Older people’s health and care needs in the Middle East: 
Policy and practice perspectives within changing population structures

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The Middle East and North Africa

• Some Similarities:
  • Common languages, religious code, heritage
  • Norms around family, ageing and women (filial obligations etc.)
  • More coherence between sub-regions

• Huge variabilities:
  • Poverty and per capita income
  • Population size
  • Literacy and unemployment rates
  • Migration, geographical mobility, co-residency arrangements and other socio-economic and socio-demographic characteristics
Population ageing as a global phenomena

• Globally, population aged 60 or over is growing faster than all younger age groups

• The number of older persons (60+) is expected to more than double by 2050 and to more than triple by 2100 (UN, 2017)

• The size and age composition of a population are determined jointly by three demographic processes: fertility, mortality and migration.
Population Ageing in the Middle East and North Africa

• Arab countries are at different stages of population ageing
• Lebanon, Tunisia, Morocco and Algeria are experiencing a “fast rate of ageing”
  • % of older people (65+) expected to double from 7% to 14% by 2030
• Djibouti, Egypt, Libya, Jordan, Syria, and the Gulf Cooperation Council (GCC) countries experience a “moderate rate of ageing”,
  • Older people will have the same share between 2030 and 2060
• Comoros, Iraq, Mauritania, State of Palestine, Somalia, the Sudan and Yemen are experiencing a “slow rate of ageing”
  • Will reach this point after 2060
• Most countries are also experiencing epidemiological and health transitions
  • with non-communicable diseases replacing communicable diseases as the leading causes of morbidity and mortality
Key population ageing ‘indicators’

• ‘Average’ life expectancy in the region increased from 48.7 years (1965) to 70.4 years (2010)
• Life expectancy is projected to reach 76.9 years in 2045-2050
• Percentage of the population 60 years or older to reach 17.2% in 2050
• Life expectancy is usually higher among women (with an average of 5 to 6 years)
• Considerable variability in the pace of ageing, access to services and quality of life
‘Unique’ features of ageing in the region

• Arab countries experience both population growth, simultaneously with population ageing

• While many of the Arab countries are at an earlier stage of population ageing, due to the ‘youth bulge’ and earlier trends of high fertility rates, the rate of ageing will be considerable by 2050

• Countries will become ‘aged populations’ at significantly faster rates than most developed countries did in the past
  • On average, within 13-40 years compared to 50 to 150 years in OECD countries’ experience

• Other socio-demographic changes are simultaneously occurring:
  • Increased trends in ‘lone-residency’ at old age (usually women)
  • Higher female labor market participation (primary care givers)
  • Migration (internal and international) and proximity of residency
No clear link between demographic transition stage and palliative care development

The diversity of the Arab countries in relation to their position at the demographic transition

Very high TFR (6.6) and low LE (55 years)

Another group situated at a later stage of demographic transition

Lebanon is almost singled out with the lowest TFR (1.8) and highest LE (80 years)

Source: Hussein and Ismail (2017)
Gender Inequality Index measures the human development costs of gender inequality, higher the GII the more disparities between females and males.

GII range from 2.1% to 73.3% in the region.

GII distributed into three groups relative to the overall distribution of Arab countries.

Relatively young populations of the Gulf region, with high levels of female labour participation.

Egypt presents a scenario of competing demands on women.

Source: Hussein and Ismail (2017)
Health services and ageing

- Number of physicians per 1000 (as a proxy of health care coverage)
- Health care coverage and palliative care provision
- A positive relationship between number of physicians and LE in general; but with some outliers
- Palliative care provision does not follow an expected pattern

While the relationship between NoP and LE is almost linear; this is not directly translated into PCD
Health expenditure and life expectancy

• One might theorize a relationship between health expenditure per capita and life expectancy
• To some extent this assumption true when health expenditure per capita is quite low but not necessary when it grows
• The clustering model shows some interesting grouping and outliers

Figure 2. Model-based clustering of Arab countries based on average life expectancy at birth and health expenditure per capita in each country (2013).

