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**THE ARAB PLAN OF ACTION ON AGEING  
TO THE YEAR 2012**

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## **Introduction**

1. Demographic trends indicate an increase in the number of older persons in the developed countries that greatly exceeds world population growth rates. In developing countries in general and the Arab countries in particular, notwithstanding the fact that the majority of societies remain youth-dominated, the size of the ageing population is increasing with perceptible rapidity, and at a pace which outstrips that of most developed countries.
2. The United Nations system has accorded policies on ageing particular attention since the mid-1970s. In 1978, the General Assembly adopted resolution 33/52 concerning the organization of the World Assembly on the Elderly, with a view to the formulation of an International Plan of Action on Ageing which would meet the needs and respond to the demands of older persons. Pursuant to that resolution, the World Assembly on Ageing was held in Vienna in 1982 and adopted the Vienna International Plan of Action on Ageing, the first international instrument on ageing.
3. The Vienna Plan identified three priority areas with respect to policy, namely, (a) the sustainability of development in a world where the population is increasing in age; (b) the maintenance of good health and well-being to an advanced age; and (c) the establishment of an appropriate and supportive environment for all age groups. Under each of these three areas, it considered in detail a number of priority issues, including health and nutrition, the protection of elderly consumers, housing and environment, the family, social welfare, income security and employment and training and education.
4. General Assembly resolution 54/362, adopted on 25 May 2000, decided that the Second World Assembly on Ageing should be held on the occasion of the twentieth anniversary of the first World Assembly on Ageing, held in Vienna in 1982. On 4 December 2000, the General Assembly adopted resolution 55/58, which decided that the Second World Assembly on Ageing should be held at Madrid from 8 to 12 April 2002. The Second Assembly will review the status of implementation of the recommendations made by the first Assembly and the Vienna Plan, with a view to formulating an International Plan of Action on Ageing 2002 which would be appropriate for the social, cultural, economic and demographic realities of the twenty-first century, giving special consideration to the needs and requirements of developing countries.
5. The General Assembly called for comprehensive and widespread involvement in the preparations for the Second Assembly and requested the Secretary-General to consult Governments, intergovernmental organizations and non-governmental organizations (NGOs) and elicit their views on progress in and obstacles to the implementation of the International Plan of Action on Ageing. It also called for the formulation of a regional work plan, to be incorporated into the International Plan of Action on Ageing 2002 that will be considered and adopted in Madrid from 8 to 12 April 2002.
6. The United Nations secretariat prepared a questionnaire for Governments in which it elicited their views on national progress in implementation of the International Plan of Action on Ageing and asked them to identify obstacles and formulate the policies and measures necessary in order to overcome such obstacles. In the light of national responses to that questionnaire, the secretariat prepared the International Plan of Action on Ageing 2002, which will be considered and adopted at the Second World Assembly on Ageing, to be held in Madrid from 8 to 12 April 2002. The secretariat endeavoured to include in this plan the regional dimensions related to the situation of older persons in various areas, in accordance with the evaluative reports issued by the United Nations regional commissions.
7. At the regional level, in 1989 the Economic and Social Commission for Western Asia (ESCWA) for the first time prepared a regional exploratory study on the situation of older persons in the Arab region, in order to shed light on the demographic developments concerning that population group and identify and evaluate the policies, programmes and services of relevance to it at national level.
8. In 1993, ESCWA organized an expert group meeting, held in Cairo, on the development in the region of policies and programmes on ageing. That meeting adopted the Regional Plan of Action on Ageing in the ESCWA Region to the Year 2001, which represented the Arab regional dimension of the Vienna International Plan of Action on Ageing and provided for the particularities and needs of older persons in the Arab region. The Regional Plan was based on the outcome of a field study conducted by ESCWA and on

data and statistics produced by the Commission on the situation of older persons in the Arab countries. The plan summarized the specific needs of older persons within “a society for all ages”, with a view to assisting Arab Governments and organizations and research centres involved with formulating and implementing policies on ageing.

9. All Arab countries confirmed that the International Year of Older Persons (IYOP) 1999 had made a valuable contribution to raising awareness and measures stimulating achievements. The majority of Arab countries took the measures necessary for participation in international ageing-related events. National working parties were formed; some Arab countries organized national workshops for the purpose and national reports were prepared on the situation of older persons in those countries.

10. In 1997, as part of the preparations for observance of IYOP 1999, the secretariat of the League of Arab States, in cooperation with the Bahraini Ministry of Labour and Social Affairs, organized a training course and fact-finding visits to prominent leaders and decision makers in the field of ageing. In 1998, a seminar on ageing was held in Tunis. The General Secretariat of the League of Arab States issued a statement to mark the celebration of IYOP 1999, together with a programme of events at national and Arab level. The Council of Arab Social Affairs Ministers prepared the Arab Report on Older Persons, which considered their demographic, health, social and economic situation, in addition to a model law for the protection of older persons for the guidance of Arab countries in the formulation of their own laws. The Council also adopted a number of resolutions in which it urged countries to form national committees on ageing, to be comprised of representatives of the Government, voluntary and private sectors and experts on ageing persons. Furthermore, it held two meetings of national committees on ageing, which led to the decision by the Council in 2000 to form the Arab Association of National Committees on Ageing, to be devoted to the formulation of the policies and plans necessary for the protection and care of older persons and their integration into society.

11. In order to mark IYOP 1999, the logo of which was “Towards a Society for All Ages”, the executive office of the Council of Ministers of Labour and Social Affairs in Gulf Cooperation Council (GCC) States arranged a number of joint activities, including the issuing of three publications covering the planning aspects of recognizing and meeting the needs of older persons. A training workshop was held in order to study the issue of social planning and recognition of the care situation for older persons in GCC States, in addition to a seminar on the care of older persons in those States. The executive office also prepared a document of general principles for the joint Arab Gulf policy for the care and involvement of older persons, which was adopted by the Council of Ministers of Labour and Social Affairs in GCC States.

12. One decade after the Cairo expert group meeting, two decades after the first World Assembly on Ageing, and in preparation for the Second World Assembly on Ageing, the ESCWA secretariat undertook the task of reviewing and assessing national implementation of the Vienna International Plan of Action on Ageing, with a view to preparing the Arab Plan of Action on Ageing to the Year 2012. The plan was prepared on the basis of information provided by Governments, and focused on achievements and obstacles faced in the implementation of the Regional Plan of Action on Ageing to the Year 2001. The national reports made to ESCWA by certain Arab countries were consulted, as were the responses to the questionnaire circulated to Governments by the United Nations Department of Economic and Social Affairs (DESA) in its capacity as the coordinator for the Second World Assembly on Ageing and to the questionnaire circulated to Arab countries by ESCWA. The Arab Plan of Action on Ageing uses as its basis national ageing-related plans and programmes. In each of its parts, it concentrates on the analysis of the situation of older persons and identification of the difficulties faced by such persons in the Arab region, together with the goals, challenges and trends in improving their situation. The Plan incorporates the demographic reality relating to older persons in the region, relevant policies, the gender aspect of the role of the family in providing care and the role of NGOs in providing services.

13. While the situation and condition 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, the Plan focuses on the basic, common components of ageing-related issues in the region, taking into consideration special circumstances and particularities.

## **I. THE SITUATION OF OLDER PERSONS IN THE ARAB REGION**

### **A. DEMOGRAPHIC BACKGROUND**

14. With the beginning of the twenty-first century and the dawn of the era of globalization and the breaking-down of inter-State barriers, the Arab countries have become aware of the urgent need to modernize their socio-economic and political infrastructure. They are faced with new challenges, in parallel with huge demographic development that will have a long-term impact on Arab societies if no attention is paid thereto, no preparations are made to cope or work effectively with that development and none of the necessary arrangements are made or measures taken with a view to limiting its effects.

15. The characteristics of these changes are clear in the achievements of Arab countries in the last quarter of the twentieth century, including the reduction by half of death rates and the 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. Fertility rates have decreased considerably, from 6.8 in 1975 to 3.7 in 2000, and are expected to reach 3.2 by 2025. The natural population increase fell from 3.1 per cent in 1975 to 2.3 per cent in 2000, and is expected to fall to 1.4 per cent by 2025.

16. Arab countries have therefore witnessed fundamental changes in the age structure of the population: there has been a sharp decrease in the percentage of children aged under 15 years old, namely, from 42 per cent in 1975 to 38 per cent in 2000. It is expected that this percentage will have fallen to less than 29 per cent by 2025. In tandem with that decrease, there has been a slow rise in the proportion of persons aged 60 and above, from 5.4 per cent in 1975 to 5.6 per cent in 2000. However, this figure is expected to rise rapidly, to reach 8.9 per cent by 2025. In terms of actual numbers, this percentage represents an absolute increase in the number of older persons from 8.7 million in 1975 to 15.8 million in 2000, a number which is expected to rise to 41.6 million by 2025. The expected increase in the percentage of older persons will therefore outstrip the increase in the total population, rising to 3.9 per cent during the period 2000-2025 as compared with an increase of 2 per cent in the total population.

