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AGEING IN THE ARAB REGION: STATISTICAL TRENDS AND POLICY PERSPECTIVES

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United Nations Population Fund Arab States Regional Office: Ageing in the Arab region: statistical trends and policy perspectives.

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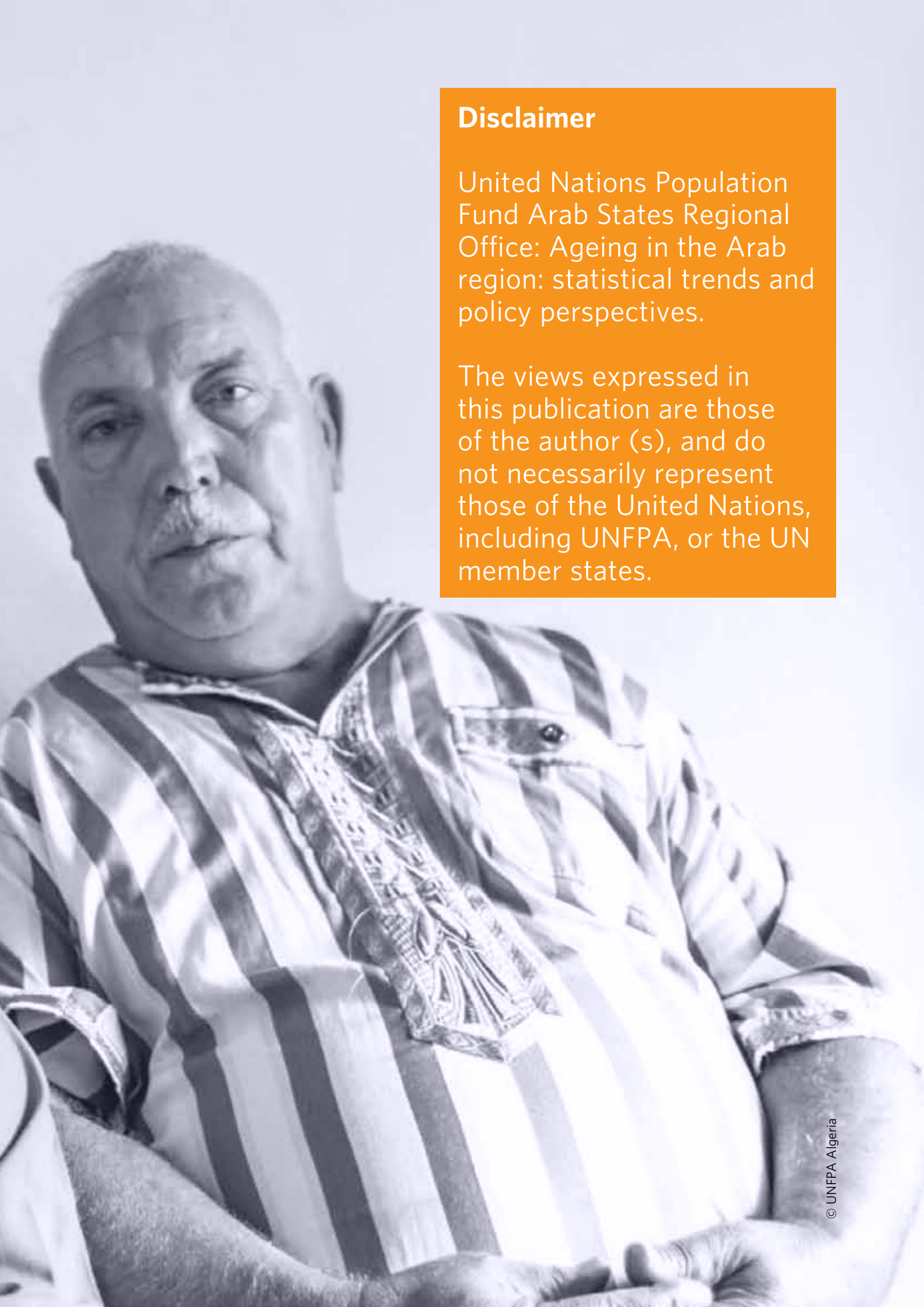

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Executive Summary

Trends of age structure in the Arab region were driven by a combination of increasing life expectancy and declining fertility rates in the past few decades, which increased the size of the aged cohorts both in absolute and relative terms. While population structure projections is an estimated look on the basis of assumptions that might not work well in the future, average and proportion of society in retirement ages will increase substantially. This will have social and economic consequences including the burden on governments' budgets, decisions about labor market participation and patterns of goods and services as well as policy measures and rights of older people in accessing high quality services and enjoying long life with dignity free of violence.

This report provides an update on the Arab region's older population as well as the demographic, health, and economic aspects of the ageing population. It provides also an analysis of demographic changes and their implications on the ageing population; and it tracks the progress made in the region to address gaps, challenges and opportunities for older people, as identified in the Madrid International Plan of Action on Ageing (MIPAA) and Cairo's 1994 International Conference on Population and Development (ICPD) Programmes of Action. This report relies on different sources of data, drawing heavily from databases developed and maintained by international organizations (UNDESA, UNFPA, WHO, ILO). In addition, this report uses some information from the Pan Arab Family Health Survey (PAPFAM) data and the survey undertaken for the Arab States Review of the ICPD/PoA Beyond 2014.

General trends

The population in the Arab region is expected to nearly double and a half by 2050, increasing from 281 million people in 2000 to an almost staggering 659 million, so from 6.02 percent of the total population in 2000 to 15.2 percent by 2050. This is a 60 percent increase during the 35 years from 2015 till 2050.

Demographically, the Arab region does not enjoy specific ageing trend; it approaches ageing issue at different speeds, contexts and demands. This fact was reflected in the actions taken by Arab governments to address ageing. The countries of the Gulf Cooperation Council (GCC) witnessed the lowest percentage of ageing in 2000 and 2015, though ageing there is expected to rise by 10.47 percent by 2030. By 2050 the GCC's ageing population is expected to be at an all-time high of 20.66 percent, the highest in the Arab region, followed by the Maghreb, the Mashreq and the Least Developed Countries.

The State of Palestine had the lowest percentage of ageing population in the region after the GCC in 2000, but is expected, by 2050 to be at 10.4 percent.

Ageing is a dynamic process, determined by the size of the younger portion of an entire population in relation to the size of the oldest portion at different moments in time. The initial size of each cohort depends on the population at childbearing age in a given point in time, and on prevalent fertility rates. Mortality rates determine the number of people of each cohort

that survive to old-age. Migration may also affect ageing in different ways, although the actual impact at the national level is usually small.

In Arab countries, the total fertility rate (TFR) has dropped steadily, from 1995-2000 and 2010-2015. It is projected to continue to decline with percentage change of about 30 to 10 percent within 2010-2015. This is expected to continue until 2045-2050. Lebanon though, is projected to be stable by 2045-2050 with the same fertility rate of 1.72 children per woman as in 2010-2015.

Changes in life expectancy

The increase in life expectancy at birth is a significant achievement. Almost all Arab countries show a marked increase in life expectancy at birth for both men and women within 1995-2000 until 2045-2050. The maximum increase among males is 6 years in Morocco and Sudan from 1995-2000 until 2010-2015. For women the greatest increase occurred in Algeria and Lebanon reaching about 6 years in the same period.

Looking at 2010-2015 until 2045-2050, the increase in the life expectancy for men ranged between 7 and 10 years in Algeria, Comoros, Lebanon, Morocco, Qatar, Somalia and Syria. For women, the life expectancy increased between 6 and 10 years in Algeria, Comoros, Djibouti, Lebanon, Morocco, Somalia, Sudan and Syria for the same period.

The expectation of life at age 60+ is a positive indicator on ageing in Arab countries, ranging from 15 years in the Comoros to 20.9 years in Algeria for men, and from 16.6 years in Somalia and to 23.8 years in Lebanon for women by 2010-2015. The greatest increase is observed in Lebanon for both men and women, reaching 27 and 29 years respectively by 2045-2050, the last phase of the demographic transition.

In contrast, the increase is less than one year for men in Sudan, Somalia, Mauritania, Yemen, and Djibouti. It will be below 2 years in Comoros, Iraq and Syria. The age of the 60+ people in most other countries will increase between 2 and 5 years, while in Oman and Lebanon it will increase by 6 years.

Female life expectancy at age 60+ will increase by less than one year in Jordan and Sudan and less than two years in Mauritania, Djibouti, Somalia, Yemen, and Comoros. In all other Arab countries the increase will be between 2 and 4 years. Lebanon's women will gain about 5.2 years in life expectancy by 2045-2050.

The effects of migration

Migrants represent more than 10 percent of the total population in the Arab region. Among the 37.7 million migrants in the Arab region, 1.53 million are aged 60+ (848,300 men and 678,000 women).

Workers constitute almost 50 percent of all migrants in the Arab region, mainly in countries of the GCC. According to the 2011 census in Kuwait, the majority of migrant workers 60+ are employed, and only 4 percent are employers.

In Saudi Arabia, 78 percent in the age group of 60-64, are active and 38.7 among 65 or older.

The Arab demographic window

A demographic window is defined as that period of time in a nation's demographic evolution when the proportion of population of working age group is particularly prominent.

Nearly half the Arab countries, including Comoros, Djibouti, Egypt, Iraq, Jordan, Mauritania, Somalia, Palestine, Sudan, Syria and Yemen have not yet entered the first demographic windows by 2015.

The other half entered the demographic windows by 2015, with less than 30 percent of the population aged between 0 and 14, and 15 percent of the population aged 60+.

By 2050, nearly all Arab countries that have entered the demographic windows by 2015 will have less than 20 percent of their populations aged 0-14, and more than 20 percent aged over 60, causing a strong imbalance in young versus older people.

The 60+ age group in the Arab countries is increasing over time. Those who are over 70, "the oldest old", represent 40 percent of the older population between 2000 and 2015 in Algeria, Jordan, Lebanon, Libya, Morocco, and Tunisia.

By 2050, the proportion of the "oldest old" is projected to increase much more than during the past. It is projected to comprise about 50 percent of the older population in Algeria, Libya, Morocco, and Tunisia.

Though the pattern of both past and projected changes varies over time and across regions, women have constituted and will continue to constitute over 50 percent of the older population.

Females constituted over 50 percent of the older population in most Arab countries by 2000 except 8 countries: Bahrain, Jordan, Kuwait, Qatar, Saudi Arabia, Tunisia, United Arab Emirates and Yemen.

Young children outnumbered the older population in most Arab countries until between 2000 and 2015. Between 2015 and 2030, a reverse situation will occur with the older population outnumbering children. Older people will outnumber children in Algeria, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates. Lebanon and Tunisia have already reached this reverse situation.

Findings point to an expected seven-fold growth of the ageing population in 2030 – 2050 compared to 2000-2015, and will double from that of the period 2015-2030. Almost all the GCC countries increased by more than 5 percentage points from 2015-2030, and are expected to increase by 10 percentage points for 2030-2050.

Changes in social norms and values

The modern family has undergone changes by moving away from traditional roles. Changes in the nature of intergenerational relations are among the factors that have transformed or dissolved traditional social security nets that used to protect older people. Sparse coverage in pensions and inadequate social security systems contribute to the impoverishment of older people.

Social and societal changes have led to a change in the public perception of older people.

Abuse, neglect and maltreatment of older people is reported to be on the rise, resulting in violence, including gender and sexual violence.

Older populations and illnesses

Illness among the older populations is rising, with a relatively high prevalence of chronic illnesses of around 40.9 percent, ranging between 35.1 percent in Djibouti and 50.8 percent in Morocco. The hypertension prevalence rate is high in this sector, with nearly a fourth to fifth of the population affected.

This prevalence of diabetes varies from 14.3 percent in Morocco and 29.2 percent in Djibouti. Cardiac-related and gastric-related illnesses are also prevalent and indicate the negative impact of new unhealthy nutritional habits.

Non-communicable diseases are relatively higher in selected countries among females than males, ranging from 39.4 percent in Djibouti and 56.7 percent in Morocco for females and 39.5 percent in Syria for males.

The prevalence of long lasting (non-communicable) illnesses increases in rural areas, ranging from 44.8 percent in Syria to 60.6 percent in Morocco. Such prevalence decreases slightly with the increase of the wealth index. This can partly be explained by the impact of the nutritional model on health.

PAPFAM data shows a higher number of persons with limited vision in rural areas than in urban areas, more among women than men, and that this condition increases with age.

The percentage of married older disabled persons is 81.7 percent for men compared to 28.7 percent for women in Syria. Morocco has the highest percentage of older disabled married men at 86.3 percent compared to the lowest percentage of older disabled married women at 20 percent.

Older people at work

According to the ILO, activity rates among those who are 65+ decreased slowly between 2000-2015, with the exception of Jordan and Syria, which witnessed a sharp decrease (from 8.6 percent to 2.5 percent in Jordan and from 29 percent to 10.4 in Syria) and Tunisia. Extending pension systems and unemployment rates as well as increased access to labor may explain the decrease.

The proportion of older people working at the time of the survey was higher in rural areas. This is primarily because pension systems do not cover those in the agricultural sector.

Unemployment rates for those over 60 are higher for men than for women. Educated people are more inclined to have a pension and therefore not to be working at later ages.

The older people participation rate in the labor force is not negligible, especially as they not only often need to work, but also because they can contribute their experience to their country's development.

Older women in rural areas and those who are not educated are more likely to be economically discriminated against.

The proportion of older people with an account in a financial institution is very low and varies from 5 percent in Somalia, to 11.8 percent in Sudan and 13.0 percent in Yemen.

But in the GCC countries, where banking systems are developed and accessible, the percentage of the population aged 60-79 with an account in a financial institution is higher than 80 percent (88 percent in Bahrain, 78.9 percent in Saudi Arabia, 86.7 percent in Emirates and 91.4 percent in Kuwait).

Pension systems are in crisis in many countries. The load of public pension spending is increasing and represents more than 5 percent in countries like Algeria and Tunisia and 3 percent in Iraq.

National plans of action are necessary to alleviate problems that can be avoided. The fundamental principles of APAA (2002) and MIPAA (2002) have prompted Arab states to draw up national strategies and policy guidelines.

Twelve countries have completed this exercise and in three others, the plan is still under development. In Algeria and Yemen, relevant policy formulation and developmental approaches are addressed through existing laws on social welfare and social issues or in sectorial policies and programs.

Based on findings from this study, one can notice the need for a regional comprehensive and coordinated policy and programming framework to support governments and other national and regional entities to address the changes and needs for older people cohort. It is also noted the lack of evidence, data and knowledge about older people cohort and programming approaches (what works). At the long run, it is observed the need to invest in young people by promoting healthy habits, and ensuring education and employment opportunities, broaden access to health services, and social security coverage for all workers as the best investment for improving the lives of future generations of older persons.

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I. Introduction

An "Ageing population" is a summary term for shifts in age distribution (i.e., age structure) in a population toward older age. This is a direct consequence of ongoing global fertility decline and of mortality decline at older age. Population ageing is progressing rapidly in many industrialized countries, but those developing countries where fertility decline began relatively early also are experiencing rapid increases in their proportion of older people. This pattern is expected to continue over the next few decades, eventually affecting the entire world, including Arab countries (Gavrilov L.A., Heuveline P., 2003).

Population ageing results from a demographic transition, which is commonly defined as the growth in the proportion of a population that is above a particular age. The age chosen to demarcate the older population often is related to institutions within a society. The United Nations uses the age of 60 years to refer to older people. This line, which divides younger and older cohorts of a population, is also used by demographers. However, in many developed countries, the age of 65 is used as a reference point for older persons as this is often the age at which persons become eligible for pensions or social security benefits (UNFPA, 2012). There is no exact definition of "old" as this concept has different meanings in different societies. Old age as a social construct is often associated with a change of social roles and activities, for example, becoming a grandparent or a pensioner. In most Arab countries the age of 60 is used as a reference point for older persons as this is often the age of retirement.

Population ageing is happening in all regions and in countries at various levels of development. It is proceeding at a faster pace in developing countries including in those that also have a large population of young people, where social protection systems are weak and institutional development is still in progress. (UNFPA, 2012). Ageing is a triumph and benefit of development. Increasing longevity is linked to improved nutrition, sanitation, medical advances, health care, education and economic well-being.

Almost all Arab countries are undergoing the phenomena of an ageing population, and with the increase in the number of older people there is a need to expect their numbers in order to develop strategies and future plans for them. Demographic transition was fast during the second half of the twentieth century, particularly marked by a rapid decline in mortality rate, resulting in a change in the age structure of the population and an increase in the number of older people. This is considered a natural result of disease reduction among the older populations and the improvement of health care that they access. The older age segment is a heavy economic burden on society, as older people need special care from their families and require the government to provide them with health care and social security. It is very important to study the magnitude and speed of ageing population to understand the affects this sector has on the entire population.

Arab countries participated and agreed with the recommendations from different conferences

on ageing such as the 1994 International Conference on Population and Development in Cairo (ICPD) and the Madrid International Plan of Action on Ageing (MIPAA) in 2002, but did not show enough efforts in the implementation of their plan of action.

In Arabic culture, the older population is considered a blessing in the family, their opinion is respected and valued. Caring for older persons is considered a part of religious duty. Older people are seen as the transmitters of values and the promoters of the culture of the clan, tribes and the societies. Older parents or grandparents expect to receive care and support from the younger generation.

The advent of the modern state and the erosion of traditional institutions and traditional economies have paved the way for a societal transformation. Monetization of the society, urbanization, internal migration, demographic transitions, and a new housing system are among the factors that changed the individual, familial and intergenerational relations. These changed norms and values had no systems ensuring the protection of its population members, with weak or inefficient security systems not replacing traditional support networks. The proportion of older population is increasing in a society that is losing its traditional values of supporting them, with no replacement of a modern and equitable system ensuring their dignity.

As people live longer their needs have to be assessed. And their contributions to society can become greater as long as they are fully integrated in national programs that take into account their well-being. Older people no longer have to live as marginalized citizens, and their inclusion can benefit all sectors of society as long as they have access to financial services, employment, training and more.

Despite its scarcity, data on ageing shows that the older populations are among the most vulnerable groups of the population. They need special attention and programs to ensure their needs are covered, particularly health programs allowing for their wellbeing and social welfare.

Objective of the report:

The main objective of this report is to describe the current situation of the older population in the Arab region to analyze the implementation progress of MIPAA and the ICPD Programs of Action, identifies gaps, challenges and opportunities, and draws recommendations on the way forward. The report will form the basis for discussions on policies that match the post-2015 Sustainable Development Goals (SDGs) in recognizing the importance of older people and ageing for sustainable development, particularly SDG 3, "to ensure healthy lives and promote well-being for all at all ages".

Data sources and methodology:

Because there are no specific surveys on older people in Arab countries. These data used in this report to describe the processes of ageing is drawn heavily from databases developed and maintained by international organizations such as UNPESA, UNFPA (the United Nations Population Fund), Population Division, ESCWA (Economic and Social Commission for West Asia), WHO (the World Health Organization), and the ILO (the International Labor Organization). The report also incorporates data from PAPFAM and from the survey undertaken for the Arab States Review of the ICPD/Plan of Action Beyond 2014.

In this report, ageing populations are defined as persons aged 60 years or more, since the age of 60 is used as a reference point for retirement in most Arab countries.

Population projections are based on the medium variant for the United Nations, Department of Economic and Social Affairs, Population Division's *World Population Prospects: The 2015 July, Revision*.

Data and analyses are presented by sub-region according to the United Nations Economic and Social Commission for Western Asia (ESCWA) regional classification of Arab countries:

- Cooperation Council for the Arab States of the Gulf (GCC): Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates;
- Mashreq: Egypt, Iraq, Jordan, Lebanon, Palestine and Syria.
- Maghreb: Algeria, Libya, Morocco and Tunisia.
- The Least Developed Countries (LDCs): The Comoros, Djibouti, Mauritania, Somalia, the Sudan and Yemen. (UN and LAS; 2013)

Structure of the report:

This report consists of 9 sections in addition to the introduction, as follows:

- Ageing Trends: Current situation of the ageing population in Arab countries;
- Ageing population dynamics;
- Demographic profile of ageing population by country;
- Social security systems in Arab countries;
- Health status;
- Older people and development;
- Financial autonomy;
- Legislation of ageing population and the final section provide conclusion and some policy recommendation.

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II- Ageing Trends

Ageing is a dynamic process, determined by the relative size of the younger and older cohorts in the population at different moments in time. The initial size of each cohort depends on the population in childbearing ages at a given point in time, and the prevalent fertility rates. Mortality rates determine the number of people of each cohort that survives to old age. Migration may also affect ageing in different ways, although its actual impact at the national level is usually small, (UNFPA, 2012).

The world population has been significantly ageing the process that results in rising proportions of older persons in the total population since the mid-twentieth century. Ageing had started earlier in the more developed regions and was beginning to take place in some sub regions of the Arab Region.

Table (2.1): Arab Region Total Population and Population Aged 60+ Years in Sub Regions: 2000 – 2050

Arab Countries	2000		2015		2030		2050	
	Total Pop (s'000)	of % Pop Aged 60+	Total Pop (s'000)	of % Pop Aged 60+	Total Pop (s'000)	of % Pop Aged 60+	Total Pop (s'000)	of % Pop Aged 60+
Gulf Cooperation Council	29870	3.57	52692	3.89	64757	10.47	75643	20.66
Mashreq	116266	6.00	159879	6.46	214221	8.73	286992	13.2
Maghreb	77882	6.65	95645	8.20	113831	12.66	130057	19.492
Least Developed Countries	54531	4.09	79530	4.55	111406	5.66	157172	8.57
State of Palestine	3224	3.7	4668	4.5	6765	6.2	9791	10.4
Arab Countries	281775	6.02	392414	6.76	510981	9.56	659656	15.20

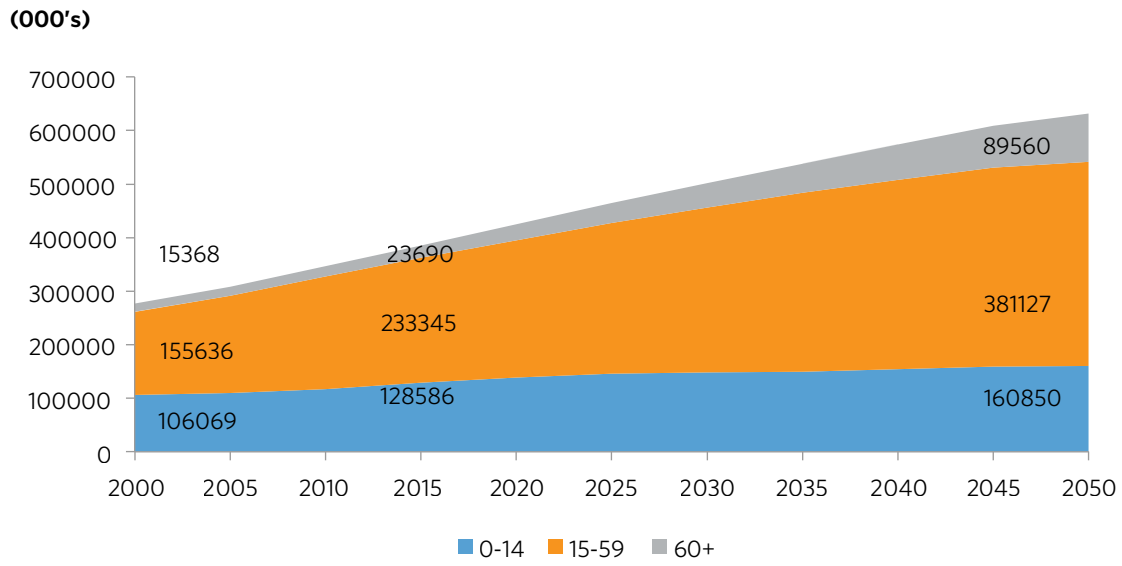
Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: 2015.