Source: Ismail and Hussein (2018)
Health and epidemiology in the region

- Evidence of high prevalence of chronic disease among older persons in the region
  - In GCC countries, the prevalence of Type 2 diabetes and obesity is unusually high relative to the rest of the world
- The number of older persons with NCDs in the region is expected to reach 1.3 million in 2030, nearly 50% higher than in 2015
  - The percentage of older persons suffering from at least one chronic disease ranges between 13.1% in Djibouti and 63.8% in Lebanon, with the majority of the countries having rates above 45%
- Based on limited studies, it is estimated that the prevalence of dementia among older persons (60+) is currently around 6%
  - Likely to be an under-estimate, yet, it is expected the number of people to suffer from dementia in the region to reach 4.7 million in 2040
### Major causes of death for older persons, 2011

<table>
<thead>
<tr>
<th>Country</th>
<th>Communicable, maternal, perinatal and nutritional conditions</th>
<th>Non-communicable diseases</th>
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<td>Diabetes mellitus</td>
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### Proportion of older persons with disability by age and sex (Percentage)

<table>
<thead>
<tr>
<th>Country</th>
<th>Both sexes</th>
<th>Male</th>
<th>Female</th>
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<td>70+</td>
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<td>Oman</td>
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</tbody>
</table>


Mental health at old age is also a growing concern across the region, however, there is limited data to establish the true scale and impact.
Not all years gained are perfect

• Among the countries included in this analysis, Qatar has the highest life expectancy at 60 years and the lowest life expectancy with disabilities

• In Morocco older people experience the highest number of years with disabilities

Furthermore there are significant functional dependence among older people in the region: Disability rate of 60+ exceeds 25% in Morocco; 16% in Palestine; 15% in Yemen and 14% Bahrain In Qatar and Mauritania it’s less than 5% (could be due to limited data)
Older people and long term care needs

• There are two main (often parallel) systems of long-term care
  • informal care providers, such as unpaid family members
  • formal care providers, such as nursing aides, home care assistants, and other paid care workers.

• Most care is provided by family members, mainly women, or by other informal caregivers – NGOs and charitable organisations

• Family-based aged care model
  • Embedded within religious beliefs and duty of care to the elder; a two way beneficial model; gender imbalance of expectations of financial, physical, emotional and personal care
  • Some availability and use of residential care and care home; Limited available statistics on the use of formal or paid care

• A model based on certain assumptions around family structure and women’s availability sustained by strong cultural and religious ideology
Policy implications: the need for coherent ageing policies in the region

- SDGs can only be achieved in the region by adopting human rights-based well-planned policies and ensuring long-term investments in economic, human and environmental capital.
- Population growth combined with population ageing ... significant pressure on economies and social polices
- Women and differential burdens of care and disease

<table>
<thead>
<tr>
<th>Country</th>
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<th>Jordan</th>
<th>Kuwait</th>
<th>Oman</th>
<th>State of Palestine</th>
<th>Sudan</th>
<th>Tunisia</th>
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</thead>
</table>

Some Arab countries have developed strategies and implemented public policy measures to improve the situation of older persons.

Source: UN-ESCWA (2018)
Summary points

• Population ageing is occurring across the region at a considerably faster pace than observed historically in Europe and North America
• People are living longer but not free from disease with significant prevalence of disabilities and chronic NCDs
• Very limited studies addressing prevalence of dementia,
  • there are evidence to suggest under-diagnosis, lack of awareness and stigma
• Current family-based aged care model is not sustainable due to various socio-economic and demographic factors
• Further complications due to political unrest and conflicts
• Policy attention is limited, however, there has been some recent national and regional work
  • UN-ESCWA ‘Population and Development Report, Issue#8’
Moving forward

• Perspectives and expectations of ‘being old’
  • Individual as well as system perspectives (moving away from an ageist view point)

• Intergenerational support- bi-directional
  • Acknowledge and value older people’s input- at different levels including informal employment within and outside the family

• Creating and harnessing opportunities
  • Youth bulge; Inclusivity: empowerment and participation; social capital and cultural norms

• Addressing challenges
  • Stereotypes, stigma, different forms of abuse
  • Gender inequalities at old age – economic, social, cultural and environmental
  • Impact of accumulate capital and inequalities (education, class, disabilities etc.)

• Working together
  • Multi-sectorial; within communities and across regions

• Invest in data and care/health workforce
References


• Hussein S. (2009) 'The Role of Women in Long-Term Care Provision: Perspectives on Aging in the Arab and Islamic World', *10th Islamic Countries Conference on Statistical Sciences (ICCS-X)*, Cairo.

Thanks for listening

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