

## **Policy Brief on Prospects of Ageing with Dignity in the Arab Region**

### **Advance Draft**

The Arab region is one of the fastest growing regions in the world. Its population, which constitutes around 5.5% of the world's population, has almost tripled since 1970 from 120 million to more than 400 million persons in 2017. Currently, older persons above the age of 60 represent 7 per cent of the total population living in the Arab region. By 2050, this proportion will rise to 15 per cent, or 100 million people, with women comprising more than half. A population is considered to be ageing when older people become a proportionately larger share of the total population, which is what is happening in the region. This change will occur over a short period of time and more quickly compared to other regions of the world that have already experienced population ageing. This fast-emerging demographic phenomenon presents both challenges and opportunities for older persons to age in dignity.

Population ageing is a positive result of development gains. People in the Arab region are living longer and fertility rates have significantly decreased, both of which contribute to more persons over the age of 60. Life expectancy in the region has risen on average from 52.5 in 1970 to 71 in 2015. By 2050, life expectancy could be as high as 76.4.<sup>1</sup>

Older persons in the Arab region presently face high levels of poverty and vulnerability that are likely to be exacerbated by an increasing number of older persons, changes in family structure, and continuing conflict and displacement. While older persons do have unique needs, the societal and economic contributions of older persons are often overlooked. Older persons have a key role to play in development and resilience in the region.

This report analyzes the past, current, and future demographic profile and trends of population ageing in the region, discusses the socio-economic situation of older persons and explores the intergenerational dynamics of care for older persons. It further makes recommendations for governments and societies for their role in ensuring that the older population has the possibility of ageing with dignity. Integrating the life-course approach and consideration for the needs of each population age group into national development planning will help meet the needs and support the rights of tomorrow's older persons, youth and working age population. Promoting and protecting

---

<sup>1</sup> Source: United Nations (2017), medium variant.

the rights and dignity of older persons and facilitating their full participation in society is an integral part of the pursuit of the 2030 Agenda for Sustainable Development, which pledges that no one will be left behind.

### **A. Why focus on older persons?**

Analysis of the demographic prospects reveals an upcoming increase in the number of older persons living across the Arab region. Despite variation from one country to another, overall, the pace of population ageing in the region is considerably faster when compared to the one witnessed in developed countries a few decades ago. Understanding how the growth of this population will affect the Arab region specifically, one must take into account the lower levels of development, limited resources and weaker institutions in Arab countries. Governments and societies in the region will have to adapt much more rapidly to this phenomenon than their developed counterparts. Difficulties are arising as countries must adjust while simultaneously addressing complex challenges pertaining to other groups, particularly youth, unemployed adults and economically disempowered women. Furthermore, conflict and displacement in the region increase the complexity of understanding and preparing for the age shift in population. Preparation for this demographic shift is urgently needed now, to both address the needs of older persons today and to to prepare to meet their needs in the future, particularly for the countries ageing at a rapid pace.

[INCLUDE CHART ON AGEING PACE FOR ARAB COUNTRIES]

### **B. Ageing in dignity: Addressing Pressing Needs in the Arab region**

#### **1. Social protection**

The majority of Arab countries have social protection programs that cover health, education and pension funds, which are fundamental for the wellbeing of its population. However, expenditure is low and limited to a small fraction of the population, and is particularly restrictive for older persons. As a point of comparison, while Arab countries spend less than 4% of GDP in income security needs of older persons, Europe spends 11.1% of their GDP.<sup>2</sup> In most countries covered in this study, only workers in the public sector, the military or formal private sector are entitled to social security benefits. Due to the high percentage of informal employment in Arab countries, there is low coverage of social protection because it only includes formal employees. Additionally, unemployment rates in the region are high, especially among youth and women, which limits present contributions to social protection programs and future inclusion of recipients.

---

<sup>2</sup> (No reference in current version of chapter 2, check back).

Most Arab countries have contributory social protection coverage <sup>3</sup>except for the paternalistic system in oil producing Gulf countries<sup>3</sup> that primarily cover old-age and survivorship, invalidity, and employment disability, but have very low development of social protection systems that cover social insurance, health, maternity care, elderly care, unemployment and illness-related assistance. Research also shows scant social protection coverage in the Arab region for agricultural, domestic, temporary and migrant workers, categories that often overlap. As people age, they have greater needs for health services, pension coverage, and elderly care, which is seldom provided by national social protection schemes, leaving older persons vulnerable to sickness, disability and poverty.