### **B. ANALYTICAL INDICATORS ON THE SITUATION OF OLDER PERSONS**

17. The fundamental changes in the economic and political frameworks of Arab countries are attributable to a number of internal factors, including urbanization, technology transfer, the upsurge in education and various patterns of migration, and to such external factors as globalization in all its economic, technological and cultural dimensions, the lack of political stability caused by internal and external conflicts, demographic challenges, the changes in the situation of women and related ideologies and, in particular, with respect to social equality and equity and human and reproductive rights. The traditional role of the family in caring for older persons has contracted as a result of such factors and in view of an increase in internal and cross-boundary labour movements. Those factors have also exacerbated many of the psychological, health and social problems which have limited the capacity of older persons and prevented them from adapting to the latest developments. The various roles which older people were able to continue to perform within and outside the family have diminished. Those factors have also had an impact on the effectiveness of social policies and programmes related to social and family care for older persons.

18. The aforementioned factors have created a society which has had a tangible impact on the nature of family-related problems and, in consequence, on care for older persons. 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 has increased. Families have a dwindling economic capacity to meet the needs of older persons and 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.

19. Older women suffer from additional problems, attributable largely to Arab women's limited access to equal opportunities for paid employment. This has a negative impact because it also denies them access to social and health benefits as they age. They are also affected by the worsening social and economic

situations of their families caused by structural changes in society. In some countries, social reform policies and structural adjustment have hampered the provision of education, social and health services for older women, which has impaired their educational and health situation and prevented them, even when unpaid, from engaging in such productive work as caring for their grandchildren or doing housework. The information revolution has affected their role in transmitting culture to their grandchildren. Such internal and external factors have also affected older rural women. Their participation in the informal sector, in family income and in caring for grandchildren has diminished and as a result, older women are more socially and economically marginalized than older men. Older widowed, divorced and never-married women have neither received any awareness training nor the necessary economic support. The economic changes have forced poor older women in towns to depend on the performance of poorly-paid activities in the non-formal sector, including selling textiles and vegetables, collecting refuse and working as cleaners and in the agricultural sector in rural areas, such women depend on animal husbandry. In some cases, economic factors have forced older women to raise loans or to buy commodities on instalment, both of which represent heavy material burdens. They must also resort to bartering their services in order to satisfy their needs.

20. In addition to the foregoing, total and functional illiteracy is still widespread amongst older Arab women. Its prevalence reflects their poor preparation for any work that is sufficiently well paid to alleviate the burden of poverty. Older women's lack of independence is exacerbated by lack of awareness of employment opportunities, either because they are functionally illiterate or because such opportunities are not well advertised.

21. The abovementioned changes have, in some cases, led to many of the social problems from which older persons suffer within their families, including, *inter alia*, loss of social status, psychological and health problems, social difficulties caused by domestic abuse, lack of mutual respect, economic distress caused by the lack or inadequacy of health and social security services, and the inability to meet the demands of life and children. A very small percentage of older persons are financially independent; the vast majority have difficulty in acquiring sufficient money and live in extremely difficult circumstances because of the inadequacy of their financial resources. Older persons also lack personal, family and social protection because of their social isolation and low level of interaction with others, either within or outside the family. It has become increasingly difficult for older persons to adapt to the new, nuclear family with its limited financial resources and capabilities.

22. In addition to the aforementioned problems, social welfare systems are either non-existent or inadequate when it comes to providing protection and financial support for older women who are left as the heads of their households when their sole breadwinner migrates or is a casualty of one of the wars or armed conflicts which plague the region. Widowed and divorced women very commonly receive only minimal financial assistance because of the failure of Arab legislation to ensure provision for them.

23. Older persons of both sexes in rural, remote and desert areas may suffer from neglect because of the number of burdens borne by those who care for them, lack of awareness and limited financial resources.

#### C. REVIEW AND ASSESSMENT OF PROGRESS ACHIEVED IN THE IMPLEMENTATION OF THE VIENNA INTERNATIONAL PLAN OF ACTION ON AGEING (1982) AND THE REGIONAL PLAN OF ACTION ON AGEING (CAIRO, 1993)

24. This section is devoted to an evaluation of the achievements of the Arab countries with regard to the international and regional plans of action. For this purpose, use was made of the responses to the two questionnaires circulated to Arab Governments by DESA and ESCWA respectively in order to review national progress in implementation of those two plans, identify obstacles and formulate the necessary policies and measures. The aim was to assess the regional dimensions of the situation of older persons in Arab countries, in order to take them into account when discussing the International Plan of Action on Ageing 2002 that will be adopted by the Second World Assembly on Ageing in Madrid in April 2002.

25. The responses to the questionnaires indicated that 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 social 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, as detailed below.

(a) 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. If proper welfare services are to be provided for older persons, guarantees must be given of an income sufficient to ensure that they may live a life of dignity. Appropriate activities, sources of income and pensions must all be provided. In many countries, the focus was on the provision to older persons of material assistance, with a view to strengthening their productive capacities, 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 also a lack of emergency hotlines for older persons, geriatric wards in hospitals and specialized emergency services and programmes to promote voluntary work and self-help;

(b) With regard to training, education and media, it was observed that most Arab countries gave priority to the eradication of illiteracy in older persons, self-reliance and training in self-help techniques. 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. Some countries indicated that they had research centres on ageing, and others 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;

(c) The responses to the questionnaires indicated that, in cooperation with the public and private sectors, all countries were carrying out campaigns to raise public awareness and knowledge of ageing-related issues, and that some were publishing special magazines for older persons;

(d) Most Arab countries provide free health services or free medical insurance for older persons, early diagnosis of geriatric illnesses and subsidized audio-visual appliances. In most Arab countries, campaigns to raise awareness of good nutrition have received substantial support from all sectors. Some countries have imposed health specifications and standards on food stuffs and domestic utensils and supplied older persons with nutritious meals and other basic needs. There are clinics for older persons in most Arab countries, which provide them with medication and diagnostic services. In some countries, services are also provided outside such clinics as part of the health service;

(e) The housing, urbanization and living environment for older persons sector is not accorded sufficient attention to meet the needs of such persons. 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 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;

(f) It appears from the countries' responses and their national reports that most do provide support for the family and older men. However, the same level of support is not provided for older women. The voluntary sector plays an outstanding role in providing support and services for older persons. In general, the position of older persons in the Arab family remains more secure than in other societies, and Arab NGOs

continue to direct their activities towards caring for older persons by, *inter alia*, establishing old persons' homes and leagues, while believing that the family must take most of the responsibility for caring for older persons;

(g) In some countries, particular attention has been paid to certain social welfare services, including cooperatives, which have either been given material support or benefited from exemption from taxes and other constraints. Older persons have been given the opportunity to be involved in their local communities and are provided with guidance, advice and emergency services. With respect to the role of institutions in the welfare of older persons, some countries have established special departments for them in hospitals, and nursing homes. Some such institutions have been established with support from the voluntary or private sectors.

26. Some of the highest priorities of the Arab Maghreb countries include the protection of and provision of the necessary care for older persons and the expansion of the range and delivery of social services. The majority of Gulf States have emphasized the importance of strengthening partnership and synergy between the Government and private sectors. They have adopted a policy of not expanding provision of social welfare homes, preferring to apply programmes for family care in the home and assure older persons' health needs. Some have focused on formulating a plan of action for improving the situation of older persons, and have reviewed provision of psychological and health care, establishing mobile health units for continuous care. Attempts are being made to ensure that older persons are connected to their communities and to train them to become self-reliant. Most of the Arab Mashreq countries have indicated that they are pursuing policies to support the families of older persons and safeguard family cohesion. They also support the establishment of care facilities for displaced persons, the provision of free medicines and the creation of awareness of the situation and needs of older persons. Some have focused on renovating homes for older persons, improving the capacities of those who work with such persons, training a body of technical specialists in geriatrics, running media awareness campaigns, formulating emergency plans, carrying out studies and research, arranging for surrogate families and providing day-care centres and homes for older persons, while perfectly well aware that in implementing such plans, many legal and other obstacles will arise, caused by the paucity of financial support and the security situation which prevails in a number of those countries and the fact that priority is not being given to implementation of the Vienna Plan.

