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**SITUATION ANALYSIS OF POPULATION AGEING IN
THE ARAB COUNTRIES: THE WAY FORWARD
TOWARDS IMPLEMENTATION OF MIPAA**

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This paper was co-authored by Abla Mehio Sibai, Associate Professor and Chair, Department of Epidemiology and Population Health, American University of Beirut and Dr. Nabil Kronfol, President of Lebanese HealthCare Management Association, Beirut Lebanon. The views expressed in this paper reflect only the authors' and do not imply the expression of any opinion on the part of the United Nations Secretariat.

Executive Summary

Demographic trends indicate that the older segment of population throughout the world is increasing both in absolute number and as a proportion of the total population. The unique feature of this ageing process in developing countries in general, and the Arab countries in particular, has been its rapid pace, outstripping the skeleton social and welfare support mechanisms that have existed in some. Given the limited resources and the absence of safety nets, the ageing process in Arab countries is facing far greater demands and challenges than in developed countries.

While the situation and conditions of older persons and the opportunities available to them vary from one country to another, there are some common social and economic vulnerabilities that characterize the majority of current generation of older people in the region and that have important implications for their care. These include very low levels of schooling attainment, dwindling economic capacity and extended workforce participation into the last years of life due to the absence or pervasively small old-age pensions. Among older women, the situation appears to be particularly precarious.

Furthermore, epidemiologic research, where available, reveals high levels of chronic non-communicable disease (NCD) morbidity and risk factors and high prevalence rates of functional disabilities among older persons, comparable in some countries to those found in the developed world. The high prevalence of NCDs in several countries in the region, however, does not replace completely the burden of communicable diseases especially in African countries where the double burden of infectious and chronic diseases prevails.

The family, not surprisingly, continues to be the main source of support for older Arabs; hence, the number of institutionalized older adults remains low in most countries (<1% of older persons). However, with social changes brought about by modernization, decades of migration in the majority of countries, exacerbated by political violence and wars in selected others, the family role can no longer be taken for granted in the near future.

A review of the achievements of the Arab countries, to the extent that available data in the country reports allow, with regard to the international and regional plans of action showed that certain Arab countries have made tangible progress in the field: formulating national work plans, adopting policies and measures and implementing programmes of action, providing health, financial, housing, education and other necessary services for older persons and acknowledging the importance of their participation in the community. Shortcomings in implementing the recommendations are attributable to disparities in the economic, demographic situations of various countries, shortage of trained human resources, lack of expertise necessary to implement it, and security and political instability in certain others.

Pursuant to the principles of MIPAA and based on the achievements and major challenges identified, a framework of action centering around six priority directions is here within proposed, namely (a) older persons and development with a focus on social policies and economic security; (b) promoting, maintaining and advancing health and well-being in old age; (c) ensuring an enabling and a supportive environment; and (d) ageing mainstreaming and (e) active participation of older persons are additionally brought to the forefront as essential approaches for optimizing opportunities in development plans and policies; and finally, (f) data generating and research as a decisive tool for informed policy making and evaluation. For each of the six areas, the main pressing issues in Arab countries are first presented followed by suggested recommendations and measures of action focusing on those that are critical, yet likely to be attainable, by most Arab countries in the near future.

A pressing issue in older adult development for the majority of Arab countries is the inequitable system of pension entitlement and health insurance programs. When these exist, social policies have been largely sectoral in their approach, often amounting to uncoordinated set of programs that do not form part of a comprehensive integrated vision within a broader socio-economic framework. Furthermore, economic development has been generally sluggish, with high levels of unemployment – estimated at 13.2 per cent (one of the highest in the world), high prevalence of poverty amongst the older population (especially women), and high rates of *relative* poverty, including in oil-rich countries.

In order to achieve equity, all pension systems should aim at providing, minimally, some form of basic income security to all persons in old age. The social pension scheme could have two components: an essentially non-contributory scheme offering minimum benefits financed from taxation and with some solidarity contributions made by those who can afford it, and an entirely contributory scheme. Intergenerational solidarity and adequacy of benefits with respect to providing sufficient income security for all should be guiding principles.

Wide disparities occur in health coverage of the older population within and between Arab countries. Health insurance ought to be regulated by Governments to ensure that there is no discrimination towards the old and the poor, especially as concerns the cost of the premium, the exclusions, the co-payment and the ceiling. The increase in the total number of cases of chronic diseases and the larger number of persons with disabilities will require new skills from health-care professionals and workers specialized in geriatrics and gerontology.

Greater emphases need to be placed on primary prevention programmes focusing on life-long learning (nutrition, physical activity, exercise, tobacco, safety standards to home environment) addressing all age groups, screening and health education as well as home-based care service as part of a continuum of different types and levels of care. Older persons and their care givers need to be empowered with knowledge about resources available and be enabled to make effective use and sound decisions on choice of health services.

Available data indicate that, except in selected countries, very little attention has been directed towards the creation of an enabling and supportive environment (physical and social). Furthermore, there is a tendency to present a stereotypical image of older persons as frail and dependent in several arenas: in the Arabic language (Ajouz, Khitiar), in media and in children's books. The society, at large, denies older persons the right to participate in activities, deemed to be restricted to younger adults.

Older persons need user-friendly housing and methods of transport appropriate to their functional capacities. Governments need to provide them with credit facilities in order for them to be able to make alterations to their homes, and, when designing public buildings, to take into consideration, the specific needs and capacities of older persons with regard to accessibility and safety. Older persons in rural areas need to be given special attention through promoting social policy as a tool for balanced local development and poverty reduction.

Intergenerational cohesion and interdependence and investing in the accumulated stocks of older people capabilities and experience need to be promoted and encouraged. Governments need to provide incentives to support families that provide care for older persons in the form of grant credit facilities or tax reductions, as an example. Activities need to be coordinated to combat the stigma and discrimination associated with ageing.

Space has been found on the public agenda for some active participation of older persons in affairs directly related to them. However, there was no indication in the country reports that this is an overall culture in all aspects of development. Public participation and legislative representation

of older persons in Arab countries appear to be related more to the position of the older persons – often associated with economic and political power, than to institutionalized policy structures and processes. While national committees on ageing in all Arab countries include governmental representatives from ministries other than the Ministry involved in social welfare, their role remain passive with no political, legislative or enforcing power in their respective spheres. Furthermore, most countries of the Arab region consider that relevant policy formulation and developmental approaches are addressed through the existing legislation on social welfare or in sectoral policies and selected programmes such as family issues and population.

A multi-sectoral approach of ageing mainstreaming and active participation of older people into all economic, social and health development processes and programmes is essential for a comprehensive and effective ageing policy and practice. Awareness raising and advocacy on human rights are needed for political visibility. Associations of older populations need to be established and encouraged. The National Committees on ageing ought to be empowered with representatives with strong diffusion channels and those who can enforce change in their respective realms. A 'society for all ages' and 'inter-generational solidarity' ought to be utilized as guiding principles to endorse active participation of older persons and ageing mainstreaming as strategies and processes of optimizing opportunities in development plans and policies across all sectors for the enhancement of the quality of life as people age, rather than when they age.

The Arab region is burdened with both a lack of and low-quality data, in particular age-, gender- and locality-disaggregated data. Furthermore, when statistics are published in national and international statistical reports, the sampling strategy, and methodology used are rarely reported in detail, if any, for end users. For effective policy formulation and for better targeting of resources, it is necessary to come up with a set of recommended common instruments for use in studies on older adults, to identify which issues are important to assess, to harmonize concept definition and measurement, and to employ comparable social, economic, health and disability indicators, that are compatible with international recommendations, in order to arrive to the lowest common denominator across surveys.

Utilization and integration of data from existing secondary sources such as national surveillance systems, registries or existing associations and agencies can provide valuable estimates on the burden of physical and mental health among older adults. There is a need to exchange expertise and experiences in the field of data collection within and between Arab countries, and to promote a culture of data sharing and information dissemination. In order to ensure accountability, guidelines for performance evaluation and for measuring key outcomes need to be developed. An analysis that evaluates progress made at the individual level (e.g. quality of life of older persons and social capital indicators) and the success of overall policy (such as a measurable increase in various services provided) need to be conducted and findings shared with all actors.

For an intervention to succeed, it is important to understand the public-sector bureaucracies, power relations and political dimensions of the issue at hand. Scaling-up from small-scale projects into broader policy and program development requires an appreciation of the cumulative benefits of incremental change and phased implementations, clear and simple messages for the advantages of the policy change while using strong diffusion channels, and a broad-based support that benefit from 'policy' windows of opportunities and policy 'entrepreneurs', who are decision makers and are supportive of the policy.

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I. OVERVIEW OF AGEING TRENDS AND PROSPECTS

1. Demographic situation

Population ageing is a relatively recent phenomenon, though its global manifestations - in particular the changes being experienced by developing countries - have been recognized since the first World Assembly on Ageing was convened by the United Nations in 1982. The older segment of population throughout the world is increasing both in absolute numbers and as a proportion of the total population, with the majority living in developing countries.

The unique feature of this ageing process in developing countries in general, and the Arab countries in particular, has been its rapid pace, outstripping the skeleton social and welfare support mechanisms that have existed in some of these countries. Given the limited resources and in particular the absence of safety nets, the ageing process in Arab countries is facing far greater demands and challenges than in developed countries.

The characteristics of these demographic changes are clear in the achievements of Arab countries in the past three decades, including a reduction of death rates by half, a considerable decrease in fertility rates from 6.8 in 1975 to 3.7 in 2000, and this is expected to reach 3.2 by 2025, and an increase in life expectancy at birth from 55 in 1975 to 67 in 2000, a figure which is expected to increase yet further, namely, to more than 73 by 2025 and 76 by 2050. On average, Arab women outlive Arab men by 3.3 years.¹

The total population of the Arab region was estimated at around 300 million in 2005, or 4.8 per cent of the population of the world. The population of the region has increased by 130 million since 1980, and by 2015, this figure is projected to reach 395 million, or 5.5 per cent of the world population. Population size varies dramatically across countries of the region. The population of Egypt remains by far the most populous country (72.8 million representing 24.3 per cent of the population of the region), this is followed by Sudan (36.9 million), Algeria (32.8 million) and Morocco (30.5 million). The amalgamated populations of Qatar, Djibouti, Bahrain and Comoros do not exceed 3.2 million.

While average Total Fertility Rate (TFR) for the Arab countries declined from 6.2 children per woman in the period 1980-1985 to 4.1 in the period 2000-2005, it remains above the replacement level of 2.1, and is also above the world average of 2.7. TFR is expected to remain high in the next two decades, with projections indicating a rate of 3.1 children per woman for the period 2015-2020. The pace of decline in TFR has varied considerably across countries in the region with some showing a sharp drop of more than 4 children (Tunisia, the Libyan Arab Jamahiriya and Algeria), others showing a moderate decline of more than 3 children (Syrian Arab Republic, Morocco, Jordan, United Arab Emirates and Kuwait), a slow decline of more than 2 children (Bahrain, Lebanon, Qatar, Egypt and Saudi Arabia), a very slow decline in Oman, Comoros, Sudan, Iraq, the occupied Palestinian territories and Yemen, and finally a zero decline in Djibouti, Mauritania and Somalia, where fertility rates were highest. Explanations for the Arab World's fertility performance include the persistent demand for children as sources of family labour and

¹ Statistical information on Arab countries is presented in table 1.

social security, the low status of women in the region, early and universal marriage, and religious and cultural mores opposing contraception.

In order for the Arab region to reach zero population growth, the regional TFR must drop from 4.1 children per woman to 2.1. However, the prospect of TFR declining to the replacement level for the whole region in the near future is unlikely, because existing momentum creates a lag between achievement of the fertility replacement level and the leveling off of natural population increase.

Except for Iraq, where the Infant Mortality Rate (IMR) rate rose, the decline in mortality levels in the Arab countries during the past two decades has been impressive. IMR dropped significantly from 74.7 per 1,000 live births in the period 1980-1985 to 43.7 per 1,000 in the period 2000-2005, which is lower than the world average of 55.6 per 1,000. However, these IMRs are still above that of more developed regions, whose average stands at 7.5 per 1,000 live births.

Similarly, significant gains in life expectancy were recently achieved in the Arab region. Today, both women and men live approximately seven years longer than they did twenty years ago. In the period 1980-1985, the average life expectancy for the region was estimated at 58 years for males and 61.3 years for females. Currently, the majority of the Arab countries have life expectancies between 70 and 79 years, with wide variations among countries. Kuwait (77.6 years) and several other Gulf Cooperation Council (GCC) States have, overall, the highest life expectancies in the region while Somalia (48.2 years), Djibouti (54.8 years), Sudan (58.6 years) and Iraq (59.5 years) the lowest. Such differences are likely to remain for the next decade.

In tandem with these changes, Arab countries have therefore witnessed fundamental changes in the age structure of the population. Rapid declines in infant mortality, increases in life expectancy, and decades of high fertility rates have led to an imbalance in the age structure of the population, with rapid increase in the number of people in the age group 25-64 years, and a slow, albeit considerable, increase in the number and proportion of older persons.

In 2000, the percentage of women aged 65 and above in the Arab region was reported at 3.99 per cent, while the corresponding percentage for men was at 3.24 per cent. These proportions are expected to rise to 6.53 per cent and 5.63 per cent, respectively, by 2025. The fastest growth occurred among the oldest old (aged 80 years and older). In terms of absolute numbers, the number of people aged 65 and above has doubled from 5.7 million in 1980 to 10.4 million in 2000 and is expected to double again (21.3 million), by 2020. Currently, Lebanon has, by far, the highest proportion of older persons aged 65 years and more (7.2%). This is followed by Tunisia (6.3%), Morocco (5.2%), Egypt (4.8%), and Algeria (4.5%). By the year 2025, the proportion of older persons will exceed 5% in over thirteen countries of the region.

Compared to the world average, the Arab region currently enjoys one of the lowest old age dependency ratio (estimated at 5 per cent). The ratio is expected to rise to 8 per cent in 2025 and 13 per cent by 2050. This will affect the total dependency rate (young and old dependants) in the region where the responsibility of the workforce shifts from the support of children to the support of older persons. Similarly, the ageing index is expected to increase substantially by 2050, particularly in countries that are advanced in their demographic transitions, including, by order of magnitude, Lebanon, at 145.2; United Arab Emirates, at 143.7; Bahrain, at 137.2; Kuwait, at 130.4; and Tunisia, at 125.6.

Historical evidence reveals that declines in fertility coupled with the simultaneous slow growth of the elderly population offer a number of countries in the region—at different points in time, and only for a limited period—a demographic window of opportunity. This opportunity will allow the dependency ratio to decline and eases the pressure on countries to provide for those who are dependent, namely, the young and the older age groups, thereby freeing more resources and enabling more investment in economic and social development.

2. Challenges facing the older population in the Arab countries

Population ageing in Arab countries is a relatively recent phenomenon. However, there is little doubt that with a number of internal factors, including urbanization, technology transfer, the upsurge in education and various patterns of migration and political instability, and to such external factors as globalization in all its dimensions, the Arab countries are faced with new challenges, in parallel with the huge demographic transitions, if no preparations are made to cope with its increasing ageing population.

While the situation and conditions of older persons and the opportunities available to them vary from one Arab country to another, depending on the respective level of socio-economic development and availability of financial or technical resources, there are some common features that characterize the majority of older people in the region.

The current generation of older persons in most Arab countries exhibits certain social and economic vulnerabilities that have important implications for their care. These vulnerabilities include, among others, very low levels of schooling attainment, high levels of extended workforce participation into the last years of life, and, among older women, high rates of widowhood and unprivileged living arrangements.²

Substantial variation in schooling exists across Arab countries, these can range from as low as <1 per cent among older persons in Yemen to a high 50 per cent in Jordan. Historical trends in ever schooling in all countries, however, show that men tended to gain access to education earlier and to complete a higher average number of grades than did women. However, recent data indicate that gender gaps in schooling will, in the coming generations of older adults, shift to decrease the disadvantage of women in most countries.

Currently, a very small percentage of older persons are financially independent. The vast majority has difficulty in acquiring sufficient money for livelihood and lives in extremely difficult circumstances. Consequently, and because of the absence or pervasively small old-age pensions in Arab countries, the majority of older men in these settings continue to work after the legal age of retirement and much beyond (e.g. a substantial per cent of men in Yemen continue to work beyond age 80 years (21 per cent), in Lebanon and in Jordan (11-14 per cent) - 1990s estimates). And there is no evidence that this is likely to change in the near future. This is in marked contrast to the developed countries, where withdrawal from the labour force is a natural phenomenon at some advanced age.

² Based on Yount K, Sibai AM. (n.d.). “The Demography of Aging in Arab Countries”, in preparation for the International Handbook on the Demography of Aging, Uhlenberg P (ed.).

The vast majority of Arab women in all countries do not work in the formal sector, their contribution is limited to the informal sector, mainly in household and agriculture. Consequently, older women are obliged to be totally dependent upon the income and work-related benefits of the male breadwinner or, if such an option does not exist, upon the charity of institutions and distant relatives.

Several modalities of health and social insurance systems exist in Arab countries, with wide variations in the level of basic benefits for retirees across countries. However, in the majority of countries, civil servants enjoy better schemes and higher benefits compared to those employed in the private sector; and older persons who have worked in the informal sector often do not qualify for old-age pensions. This also means that Arab women, often engaged in the informal sector, in unpaid work in family income or in caring for grandchildren, are denied access to social and health benefits as they age. Provision of health insurance and pension schemes, as well re-enforcement of legislation that address the vulnerability of the impoverished older persons remain a challenge to many Arab countries.

The social and financial implications of widowhood in old age are far greater for women than for men in Arab countries. Owing to the overall higher life expectancy of women compared to men and because men in Arab countries tend to marry women of a younger age and are more likely to re-marry upon widowhood and divorce, older women are more likely to be without the support of a spouse in their later years and to be economically disadvantaged restricting their choices and preferences with respect to their new household environment. Across all countries, older Arab women have significantly higher odds of living alone than do older Arab men ranging from 2.2 in Yemen to 4.2 in Tunisia.

Because systems of public support are nascent in many Arab societies, the family not surprisingly continues to be the main source of support for most older Arabs. Co-residence is one means by which Arab families meet the needs of younger and older persons. However, decades of migration, urbanization and an increasing proportion of females entering the workforce in all Arab countries, exacerbated by political violence and wars in selected others, have over the years diminished the role of the family in caring for their older persons.

On one hand, it has become increasingly difficult for older persons to adapt to the new, nuclear family structure. And on the other, families have a dwindling economic capacity to meet the needs of older persons. Furthermore, family cohesion has suffered as a result of the exigencies of the new social and economic reality. Extended families have given way to nuclear families and the mutual respect between generations has diminished as the values of society have changed, living spaces in cities have shrunk and youth and older persons no longer share the same values.