#### **a. Health**

As life expectancy increases, quality of life and health become prevailing concerns for the elderly. The expected growth of the number of older persons in Arab countries, as well as improvements in life expectancy after 60, mean that there is an expanding demand for health services, given that older persons have higher morbidity. While the average life expectancy after 60 in the Arab region is 20 years, the average healthy life expectancy is 14 years, meaning there is a six year gap of heightened health needs that have to be addressed.

The Arab region is going through an epidemiological transition within a short time frame in which there is a decrease in the proportion of infectious diseases and an increase in the proportion of non-communicable diseases, such as cancer and cardiovascular illnesses. The number of non-communicable diseases in Arab countries among 60 years and older was 856,000 in 2015 and is predicted to rise to 1,273,000 in 2030, a variation of 48.7%.<sup>3</sup> The majority of older persons have at least one disease, and they are more prone to chronic conditions, multi-morbidities and cognitive impairments, which increase their health needs and dependency.

Older people's heightened morbidity needs to be met by health care professionals who are also trained or specialized in geriatrics and gerontology. However, the number of health professionals is currently low in the region, especially those specialized in gerontology, and are projected to be proportionally lower as the population continues to age. The number of geriatricians for Arab countries does not exceed one for every 100,000, except for Bahrain and Lebanon, which account for one every 8,250 and one every 20,000 persons over the age of 65, respectively.<sup>4</sup> This is a proportion far below the American Geriatrics Society's recommended quota of one geriatrician for every 700 people 65 and older. The

---

<sup>3</sup> WHO; 2013 Global health estimates Summary tables: projection of deaths by cause, age and sex, by World Bank Income Group and WHO Region, ([http://www.who.int/healthinfo/global\\_burden\\_disease/en/](http://www.who.int/healthinfo/global_burden_disease/en/)).

<sup>4</sup> Sibai AM, Rizk A, Kronfol KM (2014). Ageing in the Arab Region: Trends, Implications and Policy options. The United Nations Population Fund (UNFPA), Economic and Social Commission of Western Asia (ESCWA) and the Center for Studies on Ageing (CSA). Beirut, Lebanon. P. 41.

number of medical care practitioners in general in the region is low, and the number of specialized geriatrics professionals is even lower, which leaves many older persons in need of quality medical care.

The older population is also significantly more vulnerable to developing disabilities, including functional disabilities, which entail difficulty and dependency in performing one or more activities of daily living (ADL) such as eating, bathing, dressing, using the toilet, etcetera. Chronic health conditions, which are prevalent in those over the age of 60, often lead to a heightened risk of disability, which increases the demand on health services, medical expenses and long-term care. There are wide variations in functional dependency among older Arab persons across countries: the disability rate of people 60 years and over exceeds 25% in Morocco and reaches high levels in Palestine (16.1%), Yemen (15.4%) and Bahrain (14.1%); in contrast, it is low in Qatar (3.2%) and Mauritania (4.5%).<sup>5</sup> Older persons with disabilities have even more restricted access to health care, pension funds, employment and economic security, and are therefore more vulnerable to illness and poverty.

In recent years, public health programs in most Arab countries saw a significant reduction in funding. The average per capita annual public health expenditure in Arab countries in 2015 was USD\$ 280,<sup>6</sup> a third of the amount spent by other countries with the same average per capita income. Public health coverage is low, so it has to be supplemented by out-of-pocket expenditures, which may create a significant dent in older person's and their families' economic resources. Out-of-pocket expenditure as a percent of total health expenditure ranges in Arab countries from 5.78% in Oman to over 70% in Sudan and Yemen, while in Mauritania, Syria, Morocco, and Egypt, individuals pay on average 50% of total public health expenditures and in Iraq, Lebanon, and Tunisia, out-of-pocket payments represent around 40% of total health expenditures.<sup>7</sup>

Health insurance coverage varies significantly among different countries in the Arab region, but none of them have universal health protection. While Tunisia and Palestine have social health insurance systems financed by tax revenues and health insurance premiums, only the insured are entitled to free treatment. In Jordan and Iraq, only civil servants and military personnel have free access to social health insurance. In Oman, Sudan, Syria, and Yemen, public health care is free and accessible to all residents. In Bahrain, Qatar, Kuwait, Saudi Arabia, and the UAE, healthcare services are financed by natural resource revenues and are exclusively reserved for citizens. Algeria, Egypt, and

---

<sup>5</sup> ESCWA (2017) <https://www.unescwa.org/sub-site/arab-disability-statistics-2017>. For Tunisia, see <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=48037>

<sup>6</sup> (No reference in the current version of chapter 2).

