.9	12.6	18.1	25.6	17.3	22.7	31.7	49.5	75.2
Bahrain	4.1	3.7	3.2	8.7	24.8	7.8	7.8	11.1	41.7	128.2
Egypt	8.5	8.7	8.5	10.5	16.3	11.5	14.0	15.7	22.6	40.5
Iraq	8.1	6.5	5.5	6.0	9.7	8.7	8.1	7.5	9.3	18.0
Jordan	7.3	5.4	6.2	8.0	17.6	7.6	7.9	10.6	17.9	48.3
Kuwait	2.2	2.9	2.6	6.8	20.0	3.6	7.3	8.9	24.1	80.0
Lebanon	8.9	11.1	12.0	21.1	37.4	14.1	24.7	33.9	72.8	162.9
Libya	5.4	6.0	6.9	10.5	24.7	6.3	11.4	15.3	32.8	86.2
Mauritania	5.8	5.9	5.7	6.8	9.4	6.7	7.4	8.1	11.4	19.0
Morocco	6.1	8.6	9.3	16.1	27.1	8.1	15.6	22.7	45.4	92.1
Oman	4.7	4.1	3.4	7.8	27.1	5.3	6.7	12.7	27.8	111.7
Qatar	1.8	2.3	1.4	5.1	18.6	4.7	6.5	7.5	28.6	113.3
Saudi Arabia	4.7	4.9	4.2	9.5	23.2	6.0	7.8	10.0	29.8	81.7
State of Palestine	4.4	4.6	5.2	6.5	10.8	4.4	4.7	7.4	11.0	24.0
Sudan	5.8	5.6	5.9	6.8	9.6	6.3	6.8	8.2	11.6	20.4
Syrian Arab Republic	5.9	6.0	6.9	9.0	17.2	6.0	8.2	11.0	20.6	52.7
Tunisia	7.9	10.6	11.0	18.6	31.1	11.4	22.8	32.4	58.9	112.6
United Arab Emirates	1.8	1.4	1.3	7.7	22.7	4.0	4.1	8.2	50.6	139.6
Yemen	5.7	5.7	4.9	5.7	8.7	5.3	5.7	6.9	10.6	23.7
ESCWA member States	7.2	7.4	7.1	10.1	17.4	8.4	10.6	12.6	20.9	41.4

Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2015 Revision*.

Appendix table 5. Roles of national committees on ageing

Country	Planning	Collaboration & coordination	Monitoring & evaluation	Advocacy	Research and data	Implementation	Technical support	Advisory	Resource mobilization
SLOW									
Iraq	x	✓	✓	✓	✓	✓	x	x	x
State of Palestine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sudan	✓	✓	✓	✓	✓	✓	✓	✓	✓
MODERATE									
Jordan	✓	✓	✓	x	x	x	x	✓	✓
Kuwait	✓	✓	✓	✓	✓	✓	✓	x	✓
Oman	✓	x	x	x	x	x	x	x	x
RAPID									
Lebanon	✓	✓	x	✓	✓	x	✓	✓	x
Morocco	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tunisia	✓	✓	✓	✓	✓	x	✓	✓	✓
Total	8	8	7	7	7	5	6	6	6

Source: Results of the questionnaire on the third regional review of MIPAA 2002.

Third Regional Review of the Madrid International Plan of Action on Ageing, 2002

The report of the Secretary-General on the "Further implementation of the Madrid International Plan of Action on Ageing, 2002", which sets out the programme of work for the implementation of the third review and appraisal of the Plan, states that the review will take place at the global level in 2018 and should be preceded by regional reviews in 2017. United Nations Economic and Social Council resolution 2015/5, on Modalities for the third review and appraisal of the Madrid International Plan of Action on Ageing, 2002, has entrusted to the United Nations regional commissions a number of responsibilities, including facilitation of the regional review and appraisal exercise through the organization of regional review meetings, analysis of the main findings, identification of key priority action areas and good practices, and suggestion of policy responses by 2017 to ensure that older persons are not excluded from development efforts.