27. Some Gulf States have not formulated separate work plans or special programmes on ageing, but have incorporated such plans into national development plans or the programmes of Government departments. Certain other countries have given no indication of how they deal with the issue of ageing. The various Arab countries also have differing priorities, reflecting the discrepancy between the needs of older persons and countries' intentions to improve care provision for such persons. This discrepancy is clear in international cooperation measures in important areas and the ranking in importance of areas for cooperation. It appears that the majority of Arab countries attach importance to mutual cooperation and coordination, the preparation of studies in support of development programmes, the establishment of income-generation projects and specialized training in social and health issues.

28. All the Arab countries emphasized that international cooperation was a fundamental dimension of their future work with older persons. Some have chosen multilateral cooperation, while others prefer bilateral cooperation and yet others opt for cooperation with all parties, entities and partners. Most Arab countries declared themselves satisfied with their cooperation with NGOs in their capacity as partners, and with intergovernmental organizations and private sector institutions. The majority of countries also attached great value to international cooperation with respect to research and training, income-generation projects, data collection and analysis and the design of policies and programmes on ageing and for follow-up and evaluation. Some Maghreb countries, for example, have focused on establishing the numbers of older persons, adopting health insurance systems, amending the compulsory retirement age and promoting care for ageing persons in their own communities. Some Gulf countries have sought to rehabilitate older persons, integrate them into society, exploit their expertise and meet their basic needs. Most Mashreq countries have aimed to develop specific policies and sound assistance programmes for older persons and provide them with health care schemes and social and economic welfare services. The disparities between the strategies of the Arab countries arise from their different needs and capabilities, and the services needed in order to care for older persons.



29. Evaluation of the current level of responsibility undertaken by the various parties concerned with ageing-related issues, including the public and private sectors, civil society institutions, voluntary organizations and NGOs and the family, showed that in certain Gulf States, the Government sector assumes the heaviest responsibility, followed by the family and the other sectors. In the Arab Maghreb the burden is shared by civil society institutions, NGOs, the public sector and the family. The situation is different in the countries of the Arab Mashreq, where the responsibilities of Governments vary and the family remains the principal support, assisted to some extent by civil society and the religious sector. In the Gulf States, therefore, ageing-related issues are largely dealt with by the Government and the family, while in the remaining Arab countries, responsibility is more widely dispersed. In general, it may be noted that Arab countries are, to a certain degree, aware of their responsibility to care for older persons and endeavour, to the extent their capacities permit, to carry out that responsibility. However, the requirements are extensive and exceed current potential.

30. It is also clear that the ways in which older persons are integrated into public life vary from one country to another. They are not mere receivers of care, but are actively involved in their local communities as trainers and tutors of youth, volunteers and advisers. They participate in cultural and artistic life and work in small, multi-generational enterprises, although these are not common.

31. With regard to policies concerning older women, some Arab countries indicated that they had taken this issue into consideration when formulating comprehensive policies. However, priorities varied. Family care was of primary concern, followed by health, financial security, the protection of human rights and the role of women in the local community.

32. The statutory age of retirement ranges from 50 to 68 years. In the majority of the countries of the Arab Maghreb, the Arab Mashreq and certain Gulf States, no differentiation is made in this respect between men and women working in the public or private sectors. In some countries where men and women retire at the same age in the public sector, women retire earlier than men in the private sector. Certain Gulf States make no reference to the retirement age of women in their legislation.

33. There is wide variation in the achievements of Arab countries with respect to ageing-related policies since the first World Assembly on Ageing was held in Vienna in 1982. Some Arab countries have formulated national plans and enacted appropriate ageing-related legislation, while others have established national committees on ageing. Some have amended their national plans, adjusted systems for social care and creating awareness of the phenomenon of ageing and related problems, strengthened activities designed to protect older persons, introduced pilot programmes for care in the home and developed systems concerned with the role of older persons and their future aspirations. Some Arab countries are beginning to involve the private sector and NGOs in caring for older persons and to encourage volunteerism to play a leading part in this field. The Arab countries are unanimous in believing that NGOs play a pioneering role in formulating programmes to involve older persons in their communities. Such work is matched by the efforts of religious organizations and those that defend women's human rights. Few Arab countries referred to the limited role played in this field by academic institutions, professional associations and trade unions and federations.

34. The results certainly show that certain Arab countries have made progress in the field of caring for older persons by, *inter alia*, formulating national work plans, adopting policies and measures and implementing programmes of work, providing health, financial, housing, education and other necessary services for such persons and acknowledging the importance of their participation in the community. Certain shortcomings in implementing the recommendations of the Vienna Plan are attributable to the disparities in the economic, political, security, demographic and geographical situations of the various countries. However, there are many other causes, the most significant of which is the deteriorating economic situation in the majority of countries and dwindling financial resources, from which, contrary to general expectation, certain Arab Gulf States also suffer. Further obstacles to implementation of the Vienna Plan and ageing specific policies in some Arab countries include a lack of trained human resources; poor security situations; instability and occupation, especially the Israeli occupation; and the economic sanctions imposed on occupied Palestine and Iraq. Certain countries also cited legislative and planning obstacles to implementation of the recommendations. Some countries stated that their Governments had not given the Plan due priority or lacked the experience necessary to implement it. There was also a lack of coordination between Government

institutions and of policies specifically addressing older women's issues, despite the fact that the great concern that Governments have for older persons is evident in the number and quality of services that they provide for such persons, albeit varying in comprehensiveness and variety. In short, many countries continue to face severe difficulties, especially with respect to ensuring the provision of the necessary health care, the protection of elderly consumers and guaranteeing an income that allows older persons to live a life of dignity.

35. In implementing plans and strategies, some countries face difficulties caused by a plethora of priorities, which mean that little attention is given to the concerns of older persons or to improving their situation. Other countries come up against complex bureaucratic procedures and administrative and technical complications in the decision-making process which delay project implementation, a conflict between limited financial resources and human capabilities and increasing demands for services, and little effective participation or financial support from the voluntary and private sectors in bearing the burden of caring for older persons, which throws all the responsibility on the Government sector.

36. With respect to joint Arab action in the field of care for older persons, the General Secretariat of the League of Arab States has accorded great importance to this sector of the population since the beginning of the 1970s, and has incorporated ageing-related issues into conventions and social work strategies. The Arab Charter for Social Work adopted by the League in 1970 and amended in 2001 affirms the need for older persons to be cared for within their natural environment, namely, the family, and for needy families to be provided with the assistance necessary for them to continue to provide such care. Similarly, the Strategy for Social Work in the Arab Countries adopted in 1979 and amended in 2001 confirmed what had been stated in the Charter, and urged Arab Governments to establish homes for older persons whose circumstances compelled them to live in such institutions. Ever since it was established in 1980, the Council of Arab Social Affairs Ministers has given form to this concern, and has arranged many activities, including conferences, seminars, workshops and field trips to inform those working with older persons of pioneering experiments in this domain. A series of studies and research papers has been prepared in order to identify the needs of older persons and care for and integrate them into society. The Council supports the endeavours of the voluntary organizations and associations working with older persons in order to enable them to carry out their role of upholding the family and providing day care in day centres, clubs and homes. The Council's involvement has expanded to include coordination with the other Arab councils concerned with, *inter alia*, health, education, youth and sport.

37. With regard to their preparations for the Second World Assembly on Ageing, to be held in Madrid in April 2002, most Arab countries stated that they had adopted the slogan "Building a Society for All Ages" and the United Nations Principles for Older Persons and incorporated them into their ageing-related policies. Some countries had established national committees to deal with the issue, and held national workshops in order to review national reports and achievements in the field. All the Arab countries have issued updated national reports for submission in Beirut and Madrid. Most are ready to adopt the International Plan of Action on Ageing 2002 in its current form, provided amendments are introduced in some sensitive areas, in order to comply with Arab value systems and give traditions and religious convictions due priority.

## II. THE ARAB PLAN OF ACTION ON AGEING TO THE YEAR 2012

### A. PRIORITIES AND CHALLENGES

38. The Arab Plan of Action on Ageing consists of three parts. The first part details the situation of older persons in all fields, using certain indicators which evaluate the status of implementation of the Vienna International Plan of Action on Ageing and the 1993 Regional Plan of Action on Ageing and analyses the difficulties faced by Arab countries in this regard. The second part identifies priorities for improving the situation of older persons in the region in the forthcoming decade, and puts forward the measures and initiatives that must be taken to this end by the Arab Governments. The third part focuses on implementation and follow-up mechanisms and the undertakings with regard to such measures that have been given at national, regional and international level.