<sup>7</sup> <http://www.data.drees.sante.gouv.fr>

Libya have public health care systems financed by tax revenues and insurance premiums whose systems cover both the insured and the uninsured.

#### **b. Pension coverage**

Pensions prevent older persons, especially those who are retired, are unable to work or don't have family support, from falling into poverty. Average pension coverage for the Arab region is **less than 30% of the workforce**,<sup>8</sup> with particularly low or inexistent coverage for women, self-employed workers, agricultural workers and workers of the informal sector. As a result of low pension coverage, among other factors, there is a high number of the elderly living in poverty in the Arab region, with important differences between countries and a prominent gender gap.

The old-age pension beneficiaries as a percentage of the population above **statutory pension age is 37.5% in North Africa and 31.7% in Middle East** (weighted by population aged 65 and over), rates that are significantly low compared to 66.1% for the world average. In 2013, only 23.9% of the working age population contributed to a social security pension scheme in North Africa and only 18.5% in the Middle East, a significant gap from the world average of 30.9%.<sup>9</sup> The share of pension coverage also varies significantly across countries, from a low coverage of less than 10% in Sudan, Yemen, Palestine, Mauritania and Qatar to a high of over 60% in Tunisia and Algeria. On the middle range of this spectrum, over 40% of the elderly population in Iraq, Saudi Arabia and Egypt benefited from pension coverage, while coverage was 27% in Kuwait and 25% in Oman.<sup>10</sup>

Judging from these figures, a high percentage of workers are excluded from receiving pensions. Variations in coverage rates are attributed to, among other reasons, the fact that countries with higher rates include self-employed and agricultural workers in their pension system. Furthermore, there is a distinction to be made between countries that include migrants in their social protection system and those who don't, since, for example, Gulf countries have a very high proportion of migrant workers, but non-nationals are excluded from the local pension and health coverage, which explains their low coverage rates.

---

<sup>8</sup> ILO Social Security Inquiry. Indicator: old-age pensioners recipient ratio above retirement age available at <http://www.ilo.org/>, June, 2014.

<sup>9</sup> ILO Social Protection Department, compilation of national available data collected in national social security pension schemes. Based on SSA and ISSA, 2012; 2013a; 2013b; 2014; Eurostat, Income and Living Conditions Database; UN World Population Prospects, 2012 Revision. Link: <http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=44420>

<sup>10</sup> United Nations, Department of Economic and Social Affairs, Population Division, 2015. World Population Ageing, 2015 and Palestine, (PCBS), Palestinian Central Bureau of Statistics (PCBS), 2014.

In the future, coverage rates will not improve significantly, considering the current ratio of active contributors as percentage of working age population or as percentage of economically active population. In all Arab countries, less than half of persons are projected to benefit from a pension once they attain old-age. For example, around 2013, only 23.9% of the working age population (here 15-64) contributes to a social security pension scheme in North Africa and only 18.6% in the Middle East.<sup>11</sup> This restricted access to pension leaves older persons vulnerable to poverty and highly dependent on their families for support.

### **c. Education**

Higher education levels correlate to better job opportunities, better health, and lowered vulnerability at old age. The reduced vulnerability is attributed to the fact that jobs that require higher education tend to be less physical, so they are less restricted to older persons, whose physical capabilities usually start declining.

Educational attainment of older persons in Arab countries varies, but on average 18% of the population has a secondary education, while less than 13.8% has higher education. Gulf countries have the highest education rates both for secondary and higher education, in contrast with North African countries, which have the lowest rates. Women have higher illiteracy rates, especially those living in rural areas. The situation is particularly prominent in Egypt, Jordan and Tunisia, where rural older women's illiteracy rate is close to 100%.<sup>12</sup>