This questionnaire aims to assess progress made by member States in the implementation of the recommendations under the three priority directions of the Madrid International Plan of Action on Aging since the second regional review in December 2011. The questionnaire also aims to identify the main challenges and priority issues for ESCWA member States, and to highlight examples and good practices in the region. The questionnaire results will be discussed and approved by member States in a regional meeting to be held in the second quarter of 2017. They will be included in the report of the Secretary-General to the fifty-sixth Commission on Social development, which will be held in February 2018.

Completing the questionnaire requires coordination among the various ministries and government bodies. It is also important to undertake the following tasks:

- Ensure that all the provided information is compliant with the ageing definition adopted in your country, and indicate any discrepancy as required below the spreadsheets;
- Provide relevant available data even if not detailed to the level requested in the data tables;
- Provide copies/links to policy documents, legislations, papers and reports, which have been used to complete the questionnaire and may help to enrich the analysis;
- Provide information on future plans (policies, legislations, programmes or projects, etc.) related to older persons.

Section I: National-level institutions

1. Which institution or body draws policies and plans and coordinates activities relating to older persons in your country at the national level?

(*More than one option may be selected*)

	Department/Office/Unit	National committee	Another organizational body
Please specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Official name			
Contact references: telephone numbers web link			
Date of establishment			
Name of the governmental institution/body that the Department/Office/Unit is associated with			
Mandate of the Department/Office/Unit (to be attached to this questionnaire)			
Legal decree (to be attached to this questionnaire)			

2. Does the national committee or body concerned with older persons include representatives from other official bodies and non-governmental organizations?

☐ Yes ☐ No

Please specify (*using the following list: Ministry of Health, Ministry of Social Affairs, Ministry of Environment, Ministry of Transport and Communications, Ministry of Education, Ministry of Labour, Ministry of Finance, Ministry of Information and Communications, Ministry of Municipalities, Academic and research institutions, international organizations, and associations related to older persons or retired persons*).

3. Please identify the roles assigned to this committee/body:

Advocacy ☐ Planning ☐ Implementation ☐
Resource mobilization ☐ Conducting studies and research ☐ Advisory services ☐
Coordination and cooperation ☐ Monitoring and evaluation ☐
Providing technical assistance ☐

Other tasks	Please specify:

Section II: General information

4. What is the age used to define older persons in policies and programmes in your country?

5. General demographic indicators – Please fill in the table below:

Demographic indicator	Male	Female	Males+females
Total population (in figures)			
Percentage of people aged between 0-14 years			
Percentage of people aged between 15-59 years			
Percentage of people aged between 60-64 years			
Percentage of people aged between 65-79 years			
Percentage of people aged 60 and above			
Percentage of people aged 65 and above			
Percentage of people aged 80 and above			
Life expectancy at birth (years)			
Life expectancy at the age of 60 (years)			
Life expectancy at the age of 65 (years)			
Marital status of older persons			
Never married (%)			
Currently married (%)			
Currently divorced or widowed (%)			
Data source: (please specify)			

6. Does the State/public sector celebrate the International Day of Older Persons?

☐ Yes ☐ No

Please specify the date:	

7. Have State or non-State actors organized a conference on issues of concern to older persons at the national level since the last review of the Madrid Plan of Action in 2012?

Please fill in the table below:

Year	Body/Entity	Title of the conference	Recommendations	Please specify the electronic link, provide a soft copy of the recommendations (if possible)

Section III: Research, studies and data

8 (a) When was the last national population census conducted?

8 (b) Were the data segregated by age or sex? ☐ Yes ☐ No

What are the main obstacles that you are facing in this regard? Please specify:

9. Have studies or surveys specific to older persons been conducted by State or non-State actors at the national level since the last review of the Madrid Plan of Action in 2012?