39. The most important elements of the Arab Plan of Action on Ageing represent the regional dimension and the particularities of the Arab region, while being premised on the broad lines of the International Plan of Action on Ageing that will be discussed in Madrid. However, the multi-dimensional Arab Plan deals with the priorities and needs of older women and men in the Arab world and proposes a number of measures and initiatives, including (a) social measures to support and affirm the role of the family in caring for older persons, ensure the effective involvement of civil society institutions in this regard and achieve gender equality and equity among older persons; (b) economic measures which focus on the elimination of poverty among older persons, take action to include them in the labour market, albeit partially, and ensure access to continuing income and education; (c) legislative measures which include the modernization of protection and social security systems, without discrimination on the basis of age or gender; the review and updating of existing legislation; and formulation of new policies to keep abreast of rapid developments; (d) environmental measures to prepare an appropriate, enabling environment which is free of obstacles; (e) health and mental health measures to raise awareness and with regard to nutrition, prophylaxis and treatment; (f) political measures to address the concerns of Arab countries raised by continuing occupation policies and, in particular, the Israeli occupation of Palestine, the Syrian Arab Golan and the remaining part of South Lebanon, and continued Israeli aggression against the Palestinian people; sanctions; the burden of armed conflicts, wars and violence, all of which have adverse effects on older women and men.

40. The Arab region is undergoing rapid change at all levels, and this will have numerous consequences for the situation of older persons and on their level of well-being and contentment. With respect to demographic changes, which will increase in the current quarter of a century, the area is expected to witness a change in the nature and proportion of support. Because of the rapid fall in the fertility rate and the consequent large reduction in the proportion of children aged under 15 and increase in life expectancy at birth, greater support will be required for older persons than for children.

41. As a consequence of the increase in the proportion of the population represented by older persons and their increased longevity, there will be a large increase in the number of widowed women, it being statistically proven that, on average, women live longer than men. The number of persons aged over 60 years currently represents 5.6 per cent of the population in the Arab world, of which 2.6 per cent are men and 3 per cent are women. By the year 2025, this figure is expected to rise to 8.9 per cent throughout the Arab world, of which 4.3 per cent will be men and 4.6 will be women. The proportion of older women in Arab communities will therefore be much higher than previously. This phenomenon is being referred to as "feminization of ageing".

42. There is little doubt that the anticipated changes in the age structure, namely, increased life expectancy and an ageing population, will prompt further changes that will affect the lives of individuals and the socio-economic lifestyles of the community. Most older persons will be in good health and therefore capable of productive work. Governments will therefore need to reconsider national policies with a view to adapting them to new realities and solving the problems caused thereby.

43. As a result of the changes to which the Arab countries have been exposed, the family is faced with numerous problems which prevent it from carrying out its general duties and functions, especially the task of caring for older persons. Those changes have also exacerbated the difficulties with which older persons and,

in particular, older women, have to cope within their families, including the deteriorating material and social situation of the family caused by the application of economic reform policies and infrastructural adjustment programmes; the high rate of youth migration from rural areas; and the changes in values which have taken place, causing older persons to be displaced from the theatre of vital events and held in disregard. All these factors have led to an increase in the suffering of older persons caused by lack of personal, domestic or social security and diminished their ability to cope with current situations. Arab voluntary organizations have begun to play an increasingly important role in caring for older persons, which has helped to improve their quality of life, integrate them into the community and strengthen their position within the family.

44. Even now, the pressing issue of ageing and older persons does not receive the attention it deserves from socio-economic policy makers, decision makers and executives in Arab countries, in contrast to issues relating to, *inter alia*, the child, youth, the labour force and women. Researchers, academics and research centres in Arab countries do not focus on the issue in their work. Ageing-related issues must be properly researched, data produced and existing policies and planning reviewed if the challenges are to be faced intelligently, practically and effectively. A summary of the challenges which define the priorities of the Arab Plan and form its central axis are set forth below:

(a) The Vienna International Plan of Action on Ageing (1982) and the Regional Plan of Action on Ageing (1993) must be followed up and implemented; work must begin on implementation of the Arab Plan of Action on Ageing to the Year 2012 and the International Plan of Action on Ageing 2002; and the necessary budgetary allocations must be made for the purpose;

(b) Legislation and ageing-related policies must be reviewed and updated, a comprehensive plan must be formulated and ageing-related issues must be mainstreamed into social policies;

(c) Awareness must be raised in Arab countries of the issue of the ageing population and, in particular of the increase in the proportion of older women or “feminization of ageing”, and preparations must be made to deal with the issue before it becomes a problem;

(d) The family must be supported in its role of caring for older persons and guaranteeing inter-generational continuity and solidarity;

(e) There must be coordination between the various national parties, with a view to dealing with ageing-related issues and creating the necessary mechanisms; the focus must be on the integration of the roles of the family, civil society and Governments in caring for older persons;

(f) Older persons, as human capital, must be encouraged to continue their contributions to productive work. They must be guaranteed employment opportunities, it being clear that their employment will not have a negative impact on the employment opportunities available to youth. A distinction must be made between incapacitated older persons and older persons who are still productive;

(g) All forms of discrimination on the basis of age and gender must be eliminated in order to achieve equality and equity with respect to the human rights of older men and older women and, in particular, with respect to retirement age for women and men while allowing for some flexibility therein, in social security systems and other forms of social protection and in employment, training and reskilling systems;

(h) Social security and protection schemes must be reviewed and restructured, security programmes must be designed to meet the actual needs of older persons and health insurance for older persons must be introduced;

(i) Additional Government support must be provided in order to enable families to take care of older persons and provide older persons with housing;

(j) The necessary demographic and health indicators must be formulated and developed, and must be reliable and disaggregated by gender in order to follow up and implement the Arab Plan of Action on Ageing;

(k) Programmes and activities must be reviewed and initiatives must be taken in order to reach older persons and, in particular, the inhabitants of rural and remote areas;

(l) Special commodities and services must be produced or imported in order to meet the ageing-specific basic needs of older persons. Primary and secondary health care services must be developed in order to guarantee the complete well-being of older persons in all regions, including rural, remote and desert areas;

(m) Older women and, in particular, poor older women, must be empowered, and socio-economic empowerment programmes must be formulated for that purpose;

(n) Legally authoritative measures must be put in place with a view to alleviating poverty and addressing the negative impact of armed conflicts, violence and displacement on older persons and, in particular, older women, and on the provision of services to such persons;

(o) Activities of civil society institutions including NGOs must be supported, because such organizations are a basic partner in the process of development, in implementing policies designed to improve the situation of older persons and in providing social welfare services to them within their families;

(p) Investigative and diagnostic studies and research must be carried out with a view to gaining information on the situation and needs of older persons.

#### B. PRINCIPLES, THEMES AND OBJECTIVES

45. The Arab Plan of Action on Ageing is based on the fundamental principles that govern the development process, namely, to improve the quality of life, build a society for all ages and ensure the right to development. It respects religious convictions, Arab values and traditions and the family cohesion which have been affirmed by the Arab Charter for Social Work and the Strategy for Social Work in the Arab Countries. It is guided by the United Nations principles relating to the strengthening of participation, provision of care, upholding of dignity and independence of older persons, who must be empowered to become self-reliant rather than dependent on others. The Plan is based on the following themes and objectives:

(a) Reference must be made to Arab, regional and international experiences, expertise and programmes when formulating appropriate national and regional plans and policies;

(b) Issues relating to older persons and their needs must be mainstreamed into social and economic policies, and comprehensive, integrated policies for social development must be formulated, with the focus on the principle of solidarity and social responsibility;

(c) Appropriate policies, plans and work programmes must be formulated in order to bring about a “society for all ages”, while respecting the traditions, values and socio-economic conditions prevailing in the region;

(d) All forms of discrimination must be eliminated in order to achieve gender equality in rights and responsibilities, and the economic, social, cultural, civil and political rights of older persons must be guaranteed, pursuant to international conventions;

(e) 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 policies which strengthen the unity of the community and guarantee the complete and effective participation of older person in religious, political, economic and social life. Ageing must be considered as a type of ongoing investment;

(f) Sophisticated and modern social security and protection systems must be put in place and ensure that older women and men are able to live a life of dignity on an equal footing;

(g) Special attention must be accorded to older women and, in particular, poor older women and marginalized groups, including refugees, persons with special needs and youth, in order to provide a secure old age and alleviate poverty among older men and women;

(h) Cooperation with civil society institutions, including NGOs, must be supported and strengthened, in order to enable them to carry out their duty to provide social welfare services for older persons and seek their active involvement therein;

(i) Life-long opportunities for individual development must be made available at all stages of life, including in old age, pursuant to the principle of the right of every individual to development;

(j) Focus must be given to the concepts of life-long education, training and re-training when formulating education, capacity-building and rehabilitation policies, and ageing-specific plans targeting both women and men must be drawn up;

(k) The importance must be reaffirmed of solidarity and inter-generational communication and dialogue in maintaining social cohesion and family unity, the complementarity in roles of family members must be reaffirmed and the financial resources and capacity of the family to take care of older persons must be enhanced;

(l) Studies and research must be undertaken on older persons and their concerns, problems and aspirations;

(m) A dynamic, up-to-date, gender-disaggregated database on older persons must be developed and kept abreast of the rapid socio-economic and demographic changes in the region;

(n) The technical cooperation necessary in order to implement, follow up and evaluate ageing-related plans and work programmes must be made available.