Although several countries in the region, such as Tunisia, Sudan, Lebanon, Egypt, Jordan and Morocco, have taken measures to combat illiteracy among the elderly by establishing integrating strategies to eradicate illiteracy among the older population, benefits of literacy and access to education have a more significance on elderly income, health and support if people receive them at an early age. Improvement in educational composition of the elderly population is already pre-programmed, because it is being taught right now to the younger and working generation that will be part of the elderly population in the next 15 and 25 years. Projections show significant improvement in average education of the older population: while 44.5% of older males were illiterate in 2015, the numbers are expected to drop to 24.9% in 2030 and 11.3% in 2050. The educational gap between men and women, however, is and will continue to be large: 74.1% of older women were illiterate in

---

<sup>11</sup> ILO Social Protection Department, compilation of national available data collected in national social security pension schemes. Based on SSA and ISSA, 2012; 2013a; 2013b; 2014; Eurostat, Income and Living Conditions Database; UN World Population Prospects, 2012 Revision. Link: <http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=44420>

<sup>12</sup> Barro and Lee database (<http://barrolee.com>) - Year: 2010 except for Palestine, Oman, and Lebanon. Palestine - 2011 (PCBS) / Oman and Lebanon: completed secondary or higher education from Gallup 2011 survey.

2015, 51.7% are expected to be illiterate in 2030, and 22.8% in 2050, numbers that indicate twice the illiteracy rate as that of men.<sup>13</sup> While projections indicate that a higher percentage of older people in the future will have higher education levels, an important proportion of older Arab people will still be deprived of their right to education, especially women.

## **2. Residence, family support and elderly care**

In Arab countries, the family is a fundamental unit of care for older persons, especially given the limitations of public social protection. The family safeguards against isolation, neglect and destitution, providing financial, instrumental and emotional support. Caregiving to ageing parents is encouraged as an extension of family life and a form of familial and religious obligation. Arab countries show low rates of institutionalization of their elderly, partly because of family traditions, partly because of the high prices and limited quality of elderly institutions.

Living arrangements between families are an important indicator of mutual support. It is common for the elderly to live in multigenerational households, where the family acts as the main caregiver and financial provider. Economic, instrumental and emotional exchanges take part from older persons to their children, and viceversa. Recent changes in living patterns in the region, however, have shown more elderly living alone, a trend that is more accentuated for women than for men. Women tend to marry older men, they have longer life expectancy, and they are less likely to remarry after they have widowed, which is why, for example, in North African Arab countries 12% of older women live alone, three times the percentage of older men.<sup>14</sup>

Whether they live together or in separate households, family members are still the fundamental providers of care to older persons. Declining household size, changing living arrangements and rising female participation in the formal labour market, as well as intensification of migratory movements, declining fertility and youth unemployment are some of the factors that have put a significant strain on a family's ability to provide elderly care. Absence of universal health coverage and weak retirement schemes play a detrimental role to older person's autonomy, especially in cases where families are not available, cannot be supportive due to their own difficulties, or are negligent. Complex system of kin-based relationships that provides support to older persons may continue to come under considerable strain and weaken, lowering older persons' right to age in dignity.

## **3. Women's heightened vulnerability**

---

<sup>13</sup> Author calculation from: Lutz W, Butz W, and KC S, eds. 2014 World Population and Global Human Capital in the 21st Century, Oxford University Press 2014. [www.wittgensteincentre.org/dataexplorer/](http://www.wittgensteincentre.org/dataexplorer/)

<sup>14</sup> Yount and Sibai 2009.

Differences in life expectancy, literacy and employment, as well as gendered social norms, make older women more vulnerable to ill health and poverty than older men. In general, women have little access to social security benefits, because they tend to work in the informal sector or in unpaid work, which means they have no pension or health insurance when they age. The life expectancy gender gap creates higher numbers of widows than widowers, the former of which generally lose the income support of their spouses and are less likely to remarry because of social norms.

Furthermore, although women live longer, they experience poorer health conditions in old age, are more prone to disability, and have higher rates of limitations in activities of daily life (ADL).<sup>15</sup>

Additionally, women have much higher illiteracy rates: while the 75% of women in the Arab region were illiterate in 2015, the proportion was 44.5%. Moreover, although education is expected to increase by 2013 and 2015, there will still be a significant gap between men and women that heightens vulnerability; it is expected that by 2050 11.3% of males and 20% of females will be illiterate. Lower education in old age increases financial vulnerability, as well as health access and social support, leading to a higher poverty risk. Finally, women living in rural areas are even more vulnerable, as they have higher poverty rates and often very limited access to adequate medical care. Although projections show a reduction of the gender gap for women's education, employment, health and pension benefits, more needs to be done to completely eliminate the gap.