☐ Yes ☐ No

Please specify 3 to 4 of the most important and most comprehensive reports:

Title of the report or study	Issue date	Sample size	The entity that conducted the study	Source of funding	Provide a link or a soft copy of the study (if possible)

10. What are the main challenges faced by the government entity concerned with the collection of data on older persons? Please elaborate:

11 (a) To what extent do researchers and policymakers coordinate and communicate to support, enhance or promote issues of concern to older persons (through regular meetings, national committees, etc.)?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐

11 (b) Please elaborate and provide examples:

12 (a) Is there a center or an observatory where data and evidence on ageing and older persons are compiled (research, studies, reports, etc.)?

☐ Yes ☐ No

12 (b) Please indicate the name and affiliation of this observatory:

Section IV: Policies and Plans of Action

13 (a) Does your country have a comprehensive national policy or strategy focused on older persons?

☐ Yes ☐ No

13 (b) What is the full title of this policy or strategy? When was it developed? When was it adopted?

13 (c) Did this policy or strategy lead to the development of a national plan of action?

☐ Yes ☐ No

13 (d) What is the full title of this plan of action? When was it developed? When was it adopted?

14. Budget allocated to address issues of importance to older persons:

14 (a) What percentage of the State budget is allocated to the body responsible for handling older persons' issues?

14 (b) Has this percentage changed since 2012? ☐ Yes ☐ No

14 (c) How did it change compared with 2012? | |

14 (d) Is the budget gender-sensitive?[1] ☐ Yes ☐ No

14 (e) Please specify the sectors that have/are allocated budgets to address older persons' issues (*such as health, housing, transportation, literacy, labour, etc.*). Please specify the budget amounts.

15. What are the main difficulties and challenges faced when developing or implementing the national policy/strategy and the national plan of action that derives from it?

Please specify and prioritize challenges by order of importance (*insufficient political commitment; insufficient cooperation between ministries; scarcity of information; lack of financial resources; insufficient translation of research into policies; lack of human resources*):

1	Please select from the above list
2	Please select from the above list
3	Please select from the above list
4	Please select from the above list
5	Please select from the above list
6	Please select from the above list
Other challenges	Please specify:

[1] The gender-sensitive budget is a tool for integrating a gender perspective into government institutions and the development process by analysing the various impacts of fiscal policies on expenditures and incomes centrally and locally, and on the different social groups, as well as on women and men, at each stage of the budget cycle. Thus, a gender-sensitive budget allows to identify the gaps in the allocation of public resources and reallocate these resources with a view to responding to the needs and priorities of the population and achieving justice, equity and equal opportunities. (See Mainstreaming Gender in Arab Countries: Experiences and Lessons Learned, E/ESCWA/ECW/2013/5).

16. Please select an issue of importance from the following list: *health coverage for older persons; pension; poverty reduction for older persons; income support for older persons; social coverage for older persons; housing for older persons; older persons' abuse and neglect; disability for older persons; tax exemption for older persons; and promoting a positive image of ageing*.

Determine, for each issue, whether it is: *not addressed; addressed in the national plan of action on ageing; integrated in other sectoral plans or policies; or addressed both in the national plan of action on ageing* and through sectoral plans or policies.

Identify the *planning phase*: a document exists or a committee or body has been created to develop the document; *initiation phase*: the committee or body took specific steps to address the issue; *implementation phase*: work has been effected and a budget and work plan defined for more than one year.

Finally, identify the responsible entity.

	Issue of importance	Is/how the issue addressed	Planning and implementation phase	Responsible entity
a	Please select from the above list	Please select from the above list	Please select from the above list	
b	Please select from the above list	Please select from the above list	Please select from the above list	
c	Please select from the above list	Please select from the above list	Please select from the above list	
d	Please select from the above list	Please select from the above list	Please select from the above list	
e	Please select from the above list	Please select from the above list	Please select from the above list	
f	Please select from the above list	Please select from the above list	Please select from the above list	
g	Please select from the above list	Please select from the above list	Please select from the above list	
h	Please select from the above list	Please select from the above list	Please select from the above list	
i	Please select from the above list	Please select from the above list	Please select from the above list	
j	Please select from the above list	Please select from the above list	Please select from the above list	
k	Other issue - specify	Please select from the above list	Please select from the above list	
l	Other issue - specify	Please select from the above list	Please select from the above list	
m	Other issue - specify	Please select from the above list	Please select from the above list	
n	Other issue - specify	Please select from the above list	Please select from the above list	

17. Have issues of older persons been considered in the (national) implementation framework for the 2030 Agenda for Sustainable Development?