Table (2.1) depicts the progress of total population number and the percentage of ageing population 60+ in the Arab sub regions, during the period of 2000 till 2050. The number of total population in the Arab region is expected to nearly double and a half, increasing from 281 million

people in 2000 to almost 659 million by 2050. This is equivalent to 6.02 percent in 2000 and 15.2 percent by 2050 of the total global population with an increase of 60 percent during the 35 years from 2015 until 2050.

The Gulf Cooperation Council (GCC) saw the lowest percentage of ageing in 2000 and 2015. This percentage is expected to rise by 2030 to10.47 percent, thus occupying to the second place after the Maghreb sub region; before leading by 2050 with 20.66 percent, to be followed by Maghreb, Mashreq (excluding Palestine) and the Least Developed Countries. Palestine shows the lowest percentage of ageing population after the GCC in 2000, but by 2050 it will be just above Least Developed sub region (10.4 percent), despite it being part of the Mashreq region.

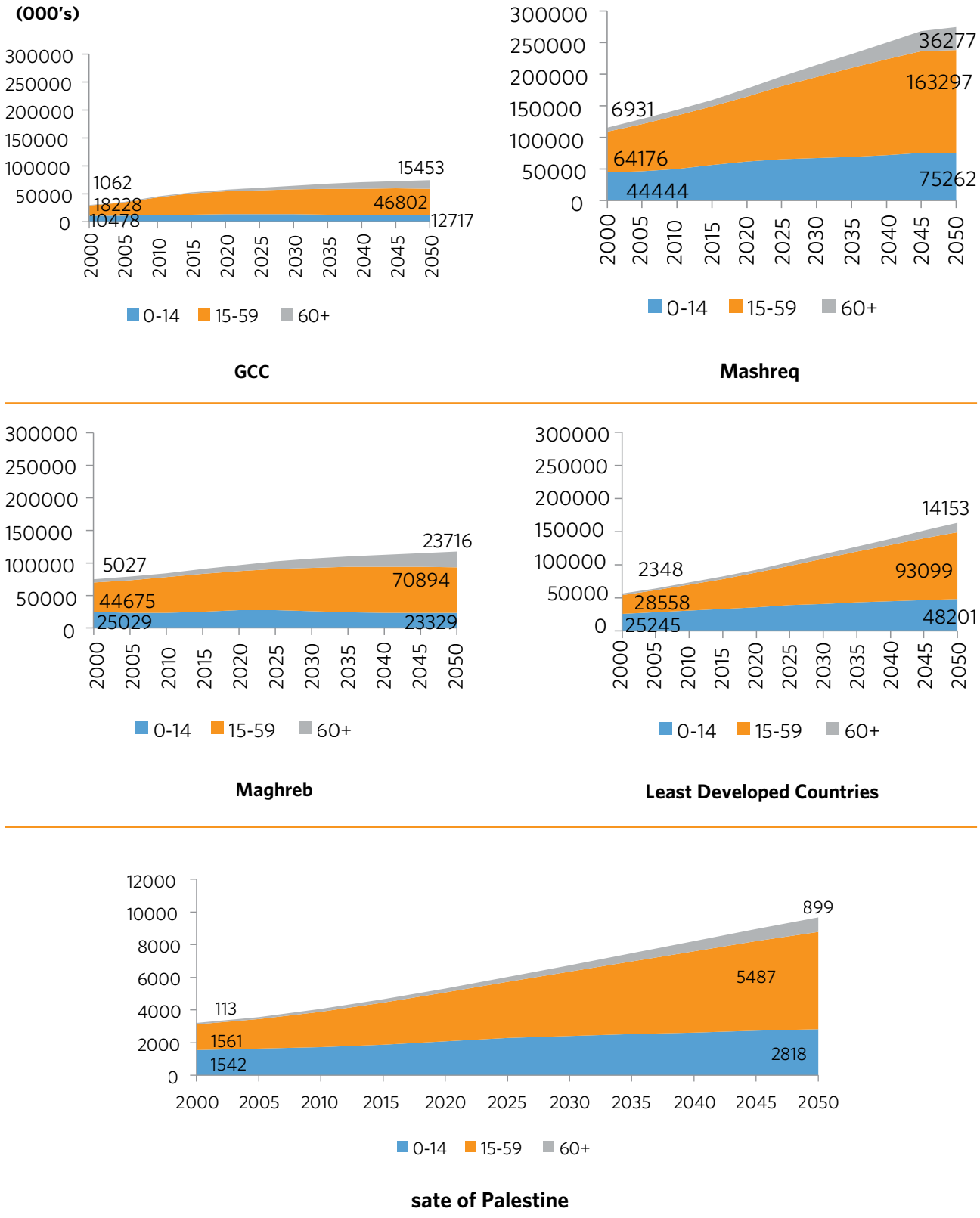
Figure (2-1a): Arab Region Total Population by Age Group: 2000 to 2050



Source: United Nations, Population Division (2015). World Population Prospects: 2015.

In contrast to the 27.8 percent increase of the population aged 60 and over in the next 35 years, the youth population (under age 15) is projected to remain almost flat with a very slight increase, 12.9 million in 2015 and 16 million in 2050 (Figure 2.1a). Over the same period, the working-age population (aged 15 to 59) will increase sharply by 63.3 percent between 2015 and 2050. The proportion of ageing population will continue to grow in the following 35 years- by 2050, there will be 89.5 million ageing population (60+) in the Arab region, representing 14 percent of the total population in the region.

Figure (2-1b): Sub Arab Region Total Population by Age Group: 2000 to 2050

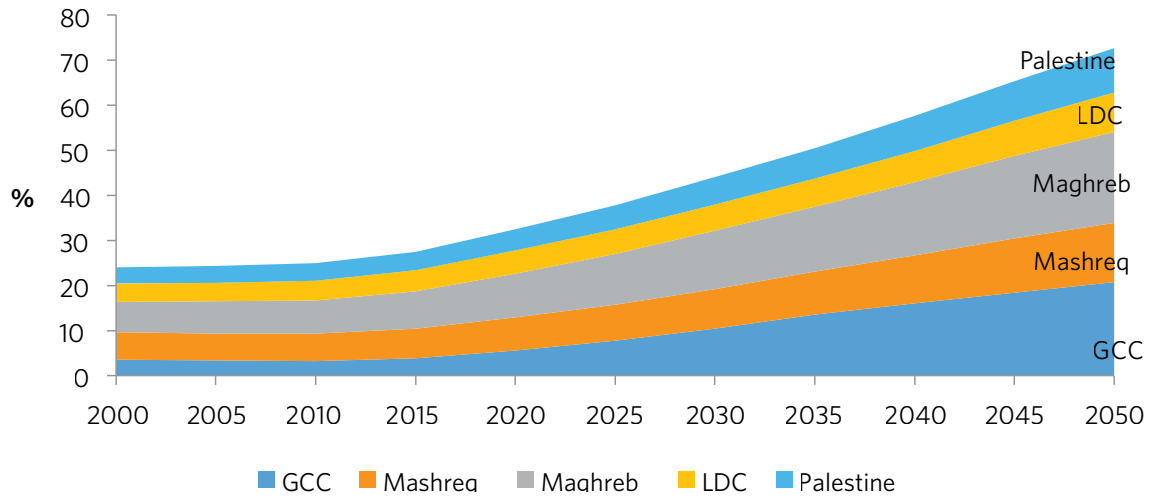


Source: United Nations, Population Division (2015). World Population Prospects: 2015.

Arab sub regions vary in their particular phases of the demographic transition and differ in their speed of ageing. Mashreq was and will witness the highest total population among all the sub regions of the Arab region followed by the LDC sub region; although the GCC sub region had the lowest share of total population but the share of the ageing (60+) will be the highest among all sub regions followed by the Maghreb sub region.

The Arab region with all its sub regions is witnessing an increase in its ageing population (60+). The highest percentage of ageing (60+) will be the GCC, followed by the Maghreb and Mashreq sub regions. Unlike all other sub regions, the LDC, the youngest region, is still in the early stages of the demographic transition with high fertility rates and a young age structure. The vast majority of countries in this sub region have less than 5 percent of the total population aged 60 and over, and will not exceed 10 percent of the total population by 2050 (Figure 2.2).

Figure (2.2): Population Aged 60 and Over by Sub Regions of the Arab Region: 2000 to 2050



Source: United Nations, Population Division (2015). World Population Prospects: 2015.

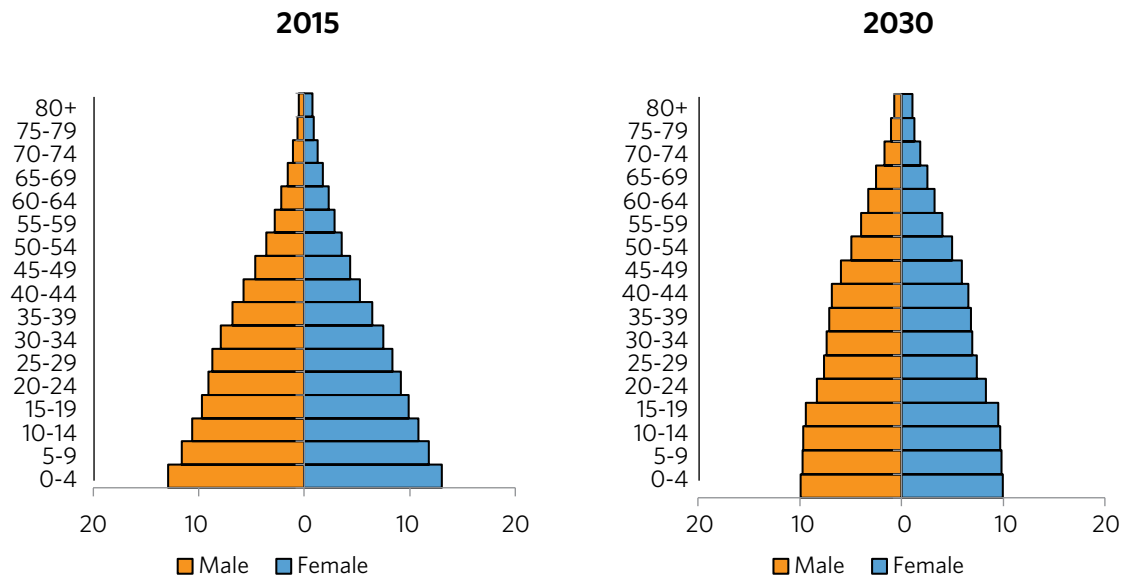
Aside from the total size, the most important demographic characteristic of a population is its age and sex structure. It determines potential for future growth of specific age groups, as well as the total population. For these reasons, the age structure has significant government policy implications. A population of young people needs a sufficient number of schools and, later, enough jobs to accommodate them. Countries with a large proportion of older people must develop retirement systems and medical facilities to serve them. Therefore, as a population ages, needs change from childcare and schools to jobs, housing, and medical care.

Population pyramids are a graphical illustration that shows the distribution of various age groups in a given population. The population pyramids in the Arab region are either constrictive or expansive. A constrictive pyramid pattern is characterized by high life expectancy at birth and low total fertility rate, indicating a slowly growing population, which is classified as a fast ageing country as it is expected to have narrow base in 2030 due to fertility decline. This is the case in Lebanon and in the United Arab Emirates, with a total fertility rate (TFR) of less than 2 children per woman, and a life expectancy at birth above 75 years. Qatar, Bahrain, Kuwait, Tunisia, Libya, Morocco, Saudi Arabia, Oman and Algeria present variations of the constructive pattern, with TFR ranging between 2 and 3 children per women with high life expectancy ranging from 70 to 75 years.

Another characteristic in the population age structures is the increase of population in "old" (60+) and "oldest old" (80+) because of the rapid decline in mortality. A slight bulge in the economically active age groups indicates heavy migration of young males, as in the case of Lebanon and the United Arab Emirates in 2015, or Qatar, Bahrain Kuwait, and Tunisia by 2030. The above mentioned constrictive countries are characterized by TFR less than 2 children per woman, and a life expectancy at birth above 75 years.

The achievement of a significant gain in life expectancy in the Arab region during the 15 years from 2015 to 2030 highlights the importance of the ageing of population; resulting in the age-sex structures of most of the fast ageing countries are likely to become cylindrical in shape in 2030 as the case of Tunisia. Joint population pyramids in all Arab countries give the shape as illustrated in figure (2.3) for the Arab region moving from expansive to constructive shape.

Figure (2.3): Population by Age and Sex of Arab Region: 2015 and 2030



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III - Ageing Populations' Dynamics

The world's population is not only growing larger, it is also becoming older. Population ageing is an inevitable consequence of fertility decline, especially if it is combined with increases in life expectancy. The proportion of older persons is increasing at a faster rate than any other age segment. In developed countries, the proportion of older people already exceeds that of children. In developing countries, the proportion of older people is increasing rapidly due to the faster pace of fertility decline that has resulted from the success of reproductive health and family planning programs.

Arab countries are undergoing different stages of demographic transition within challenging conditions characterized by low development achievements humanitarian and political crises. Arab countries are consequently witnessing a huge bulk of youth but hesitant harnessing of the demographic dividend. Mortality and fertility are the major demographic components that drove the demographic transition and lead to the changes in the population structure.

3.1 Fertility Transition

The main demographic force behind population ageing is declining fertility rates. Populations with high fertility tend to have a young age distribution with a high proportion of children and a low proportion of older people, while those with low fertility have the opposite, resulting in an older society.

Fertility decrease started in the Arab region but with a different pace. We have globally 4 groups until 2015:

- The group of the less developed countries (Somalia, Yemen, Djibouti, Comoros, Sudan and Mauritania) where fertility is around 4.5 births per woman with the exception of Somalia where fertility is higher than 6 births per woman. In those countries mortality is still very high and the reproductive status of women is very low.
- The group of countries where fertility is still around 3 births per woman despite the availability of family planning and other reproductive health services (Oman, Libya and Saudi Arabia)
- The group of countries with fertility stagnation such as Jordan, Egypt and Syria
- And the group of countries which are in the last phases of demographic transition such as Morocco, Tunisia, Lebanon, etc.

Fertility transition in the Arab region is driven by different determinants, we can mention, inter-alia the following:

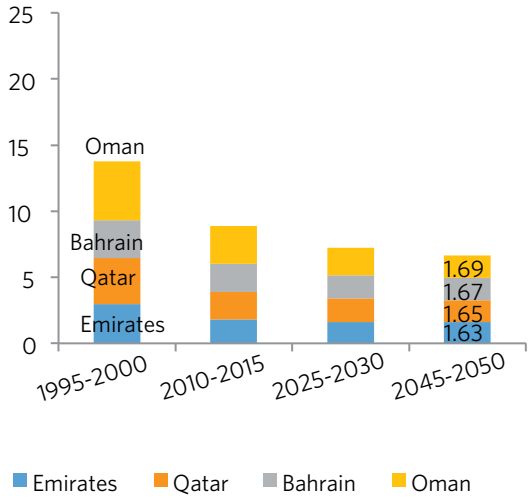
- The changes in the socio-economic characteristics of the population and particularly women's education, and women's participation in the labor market
- The empowerment of women and a better environment for women's emancipation and access to their rights.
- The delays in the age of marriage and more access and enjoyment with reproductive rights
- The improvement to the access to reproductive health services and particularly to family planning services
- The changes in values in relation to reproductive behavior, the values of children and the new distribution of roles in the families.
- The new legislative framework that gives more protection for women.

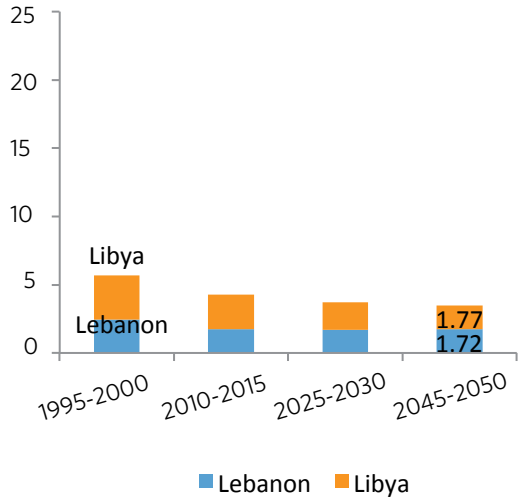
The move from extended families to nuclear families was a consequence and a cause of such fertility transition.

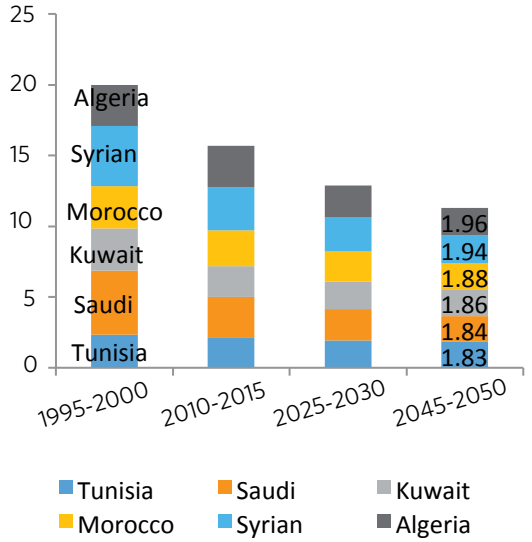
Accordingly, the data from the World Population Prospects: the 2015 Revision, fertility has been falling in most regions of the world over the last several decades, and this decline has been the main factor driving population ageing. The Arab regions' total fertility rate (TFR) has dropped steadily, from 1995-2000 to 2010-2015. It is projected to continue to decline in the Arab Region, as most countries of the world experienced declining fertility during the last decades, it will decline with a percentage change of about 30 percent within 2010-2015 until 2045-2050. Except Bahrain, Kuwait, Tunisia, and United Arab Emirates, the decline will be with a percentage change of 20 percent to 10 percent. Lebanon is projected to be stable by 2045-2050 with the same fertility rate (1.72 children per woman) in 2010-2015 (Table 3.1).

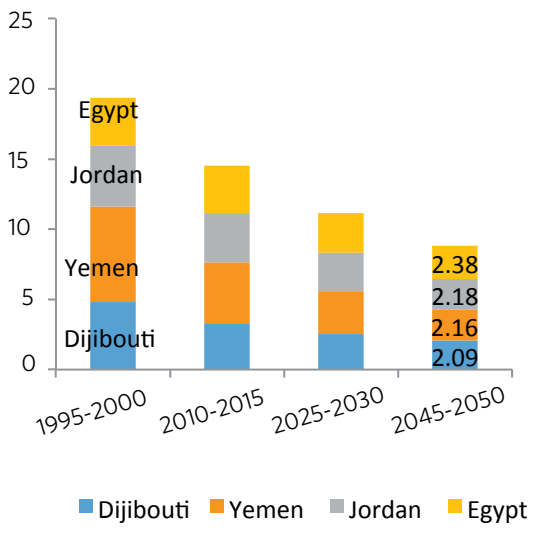
Figure (3.1) traces total fertility rates in Arab countries for the period 1995-2000 till 2045-2050. It is traced according to the grouping of fertility rates in each country ranked from the lowest rate by 2045-2050. The first group is United Arab Emirates, Qatar, Bahrain, and Oman with TFR ranges from 1.63 to 1.69 children per woman; the second group consists of Lebanon and Libya ranging from 1.72 to 1.77 children per woman; the third group ranges between 1.83 to 1.96 children per woman for Tunisia, Saudi, Kuwait, Morocco, Syria, and Algeria. The fourth group is Djibouti, Yemen, Jordan, and Egypt ranging between 2.09 and 2.38; the total fertility rate of 2.71 to 2.86 children per woman in the fifth group of Palestine, Sudan, and Comoros. The last group and the 6th, it's total fertility rates range between 3.10 and 3.75 children per woman by 2045-2050 representing Mauritania, Iraq and Somalia.

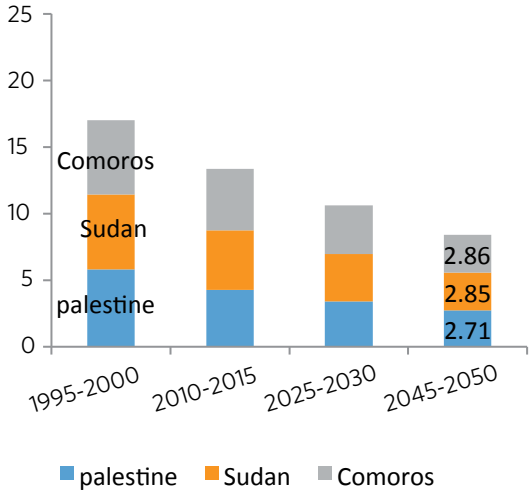
Figure (3.1): Total Fertility Rate in the Arab Regions: 2000 -2050

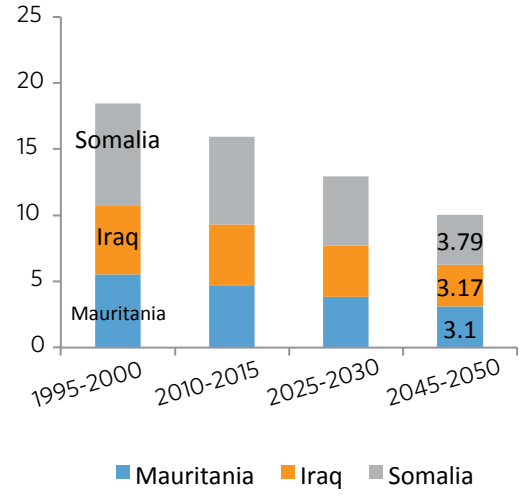












Source: Table (3.1)

Table (3.1): Total Fertility Rate (Children per Woman) in Arab Countries: 2000-2050

Arab Countries	Total Fertility Rate				Decrease 2045-2050/ 2010-2015
	1995-2000	2010-2015	2025-2030	2045-2050	
Algeria	2.89	2.93	2.26	1.96	33.11
Bahrain	2.87	2.10	1.79	1.67	20.48
Comoros	5.60	4.60	3.63	2.86	37.83
Djibouti	4.81	3.30	2.55	2.09	36.67
Egypt	3.41	3.38	2.82	2.38	29.59
Iraq	5.19	4.64	3.86	3.17	31.68
Jordan	4.34	3.51	2.74	2.18	37.89
Kuwait	3.00	2.15	1.92	1.86	13.49
Lebanon	2.43	1.72	1.70	1.72	0.00
Libya	3.25	2.53	2.01	1.77	30.04
Mauritania	5.55	4.69	3.86	3.10	33.90
Morocco	2.97	2.56	2.13	1.88	26.56
Oman	4.46	2.88	2.06	1.69	41.32
Qatar	3.46	2.08	1.76	1.65	20.67
Saudi Arabia	4.50	2.85	2.23	1.84	35.44
Somalia	7.70	6.61	5.22	3.79	42.66
State of Palestine	5.80	4.28	3.40	2.71	36.68
Sudan	5.63	4.46	3.57	2.85	36.10
Syrian Arab Republic	4.26	3.03	2.39	1.94	35.97
Tunisia	2.34	2.16	1.93	1.83	15.28
United Arab Emirates	2.97	1.82	1.62	1.63	10.44
Yemen	6.80	4.35	3.02	2.16	50.34

Source: World Population Prospects: the 2015 Revision (UNDESA, New York, 2015)

3.2 Mortality Transition

Increases in life expectancy at birth have been registered in all major regions of the world either developed or developing. The extension of average life span is one of the greatest achievements of humanity. However, the increase in life expectancy does not result immediately in population ageing.