#### C. STIPULATIONS AND RECOMMENDATIONS

46. The stipulations and recommendations of the Arab 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.

47. While the Arab Plan is premised on those priority directions, it also includes, in addition to the general matters addressed by the International Plan, other ageing-specific concerns prompted by the particularities of Arab society. A number of issues, goals and measures for implementation at Government, NGO and regional and international organization level fall under each of those priority directions.

##### *Priority directions*

##### *(a) Older persons and development*

48. Pursuant to the principles contained in the Copenhagen Declaration and Programme of Action, the Beijing Declaration and Platform for Action, the Istanbul Declaration and the Habitat Agenda, the recommendations made by the Millennium Summit, the special sessions held by the United Nations General Assembly five years after the convening of each of those global conferences and other international conferences held in the 1990s, which emphasized the importance of eradicating poverty, an attempt must be made to involve older persons in the socio-economic development process. This is in order to ensure that such development has a positive impact on society and that the negative effects of globalization, economic adjustment and modernization processes are limited. The necessary arrangements must also be made to integrate older persons into society; they must no longer be marginalized or allowed to fall by the wayside of

the road towards development; if their productive capacities are wasted, they will become an additional burden on society.

*Issue 1: Active participation in society and development*

49. Building a society for all ages requires that older persons are given the opportunity to continue to be involved in the affairs of society. Therefore, society must recognize and appreciate their contribution and give them the opportunity to participate in social, economic, cultural and voluntary affairs and encourage intergenerational interaction.

50. *Objective 1: Recognition of the social, cultural, economic and political contribution of older persons.*

*Actions*

- (a) Acknowledge and encourage the contribution of older persons to family and community;
- (b) Encourage older persons to participate in Government and social, cultural and voluntary activities, to the extent to which their abilities allow;
- (c) Raise awareness by media campaigns of the social and economic productivity of older persons and in recognition of their contribution to their communities;
- (d) Highlight good practices and examples of sound initiatives and contributions made by older persons;
- (e) Support civil society institutions in order to enable them to include older persons in their programmes and activities.

51. *Objective 2: Participation of older persons in decision-making processes at all levels.*

*Actions*

- (a) Enable older persons to participate in decision-making processes and, in particular, with respect to issues of concern to their lives;
- (b) Establish organizations for older persons and make those that already exist more effective in representing such persons in the decision-making process;
- (c) Eliminate age discrimination practised against older persons on the basis of their age.

*Issue 2: Work and the ageing labour force*

52. The principle of life-long development and self-realization requires all persons to enjoy access to equal opportunities and continue working for as long as they are able. Action to provide older persons with employment opportunities and eliminate all forms of the discrimination to which such persons are subjected on the basis of age or gender is therefore an essential precondition in building a society for all ages. Care must also be given to older persons in rural areas, migrants and poor persons with no income.

53. *Objective: Employment opportunities for all older persons who want to work.*

*Actions*

- (a) Provide employment opportunities for older persons in economic activities that are appropriate for their capacities;

(b) Provide opportunities for older persons to take up part-time employment; and encourage the private sector to employ them, while allowing them, to retain their pension benefits;

(c) Facilitate the access of older persons to loans and credit facilities in order to enable such persons to be self-employed; assist income-generating and productive projects in which older women who support their families and, in particular, widows and divorcees, may be involved;

(d) Make the necessary arrangements to assist older persons in marketing their products;

(e) Assist older persons who work in the informal sector to improve their income, productivity and working conditions;

(f) Take into consideration the special needs of older men and older women, and those who live alone.

*Issue 3: Income security and a decent life for older women and older men*

54. The adoption of a modern, sophisticated social security system is essential in advancing societies and guaranteeing peoples their social and economic rights. Social protection systems must also be introduced in order to complement social security policies for the protection of persons who do not benefit from the social security system. Such persons are more vulnerable than others to the economic upheavals to which many Arab countries are liable.

55. *Objective: To modernize social security systems and old-age pensions.*

*Actions*

(a) Guarantee gender equality and equity in protection and security schemes and review the compulsory retirement age for women and men while allowing for some flexibility therein;

(b) Ensure protection for non-economically active older persons and take action to meet their existential requirements;

(c) Review, develop and enact social security legislation in a manner that will meet the needs of older persons; provide financial assistance to older persons who do not benefit from the social security system;

(d) Provide financial assistance to older persons who are not beneficiaries of social security schemes and ensure retirees a supplementary income that will provide them with a decent standard of living;

(e) Take action to ensure that the system of pensions based on contributions includes an increased proportion of workers from the formal and informal sectors; ensure the security and transparency of official pensions systems and their ability to meet their obligations;

(f) Design innovative social protection programmes in favour of workers outside the formal sector of the economy, including those who provide care without being remunerated;

(g) Ensure gender equality and equity in social security systems;

(h) Take urgent action to organize protection in order to guarantee a minimum income to older persons with no other source of income and, in particular, those who live alone and are more vulnerable to poverty;

(i) Take measures to control the impact of galloping inflation on retirement pensions and savings and link it to the rise in the cost of living;



(j) Consider establishing a general pensions scheme which is funded by public revenue rather than based on contributions;

(k) Develop indicators to monitor and measure progress achieved in reducing the incidence of poverty.

*Issue 4: The eradication of poverty of older women and men*

56. In Arab countries, older persons and, in particular, older women are the sector of the population most disadvantaged by poverty, in rural areas, city environs and poor urban neighbourhoods alike. Notwithstanding the earnest endeavours made by all the Arab countries to overcome this problem, few have the capacity to alleviate the suffering of the majority of the older persons living in the region.

57. *Objective: Reduction of poverty and alleviation of its impact on older persons.*

*Actions*

(a) Take into consideration the special needs of older women and very old persons living alone;

(b) Assist older persons to find employment opportunities, in order to avoid poverty;

(c) Take the necessary measures and design innovative programmes to reduce poverty among older persons and alleviate their suffering;

(d) Support small income-generating projects undertaken by older persons.

*Issue 5: Rural development, migration and urbanization*

58. Older persons in rural areas suffer from the inadequacy of the basic infrastructure and the weakness of the economic base. They also suffer from the loss of traditional family support caused by the migration of young people to the cities. This situation further marginalizes and increases the suffering of older persons and, in particular, older women.

59. *Objective 1: Improvement of life conditions and infrastructure in rural communities and promotion of links between urban and rural areas.*

*Actions*

(a) Provide all forms of support for ageing farmers, with a view to enabling them to continue their work and improve its yield;

(b) Encourage the establishment of rural cooperatives for the marketing and distribution of agricultural produce and supply of agricultural inputs at competitive prices;

(c) Make the rural economy an integral part of the country's overall economy;

(d) Guarantee protection for non-economically active older persons and, in particular, women, and take action to meet their basic needs.

60. *Objective 2: Integration of older migrants into their new communities.*

*Actions*

(a) Design arrangements, including pension benefits, to assist older migrants in making their economic security sustainable;

(b) Guarantee the right of young migrants to contribute to pension systems upon return to their country of origin;

(c) Make arrangements at local community level, including the establishment of centres for older persons, in order to prevent or mitigate the negative effects of urbanization.

*Issue 6: Access to education and training*

61. Education is one of the basic dimensions of sustainable development. If a knowledge-based society is to be brought into being, policies must be adopted that give life-long access to education and training. Continuing education and training are essential to ensure the continuing productivity of communities.

62. *Objective 1: Equality of opportunity throughout life with respect to continuing education, training, retraining and vocational guidance.*

*Actions*

(a) Provide older persons with the opportunity to continue their studies without discrimination;

(b) Arrange training courses for older persons in the use of information technology;

(c) Increase the number of training and retraining programmes in order to enable older persons to continue in productive employment;

(d) Introduce ageing-related issues in academic curricula and use community training in order to prepare young people for the various stages of life.