☐ Yes ☐ No

Please specify:

First priority direction: Older persons and development

Active participation in society and development

18. To what extent does the Government encourage the effective participation of older persons in development and monitoring of national policies on ageing and older persons?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐

Please comment/clarify:

19. To what extent do civil society organizations promote the active participation of older persons in the development and monitoring of national policies on ageing?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐

Please comment/clarify:

Labour and the ageing labour force

20. What is the legal age of retirement in your country for both males and females in the public and private sectors?

Sector	Males	Females
public		
private		

21. Are there policies that encourage early retirement? ☐ Yes ☐ No

What is their purpose? Please clarify:

22. Are there policies that encourage older persons to participate in the labour market?

☐ Yes ☐ No

Please clarify:

23. Are there programmes that encourage older persons to participate in the labour market?

☐ Yes ☐ No

Please clarify:

24. Are there data or information on the causes that lead older persons to work after retirement?

☐ Yes ☐ No

Please clarify:

25. Are there data on employment among older persons? ☐ Yes ☐ No

Please fill in the table below:

	Males						**Females**					
	60+		**60-64**		**65-79**		**60+**		**60-64**		**65-79**	
Indicator	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Public sector workers												
Informal sector workers												

Data source: (please specify)

Access to knowledge, education and training

26. Are there policies to promote literacy among older persons? ☐ Yes ☐ No

Please clarify:

27. Are there programmes to promote literacy among older persons? ☐ Yes ☐ No

Please clarify:

28. Are there programmes that encourage lifelong learning? ☐ Yes ☐ No

Please clarify:

29. Are there data on the level of education among older persons? ☐ Yes ☐ No

Please fill in the table below:

	Males		Females		Males+females	
Educational attainment	Number	%	Number	%	Number	%
Illiterate						
Can read and write						
Completed elementary education						
Completed intermediate education						
Completed secondary education						
Completed technical education						
Completed university education						

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

Strengthening intergenerational solidarity

30. Are there policies that promote intergenerational solidarity (*e.g. youth providing sitters' services for older persons, volunteering, families hosting older persons, etc.*)? ☐ Yes ☐ No

Please clarify:

31. Are there programmes that encourage intergenerational solidarity (*e.g. youth providing sitters' services for older persons, volunteering, families hosting older persons, etc.*)? ☐ Yes ☐ No

Please clarify:

32 (a) Are there standards for the provision and evaluation of care in nursing homes and care centres?

No ☐ Being prepared ☐ Ready ☐ Being implemented ☐

32 (b) If the standards are in the implementation stage, what are the monitoring tools used? Please clarify:

33. Are there data on the living arrangements of older persons ageing in place in your country? ☐ Yes ☐ No

Please fill in the table below:

	Males		Females		Males+females	
Living arrangements for older persons	Number	%	Number	%	Number	%
Living alone						
Living with spouse						
Living with spouse and children						
Living with spouse and relatives (without children)						
Living with children and relatives (without spouse)						
Living with relatives (without spouse and children)						

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

34. Are there data on the role of older persons in the provision of care to grandchildren and other relatives?

☐ Yes ☐ No

Please fill in the table below:

Indicator	Males	Females	Males+females
Older persons who provide care for relatives (%)			

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

35 (a) Is there information on financial exchanges between older persons and their children?

☐ Yes ☐ No

Please fill in the table below:

	Males		Females		Males+females	
Financial exchanges between older persons and their children	Number	%	Number	%	Number	%
Older persons receive financial assistance from children						
Older persons receive financial assistance from other relatives						
Older persons provide financial assistance to children						

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

35 (b) Is there information on older persons providing assistance for their children in their daily life activities?