Since early improvements in life expectancy come mostly from declines in child mortality, this tends to produce, in a first instance, increased numbers of infants and children, and a reduction in the proportion of older individuals. Continued progress in life expectancy contributes to the increase in the proportion of older people, as more individuals survive to older ages. Eventually, lower mortality and higher life expectancy end up reinforcing the effect of lower birth rates on population ageing.

3.2.1 Life Expectancy at Birth

In general, the majority of Arab countries have developed specific policies to improve the health of the population with different strategies and different performances Vaccination campaigns as well as health programs targeting the mother and child improved the health status of the population and reduced mortality particularly child and infant mortality.

However, almost all Arab countries show a marked increase in life expectancy at birth, it has risen substantially across the world; it is not just a developed world phenomenon, but it extended to Arab countries.

Table (3.2.1) shows a marked increase in life expectancy for both men and women from 1995-2000 until 2045-2050. The maximum increase among males are 6 years in Morocco and Sudan from 1995-2000 until 2010-2015, while the increase among females in Algeria and Lebanon is about 6 years within the same period.

Regarding 2010-2015 until 2045-2050, the increase in male life expectancy ranges between 7 and 10 years in Algeria, Comoros, Lebanon, Morocco, Qatar, Somalia and Syria; while the increase in female life expectancy ranges between 6 and 10 years in Algeria, Comoros, Djibouti, Lebanon, Morocco, Somalia, Sudan and Syria for the same reference period.

Table (3.2.1): Life Expectancy at Birth by Sex in Arab Countries: 2000-2050

Arab Countries	Male 1995-2000	Female 1995-2000	Male 2010-2015	Female 2010-2015	Male 2025-2030	Female 2025-2030	Male 2045-2050	Female 2045-2050
Algeria	67.72	70.63	72.14	76.84	75.65	79.93	79.94	82.93
Bahrain	73.19	75.06	75.58	77.42	77.63	79.45	80.59	81.86
Comoros	57.75	60.85	61.20	64.50	64.78	68.49	68.32	72.59
Djibouti	55.39	58.71	60.04	63.24	62.96	66.60	66.14	70.35
Egypt	65.60	70.43	68.71	73.05	71.23	75.91	74.58	78.96
Iraq	66.46	71.86	66.99	71.44	69.07	73.91	71.48	76.59
Jordan	69.95	72.77	72.21	75.52	74.34	77.85	77.43	80.46
Kuwait	72.19	74.08	73.34	75.56	74.73	77.52	77.02	79.80
Lebanon	71.73	74.81	77.14	80.87	81.57	84.33	85.57	87.63
Libya	68.66	71.96	68.79	74.41	71.01	76.69	74.24	79.28
Mauritania	58.31	61.40	61.29	64.25	63.34	66.75	65.54	69.49
Morocco	65.99	69.25	72.60	74.62	75.81	78.19	79.52	81.47
Oman	69.24	73.27	74.66	78.85	78.49	81.77	83.16	84.63
Qatar	75.08	77.35	77.10	79.68	79.62	81.76	83.16	84.22
Saudi Arabia	70.09	73.77	72.82	75.47	74.91	77.77	77.69	80.23
Somalia	48.28	51.42	53.28	56.51	58.07	61.52	63.44	67.34
State of Palestine	68.68	71.93	70.74	74.66	72.97	77.24	76.16	80.07
Sudan	55.46	59.04	61.60	64.60	64.60	68.19	67.90	72.13
Syrian Arab Republic	70.32	74.03	63.98	76.26	67.48	78.83	72.13	81.58
Tunisia	70.08	75.04	72.30	77.04	74.89	79.24	78.24	81.52
United Arab Emirates	72.71	74.89	76.02	78.23	78.68	80.63	82.51	83.40
Yemen	58.46	61.32	62.18	64.88	64.70	67.86	67.34	71.12

Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: 2015.

3.2.2 Expectation of Life at Age 60+

As the expectation of life at birth, so the expectation of life at age 60+ shows important variations among the Arab countries. Table (3.2.2) illustrates the variation is between 15 years in Comoros and reaching 20.9 years in Algeria for males; while female starts from 16.6 years in Somalia and reaches 23.8 years in Lebanon by 2010-2015. The expectation of life at age 60 increased in all Arab countries, and the highest increase is observed in Lebanon for both men and women to reach 27 and 29 years respectively by 2045-2050, which then reaches the last phase of the demographic transition.

Table (3.2.2): Life Expectancy at age 60+ By Sex in Arab Countries: 2010-2050

Arab Countries	Life Expectancy at age 60+						Change	
	2010-2015		2025-2030		2045-2050		2010-2015 2045-2050	
	Male	Female	Male	Female	Male	Female	Male	Female
Algeria	20.9	22.3	22.3	24.3	23.7	25.7	2.8	3.4
Bahrain	18.9	20.0	20.8	22.1	22.6	23.7	3.7	3.7
Comoros	15.3	17.0	16.0	17.9	16.6	18.8	1.3	1.8
Djibouti	16.9	18.1	17.2	18.7	17.6	19.2	0.7	1.1
Egypt	16.0	18.4	17.6	20.5	19.0	22.1	3.0	3.7
Iraq	16.2	18.6	16.7	19.7	17.6	20.8	1.4	2.2
Jordan	17.8	20.2	19.4	22.0	23.3	20.8	5.5	0.6
Kuwait	17.4	18.1	18.6	20.1	19.8	21.5	2.4	3.4
Lebanon	20.4	23.8	24.8	27.1	27.0	29.0	6.6	5.2
Libya	16.8	19.6	18.0	21.3	19.1	22.5	2.3	2.9
Mauritania	15.8	17.0	16.1	17.5	16.5	18.0	0.7	1.0
Morocco	18.5	19.7	20.6	22.4	22.4	24.1	3.9	4.4
Oman	19.3	22.0	22.7	24.9	25.3	26.6	6.0	4.6
Qatar	20.5	21.9	22.9	24.2	25.0	25.8	4.5	3.9
Saudi Arabia	17.4	19.7	19.1	21.6	20.6	22.9	3.2	3.2
Somalia	15.5	16.6	16.0	17.3	16.2	17.8	0.7	1.2
State of Palestine	17.2	19.7	18.4	21.7	19.8	23.2	2.6	3.5
Sudan	17.2	18.3	17.3	18.7	17.3	19.2	0.1	0.9
Syrian Arab Republic	16.8	20.9	17.3	22.9	18.5	24.3	1.7	3.4
Tunisia	17.7	21.2	19.8	23.0	21.5	24.2	3.8	3.0
United Arab Emirates	19.5	20.6	22.0	23.2	24.3	25.0	4.8	4.4
Yemen	15.4	17.1	15.8	17.7	16.1	18.3	0.7	1.2

Source: UN Department of Economic and Social Affairs, Population Division, Profile of Ageing, 2015

The increase in life expectancy at age 60+ will be by 2045-2050 less than one year for males in Sudan, Somalia, Mauritania, Yemen, and Djibouti; and it will be below 2 years in Comoros, Iraq, Syrian Arab Republic, while all other countries will increase between 2 and 5 years except for Oman and Lebanon the increase will be almost 6 years. The female life expectancy at age 60+ will increase by less than one year in Jordan and Sudan, followed by Mauritania, Djibouti, Somalia, Yemen, and Comoros, which will increase less than 2 years. All other Arab countries will increase by 2 to 4 years, except Lebanon is expected to be about 5.2 years for females by 2045-2050.

Indeed, the increase of the expectation of life at age 60 has an important impact on the epidemiological transition and the increase of the prevalence of the non-communicable diseases. It has also an impact on the structures of the families and the intergenerational relations and may engender new roles within the households.

Such increase has also important consequences on the pension and the health financing systems. The pension system was set in the majority of countries in the late fifties after decolonization and was not revisited since then, which affected the deficit of pension funds. As for the health system, which hovers around primary health care, and despite health reforms, still the cost of treatment of non-communicable diseases is an issue in the majority of less developed and middle-income countries.

3.3 Migration

The Arab region is one of the more attractive for migration (non- nationals including refugees forced migrant, migrant worker and migrant families). Table (3.1) illustrates the migrants stock of the ageing population (60+) in the Arab region - which meant total number of persons born in a country other than that in which they reside. It is also known as a country›s «foreign-born population." Migrant represents more than 10 percent of the total population in the Arab region. Among the 37.7 million of migrants in the Arab region, 1.53 million are aged 60+ (848.3 men and 678 women). The percentage of migrants aged 60+ estimated by the United Nations as 4 percent (3.4 percent for men and 5.2 percent for women.)

Migrants worker constitute almost 50 percent of migrants in the Arab region, they are mainly concentrated in gulf countries. Because of the migration regime and laws, it is expected that all older worker migrants in the gulf are working. Difficult conditions of migrant workers are followed and supported by different human right organizations.

Table (3.3.1): International Migrant Stock at mid-year for Population 60+ by Sex in Arab Region, 2015

Arab Countries	Total		Male		Female	
	.No	%	.No	%	.No	%
Algeria	793 47	19.7	460 24	18.4	333 23	21.3
Bahrain	932 24	3.5	967 15	3.1	965 8	4.6
Comoros	990	7.9	532	8.8	458	7.1
Djibouti	121 7	6.3	861 3	6.5	260 3	6.1
Egypt	750 47	9.7	513 25	9.6	237 22	9.8
Iraq	052 16	4.5	558 7	3.6	494 8	5.8
Jordan	726 199	6.4	495 99	6.3	231 100	6.5
Kuwait	663 96	3.4	195 68	3.6	468 28	2.9
Lebanon	118 111	5.6	567 51	5.4	551 59	5.7
Libya	251 48	6.3	287 34	6.2	964 13	6.3
Mauritania	279 6	4.5	832 3	4.8	447 2	4.2
Morocco	500 13	15.3	972 5	13.5	528 7	17.1
Oman	913 26	1.5	218 21	1.4	695 5	1.6
Qatar	245 17	1.0	862 14	1.0	383 2	0.9
Saudi Arabia	238 198	1.9	633 131	1.9	605 66	2.1
State of Palestine	898 52	20.7	954 20	18.5	944 31	22.5
Sudan	329 44	8.8	919 22	9.0	410 21	8.6
Syrian Arab Republic	250 36	4.1	963 16	3.8	287 19	4.5
Total	**606 526 1**	**4.0**	**339 848**	**3.4**	**267 678**	**5.2**
Tunisia	480 5	9.7	641 2	9.0	839 2	10.4
Turkey	589 380	12.8	485 171	11.3	104 209	14.4
United Arab Emirates	792 123	1.5	669 94	1.6	123 29	1.4
Yemen	697 20	6.0	756 9	5.4	941 10	6.7

Source: United Nations, Department of Economic and Social Affairs (2015). Trends in International Migrant Stock: Migrants by Age and Sex, Rev.2015.

For example, in Kuwait, and according to the 2011 census, the majority of migrant workers 60+ are employed and more than 96 percent are employees, only 4 percent are employers.

Table (3.3.2): Percentage Distribution of Migrants in Kuwait by Employment Status, Census 2011

Age Groups	Employer	Self-Employer	Employee	Unpaid Worker	Total Employed
60-64	1.4	1.8	96.3	0.5	100.0
65+	3.2	2.0	94.4	0.5	100.0
total	2.1	1.9	95.6	0.5	100.0

Source: Kuwait Census, 2011

In Saudi Arabia, the percentage of active population among the population 60-64 is 78 percent and decreases to 38.7 percent at 65+.

Table (3.3.3): Population Aged 15+ by Nationality (Saudi/non-Saudi) by Age Group and Activity Status, Labor Force Survey 2015 (Round 1)

Age Group	In the labor force			Out of the labor force			Total		
	Saudis	Non-Saudis	Total	Saudis	Non-Saudis	Total	Saudis	Non-Saudis	Total
64-60	690 69	142 295	211985	355 386	193 53	408 579	425 076	195 488	620 564
65+	439 78	030 53	131469	689 222	022 84	773 244	767 661	137 052	904 713
Total	563 591 5	325 195	1912209	021 232 8	215 137	822 311 10	737 192 1	540 332	277 525 1

Source: Labor Force Survey 2015, (Round 1).

Access to health and other forms of protection is not always possible for older migrants in gulf countries.

The Kafala system (sponsorship) *which is used to control and monitor migrants in the Gulf Countries* makes migrant workers highly dependent on employers and is strongly reflecting the needs of the locally operating businesses which are liberally granted work visas. (Baldwin-Edwards 2011; Mednicoff, 2012; Roper and Barria, 2014)

Iv. Demographic Profile of Ageing Population

4.1 Distribution of the Population by Broad Age Groups

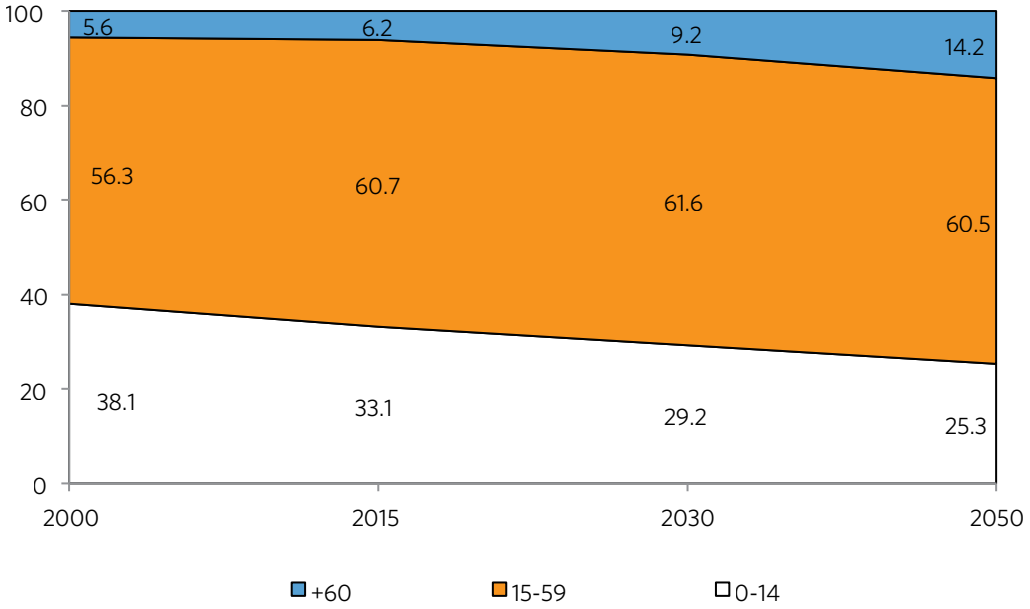
Historically, this group of older persons was much smaller than any of the other two groups. But this situation is no longer true in more developed regions and the global situation in the future will change significantly as the older population continues to grow rapidly while younger age groups begin to decrease and stabilize (UN. 2013).

Figure (4.1) depicts the percentage distribution of the broad age groups in the Arab countries for the period from 2000 till 2050. It indicates a decline in the younger age group (0-14) with an increase in age 60+; meanwhile the middle age group is fluctuating in the range of 73 and 57 percent.

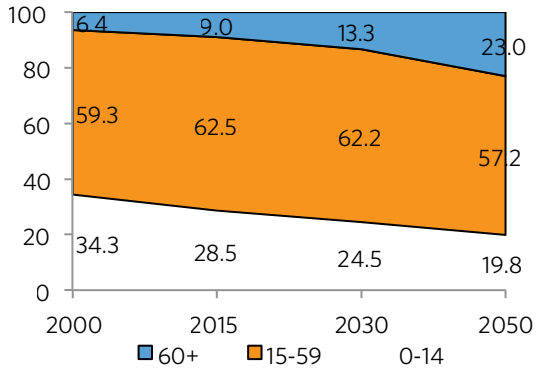
According to the United Nations definition of an open demographic window, it is when the proportion of the population ages 0-14 is below 30 percent and the proportion of the population ages 65+ is still below 15 percent (Maddalon A. 2006); nearly half of Arab countries have not yet entered the first demographic windows by 2015 such as Comoros. Djibouti, Egypt, Iraq, Jordan, Mauritania, Somalia, State of Palestine, Sudan, Syrian Arab Republic and Yemen; while the other half entered the demographic windows by 2015 and have a proportion of population ages 0-14 below 30 percent and the proportion of the population 60+ is still below 15 percent.

It is expected by 2050 nearly all Arab countries that already entered the demographic windows by 2015 will have a proportion of the population ages 0-14 less than 20 percent, and the proportion of their population ages 60+ will reach above 20 percent. The Arab countries that did not enter the demographic windows by 2015 will have a proportion of the population ages 0-14 less than 30 percent except Iraq and Mauritania, while only Comoros, Iraq, Mauritania, Sudan, and Yemen have a proportion of population ages 60+ below 10 percent.

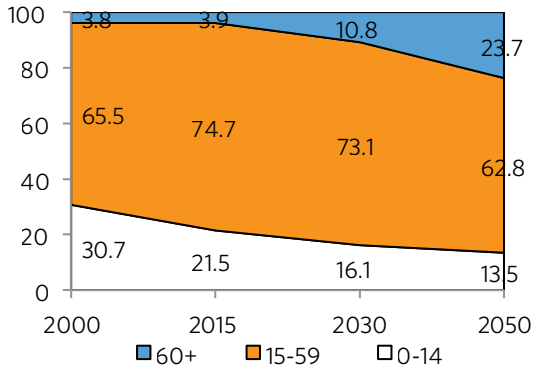
Figure (4.1): Percentage Distribution of Broad Age Groups in Arab Region: 2000-2050