The aforementioned changes have, in some cases, led a myriad of problems among older persons, including, *inter alia*, loss of social status, psychological and health problems, lack of mutual respect and neglect. Reports indicate that family members increasingly are no longer able to care for their frail elder family members, particularly those with the most severe disabilities. Family provided care for such persons is no longer as common as it was in the past, and the psychological suffering and social isolation of older persons have increased.

In addition to the above, epidemiologic research where available, reveals high levels of chronic, non-communicable disease (NCD) morbidity and mortality among older persons, comparable in some countries such as Kuwait, Jordan and Lebanon to those found in developed countries. The high prevalence of NCDs in several countries in the region, however, does not replace completely

the burden of communicable diseases such as schistosomiasis, and malaria especially in African countries where the double burden of infectious and chronic diseases prevails.

Substantial differences in the health profiles of women and men do exist, with rates of cardiovascular diseases and smoking higher in men, and rates of diabetes, obesity, musk-skeletal disorders, osteoporosis and depression higher in women. These levels are expected to rise along with the growing number and percentage of older persons in the region. Such trends already are placing heavy burdens on families, who face the competing demands of women's increased labour force participation and the high costs of children's education and care.

Of significance are the alarming levels of obesity (around 40%), most notably among older women in oil-rich countries such as Kuwait, Bahrain, and the UAE and in Tunisia. Modernization, a shift from agricultural to non-agricultural economy and an increased consumption of food rich in fat have been reported as important factors affecting nutritional habits, physical activity, and levels of obesity among populations in high-income Arab countries.

The high prevalence of chronic-disease morbidity, and in particular musculoskeletal disorders, in selected Arab states reflects itself in similarly high prevalence rates of functional disabilities. Variations in physical dependence among older persons are noted across Arab countries with high prevalence of difficulties in activities and instrumental activities of daily living being reported in Tunisia, Egypt, Jordan, and Lebanon (varying between 25% and 38%).

In some cases, families simply are not equipped to meet the needs of their longer-lived, but severely disabled older relatives, and one result has been the emergence of 'ad hoc' forms of long-term care, including extended hospital stays and paid domestic help. These services, however, are largely private and so are accessible only to the most privileged.

In spite of the above, there is an overall lack of specialization in and teaching of geriatric medicine in all Arab countries. Because of lack of qualified cadre, adequate geriatric specialists and training facilities, the elderly are usually treated by general internists or practitioners and are usually admitted to acute care hospitals. Many older persons complain about the inaccessibility or unavailability of specialized home services, and a total lack of social or economic support to the caregivers prevails.

To date, the number of institutionalized older persons remains low in most Arab countries, but accurate estimates of the proportion institutionalized are totally lacking. Anecdotal evidence suggests that this ranges between 0.5 and 1% of total older persons in countries where old-age homes are available. The level and quality of care provided in old-age homes, however, remains unclear.

Reliable and valid statistics on basic socio-demographic indicators are nascent or non-existent in several countries of the region. Governments, therefore, rely on indirect estimates with model-based extrapolations founded on questionable sources and small-scale, mostly non-representative studies published in international statistical reports. Valid indicators and estimates are important for evidence-based policy making and practice.

II. GOVERNMENTAL ACTIONS TOWARDS IMPLEMENTING MIPAA

REVIEW AND ASSESSMENT OF PROGRESS ACHIEVED

This section is devoted to a review of the achievements of the Arab countries, to the extent that available data allow, with regard to the international and regional plans of action. For this purpose, use was made of the responses to the questionnaires circulated to Arab Governments by ESCWA in order to assess national and regional progress in implementation of and follow-up to the Madrid Plan of Action on Ageing (MIPAA), identify obstacles and highlight main achievements. The reported information has been based on official national reports received from a total of 12 Arab countries on relevant implementation supplemented by other existing information resources.³ This section benefited from an earlier report prepared by ESCWA for the World Ageing and Generations Congress, 2007.⁴

1. Formulation of national policy, plan of action, and programmes

Certain Arab countries had formulated national plans on ageing, pursuant to the recommendations of the Vienna Plan. Some countries had begun to incorporate ageing-related issues into their policies and to implement the six priorities identified in the Vienna Plan, namely, social, income and employment security, training, education and media, health, housing, the family and social welfare. However, there has been little progress made in formulating national policy for older people. Most countries consider that relevant policy formulation and developmental approaches are addressed through the existing legislation on social welfare or social issues. That is, those countries have reported that their legislation on social welfare represents the country's 'policy' on any given social area, including ageing. At the same time, most member countries have integrated ageing issues in sectoral policies and programmes, particularly in the area of family issues, population and social welfare.

The fundamental principles of MIPAA and Arab Plan of Action on Ageing (APAA) have prompted Arab countries to draw policy guidelines aimed at initiating and formulating relevant national plans of action. Five countries have completed this exercise, namely: Bahrain, Egypt, Jordan, Qatar and Syrian Arab Republic. Other countries are implementing plans or programmes that are based on existing provisions within the country's general national policies. The Plan of Action on Ageing of the Syrian Arab Republic tackles mainly health-related issues, and is subject to annual modifications according to needs and priorities.

In May 2007, Egypt set guidelines towards the preparation of a national strategy and plan of action on ageing. The work plan centre around the three priority directions of the International Plan of Action on Ageing 2002, namely, (a) older persons and development; (b) advancing health and well-being into old age; and (c) ensuring enabling and supportive environments.

³ For a detailed presentation of the responses from each country, see Appendix. Responses are grouped in five classes: countries with diversified economies (Egypt, Lebanon, Jordan and Syria), the Maghreb countries (Tunisia and Morocco-information abstracted), the GCC Countries (Saudi Arabia, Bahrain, Oman, Qatar and UAE), the less developed countries (Yemen) and countries in conflict (Iraq and Palestine).

⁴ ESCWA, 2007. "ESCWA Regional perspective on The Madrid International Plan of Action on Ageing: Where are we Five Years Later?" UNFPA Special Session at the World Ageing and Generations Congress, St. Gallen, Switzerland, 6 – 8 September, 2007.

The National Population Policy of Yemen, 2001-2025, covers provisions regarding strengthening the support to the aged people, including empowerment, health services, and improving the quality of life. In other countries, existing general policy and programmes often cover uncoordinated plans, activities and projects that target old age. Worth mentioning is that, in 2007, Qatar has elaborated its national strategy for ageing that states a vision, mission, theme, principles, objectives, and core areas, drafted a national plan of action, and is setting up a mechanism for cooperation regarding the implementation of MIPAA. Similarly, Morocco and Jordan have elaborated a national plan which covers legislation, health and social services. Jordan has additionally prepared, in cooperation with the National Council on Family Affairs, a comprehensive strategy for the welfare of the aged.

Lebanon is in the process of elaborating its national plan of action. At present, Lebanon has proposed a 'social plan of action' that comprises all social segments including the ageing population. At a later stage, the proposed plan will be elaborated into a comprehensive social strategy. Other countries, such as Iraq, consider that their 'welfare law' stands as the national plan of action. Iraq completed its first national report on ageing, and formulated its national committee on ageing.

2. Establishing national committees

Many Arab countries have set up national committees for ageing, including Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Syria, Palestine, Oman, Qatar and Saudi Arabia. In most cases, these national committees comprise representatives from the private and public sectors/concerned ministries, and are usually headed by the minister of social affairs of member countries. However, in the Syrian Arab Republic it is headed by the Minister of Health.

In Qatar, the 'National Committee for Ageing' functions within the Supreme Council for the Family. In Saudi Arabia, both the Ministry of Social Affairs and the National Committee on Ageing have been involved in coordinating efforts towards formulating the country's national plan of action on ageing. Some ESCWA member countries have recently established specialized departments within the respective ministries, including Bahrain, Jordan, Lebanon, Oman and Qatar. For instance, the Lebanese National Committee on Ageing comprises four sub-committees set to address issues according to specialization: (1) Committee on studies and planning (2) health and services committee (3) legislative committee (4) media and public relations committee. Lebanon established a dedicated homepage regarding the national committee on ageing within the website of the Ministry of Social Affairs. Further, Qatar in 2003, has declared establishing the "Qatari Association for the Elderly" as an independent and private institution. Morocco is planning to establish a national committee for the elderly while in Palestine and Iraq, regular meetings of the national committee are hindered by the unstable political situation.

3. Formulation of legislation

Some member countries are keen to formulate new or upgrade existing relevant legislation. Relevant activities that have been undertaken cover the following:

- Issuing licenses and tax directives regarding the establishment of homes and clubs for older persons, as in the case of Jordan, Iraq;
- Initiating health insurance provisions that cover the needy elderly, as in the case of Egypt, Jordan, Oman, Qatar and Yemen;

- Expanding welfare provisions to cover disability caused by ageing, as in the case of Bahrain and Kuwait;
- Issuing of directives to financially support the needy elderly, including free coverage of health insurance for the very poor elderly or monthly pocket payment, such as in Jordan, Iraq and Qatar. In 2006, Qatar has doubled the financial assistance to the needy elderly and their dependents (under 18 years old), at 100 per cent increase per case;
- Upgrading pension funds, safety nets, and social security schemes, such as in the case of Jordan, Iraq, Lebanon, Oman, Qatar, United Arab Emirates and Yemen;
- Formulating projects to implement a new pension law, such as in the case of Lebanon. Lebanon has issued the 'optional' health insurance scheme for the elderly (248/2000), but was frozen last year. Bahrain has prepared a law on the rights of the aged people, which is currently being considered for adoption;
- Issuing of directives addressing mobility and accessibility with public premises, such as in the case of Egypt, Iraq, and Jordan;
- Issuing tax directives towards exemption of transportation fees, tourist visits fees and other financial exemptions, such as in Egypt, Iraq, Lebanon, Oman, and Saudi Arabia.

4. Provision of services

Available services for the older persons are generally welfare-based. Most ESCWA member countries continue to improve and upgrade both the quality of existing centres and available services, particularly, health services. In many countries, health services have witnessed an increase in the number of specialized centres/units/shelter homes and specialized medical personnel, as well as expansion in capacity and provisions, assistive medical aids and medication, and other relevant services. Along these lines, concerned Arab countries tend not to increase the number of specialized centres or homes for the elderly, but rather to expand on improving the services thereof.

A number of countries have established day centres for the aged, including Bahrain, Egypt, Iraq, Jordan and Lebanon, Palestine and Saudi Arabia. Moreover, a number of countries, including Bahrain, Oman, Qatar, Tunisia and Saudi Arabia, have established mobile units, i.e. mobile clinic services to reach the older persons within their families in order to provide health and other services. Using such mobile units, social workers have direct contact with older persons at their own home or at the community centre.

Further, Jordan has introduced the 'family welfare programme', to reach the older persons at their homes, providing health-related services. Tunisia support families through a special program entitled "National Program to Assist the Elderly within their Families". Similarly, Qatar has established the 'family welfare unit'. In Egypt, home services are being operational through established service offices within the Ministry of Social Solidarity, The Ministry of Health and Population has established institutes involved in nursing studies for the elderly. In terms of the quality of services, Jordan pioneered in drafting guidelines for the establishment of nursing homes and day care centers. Free health services are provided in several Arab countries particularly in the GCC countries, Jordan, and Syria.

With respect to the social, income and employment security systems, it was observed that, while the majority of countries provide pensions, some do not offer age-related disability benefits. It should be noted that some Arab countries did not mention any type of benefit for female workers or the wives of those working in the public, private or any other sector. In many countries, the focus was on the provision to older persons of material assistance, putting in place a sophisticated system for retirement and the provision of material assistance to poor older persons not covered by the social security system.

Both the cooperative and the private sectors took part in such work. Some countries gave priority to guaranteeing pension coverage to young migrant workers, while others offered loans and security facilities for older persons with no other coverage. In most countries, women do not enjoy the same guarantees and pension benefits as men do and are therefore, in most cases, deprived of the right to protection as they grow older. The Gulf States pioneered the provision of social welfare services for older persons, albeit the voluntary sector plays a very small role in such services and the private sector none whatsoever. Very few countries have cooperatives that can provide social welfare services for older persons or offer any incentives to encourage youth to take part in caring for such persons. There is an overall lack of emergency hotlines for older persons, geriatric wards in hospitals and specialized emergency services and programmes to promote voluntary work and self-help.

5. Training of concerned cadre and of the elderly

While most ESCWA member countries realize the importance of conducting training programmes aimed at enhancing and upgrading the skills of the concerned personnel, few (for example Egypt, Jordan, Iraq, Lebanon, Qatar, Saudi Arabia, and Yemen) have initiated such programmes owing to existing financial constraints. Concerned personnel in the public and private sectors have benefited from such training. Lebanon has completed two such training projects in the area of skills improvement, and in tackling abuse and marginalization.

In this respect, the same countries have also reported implementing training programmes that include activities to train ageing persons themselves on handicrafts and productive skills. Qatar training programme went further to include training of ageing persons themselves on how to address and cope with problems that are old age-related. In Egypt, older persons are trained on handcrafting as a mean to raise money. Syria has started implementing a national programme of action that covers training activities, targeting the concerned staff, including learning about ageing, old-age diseases and health problems. Some countries indicated that they had research centres on ageing, and others mentioned that geriatrics had become a specialization in medical faculties. In some countries, information on ageing had been included in educational curricula. In all these activities, the Government bears most of the burden, while the contribution of the voluntary sector is limited and that of the private sector merely token.

In all countries of the region, eradication of illiteracy programmes targets the older persons themselves. Only the Gulf States offer programmes which enable older persons to pursue studies and gain modern information and computer skills. They are also alone in providing older persons with training for productive work and in producing a database on their situation.

6. Advocacy and raising awareness

In most ESCWA member countries, there has been significant progress in raising public awareness towards addressing ageing issues at both the governmental and civil society levels.

Social clubs for older persons, which are active in many countries, including Egypt and Lebanon, form a positive component in this regard. Most countries have implemented awareness-building activities through convening meetings and conferences, through conducting awareness sessions, and through issuing brochures and other relevant publications.

Commemorating the annual International Day and/or the National Day of Older Persons has become a major national venue for raising awareness regarding ageing issues. Several countries, namely, Bahrain, Egypt, Iraq, Lebanon, Oman, and Qatar have reported commemoration activities. Such activities include specialized training workshops, awareness-raising campaigns, participation at seminars and world conferences, exhibition of handicrafts made by older persons and honoring their initiatives. Lebanon has declared an annual 'national day to honor grand-parents', the day is set on the last Sunday of June; main activity of the day is media-related aiming at rendering due respect and good relationship with the grand-parents.

In many countries, the Ministry of Information participates in advocacy and public awareness campaigns through media channels: newspaper columns, radio and television programmes. In cooperation with the public and private sectors, several countries were carrying out campaigns to raise public awareness and knowledge of ageing-related issues, and some are publishing special magazines for older persons.

7. National reports and needs assessment studies

Literature on the issue of ageing is scarce in the Arab world due to considerations related to being ranked as minor priority at the development agenda. However, in view of the region's demographic changes, member countries have started to realize the importance of addressing the issue, and only recently some countries have undertaken measures to tackle the situation. In this connection, Jordan, Qatar and Syria prepared relevant surveys and undertook needs assessment studies. Yemen has recently completed its first and preliminary national report on the situation of the older persons (2007).

In view of the rising needs, and in-line with results of the needs assessment studies, Iraq has initiated work towards rehabilitating and expanding the capacity of existing specialized centres and improving the services thereof. Lebanon has reported five specialized studies that are being prepared in the following areas: services, evaluation of institutions and day centres, and a needs assessment study among older persons. In this respect, Lebanon has initiated work towards publishing a manual covering information on existing specialized centres/institutions and services available for the aged at the country level. In Egypt, the Ministry of Health and Population has established institutes involved in nursing studies for the elderly.

8. Establishing database and statistics

Egypt's general policy covers provisions that target old age and stipulates, among others, the preparation of database and reports/studies on ageing related, in particular, to health and socio-economic conditions. Qatar's national strategy on ageing stipulates establishing an updated database on ageing. Iraq has reported that, in view of the existing difficult situation, available relevant statistics are outdated. However, at present, available data covers only the elderly persons registered at the Department of Special Needs at the Ministry of Labour and Social Affairs, which is in charge of ageing. During the past five years, Lebanon has updated statistics on ageing, through undertaking relevant several surveys and specialized studies. A survey on the health situation of the family has been completed by the Lebanese Ministry of Social Affairs in 2007. In

addition to the concerned developmental research centers, research centers at universities serve as channels for raising awareness, collecting data and conducting relevant research and conferences. Saudi Arabia's national plan includes establishing a registry/database on older persons.

9. Enabling environment

Arab countries have indicated that they have taken measures to improve the surrounding environment and situation of the elderly persons at the physical, social, psychological, family, and economic levels. To this effect, some countries have introduced the 'substitute family programme' and other programmes in order to bridge the intergenerational gap, such as utilizing the capabilities of the elderly in providing special lessons to students, or teaching in eradication of illiteracy programmes particularly in Egypt. It is worth mentioning that all directors, and other members, of governmental institutions and civil society organizations are usually selected from older age groups in order to benefit from their experiences. Thus, the old age members are involved and participate in decision-making process at the institution and/or committee levels. In many countries, programmes of action are jointly discussed with the leadership of the NGOs/institutions for the aged, before implementation.

Further, the recreational clubs for the aged are commonly used as channels of empowerment, advocacy and recognition. Aiming to enhance empowerment, most countries have reported implementing initiatives towards productive ageing, some of which are in the form of loans to establish small projects. Also, the day centres are commonly used as channels for empowerment and public participation, as well as to enhance voluntary work for and by the aged people at the community level, including participation in community councils. In many countries of the region, ageing people continue to assume primary roles within the community councils, particularly in bedouin and tribal councils.

The housing, urbanization and living environment for older persons is not accorded sufficient attention to meet their needs. Certain countries that can afford to do so provide older persons with financial assistance in order to enable them to continue living in their own homes or with relatives and subsidize heads of households who support ageing parents. Other countries, such as Qatar and Saudi Arabia, have provided special housing units for older persons. However, buildings have not been designed with the capabilities of older persons in mind, nor are material facilities made available for their own homes to be adapted to their needs. No provision is made for transportation facilities to health and social centres.

10. Empowering aged women

Member countries have reported equal opportunities and provisions within legislation for both elderly men and women. In fact, the only difference in addressing man/woman ageing is age-related to entry as residents at the centers. In a number of countries, the entry age for women is 55 years, for men it is 60 years old. Another difference has been reported by Qatar, whereby the pension law (24/2002) entails eligibility at age 60 for men and 55 for women.

However, owing to socio-economic conditions, older women in the Arab region suffer additional problems compared to men. Namely, their lack of access to paid employment, lack of equal access to adequate health and social services, and social and financial dependency. Also, given that women live longer than men, the proportion of women among the widowed elderly is higher than for men. This has triggered a high proportion of households headed by elderly women who are poor and widowed. Jordan and Yemen have mentioned 'feminization of ageing', and have

initiated some programmes that specifically target the empowerment of elderly women. Other countries, such as Lebanon, have reported that elderly needy women who are heads of households have been particularly covered within programmes/plans that aim at enhancing social protection nets. In Egypt, the National Council for Women, is involved in the review and assessment of policies and legislation for women, including elderly women. Widowed and divorced women are provided with financial help by the government in several GCC countries. Moreover several women associations provide social and financial support to older women in need. However, based on the country's reports, the level of support is provided for older women is not similar to that provided to older men.