63. *Objective 2: Full utilization of the potential of people of all ages.*

*Actions*

(a) Empower older persons to work as mentors and advisors;

(b) Encourage older volunteers to employ their skills with all generations in order to give the local community the benefit of their work experience;

(c) Provide the opportunity within education programmes for the exchange between generations of knowledge, expertise and use of modern technology;

(d) Encourage older persons to take advantage of the services provided by open universities;

(e) Organize media campaigns to raise awareness of the need to change common patterns of consumption and introduce ways and means of economizing and saving, highlighting their advantages and potential returns in fulfilling basic requirements in later life and after retirement.

*Issue 7: Intergenerational solidarity*

64. Intergenerational solidarity at all levels, including the family, community and society, is a guiding principle in building a society for all ages. It is also a basic condition for social cohesion. Moreover, strengthening intergenerational cooperation and solidarity is of the greatest importance in maintaining the unity and cohesion of society.

65. *Objective 1: Strengthening intergenerational solidarity by interchange, communication and reciprocity.*

### *Actions*

- (a) Organize media information campaigns for all age groups on the concept of old age;
- (b) Develop initiatives to strengthen continuous intergenerational exchange and train young people in activities aimed at benefiting older persons within, *inter alia*, recreational and social clubs in educational establishments;
- (c) Offer all age groups the opportunity to hold intergenerational meetings;
- (d) Promote intergenerational reciprocity and exchange as a prerequisite for social development;
- (e) Encourage young people to provide services for older persons as part of national service and civil education;
- (f) Urge the new generation to care for older persons (rewards, financial assistance and stipends);
- (g) Provide support for families that are caring for older persons with disabilities, who are retired or who have special needs.

### *(b) Maintaining health and well-being into old age*

66. While the Arab countries have endeavoured to provide the health care necessary for older persons, they still need more vital services, including home medical and nursing care, more clinics and health centres for older persons and geriatric departments in hospitals. Preventative measures must be taken in order to protect older persons in their homes, including the application of safety standards to domestic utensils and food products. Awareness must be raised with respect to the excessive use of drugs and medicines. Men and women must have equal access to services, and the special needs of this population group must be taken into account. Geriatric diseases in women require special attention because women are more susceptible than men to osteoporosis and other ageing-related diseases. Women live longer than men and as a result, older women tend to become isolated and solitary, which has negative effects on their mental health.

### *Issue 1: Health and well-being throughout life*

67. If older persons are to be comfortable and happy, it is essential that they remain in good health. Good health guarantees their independence and prevents them from becoming a burden to anyone else. Prevention and the postponement of illness and disability are not in the interest of the individual alone, but also benefit society as a whole by conserving resources. It is therefore essential to ensure that nutrition is good, prevention against disease is employed and the effects of pollution are controlled if the individual is to remain in good health throughout life.

68. *Objective 1: Promotion of health and well-being throughout life and provision of health services to all regions without discrimination on the basis of age or gender.*

### *Actions*

- (a) Give priority to improving the health of poor persons and marginalized population groups;
- (b) Adopt the legislation and take the measures necessary to control all forms of pollution, reduce exposure to pollution from childhood and throughout life, monitor poor nutrition and put in place health standards;
- (c) Make legislative arrangements to prevent the purchase of medicines without a prescription, in order to restrict excessive use;

(d) Combat the spread of harmful health practices, including smoking and alcoholism, poor nutrition and lack of physical activity, and focus on applying good health practices;

(e) Set goals for the improvement of older women's health and postponement of disability that target the geriatric diseases, including osteoporosis, to which women are particularly prone.

69. *Objective 2: Development of policies to prevent ill-health among older persons.*

*Actions*

(a) Take preventative measures throughout life and focus on the application of good health practices;

(b) Take measures in public facilities to protect older men and women from falling;

(c) Provide older women and men with free or low cost medical screening;

(d) Prevail upon insurance companies to provide older women and men with low-cost health insurance;

(e) Raise the awareness of older persons and individuals within the community of health and preventive measures that will enable them to enjoy good physical and mental health and a happy old age;

(f) Focus on training older persons in self-care measures and on training workers to care for them;

(g) Organize awareness campaigns to inform the community of the needs and rights of older persons, the type of health and mental problems to which they are prone and how to deal with such problems;

(h) Take the necessary measures to provide older women and men with identification cards that will make it easier for them to receive preferential treatment in all types of facilities and hospitals.

70. *Objective 3: Access to adequate nutrition for all older persons.*

*Actions*

(a) Provide needy older persons with nutritious meals;

(b) Raise older persons' awareness and encourage them to eat healthy, balanced meals;

(c) Promote good nutrition from childhood and throughout life, paying special attention to ensuring that women of child-bearing age are appropriately nourished;

(d) Make society in general and older persons in particular aware of the nutritional needs of older persons;

(e) Include the nutritional needs of older persons in the curricula of training programmes for all health and welfare professionals.

*Issue 2: Universal and equitable access to health-care services*

71. Older persons face legal, material and financial obstacles which prevent most of them from benefiting from the basic health care needed to protect them from the physical, mental and other diseases to which they are liable in later life. Governments, civil society and the private sector must therefore cooperate in order to adopt a comprehensive health insurance system, the services of which are available to all sectors of the population without discrimination on the basis of age, gender or financial capacities.

72. *Objective 1: Ensuring that all older women and men have equitable access to health care without discrimination.*

*Actions*

(a) Develop and enhance primary health care services to meet the needs of older persons and ensure that free or low-cost health treatment is available for all older persons who require it, in all regions, including rural and remote areas;

(b) Educate older persons and empower them to make effective use and choice of health services;

(c) Take the necessary measures to eliminate discrimination on the basis of age or gender with respect to the provision of health care and services;

(d) Provide older persons with the necessary information on the types of health service available and how best to make use of them;

(e) Provide medical, nursing and specialized geriatric medical services to older persons in their homes, and provide mobile health clinics to serve rural and remote areas;

(f) Provide older persons, as needed, with essential basic medicines, audio-visual appliances and dentures at little or no cost.

73. *Objective 2: Development and strengthening of primary health-care services to meet the needs of older persons and ensure their inclusion in the development process.*

*Actions*

(a) Support local communities in ensuring equal access for older persons to health care services;

(b) Integrate traditional medical practices into basic health care programmes wherever useful and appropriate;

(c) Train primary health care professional and social workers in the basic principles of geriatrics;

(d) Enact legislation and establish mechanisms to regulate health services for older persons.

74. *Objective 3: Involve older persons in the development and strengthening of primary and long-term health care services.*

*Actions*

(a) Involve older persons in planning, implementing and evaluating health-care programmes;

(b) Make use of the capacities of older persons in the provision of primary and long-term health-care services;

(c) Update national records of qualified older persons who could be useful in supporting the voluntary sector and in the development process in general.

*Issue 3: Training health-care professionals*

75. The quality of the health-care system depends upon the quality of the qualified social and medical staff. It is therefore important to provide opportunities for ongoing training for workers in the geriatric field, and to establish geriatrics departments in order to train members of medical teams working with older persons, and to provide opportunities for access to information and the essential basic training.

76. *Objective 1: Provision of information and training for health- and social-care professionals and para-professionals.*

*Actions*

- (a) Initiate and promote training programmes relating to geriatrics;
- (b) Establish specialized geriatrics departments in hospitals, introduce geriatrics-related academic and medical specializations and encourage students to specialize in that field;
- (c) Train medical and social welfare personnel and prepare teams that are specialized in caring for older persons;
- (d) Provide medical and social care specialists with continuing education programmes on the health, well-being and care of older persons;
- (e) Carry out and provide the necessary support for specialized studies and research.

*Issue 4: Older persons and disabilities*

77. The older population group is the one most susceptible to injuries that can cause physical or mental disability. This makes it essential to intensify efforts to encourage older persons to be independent and to rehabilitate them in order to enable them to participate fully in all aspects of society.

78. *Objective 1: Train older persons with special needs to maintain a minimum level of employment skills throughout their lives, and take action to completely involve older persons in the community and provide them with appropriate care.*

*Actions*

- (a) Provide training and appropriate care for older persons with special needs, in order to enable them to obtain their right to services and assistance and be fully integrated into the community;
- (b) Raise awareness in the community and among older persons of the causes of disability and provide information on ways of guarding against disability at various stages of life;
- (c) Develop psychiatric treatment programmes and disseminate information on the diseases of old age and on older persons with special needs;
- (d) Provide easy access for all older persons to types of treatment that are capable of mitigating levels of disability, including cataract removal and hip replacement;
- (e) Provide older persons with physical disabilities with prostheses at little or no cost;
- (f) Create the environment and provide the services that will enable older persons with special needs to adapt to their environment.