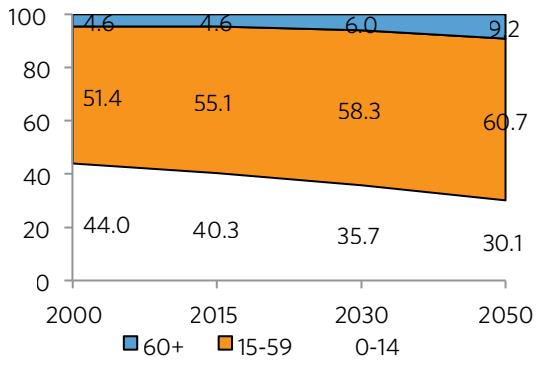
Arab Region



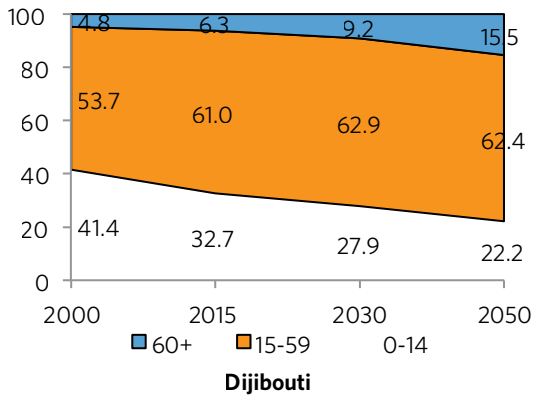
Algeria



Bahrain

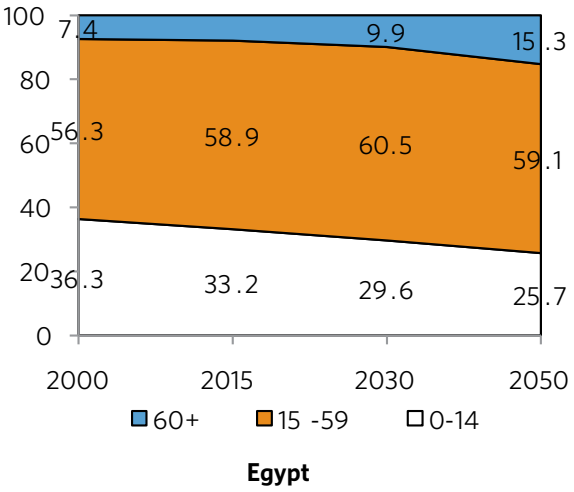


Comoros

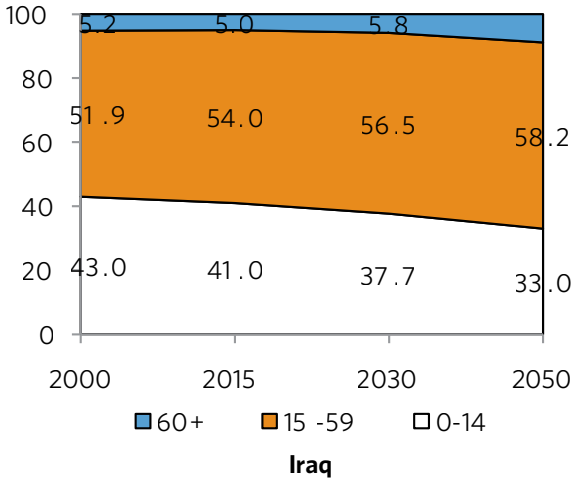


Dijibouti

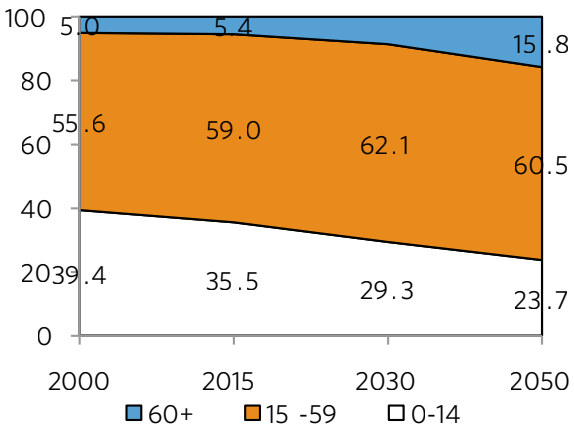
Figure (4.1) Continued



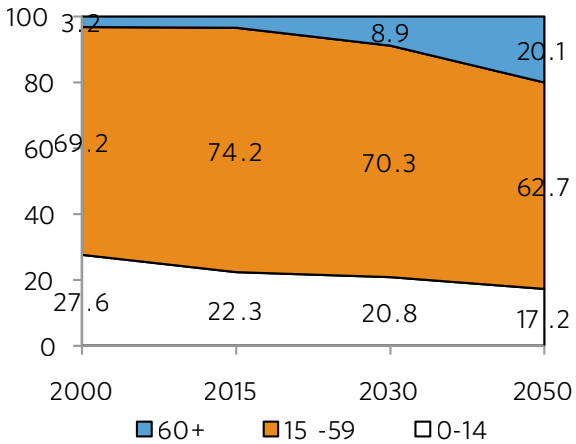
Egypt



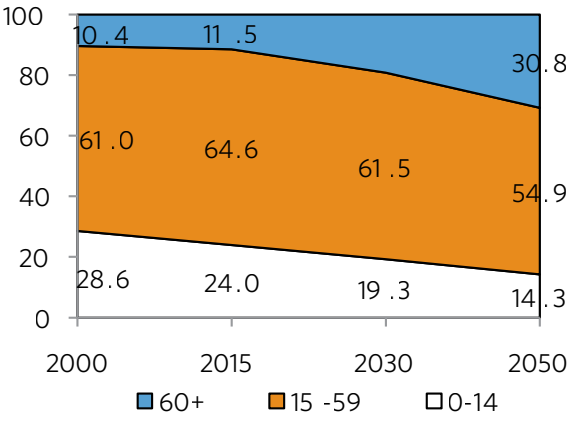
Iraq



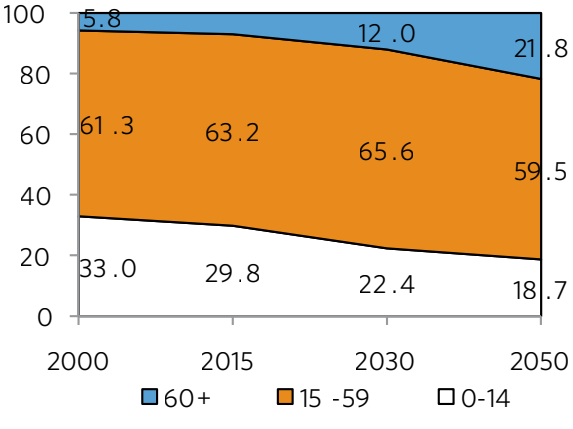
Jordan



Kuwait

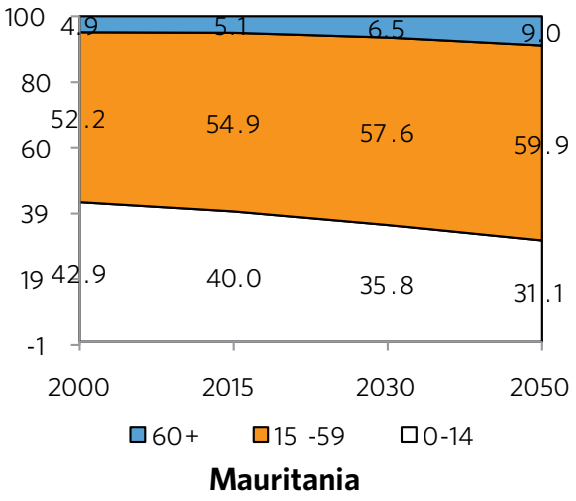


Lebanon

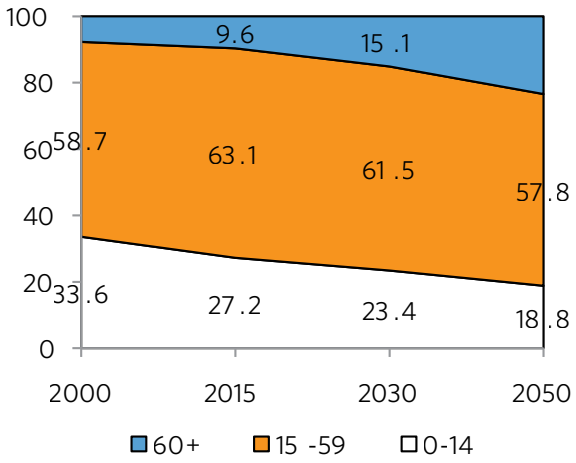


Libya

Figure (4.1) Continued



Mauritania



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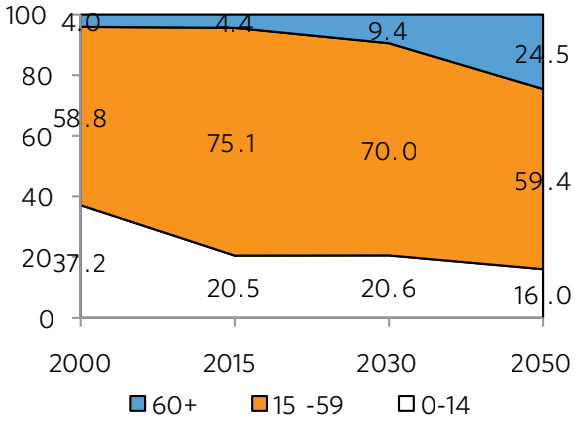

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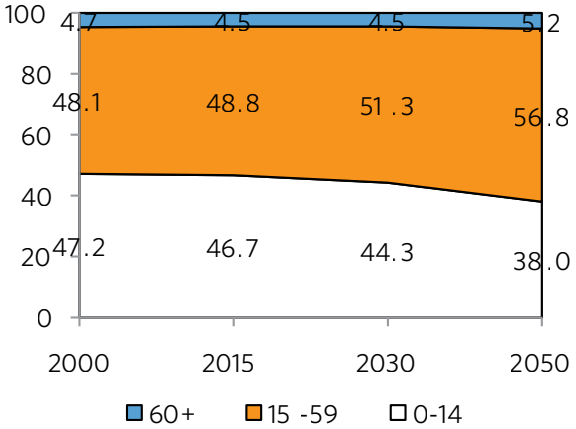
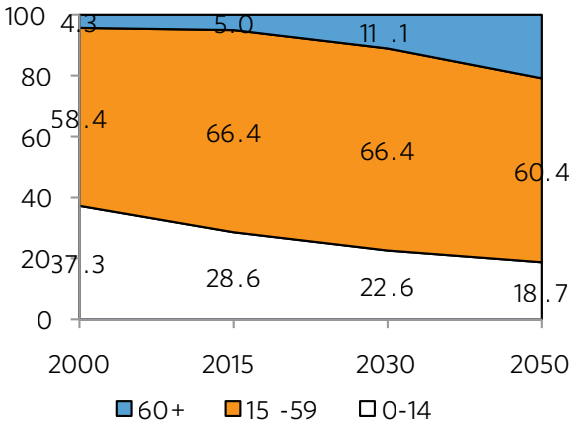
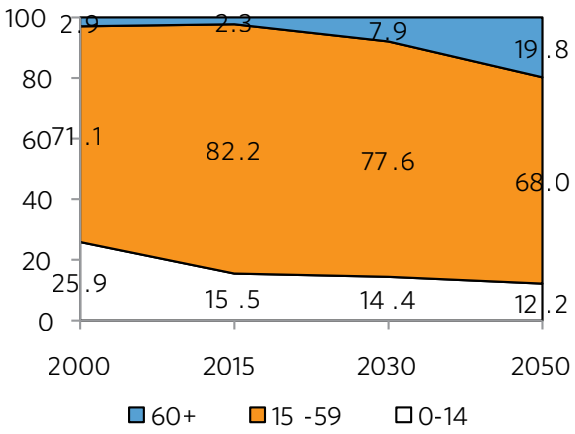


Somalia



Saudi Arabia



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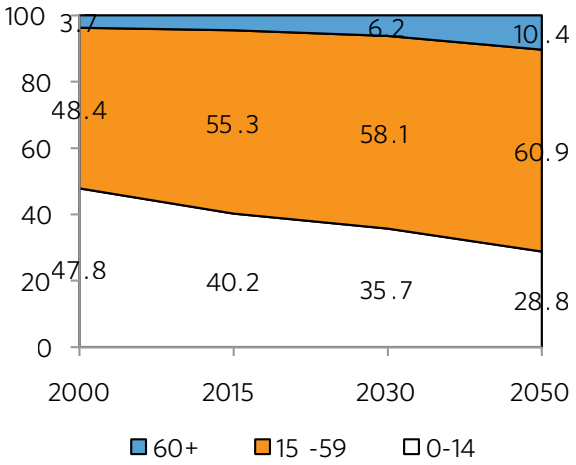
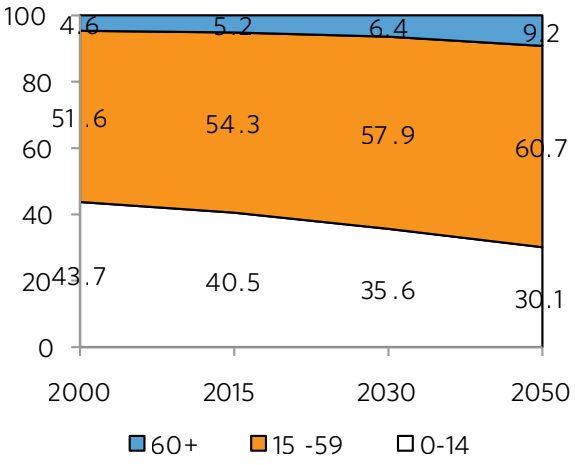
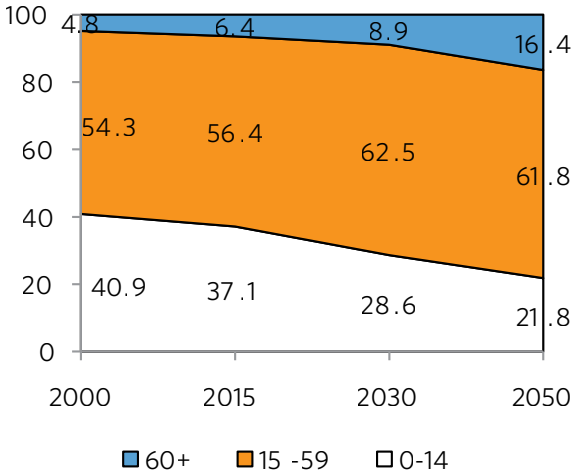


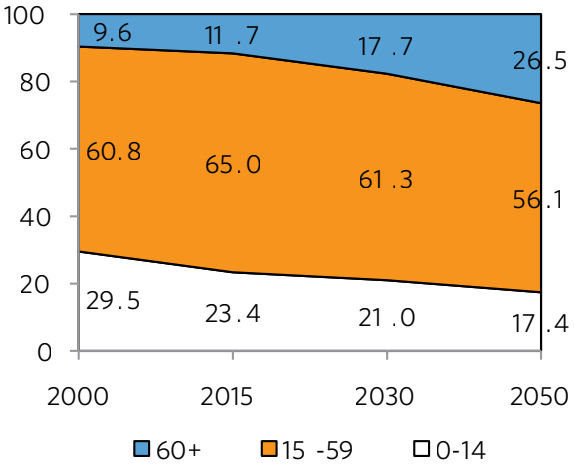
State of Palestine



Sudan



Syrian Arab Republic



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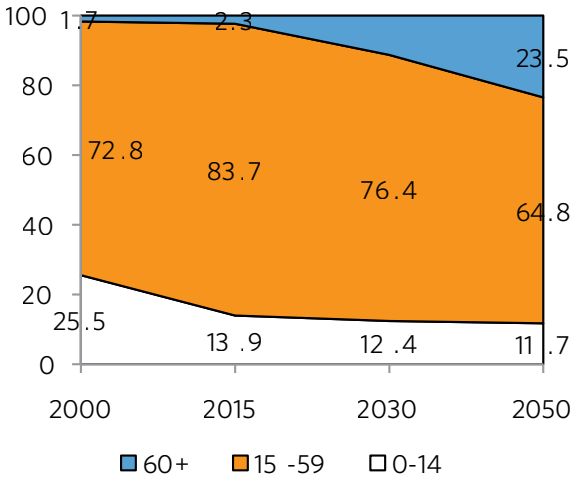
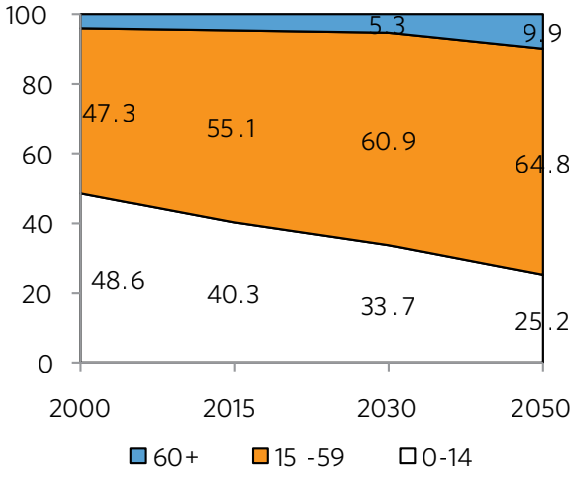


United Arab Emirates



Yemen

Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: 2015.

4.2 Age Structure of the Older Population

In addition to the increasing numbers of older persons, the age structure of the ageing population is also relevant for assessing the needs of the expanding older population. The ageing of the older population, defined as an increasing proportion of the "oldest old" (i.e. those aged 70 years and over) in the older population, has been known to accompany population ageing. Since the incidence of frailty and disability increase with age, the capacity to continue in productive employment declines. Also, for those having a regular pension since reaching retirement age, the pension may fall increasingly short of meeting needs as years go by since pensions do not usually increase in line with inflation. Even those having a regular contributory pension may face increasing risks of falling into poverty as they advance further in age.

Table (4.2): Age Distribution of Ageing Population 60+ in Arab Countries: 2000 - 2050

Arab Countries	2000			2015			2030			2050			Total
	60-	65-	70+	60-	65-	70+	60-	65-	70+	60-	65-	70+	
Algeria	32	28	40	34	22	44	30	25	45	26	24	50	100
Bahrain	36	24	39	38	26	36	38	29	33	28	26	47	100
Comoros	36	27	37	39	24	36	37	28	35	36	27	36	100
Djibouti	37	27	36	33	28	39	35	28	37	35	24	41	100
Egypt	32	27	42	34	28	38	32	27	41	32	26	42	100
Iraq	33	26	41	39	22	39	40	25	36	33	26	41	100
Jordan	38	27	35	31	25	44	39	27	34	28	25	47	100
Kuwait	36	31	33	43	28	29	43	27	30	31	28	41	100
Lebanon	31	27	42	29	24	47	27	25	49	24	21	54	100
Libya	34	27	39	35	24	41	39	26	35	26	24	50	100
Mauritania	36	28	37	37	27	37	37	28	35	34	27	39	100
Morocco	32	27	41	36	22	42	30	27	44	26	24	50	100
Oman	39	25	36	41	24	35	39	24	37	27	26	47	100
Qatar	43	26	31	48	19	33	48	25	27	30	25	45	100
Saudi Arabia	32	26	42	43	22	35	39	28	33	27	24	49	100
Somalia	37	26	36	37	27	36	36	27	37	37	27	36	100
State of Palestine	39	27	34	34	28	38	37	27	36	33	25	42	100
Sudan	36	27	38	36	26	38	36	26	38	33	26	40	100
Syrian Arab Republic	30	28	42	37	23	40	34	27	39	30	26	43	100
Tunisia	30	29	41	35	22	43	30	26	44	26	23	51	100
United Arab Emirates	38	29	33	52	28	21	44	31	24	30	21	48	100
Yemen	32	25	43	40	28	32	33	26	41	40	28	32	100

Source: World Population Prospects: the 2015 Revision (UNDESA. New York. 2015)

Table (4.2), illustrates the age distribution of ageing population 60+ in the Arab countries is increasing through time. The proportion of the "oldest old" (70+) in the older population (60+) increased to reach about 44 percent of the older population 60+ during the period of 2000-2015 in Algeria, Jordan, Lebanon, Libya, Morocco, and Tunisia; while other Arab countries do not increase more than one third of the older population.

By 2050, the proportion of the "oldest old" (70+) is projected to increase much more than during the past. It is projected to comprise about 50 percent of the older population (60+) in Algeria, Libya, Morocco, and Tunisia. Meanwhile, the other Arab countries range from 39 to 49 percent, except Yemen and Comoros are expected to decline in proportion by 2000.

4.3 Children versus Older Population:

Ageing is taking place almost everywhere, but its extent and speed vary. In most developed countries, the population has been ageing for many decades, while in developing countries; population ageing has taken place relatively recently.as their mortality and fertility levels have fallen.

Currently, the most aged populations are in the developed countries, but the majority of older persons reside in developing countries. Given that the rate of growth of the older population in developing countries is significantly higher than in developed countries, the older population of the world will increasingly be concentrated in the less developed regions. (UNDESA, Population Division, 2015)

The world is on the edge of a demographic milestone. It is facing a situation without precedent, as since the beginning of recorded history, young children have outnumbered their elders. However, the number of people aged 60 or older will outnumber children under age 5. Driven by falling fertility rates and remarkable increases in life expectancy, population ageing will continue and even accelerate. (K. Navaneetham. 2002).

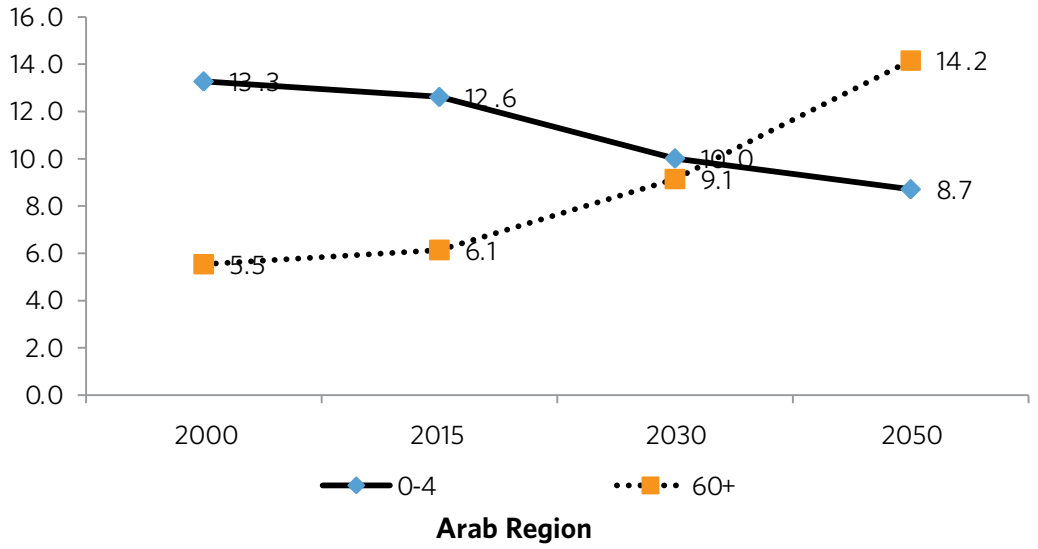
Noted also in the Madrid International Plan of Action on Ageing, in most regions and countries of the world the population aged 60 or more is growing faster than younger adults and children, and this has important consequences for the family, the labor market, and public programs directed to different generational groups. (UNDESA, Population Division, 2015).

Figure (4.3) illustrates that young children (0-4) have outnumbered their elders (60+) in the Arab Region until 2030 where there will be no gap and a reverse situation will occur to have a cross section between them and the increase will continue in the percentage of the older people outnumbering the children until 2050. Almost all Arab countries are having the same trend but differ in timing as their young children (0-4) outnumber their elders (60+) through 2015. Since between 2015 and 2030, there will be no gap and a reverse situation will occur to have a cross section between them and the increase will continue in the percentage of older people outnumbering children in Algeria, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates.

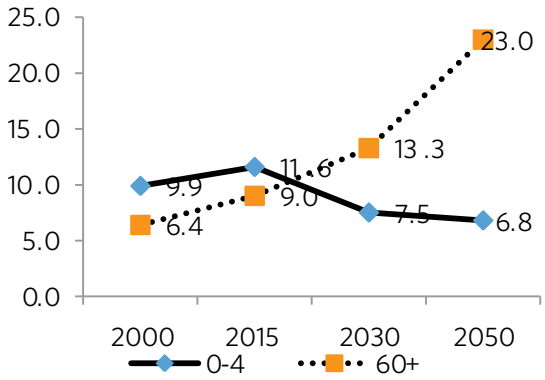
Lebanon and Tunisia among the Arab countries already reached this reverse situation before even 2000, but it will occur in Egypt, Djibouti, and Syrian Arab Republic by 2030, but in Yemen it is predicted between 2030 and 2050.

Few of Arab countries will not reach this reverse situation until 2050 such as Comoros, Iraq Mauritania, Somalia and Sudan, while State of Palestine will reach this reverse situation by 2050.

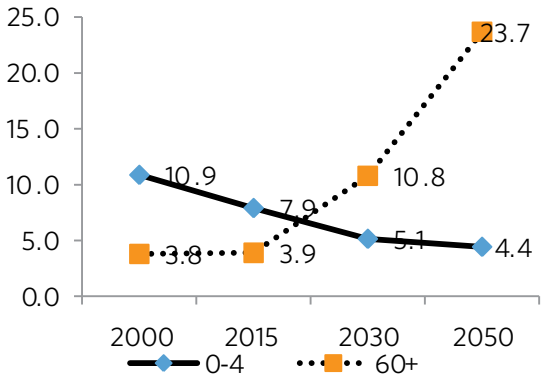
Figure (4.3): Young Children and Older People as a Percentage of Total Population in Arab Region: 2000-2050