III. PRIORITY DIRECTIONS

Pursuant to the principles of MIPAA, the stipulations and recommendations presented here within centered around three priority directions, namely (a) older persons and development with a focus on economic security and social policies; (b) maintaining and advancing health and well-being in old age; and (c) ensuring an enabling and a supportive environment. Moreover and guided by the United Nations fundamental principles that govern the development process, (d) ageing mainstreaming and (e) active participation of older persons are, additionally, brought to the forefront as essential approaches for optimizing opportunities in development plans and social policies with the objective of enhancing the quality of life of older persons, promoting equity and social inclusion and creating a ‘society for all ages’. The section finally ends with a focus on (f) data generating and research as a decisive tool for informed policy making and evaluation (see Framework, figure 2). For each of the six areas, the main pressing issues in Arab countries are first presented, this is followed by suggested recommendations and measures of action focusing on those that are critical, yet, likely to be attainable by most Arab countries in the near future.

1. Economic security and development

Goal

Economic security for the older population needs to be based on appropriate social policies.⁵ Social policies founded on equity, solidarity and human-rights approach enhance empowerment of older persons and promote social inclusion.

Underpinning issues in Arab countries

The quality of life of the older population has been adversely affected by *inequitable* systems of pension entitlement and health insurance programs for the majority of Arab countries. Firstly, public servants enjoy a better social and health insurance coverage than those in the private sector, and varied systems often exist for civil servants, the police, and members of the armed forces. Secondly, the level of basic benefits for retirees across Arab countries varies widely. In some countries, the old-age benefit may be as high as 20 to 65 per cent of the insured person’s average monthly earnings before retirement (e.g., Kuwait, Morocco, and Tunisia). In the majority, however, the basic benefit is between 2 and 2.5 per cent. Most importantly, in most Arab countries, older persons who have worked in the informal sector often do not qualify for an old-age pension, thus adversely affecting agricultural workers and women in particular. In countries with limited coverage of pension systems, the degree of economic security among older persons varies with educational attainment, gender and living arrangements.

⁵ Pierson defines social policy as “... where the state intervenes within the process of economic production and distribution to allocate life chances between individuals and/or classes”. (Beyond the Welfare State, 3rd edition, 2006). Effective social policy is an intrinsic element for social justice, inclusion, redistribution and protection of human rights.

In terms of social policy for the older population, available indicators show that Arab countries to be lagging behind. When they exist, social policies have been largely sectoral in their approach, often amounting to an uncoordinated set of programs that do not form part of any comprehensive, integrated vision within a broader socio-economic framework. Also, policies have tended to be limited to human welfare and social protection programs for the old according to which citizens are merely recipients or beneficiaries of such programs, rather than playing active roles in the development process.

The current dependency ratio in the Arab region (71.5 in 2000) and projections to the year 2020 (58.4) offer a number of countries - at different points in time, and only for a limited period- a 'demographic window of opportunity' to ease the pressure on countries to provide for those who are dependent, namely, the young and the elderly, thereby freeing more resources and enabling more investment in economic and social development. Yet, economic development has been generally sluggish, with high levels of unemployment - estimated at 13.2 per cent, one of the highest in the world, even among the educated.⁶ *Relative* poverty exists at high rates of intensity, including in oil-rich countries.

The requirements for effective social policies for the older population in the Arab countries are hampered by a multitude of internal factors, *inter alia*, lack of transparency in governance and public accountability, corruption in several countries, an ineffective and non-egalitarian fiscal and taxation system, unregulated non-governmental organizations, by political instability and by the negative impact of wars and defense expenditure in a few others. The weaknesses in the capacities of political institutions in the Arab countries further limit progress towards the adoption or development of comprehensive social models.

Moreover, public participation and legislative representation are limited to varying degrees, ranging from non-existence to restricted political parties and freedoms; and open and democratic political environments and public debate on these vital issues are largely lacking. Executive powers are too strong for meaningful checks and balances in governance and the alignment of interests of holders of political and economic power tends to be much more pronounced. The older population has not been successful to have its voice heard nor did it develop enough political power to be reckoned with.

The traditional economic support system based on the family is fast eroding and cannot be relied upon in the future. The size of families is decreasing, the role of extended families is diminishing, and perceptions in respect of inter-generational support and caring for older persons are rapidly changing. Reliance on family networks may not fully protect older persons against poverty, as these networks are themselves income-constrained. Older persons who are single, widowed or childless (particularly women) face an even higher risk of destitution.

The aforementioned concerns have led to serious shortfalls in the fulfillment of the needs and expectations of the older public.⁷ The challenge ahead lies in transforming policies for the older population into a series of coordinated actions intended to include the older public in the development process as active participants.

⁶ ILO: "Global Employment Trends", Brief, 2006/ www.ilo.org/public/english/employment/start/download/getben.pdf

⁷ For insights into some of the most recurrent and pressing social issues in the Arab region, see United Nations Development Program (UNDP), *Arab Human Development Report 2003*, available at: www.undp.org/rbas/ahdr/.

The following measures are recommended:

In order to be effective, social policies for the older population have to be articulated in an integrated manner and need to be supported by a coalition of social and political forces, involving governments, the private sector and civil society. The process needs to be legally binding, sustainable and harmonized in order to be successful. The government assumes a leading role in the formulation of these social policies; however, international organizations can play a leading role in advocacy and capacity building in this area at regional and country levels. Social programs that address the needs of older citizens require targets that are identified and mapped by governments in addition to the full participation of stakeholders, elaborated in the form of ‘social contracts’.⁸

The design of old-age income security systems is country-specific and needs to reflect societal choices and preferences. A multilayered approach to developing pension systems, building on existing practice in many countries, seems desirable as regards achieving affordable, financially viable and equitable systems of old-age income security. The local community development approach, particularly its participatory methods, has been suggested as providing the most adequate tools with which to formulate and implement social policy.

In order to achieve equity, all pension systems should aim at providing, minimally, some form of basic income security to all persons in old age. Social security could be achieved by creating (or expanding where it already exists) a basic pillar providing a minimum pension benefit. It has been confirmed that basic non-contributory pension schemes, funded by public revenue, seem affordable even in low-income countries. However, the affordability of such pension schemes depends on the political priority and on the pace of economic growth.

In Arab countries with both informal and formal labour-market segments, the social pension scheme could have two components: an essentially non-contributory scheme offering minimum benefits financed from taxation and, where feasible, with some solidarity contributions made by those who can afford to contribute, and an entirely contributory scheme. Intergenerational solidarity and adequacy of benefits with respect to providing sufficient income security for all should be a guiding principle.

Governments ought to promote the availability of micro-credit (e.g. Egypt), training and markets for small and medium-sized enterprises (SMEs) as these will contribute to poverty alleviation and the absorption of excess labour. SMEs also have the potential to develop and form the backbone of industrial activities as well as create employment opportunities.

Policies aiming at improving old-age income security should feature poverty reduction strategies. Employment policies ought to raise the participation rates of women and older workers in the formal sector, whenever possible, and pay more attention to improving the working conditions and job opportunities of older workers, so as not only to improve opportunities for the full participation of older persons in society but also to foster the sustainability of pension systems.

There is a need to remove disincentives such as altering workplace practices to better accommodate the needs of workers as they age, improving working conditions to sustain working capacity over the life course, countering age-based discrimination and promoting positive images

⁸ ESCWA, 2004. “Community-Driven development as an integrated social policy at the local level”, 2004.

of older workers. There is also a need for a heavy investment in (re)-education and skills development. Older workers will also be in a better position to extend their working lives if they are given the opportunity to engage in lifelong learning and on-the-job training initiatives.

Arab countries need to draw on current and future ‘demographic bonus’ to create decent and sufficient number of employment opportunities that will help raise tax revenues and set the stage for expanding social protection schemes, thereby enabling older workers to retire with financial security. Productivity growth is important in developing economies with a large informal labour market, as it will not only support an expanding older population, but also raise overall living standards and reduce poverty.

Indicators of social development ought to include, *inter alia*, the extent of resources allocated to social policies as a percentage of the total budget, the extent of social security, access to services, the fairness of income distribution - measuring the gap between education and labour markets, and the interdependence of economic and social development.

2. Promoting, maintaining and advancing health and well-being in old age

Goal

In order to maintain health and well-being in old age, the *specificities* of health-related needs and resources of the Arab population must be recognized and taken into consideration. Health protection for the older population needs to be based on appropriate social policies and practices that promote health, prevent disease, strengthen medical services, and streamline home and long term care.

Underpinning issues in the Arab countries

In parallel with the demographic transition, the health profile of the populations in the region has considerably changed. Non-communicable and chronic diseases are looming as the most important causes of morbidity and mortality in most Arab countries, thereby imposing far greater demands on health care systems, already faced with scarce resources. Also, there is a high prevalence of risk factors for chronic conditions, such as smoking, obesity and lack of physical activity. The missed opportunity to prevent or deal earlier in life with age-related non-communicable diseases may lead to increases in their incidence, prevalence and complications later in life.

Most countries in the region have made important strides, over the past thirty years, regarding the development of their health care systems for the entire population groups. However, and except for a few (Oman, Jordan and Syria), health interventions in the Arab countries have been largely curative in nature. Hence, health authorities have been curtailed by the burden of medical care and services shouldered mostly by the public sector, in as much as its stewardship and governance roles.

Resources devoted to the health sector, and the coverage and benefits provided by health-care systems to older persons vary considerably amongst Arab countries. Notably, the out-of-pocket health expenditures represent often the most important source of financing care. What is more important, the poorer the country, the larger the share of out-of-pocket expenses. Personal expenditures on health impact negatively on the older retired population, especially women with no social protection. An ageing population challenges health care systems in most countries and

raises the importance of health reforms but, in and of itself, this challenge is not insurmountable. Health-care financing of medical care is another major challenge that must be addressed through equity, solidarity and human rights.

Owing to the complexities of health and disease in older persons, the value of the health-care system depends upon the quality of the social and medical cadre attending to the health needs of older persons. Except for a few (Egypt, Syria, Saudi Arabia), shortage of qualified personnel and a system for older person care is one of the pressing issues in most Arab countries: geriatric medicine is not included in most medical or nursing curricula and there is a lack of social workers specialized in gerontology. Similarly, geriatric wards are absent from most public and private hospitals. Until today, the substantial brain drain of skilled medical staff remains a concern.

The use of hi-tech interventions for prolongation of life, sometimes pushed beyond reasonable limits in some Arab countries, is unmatched with a parallel provision of palliative care services and long-term care facilities. There ought to be a concern over how best to provide long-term care for those whose health conditions are irreversible. The traditional family structure and the role of women, who provide much of the informal-health care to older disabled family members, are becoming increasingly difficult to maintain. The challenge is to find solutions that preserve dignity, while allowing them to maintain contact with a familiar environment. Examples include mobile health units in Saudi Arabia, Oman, Qatar, Tunisia and Bahrain; home-based care operational in Egypt through offices within the Ministry of Social Solidarity; and the 'Family Welfare Unit' established in Qatar to reach older persons in their homes.

Most Arab countries have implemented ageing-related awareness-building activities through convening meetings and conferences, and through issuing brochures and other relevant publications. Except for Qatar, Saudi Arabia, Oman, Lebanon and Syria, these activities were in the majority about but not for older persons, and a few countries addressed "lay" older persons or emphasized the 'life course perspective' in healthy ageing. Health and activity in older age are a reflection and the consequence of the living circumstances and actions of an individual during the whole life span, and adopting healthier life styles in early ages and adapting to age-associated changes thereafter present opportunities to influence how people age.

Noteworthy, improvements in health conditions do not depend solely upon the delivery of health or medical services. They are also the result of such factors as improvements in socio-economic conditions, nutrition, environment and healthier lifestyles.

The following measures are recommended:

Wide disparities occur in health coverage of the older population within Arab countries. Public policies and comprehensive approaches to reduce and eliminate health inequity should be made on the basis of evidence that they improve the absolute and relative health across societies the social spectrum. A strategy oriented towards a strong and universal primary care, as the infrastructure of health systems and as part of larger social policy and welfare, is critical to promote equities in health⁹.

Health insurance ought to be regulated by Governments to ensure that there is no discrimination towards the old and the poor, especially as concerns the cost of the premium, the exclusions, the

⁹ For more discussion on this issue, refer to Starfield and Birn, 2007.

co-payment and the ceiling. Catastrophic illnesses are known to drive older persons to poverty in a dramatic and unexpected manner. Government ought to shoulder the financial burden of such conditions as well as the increasing cost of medications. To meet these challenges, Governments need to pool the financial risks associated with poor health as part of a comprehensive social policy plan.

The increase in the total number of cases of degenerative chronic diseases and the larger number of persons with disabilities will require new skills from health-care professionals and workers. Arab countries ought to train and re-train health professionals to the care of the older population. The government and Order of Physicians need to promote training programmes in geriatrics; hospitals need to establish specialized geriatrics departments; and medical schools need to introduce geriatrics-related disciplines and specializations. Similarly, nurses, community workers and social welfare personnel need to be trained in gerontology and provided with opportunities for continuing education.

Programmes catering for long-term care are required. This, however, ought to be accompanied and supported by a strong political commitment to expand health-care coverage. Policies and programs are needed to facilitate the establishment and financing of long-term rehabilitative and palliative care arrangements. In parallel, guidelines and standards for service provision in nursing homes similar to those instated for hospitals need to be developed and adapted (available in Jordan for both nursing homes and day care centers).

Greater emphases need to be placed on home-based care service as part of a continuum of different types and levels of care. In some countries, home-based health care is being encouraged, but not actively facilitated. Families should be assisted in the process of care giving through financial incentives and by capacity building and training of 'carers' (e.g. in Bahrain, Egypt, Jordan, Iraq, Lebanon, Palestine, Qatar, Saudi Arabia, and Syria). Governments need to adopt, in tandem with civil society organizations, programmes for mobile health units serving disabled older persons within their family environs.

Prevalence rates for obesity and smoking in some Arab countries are one of the highest in the world. Research is increasingly showing that the origins of risk for chronic conditions, such as diabetes and heart disease, begin in early childhood. Thus, to promote active ageing, health systems need to take a life course perspective that focuses on health promotion, disease prevention and equitable access to quality primary health care. Lay health education materials and brochures that send 'primary prevention' and 'active ageing' messages (nutrition, physical activity, exercise, alcohol and tobacco, safety standards to home environment) need to be developed and disseminated to all age groups. Individuals and families need to plan and prepare for their older age, and make personal efforts to adopt positive personal health practices throughout the life course. The WHO efforts to promote the integrated response of health care systems (INTRA Project) to active ageing are worth noting and need to be supported. Governments and organizations need to provide free or low cost screening programmes. In this connection, various channels of mass media (television spots and programmes, special magazines, newspaper columns, radio) ought to be utilized.

Among older persons, informational support carries equal importance as moral or instrumental support. Knowledge of forms of assistance and timely access to health-care is very valuable in a health crisis. Using various channels of communication, local authorities in coordination with the civil society should promote community awareness and literacy of existing health facilities and other resources that are tailored to elderly needs (e.g. Saudi Arabia, Iraq). User-friendly

directories on services provided by the Government, the various NGOs and centers should be made available to older persons and their care givers. Older persons and their care givers need to be empowered to take advantage of all forms of assistance and to make effective use and sound decisions on choice of health services including long term institutional care.

Ageing-related issues need to be introduced in school curricula (indicated as a strategy in the national plan of ageing prepared by Jordan). Community training programmes aiming at preparing younger adults and older persons for the various stages of life and promoting a life course perspective in healthy ageing (a society for all ages) are needed.

3. Enabling and supportive environment

Goal

Older persons should be enabled to 'age in place' and to enjoy the physical, social and cultural environment of their homes and neighborhood. A supportive environment promotes social integration and autonomous ageing and contributes to development.

Underpinning issues in the Arab countries

Available data indicate that very little attention has been directed towards the creation of an enabling and supportive environment (physical and social), a basic human rights goal, in most Arab countries. All countries lack a clear plan on how to accommodate the specific characteristics and needs of older persons for them to be able to live independently and move around autonomously. While a few indicated a plan for transport discounts or discounts to access to public places (Egypt, Bahrain, and Iraq), none, however, described *comprehensive* measures to improve and equip the immediate environment including housing and public spaces or facilities to accommodate for the needs of vulnerable older adults, notably the frail and the disabled.

Because of lack of political visibility and attention to this issue, there is a serious shortcoming in the region in terms of basic indicators on housing conditions of older persons: how many own the dwellings they inhabit, their living conditions, or whether these dwellings meet the diversity of older persons' needs and preferences in terms of safety and accessibility to services in the community. Compared to older persons in urban areas, those living in rural remote areas in Arab countries are likely to be at a greater disadvantage.

Although the role of family is well reflected in the respective constitution and legislation of the majority of Arab countries, the public sector and the civil society have done little so far to foster this role as the primary actor within the traditional support system.

Work associates and neighborhood and community acquaintances are vital in the social capital assets accumulated by older persons in Arab countries. Older men are highly vulnerable to the risk that their support networks will be lost or will shrink after retirement. In the case of women, the main difficulties are associated with access to and availability of formal support networks, especially social security.

In many countries of the region, social welfare, charity and religious associations and institutions play a very active complimentary role in the care of disabled older persons and those with no family support. Data indicate that most Arab Governments are providing financial support, albeit nominal, for NGOs concerned with older persons and have taken measures necessary to exempt

them from taxes and remove tariff barriers on their purchases. Some Arab countries have pioneered the establishment of day centers and recreational clubs (Egypt, Jordan, Lebanon, Saudi Arabia, Bahrain , Iraq, Palestine and Qatar) in which older persons may pursue hobbies and other social activities.

With advancing age, older persons in Arab countries, as elsewhere, are viewed as a drain and a burden on the society. There is a tendency to present a stereotypical image of older persons as frail and dependent in several arenas: in the Arabic language (Ajouz, Khitiar), in media and in children's books. Furthermore, the society, at large, denies them the right to participate in activities, deemed to be restricted to younger generations.

The following measures are recommended:

Older persons need user-friendly methods of transport and housing appropriate to their functional capacities. In case of disability, structural changes need to be introduced in the built environment for autonomous living. Governments need to provide older persons with credit facilities in order to enable them to make alterations to their homes. Also they need to take into consideration, when designing public buildings, the specific needs and capacities of older persons with regard to accessibility and safety. Public transportation ought to be friendly to the abilities of older persons while ensuring preferential treatment via designated seats and special fares. The creation of age-friendly and safe public leisure promotes a “society for all ages”.