#### **4. Older persons in countries in conflict**

The weak and precarious socio-economic situation of older persons in the Arab region is not the only problem that threatens their wellbeing. The Arab region is currently witness to armed conflicts in Syria, Yemen and Lybia, which have direct and indirect effects on neighboring countries, other countries in the region, and beyond. Masses of populations are being killed, injured, displaced and uprooted from their communities, and amongst them are older persons, many with disabilities, who either flee or are left behind. Conflicts diminish financial resources, reduce and displace populations, increase morbidity and mortality, weaken social networks and cohesion, and have an impact on people's psychological wellbeing. The risks of already vulnerable populations, such older persons are heightened by weakening of social ties and loss of family members from whom they received support; loss of economic resources; deterioration of health and psychological conditions; and restricted access to humanitarian aid. Although older persons are a growing share of the population, they are often overlooked in aid and humanitarian efforts, their specific needs are not researched, consulted nor taken into account, and few projects target them specifically as a vulnerable group.

---

<sup>15</sup> Abdulrahaim et al. 20130.

In the future, due to the destroyed health facilities, weakening of health system, chronic and emotional conditions and injuries suffered during the conflict, in addition to the loss of personal sources of the income, destroyed homes and death of family members, the elderly, much more vulnerable and frail, will need the maximum of support years after the end of armed conflict.

### **C. Recommendations for Action**

Arab governments and societies are at varying stages of readiness to meet the needs and to harness the contributions of older persons today and in the future. The region has recently experienced the demographic phenomenon of “youth bulge,” putting strain on labour markets and education resources. In order to prevent similar challenges on health, pension, and other services that may result from a growing older population, governments must also now consider building capacity and preparedness for these challenges.

These policies will better enable individuals, families and societies to address these challenges and to support older persons’ ability to age in dignity, as well as harness the contributions that older persons extend to their families and to society. Promoting and protecting the rights and dignity of older persons and facilitating their full participation in society is an integral part of the pursuit of the 2030 Agenda for Sustainable Development which pledges that no one will be left behind.

- Raise awareness on the human rights of older persons and encourage engagement, including for and with older persons themselves, their families, care givers, service providers, policy makers as well as with international and regional human rights protection mechanisms.
- Establish social security systems to protect people in old age from poverty and destitution and implement the ILO Social Protection Floor. Social security should function as insurance both at the micro (personal) and the macro (aggregate) levels. This requires designing a rights-based system from the outset, ensuring the participation of citizens in the design, and equipping citizens with financial literacy.
- Extend access to those categories currently excluded from social security programs, —like informal, agricultural and domestic workers, among others— to guarantee a minimum pension that takes into account standard of living, and develop programs for workers without a formal employer.
- Expand the number of health professionals (physicians and nurses), in particular those specialized in Geriatrics. Provide geriatric and gerontological education and training for a wide range of health professionals and para-professionals who provide care to elderly persons.

- Identify the gaps in the protection of the rights of older persons: gender discrimination in old age; access to adequate health and care, and to create a policy environment capable of addressing gender-based health care requirements.
- Immediate programs should be implemented to mitigate the conflict effects on elderly; these programs should include ensuring availability and accessibility of health and humanitarian services for them, providing psychological and social support, designing an economic support programs for old persons to have better living conditions, and including them as an essential part in the reconciliation, reconstruction, and development processes.
- Provide affordable, accessible and quality care services (e.g. day care, supplementary home-based) for those who ask for such services, especially women. Policies should also support families providing care for older persons and promote intergenerational and intra-generational solidarity.
- Improve the level of education of present and future older persons while reducing the gender gap.
- All actions for the wellbeing of old persons should be coordinated by pursuing the ageing-related policymaking in a holistic manner, overarching strategy that could provide general direction to all entities concerned. A coordinated long-term care and participating approach is crucial to address older people's needs enabling a clear picture of all categories including older refugees, elderly in rural places, widowed women, isolated persons and the homeless.
- Encourage data collection and monitoring and evaluating. This requires the continuous improvement of the availability of high quality of age-disaggregated statistical data for men and women separately in order to examine the gender gap. To achieve this, human resource capacities in data collection and analysis need to be further strengthened.