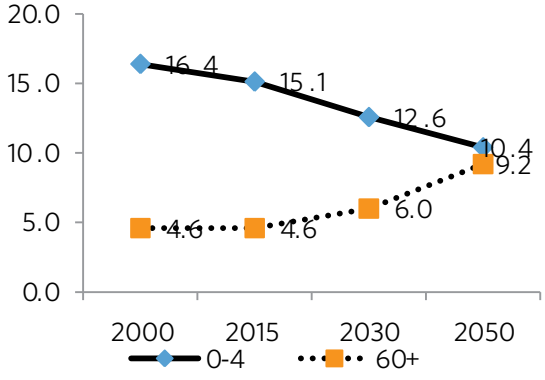
Arab Region



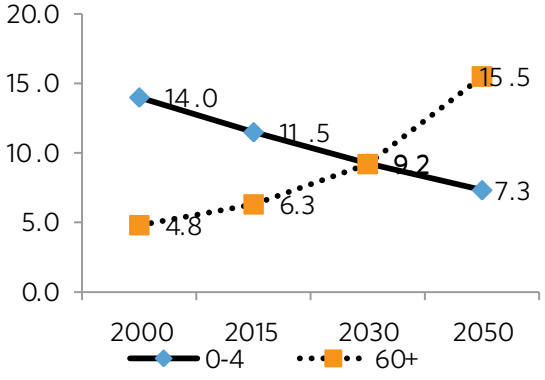
Algeria



Bahrain

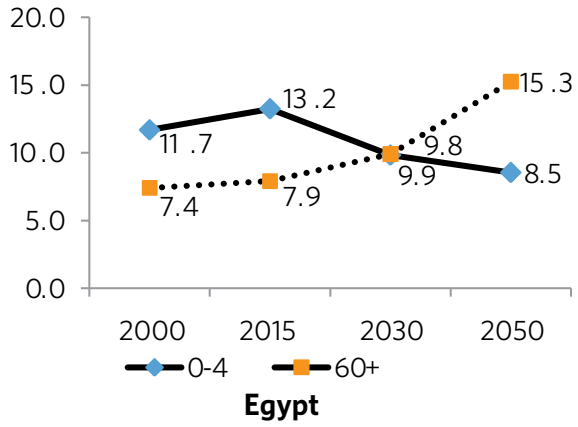


Comoros

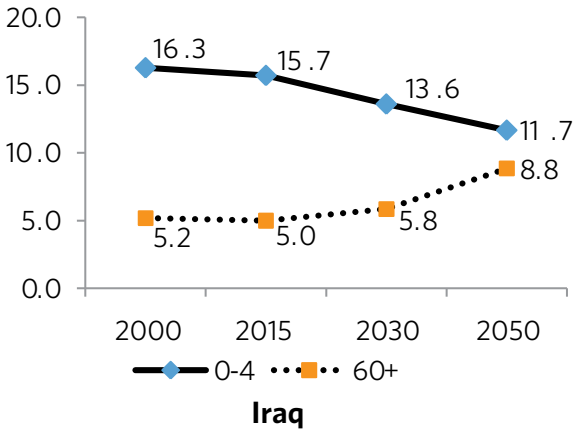


Djibouti

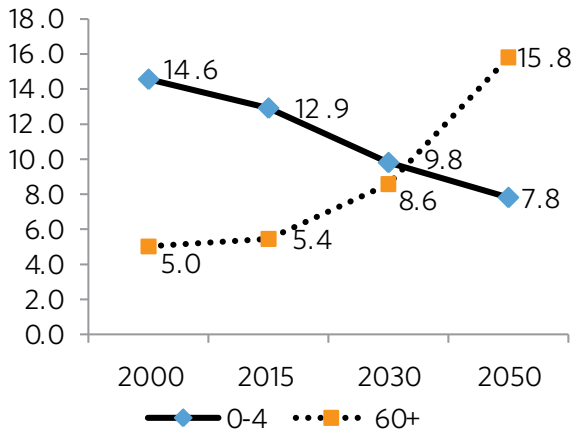
Figure (4.3) Continued



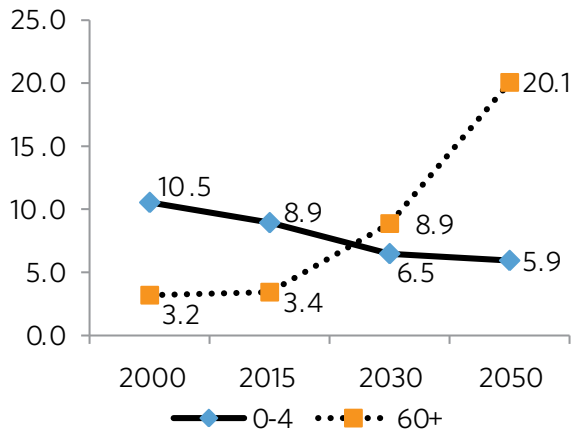
Egypt



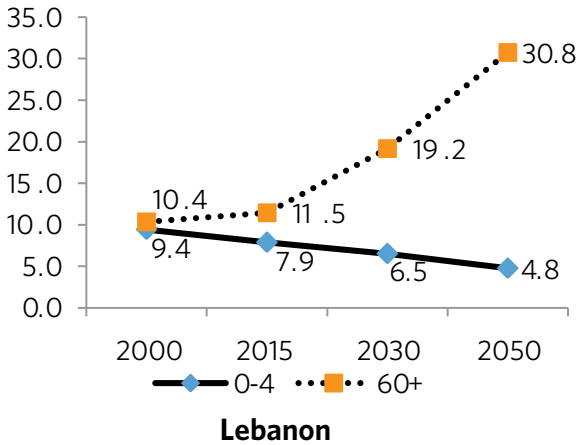
Iraq



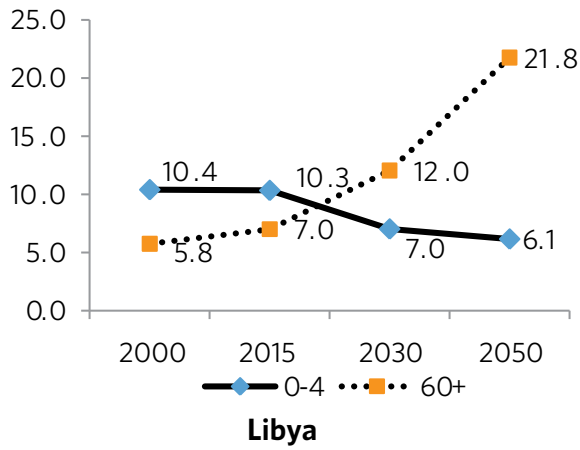
Jordan



Kuwait

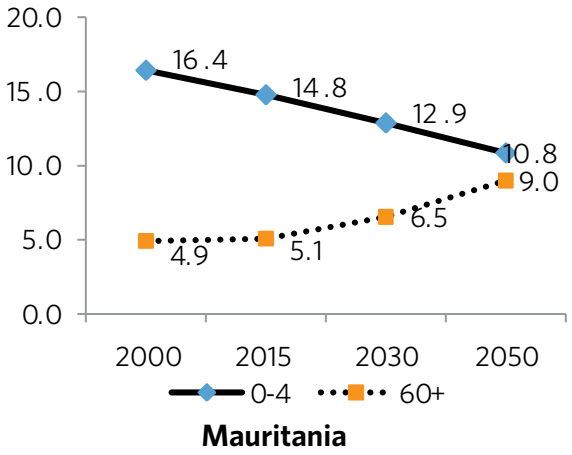


Lebanon

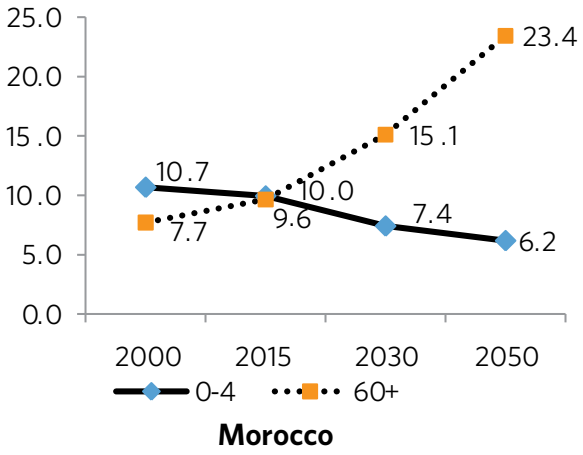


Libya

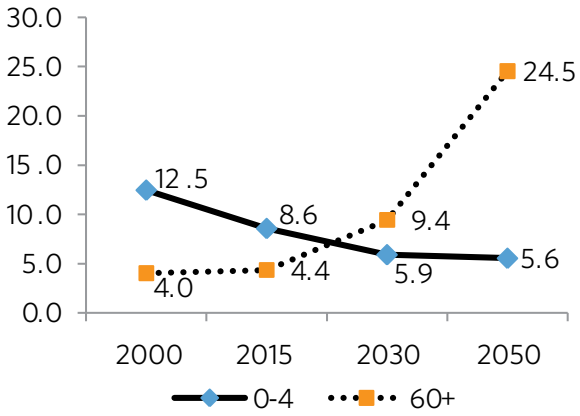
Figure (4.3) Continued



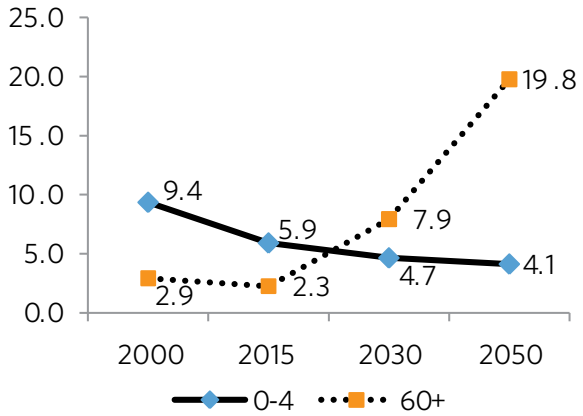
Mauritania



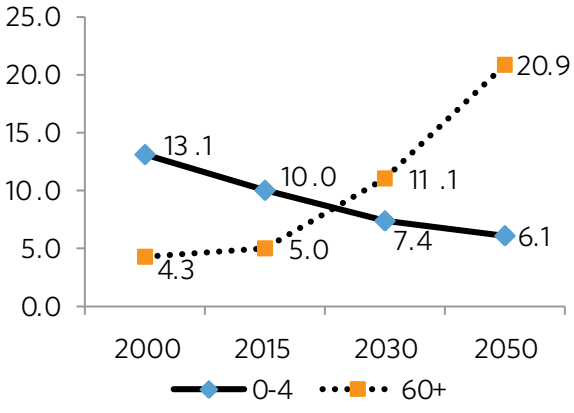
Morocco



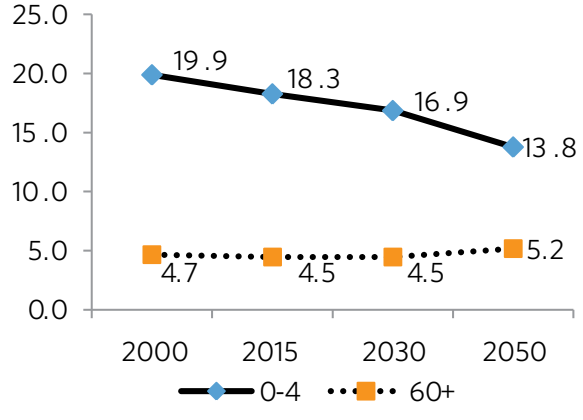
Oman



Qatar

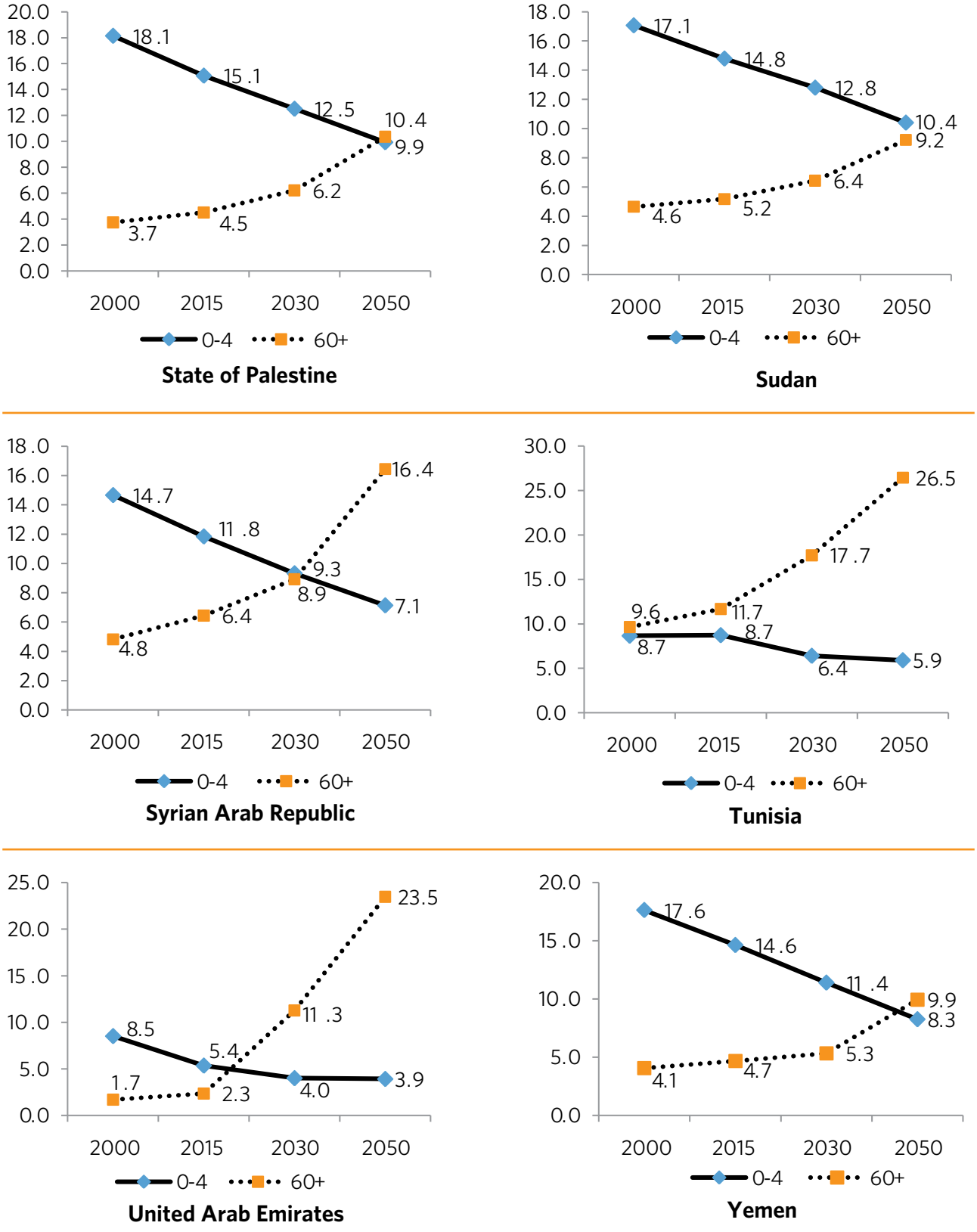


Saudi Arabia



Somalia

Figure (4.3) Continued



Source: World Population Prospects: the 2015 Revision (UNDESA. New York. 2015)

4.4 Magnitude and Speed of Older Population:

The tempo, or speed, of the population ageing process has been different for some countries in the region, with some identified as having 'fast', others as 'medium' and 'slow' tempos (Saxena 2008). Within the 'fast' or rapidly ageing group are the United Arab Emirates, Tunisia, Bahrain, Kuwait, Morocco, Algeria, Bahrain, Libya and Lebanon (Saxena 2008). These countries are also experiencing epidemiological and health transitions, with non-communicable diseases replacing communicable diseases as the leading causes of morbidity and mortality (Abyad 2006).

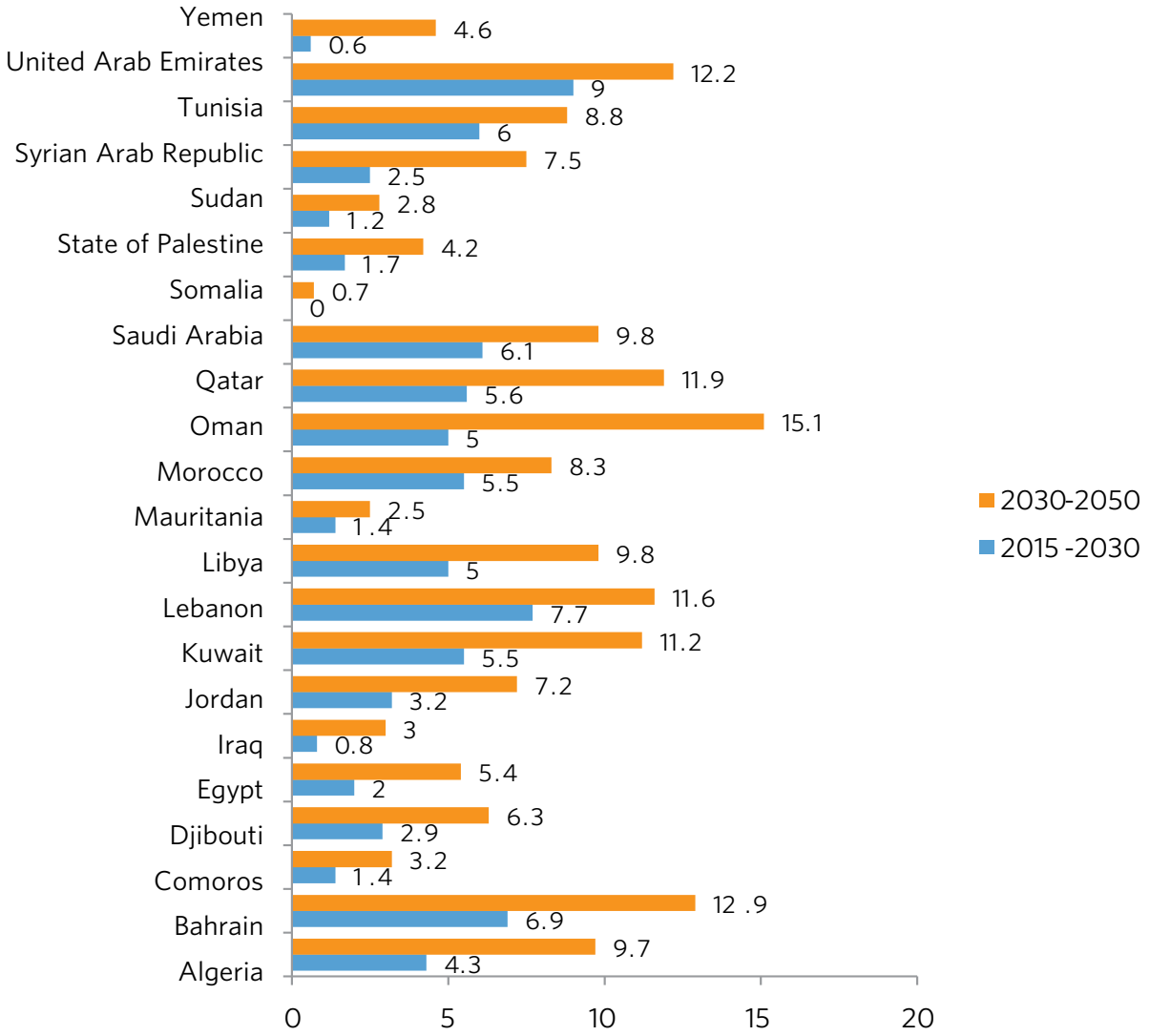
World population ageing is about to start a phase of acceleration, i.e. the increase of ageing population will begin to speed up. During the past 30 years, between 1980 and 2010, the proportion of the population aged 60 years or over increased by 2.4 percentage points in the world as a whole, from 8.6 percent to 11 percent.

Arab countries' ageing population will also accelerate, the proportion of the population aged 60+ increased by 0.74 percentage points from 2000-2015, and will increase by 2.80 percentage points from 2015-2030, the speed still will accelerate and increase to more than 5.64 percentage points for the period 2030-2050, which means within 20 years the speed will be seven times that of the period from 2000-2015, and will double from 2015-2030.

Almost all the Arab Gulf countries increased by more than 5 percentage points from 2015-2030, and the speed still will be accelerate and increase to more than 10 percentage points for the period 2030-2050. Some Arab countries will increase 2 to 3 percentage points for the period 2015-2030 such as Comoros, Mauritania, the State of Palestine, Sudan and Yemen, while Iraq and Yemen will increase by less than one percentage point within the same period.

Four Arab countries will increase by less than 3 percentage points for the period 2030-2050: Comoros, Iraq, Mauritania, and Somalia (Figure 4.4).

Figure (4.4): Speed of Population Ageing (percentage point increase): 2015-2030, and 2030-2050



Source: Calculated from table (5).

4.5 Older populations and Household Structure:

Generally older people continue to have a moral role and remain seen as the head of the households, but in many cases this role is not only symbolic but it is linked to a lot of responsibility, particularly economic and financial. The change in family roles, the demographic transition and the changes in the intergenerational relations are among the factor contributing to the variation of such percentage.

Using the PAPFAM data on selected countries, we can analyze the situation of older people in the household.

In general, almost 84.7 percent of the population age 60+ is the head of a household or husband or spouse of the head of household. This proportion varies from 72 percent in Morocco and 95 percent in Libya.

The percentage of the population aged 60+ who are heads of households is higher in Libya (almost 70 percent in Libya) and lowest in Tunisia and Morocco with respectively 57 percent and 54.3 percent. Almost a quarter of the population aged 60+ is conjoin of the head of household (husband or spouse).

Table (4.5.1): Percent Distribution of Population 60+ according to the Relation of the Household Head

	Head	Spouse/ husband	Son or daugh-ter	Son/ daugh-ter-in-law	other relation	other	Total
Algeria - 2002	59 .3	23.2	.0	.0	17.3	.0	100.0
Djibouti – 2002	63.1	13.3	1.7	.3	18.7	2.8	100.0
Djibouti – 2011	66.0	16.8	.7	.1	15.9	.5	100.0
Lebanon - 2004	64.2	23.3	.4	8.5	3.4	.2	100.0
Libya - 2007	71.9	22.2	.0		5.8		100.0
Libya - 2014	70.8	24.7	.3	.1	4.0	.1	100.0
Morocco-003/2004	54.4	18.3	.5	.1	25.6	1.1	100.0
Morocco - 2011	57.3	21.6	.2		20.9		100.0
Syria - 2001	63.6	22.8	.1		13.5	.0	100.0
Syria - 2009	67.2	23.5	.2	.0	9.1	.0	100.0
Tunisia - 2001	57.0	21.3			21.6	.1	100.0
Yemen - 2003	55.6	17.3	.0	18.2	8.8	.1	100.0
Total	63.2	21.5	.2	2.1	12.7	.2	100.0

Source: PAPFAM data special tabulation. Algeria - PAPFAM 2002. Djibouti - PAPFAM 2002.Djibouti - PAPFAM 2011. Lebanon - PAPFAM 2004.Libya - PAPFAM 2007.Libya - PAPFAM 2014.Morocco - PAPFAM 2003/2004, Morocco - PAPFAM 2011.Syria - PAPFAM 2001.Syria - PAPFAM 2009.Tunisia - PAPFAM 2001.Yemen - PAPFAM 2003

The comparison of the cases of Djibouti and Morocco suggests that such proportion is increasing over time. In the case of Djibouti the percentage of older heads of household increases from 63.1 to 66.0 percent between 2002 and 2011 while in Morocco such proportion increased from 54.4 to 57.3 between 2004 and 2001.

It is important to note that the proportion of older people who have other relation than son/daughter or son in law and daughter in law is not negligible (12.7 percent, see table 4.5.1) but varies among countries, it is very low in Lebanon, and Libya (respectively 4 and 3.4) and higher with in countries as Morocco (25) Djibouti (18.7 in 2002 and 15.9 in 2012).

Gender differences are important for the position of the head of the household. The proportion of older heads of household is lower among women 29.9 compared to 94.1 for men (The percentages did not represent the total of Arab countries but those only included in the survey. The total is used for illustrating the differentials by gender, age or any other variable). It means that the women delegate voluntary or non-voluntary is the symbolic status of head of household to her son or any other person when the husband head of household died. Should we understand that she loses her status inside the family when her husband died? This is not always true particularly when women are active and continue to support other family members in the household. In fact, the same table shows that the proportion of men head of household decreases with age and decreases significantly after age 80, for women this pattern is different, the percentage increases from age 60 to age 79 meaning that women assume roles as heads of households but with lower resources given their economic status.

Table (4.5.2): Percentage of Population Aged 60+ Head of Household By Age and Sex

Age Groups	Male	Female	Total
60-64	96.6	25.0	60.5
65-69	96.6	29.3	64.1
70-79	92.4	34.9	65.9
+ 80	69.3	25.8	47.3
Total	94.1	29.9	63.2

Source: PAPFAM surveys database for some Arab countries (special tabulation)

There are significant differences in the employment status between males and females among older heads of households. While only 5.1 of women are working, 35.6 among men head households and are working among the heads of households, 40.3 of men are retired while only 8.8 of women, but the big difference is in the heads of household who are considered at home: 67.2 for women versus less than 1 for men.

Table (4.5.3): Percentage of Population 60+ of Household Heads In relation to Working Status

	Male	Female	Total
Working	35.6	5.1	28.8
Unemployed	11.6	7.5	10.7
Retired	40.3	8.8	33.2
At home	0.8	67.2	15.8
Cannot work	8.8	8.1	8.7
other	2.8	3	2.9

Source: As table (4.5.2).

Sign of traditional solidarity, the majority of this category of elderberry almost 71.3 are unemployed, at home or cannot work; this percentage is higher for women 94.6 percent versus 64.3 percent for men.

Table (4.5.4): Population Aged 60+ who have other Familial Relation with Household Head by Employment Status

Employment Status	Male	Female	Total
Working	14.0	1.9	4.0
Unemployed	27.2	18.8	20.2
Retired	18.3	3.5	6.0
At home	7.9	48.6	41.7
Cannot work	22.5	18.3	19.1
Other	10.1	8.8	9.1
Total	100.0	100.0	100.0

Source: As table (4.5.2)

Reinforcing the role of the families in providing care and support is very important to the social welfare of the older populations. Ensuring that older persons are cared for within their own families reinforces their dignity and makes them feeling the importance of family support is it moral or material. The government may encourage policies that promote family support and particularly for disabled persons, widowed and single old women and men.