Older persons in rural areas need to be given special attention. These, often, suffer from greater inadequacy of the basic infrastructure, the weakness of the economic base, and diminished family support. Governments need to work on reducing regional disparities through promoting social policy as a tool for balanced local development and poverty reduction. Community services in rural areas need to be accessible, and support for ageing farmers provided. Governments need to encourage the establishment of rural cooperatives for the marketing and distribution of agricultural products at competitive prices.

All Arab countries strongly acknowledge and affirm the vital role of family and informal support channels in the care of older persons, and most indicated specific measures to sustain and promote the complementarities in the roles of family members or pointed to actions that enhance their financial resources (Gulf countries, Iraq, Jordan, and Syria). Governments need to provide incentives to support relatives providing care for older persons in the form of grant credit facilities or tax reductions, as an example. On the other hand, older persons need to capitalize on social capital and neighborhood ties, this may provide a window of opportunity to compensate for the attenuated base of family support.

In Arab countries, the NGOs and the civil society institutions continue to be the last resort for older persons when other channels of support fail. Their role must be strengthened and scope of activities widened to reach older persons in their home environment. Standards and criteria to regulate the work of these institutions are, nevertheless, urgently needed.

Several activities need to be coordinated to combat the stigma and discrimination associated with ageing in such areas as education, employment, health-care, and access to public places or participation in leisure activities. Ignorance and prejudice -either rooted in cultural beliefs or in stereotyping- are fundamental factors to be overcome. Advertising should not include discriminatory images of ageing; awareness-raising educational material concerning the various stages of human beings' lives need to be introduced in the curricula of children; values of

tolerance and respect for diversity based on age and gender differences need to be fostered; and opportunities for intergenerational integration need to be made available and/or strengthened (intergenerational and reintegration activities are observed. in Egypt, Lebanon, Oman, Qatar, and Saudi Arabia). Ultimately, advocacy campaigns should lead to a greater appreciation of the concerns of older persons, to overcoming negative stereotypes, and to developing or adjusting strategies, policies, programs and legislation.

4. Active participation of older persons in development processes

Goal

Active participation of older people in all aspects of the development process is essential to the policy making process and to successful ageing. It also limits marginalization, promotes empowerment and increases ownership and inclusion in the shaping of practice.¹⁰

Underpinning issues in the Arab countries

Space has been found on the public agenda for some active participation of older persons in affairs directly related to them (e.g. national committees, nursing homes). However, there was no indication in the country reports that this is an overall culture in all aspects of development. Public participation and legislative representation of older persons in Arab countries appear to be related more to the position of the older persons – often associated with economic and political power, than to institutionalized policy structures and processes.

Similarly at the family level, and while intentions are usually benevolent, relatives tend to adopt a paternalistic approach and replace older persons in assuming responsibility for several familial decisions, including health-related matters concerning the older persons themselves. As a consequence, a 'waiting' attitude is often assumed by the older person. This has a major negative impact on level of life satisfaction and sense of reciprocity and autonomy, often leading to adverse health outcomes.

Owing to cultural mores prevalent in the region, older persons have the potential to be more influential in society. Also, they are an important resource contributing directly and indirectly to the national and domestic economy. However, this is challenged by the prevailing negative stereotypes about ageing and older persons as frail dependent members, as well as, by the lack of associations (except for the Qatari Association for the Elderly, an independent private NGO) and powerful groups representing the interests of older persons, such as those commonly present in developed countries (e.g. HelpTheAged in the UK, or the Gray Panthers in the USA).

Although difficult to document or measure, neglect and possibly abuse of older persons in community contexts and in centers for institutional care could be reasons for concern. These have been attributed in the literature to such factors as lack of resources for care, poor training of caregivers, job-related stress in institutional care facilities, and conditions of poverty and illiteracy in general, all of which are prevailing issues of concern in Arab countries.

¹⁰ 'Nothing about us without us' presented by HelpTheAged, UK in 'Ageing in Lebanon: Research and Policies' Conference, September, 2007.

The following measures are recommended:

Ageing-related plans and policies must be re-oriented in recognition of the fact that such persons are productive elements and valuable social and human capital. Their integration must be assured through the adoption of comprehensive socio-economic and social policies which strengthen the unity of the community and guarantee the complete and effective participation of older persons in religious, political, economic and social life. Ageing must be considered as a type of ongoing investment.

Perhaps the most important activity to promote active participation of older persons is to advocate literacy and continuing education on 'human rights'. These constitute important elements of empowerment and should be coupled within broader programmes. Associations of older populations, similar to those found for other population groups (e.g. the disabled), need to be established and encouraged. These associations can build "twinning" arrangements with regional and international similar networks, for greater visibility and coordination. Through their various activities, such organizations can influence the design and implementation of policies, engage in grass-roots activities and strengthen public-private partnerships.

Older retired persons are valuable social and human capital. A culture that takes advantage of the expertise of older persons needs to be promoted. Retired persons are more available, and engaging them as partners within community context would help to promote advocacy, enlarge older persons' circle of social networks, promote social capital including locational capital and trust, and improve their quality of life and mental well being.

Activities and areas where older persons can be engaged in are many: they can participate in the affairs of the local community and in decision-making processes with respect to issues of relevance to their lives. They can be actively engaged in voluntary associations and community service. Volunteering, by and for older persons, within the scope of training, workshops, networking, and conferences promotes feelings of reciprocity (Volunteering is encouraged in Egypt through the participation of older persons in teaching at schools; Jordan also encourages voluntary activities by older persons. Bahrain and Lebanon are planning to promote the integration of older persons in society).

As mentioned earlier, there is a need to improve the image of older persons by challenging the prevailing stereotypes about ageing (e.g. establish a "positive images gallery" which portrays older persons at work, in volunteer roles and in leisure-time activities, start with schools and children books). Intergenerational cohesion, interdependence and investing in the accumulated stocks of older people capabilities and experience (e.g. utilizing the capabilities of the elderly in providing special lessons to students, in teaching and eradication of illiteracy or working as mentors) need to be promoted and encouraged.

5. Mainstreaming older persons concerns in development processes:

A strategic tool and a process

Goal

A multi-sectoral approach of mainstreaming issues relating to older people into all economic, social and health development processes and programmes is essential for a comprehensive and effective ageing policy and practice.

Underpinning issues in the Arab countries

While national committees on ageing in all Arab countries include governmental representatives from ministries other than the ministry involved in social welfare, their role remain passive with no political, legislative or enforcing power in their respective spheres.

Most countries of the Arab region consider that relevant policy formulation and developmental approaches are addressed through the existing legislation on social welfare or social issues. Others have integrated ageing issues in sectoral policies and programmes, in selected areas such as family issues and population. None, however, endorsed ageing issues as an integral part of other development process such as in education, environment, or agriculture. Furthermore, few countries deemed their level of concern about population ageing policies to be "minor".

Demographic changes in Arab countries have brought considerable disparities between older men and women creating a wider gender gap among older generations. They are more likely to live alone and be socially isolated, to be illiterate and economically dependent, and to report poorer health conditions and disabilities, and less likely to obtain health care than older men. Gender imbalance means that energies of half of the population are drained. Mainstreaming, historically rooted as a proxy for advocacy of gender issues, is best suited to address gender gap among older persons.

A multi-sectoral approach of mainstreaming issues relating to older people into all economic, social and health development processes and programmes is essential for a comprehensive and effective ageing social policy and practice. Mainstreaming ageing is considered here within as a strategy and a process of optimizing opportunities in development plans and policies across all sectors for the enhancement of the quality of life as people age, rather than when they age.

The following strategies are recommended:

Awareness raising and advocacy is needed for political visibility and attention to older persons' concerns in the development agenda. A 'society for all ages' and 'inter-generational solidarity' ought to be utilized as guiding principles to endorse the conviction that mainstreaming the concerns of older persons will benefit *all* age groups within society.

The National Committees on ageing ought to be empowered with representatives with strong diffusion channels and those who can enforce change in their respective realms. Mainstreaming need to be addressed across the board of public policy, with active partnership and coordination among all levels of government, civil society, the private sector and organizations and international cooperation is needed.

Mainstreaming is not a mere "add-on" to policy making. Existing policies, programs and laws as to whether it adequately reflects the concerns of older persons need to be evaluated, and adjustments should be suggested and reforms implemented. Ageing mainstreaming are not limited to government policies, but need to permeate into development plans, policies, programmes and activities across all sectors (the civil society and NGOs, faith-based organisations, media,

educational and research institutes, and donors).¹¹ Sharing best practices on efficient actions with national and international organizations and groups fosters change.

A special attention should be made to the mainstreaming of the special needs of vulnerable older women, in particular those who live alone, disabled and/or are poor (loans and credit facilities, support productive projects and training, literacy programs, access to health care and services) and into areas of focus such as humanitarian response to emergencies.

For an intervention to be succeeded, it is important to understand the public-sector bureaucracies, power relations and political dimensions of the issue at hand. Scaling-up from small projects into broader policy and program development requires several attributes: an appreciation of the cumulative benefits of incremental change and phased implementations, clear and simple messages for the advantages of the policy change while using strong diffusion channels, and a broad-based support that benefit from 'policy' windows of opportunities and policy 'entrepreneurs', who are decision makers and are supportive of the policy.¹²

While promoting mainstreaming, it is important not to lose sight of the specific needs and expectations of older persons. A twin track approach to policy and programs on ageing i.e. addressing older persons' specific needs, while, simultaneously, fostering mainstreaming as a cross-cutting issue, is recommended.

6. Data generating and research

A tool for informed policy making and evaluation

Goal

Data generating and research into ageing need to be multidisciplinary with a focus on local context. Information is essential for evidence-based policy formulation, and practice and performance evaluation.

Underpinning issues in the Arab countries

The Arab region is burdened with both a lack of and low-quality data. Several factors contribute to this. These include among others, the 'politics of statistics', that is to say, government intolerance of data that differ from those produced by public agencies, problematic process to obtain permits to conduct large-scale population-based surveys so that control is exercised over the information gathered, inadequate training in the increasingly technical process of collection and analysis of data, and deficiencies in commitment to protect the integrity of data.

While several Arab countries (Egypt, Lebanon, Syria, Jordan, Bahrain, Qatar, Saudi Arabia and Yemen) have indicated that they undertook or planning to undertake relevant surveys and studies on older persons, the dearth of information, especially *disaggregate* data at the community level, on the social and economic situation represents a serious impediment in the assessment of equity/inequity, development and growth in the region. Variations in living standards point to

¹¹ Existing examples in the Arab Countries include volunteering by and for older persons (The Association for Volunteer Services in Lebanon and the volunteer families hosting elderly persons in exchange of a monthly allowance from the State in Tunisia) / ageing mainstreaming in neighborhood initiatives and open universities.

¹² For more discussion on this issue, refer to Simmons et al., 2002.

areas of development and regions that require more attention and intervention, thereby resulting in better targeting of resources and, consequently, in successful crafting of policy initiatives.

Data on several health-related indicators, including disability and morbidity rates, are limited in most countries of the region. Thus the future need and cost for health-care services is difficult to predict. Moreover, the use of a wide range of various health indicators across studies limits comparability of findings within and across Arab countries. It is worth noting, here within, that the Arab region remains the only one worldwide in which longitudinal comparative research has not been undertaken. Such studies are needed to understand the trajectories and determinants of well-being in later life.

There is a lack of a culture that promotes raw data sharing at the individual and collective level. Public agencies are reluctant to share the data for wide use among researchers and other agencies. Furthermore, while findings are often published in national and international statistical reports, the targeted population, sampling strategy and methodology used are rarely reported in detail, if any, for end users.

The Vital Registration System in most Arab countries is not sufficiently vital to provide reliable national statistics for deaths - which in the bulk occur among older persons- or more importantly for medical causes of death. Sound public-health decision making, health development and policy evaluation are dependent on provision of a routine mechanism for gathering population health data.

The following measures are recommended:

Policy making and program development need to be based on evidence and facts. Perhaps a feasible approach would consist of support to centers for research and policy development on ageing at the country level as well as for the region. Such centers and groups of collaborators that include policy makers, service providers and researchers from different sectors would be better prepared to address the various inter-related needs and aspirations of the older population. In that respect, Lebanon has taken steps to establish such a Center that could be adapted in other countries.

Non-comparable approaches to defining and measuring various socio-economic and health indicators obviously result in different estimates. For the purpose of effective policy formulation, it is necessary to come up with a set of recommended common instruments for use in surveys and studies on older persons, to identify which issues are important to assess, to harmonize concept definition and measurement, and to employ comparable social, economic and health and disability indicators that are compatible with international recommendations, in order to arrive to the lowest common denominator across surveys. This is essential to map equity/inequity and geographic disparities within and between Arab countries and for better targeting of resources.

These efforts need to be undertaken through workshops conducted jointly by various concerned stakeholders, policymakers and practitioners (ministries, national committees on ageing, NGOs, UN organizations, researchers, service providers and the older persons themselves) taking into consideration the local context of each country.

There is a need to build a dynamic, up-to-date, gender-, age-, and locality-disaggregated population-based database on older persons and keep abreast of the rapid socio-economic and demographic changes in the region. Focused studies and registries on vulnerable older persons

(female headed households, the poor and the disabled) and in-depth analysis of existing data can be powerful tools for evaluation of policies and practices. Availability of information does not guarantee the success of policies and programmes, however, its absence almost always ensures their failure. The national committees on ageing may act as the repository of national databases on older persons.

In order to ensure public accountability, guidelines for performance evaluation and for measuring key outcomes need to be developed. An analysis that evaluates progress made at the individual level (e.g. quality of life of older persons and social capital indicators) and the success of overall policy intervention (such as a measurable increase in various services provided) need to be conducted and findings shared with all actors.

Existing alternative sources of data on older persons need to be utilized. Secondary sources of health-related data may include, *inter alia*, national surveillance systems, national registries (e.g. cancer registries), or existing associations and agencies (e.g. Alzheimer Associations, Disability Card systems, or other advocacy groups). These can provide valuable estimates on the burden of physical and mental health among older persons, and can also act as a routine information system for major types of disabling conditions. Integration of data from different sources can provide useful insights for planning, service provision and evaluation.

There is a need to exchange expertise and experiences in the field of data collection within and between Arab countries. Data collected need to be shared with and findings disseminated to various stakeholders. Cooperation and coordination ties between Arab States on ageing-related issues ought to be sustained by holding conferences, seminars and workshops.

Arab countries need to realize the significance of vital registration for continuous monitoring of population health, in particular older people health. Civil registration is a long-term investment, and Governments, academia and the civil society all have responsibilities to ensure that medical causes of death on death certificates are improved.¹³ Local governments should seek the support of international organizations and working groups in their effort to achieve a functional registration system.¹⁴

¹³ For more discussion on this issue, refer to Sibai et al. (2002). "Inadequacies of death certification in Beirut, Lebanon: Who is responsible?" *Bulletin World Health Organization*, 80: 555-61.

¹⁴ Examples include the Monitoring of Vital Events (MoVE) writing group, the Health Metrics Network, World Health Organization.

The Way Forward

Ageing-related prospective demands are confronting Arab societies with a serious challenge. Countries in the region ought to strengthen their institutional capacity to be able to undertake an integrated analysis of the ageing process. To that end, efforts must be intensified to ensure that all sectors and partners undertake their responsibilities in coordination. Policymakers are called upon to focus on integrated social policies, founded on equity, intergenerational solidarity and human-rights. Policies should aim at providing adequate social security and health care in old age, enabling older people to remain active and to live independently in their own communities, upholding and facilitating a social support system, formal and informal, including enhancing the abilities of the family to take care of older persons within the family environment. A culture that endorses active participation and mainstreaming aging policies in development should be promoted. Research and data need to be generated and consumed for the benefit of evidence-based policies and practice.

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Table 1. Selected demographic indicators

Country	Population per thousands (2005)	Births per 1,000 population (2005-2010)	Deaths per 1,000 population (2005-2010)	Population growth rate % (2005-2010)	Projected population (thousands)		
					2015	2025	2050
Algeria	32 854	20.8	4.9	1.51	38 088	42 882	49 610
Bahrain	725	17.1	3.2	1.79	857	972	1 173
Comoros	798	33.3	6.5	2.46	1 007	1 217	1 715
Djibouti	804	28.7	11.3	1.74	951	1 113	1 480
Egypt	72 850	24.2	5.6	1.76	86 219	98 513	121 219
Iraq	27 996	31.7	9.1	1.84	34 947	43 293	61 942
Jordan	5 544	25.9	3.9	3.04	6 923	8 029	10 121
Kuwait	2 700	17.9	1.9	2.44	3 378	3 988	5 240
Lebanon	4 011	18.2	7.0	1.05	4 431	4 784	5 221
Libyan Arab Jamahiriya	5 918	23.4	4.1	1.97	7 129	8 087	9 683
Mauritania	2 963	32.5	7.9	2.53	3 757	4 548	6 364
Morocco	30 495	20.5	5.8	1.20	34 330	37 865	42 583
Occupied Palestinian Territories	3 762	35.9	3.7	3.18	5 090	6 553	10 265
Oman	2 507	22.1	2.7	1.97	3 051	3 614	4 639
Qatar	796	16.2	2.4	2.11	966	1 102	1 333
Saudi Arabia	23 612	24.9	3.7	2.24	29 265	34 797	45 030
Somalia	8 196	42.9	16.6	2.92	10 881	13 712	21 057
Sudan	36 900	31.5	10.1	2.22	45 613	54 267	73 029
Syrian Arab Republic	18 894	26.7	3.4	2.52	23 510	27 519	34 887
Tunisia	10 105	16.7	5.6	1.08	11 204	12 170	13 178
United Arab Emirates	4 104	16.2	1.4	2.85	5 263	6 268	8 521
Yemen	21 096	38.3	7.4	2.97	28 288	36 567	58 009

Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision*, <http://esa.un.org/unpp>, Monday, October 29, 2007; 8:35:00 AM.