☐ Yes ☐ No

Please fill in the table below:

	Males		Females		Males+females	
Providing assistance in daily life activities	Number	%	Number	%	Number	%
Through providing care to children						
Through taking care of domestic matters						
Other services – specify						

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

36. Are there data on the numbers and proportions of older persons in nursing homes?

☐ Yes ☐ No

Please fill in the table below:

	Males		Females		Males+females	
	Number	%	Number	%	Number	%
Older persons who reside in nursing homes						

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

37 (a) Is the cost of nursing homes affordable? ☐ Yes ☐ No

37 (b) What is the daily cost per resident?	Please specify:
37 (c) Does the Government contribute to the cost and by how much?	Please specify:

38. Are there data on nursing homes and day-care centres? ☐ Yes ☐ No

Please fill in the table below:

	Affiliated to the civil society	Affiliated to the private sector	Affiliated to the State	Contracted by the State	Total
Nursing homes					
Day-care centres for older persons					

Data source: (please specify)

Poverty eradication

39. Are there data on the proportion of older persons living below the poverty line?

☐ Yes ☐ No

Please fill in the table below:

	Males	Females	Males+females
Proportion of older persons below the poverty line			

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

40. Are there data on the proportions of older persons suffering from malnutrition?

☐ Yes ☐ No

Please fill in the table below:

	Males	Females	Males+females
Proportion of undernourished older persons			

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

Income and social security/social insurance and poverty prevention

41 (a) What are the policies governing the retirement pension in the public sector? Please specify:

41 (b) What are the policies governing the retirement pension in the formal private sector? Please specify:

42. Are there policies that ensure the provision of social protection and retirement pensions for workers in the formal sector?

☐ Yes ☐ No

Please elaborate:

43. Are there policies to support income-generating projects (credit schemes) for older persons?[2]

☐ Yes ☐ No

Please elaborate:

44. Are there programmes on supporting income-generating projects for older persons?

☐ Yes ☐ No

Please elaborate:

45. Are there programmes targeting older persons in rural areas (such as poverty alleviation programmes)?

☐ Yes ☐ No

Please elaborate:

[2] According to the International Labour organization (ILO), minimum income support schemes, also commonly referred to as social assistance schemes, are targeted non-contributory schemes that aim to provide a minimum level of resources to those individuals and households living under a defined threshold of income or assets (see http://www.social-protection.org/gimi/gess/ShowTheme.do;jsessionid=223XYsJTLjJzjQZLChHDyh7gfjTlm69PTnL36cyvGxpnX6j3gnvD!-1013002966?tid=9&lang=EN).

46. Are there data on the numbers and proportions of older persons who receive a pension?

☐ Yes ☐ No

Please fill in the table below:

	Males		Females		Males+females	
Older persons who receive a pension	Number	%	Number	%	Number	%
From the public sector						
From the private sector						

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

Emergency situations

47. Please choose from the list below the situation that best describes the National Emergency Preparedness Plan (no national emergency preparedness plan; an emergency preparedness plan exists but does not include older persons' issues; an emergency preparedness plan exists and includes older persons' issues):

Please select from the above list

48. Are there training programmes focusing on the provision of first aid to older persons in emergency situations?

☐ Yes ☐ No

Please elaborate:

49. Are there programmes in your country focusing on displaced older persons?

☐ Yes ☐ No

Please elaborate:

Concluding questions of the first priority issue

50. What are the main constraints or obstacles facing older persons and issues of concern to them in the development process? Please give examples:

51. What are the main positive factors supporting older persons and issues of concern to them in the development process? Please give examples:

Second priority direction: advancing health and well-being into old age

Health promotion and well-being throughout life

52 (a) Are there policies to promote healthy ageing?

☐ Yes ☐ No

52 (b) Please select a policy from the following list : *policy encouraging smoking cessation; policy encouraging physical activity; policy encouraging screening for chronic diseases*.

Specify, for each policy, the planning and implementation phases as such*: planning phase; development and initiation phase; implementation phase*, and specify the policy's objective and impact.