4.6 Ageing and Urbanization:

The Arab region is one of the most urbanized regions in the world. The rapidity of change in the urban areas due to the differential in the demographic transition, the new forms of habitation, the family structure and relatively modern familial relations impacted the situation of the older people in urban areas.

The following table shows the difference in the percentage of population aged 60+. No clear trend can be deducted: from one side we can suppose that the percentage of older people in urban areas may increase due to internal migration and from the other side the decrease of fertility may increase the proportion of the older populations.

Table (4.6): Percentage of 60+ by Place of Residence in Selected Arab Countries

Selected Arab Countries	Year	Rural	Urban	Total
Algeria	2008	7.2	7.5	7.4
Egypt	2006	5.6	6.8	6.1
Libya	2006	6.5	6.0	6.0
Morocco	2004	9.4	8.3	8.8
Sudan	2015	4.7	4.9	4.8

Source: http://data.un.org/Data.aspx?d=POP&f=tableCode%3A22

While several cities extended to metropolises, with several centers and had difficulties for people in moving from one part to another, the majority of urban growth in Arab cities is in secondary cities. This leads to a large imbalance between the supply of services and a population pressure and leads also to the development of large slums. This situation is exacerbated in countries with political unrest and instability and following a disaster, whether human, natural or environmental.

This trend of urbanization is not creating friendly cities and good conditions for old people. Different studies showed that the older people are under the constraints of urban poverty with reduced networks of solidarity, the problem of security, problems of unemployment, safe water shortages and transportation, and access to health services. Making cities inclusive and friendly for older people means that urban space is for all, health ageing in the urban environment and safety and dignity for old people in urban settings.

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V. Social Security

5.1 Old-Age Potential Support Ratio:

The demographic ageing potential support ratio (PSR) measures how many persons in the main working ages there are to support each older person i.e. (the number of persons aged 15-59 years per one older person aged 60 years or over), which indicates the dependency burden on potential workers. PSRs have important implications for social security schemes, particularly traditional systems in which current workers' pay for the benefits of current retirees.

Since 1950, the world's old-age support ratio has been declining continuously, meaning that there are increasingly less people in the working sector to support every person aged 60 years or over.

Table (5.1): Old-age Support Ratio per Person aged (60+) in Arab Countries. 2000-2050

	2000	2015	2030	2050
Algeria	9.3	6.9	4.7	2.5
Bahrain	17.1	19.3	6.8	2.7
Comoros	11.2	12.0	9.7	6.6
Djibouti	11.1	9.7	6.8	4.0
Egypt	7.6	7.5	6.1	3.9
Iraq	10.0	10.8	9.7	6.6
Jordan	11.1	10.8	7.2	3.8
Kuwait	21.6	21.7	7.9	3.1
Lebanon	5.9	5.6	3.2	1.8
Libya	10.7	9.0	5.4	2.7
Mauritania	10.6	10.8	8.8	6.7
Morocco	7.6	6.5	4.1	2.5
Oman	14.6	17.2	7.4	2.4
Qatar	24.2	36.3	9.8	3.4
Saudi Arabia	13.6	13.2	6.0	2.9
Somalia	10.3	10.9	11.5	11.0
State of Palestine	13.0	12.3	9.3	5.9
Sudan	11.1	10.5	9.0	6.6
Syrian Arab Republic	11.3	8.8	7.0	3.8
Tunisia	6.3	5.6	3.5	2.1
United Arab Emirates	42.7	35.6	6.8	2.8
Yemen	11.7	11.8	11.4	6.5

Source: Calculated using data of broad age groups from the World Population Prospects: the 2015 Revision (UNDESA. New York. 2015)

Arab countries' old-age support ratio has been declining continuously having the same trend of the world. The old-age support ratio declined in Arab countries continuously. It registered the highest ratio in the Arab Gulf countries especially Qatar and the United Arab Emirates to each above 30 working-age persons for each older person in 2015.

It is expected to decline in the Arab Gulf countries from above 20 working-age persons for each older person in 2015 to nearly 2 to 3 working-age persons for each older person in 2050. Other Arab countries range from 3 to 4 working-age persons for each older person, except Comoros, Iraq, Mauritania, Sudan, and Yemen the old-age support ratio is about 6 working-age persons for each older person in the same year.

5.2 Pension Coverage and Labor Force Participation 65+:

At the global level, nearly half of all people who have reached statutory pensionable ages do not receive a pension, and for many of those who do receive a pension, the levels of support may be inadequate. Pension coverage is typically lower among women than among men owing to their lower rates of attachment to the labor market, their over-representation in the informal sector or their work as self-employed or unpaid family workers. In many countries, the survivor's benefits paid through a husband's contributory pension benefits are the sole sources of income for older women.

The availability of pensions is an important factor associated with the labor force participation of older persons 65+. Pension coverage reached above 50 percent in Algeria, Tunisia, and Iraq by 2010. It ranges between 40 percent and 30 percent in Bahrain, Egypt, Jordan, Libya and Morocco; while the rest of the Arab countries the pension coverage range between 20 percent and 10 percent.

Table (5.2) traces the labor force participation of persons aged 65+ by 2015, which is lower among women than men. Males in Comoros and Sudan have the highest percentage of persons aged 65+ participating in the labor force by about 60 percent. Mauritania and Qatar followed this, while in other Arab countries male participation ranged from 20 percent to 30 percent. The exception of Algeria showed male participation of aged 65+ reached only nearly 10 percent.

Female labor force participation aged 65+ is higher in Comoros, Morocco, and Mauritania, representing 22 percent, 20 percent and 18 percent respectively followed by Somalia, and Sudan ranging about 10 percent.

Table (5.2): Percent of Persons of Statutory Pensionable Age and the Labor Force Participation of Persons Aged 65+

Arab Countries	Pension Coverage 2015	Labor force participation of persons aged 65+	
		Male	Female
Algeria	63.6	10.9	2.1
Bahrain	40.1	24.2	3.4
Djibouti	12.0	19.0	4.6
Egypt	32.7	19.1	3.7
Iraq	56.0	20.8	2.5
Jordan	42.2	11.0	0.4
Kuwait	27.3	17.5	3.4
Libya	43.3	29.7	6.0
Mauritania	9.3	55.6	18.0
Morocco	39.8	28.4	20.3
Oman	24.7	19.9	2.2
Qatar	7.9	48.6	5.5
Sudan	4.6	67.6	10.3
Syrian Arab Republic	16.7	21.9	2.0
Tunisia	68.8	21.9	5.4
Yemen	8.5	27.7	6.0

Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Ageing 2015

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VI. Health Status

6.1 The Epidemiological Transition

Due to demographic transition, the nutritional transition and changes of the socio-economic conditions of the population, the Arab region witnessed important changes in the structure of morbidity and causes of death as result of the epidemiological transition. In a recent article on the state of health in the Arab world, 1990-2010: an Analysis of the Burden of Disease, Injuries and Risk Factors, the Lancet (2014 303-309-20.) A group of researchers from a majority of Arab countries analyzed the evolution of the causes of death and the increasing incidence of the non-communicable disease. Their results showed that the rank of Ischemic heart disease moved from rank 5 in 1990 to rank 3 in 2000 and rank 2 in 2010 while the rank of strokes remained between 6 and 5 and the rank of injuries around 9. The results related to major depressive disorder are ranked 2 in the causes of death. While low respiratory infections remain the first cause of death, the rank of diarrhea decreased from 2 to in 1990 to 4 in 2010.

These results are confirmed by those estimated from the PAPFAM survey for some selected Arab countries. The PAPFAM information is not driven from doctors' diagnostics, but from a family member. To check on the quality of information, the survey includes a question on who made the diagnostic (by a doctor or not). In the large majority of cases, the diagnostic was done by a doctor. However, our interest in using the PAPFAM data is the possibility of seeing the differentials of the prevalence of such diseases.

Table (6.1.1) derived from the PAPFAM survey shows that the prevalence of non-communicable disease is very important among the population aged 60+. The data shows that the prevalence of long lasting illness (non-communicable disease) is relatively high in the selected countries and hover around 40.9 percent with small variations between countries; it ranges between 35.1 percent in Djibouti and 50.8 percent in Morocco.

The PAPFAM data show also that the prevalence of hypertension among the population aged 60+ is high, almost between fourth and fifth of the population are concerned by such illness. This is also the case of diabetes which prevalence varies between 14.3 percent in Morocco and 29.2 percent in Djibouti. Cardiac-related illnesses are also important; their prevalence varies from 10.9 percent in Syria and 3.1 percent in Djibouti. The stomach-related illnesses are important and reflected the negative impact of new nutritional habits; they concern 6.2 percent of the population of 60+ and their prevalence varies from 9.7 percent in Djibouti and 3.8 in Syria.

Table (6.1.1): Prevalence of Non-communicable Disease among Persons 60+ years in Selected Arab Countries

Selected Arab Countries	Any non-communicable Disease	Hyper-tension	Diabetes	Stomach	Anemiaw	Cardiac	Cancer	Renal
Djibouti 2012	35.1	16.3	29.2	9.7	1.6	3.1	0.9	4.1
Morocco 2011	50.8	15.6	14.3	6.3	2.2	5.7	0.0	5.1
Syria 2009	38.3	25.1	18.2	3.8	0.3	10.9	0.6	2.8
Total	40.9	24.7	15.0	6.2	0.5	9.0	0.6	3.2

Source: PAPFAM Surveys, (Special tabulation)

Non-communicable diseases are relatively high in selected countries among women rather than men, which ranges between 39.4 percent in Djibouti and 56.7 percent in Morocco for women versus 39.5 percent in Syria for men.

It is important also to note that the prevalence of hypertension is higher among females in Syria and Morocco, while diabetes and stomach illness are higher among males in Djibouti, Morocco, and Syria. Anemia illness is higher among females than males in Djibouti and Morocco. Cardiac and renal illness are higher among men in Syria and Djibouti, while it is higher among women in Morocco.

Table (6.1.2) illustrates the prevalence of non-communicable diseases as relatively high in selected countries with a positive relationship as the age groups increases so does the prevalence, especially in Morocco. This means that the increase of the population of 60+ years will generate more demand on health care. Hypertension and anemia illness increases with the increase of age groups among selected countries, while diabetes and stomach illness decreases with the increase of 60+ age groups. Cardiac illness increases with the increase of age groups especially in Syria and Morocco, while the reverse is true in Djibouti.

Table (6.1.2): Prevalence of Non-communicable Diseases by Sex for Population aged 60+ in Selected Arab Countries

Sex	Any non-communicable Disease	Hyper-tension	Diabetes	Stomach	Anemiaw	Cardiac	Cancer	Renal
Djibouti 2012								
Male	31.0	17.1	30.4	12.0	0.0	4.4	1.3	3.8
Female	39.4	15.6	28.1	7.5	3.1	1.9	0.0	4.4
Morocco 2011								
Male	38.4	11.1	28.3	12.1	0.0	4.0	0.0	6.1
Female	56.7	17.7	7.9	3.7	3.3	6.5	0.0	4.2
Syria 2009								
Male	39.5	21.2	18.2	4.3	0.3	13.4	0.6	2.5
Female	37.2	28.4	18.1	3.4	0.3	8.8	0.7	3.1
Age Groups								
Djibouti 2012								
60-64	31.8	15.6	33.3	10.4	0.7	3.7	0.0	4.4
65-69	27.5	13.7	25.5	9.8	5.9	5.9	2.0	9.8
70-74	36.8	12.3	31.6	12.3	0.0	3.5	1.8	1.8
75-79	40.0	25.0	35.0	0.0	0.0	0.0	0.0	0.0
80+	47.4	21.1	17.5	8.8	1.8	1.8	0.0	1.8
Morocco 2011								
60-64	47.9	13.4	18.3	10.6	2.1	1.4	0.0	6.3
65-69	35.7	19.0	16.7	2.4	7.1	11.9	0.0	7.1
70-74	55.8	25.0	11.5	0.0	0.0	1.9	0.0	5.8
75-79	57.1	14.3	14.3	0.0	0.0	14.3	0.0	0.0
80+	65.5	9.1	5.5	5.5	3.6	10.9	0.0	0.0
Syria 2009								
60-64	34.6	23.6	22.2	3.7	0.4	10.9	0.7	3.9
65-69	38.6	23.4	19.7	4.4	0.1	10.6	0.8	2.4
70-74	40.1	25.6	17.8	3.8	0.4	9.3	0.5	2.8
75-79	44.8	29.7	14.3	3.0	0.2	13.2	0.8	1.6
80+	44.0	26.0	10.6	3.9	0.5	12.0	0.3	2.6

Source: PAPFAM Survey (Special Tabulation)

Determinants other than health, such as the socio-economic situation, seems to have an important effect on morbidity for older populations. The prevalence of long lasting (non-communicable) illness increases in rural areas ranging from 44.8 percent in Syria to 60.6 percent in Morocco. Such prevalence decreases with the increase of the educational level in both countries, reaching 54.5 percent for persons 60+ with no education and 14.3 percent for those with secondary and above educational level in Morocco. It reaches 38.2 percent for persons 60+ with no education and 20.4 percent for those with secondary and above educational level in Syria, such prevalence decreases slightly with the increase of the wealth index (increase with the degree of wealth). This can be explained by the impact of the nutritional model.

Table (6.1.3): Prevalence of Non-Communicable Disease by Place of Residence, Education Level and Wealth Index Quintiles in Selected Arab Countries

Sex	Any non-communicable Disease	Hyper-tension	Diabetes	Stomach	Anemiaw	Cardiac	Cancer	Renal
Djibouti 2012								
Urban	27.8	19.4	35.9	9.7	1.3	2.1	0.0	3.8
Rural	56.8	7.4	9.9	8.6	2.5	6.2	3.7	4.9
Morocco 2012								
Urban	42.7	20.5	22.2	8.2	1.8	2.3	0.0	2.3
Rural	60.6	9.9	4.9	3.5	2.8	9.9	0.0	8.5
Syria 2009								
Urban	33.9	26.8	21.0	3.0	0.4	11.5	0.8	2.5
Rural	44.8	22.5	13.9	4.9	0.2	10.0	0.3	3.4
Highest Certificate Obtained								
Morocco 2011								
None	54.4	14.8	11.3	6.4	2.5	6.4	0.0	4.2
Basic	18.2	0.0	72.7	9.1	0.0	0.0	0.0	0.0
Sec +	14.3	57.1	28.6	0.0	0.0	0.0	0.0	0.0

Syria 2009								
None	38.2	26.0	17.8	3.5	0.3	11.1	0.6	2.7
Basic	23.1	33.4	21.4	2.7	0.1	16.7	0.9	1.7
Sec +	20.4	28.8	29.2	0.2	0.0	18.9	1.7	0.6
Wealth Index Quintiles								
Djibouti 2012								
Poorest	56.6	7.2	9.6	12.0	1.2	4.8	2.4	6.0
Second	39.2	17.6	13.7	15.7	5.9	2.0	0.0	5.9
Middle	51.1	10.6	21.3	8.5	0.0	8.5	0.0	0.0
Fourth	12.5	21.4	51.8	5.4	0.0	1.8	0.0	7.1
Richest	17.9	25.6	50.0	6.4	0.0	0.0	0.0	0.0
Morocco 2011								
Poorest	61.6	9.6	4.1	3.4	2.7	9.6	0.0	8.9
Second	61.8	14.7	5.9	5.9	5.9	0.0	0.0	5.9
Middle	42.9	22.4	18.4	10.2	2.0	4.1	0.0	0.0
Fourth	25.0	27.1	33.3	10.4	0.0	4.2	0.0	0.0
Richest	41.7	19.4	33.3	5.6	0.0	0.0	0.0	0.0
Syria 2009								
Poorest	45.3	24.6	11.7	4.0	0.1	10.8	0.5	3.0
Second	37.3	25.8	18.3	3.8	0.0	12.1	0.2	2.4
Middle	35.7	25.1	18.9	3.7	0.3	13.2	1.0	2.2
Fourth	31.3	27.4	22.6	2.3	0.5	12.6	1.2	2.1
Richest	24.6	32.8	24.2	2.1	0.2	13.2	0.7	2.1

Source: PAPFAM Survey, (Special Tabulation)

The new way of life, as well as the nutritional status, has an impact on the propagation of the non-communicable disease among older people in the Arab region, hypertension, diabetes illness increase with the increase of the educational level and the wealth index of the household, table (6.1.3) shows that the prevalence of cardio vascular-related illnesses increases with the increase of educational level and the wealth index of the household in Syria while it decreases in Morocco with the increase of the wealth index of the household. In contrary anemia and

stomach illnesses are more prevalent among ageing people with no educational level and poor people ones; while in Morocco stomach illness is concentrated in the middle and the fourth quintile of the household wealth index.

6.2 Nursing Homes and Day Centers

The use of nursing homes is not very familiar in the Arab countries for different reasons such as (a) prevalent values in the Arab region where putting an old person in a nursing home looks as abandonment, (b) the non-existence of sufficient nursing homes and the absence of quality control on this entity, (c) governments and social security systems are not reimbursing the cost of care and (d) the cost of the nursing homes is high for the average person in the Arab region. A study done in Algeria by the National Centre of Research in Social and Cultural Anthropology (CRASC),(SNAFAM, CRASC, 2010), indicated that the majority of persons interviewed (between age 19 and 60 years) are supporting familial solidarity and are categorically refusing the use of home nursing for older people.

Able Mehio Sebai and et al., mentions that in 2012, nursing homes are in little numbers in Djibouti, Iraq, Libya, Morocco, Oman, Saudi Arabia, Tunisia, Syria and Yemen, the number of nursing homes in proportion to the size of the population is highest in Palestine, Lebanon and Bahrain, Egypt, Jordan and Qatar.

The same study mentions that nursing homes are managed by the government in Gulf countries and in countries with a strong public sector (Libya, Tunisia and Sudan) in other countries social welfare and charity institutions are managing the nursing homes.

It is important to note that the private sector showed its interest in nursing homes in many countries.

6.3 Old People and Disability

The trends of ageing in the Arab countries and the increase of life expectation at 60, is accompanied by an increase in disability rates for old age. The world report on disability (WHO, 2011) mentions that "Higher disability rates among older people reflect an accumulation of health risks across a lifespan of disease, injury, and chronic illness. The disability prevalence among people 45 years and older in low-income countries is higher than in high-income countries, and higher among women than among men." The political unrest in the Arab region, the wars and other humanitarian crisis are increasing the prevalence of disabled persons. The figures taken from the same report show the increase of disability rates according to age.

The same mentioned report estimated the prevalence of severe disability for the population aged 60+ in the WHO western Mediterranean region, which covers a large number of Arab countries as 12.4 percent (11.8 percent for men and 13.0 percent for women) while the prevalence of moderate and severe disability is estimated as 53.7 percent (53.1 percent for men and 54.4 percent for women). This proportion looks high with regard to the low supply of services for older people in general and for rehabilitation in particular.

Using the PAPFAM data we have a description of the socioeconomic determinant of disabled persons. Table (6.3a) confirmed the increase of the prevalence rate of disabled persons with limited vision in rural areas rather than urban, and among women rather than men.

The table also indicates that persons with limited vision increases with the increase in their age groups within all the selected Arab countries.

The prevalence rate of limited understanding and movement is higher among urban than rural in both Djibouti and Syria while it is reverse in Morocco; and among men than women regarding the three countries. The prevalence rate of limited self-care is higher in urban rather than rural in Morocco and Syria, while it is reverse in Djibouti; and higher among men than women except in Djibouti.

Table (6.3a): Percentage of Disabled People 60+ with Limited in Vision, Understanding, Movement, Self- caring and Communication with others by Place of Residence, Sex and Age Groups in Selected Arab Countries

Area	Limited in vision	Limited in understanding	Limited in movement	Limited in self- caring	Limited in communication with others
Place of Residence					
Djibouti 2012					
Urban	58.8	9.3	42.3	1.0	0.0
Rural	61.9	4.8	28.6	4.8	2.3
Morocco 2011					
Urban	74.1	0.7	18.7	1.4	0.0
Rural	72.2	1.6	19.8	0.0	0.0
Syria 2009					
Urban	30.2	2.9	30.2	15.0	3.6
Rural	38.5	0.8	27.6	9.0	0.8
Sex					
Djibouti 2012					
Male	50.0	10.3	41.2	3.0	1.5
Female	68.5	5.6	35.6	1.4	0.0
Morocco 2011					
Male	71.3	0.0	24.1	0.0	0.0
Female	74.2	1.7	16.9	1.1	0.0

Syria 2009					
Male	28.9	2.0	29.4	10.5	2.0
Female	40.9	1.8	28.2	14.5	2.7
Age Groups					
Djibouti 2012					
60-64	4.5	4.5	34.1	2.3	0.0
65-69	3.7	10.3	41.4	3.4	0.0
70-74	3.4	9.1	44.1	0.0	0.0
75-79	1.9	0.0	25.0	0.0	0.0
80+	2.5	12.5	37.5	8.3	4.2
Morocco 2011					
60-64	8.9	1.3	23.7	0.0	0.0
65-69	7.2	0.0	11.9	0.0	0.0
70-74	7.3	2.1	10.4	4.2	0.0
75-79	3.3	8.5	30.4	0.0	0.0
80+	8.7	1.3	19.5	0.0	0.0
Syria 2009					
60-64	3.0	4.2	37.5	12.5	0.0
65-69	3.1	0.0	42.2	8.7	0.0
70-74	4.7	1.8	27.3	12.5	5.5
75-79	2.2	5.0	28.2	15.0	0.0
80+	3.8	0.0	17.6	12.3	4.1

Source: PAPFAM survey (special tabulation)

The family situation of disabled old persons contributes to the difficulties of their situation. Table (6.3b) tabulated from the PAPFAM data shows that percentage of those married among old disabled persons is 81.7 percent for males compared to 28.7 percent for females in Syria, and it represents 82.0 percent are old disabled male persons compared to 26.1 percent being old disabled married females, while in Morocco it represents the highest percentage of old disabled married males 86.3 percent comparing to the lowest being old disabled married females at 20 percent.

Table (6.3b): Proportion of Population 60+ Disabled and Married

Countries	Male	Female
Syria 2009	81.7	28.7
Djibouti 2012	82.0	26.1
Morocco 2011	86.3	20.0

Source: PAPFAM survey (special tabulation)

The condition of disabled old persons needs great attention and special policies to protect their rights for health and social services. With low access to health services and non-availability of rehabilitation services, this category of population seems well deprived.

6.4 Ageing in Humanitarian Areas

The Arab region is ridden with humanitarian crises. Almost all Arab countries are either directly or indirectly affected by civil strife, internal conflict and humanitarian crises, resulting in huge numbers of internally displaced persons (IDPs), refugees and migrants with serious repercussions on the entire region.

While the plight of older refugees can be severe, they should not be seen only as passive, dependent recipients of assistance. Older refugees serve as formal and informal leaders of communities; they are valuable resources for guidance and advice, and transmitters of culture, skills and crafts that are important in preserving the traditions of the dispossessed and displaced. Older refugees can and do make an active contribution to the well-being of their next-of-kin, and only become totally dependent in the final stages of frailty, disability and illness. Older persons can also contribute to peace and reconciliation measures. Good programming requires these roles are utilized. While acknowledging older people's contributions in their daily lives and in coping with disasters and conflicts, it is more critical to recognize the need to integrate older people in planning and programming. Older people's low visibility can have significant bearing on their access to available health and humanitarian assistance.