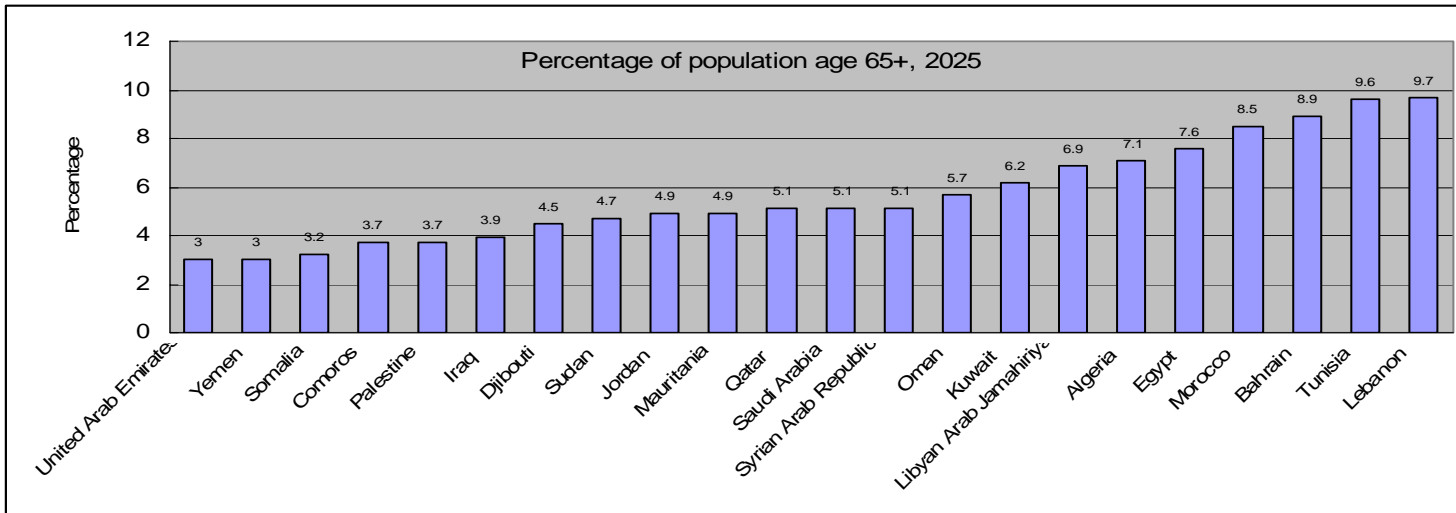
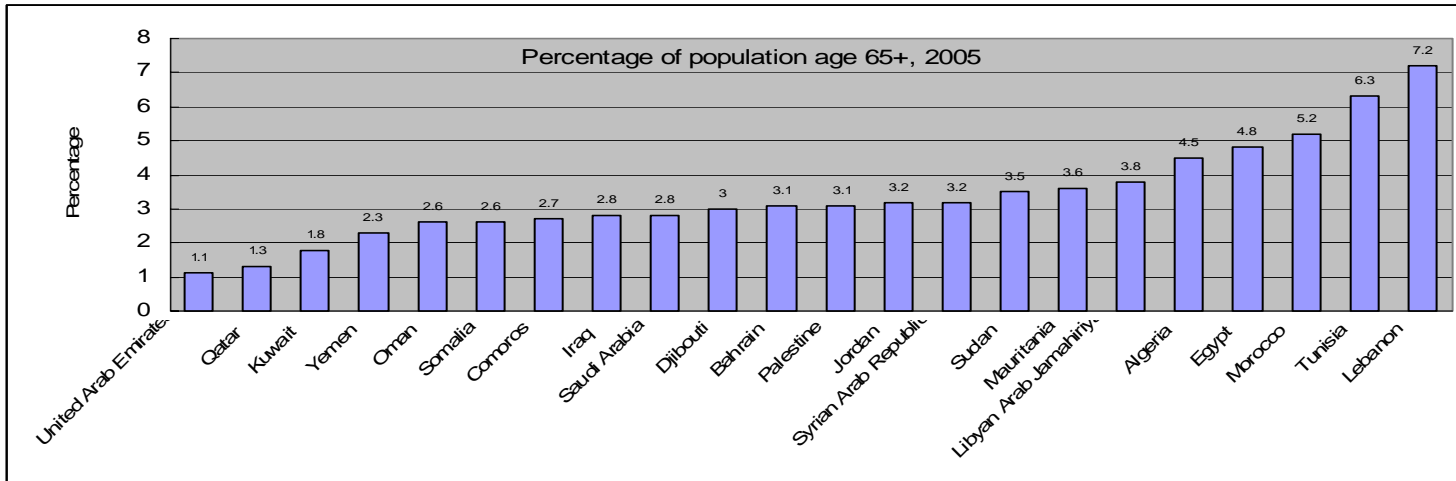
Table 1. Selected demographic indicators (cont'd)

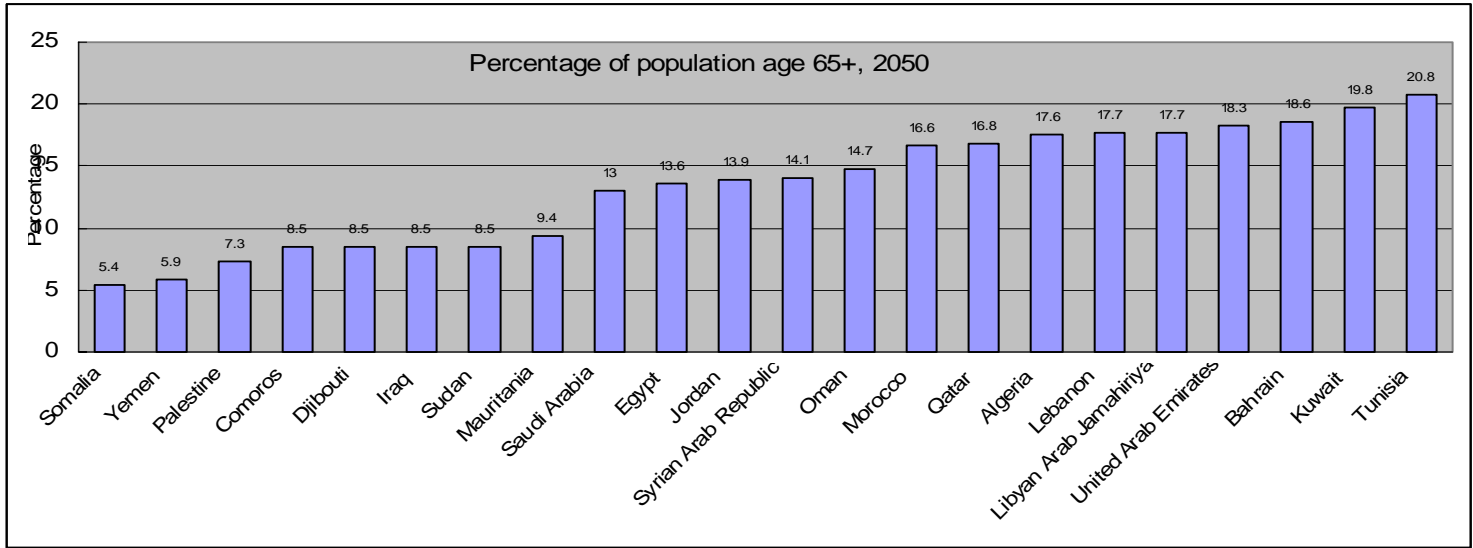
Country	Total fertility rate				Life expectancy at birth											
	1980-1985	2005-2010	2025-2030	2045-2050	1980-1985			2005-2010			2025-2030			2045-2050		
					M	F	total	M	F	total	M	F	total	M	F	total
Algeria	6.4	2.38	2.00	1.85	60.0	62.0	60.5	70.9	73.7	72.3	74.4	78.0	76.2	77.1	80.9	79.0
Bahrain	4.6	2.29	1.85	1.85	67.1	71.4	68.9	74.3	77.5	75.6	77.0	80.5	78.4	79.2	82.9	80.8
Comoros	7.1	4.30	2.78	2.20	51.0	55.0	52.9	63.0	67.4	65.2	69.4	74.4	71.9	73.4	78.4	75.9
Djibouti	6.6	3.95	2.65	2.14	43.2	46.4	44.7	53.6	56.0	54.8	61.9	64.8	63.4	67.1	70.5	68.8
Egypt	5.3	2.89	2.25	1.92	55.3	57.8	56.5	69.1	73.6	71.3	73.3	78.0	75.6	76.2	80.9	78.6
Iraq	6.4	4.26	2.76	2.20	61.1	63.7	62.3	57.8	61.5	59.5	70.0	74.3	72.1	73.8	78.3	76.1
Jordan	6.8	3.13	2.13	1.85	61.9	65.8	63.7	70.8	74.5	72.5	74.4	78.5	76.4	77.1	81.3	79.1
Kuwait	4.9	2.18	1.88	1.85	69.6	73.7	71.3	76.0	79.9	77.6	78.4	82.3	79.9	80.5	84.4	82.0
Lebanon	3.8	2.21	1.89	1.85	63.9	68.0	65.9	69.9	74.2	72.0	73.5	77.9	75.8	76.4	80.8	78.7
Libyan Arab Jamahiriya	7.2	2.72	1.93	1.85	60.6	64.2	62.2	71.7	76.9	74.0	75.1	80.1	77.4	77.7	82.6	80.1
Mauritania	6.3	4.37	2.85	2.23	45.9	49.1	47.4	62.4	66.0	64.2	67.8	71.9	69.8	71.5	75.8	73.6
Morocco	5.4	2.38	1.99	1.85	56.7	60.1	58.3	69.0	73.4	71.2	73.2	77.8	75.5	76.1	80.8	78.6
Occupied Palestinian territories	7.0	5.09	3.12	2.35	62.7	66.2	64.4	71.8	75.0	73.4	75.1	78.8	76.9	77.7	81.5	79.5
Oman	7.2	3.00	2.30	1.95	61.3	64.3	62.7	74.2	77.5	75.6	77.2	80.8	78.6	79.4	83.1	81.0
Qatar	5.5	2.66	2.14	1.86	65.4	69.8	67.0	75.2	76.4	75.6	77.8	79.7	78.4	79.9	82.2	80.8
Saudi Arabia	7.2	3.35	2.24	1.85	61.4	64.1	62.6	70.9	75.3	72.8	74.5	79.0	76.3	77.1	81.6	79.1
Somalia	7.3	6.04	4.12	2.75	41.4	44.6	43.0	46.9	49.4	48.2	54.6	57.6	56.1	62.0	65.5	63.7
Sudan	6.0	4.23	2.75	2.19	47.8	50.6	49.1	57.1	60.1	58.6	63.7	67.2	65.4	68.5	72.3	70.3
Syrian Arab Republic	7.3	3.08	2.11	1.85	60.8	64.4	62.5	72.3	76.1	74.1	75.4	79.5	77.5	77.9	82.1	80.0
Tunisia	4.9	1.93	1.85	1.85	63.6	66.5	64.9	71.9	76.0	73.9	74.9	79.5	77.2	77.5	82.1	79.8
United Arab Emirates	5.2	2.31	1.95	1.85	67.1	71.4	68.6	77.2	81.5	78.7	79.6	84.0	81.1	81.9	86.3	83.4
Yemen	8.5	5.50	3.36	2.45	48.8	49.3	49.1	61.1	64.4	62.7	68.3	72.5	70.4	72.7	77.3	75.0

Table 1. Selected demographic indicators (cont'd)

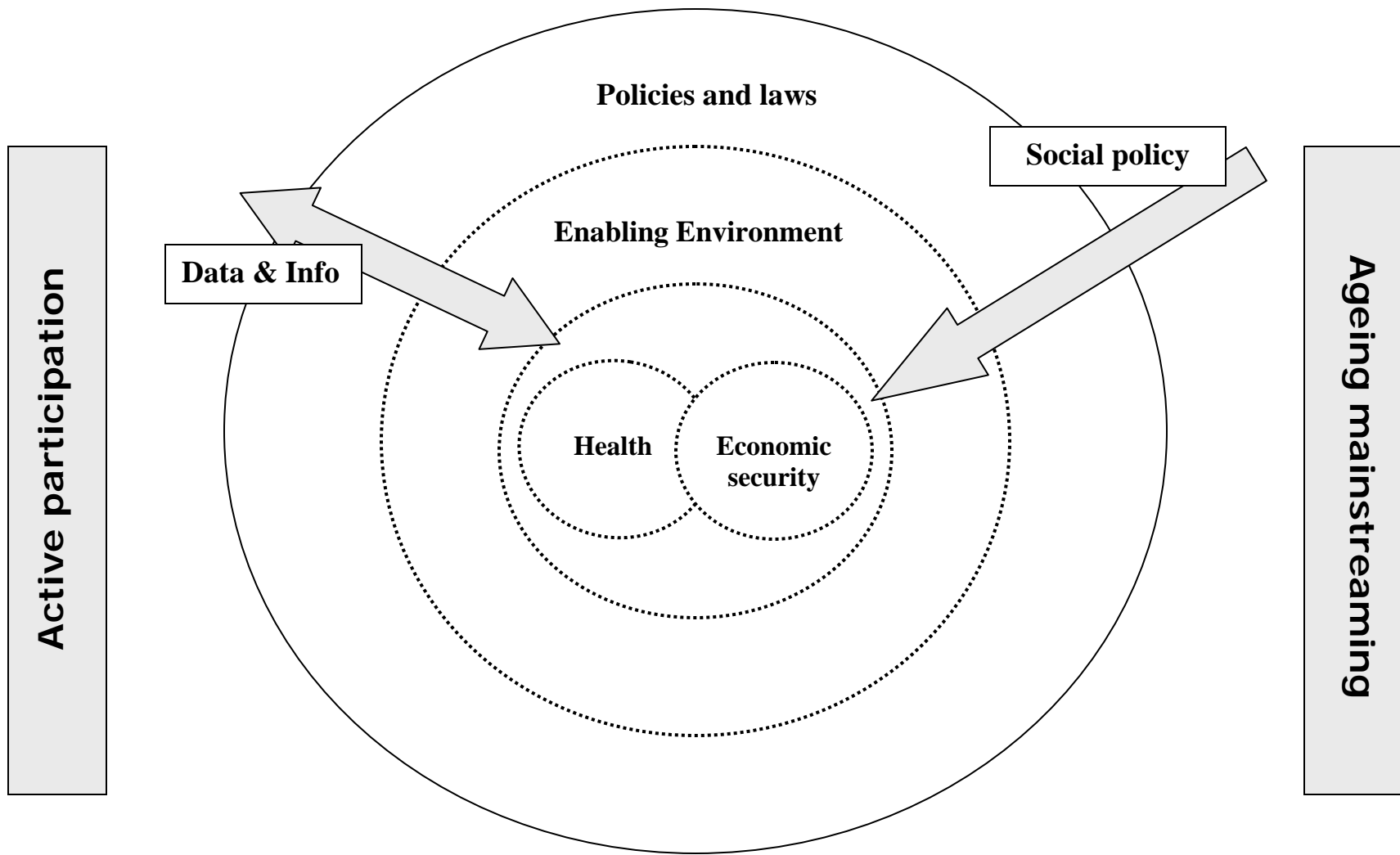
Country/area	Percentage of population 0-14				Percentage of population 15-64				Percentage of population 65+				Total dependency ratio				Elderly dependency ratio			
	1980	2005	2025	2050	1980	2005	2025	2050	1980	2005	2025	2050	1980	2005	2025	2050	1980	2005	2025	2050
Algeria	45.8	29.6	24.5	18.2	50.1	65.8	68.5	64.2	4.0	4.5	7.1	17.6	99	52	46	56	8	7	10	27
Bahrain	34.7	26.3	18.9	16.3	63.3	70.7	72.2	65.1	2.1	3.1	8.9	18.6	58	42	38	54	3	4	12	29
Comoros	48.0	42.0	33.3	24.8	49.6	55.4	63.0	66.7	2.5	2.7	3.7	8.5	102	81	59	50	5	5	6	13
Djibouti	44.6	38.5	30.4	23.3	52.5	58.6	65.2	68.2	2.2	3.0	4.5	8.5	90	71	53	47	4	5	7	12
Egypt	41.4	33.3	27.2	20.5	54.6	61.8	65.2	65.9	3.9	4.8	7.6	13.6	83	62	53	52	7	8	12	21
Iraq	47.1	41.5	32.9	24.3	49.9	55.7	63.2	67.2	3.0	2.8	3.9	8.5	100	79	58	49	6	5	6	13
Jordan	49.4	37.2	27.3	19.3	47.5	59.6	67.9	66.8	3.1	3.2	4.9	13.9	111	68	47	50	7	5	7	21
Kuwait	40.2	23.8	19.6	17.0	58.4	74.5	74.2	63.5	1.4	1.8	6.2	19.8	71	34	35	57	2	2	8	31
Lebanon	39.0	28.6	22.3	17.8	55.7	64.1	68.0	64.5	5.3	7.2	9.7	17.7	80	56	47	55	10	11	14	27
Libyan Arab Jamahiriya	47.0	30.3	24.6	18.9	50.7	65.9	68.6	63.3	2.2	3.8	6.9	17.7	97	52	46	58	4	6	10	28
Mauritania	44.4	40.3	32.2	23.9	52.5	56.1	63.0	66.6	3.1	3.6	4.9	9.4	91	78	59	50	6	6	8	14
Morocco	42.5	30.3	24.5	18.6	53.4	64.5	67.0	64.8	4.2	5.2	8.5	16.6	87	55	49	54	8	8	13	26
Occupied Palestinian territories	47.5	45.9	36.8	26.6	49.0	51.1	59.6	66.1	3.5	3.1	3.7	7.3	104	96	68	51	7	6	6	11
Oman	45.5	33.8	26.9	19.4	52.1	63.6	67.4	65.9	2.3	2.6	5.7	14.7	92	57	48	52	4	4	8	22
Qatar	21.4	21.7	18.5	15.4	66.5	76.9	76.5	67.7	1.1	1.3	5.1	16.8	50	30	31	48	2	2	7	25
Saudi Arabia	44.3	34.5	27.2	19.4	52.9	62.7	67.7	67.6	2.8	2.8	5.1	13.0	89	60	48	48	5	4	8	19
Somalia	46.7	44.1	39.4	30.1	50.4	53.3	57.4	64.4	2.9	2.6	3.2	5.4	99	88	74	55	6	5	6	8
Sudan	44.6	40.7	32.3	30.2	52.5	55.8	63.0	67.1	2.9	3.5	4.7	8.5	91	79	59	49	6	6	8	13
Syrian Arab Republic	49.1	36.6	27.9	19.5	48.2	60.2	67.0	66.5	2.7	3.2	5.1	14.1	107	66	49	50	6	5	8	21
Tunisia	42.0	26.0	20.8	16.6	54.3	67.7	69.6	62.6	3.8	6.3	9.6	20.8	84	48	44	60	7	9	14	33
United Arab Emirates	29.6	19.8	17.3	14.3	70.2	79.0	79.8	67.4	1.2	1.1	3.0	18.3	43	27	25	48	2	1	4	27
Yemen	50.8	45.9	38.8	28.2	47.0	51.8	58.2	65.9	2.2	2.3	3.0	5.9	113	93	72	52	5	5	5	9

Figure 1. Percentage of population aged 65 years and over in Arab countries, 2005, 2025 and 2050





Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision*, <http://esa.un.org/unpp>, Monday, October 29, 2007; 8:35:00 AM.