	Policies developing health promotion targeting older persons	**Planning and implementation phase**	**The policy's objective and impact**
a	Please select from the above list	Please select from the above list	
b	Please select from the above list	Please select from the above list	
c	Please select from the above list	Please select from the above list	
d	Other policies – Please specify:	Please select from the above list	
e	Other policies – Please specify:	Please select from the above list	
f	Other policies – Please specify:	Please select from the above list	
g	Other policies – Please specify:	Please select from the above list	

53 (a) What are the most common diseases among older persons? Please specify:

53 (b) Are there data on the health status of older persons? ☐ Yes ☐ No

If yes, please specify the available data in the table below (*using the following list: cardiovascular diseases, diabetes, high blood pressure, depression, musculoskeletal diseases, fractures, degenerative neurological diseases such as Alzheimer, limitations in hearing and vision, overweight, chronic lung condition, alcoholism, etc.*):

	Males	**Females**	**Males+females**
Health condition	%	%	%

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

Universal and equitable provision of health-care services

54. Are there policies that facilitate access to affordable, available and accessible health-care services for older persons (*such as the provision of primary health care, free medication, free transport to health care centres, etc.*)?

☐ Yes ☐ No

Please fill in the table below, specifying for each policy the planning and implementation phases as such*: planning phase; development and initiation phase; implementation phase*; as well as the policy's objective and impact:

Policy facilitating access to affordable, available and accessible health services for older persons	Planning phase; development and initiation phase; or implementation phase	The policy's objective and impact
	Please select from the above list	
	Please select from the above list	
	Please select from the above list	
	Please select from the above list	
	Please select from the above list	
	Please select from the above list	

55. Are there programmes that facilitate access to affordable, available and accessible health-care services for older persons?

☐ Yes ☐ No

Please fill in the table below, specifying for each programme the planning and implementation phases as such*: planning phase; development and initiation phase; implementation phase*; as well as the programme's objective and impact:

Programme facilitating access to affordable, available and accessible health services for older persons	Planning phase; development and initiation phase; or implementation phase	The programme's objective and impact
	Please select from the above list	
	Please select from the above list	
	Please select from the above list	
	Please select from the above list	
	Please select from the above list	
	Please select from the above list	

56. Are there data on health insurance coverage for older persons?

☐ Yes ☐ No

Please fill in the table below:

	Males		Females		Males+females	
Health coverage	Number	%	Number	%	Number	%
Older persons insured by the public sector						
Older persons insured by the private sector						
Older persons benefiting from health care covered by personal private health insurance						

	Males		Females		Males+females	
Health coverage	Number	%	Number	%	Number	%
Cost of treatment coverage						

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

Training of care providers and health professionals

57 (a) Is geriatrics recognized as a medical specialty in your country?

☐ Yes ☐ No

57 (b) What is the number of doctors specialized in geriatrics? Please specify:

58. Do family medicine training programmes include geriatrics? ☐ Yes ☐ No

Please elaborate:

59. Please specify below whether there are training programmes for specific professions on dealing with/the provision of care for older persons, and elaborate on the extent to which these programmes improve the knowledge and build the capacities of trainees in dealing with older persons and in addressing issues of importance to them.

Trainees profession	Training programme availability	Information on the training programme
Physicians	☐ Yes ☐ No	
Nurses	☐ Yes ☐ No	
Social workers	☐ Yes ☐ No	
Psychiatrists	☐ Yes ☐ No	
Physiotherapists	☐ Yes ☐ No	
Primary health-care providers	☐ Yes ☐ No	

Mental health needs of older persons

60. Do health insurance schemes cover psychological and mental disorders?[3]

☐ Yes ☐ No

Please comment/elaborate:

[3] According to the World Health Organization, mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism (see http://www.who.int/mediacentre/factsheets/fs396/en/).