(c) *Ensuring enabling and supportive environments*

79. The creation of an enabling and supportive environment for all ages is a basic human rights goal. Whatever their circumstances, all older persons have the right to live in an environment that enhances their capabilities and empowers them to contribute to the development of their local communities. This includes easy access to essential services, including housing that is appropriate to their functional capacities and enables them to move freely, and the provision of all types of support for older persons in need. The data show that the provision of an enabling and supportive environment is almost non-existent in most Arab countries, while all countries continue to rely on the family of the older person to provide accommodation.

The Arab family remains the most able and willing social institution to satisfy the moral and material needs of such a person and his need to belong and feel secure. The continued presence of older persons within the family plays a positive part in upholding of positive values which impacts on social and domestic upbringing. Family members are assured of guidance, care and affection, and the tendency towards isolation which has undermined certain ideal family values is countered. Some Arab countries have led the way in providing other persons with the financial resources necessary to continue to live in the houses they own or with relatives, providing them with free housing or offering their families incentives to continue to support them.

80. With respect to social welfare, the data indicate that most Arab countries are providing financial support for NGOs concerned with older persons and have taken the measures necessary to exempt them from taxes, remove tariff barriers on their purchases and provide older persons with opportunities to contribute to the development of their local communities.

81. The provision of the majority of the basic social services continues to be the preserve of the Government sector, because of its central role; while the civil society sector, charity and religious associations take part in providing services to older persons. Some Arab countries have pioneered the establishment of recreational clubs in which older persons may pursue their hobbies. They have also established cooperatives which provide social welfare services and provided incentives to encourage young people to take part in caring for older persons. Nevertheless, there is a continuing need in Arab countries for priority to be given to care for older persons and, in particular, those who have lost their families as the result of wars and armed conflict and the occupation by force of Arab land by providing surrogate families, an emergency hotline and other innovative initiatives.

#### *Issue 1: Housing and the living environment*

82. The Istanbul Declaration on Human Settlements and the Habitat Agenda established the goal of adequate shelter for all. The residence is the natural place for older persons within an environment that grants them the necessary care and ensures them of a stable life and mental security. Older persons need housing that is appropriate to their functional capacities in order to be able to move around easily; while due consideration must be given to the appropriate environment, design, cost and the related public facilities which must serve all the generations. Attention must be given to providing older person-friendly methods of transport which are appropriate to their needs and functional capacities and enable them to reach service centres.

83. *Objective 1: Access to housing in the local environment.*

#### *Actions*

- (a) Adapt the basic local environment to ensure that every generation is appropriately housed;
- (b) Grant credit facilities or tax reductions to families that care for older family members, in order to enable them to build or buy housing on concessional loans;
- (c) Encourage the establishment of housing cooperatives by contributors from both the public and private sectors;
- (d) Make available appropriate and affordable housing and allow older persons to choose freely and independently between them, identifying the specifications and locations that best meet their requirements;
- (e) Provide older persons with credit facilities in order to enable them to make alterations to their homes and remove obstacles to their free circulation therein;
- (f) Provide financial support for older persons who wish to live in special housing or with relatives; Link affordable housing with social support services;
- (g) Create a special gender-disaggregated database on housing that caters for age and disability.

84. *Objective 2: The creation of a friendly environment.*

*Actions*

- (a) Take into consideration the needs and capacities of older persons when designing public buildings and facilities to be free of barriers;
- (b) Use appropriate design in order to produce age-integrated housing and public places;
- (c) Establish public leisure facilities capable of serving an age-integrated community.

85. *Objective 3: Availability of transportation friendly to older women and men.*

*Actions*

- (a) Import, construct or re-design methods of transport that are adequate and appropriate for the needs of older persons in all areas; and vehicles for the personal use of older persons with special needs to empower them to become independent and self-reliant;
- (b) Design safer roads that facilitate the movement of traffic and take into consideration the safety of older persons;
- (c) Provide free transportation or grant older persons special fares.

*Issue. 2: Social welfare*

86. Older persons need social welfare that permits them to live with dignity. The State must extend the range of financial and moral services that it provides, support the relevant institutions and organizations and provide the services which will allow older persons to be involved, like other generations, in the development of their local communities. It is worth pointing out here that Arab society is afflicted with wars, armed conflicts and political instability, which may impose on older persons the obligation of caring for children and orphans and even the responsibilities entailed by being head of a household, namely, supporting and caring for that household.

87. *Objective: Provision of integrated social welfare.*

*Actions*

- (a) Provide opportunities for strengthened intergenerational relations and connections through social work within local communities;
- (b) Provide good social welfare services in order to assist older migrant returnees to readjust to their original environment;
- (c) Provide nursing homes for older persons, put in place special standards for such homes, develop programmes and their administrative and organizational structure, and allocate the necessary financial and qualified human resources;
- (d) Train social welfare specialists and social workers in the care of older persons;
- (e) Enable older persons to participate in social, cultural and recreational activities and establish social, cultural and recreational clubs to meet their needs;
- (f) Urge young people to participate in the provision of services and social care for older persons and encourage older persons to contribute to activities organized for their benefit;



(g) Promote the establishment of associations, cooperatives and leagues for older persons and provide financial support and trained personnel to work in them;

(h) Develop the existing forms of institutional welfare and care and make them available to greater numbers of needy older persons and create new patterns of care including surrogate families, home care and companions;

(i) Provide ageing-specific guidance and advisory services;

(j) Formulate programmes to prepare older persons for retirement and to protect against disability;

(k) Encourage older persons to do voluntary work and self-help.

#### *Issue 3: Abuse*

88. Older persons and especially older women, may be subjected to psychological, financial and even physical abuse, for which they are too frightened to seek help. As a result, their health and living conditions deteriorate. Efforts must therefore be made to limit all forms of abuse and put in place legislation and laws that will provide older women and men with protection.

89. *Objective 1: Elimination of the abuse of older persons.*

#### *Actions*

(a) Monitor the incidence of the abuse of older persons, with a view to restricting it, and take the necessary measures to eliminate such abuse in order to uphold older persons' dignity and rights;

(b) Enact legislation to protect older persons in those Arab countries where such legislation does not exist;

(c) Strengthen the relevant judicial or social institutions in order to empower them to protect older persons;

(d) Organize awareness campaigns on the abuse of older persons and ways of preventing it, raise awareness and inform older persons of the issue of citizenship, civil rights and ways in which consumers are cheated;

(e) Make available an emergency hotline for older persons who are being subjected to violence or experiencing a medical crisis.

#### *Issue 4: Images of ageing*

90. With advancing age, the issue of remaining in good health becomes ever more significant and prompts an increased demand for health care, pensions and other social services. With the rising cost of such services, older persons are being projected as a drain and a burden on the economy, and the positive view, concepts and evaluation based on respect for older persons and their experience has been replaced by an image of weakness and dependency. Such negative, harmful notions must be counteracted and efforts must be made to re-establish respect in the community for older persons.

91. *Objective 1: Enhancement of the image of ageing.*

#### *Actions*

(a) Encourage the mass media to portray older persons in a positive light and highlight their contribution to society; organize awareness campaigns on ageing as one phase of the life cycle; and encourage the younger generations and older persons to maintain interaction and communication;

- (b) Ensure that scholastic books contain information on the contribution to society of all age groups;
- (c) Encourage the paying of tribute to older persons, by organizing public ceremonies in which individuals of all ages participate;
- (d) Strengthen the role and mobilize the resources of NGOs dealing with ageing issues, and involve older persons in their work not just as beneficiaries thereof, but as effective actors in their programmes and services.

*Issue 5: Support for family care*

92. The Arab family is undergoing a number of changes which hamper the performance of its role of caring for older persons and exacerbate many of the mental, health and social problems that restrict the ability of older persons to adapt to new circumstances. Such changes also restrict the various roles that older persons can perform both within and outside the family.

93. *Objective: To strengthen and support the cohesion of the Arab family.*

*Actions*

- (a) Enact legislation to ensure that older persons are cared for within their own families and live a life of dignity;
- (b) Create family awareness campaigns on living with and caring for older persons;
- (c) Support the role of the family in caring for older persons by reinforcing customs, traditions and values which promote respect for older persons and care of them by the family;
- (d) Provide financial support and social services for the family in order to enable it to take care of its older members and for the older persons themselves, in order to enable them to continue to live in their own homes;
- (e) Provide special support for older widows and never-married women and identify the ways and means of meeting the social, economic and psychological needs of older women;
- (f) Encourage all forms of the media to strengthen the role of the family and uphold it as the natural domain and basic environment for the care of older persons;
- (g) Provide help in the form of social assistance, guidance and information for individuals and families who are caring for older persons and reaffirm the positive role played by grandmothers and grandfathers in raising their grandchildren.