**Framework:
An Approach for Action**

Figure 2

Appendix A: Summary of Country Reports (2007)

I. Countries with diversified economies (Egypt, Jordan, Lebanon, and Syria)

	Egypt
Statistics	In 2007, the proportion of older adults aged 60 and older reached 7% and this number is expected to reach 11% by 2050.
Strategies or policies to implement global work plan on ageing	<ul style="list-style-type: none"> - In May 2007, Egypt has set guidelines towards the preparation of a national strategy and plan of action on ageing. The draft strategy and plan has been recently declared (June 2007). - Several laws were established including those related to social, health, and insurance laws. - Establishment of nursing homes (54) to take care of those who have no family members to care for them - Establishment of 73 social day care clubs in the different regions which provide social, psychological support and a milieu where the elderly can have social contacts. - Provision of health care for older adults through a program of health insurance directed to those working in the government.
Preparation of a national clear work plan on the implementation of the international work plan for ageing	<ul style="list-style-type: none"> - The work plan involves three main points: - Contribution of older persons in development - Provision of health care services for older adults and maintaining their mental and physical health - Provision of a supporting environment for older adults.
Program to improve the situation of older adults by the government	<ul style="list-style-type: none"> - Commemorating the annual International Day of Older Persons has become a major national venue for raising awareness of ageing issues. - Initiating health insurance provisions that cover needy elderly. Health care is provided by the Ministry of Health, and geriatrics wards were established in some hospitals. In addition, 'natural' care centers for those who have bone problems were founded. The Ministry of Health and Population has established institutes involved in nursing studies for the elderly. - The numbers of nursing homes and social day care clubs have increased to 115 and 170, respectively. - Home services are being operational through established service offices within the Ministry of Social Solidarity. In addition, young individuals were trained to deal with older adults - Special sports programs for older adults were developed in clubs and promotion of walking. - Increase in the credits to spend on the retirement funds for those who do not have an insured salary and do not have a source of income. - There is a plan to provide financial support to organizations dealing with older adults - Special entrances and roads for older adults in private and public hospitals were built. - Issuing tax directives towards exemption of transportation fees, tourist visits fees and other financial exemptions - Establishment of a center for older adults care at the University of Cairo in 2003. - A special radio station for older adults, articles and TV programs on older adults were broadcasted. - Increase the amount of research on the situation of older adults and giving the findings to those in positions of power. - Issuing of directives addressing mobility and accessibility with public premises - Egypt has introduced the study of geriatrics and ageing issues within academic programmes at schools and universities.
The main requirements of older adults	<ul style="list-style-type: none"> - Having a national law that acknowledges the independence and importance of older adults: establish a national board specialized in elderly care - Reviving the national commission on the elderly which was frozen since year 2000 - Including information on the importance of older adults in society in school curricula

	<ul style="list-style-type: none"> - Including programs in the media on older adults
Involvement of older adults in decision making and programs that are related to them.	<ul style="list-style-type: none"> - Training of older adults to personally make handcrafts as a way to raise money and be involved in the local society - Provision of small loans to older adults with minimal interest for the older adults to establish small business - Involving educated older adults in teaching of school students - Taking advantage of the work skills of older adults in heading and managing programs in civil sector and encouraging their nomination to the board of directors in these associations - Egyptian culture values and respects its elderly. They are cared for by their families and in turn older adults participate in raising grandchildren and teaching their children how to raise their kids. - Several older adults are active participants in the political arena, and hence are decision makers in laws and activities involving older people. - Older adults are allowed to vote - Older adults work as consultants for different government sectors - Involving older adults in decision making regarding special events and services directed to elderly.
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	<ul style="list-style-type: none"> - The Ministry of Social Affairs supports the different societies in their programs and provides training for their staff.
Major laws related to older adults	<ul style="list-style-type: none"> - Laws of social insurance: includes provision of retirement funds for all employees. - Law of national social security: retirement salary and provision of assistance. - Law for health insurance: retired have full access to free health services - Discounts in entrance fees to tourist sites, exhibitions, plays and markets, and in transportation fees. - Laws for controlling the work in older adults social clubs and nursing homes - Law for celebration of older adults' day by the MOSA - Law for the establishment of a higher committee of care for older adults composed of ministries, universities, associations, and those caring for older adults.
Any work on having up to date statistics on older adults?	<ul style="list-style-type: none"> - Egypt's general policy covers provisions that target old age and stipulates, among others, the preparation of database and reports/studies on ageing related, in particular, health and socio-economic conditions.
Who takes care of older women in particular those who have nobody to take care of them?	<ul style="list-style-type: none"> - In Egypt, the National Council for Women, is involved in the review and assessment of policies and legislation for women, including elderly women. Only women who used to work are covered by health insurance.

Achievements- which other countries may benefit from: special training programs in geriatrics for physicians and nurses, special sports programs for older adults were developed in clubs, special entrances and roads for older adults in private and public hospitals, addressing mobility and accessibility to public premises, a radio station for older adults, articles and TV programs on older adults, strong data base and sharing of data, active participation of older people in positions of power

Main challenges: Lack of health insurance for those who did not work before (the majority of women).

	Jordan
Statistics	In the year 2000, the proportion of individuals aged 65 and older was 2.9% and this number is expected to reach 4.9% in 2030.
Strategies or policies to implement global work plan on ageing	The government has implemented the following: <ul style="list-style-type: none"> - Publication of guidelines for the establishment of nursing homes and day care centers. - Publication of guidelines to decrease poverty - Free health insurance for older adults - Exemption of nursing homes from the taxes
Main issues raised by the National plan for the elderly	<ul style="list-style-type: none"> - Gender equality in legislation - Provision of free care for poor older adults in nursing homes - Free health insurance for the poor - Provision of a monthly pocket payments for older adults in need - Training of workers in nursing homes - Availability of day care clubs and associations that care for older adults - Encouraging older adults on volunteer work and self-help - Protection of older adults from abuse - Provision of services and material for the disabled older adults - Provision of geriatric care - Establishment of nursing homes with special guidelines - Incorporation of older adults issues in the curricula of schools and universities
Preparation of a national clear work plan on the implementation of the international work plan for ageing	Programs that has been established for the implementation of the MIPAA: <ul style="list-style-type: none"> - Day care center programs for older adults - Provision of medical equipments for older adults - Improvement of health care workers in nursing homes - Establishment of foster families programs - Provision of help in buildings - Encourage the formation of clubs for the friends of older adults - Incorporation of older adults issues in school curricula - Provision of primary health care for older adults - Changes and implementation of special legislation for older adults - Research and studies on older adults
Program to improve the situation of older adults by the government	The priorities of the government are the following: <ul style="list-style-type: none"> - Protection of the older adult and provision of appropriate care - Enhancement of the social services - Enhancement of the cooperation between the public and private sectors - Encourage and support family based care - Establishment of nursing homes for homeless elderly - Provision of medications and promotion of awareness on the needs and situation of older adults - Enhancement of the skills of those working with older adults and training health care workers in geriatrics - Preparation of awareness campaigns and an emergency plan.

	- Establishment of foster families programs and provision of day care centers for older adults
The main requirements of older adults	
Involvement of older adults in decision making and programs that are related to them.	<ul style="list-style-type: none"> - Stressing the importance of older adults in society - Aiming to adequately provide the needs for older adults - Encourage older adults to participate in voluntary activities for them to feel their capabilities and strengths - Strengthening the role of older adults in society and making use of their experience - Encourage intergenerational communication - Improve the social, urban and economic environments of older adults - Promotion of gender equality - The Government aims to involve older adults in three areas: <ol style="list-style-type: none"> 1. Economic sector: through the fulfillment of their financial needs and provision of work opportunities 2. Social sector: through the fulfillment of their health needs, provision of foster families, provision of adequate housing and distributing them in case of migration 3. Political sector: through their involvement in elections or nominating themselves which highlights the importance of older adults in society and promotes their respect.
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	The government encourages the cooperation between the public and private sectors
Major laws related to older adults	
National commission on older adults (achievements)	
Any work on having up to date statistics on older adults?	
Who takes care of older women in particular those who have nobody to take care of them?	<ul style="list-style-type: none"> - Studies have shown that older women are more at risk for mental health problems than older men as a result of neglect by family members. - Jordan has mentioned ‘feminization of ageing’, and has initiated some programmes that specifically target the empowerment of elderly women.
Development of a national report on older adults	
Most important obstacles and problems to the promotion of a national strategy	<ul style="list-style-type: none"> - limitations in the funding sources - limitations in the capabilities to face the social and health situation - limitations of the civil society organizations to take care of older adults - taking care of older adults in financial need especially women - improving the living conditions of older adults - decreasing illiteracy especially among women <p>To overcome obstacles:</p> <ul style="list-style-type: none"> - revision and updating of legislation and policies to come up with a general social plan

	<ul style="list-style-type: none">- increase awareness about older adults in order to establish the necessary programs- cooperation between the public and civil society sectors to reach the goals- revision of the social structure and drafting a program to meet the actual needs- provision of those working in private and civil sectors with the statistics on older adults- empowering older women- encourage and support the work of NGO's and civil society aiming to provide services for older adults.
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Achievements- which other countries may benefit from: guidelines for nursing homes and day care centre, monthly payments for older adults in need, incorporation of older adults issues in the curricula of schools and universities, provision of medical equipments for older adults, improvement of health care workers in nursing homes

Main challenges: limitations in the funding sources limitations in the capabilities to face the social and health situation; limitations of the civil society organizations to take care of older adults; taking care of older adults in financial need especially women; improving the living conditions of older adults; decreasing illiteracy especially among women

	Lebanon
Statistics	In 2004, the proportion of individuals aged 65 and older was 7.4%. It is noteworthy that half of older adults do not have a health insurance and 14% are under the poverty line.
Strategies or policies to implement global work plan on ageing	<p>There is no specific strategy. However, the Government suggested a social work plan including all age groups. This plan will be implemented in collaboration with various sectors including education, health, social welfare and development.</p> <p>The MOSA is also preparing a plan on population issues including the elderly. This plan includes the following:</p> <ul style="list-style-type: none"> - promote the right of the older adults to health insurance - build partnerships with various sectors caring for the elderly - increase awareness on the rights of the older adults in Lebanon - work on expanding and promoting the elderly care services.
National plan for the elderly	<p>Lebanon is in the process of elaborating its national plan of action. At present, Lebanon has proposed a 'social plan of action' that comprises all social segments including the ageing population. At a later stage, the proposed plan will be elaborated into a comprehensive social strategy. This plan takes into consideration decreasing poverty, and reaching the millennium development goals (MDGs). Part of this plan takes into consideration older adults and includes:</p> <ul style="list-style-type: none"> - providing support, services and money for families that are taken care of by older women. - the MOH will include the older adults in the NSSF card for disabled.
Preparation of a national clear work plan on the implementation of the international work plan for ageing	<p>The Lebanese National Committee on Ageing in collaboration with the MOSA and the MOH is currently in the process of implementing some activities that are directly related to the international work plan for ageing. These include:</p> <ul style="list-style-type: none"> - Training of social workers in both public and private sectors on how to deal with older adults and manage day care centers - Organizing awareness campaigns on mistreatment of older adults. - Contracting between the MOSA and the MOH with nursing homes - Establishing and promoting day care programs for the elderly in social development centers. - Reintegrating older adults in society and involving them in club activities - Involving older adults in development programs through voluntary work - Promoting research on older adults
Program to improve the situation of older adults by the government	Program to enhance social protection networks
The main requirements of older adults	<ul style="list-style-type: none"> - The main requirements are to improve the situation of those in financial need. - However, the opinion of older adults was not taken into consideration. The MOSA only consulted with the organizations and associations dealing with older adults in Lebanon.
Involvement of older adults in decision making and programs that are related to them.	Older adults are represented in the the Lebanese National Committee on Ageing.
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving	Yes, sought their involvement in the the Lebanese National Committee on Ageing and cooperation in implementation of projects with public sector.

their situation.	
Major laws related to older adults	<ul style="list-style-type: none"> - Law 248, august 2000: health insurance through the NSSF for all Lebanese (however, this has been frozen because of lack of funds). - Project on “retirement and social protection”: retirement fund.
National commission on older adults (achievements)	<p>The Lebanese National Committee on Ageing was established in 1999. It comprises four sub-committees set to address issues according to specialization: (1) Committee on studies and planning (2) health and services committee (3) legislative committee (4) media and public relations committee. The committee has achieved the following:</p> <ul style="list-style-type: none"> - Issuing tax directives towards exemption of transportation fees, tourist visits fees and other financial exemptions. - Lebanon has declared an annual ‘national day to honor grand-parents’, the day is set on the last Sunday of June; main activity of the day is media-related aiming at rendering due respect and good relationship with the grand-parents. - Establishment of 33 development services and 6 social day clubs for older adults. The objectives of these clubs are to integrate the older adults in the community, promote and enhance their capacities and involvement in development interventions, and establishment of information on the current situation of older adults. These clubs are directed to those aged 60 and older able adults (physically and mentally) - Research and studies on older adults: <ul style="list-style-type: none"> • Project on the services provided to older adults (2006-2007) • Study on the “Assessment of the responsiveness of Lebanese NGO’s, social clubs and clinics in the provision of services to seniors in Lebanon during and after the July 2006 war.” • Evaluation study of the social centers and day clubs. • A study on the “Responsiveness to emerging needs of older adults and care provided by older adults during and after the war by source/recipient, July 2006, Lebanon” targeting older adults living in the South and the Bekaa. • The Ministry of Social Affairs, in cooperation with the Central Bureau of Statistics, and within the project on Health Survey of the Arab Family, has implemented a questionnaire on health and social welfare of the elderly, aged 60 and above, and residing with the family. - Project for training of workers in day care centers and clubs as well as training on detecting and avoiding violence against the older adults. - Establish a website for the national commission on ageing under the MOSA website: www.socialaffairs.gov.lb - Project to have a card for the older adult which would be similar to the disability card. <p>Lebanon has established a national society for geriatrics Lebanon has initiated work towards publishing a manual covering information on existing specialized centres/institutions and services available for the aged at the country level.</p>
Any work on having up to date statistics on older adults?	<ul style="list-style-type: none"> - The PPFAM survey in 2004 included a special section on health and social welfare of the elderly, aged 60 and above, and residing with the family. - Study on the services provided to older adults (currently being undertaken) - Responsiveness of Lebanese NGO’s, social clubs and clinics in the provision of services to seniors in Lebanon during and after the July 2006 war.” - Evaluation study of the social centers and day clubs. - A study on the “Responsiveness to emerging needs of older adults and care provided by older adults during and after the war by source/recipient, July 2006, Lebanon” targeting older adults living in the South and the Bekaa.

Who takes care of older women in particular those who have nobody to take care of them?	<ul style="list-style-type: none"> - The current work plan suggested by the government takes into consideration poor housewives and suggests giving 800 USD per year (total of 6000 family to be targeted per year). - In addition, the work plan suggests giving 600 USD for older adults with no family support (total of 8500 persons to be targeted per year).
Development of a national report on older adults	<ul style="list-style-type: none"> - No, awaiting the results of the different studies that are still going on the needs assessments of older adults.
Most important obstacles and problems to the promotion of a national strategy	<ul style="list-style-type: none"> - Shortage in specialized human resources - Shortage of financial means to implement plans - Political instability

Achievements- which other countries may benefit from: Elaborate research agenda on aging, a comprehensive proposed social plan, establishment of development services and social day clubs for older adults (integrate the older adults in the community, promote and enhance their capacities and involvement in development interventions)

Main challenges: Shortage in specialized human resources; shortage of financial means to implement plans; political instability

	Syria
Statistics	In 2003, the proportion of individuals aged 60 and older was 5.7 % and 5.1% of older adults were living alone.
Strategies or policies to implement global work plan on ageing	<ul style="list-style-type: none"> - Provision of free health care services - Early diagnosis of disease related to ageing - Awareness on healthy nutrition - Provision of medical and nursing home care and increase in the number of clinics and health care centers directed to older adults - Establish geriatrics wards in hospitals - Implementation of safety of house instruments and nutritional products to protect older adults living at home. - Increase awareness on the need to decrease haphazard use of medications - Equally provide services for both men and women. - Enhance the role of the family and society in the care of older adults. - Work on the establishment of national team specialized in geriatric care. - Enhance cooperation between the ministry of health and parties related to older adults.
National plan for the elderly	<ul style="list-style-type: none"> - To be implemented from 2003-2015.
Preparation of a national clear work plan on the implementation of the international work plan for ageing	<ul style="list-style-type: none"> - Enhance health and provide health care services to all older adults without age or gender discrimination - Provide adequate nutrition for all older adults by awareness campaigns and encourage older adults to eat a healthy and stable diet. Start implementation since childhood. - Drafting policies to prevent disability through regular check ups. - training of society and families about the needs of older adults , their rights and their possible health care problems - Training of health care providers - Rehabilitation of older adults with special needs for them to keep a certain physical capacity and independence. - Involve older adults in society and provide them with adequate care.
Program to improve the situation of older adults by the government	<ul style="list-style-type: none"> - Increase the number of clinics that provide health care services for older adults - Increase the number of older adults who regularly visit health care services - Enhance the referral services to radiological and laboratory tests - Equip health care centers with labs and radiology equipment - Enhance cooperation between the different sectors to facilitate the availability of data on required variables.
The main requirements of older adults	<p>Based on INTRA II findings:</p> <ul style="list-style-type: none"> - Health care services - Appropriate care in nursing homes - Need for regular medication supply especially chronic disease medications - Health care and rehabilitation services - Medical equipments, social support - Good relations with workers in nursing homes - Respect by others
Involvement of older adults in decision	

making and programs that are related to them.	
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	
Major laws related to older adults	
National commission on older adults (achievements)	<p>Established in 1994. Achievements:</p> <ul style="list-style-type: none"> - 800 health care centers provide geriatric care - establishment of a national team for geriatric diseases - special trainings for physicians in nursing homes - trainings for health care workers in nursing homes on the way to communicate with older adults - collaboration with various sectors to insure a decent life for older adults - establishment of a special information system for older adults in health care centers. - publication of brochures and awareness material on health maintenance and care of older adults - preparation of a CD on geriatric medicine - translation of a book on nutrition of older adults - preparation of a training manual for health care workers - increase the collaboration frequency with the national associations in terms of awareness promotion. - Organization of several conferences with the women's commission aiming to enhance awareness on the needs of older adults and the role of the family.
Any work on having up to date statistics on older adults?	<ul style="list-style-type: none"> - Latest national statistics in 1997. - Needs assessment for selected groups in 2004 (Intra II)
Who takes care of older women in particular those who have nobody to take care of them?	
Development of a national report on older adults	
Most important obstacles and problems to the promotion of a national strategy	<p>Obstacles:</p> <ul style="list-style-type: none"> - limited number of independent clinics - shortage in health care workers in health care centers - Shortage in financial resources which limit the expansion of services and training of staff. - lack of geriatricians - limited cooperation & collaboration between the associations dealing with older adults and the ministry of health. <p>Suggestions for improvement:</p> <ul style="list-style-type: none"> - increase the number of independent clinics - provide financing for physicians to specialize in geriatrics - send workers in health care centers to other countries to update their skills - continue trainings of health care workers - enhance cooperation between associations and other sectors dealing with older adults

	<ul style="list-style-type: none">- enhance referral services- Provide enough medications for the most common chronic diseases as well as vaccines for older adults on a regular basis.
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Achievements- which other countries may benefit from: training manuals for health care workers, primary prevention activities (home safety, nutrition, decrease haphazard use of medications, increase the number of older adults who regularly visit health care services), data sharing

Main challenges: limited number of independent clinics; shortage of health care workers in health care centers; financial constraints that limit the expansion of services and training of staff; lack of geriatricians; limited cooperation & collaboration between the associations dealing with older adults and the ministry of health; limited research on older adults.