From a health perspective, recognizing the capacities of older refugees can have multiple benefits. Consultation and a participatory approach ensuring that older people's health and social welfare needs are integrated into assessments, programming and delivery of health care and humanitarian assistance. Channeling appropriate resources to older persons can enable more self-sufficiency, autonomy and independence, all of which are important to physical and psychological health. Yet older people's health and social needs cannot be addressed in isolation, as intergenerational support, advocacy and abuse issues are almost always intertwined within a broader family and community context. These require community based strategies involving multiple stakeholders.

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VII. Ageing Population and Development

7.1 Older Population Inclusion in the Development

During the last half centuries, the Arab region witnessed several transformations at different levels: at the sociological level such transformations impacted inter alia the family structure, the division of roles, family relation and the division of roles in the household. The change in the agriculture system as well as internal migration has changed the structure of the labor force. Internal migration as well the concentration of government services in cities, be it large, medium and small increased the distance between labor forces and services. The migration of youth from rural areas as well as the mechanization of agricultural system leads to the abandoning of large segments of the traditional rural economy causing additional economic changes and the loss of employment in rural areas particularly among the older population.

The increase of pension systems as well the system of redistribution of revenues mainly in oil countries, discouraged older populations in urban areas to look for jobs particularly in environments dominated by structural crisis of unemployment. In addition, different surveys mentioned that current development policies never offered opportunities to use the experience of the older people or retirees favoring a kind of rupture between generations.

There are many reasons that hamper older people's insertion in the labor market, we can mention particularly:

- Governments are putting in some laws to create barriers to the admission of older people in the labor market. Such measures are wrongly justified by the fact that priority should be given to youth;
- Generally wages offered to older people are lower than they should be, earnings are not considered as a real wage but as complementary income, particularly in countries where the legislation reduces older ages participation in labor markets and where they accepted the prejudice in their job appointments and then are not paid correctly;
- Work stress is also another factor that may discourage older people to seek work. Transportation to reach jobs and work conditions are among the factors that reinforce such stress;
- The feelings of the older populations in skills particularly with regard to digitalization and the use of new technology is another factor that may marginalize the older populations from labor markets particularly in the industrial or service sector. This increases the generational gap between them and younger labor force.

According to the ILO estimation and in all the Arab countries, activity rates among the population 65+ decreased slowly between 2000-2015, with the exception of Jordan and Syria that witnessed an important decrease (from 8.6 percent to 2.5 percent in Jordan and from 29 percent to 10.4 in Syria). The extension of the pension system and the arrival of the new cohorts of employees who benefit from pension system as well as the level of unemployment rates and the restriction made to older people in accessing the labor market may explain partially the decrease of such rates.

Table (7.1.1): Activity Rates of Population 65+ in Region: 2000-2015

Country	2000	2005	2010	2015
Algeria	5.8	5.2	5.5	4.3
Bahrain	18.6	13.3	13.3	14.2
Comoros	45.2	45	44.7	44.4
Djibouti	11.6	11.4	11.2	10.9
Egypt	12.5	8.9	10.1	10.2
Iraq	12.2	11.6	11	10.8
Jordan	8.6	7.6	6.2	2.5
Kuwait	11.6	11.5	12.2	11.8
Lebanon	14.8	15.3	14.3	14.4
Libya	17.1	17.1	16.9	16.7
Mauritania	32.5	32.1	31.8	31.6
Morocco	22.3	20.9	18.2	18.6
Occupied Palestinian Territory	10.7	10.1	9.2	8.8
Oman	10.9	11.6	11.5	11.9
Qatar	42.2	39	35.7	36.1
Saudi Arabia	23.1	15.3	13.8	15.5
Somalia	23.2	22.8	22.5	22.5
Sudan	38.3	35.8	33.5	32.9
Syrian Arab Republic	29	17.7	11.1	10.4
Tunisia	17.1	14.2	10.5	10
United Arab Emirates	18.2	17.8	19.4	20
Yemen	18.2	17.5	16.9	16.3

Source: ILO, 2015

In 2015, the activity rates for the population 65+ varied from 2.5 percent in Jordan and 4.3 percent in Algeria and reaches 44.4 percent in Comoros. They are higher in less developed countries which are also less modernized and where the part of the agriculture system is still important. This is the case of Comoros (44.4 percent), Mauritania (31.6 percent), Somalia (22.5 percent) and Sudan (32.9). In this cluster of countries the participation of men aged 65+ is always higher than female participation. It is estimated as 70 percent in Comoros, around 55 percent in Mauritania and Sudan and 19 percent in Djibouti. Women participation rates are more important in Comoros (22.5 percent) and are around 14 percent in Mauritania and Somalia and lower in Djibouti and Yemen.

In the middle income countries, where there pension systems coverage, is not negligible, older people participation rate is relatively low as in Algeria and Jordan (respectively 4.3 percent and 2.5 percent) and hovers around 10 percent in Tunisia, Egypt, Syria and Palestine and is relatively high in Morocco. In this segment of countries and among the population 65+, male participation is higher than female participation. Male participation is 20 percent in Egypt, Syria, Tunisia, Morocco and Lebanon.

In the third category of countries, the OIL countries, the activity rates among the population 65+ varies from 10 percent in Iraq and Kuwait and reaches 36 percent in Qatar, mainly due to migration because the majority of nationals are benefitting from the redistribution system of the state. This is more visible with the male's activity rates reaching 41 percent in Qatar, 32 percent in Saudi Arabia and 30 percent in Libya.

Table (7.1.2): Activity Rates for Population 65+ by Sex in Arab Region: 2015

Country	Female	Male	Total
Algeria	0.9	8.1	4.3
Egypt	2.7	19.8	10.2
Jordan	0.3	4.9	2.5
Lebanon	2.3	26.7	14.4
Morocco	11.3	27	18.6
Occupied Palestinian Territory	2.5	15.8	8.8
Syrian Arab Republic	1.5	20.7	10.4
Tunisia	3.3	18.2	10
Bahrain	2.5	24.5	14.2
Iraq	2.5	20.8	10.8
Kuwait	2.8	18.7	11.8
Libya	5.6	29.7	16.7
Oman	2.2	19.8	11.9
Qatar	26.2	41	36.1
Saudi Arabia	0.7	32.4	15.5
United Arab Emirates	1.3	26.5	20
Comoros	22.5	70.8	44.4
Djibouti	4	19	10.9
Mauritania	13.8	55.5	31.6
Somalia	12	35	22.5
Sudan	14.2	54.1	32.9
Yemen	6	27.7	16.3

Source: ILO, 2015

However, in oil counties important differences between nationals and non-nationals is shown in the table below where the activity rate for nationals is 13.6 percent (11.3 for men and 0 percent for women) and 29.7 percent for non-nationals (46.9 for men and 7.9 percent for women).

Table (7.1.3): UAE, Activity Rate by Nationality Group, and Sex for Emirati and non-Emirati Population aged 65+

Nationals			Non Nationals			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
11.3	0.0	6.7	46.9	7.9	29.7	22.4	2.7	14.2

Source: Labor Force Survey, 2009

7.2 Determinant of Older People's Activities

The PAPFAM surveys give the possibility to study some determinants of older people's activities. It appears that the proportion of older people working (at the moment of the survey) is higher in rural areas than in urban. This is due to the fact that the system of pension is not extended for the agriculture sector. Unemployment rates among the population 60+ are higher for men than for women and decrease with the education level due to the fact that educated people are more affiliated to pension systems and are not generally actively looking for work which is different from the people with low education who worked in the non-structured sectors of the economy where pension coverage is not universal.

Table (7.2.1): Percentage Employed, Unemployment Rates and Percentage of Retired persons among Population 60+

	Working	Unemployed	Retired
Sex			
Male	33.2	11.8	37.5
Female	3.6	9.4	4.4
Education level			
None	17.0	13.8	19.9
Basic	29.8	6.8	35.3
Secondary+	35.5	3.3	51.0
Place of Residence			
Urban	16.0	11.1	25.5
Rural	25.2	13.4	10.9
Total	19.8	12.0	19.4

Source: As table 4.5.2 (Special Tabulation)

Having a long lasting illness may decrease the willingness or the possibility of the older people to work, as shown in the below table. This is not an age effect but a health status effect. It appears from the table that for the age group 60-64 the percentage of older people working is

36 percent for those not having a long lasting illness while its 21.7 percent for those with long lasting illness, these percentages are respectively 24.8 percent and 14.2 percent for the age group 65-69 and 16.5 percent and 9.7 percent for the age group 70-79.

It is interesting to note that the proportion of older people seeking work (unemployed) is higher among those who have a long lasting illness and this true for all older age categories. For the age category 60-64 the percentage of older people seeking work having no long lasting illness is 6.3 percent while it reaches 9.6 percent among older populations having a long lasting illness. The need to work to cover the cost of the treatment of the illness as well as the exclusion of people having a type of non-communicable disease is among the factors that can explain such phenomena.

Table (7.2.2): Percentage Employed, and Un-employed Rates according to the Health Status

Work Status	Not having long lasting illness					Having long lasting illness				
	60-64	65-69	70-79	80	Total	60-64	65-69	70-79	80	Total
Working	36.0	24.8	16.5	2.8	25.4	21.7	14.2	9.7	2.5	14.0
Unemployed	6.3	9.7	16.9	18.3	9.9	9.6	19.2	19.0	15.6	15.1

Source: As table 4.5.2 (special Tabulation)

In conclusion, the data show that like all economically marginalized groups the older people participation rate in the labor force is not negligible and they have an important demand for work, meaning they have some needs to fulfill but also they have a great potential to contribute to development through their experience. However older women in rural areas as well as those who are not educated seem to be more economically discriminated than others. Measures to increase economic inclusion can be found through changing the legislative framework and through improving access to other initiatives as microcredit.

7.3 Financial Exclusion of Older People in the Arab Countries

According to the World Bank financial inclusion means that individuals and businesses have access to useful and affordable financial products and services that meet their needs. The World Bank estimates also that access to transaction accounts is a first step toward broader financial inclusion services. It allows people to store money, send and receive payments. Financial inclusion is a key to access to large categories of the population, among them the older people, helping them reach job opportunities and start or reinforce their own businesses be it through microcredit or funds for supporting small enterprises. This is one of the reasons that financial inclusion has been categorized as an enabler for 7 of the 17 SDG's since research and studies have demonstrated that that a large segment of the population is financially excluded. This is the case of youth, women and the older people. These categories of the population working in the agricultural sector or in informal sectors using informal financial sectors have no security for savings and are a high risk for borrowing money and have no autonomy in undertaking financial transactions. To measure the financial inclusion, we selected 3 indicators from the financial inclusion World Bank survey undertaken in several Arab countries. The raw data are online and the processing was made by the author of the study.

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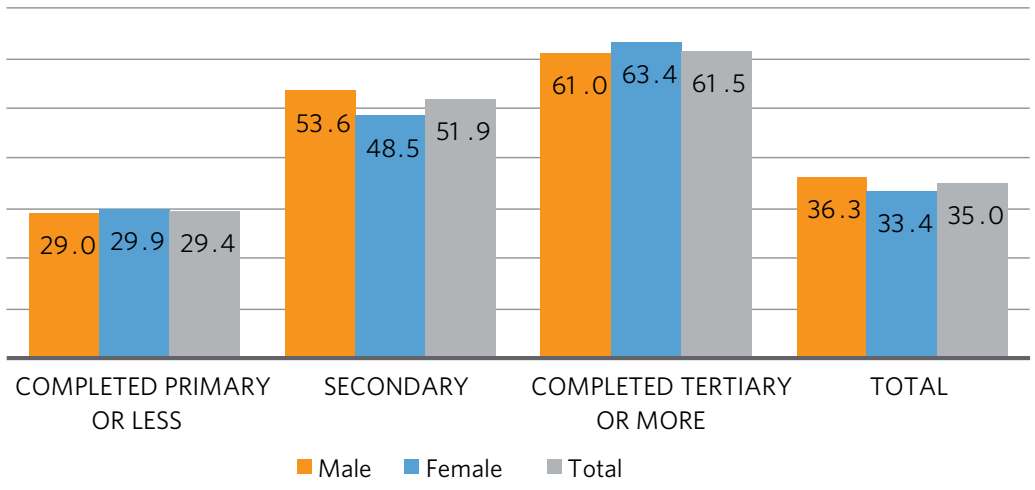
VIII. Financial Autonomy

8.1 Saving for Older People (population 60-79 years old)

The ability to borrow money and to save it can be an indication of a person's potential financial autonomy. In the countries covered by this research, and in the year prior to the survey, an average of 35 percent of those aged 60-79 have made savings ranging from the lowest 2.9 percent in Yemen, 16 percent in Palestine, 18.6 percent in Jordan, 19.8 percent in Egypt, to the highest 66.7 percent in Kuwait and 75 percent in the Emirates. In some middle income countries such as Tunisia Algeria and Lebanon, 40 to 60 percent of people aged 60-79 were able to make savings in the year before this survey. Being able to save does not necessarily mean that these persons are self-sufficient, but rather that they are likely to have money available in the case of unforeseen difficulties. Differences among women and men are minor, but in some countries like Jordan, Kuwait, Bahrain and Yemen, the percentage of women who made savings is higher than the percentage among men. Figure (8) shows that the higher a person's level of education, the more he/she is able to save, thus reflecting a correlation between income and education level.

Figure (8): Percentage of Population Aged 60-79 who Saved by Sex and Education Level



Source: ILO, 2015

Table (8.1): Percentage of Population 60-79 Years who saved during the Last Year before the Survey

	Male	Female	Total
Algeria	63.5	31.3	51.2
Bahrain	50.0	60.0	52.3
Egypt, Arab Rep.	21.2	17.2	19.8
Iraq	56.0	39.4	46.6
Jordan	9.8	26.7	18.6
Kuwait	65.5	71.4	66.7
Lebanon	55.6	55.6	55.6
Saudi Arabia	53.3	25.0	47.4
Somalia	25.0	37.9	30.1
Sudan	34.4	26.8	31.4
Tunisia	40.4	38.6	39.5
United Arab Emirates	83.3	50.0	75.0
West Bank and Gaza	14.7	17.0	16.0
Yemen	2.0	5.6	2.9
Total	36.3	33.4	35.0

Source: ILO, 2015

8.2 Borrowing Money (for People aged 60-79 Years)

Borrowing money seems to be a very common coping mechanism for older people particularly in the less developed countries like Somalia (50 percent), Sudan (36.3 percent) and Yemen (50.7 percent). With an average of 36 percent (the same as the percentage of savers) this percentage varies from 21.4 percent in Algeria to almost 54.5 percent in Bahrain. In middle income countries such percentage varies between 25 and 30 with the exception of Algeria.

In the GCC countries, aged women seem to borrow money more frequently than men in Kuwait and the UAE.

Table (8.2.1): Proportion of Population 60-79 who borrowed from any Kind of Source Including Financial Institution in some Arab Countries

	Male	Female	Total
Algeria	23.1	18.8	21.4
Bahrain	58.8	40.0	54.5
Egypt, Arab Rep.	30.8	27.6	29.6
Iraq	48.0	45.5	46.6
Jordan	39.0	15.6	26.7
Kuwait	44.8	71.4	50.0
Lebanon	36.1	24.1	28.9
Saudi Arabia	64.3	-	50.0
Somalia	55.8	41.4	50.0
Sudan	39.3	31.7	36.3
Tunisia	36.8	22.8	29.8
United Arab Emirates	16.7	66.7	26.7
West Bank and Gaza	35.3	29.8	32.1
Yemen, Rep.	52.9	44.4	50.7
Total	40.9	29.3	35.9

Source: ILO, 2015

In cases of emergency, only 23.7 percent declared that they could easily access emergency fund; 25 percent thought that is may be possible; 12.2 percent said it would not be very easy and more than a third said that they would not be able to get emergency funds. The possibility to have emergency funds seems higher in GCC countries like Bahrain (40.9 percent), Kuwait (52.8 percent) and the Emirates (62.5 percent), while being and low in Saudi Arabia (21.1 percent).

The proportion of persons who can easily access emergency funding is very low in Yemen (5.8 percent) and Somalia (8.2 percent). It is also relatively low in Egypt (12.3 percent) and Palestine (14.8 percent).

Table (8.2.2): Possibility of Coming Up with Emergency Funds for Persons 60-79 Years Old

	Very Possible	Somewhat Possible	Not very Possible	Not at all Possible
Algeria	32.5	41.0	13.3	13.3
Bahrain	40.9	13.6	11.4	20.5
Egypt	12.3	27.2	13.6	46.9
Iraq	24.6	17.5	8.8	49.1
Jordan	19.8	19.8	5.8	54.7
Kuwait	52.8	11.1	2.8	33.3
Lebanon	32.2	32.2	17.8	17.8
Saudi Arabia	21.1	26.3	5.3	36.8
Somalia	8.2	23.3	15.1	38.4
Sudan	25.5	26.5	17.6	21.6
Tunisia	25.4	23.7	9.6	38.6
United Arab Emirates	62.5	18.8	6.2	12.5
West Bank and Gaza	14.8	32.1	14.8	37.0
Yemen, Rep.	5.8	15.9	11.6	58.0
Total	23.7	25.0	12.2	35.1

Source: ILO, 2015

8.3 Population 60-69 with an Account in a Financial Institution

The proportion of older people with an account in a financial institution shows large variations in line with the degree of monetization of the society. In less developed Arab countries, where the many ageing people still work and where poverty is widespread, few older people have their own accounts in a financial institution: 4.5 percent in Somalia, 11.8 percent in Sudan and 13 percent in Yemen. In the GCC countries, in contrast, where the banking system is developed, over 80 percent of those aged 60-79 have an account in a financial institution: 88.6 percent in Bahrain, 78.9 percent in Saudi Arabia, 86.7 percent in the UAE and 91.4 percent in Kuwait.

In middle income Arab countries, 59 percent of all older people in Algeria, 39.3 percent in Lebanon and hovers around 30 percent in the rest of the middle income countries (30.9 percent in Egypt, 32.6 percent Jordan, 47.4 percent in Tunisia) have their own accounts in financial institutions.

Table (8.3): Population 60-79 having an Account in Financial Institution

	Male	Female	Total
Algeria	76.5	31.3	59.0
Bahrain	94.1	70.0	88.6
Egypt. Arab Rep.	30.8	31.0	30.9
Iraq	24.0	18.2	20.7
Jordan	46.3	20.0	32.6
Kuwait	96.4	71.4	91.4
Lebanon	65.7	22.2	39.3
Saudi Arabia	80.0	75.0	78.9
Somalia	4.5	6.9	5.5
Sudan	13.1	9.8	11.8
Tunisia	47.4	24.1	35.7
United Arab Emirates	91.7	66.7	86.7
West Bank and Gaza	25.7	25.5	25.6
Yemen	15.7	5.6	13.0
Total	44.2	23.4	35.2

Source: ILO, 2015

There are important gender gaps in accessing the banking system; with a greater percentage the percentage of women with bank accounts in Somalia and Egypt only. In Palestine access of older men and women to accounts is equal.

In the GCC countries despite the spread of the banking system differences are significant. In Kuwait, 71.4 percent of women have an account in a financial institution, while this percentage is 96.4 percent for men; and the UAE such access is 66.7 and 91.7 for women and men respectively.

In other middle income countries, the differences are very important and the percentage of women who have an account in a financial institution is less than half of the same percentage among men. This is the case of Algeria (76.5 percent for men versus 31.3 percent for women), Jordan (46.3 percent for men versus 20 percent for women) and Tunisia (47.4 percent for men versus 20 percent for women).

Such differences reflect the gender gaps in access to economic opportunities and are the result of the lower level of women's participation in the labor force.

8.4 Access to Loans

Access to loans is a very important indicator in understanding the capacity of older people in becoming financially autonomous and being economically empowered for planning or undertaking economic projects. In general loans need a lot of guarantees, proof of solvability and hypothecs, or rights established by law over a debtor's property that stay in the debtor's possession. Older people have trouble affording any of this.

Table (8.4) shows that only 7.3 of the population aged 60-79 years has loans from financial institutions for a house, an apartment, or for land, with 9.5 percent men and 4.4 percent women . These proportions are very low in less developed countries like Somalia

and Yemen (not mentioned in table) while it reaches 22.7 percent in Bahrain. In Arab middle income countries, the percentage of population 60-79 who have loans is relatively low with 4.7 percent in Algeria, 14.9 percent in Tunisia and 12.8 percent in Jordan.

In conclusion, lot of effort needs to done to ensure the financial inclusion of the older-aged population first through their initiation to friendly banking systems but also by broadening the opportunity for them to get loans, and access emergency funds. Those who are the most excluded from financial systems are women, the less educated and the poorest have more difficulties being included in financial systems. The situation in less developed Arab countries seems to be more pronounced particularly in regard to accessing loans and borrowing money.

Table (8.4): Persons 60-79 Years Old who have Loans from a Financial Institution for House, Apartment, or Land in some Arab countries

	Male	Female	Total
Algeria	5.8	3.0	4.7
Bahrain	20.6	30.0	22.7
Egypt	5.8	3.4	4.9
Jordan	22.0	4.4	12.8
Lebanon	14.3	3.7	7.9
Tunisia	17.5	12.3	14.9
West Bank and Gaza	2.9	2.1	2.5
Total	9.5	4.4	7.3

Source: ILO, 2015

8.5 Pension System

People in Arab countries typically rely on their extended family for support and safety in old age. The changes in values, family roles and family structures, urbanization and progress made in contractual work has transformed mechanisms of traditional social nets and reduced their impact on the population. The substitution of traditional family support with pensions, which are still not universal, is putting a large proportion of the older populations in a situation of need, poverty and vulnerability.

At the macro level, the modern pension system is conditional to factors such as labor force participation and government policies relevant to pension or cash transfer, even for those who have never contributed or with minimum contribution. The World Bank table below shows that the proportion of beneficiaries of an Old-Age (earnings related) Beneficiaries Coverage (over the population 65+) is higher in oil-rich countries such as Iraq and Algeria (103.5 percent versus 71.5 percent.) This percentage is low in less developed Arab countries like Djibouti and Yemen, and it may looks relatively low in GCC oil-rich countries (Kuwait, Qatar, and Bahrain) but this is due to the fact that older migrants are entitled to such benefits. In countries like Tunisia and Egypt, where there is a legal framework for pensions, these percentages are relatively high with 53.7 percent in Egypt and 14.9 percent in Tunisia.


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Table (8.5.1): Beneficiaries of an Old-Age (earnings related) Beneficiaries Coverage

	Old-Age (Earnings related) Beneficiaries (000)	Total Number of Beneficiaries, including survivors, disability and others (000)	Pop over 65 years (000)	Total Pop(000)	First Beneficiaries Coverage Definition (old-age pensioners/ pop 65+):	Second Beneficiaries Coverage Definition (all pensioners/ tot. pop.)
Algeria, 2002	981	981	1371	18796	71.5	5.2
Bahrain, 2005	9	10	19	728	46.7	1.4
Djibouti, 2002	3	3	21	503	14.5	0.6
Egypt, 2004	1809	3846	3368	75718	53.7	5.1
Iraq. 2011	1065	1400	1029	31494	103.5	4.4
Jordan, 1006	65	176	196	5542	33.2	3.2
Kuwait, 2003	11	11	38	1091	29.4	1.0
Lebanon, 2003	39	39	278	3171	14.1	1.2
Morocco, 2011	501	735	1603	32059	31.2	2.3
Qatar, 2012	7	10	20	2051	35.3	0.5
Tunisia, 2011	467	760	763	10778	61.2	7.1
Palestine, 2009	10	17	118	4043	8.5	0.4
Yemen, 2006	74	75	509	525738	14.6	0.0

Source: ILO, 2015

Coverage by the security system remains low, the first active coverage (proportion of active contributors divided by labor force as defined by the World Bank) is far from reaching universal coverage with 74.6 percent in Algeria, 52.9 percent in Jordan, and remains low in countries like Yemen, Palestine and Djibouti. Among the reasons that may explain the low coverage, are the size of the labor market, the predominance of the informal sector and the self-employed and the low contribution of the private sector.