61. Are there data on the prevalence of psychological and mental disorders among older persons?[4]

☐ Yes ☐ No

Please fill in the table below:

	Males	Females	Males+females
Mental health indicator	Rate	Rate	Rate
The prevalence of psychological and mental disorders among older persons			

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

Old age and disability

62. Are there any special measures in support of older persons with disabilities?[5]

☐ Yes ☐ No

Please elaborate:

63. Are there non-governmental organizations working with older persons with disabilities?

☐ Yes ☐ No

Please elaborate:

64. Are there data on physical disability rates among older persons?

☐ Yes ☐ No

Please fill in the table below:

	Males	Females	Males+females
Physical disability rates among older persons	Rate	Rate	Rate
Age group: 60-79			
Age group: 80+			
Physical disability rate among the age group: 15-59			

Data source: (please specify)

[4] Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (see http://www.who.int/features/factfiles/mental_health/en/).

[5] According to article 1 of the Convention on the Rights of Persons with Disabilities, "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (see http://www.wipo.int/wipolex/en/other treaties/text.jsp?file id 192760).

Concluding questions of the second priority issue

65. What are the main constraints or obstacles impeding the provision of health services and the advancement of well-being for older persons? Please give examples:

66. What are the key positive factors that support the provision of health services and the advancement of well-being for older persons? Please give examples:

Third priority direction: Ensuring enabling and supportive environments

Housing and the living environment

67. Are there policies that promote older persons' mobility outside their homes (*such as discount on transportation costs, safer roads, public toilets, vehicles specifically designed for older persons, accessible public buildings, etc.*)?

☐ Yes ☐ No

Please elaborate:

68. Are there programmes that promote older persons' mobility outside their homes (*social and recreational programmes for older persons, etc.*)?

☐ Yes ☐ No

Please elaborate:

69. Are there policies that promote ageing in place (*mobile meals, mobile health clinics, discount on electricity and water bills, etc.*)?

☐ Yes ☐ No

Please elaborate:

70. Are there programmes that promote ageing in place (*social and recreational visits, adult care programmes, etc.*)?

☐ Yes ☐ No

Please elaborate:

Care and support for caregivers

71 (a) Are there laws and legislations that require the son or daughter or the relatives to provide care to their elderly relatives?

☐ Yes ☐ No

71 (b) Please elaborate on whether they are governed by civil or religious courts?

72. Are there any policies to support and build the capacity of caregivers providing help to older persons (*training, and financial rewards, and compensations, etc.*)?

☐ Yes ☐ No

Please elaborate:

73. Are there any programmes to support and build the capacity of caregivers providing help to older persons (*respite services, consultation services programmes, etc.*)?

☐ Yes ☐ No

Please elaborate:

74. What is the role of domestic workers (citizens and migrant workers) in the provision of care for older persons in your country? Please elaborate and provide available data:

Neglect, abuse and violence

75. What are the mechanisms implemented to monitor cases of violence against older persons? Please elaborate:

76. Are there any civil laws or policies that address neglect, abuse and violence against older persons?

☐ Yes ☐ No

Please elaborate:

77. Are there any programmes to that address neglect, abuse and violence against older persons (legal advice, awareness-raising campaigns, hotline, provision of food and shelter to victims of abuse, etc.)?

☐ Yes ☐ No

Please elaborate:

78. Are there data on cases of neglect, abuse and violence against older persons?

☐ Yes ☐ No

Please fill in the table below:

	Males		Females		Males+females	
Neglect, abuse and violence	Number	%	Number	%	Number	%
Older persons reporting abuse and violence						
Older persons suffering from malnutrition						

Data source: (please specify)

Please specify the age bracket used for older persons in the above table:

Images of ageing

79. Are there any measures taken by the Government to promote the status of older persons and give a positive image of ageing?

☐ Yes ☐ No

Please elaborate:

80. Are there regular media programmes (*television, radio, newspaper articles*) that address ageing and issues of concern to older persons?

☐ Yes ☐ No

Please elaborate:

Concluding questions of the third priority issue

81. What are the main constraints or obstacles impeding the provision of an enabling and supportive environment for older persons? Please give examples:

82. What are the key factors that ensure an enabling and supportive environment for older persons? Please give examples:

Section V: Final question

83. Please provide success stories on addressing the challenges of ageing populations and issues of concern/importance to older persons that could be beneficial for other countries in the region:

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