II – The Maghreb countries (Morocco and Tunisia)[¶]

	Morocco
Statistics	Older persons represent 7.1% of the total population. This population is characterized by its vulnerability: poverty, illiteracy, lack of social protection
Strategies or policies to implement global work plan on ageing	It is important to highlight the conditions of the Elderly when developing social policies. These ought to include: <ul style="list-style-type: none"> - expansion of social coverage benefits to the less privileged; - lobbying in support of this population; - the development of human resources in this field; - extend the medical coverage within community programs such as the Community-Based Rehabilitation Programs that are accessible - establish a National Commission for the Elderly to insure coordination between the different departments concerned with the Elderly population
National plan for the elderly	Major components of the Plan at the National Level: <ul style="list-style-type: none"> - legal protection: to review the current legislation and to enact laws to improve the situation of the elderly and the retirees - extend coverage to the less privileged to include: medical coverage, currently under discussion - develop educational programs for the medical and paramedical personnel - establish programs for prevention and social awareness - social protection and leisure - implementation and follow up by the ministry in charge of the condition of women, protection of the child and the family, and the integration of the handicapped. the national commission for the elderly consists of concerned ministries and departments, associations, researchers – establish national, regional and local branches - study and evaluate the situation of the elderly and aging - determine the priorities in the social integration program - recommend policies, programs of social protection for the elderly.
Preparation of a national clear work plan on the implementation of the international work plan for ageing	
Program to improve the situation of older adults by the government	
The main requirements of older adults	
Involvement of older adults in decision making and programs that are related to them.	
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	

[¶] Note: The information presented for the Maghreb countries are based on the country reports presented and shared in Madrid in 2002.

Major laws related to older adults	
National commission on older adults (achievements)	
Any work on having up to date statistics on older adults?	
Who takes care of older women in particular those who have nobody to take care of them?	
Development of a national report on older adults	
Most important obstacles and problems to the promotion of a national strategy	<ul style="list-style-type: none"> - Organizations that could provide social protection are limited. - There is a dearth of organizations within the health sector; the quality of services needs improvement. - There are few educational programs for the development of human resources - There are few associations that cater to the needs of the Elderly

	Tunisia
Statistics	Rapid demographic changes: increase in the proportion of elderly people from 6.7% of total population in 1984 to 9% today (reaching 18% by 2029). Population growth (currently estimated at 1.1)
Strategies or policies to implement global work plan on ageing	
National plan for the elderly	
Preparation of a national clear work plan on the implementation of the international work plan for ageing	
Program to improve the situation of older adults by the government	<ul style="list-style-type: none"> - Tunisia's fundamental position: maintaining the elderly within their families - Mobile multidisciplinary units managed by associations - National Program to Assist the Elderly within their Families. - State funded facilities as accommodation for those in need together with financial assistance and health care - Expand social security coverage to most professions, whether employees or independent workers - Training has also been provided to health employees and Tunisia's health infrastructure was enhanced in order to meet the needs of elderly people and to provide them with care that corresponds to their health situation characterized by the emergence of chronic diseases and various disabilities. - In addition, as part of its efforts to preserve the purchasing power of pensioners, the state has confirmed the principle of linking old age pensions to the standard of living, pensions are therefore automatically revised when there are wage increases.
The main requirements of older adults	
Involvement of older adults in decision making and programs that are related to them.	
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	
Major laws related to older adults	<ul style="list-style-type: none"> - The first legislation providing for care for the elderly was published on 31 October 1994. This law defines the term elderly and lays the stress on the duty of the family, society, and the state in providing them with care and protection. - Tunisian legislation also authorizes volunteer families to host elderly persons, on the condition that they provide them with decent living conditions in exchange of a monthly allowance granted by the state. - Tunisian legislation regarding the elderly also provides for the possibility of setting up private institutions caring for the elderly. The law defines the conditions under which such institutions may be set up and the services they are required to provide in terms of health, social, and cultural services and leisure.
National commission on older adults (achievements)	A special committee on the elderly was set up within the High Population Council, entrusted with an in-depth exploration of the direct impact of demographic developments in Tunisia.

Any work on having up to date statistics on older adults?	
Who takes care of older women in particular those who have nobody to take care of them?	
Development of a national report on older adults	
Most important obstacles and problems to the promotion of a national strategy	<ul style="list-style-type: none"> - Radical reforms in old-age schemes in both the public and the private sector are needed to preserve the balance of social security schemes. - In this regard, it is contemplated to initiate a new system safeguarding the rights of working pensioners, providing for a minimum pension based on distribution while also providing for additional capitalization schemes.

IV - The GCC Countries (Saudi Arabia, Oman, Bahrain, Qatar, UAE)

	Saudi Arabia
Statistics	The proportion of individuals aged 60 and older reached 5% in the year 2000.
Strategies or policies to implement global work plan on ageing	<ul style="list-style-type: none"> - Increase the awareness of family members on the services provided to older adults. - Establish new nursing homes in case of need and equip them with required machines and encourage the private sector to establish few nursing homes - provision of medical and health services to those in need - enhance home care for those with chronic diseases and those who need to be admitted frequently to hospitals, and train family members to take care of older adults - There is a proposal to establish a higher council for family issues in order to improve the situation of older adults and enhance their cooperation in development and improvement of society. - Establish the national committee of older adults to provide services and improve the situation of older adults, and put a strategic plan that aims to increase awareness on the economic, social and health needs of older adults.
National plan for the elderly	<p>In Saudi Arabia, both the Ministry of Social Affairs and the National Committee on Ageing have been involved in coordinating efforts towards formulating the country's national plan of action on ageing. the national plan main goals are:</p> <ul style="list-style-type: none"> - encourage that older adults remain with their families - investment of the knowledge of older adults to help in society and plan for programs that increase their productivity - undergo a study to increase the retirement age - increase awareness on the difference between the older adult that is disabled and sick and those who are still healthy - drafting of laws and legislations that protect the rights of older adults - have special funds and train people working with older adults - take special care of older women - work on establishing a registry on older adults - undergo a study on the needs of retired older adults - take advantage of the experience and knowledge of retired adults to direct them to some work that will benefit older adults - enhance the role of the media and decrease the gap between generations - eliminate illiteracy among older adults - educate the families of older adults on the ways to treat them and train older adults to take care of household duties - organize conferences on ageing - encourage special research on older adults as part of MSc and PhD theses
Preparation of a national clear work plan on the implementation of the international work plan for ageing	<ul style="list-style-type: none"> - the focus is on the needs of older adults, eliminate poverty and promote education in society including older adults
Program to improve the situation of older adults by the government	<ul style="list-style-type: none"> - several nursing homes, day care centers, and rehabilitation centers were established - there has also been an improvement in the living conditions of older adults by increasing the retirement benefits. - Saudi Arabia has established mobile units to reach the elderly within their families in order to provide health and other services.
The main requirements of older adults	<ul style="list-style-type: none"> - provision of essential services

	<ul style="list-style-type: none"> - spread awareness and literacy in the population - establish meeting areas for older adults in cities and neighborhoods
Involvement of older adults in decision making and programs that are related to them.	<ul style="list-style-type: none"> - there are several centers that are directed to older adults - their opinion is taken into consideration in some consultations related to services directed to older adults.
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	<p>The Government felt responsible for supporting older adults because of:</p> <ul style="list-style-type: none"> - religious mores - culture and traditions - international human rights and legislations
Major laws related to older adults	<ul style="list-style-type: none"> - increase the funds allocated for the care of older adults - educate older adults through the media - establishment of the national commission on older adults - organization of conferences for older adults - enhance the role of home care and give older adults priority in admission to hospitals - consider increasing retirement age - try to eliminate poverty - reconsider provision of care to women and enhance her active role in society
National commission on older adults (achievements)	<p>Yes. Headed by the Minister of Social Affairs</p> <ul style="list-style-type: none"> - encourage the family and enhance its role as care taker of older adults based on Islamic values - establish a higher council for the family which includes a special section on older adults - specification of the needs of older adults by area - establishment of a registry on older adults - take advantage of the experience of other countries in term of ageing. - specification of the tasks of every party through a work plan - specification of a 'description' for the older adults and defining the concept of elderly in need of care - involvement of the private sector in provision of care through health insurance - take advantage of the experience of retired older adults - suggestion to establish a technical team and a women's working group - specification of the role of the committee and the appropriate mean to plan primary prevention programs - enhance the role of public schools and promote their opening at night for older adults - taking advantage of the welfare associations and involve them in care of older adults - make sure to always have enough financial means - consulting with sociology specialists to put a strategic plan for older adults - importance of having a special motto for the committee
Any work on having up to date statistics on older adults?	<ul style="list-style-type: none"> - various ministries have different types of data.
Who takes care of older women in particular those who have nobody to take care of them?	<ul style="list-style-type: none"> - the Government provides financial help for widowed and divorced - free health care is provided in public hospitals - several poor women in remote areas work in agriculture or craftsmanship to get some money

Development of a national report on older adults	<p>yes.</p> <ul style="list-style-type: none"> - increase awareness on the rights and needs of older adults through the media - encourage the private sector and individuals to increase their support for older adults - highlight the role of Islam in older adults' care locally and internationally - encourage research - establish a national registry on older adults - working on giving priority to older adults in terms of loans and services provided by the government. - increase training workshops for those working with older adults highlighting the requirements of older adults and the best approach to deal with them. - prepare those approaching retirement psychologically, economically, and health wise to adapt to their new stage of life through special trainings - essential to take into consideration older adults' needs in urban and environmental planning - need to involve older adults in the planning and implementation of programs that are directed to them. - need for a religious figure in nursing homes - needs assessment study is required for those living in impoverished areas - enhance the programs of social care in both public and private sectors in terms of human resources and equipments - request the Ministry of Health to establish clinics and departments specialized in geriatric care in both public and private hospitals - request the Ministry of Higher Education to direct one of the medical schools in the kingdom to establish departments of geriatrics
Most important obstacles and problems to the promotion of a national strategy	<ul style="list-style-type: none"> - lack of surveillance data and an accurate national registry - inability to implement and monitor programs because of traditions and cultures - high prevalence of illiteracy and ignorance among older adults - the rapid changes on the different aspects which generates negative consequences on the lifestyles of older adults - inability of a great proportion of older adults to work which makes several of them dependent on others.

Achievements- which other countries may benefit from: information sharing with families (increase the awareness of family members on the services provided to older adults), mobile units and home care for those with chronic diseases, training family members to take care of older adults, proposal to establish a higher council for family, active participation of older people, encourage MSc and PhD theses with a focus on older people, collaboration with international organizations, focus on widowed and divorced older women

Main challenges: lack of surveillance data and an accurate national registry; inability to implement and monitor programs because of traditions and cultures; high prevalence of illiteracy and ignorance among older adults; the rapid changes on the different aspects which generates negative consequences on the lifestyles of older adults; inability of a great proportion of older adults to work which makes several of them dependent on others.

	Oman
Statistics	
Strategies or policies to implement global work plan on ageing	<ul style="list-style-type: none"> - Preventive services: health awareness to older adults and their families. - Regular check ups, nutritional assessment, encourage physical activity. - Therapeutic services: inform older adults on their health situation, increase health care services. - Rehabilitation services: availability of equipments, provision of needed instruments for free. - Social services: essential services needed.
National plan for the elderly	<ul style="list-style-type: none"> - Establish primary health care services - Establish a demographic registry on older adults to help plan and implement needed services - Establish specialized clinics for older adults within the available health care centers - Put on a strategy to decrease and control chronic diseases among older adults - Educate the population on the importance of caring for older adults and including them in the activities related to this issue. - Incorporate the idea of “ active ageing” into the curriculum of the different medical fields - Prepare a plan of action in health care for older adults - Cooperation with international organizations - Include other associations in the activities and services of older adults - Provide home care for those who are unable to reach health care centers which constitute 60% of older adults - Establish a national policy for the welfare of older people.
Preparation of a national clear work plan on the implementation of the international work plan for ageing	
Program to improve the situation of older adults by the government	<p>‘Safe ageing’ which plans to eliminate poverty among older adults through:</p> <ul style="list-style-type: none"> - social security salaries and children to care for their parents - ‘rewards’ on holidays - availability of financial help for those in need. - enable older adults to be active participants in society - provide education opportunities for all age groups - secure economic and social rights of older adults as well as their civil and political rights. - maintain equality between genders - acknowledge the importance of cooperation and collaboration between generations - make available health care and support for older adults. - build partnerships between the government, civil society and the private sector as well as older adults themselves. - direct research to elucidate the social, individual and health consequences of ageing.
The main requirements of older adults	
Involvement of older adults in decision making and programs that are related to them.	
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving	<ul style="list-style-type: none"> - Yes. From a humanitarian point of view, however limited role of civil society in service provision. - There are individuals who chose to support older adults through the donation of equipments during national and religious feasts

their situation.	
Major laws related to older adults	
National commission on older adults (achievements)	
Any work on having up to date statistics on older adults?	
Who takes care of older women in particular those who have nobody to take care of them?	<ul style="list-style-type: none"> - the social security law secures help for older adults, widows, and divorced - the women associations provide social and health services as well as support through development programs
Development of a national report on older adults	
Most important obstacles and problems to the promotion of a national strategy	<p>Population-related:</p> <ul style="list-style-type: none"> - increase in total population number - change in the population pyramid <p>Psychosocial-related:</p> <ul style="list-style-type: none"> - a new way of life - working women unable to care for older adults - entrance of children at an early age to nurseries - lack of time for children to care for their parents as a result of work and education. - Loneliness <p>Economic-related:</p> <ul style="list-style-type: none"> - decrease in basic salaries and increase in living expenses <p>Health-related:</p> <ul style="list-style-type: none"> - the increase in the proportion of older adults requires the availability of new health care centers and health care workers being specialized in geriatric care. - media obstacles: need for special programs for older adults and including inter-generational backgrounds <p>Laws and regulations:</p> <ul style="list-style-type: none"> - need for new laws or update on existing laws <p>Civil society</p> <ul style="list-style-type: none"> - lack of clubs or associations for older adults that allow them to be part of society

Achievements- which other countries may benefit from: Comprehensive plan with a focus on preventive services (health awareness to older adults and their families, regular check ups, nutrition and physical activity) and one which includes therapeutic, rehabilitation and social services; incorporate the concept of active ageing” into the curriculum of the different medical fields, concept of ‘Safe ageing” which plans to eliminate poverty among older adults (through social security scheme and encourage children to care for their parents, provide education opportunities for all age groups), gender equality, building partnerships between the government, civil society and the private sector as well as older adults themselves, attention to the widowed and divorced

Main challenges: rapid ageing of the population; changes in the social construction with fewer families being able to care for older adults; increase in living expenses that is accompanied by decreases in salaries; need of updating the legislation; lack of clubs or associations for older adults that allow them to be part of society.

	Bahrain
Statistics	Life expectancy: men = 74 years, women = 76 years; In 2001, the proportion of individuals aged 60 and older was 4.7% and it is expected to reach 20% in 2050.
Strategies or policies to implement global work plan on ageing	<ul style="list-style-type: none"> - acknowledgement of social, economic and political contribution of older adults: taking advantage of their capacities - availability of work opportunities and social security - communication between generations - availability of health care for older adults and promotion of healthy aging - preparation of an adequate environment for older adults and provision of transportation means - develop laws to protect their rights and combat abuse - promotion of a positive attitude towards ageing - support the families and the associations taking care of older adults.
National plan for the elderly	yes
Preparation of a national clear work plan on the implementation of the international work plan for ageing	<p>Implemented programs include:</p> <ul style="list-style-type: none"> - establishing nursing homes and provision of free health care for older adults - support the civil societies in their projects and in the establishment of day care centers for elderly in their regions. - maintaining the rights of the elderly through laws. - retirement funds - establishment of a special section directed to older adults in the Ministry of Social Affairs. <p>Future vision:</p> <ul style="list-style-type: none"> - promote active participation of older adults in society. - provision of essential services for older adults - mainstreaming older adults in society - legal protection
Program to improve the situation of older adults by the government	<p>Visions and suggestions for the work plan include:</p> <ul style="list-style-type: none"> - laws to promote the rights of older adults - support associations dealing with older adults - encourage home nursing care for disabled elderly - encourage geriatrics - encourage the establishment of day clubs for older adults - establish primary health care centers for older adults
The main requirements of older adults	<ul style="list-style-type: none"> - ratification of the rights of older adult's law. - facilitation of health services - establishment of clubs for older adults - expansion in home care services - training of local staff in geriatrics
Involvement of older adults in decision	- older adults are represented in the national commission of elderly.

making and programs that are related to them.	<ul style="list-style-type: none"> - in addition the government encourages older adults to establish associations. - older adults participate and are part of the discussions and workshops that are related to elderly.
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	<ul style="list-style-type: none"> - the government is planning to build parents' homes that will be under the direction of civil society associations to enhance the cooperation between the public and the local sectors.
Major laws related to older adults	<ul style="list-style-type: none"> - law for insurance of older adults
National commission on older adults (achievements)	<p>Established in 1984. Achieved the following:</p> <ul style="list-style-type: none"> - yearly activities for the national day of the elderly - publication of a book on nutrition of older adults in 1993 - feast on the international year of older adults in 1999 - establishment of mobile units for older adults - organization of training workshops on the care of older adults in gulf countries in 1993 - publication of posters and advertisements - participation in the establishment of the League of Arab Elderly/? in 2000 and participation in the meeting to promote the league and representation in its executive board - collaboration with public sectors and local sector in the organization of conferences directed to elderly health, psychological, social and religious domains.
Any work on having up to date statistics on older adults?	yes
Who takes care of older women in particular those who have nobody to take care of them?	<ul style="list-style-type: none"> - older females are admitted to nursing homes or are given appropriate home care if necessary - older females with no financial support are provided with financial resources
Development of a national report on older adults	<p>Future vision:</p> <ul style="list-style-type: none"> - enhance and promote collaboration between the different stakeholders in order to ensure a successful life for older adults in Bahrain. - promote the quality of life of older adults and their efficient continuous participation in the economic, social, cultural, spiritual, and political sectors to make them active older adults <p>Strategic objectives:</p> <ul style="list-style-type: none"> - acknowledgment of the social, economic and political contributions of older adults and taking advantage of their capacities - provision of work opportunities and ensuring adequate living - strengthen inter-generation communication - ensure positive participation of the associations in the work with older adults - promote health and a good quality of life and establishment of policies to protect the health of older adults and enhance the availability of geriatric health services. - rehabilitation of elderly with special needs and helping them to keep their occupational abilities all their life. - preparing the appropriate environment for older adults and providing livelihood and transportation. - laws to protect the rights of older adults and fighting abuse