Table (8.5.2): Coverage by Security System

Countries	Total Number of Active Contributors (‹000) (1)	Labor Force (‹000) (2)	Working Age Pop('000) (3)	First Active Coverage Definition: (1)/(2)	Second Active Coverage Definition: (1)/(3)
Algeria, 2007	8415	1273	23781	74.6	37.0
Bahrain, 2007	72	355	536	20.2	13.4
Egypt, 2009	14614	26536	52400	55.1	27.9
Iraq, 2009	3245	7538	17069	43.1	19.0
Jordan, 2010	821	1553	3649	52.9	22.5
Morocco, 2011	3314	11386	21247	29.1	15.6
Qatar, 2011	47	1430	1635	3.3	2.9
Saudi Arabia, 2010					26.2
Syrian Arab Republic, 2008	1805	6733	12651	26.8	14.3
Tunisia, 2011	2551	3896	7437	65.5	34.3
United Arab Emirates			7437		
Palestine, 2009	138	984	2111	14.0	6.5

Source: ILO, 2015

However, the pension systems are in crisis and face financial deficit in many countries. The load of the public pension spending is increasing and represents more than 5 percent of the GDP in countries like Algeria and Tunisia.

Three main reasons contributing to the crisis stand out: (a) The ageing of the population due to demographic transition, (b) the slowing of economic growth and (c) the structural low unemployment crisis and the management of the pension funds system.

Reforms are in discussion in several Arab countries such as Algeria, Tunisia and Morocco but real change seems to be very difficult to attain because of the already existing large number of retirees, which may have large implications on the level of inequalities in the countries in addition to intergenerational inequalities.

Table (8.5.3): General pension as a percentage of GDP in some Arab Countries

Country	Recent Year	(% GDP)
Algeria	2015	5
Djibouti	2007	1.5
Egypt, Arab Rep.	2010	3
Iraq	2015	4.9
Jordan	2005	2
Kuwait	2007	2.7
Lebanon	2013	2.7
Libya	2001	2.1
Morocco	2012	3
Qatar	2015	0.4
Tunisia	2015	5.2
West Bank and Gaza	2013	3

Source: ILO, 2015

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IX. Legislation on Ageing Population in Arab Countries

9.1 Care Support for Ageing Population

There are two main (often parallel) systems of long-term care for ageing people in Arab countries: informal care providers, such as unpaid family members, and formal care providers, such as nursing aides, home care assistants, and other paid care workers. However, in the Arab region, most care delivered to ageing people, or to people with disabilities or with long-term care needs is provided by family members, mainly women, or by other informal caregivers (Hussein, S. & Ismail, M. 2016).

Long term care in a majority of cases is family-based, mainly because of deeply-rooted religious and cultural norms that emphasize the duties of younger generations towards their elders, but also due to general lack of formal care alternatives. Indeed, where private care is provided such as through a private nursing home or a non-governmental organization specializing in social care, there is much social stigma attached to the idea of ageing relatives being placed in such nursing homes. And where extended hospitalization and the admission of older people into care facilities have occurred in the past two to three decades, these were usually attributed to the combined effects of longevity and lack of other suitable formal care provisions that are home or community-based (Hussein, S. & Ismail, M. 2016).

Indications of increased use of formal care, especially among urban older people are emerging. For example, research in Egypt (Boggatz and Dassen 2005) indicates that many factors are prompting family caregivers in Cairo to employ formal or paid care-workers to look after their older relatives, despite the long-standing norms of family care.

Nevertheless, the availability or willingness of family members to care for ageing relatives is uncertain, due to a number of demographic and socioeconomic trends. In particular, changes in family structures and the growing trend of youth migration, combined with increases in women's participation in the labor force, may negatively affect the availability and willingness of family members to provide care for their older relatives (Hussein, S. & Ismail, M. 2016). Additionally, many informal caregivers might not be equipped to give adequate care associated with ageing, such as dementia needs.

This part of the report will use the analysis of the global survey undertaken to assess the achievement of the ICPD plan of action in order to assess the policies and programs regarding older people in the Arab region.

It appears that almost 15 of the countries surveyed have specific institutions in charge of the questions related to the ageing population. A total of 15 countries have developed policies, programs or strategies to address the needs of older people as shown in the analysis of the results of the questionnaire used in the survey (Hala Nawfal, 2014), as follows:

a) Provision of social services, including long-term care was reported by 14 countries (12 have taken measures and 11 allocated budgets). In Jordan for example the government supports the cost of care centers for ageing person that are under the ministry of social affairs. In Tunisia, the government has established mobile teams to provide social and health services in addition to centers for day care. In Lebanon, the government implements a programme to support poor older people and refers them to logging centers, counseling and access to health care.

b) Provision of affordable, adequate and accessible health care for the ageing and support for families caring for them were reported (12 have been taking measures and 11 allocating budgets). In Lebanon, older people can access diagnostics and treatment for non-long lasting illnesses with low cost drugs (the government mentioned in the questionnaire that the coverage is still very limited.) In Algeria and Oman, the ageing population receive free health care.

c) Addressed the subject of enabling the older people in 13 countries to lead independent lives for as long as possible (11 allocated budgets and 12 have taken measures). The analysis of the survey results shows that the financial support that ensures the autonomy of the ageing population is limited in non-oil countries. In Palestine the government offers monetary support for the needy older persons. In Sudan the government supports NGOs that care for older persons. . In Oman the government gives monthly salaries in addition to pensions for older people in need. In Qatar the government provides financial support and housing.

d) Neglect, abuse and violence against older persons was dealt with by 11 countries (10 countries have taken measures, 7 countries have allocated budgets.) While this subject is related to the dignity of older people, the measures in place do not seem to be efficient. In Lebanon and Tunisia the governments and NGOs are organizing sensitization programs on the issue.

e) Preventing discrimination against older persons (8 have taken measures and 6 have allocated budgets). The answers show that the Arab government are not really aware of the specificity of violence and discrimination against old people. Egypt mentioned that the general laws are not discriminatory, the government of Palestine adopted a policy with a gender dimension with regards to older people. In Algeria there is a law protecting the ageing and in Oman NGOs are reportedly handling this population.

f) Enabling older persons to take full advantage of their skills and abilities was addressed by 10 countries (9 have taken measures and 8 have allocated budgets), but the initiatives undertaken by Arab government are still not sustainable. In Egypt, the government is establishing project where the competencies of older persons help support several social institutions, the same is happening in Qatar. In Tunisia the government declared it would establish a repertory of existing expertise among the older generations. In Sudan the government declared in 2013 it would prepare a law specific to older people.

g) Improve benefits or pensions or income support programmes for older people, and pensions not based on contributions (9 have taken measures and allocated budgets). The survey answers reflect soft efforts in the majority of countries and no clear answer in other cases. In Sudan the government declared it would give a monthly salary to ageing people. In Algeria and in Iraq the government gives additional financial support to older people.

h) Only 8 countries developed concrete procedures and mechanisms for the participation of older persons in the planning, implementation and evaluation of activities that directly affect their lives (7 have taken measures and 6 have allocated budgets).

i) Increasing employment opportunities to include older persons was stated by 7 countries (5 have taken measures and allocated budgets). There are no clear policies or programmes especially since most countries prioritize the employment of youth. In Kuwait the government is proposing a training programme for the ageing; in Egypt the government is encouraging older people to work in NGOs while Qatar is providing shops to the ageing.

Most countries in the region say they have partnerships with the private sector and NGOs to address the issues related to older people, namely services, mobilization of funds, social mobilization and research.

Partnerships with the private sector are more important in the GCC countries than in other Arab countries and are generally geared towards funds mobilization

Governments mentioned the lack of sufficient resources and the lack of qualified persons among the factors hampering the implementation of programmes targeting ageing people.

9.2 Ageing Care in the Arab Countries

Social welfare systems in the Arab countries rely heavily on family or community-based social support, especially for those who with no access to welfare benefits that result from a record of formal employment-based social insurance contributions. This reliance on kin and community-based support is especially prominent in situations where the state exercises little legislative power over the

family. This formal neglect of social care within social policy in the Arab region stems from a male-breadwinner approach to social policy, which prioritizes the economic activity of the man/father and assumes that the mother or female kin will take responsibility for the care needs of the nuclear or extended family members (Hussein, S. & Ismail, M. 2016).

Within this overarching framework, long-term care needs associated with old age tend to be seen as a family rather than a societal responsibility within Arab countries, with co-residency, or shared households as a way to meet the needs of both the young and old generations within the family (UN 2011). Most Arab countries have relatively young traditional social insurance programmes. These programmes offer old age statutory pensions, with a typically higher uptake in urban areas. It is estimated that social security coverage extends to less than 25 percent of the population (ESCWA 2006), and the majority of ageing people rely excessively on savings and informal support, including financial, from family and charities. Older women are more likely to be affected by limited social security coverage, given their continued over-representation in undocumented labor, such as agricultural and small trade.

Overall, special care needs to given to older population in the health and welfare policy-making process in Arab countries (Sibai et al. 2004). While the rights to equality of older people in most Arab countries are entrenched in their constitutions and recognition of the issues related to ageing within the region has gained momentum in recent years, wide gaps between the ratification and implementation of policies remain.

Almost all countries in the Arab region need to give special attention to the older age population. Nevertheless, some governments have recognized the need to meet future challenges associated with expected population ageing. An ESCWA study (Kronfol et al. 2013) identified a number of Arab countries where home care services for ageing people are available; however, these are mostly covered and initiated by civil society and often religious-based organizations, sometimes subsidized through public funds. For example, in Egypt, the 'Regular Medical Caravans' provide free medical consultation and services - including minor surgeries at home in rural areas. Bahrain has ten such government-sponsored mobile clinics. In Tunisia, the 'Union of Social Solidarity' offers mobile teams to provide free home-based health services for older people. Tunisia also provides specialized government-funded rehabilitation and physical therapy services to older persons for little or no fees. Home-based care in Kuwait is entirely free of charge and NGOs in Morocco provide free medical consultations and medications to older persons in need, and support families and caregivers of older persons with Alzheimer's disease. In Jordan, the private sector has recently expanded to include up to 53 companies registered at the Ministry of Health that provide home care for older persons. In Lebanon, there are 26 mobile clinics for older people living at home. Lebanon and Palestine mentioned the availability of "meals on wheels" services that cater to older people living alone.

X. Institutional Arrangements for Ageing in Arab Countries

10.1 Laws Pertaining to Older Persons

Several countries are keen to upgrade existing laws or formulate new ones targeting ageing people. Below are examples of relevant activities that have been undertaken in Arab countries:

- Pension funds, safety nets and social security schemes have been upgraded in Iraq, Jordan, Lebanon, Oman, Qatar, United Arab Emirates and Yemen.
- Health insurance provisions that cover the very poor and vulnerable older persons have been initiated in Egypt, Jordan, Oman, Qatar and Yemen.
- Qatar has recently doubled the financial assistance given to older persons in need and their dependents (under 18 years old).
- Lebanon issued an 'optional' health insurance scheme for older people in2000 but froze it in 2006. The government is considering financing the huge deficit in order to provide coverage for the current enrollees.
- Bahrain and Kuwait have expanded welfare provisions to cover age-related disability.
- Directives addressing mobility and accessibility within public premises were issued in Egypt and Jordan.
- Tax directives and exemptions from transportation fees, tourist visits fees and other financial exemptions were issued in Egypt, Iraq, Lebanon, Oman and Saudi Arabia.
- Tax deductions for nursing homes and clubs for older persons were issued in Iraq and Jordan.
- In the Syria, initiatives such as the "Active and Healthy Ageing Strategy" and "National Strategy for PHC Reform, 2010" address health-related issues of older persons.

10.2 National Plans of Action, Policies and Laws on Ageing

The fundamental principles of APAA (2002) and MIPAA (2002) have prompted member states to draw up national strategies and policy guidelines that aim at initiating and formulating relevant national plans of action. Twelve countries have completed this exercise and in three others, Lebanon, Syria and Tunisia, the plan is still under development. In Algeria and Yemen, relevant policy formulation and developmental approaches are addressed through existing laws on social welfare and social issues or in sectorial policies and programmes Sibai AM, Rizk A, Kronfol KM (2014).

Table (10.2): Overview of Institutional Arrangements on Ageing in the Arab world

Countries	Notes	Year Drafted	Year Passed
Bahrain	National Strategy and Executive Plan for the Older Population	2009	2011
Egypt	Public Strategy for Older People Care	2010	2010
Jordan	Jordanian Operational Strategic National Plan for the Older Population, 2009-2013	2008	2008
Kuwait	National Plan of Action on Ageing	Under Development	
Lebanon	Policy for the Care of the situation of Older people in Lebanon	1994	1994
Libya	National Strategy for Active and Healthy Ageing and Older People Care	2008	2009
Morocco	National Plan of Action on Ageing	Under Development	
Oman	The Eights Five Years Health Plan 2011 – 2015	2010	2010
Palestine	The National Strategic Plan for the Care of the Older People 2010-2015	2010	2010
Qatar	National Strategy for the Qatari foundation for Older People Care	2011	2012
Saudi Arabia	National Health Strategy 2010-2015	2010	2010
Sudan	National Policy for the Care of the Older People	2007	2009
Syria	National Strategic Plan 2003-2015	2003	2003
Tunisia	Decennial (2003 – 2012) Plan of Action for the Older People	2004	2004
UAE	Expected to adopt a national strategy in 2013	Under development	

Source: Sibai AM, Rizk A, Kronfol KM (2014). Ageing in the Arab Region: Trends, Implications and Policy options

It is noted that:

- Jordan has elaborated a national plan which covers legislation, health and social services and has prepared, in alliance with the National Council on Family Affairs, a comprehensive strategy for the welfare of the aged.
- Yemen has developed the National Population Policy of Yemen (2001-2025) covering provisions for empowerment and health services and has initiated health insurance provisions that aim to cover the vulnerable, including older persons.
- In Egypt, the 'Public Strategy of Older People Care' stipulates the production of databases and reports on ageing people with a focus on health and socio-economic conditions. The National Council for Women discusses and reviews policies and laws for the rights of older women. Even though Egypt has a national strategy and plan of action on ageing, there is no set plan on how to implement, finance or evaluate impact.
- The Minister of Health of Kuwait announced on February 2nd, 2013 plans to draft a 'National Strategy for Ageing Care' that intends to promote physical and mental health, enact laws related to ageing issues as well as initiate community awareness programs in tandem with efforts to improve the social environment of older persons. Older persons will be participating in the development process of the National Strategy for Older People Care.

The recommendations of the above mentioned plans of action on ageing are centered on three issues:

(a) Older persons and development: the economic inclusion of older persons and the reduction of their marginalization, namely based on seven major issues:

- **Active participation in society**: the recognition of the social, cultural, economic and political contribution of older persons and their participation in decision making processes at all levels;
- **Work and the ageing labor force:** opportunities available to older persons who want to access or remain part of the work force;
- **Income security** and a decent life for older women and older men with an emphasis on the modernization of social security systems and old age pensions;
- **Eradication of poverty among older women and men**;
- **Rural development, migration and urbanization:** through the improvement of life conditions and infrastructure in rural communities and promotion of links between urban and rural and the integration of older migrants into their new communities;
- **Education and training for older persons**: to give equal opportunity through continuing education, training, retraining and vocational guidance and the full utilization of the potential of people of all ages;
- **Strengthening intergenerational solidarity** by interchange, communication and reciprocity.

(b) Maintaining health and well-being into old age: In order to achieve universal access to health for older people taking into account their physical and socio-economic and gender conditions as well as the nature of illness they are incurring, recommendations are centered on four issues:

- **Health and well-being throughout life** with the provision of health services without discrimination on the basis of age or gender, the development of policies to prevent ill health among older persons and give access to adequate nutrition for all older persons;
- **Universal and equitable access to health-care services** in order to ensure that all older women and men have equitable access to health care without discrimination, participatory development of the health system by the involvement of older persons and through strengthening the health care services meet the needs of older persons;
- **Information and training** for health and social care professionals and paraprofessionals,
- **Training of 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.

(c) Ensuring enabling and supportive environments: The recommendations related to this topic include 8 issues in order to allow older people to fulfill their rights to access basic services taking into account their own specificities and to create the enabling environment ensuring their inclusion.

- **Housing and the living environment**: Access to housing in the local environment, the creation of a friendly environment and the availability of transportation suitable for older women and men;
- **Provision of social welfare** is a key to ensuring the dignity of older persons. It includes the provision of good social services such as nursing homes with trained personnel and the reinforcement of an older person network at the community level to strengthen intergenerational connections. This includes the role of NGOs and the promotion of an associative life for older persons through NGOs, cooperatives, etc. It includes the preparation of older person for life during retirement;
- **Elimination of the abuse of older persons** through enacting legislation to protect older persons, the monitoring of the incidence of the abuse of older persons, and eradicate such abuse in order to uphold older persons' dignity and rights; awareness campaigns on the abuse.
- **Maintaining a positive image of older persons** and highlighting their contribution, recognizing and paying tribute to older people and strengthening the role and mobilizing the resources of NGOs dealing with ageing issues, and involving older

persons in their work not just as beneficiaries, but as effective actors in their programs and service;

- **Strengthen the position of older people within their families.** The proposed actions are: (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.
- **Support for NGOs and other civil society institutions concerned with ageing**. Through inter-alia providing financial support, the encouragement to design and develop special welfare programs for older persons, putting in place a national mechanism for cooperation and coordination between all governmental and non-governmental organizations dealing with ageing issues and developing standards and criteria to organize and regulate the work of welfare;
- **Mainstreaming older women's issues** into social development through the formulation of special older women-related programs to ensure they are able to live a life of dignity;
- **Care and protection for older women and older men in situations of armed conflicts** and occupation and meet their basic needs and 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.

The 2013 Cairo conference on population and development issued a set of recommendations in relation to ageing; these recommendations cover the following principles:

- **The integration of older persons in development -** the mainstreaming of ageing into the broader development processes, including poverty reduction strategies, across all sectors and agencies involving governmental and non-governmental organizations as well as civil society and the private sector,
- **Inclusion development** through the inclusion of older persons through creating an enabling environment that empowers, values and invests in older persons' accumulated life experience

and capabilities and recognize the societal and economic opportunities associated with ageing,

- **Focus on the human rights paradigm** for advocating and implementing ageing policies through involving grassroots and civil society organizations as well as the older persons themselves,

- **Respect of dignity** through ensuring that all older persons, particularly older women can live with dignity and security, free of discrimination on the basis of age and free of abuse and violence against them,

- **Enabling environmental conditions that encourage** governments and local municipalities as well as urban planners and architects to take into consideration the specific needs and functional capacities of older persons when designing housing, public buildings, mass transportation, outdoor spaces and private homes,

- **Maintaining health and wellbeing of older persons** through the promotion of "life cycle" approach for disease prevention and control through health and well-being in old age, and the adoption of the framework of "active ageing", which requires health system reforms that increase the focus on health promotion and disease prevention and early screening and advocating for the inclusion of geriatrics specialization within education programs at universities.

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XI. Conclusion and Recommendations

11.1 Conclusion

The demographic transition is advancing in the majority of the Arab countries causing a progressive ageing of the population and a transition of values and norms. However, the data and the evidences show that ageing issues still are of low interest in development programs.

Data shows also that a large proportion of older persons belongs to vulnerable groups because they are poor and needy. They are suffering from many types of diseases and particularly the non- communicable kind. Disability is among the factors aggravating their healthy wellbeing.

Data shows also that the inclusion of older people in the development process is hampered by several factors such as non-participation in the decision making, the barriers for the employment and the low level of access to financial resources. In addition, there is a low recognition of their expertise and low confidence in their role and contribution to development. Survey results confirmed that older women are more economically marginalized than older men.

Changes in family roles, as well as in the nature of intergenerational relations are among the factors that changed the traditional social security nets and put the older people in more difficulties in securing decent incomes. The low coverage of the pension system and the fragility of social security systems are among the factors that contributed to the impoverishment of the older ages.

The transition of values and norms and the changes in the conditions of older persons has lead also to changes in the perception of older people and in their image and increased the abuse, the neglect and the maltreatment, and leads in many cases to several forms of violence including gender and sexual violence.

The situation of migrant workers in the Arab region is a source of concern because of its human right dimensions and because of the low protection (health, social aspects, pension system) that migrants are safeguarded with.

Migration and urbanization are among the factors that increased the burden on older persons. Environmental conditions in the cities remain difficult for the older population with a high density of population, the pollution and the difficulties of mobility due to the extension of the cities, insecurity and the deficiency of transport systems. In addition the problems of access to basic services for older people in middle and large cities because of the imbalance between the population pressure and the availability of services have a detrimental effect on senior citizens.

The situation of women and men suffering from humanitarian crises and wars needs more

attention because of the prevalence of disease, disabilities, difficulties related to mobility and the absence of specific services and low protection. Humanitarian response plans may give more attention to the situation of older persons in camps and in areas of conflict.

Partnership between governments, NGO's and the private sector is important for older persons securing their dignity but still is at the beginning stages and needs capacity building and some good success stories to be more effective.

In fact, the Arab countries have the needed tools to develop policies and programs and they have shown at different regional or international conferences commitment for action plans. However, this political will is hampered by low financial and human resources and by emergencies, which take priority as the region is faced with many struggling political situations and humanitarian crises

11.2 Recommendations

Recommendations given by the Madrid conference and the Arab plan of action of 2012, among others, contain several constructive recommendations that need operationalization and monitoring. Those are confirmed by this study; as the preparation for an ageing population will be essential to the success of efforts to achieve the goals laid out in the 2030 Agenda for Sustainable Development.

- Plan for growing numbers and proportions of older persons is essential to ensure the sustainability of pension systems, to guarantee basic income security in old age for all, and to ensure the sustainability and solvency of pension schemes;
- Help communities and families to develop support systems which ensure that segments of older persons receive the long-term care they need and promote active and healthy ageing;
- Ensure the inclusion of ageing people and the needs of older persons in all national development policies and programs;
- Develop a new rights-based culture of ageing and a change of mindset and societal attitudes towards ageing and older persons, switching from welfare recipients to active, contributing members of society;
- Eliminate mandatory retirement and encourage older persons who can and want to work to go on doing so;
- Promote older persons' right to decent work through policies that support a healthy and productive working life, including training and more flexible working patterns;
- Invest in young people today by promoting healthy habits, and ensuring education and employment opportunities, access to health services, and social security coverage for all workers as the best investment to improve the lives of future generations of older persons;
- Minimize the adverse effects of disasters, including by promoting the visibility of older people and awareness of their needs in emergencies, developing guidelines, tools and practices to ensure appropriate emergency health care' and facilitating their participation in humanitarian relief programs;

- Health care systems must be adapted to meet the needs of growing numbers of older persons, for longer term care, both home-based and facility-based, to ensure the well-being of those at advanced ages;
- Eliminate age-related discrimination, promoting and protecting the rights and dignity of older persons and facilitating their full participation in society;
- Governments should act to improve older persons' access to public services in both urban and rural settings;
- Governments should anticipate significant growth in the number of older persons over the coming decades, necessitating multi-sectorial policies to ensure that older persons are able to participate actively in economic, social, cultural and the political parts of their societies.

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