*Issue 6: The role of NGOs and other civil society institutions*

94. Best use of the resources available to provide comprehensive care for older persons may be made by combining the efforts of and coordinating between all sectors of the community. While governmental organizations continue to play the leading role in this field, all civil society institutions have a complementary part to play in support of Governments. This role must be developed and strengthened if care for older persons is to reach the level desired.

95. *Objective: Support for NGOs and other civil society institutions concerned with ageing.*

*Actions*

- (a) Provide financial support and grant tariff reductions and tax exemptions for NGOs and other civil society institutions dealing with ageing issues;

(b) Encourage civil society organizations to design and develop special welfare programmes for older persons;

(c) Put in place a national mechanism for cooperation and coordination between all governmental and non-governmental organizations dealing with ageing issues;

(d) Develop standards and criteria to organize and regulate the work of welfare institutions which care for older persons;

(e) Encourage the participation of NGOs and civil society institutions, enhance their role and mobilize their resources in implementing national plans on ageing;

(f) Issue civil society identification cards to involve older persons in the activities of NGOs as effective players in their services and programmes, rather than mere beneficiaries thereof.

*Issue 7: Mainstreaming older women's issues into social development programmes*

96. Demographic changes have brought an increase in the number of older women: there are more older women than older men, because their life expectancy is greater. A woman's situation becomes more critical as she gets older, particularly after the loss of her husband, because she normally faces social, cultural and legislative obstacles to enjoyment of her social and economic rights. Women are therefore in need of special assistance.

97. *Objective: Formulation of special older women-related programmes to ensure they are able to live a life of dignity.*

*Actions*

(a) Take into consideration the special needs of older and ageing women and those who live alone;

(b) Facilitate the access of older women to loans and credit facilities for in order to enable them to start their own businesses; and provide financial assistance to women working in the informal sector;

(c) Ensure appropriate job opportunities for older women according to their potentials and capabilities;

(d) Establish and support productive projects in which the participants are older women heads of households and, in particular, widows and divorced women in all regions; provide financial assistance to grandmothers who are taking care of or supporting their grandchildren as the result of war or for other reasons;

(e) Eliminate all forms of discrimination on the basis of gender from laws and legislation and in their application. Such discrimination limits the benefits accruing to older women from retirement pensions and their full participation in the development process;

(f) Provide protection for economically non-active older women, meet their subsistence needs and protect them from violence and abuse;

(g) Strengthen and develop the participation of older women in the decision-making process with respect to issues of relevance to their lives;

(h) Give older women the opportunity to acquire literacy or pursue education and training, with a view to materially empowering them to become independent;

(i) Encourage the participation of older women in the affairs of the local community.

*Issue 8: Armed-conflicts, wars, occupation and sanctions*

98. *Objective: Provision of care and protection for older women and older men in situations of armed conflict, war, occupation and sanctions.*

*Actions*

(a) Call upon the international community to take action to end the Israeli occupation and wars and sanctions in the Arab region, in accordance with the relevant international laws and resolutions and, in particular, those relating to the establishment of a Palestinian State with Al-Quds as its capital;

(b) Urge international organizations to undertake their responsibilities and intervene promptly to protect and guarantee the human rights of older persons suffering from occupation, sanctions regimes and war;

(c) Raise awareness of and recognize the resolution adopted in 1974 by the United Nations General Assembly concerning the protection of women and children in emergency and armed conflict;

(d) Make more effective the role of national Arab and international human rights associations in apprehending and bringing to justice war criminals who commit outrages against civilians, including older persons;

(e) Meet the basic needs of older persons affected by situations of armed conflict, war, occupation and sanctions;

(f) Give priority in relief plans to older persons and, in particular, older persons who are heads of households and ensure that they are provided with goods and services.

### III. MECHANISMS FOR IMPLEMENTATION AND FOLLOW-UP

99. Ageing-related prospective demands are confronting Arab society with a serious challenge. The Arab Plan of Action on Ageing to the Year 2012 must be implemented: to that end, efforts must be intensified to ensure that all sectors and partners undertake their responsibilities in coordination. National Governments have the primary responsibility for mobilizing the endeavours of trained and qualified human resources, allocating the necessary budgetary resources and taking the appropriate measures to implement the Plan. The need would appear pressing to involve and support NGOs, in order to cover all eventualities and make grassroots contacts and regions that Governments are unable to reach. Technical cooperation and other forms of support must be sought from regional and international organizations in order to assist in implementing the Plan and achieving the intended aims by the year 2012. There is also an urgent need to request the Security Council Committee established pursuant to resolution 661 (1990) to more readily approve contracts for imports related to the needs of older persons in Iraq which are paid for by funds in the escrow account under the terms of the memorandum of understanding.

#### A. NATIONAL GOVERNMENTS

100. In preparing to face ageing-related issues, the challenges of globalization and the information revolution, and achieve sustainable development, Arab Governments must adopt strategies and policies, take measures and make arrangements and implement programmes that keep abreast of economic and political developments and future challenges.

101. National Governments must be urged to take the following measures:

(a) Apply the United Nations Principles for Older Persons and, in particular, (i) rationalize and direct public action and use available resources at national level; (ii) invest the revenue accruing from social security and pension contributions; (iii) mobilize and tap the expertise of others; (iv) achieve the highest possible level of coordination and complementarity by dividing work and distributing roles between the various Government agencies and NGOs; urging the private sector to become involved; and giving free rein to voluntary organizations and charities; (v) make adequate use of available assistance; (vi) develop the indicators necessary to monitor and follow up implementation of the Plan and identify and overcome obstacles as the need arises;

(b) Formulate ageing-related plans and programmes and establish new and support existing national committees for that purpose;

(c) Allocate specific budgetary resources for the implementation, follow-up and evaluation of ageing-related strategies, programmes and plans;

(d) Review and amend obsolete legislation and enact new laws as needed, as the basis and legal guarantee for public action;

(e) Mainstream ageing policies into social policies and plans;

(f) Call upon States to establish special funds to support ageing-related issues;

(g) Raise awareness and create positive attitudes towards the issues of ageing and older persons;

(h) Accord importance to the issues of ageing and older persons and limit their marginalization by placing them on the agenda of legislators, executives and researchers and utilizing the expertise of older persons;

- (i) Establish a gender-disaggregated database on ageing, and develop indicators for policy formulation;
- (j) Establish regional information networks on ageing and link them to the Internet;
- (k) Take the measures and make the arrangements necessary to establish national committees on ageing and involve them in decision-making processes related to implementation of the recommendations of the Arab Plan of Action on Ageing at national level and in monitoring follow-up and evaluation of implementation;
- (l) Adopt mechanisms for coordination and cooperation between the national committees on ageing, NGOs and international NGOs in order to take advantage of all forms of support and assistance;
- (m) Adopt, in tandem with civil society organizations, programmes for mobile units to serve older persons within their family environs;
- (n) Encourage specialization in geriatrics and give university grants and fellowships in that field.

#### B. REGIONAL AND INTERNATIONAL ORGANIZATIONS

102. Cooperation with regional intergovernmental and United Nations organizations is of paramount importance in implementing the Arab Plan of Action on Ageing. It is essential that national efforts be combined with those of regional and international organizations in order to implement the actions identified in the Plan and ensure its success. Coordination and complementarity at the level of Arab action is required. The following measures must be taken:

- (a) Build a gender-disaggregated database on ageing to be used in formulating appropriate policies, and exchange expertise, information and experiences in that field;
- (b) Carry out studies and research on the situation of older persons and employ them as an “early warning system” for the issue;
- (c) Activate the Arab Association of National Committees on Ageing which was established as part of the League of Arab States Council of Arab Social Affairs Ministers;
- (d) Forge cooperation and coordination ties in ageing-related issues by holding conferences, seminars and workshops to be used as a basis for joint Arab action on ageing, and activate cooperation and coordination mechanisms between Arab States in the framework of the League of Arab States;
- (e) Enhance cooperation and coordination between ESCWA and the General Secretariat of the League of Arab States and the Executive Bureau of the Council of Ministers of Labour and Social Affairs in GCC States in respect of ageing-related issues and follow-up of the implementation of the Plan;
- (f) Strengthen cooperation and coordination between Arab States and ESCWA, in its capacity as the regional arm of the United Nations secretariat, with a view to developing and following-up implementation of the Plan;
- (g) Request the General Secretariat of the League of Arab States to submit the Plan to the next meeting of the Council of Arab Social Affairs Ministers for adoption;
- (h) Urge the United Nations and the relevant international funds to provide financial and technical support to the Arab States in order to enable them to implement the Plan.

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