	<ul style="list-style-type: none"> - enhance the positive attitude towards ageing and support the family and the associations of the civil and private sectors caring for older adults. <p>Implementation of the strategy:</p> <ul style="list-style-type: none"> - a work plan has been established - a team composed of representatives from the Ministry of Health, Ministry of Social Affairs and national Committee on Ageing will be established in order to revise the protocols, and monitor and evaluate implementation of programs.
<p>Most important obstacles and problems to the promotion of a national strategy</p>	<ul style="list-style-type: none"> - need collaboration between the different stakeholders in order to ensure the implementation and success of the strategy for older adults in Bahrain

Achievements- which other countries may benefit from: promote the study of geriatrics, government encouraging older adults to establish associations, planning to build parents' homes that will be under the direction of civil society associations to enhance the cooperation between the public and the local sectors, publication of a book on nutrition of older adults in 1993, training workshops on the care of older adults

Main challenges: lack of collaboration between the different stakeholders in order to ensure the implementation and success of the strategy for older adults in Bahrain

	Qatar
Statistics	In 2004, the proportion of individuals aged 60 and older was 2.4% and it is expected to reach 27.6% in 2050. Life expectancy: 72.7 years in 2005 and 79 years based on projections for the year 2050
Strategies or policies to implement global work plan on ageing	Yes <ul style="list-style-type: none"> - Implementation of decisions and suggestions made by special working groups through changing them into policies and programs - Collaboration between the different government sectors - Support the collaboration with civil societies in planning and implementation - Encourage voluntary work - Encourage the participation of private sector in development programs - Participation of different parties in planning and implementation of different activities of the committee.
National plan for the elderly	Yes. Accomplishments: <ul style="list-style-type: none"> - -the third Arab Reunion for older adults issues - -International Doha Conference in 2005
Preparation of a national clear work plan on the implementation of the international work plan for ageing	In 2007, Qatar has completed guidelines for its national strategy for ageing, formulated a national plan of action on ageing that states a relevant vision, mission, theme, principles and core areas, and is setting up a mechanism for cooperation regarding the implementation of MIPAA. <ul style="list-style-type: none"> - vision: older adults older people should enjoy a long healthy life-expectancy, well integrated within the community, and guided by Islamic values - formation of a national committee - undergoing a study on the social aspects of insurance, and possibly increasing age at retirement - celebration of older adults' day - media campaign to promote a positive attitude towards older adult - establishment of the Qatari association for older adults which takes care of the elderly who have no family members and provides care to older adults in their homes. It also aims to integrate the older adults in their communities and help them deal with their ageing difficulties.
Program to improve the situation of older adults by the government	<ul style="list-style-type: none"> - provision of nursing homes - provision of financial assistance - encourage well-off families to care for their elderly - availability of a retirement salary - issuing of directives to financially support the needy elderly, including free coverage of health insurance for the very poor elderly or monthly pocket payment. - in 2006, Qatar has doubled the financial assistance to the needy elderly and their dependents (under 18 years old), at 100 per cent increase per case - upgrading pension funds, safety nets, and social security schemes - Qatar has established the 'Family Welfare Unit' to reach the elderly persons at their homes, including health requirements. - training programmes include training of ageing persons themselves on how to address and cope with problems that are old

	age-related.
The main requirements of older adults	
Involvement of older adults in decision making and programs that are related to them.	
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	
Major laws related to older adults	- yes, several.
National commission on older adults (achievements)	- In Qatar, the 'National Committee for Ageing' functions within the Supreme Council for the Family. - Furthermore, in 2003, Qatar has declared establishing the "Qatari Association for the Elderly" as an independent and private institution.
Any work on having up to date statistics on older adults?	
Who takes care of older women in particular those who have nobody to take care of them?	- Have special financial support for windowed or divorced women.
Development of a national report on older adults	Qatar's draft on national strategy on ageing stipulates establishing an updated database on ageing. Within that context, the Supreme Council for Family Affairs in Qatar is implementing a multi-purpose project for older people aiming at the following: - building the capacity of participating older persons; - creating opportunities for them to continue to be productive by training young students in relevant fields; - enhancing intergenerational interaction; and - securing financial benefits to participating older persons.
Most important obstacles and problems to the promotion of a national strategy	- lack of accurate demographic data about older adults - inflation and financial problems related to retirement - inter-generation relations - provision of long-term care - integration of the elderly in their communities -

Achievements- which other countries may benefit from: Guided by MIPPA principles, Qatar has drafted guidelines for its national strategy for ageing (2007), Qatari Association for Older Adults which takes care of the elderly with no family members and provides care to older adults in their homes, established the 'Family Welfare Unit' to reach the older persons at their homes, training programmes targeting older persons themselves, special attention to widowed and divorced women, Encourage voluntary work, the participation of private sector in development programs

Main challenges: lack of adequate demographic data; financial obstacles; intergenerational communication problems and integration of older adults in the community.

	UAE
Statistics	5% aged 60+ in 2005 (69.6% married, 6.1% widowed, 1.5% suffer from disability, 1.7% working)
Strategies or policies to implement global work plan on ageing	<ul style="list-style-type: none"> - The family is the main support for the older adults - The government helps and supports the family through the social care centers - The government provides social security to every older adult who is unable to acquire daily needs or does not have anyone to care for him/her. - The government provides services to those with no family members or those who are not taken care of by their families because of severe disability or disease. - Nursing homes are considered essential although the number of individuals enrolled in them is small. - other care options are considered such as : <ul style="list-style-type: none"> - Home care which provides: 1) social, mental and health care for those in need; 2) training for the families on how to care for older adults; 3) provision of equipments and instruments needed by older adults for movement. - Learning from the experience of the private sector and civil society in the area of older adults' care
National plan for the elderly	
Preparation of a national clear work plan on the implementation of the international work plan for ageing	
Program to improve the situation of older adults by the government	<ul style="list-style-type: none"> - The Ministry of Social Affairs established 8 nursing homes for the provision of services for older adults in 1981 however only a total of 20 older adults joined these nursing homes. This might be related to the following: <ul style="list-style-type: none"> - older adults receive a monthly amount of money - many older adults are well-off - role of the family as the majority - Availability of centers which provide alternative services - The government is increasing the amount of financial help to older adults year after year. - Provision of social insurance for those working in the private sector. - All health care is provided for free by the government - Establishment of "Abu Dhabi Medical Rehabilitation Center" in 1993 which provides health services for older adults in need of special medical or nursing care like the disabled and those with chronic diseases. This center also provides home care. - In addition, 3 other centers provide rehabilitation and health services for older adults in the UAE and private associations and hospitals are also available. - Nursing homes: a total of 42 females and 56 males are enrolled in nursing homes.
The main requirements of older adults	
Involvement of older adults in decision making and programs that are related to them.	
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	

Major laws related to older adults	- Addressed in the constitution to protect and care for older adults - Ministerial decision to establish associations and rehabilitation centers for older adults in 1977.
National commission on older adults (achievements)	-
Any work on having up to date statistics on older adults?	-
Who takes care of older women in particular those who have nobody to take care of them?	-
Development of a national report on older adults	-
Most important obstacles and problems to the promotion of a national strategy	-

Main achievements- which other countries may benefit from: advanced health care services, economic security for retired older persons, acknowledge the role of family, training for the families, provision of equipments and aids.

IV – The less developed countries (Yemen)

	Yemen
Statistics	
Strategies or policies to implement global work plan on ageing	<ul style="list-style-type: none"> - increase in life expectancy to 70 years in 2025 - decrease in population growth - promotion of equality between genders - enhance support to older adults - enhance the quality of life of older adults - enhance the health services provided to older adults, improve their lives and provide special care for older women - decrease poverty
National plan for the elderly	not available
Preparation of a national clear work plan on the implementation of the international work plan for ageing	not available
Program to improve the situation of older adults by the government	<ul style="list-style-type: none"> - strategy to decrease poverty - decrease maternal mortality - enhance collaboration and partnership with private sector, civil society and NGO's - provide support for those in need - provision of care for those with special needs - provision of a retirement salary - initiating health insurance provisions that cover the needy elderly.
The main requirements of older adults	
Involvement of older adults in decision making and programs that are related to them.	older adults are involved in formulating laws related to them
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	yes. Several nursing homes and financial support provided by private sector and civil society.
Major laws related to older adults	Several laws some related to older adults.
National commission on older adults (achievements)	The National Population Policy of Yemen, 2001 – 2025, covers a number of objectives that address ageing. This policy covers provisions regarding strengthening the support to the aged people, including empowerment, health services, and improving the quality of life.
Any work on having up to date statistics on older adults?	
Who takes care of older women in particular those who have nobody to take care of them?	Discriminated against most of the time. Yemen has mentioned 'feminization of ageing', and has initiated some programs that specifically target the empowerment of elderly women.

Development of a national report on older adults	Yemen has recently completed its first and preliminary national report on the situation of the elderly (2007).
Most important obstacles and problems to the promotion of a national strategy	<ul style="list-style-type: none"> - shortage in human resources - shortage in financial resources - shortage of data on the disabled and those with special needs

Achievements- which other countries may benefit from: Yemen has recently completed its first and preliminary national report on the situation of the elderly (2007).

Main challenges: shortage in human resources; shortage in financial resources; shortage of data on the disabled and those with special needs

V – Countries in conflict (Iraq, Palestine)

	Iraq
Statistics	
Strategies or policies to implement global work plan on ageing	
National plan for the elderly	<p>‘Welfare Law’ comparable to a national plan for the elderly and includes the following:</p> <ul style="list-style-type: none"> - adequate living arrangements - healthy nutrition - adequate clothing - having appropriate social and psychological environments - availability of required health care - caring for the hygiene of older adults and provision of required equipments - availability of recreational activities - availability of cultural services (clubs, libraries, audio-visuals) - training services - involvement of older adult in managing their own life issues in nursing homes through participation in some activities and committees.
Preparation of a national clear work plan on the implementation of the international work plan for ageing	-
Program to improve the situation of older adults by the government	<p>Yes.</p> <ul style="list-style-type: none"> - increase the enrolment of older adults without a stable income in the social protection network - establishment of special nursing homes for older adults who are facing social and economic problems - exemption from transportation fees - exemption from hospital fees - planning for recreational travels to tourist sites - celebration of Older Adults Day - sending religious leaders to nursing homes for meetings and talks - publishing of articles and broadcasting of programs related to care of older adults and kind of services directed to them. - sensitizing children to older adults - participation in national and international conferences such as (Madrid, 2002) - establish special libraries for older adults - availability of recreational activities in nursing homes - law of social care ensures improvement in the situation of older adults and this is what is being promoted by the Ministry of Social Affairs.
The main requirements of older adults	<ul style="list-style-type: none"> - improve the living conditions of older adults in nursing homes - establish new nursing homes if needed - expanding and refurbishing of existing nursing homes. - increasing and improving the care services for those in nursing homes

Involvement of older adults in decision making and programs that are related to them.	- in some committees within the nursing homes and they actively participate in decision making within the nursing homes.
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	- cooperation and collaboration with civil society organizations in financial support and provision of necessary equipments, cooperation with national agencies such as the Ministries of Health, Human Rights and Ministry for Civil Society Affairs.
Major laws related to older adults	- yes. 'welfare law'
National commission on older adults (achievements)	- headed by the Minister of Labor and Social Affairs. - includes representatives from the Ministries of Health, of Foreign Affairs, of Transportation, Ministry for Civil Society Affairs, women associations, and director of the section on those with special needs. - political situation prevented regular meetings of this commission.
Any work on having up to date statistics on older adults?	- no recent statistics, however have data on older adults registered in the section of those with special needs.
Who takes care of older women in particular those who have nobody to take care of them?	- no discrimination in the law. - allowed to join nursing homes or take advantage of the financial help provided by the social protection network.
Development of a national report on older adults	- Iraq completed its first national report on ageing, and formulated its national committee on ageing. Iraq considers that its 'welfare law' stands as the national plan of action.
Most important obstacles and problems to the promotion of a national strategy	- political situation - inability to undergo needs assessments surveys - difficulty in transportation - need for workers specialized in geriatric care.

Main achievements which other countries may benefit from: broadcasting of programs related to care of older adults and kind of services directed to them, exemption of needy older people from hospital fees, government engaged in planning for recreational travels to tourist sites, and establishment of special libraries for older adults, national report on ageing.

Main challenges: political situation; inability to undergo needs assessments surveys; difficulty in transportation; shortage of workers specialized in geriatric care.

	Palestine
Statistics	Life expectancy: men: 71.5 years women: 73 years; 3.8% of men are aged 65 years and older, 5% of women are aged 65 years and older
Strategies or policies to implement global work plan on ageing	- The older adults' needs are included in the government agendas. However, lack of a sovereign government is the main issue that will ensure adequate care for older adults.
National plan for the elderly	- Yes, but not complete yet -
Preparation of a national clear work plan on the implementation of the international work plan for ageing	- organizing awareness campaigns on ageing - encourage the younger generations to care for older adults - organize inter-generational meetings - prepare training programs for those who care for older adults
Program to improve the situation of older adults by the government	- increase in the financial help provided for older adults registered at the Ministry of Social Affairs - provide equipments - help in living expenses - provide free health insurance in collaboration with the Ministry of Health
The main requirements of older adults	- security (economic, nutrition, social, health and mental) and respect - ability to participate in public life
Involvement of older adults in decision making and programs that are related to them.	- In laws and programs that promote older adults' rights.
Enhance cooperation and work between the civil society, the organizations, or the national associations dealing with older adults with the aim of improving their situation.	- Collaboration between the government and non-governmental organizations during drafting of laws and strategies related to older adults.
Major laws related to older adults	- the right for security and stability - the right for health care - elimination of elderly abuse - promote and enhance the role of the family.
National commission on older adults (achievements)	- Establishment of national commission.
Any work on having up to date statistics on older adults?	- Yes. Latest related to the number of older adults receiving services from institutions.

Who takes care of older women in particular those who have nobody to take care of them?	
Development of a national report on older adults	- Yes.
Most important obstacles and problems to the promotion of a national strategy	- Develop and review legislation related to older adults at the national level

Achievements- which other countries may benefit from: collaboration between the government and non-governmental organizations during drafting of laws and strategies related to older adults; encourage the younger generations to care for older adults, organize inter-generational meetings, prepare training programs for those who care for older adults

Main challenges: unstable political situation; lack of social and health services; frozen work of the national committee of ageing

APPENDIX B

COMPARATIVE ASSESSMENT

I. Countries with Diversified Economies: Egypt, Lebanon, Jordan and Syria

Among Arab countries with diversified economies, Lebanon has currently the highest proportion (7.2%) of older persons aged 65 years and older, a proportion which is also considered the highest in the Arab world. Nevertheless, future projections to the year 2050 indicate that the proportion of older persons will exceed 5% in all countries with diversified economies, approaching 10% in Lebanon.

Available services for the older persons in these countries remain welfare-based. Jordan, Syria and Egypt provide free health insurance and care for older persons, while in Lebanon, the Ministry of Health remains the last resort for those in need. Noteworthy is the focus on primary prevention activities and healthy ageing themes in Syria, the establishment of guidelines for nursing homes and day-care centers in Jordan, the elaborate research agenda in Lebanon and the provision of micro-loans to older adults in Egypt. Additionally, older persons in Egypt are actively involved in decision making in several activities, events and services directed towards them, and older women are given particular attention in Jordan with programs specifically aiming at the empowerment of elderly women.

Though at varying levels, training workshops and programmes are common in these countries but with different objectives. For example workshops in Syria are directed towards families caring for older adults, and in Lebanon, these aim at promoting mainstreaming older adults in development. In Egypt, workshops focus on empowering older retired persons with skills that are income-generating, thus enhancing economic security and independence. One major obstacle that faces these countries, Lebanon and Jordan in particular, is the shortage of health care workers specialized in geriatrics and gerontology.

II. The Maghreb Countries: Tunisia and Morocco

Morocco and Tunisia are countries in transition with older adults representing 5.2% and 6.3% of the population, respectively. Tunisia has the highest proportion of older persons in Northern Africa region with numerous advanced strategies for the provision of care to its older population. These include, *inter alia*, multidisciplinary mobile units managed by civil associations, the governmental 'National Program for Older Persons within Families' bringing health and social services closer to older persons' homes, and the provision of financial assistance, free health care and free specialized facilities for those in need. Tunisian legislation also authorizes volunteer families to host elderly persons, in exchange of a monthly allowance granted by the state. On the other hand, older persons in Morocco remain challenged with difficulties including illiteracy, lack of social protection, and shortages in organizations, associations, and human resources that provide social and health care for older adults.

III. The GCC Countries: Saudi Arabia, Bahrain, Oman, Qatar and UAE

Ageing in the GCC countries is still in its nascent stages, with the proportion of older persons ranging between 1.1% in the UAE and around 3% in Bahrain and Saudi Arabia. However, projections to the year 20250 indicate this proportion will exceed 5% in most countries of the region and approaching 8% in Bahrain.

Older persons in the GCC countries enjoy comprehensive and free health care services. These countries undergo constant upgrading for the pension funds, safety nets, and social security schemes. Distinctively, Oman's national plan stresses on preventive services (health awareness campaigns addressing older adults and their families, regular check ups, nutrition and physical activity) and includes, as well, therapeutic, rehabilitation and social services. Worldwide, Oman enjoys a very high rank (the 8th) in terms of health system performance.

Cultural mores still protect the majority of older persons in the GCC countries, and the States stress on the role of family in the care of older providing support for families who care for older adults and those in financial need. The national plan in Oman, as an example, includes educating the population on the importance of caring for older adults and Qatar has established the 'Family Welfare Unit' to reach elderly persons within their homes.

Bahrain pays special attention to the integration of older adults in society, and collaboration with public and local sectors has been done through the organization of conferences directed to the health, psychological, social and religious needs of older adults. Saudi Arabia provides education classes for older adults as a mean to combat illiteracy. Qatar programmes include training of ageing persons themselves on how to address and cope with problems that are old age-related.

One of the main challenges faced by the GCC countries is the high prevalence of illiteracy among older adults and the lack of research and accurate data.

IV. The Less Developed Countries: Yemen

The increase in older population in Yemen has been slow. Yemen has recently completed its first and preliminary national report on the situation of the elderly (2007), and its National Population Policy (2001–2025) covers provisions regarding strengthening the support to the aged people, including empowerment, health services, and improving the quality of life. Yemen is one of the few countries that has referred to the 'feminization of ageing' in its report, and has initiated some programs that specifically target the empowerment of elderly women.

Some of the major obstacles faced by Yemen are the shortage in human and financial resources as well as the lack of data on those with special needs.

V. Countries in Conflict: Iraq and Palestine

Current estimates of the proportion of older persons in both Iraq and Palestine do not exceed 3%. While both countries have a national commission for older adults, this commission is failing to meet on regular basis owing to the unstable conditions that prevail. Shortage of resources including health care workers is an additional major obstacle in both countries