

UNITED NATIONS' EXPERT GROUP MEETING
MEASURING POPULATION AGEING: BRIDING RESEARCH AND POLICY
Bangkok, Thailand 25-26 February 2019

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

Professor Shereen Hussein
Professor of Care and Health Policy Evaluation
Associate Director, Personal Social Services Research Unit
University of Kent
United Kingdom

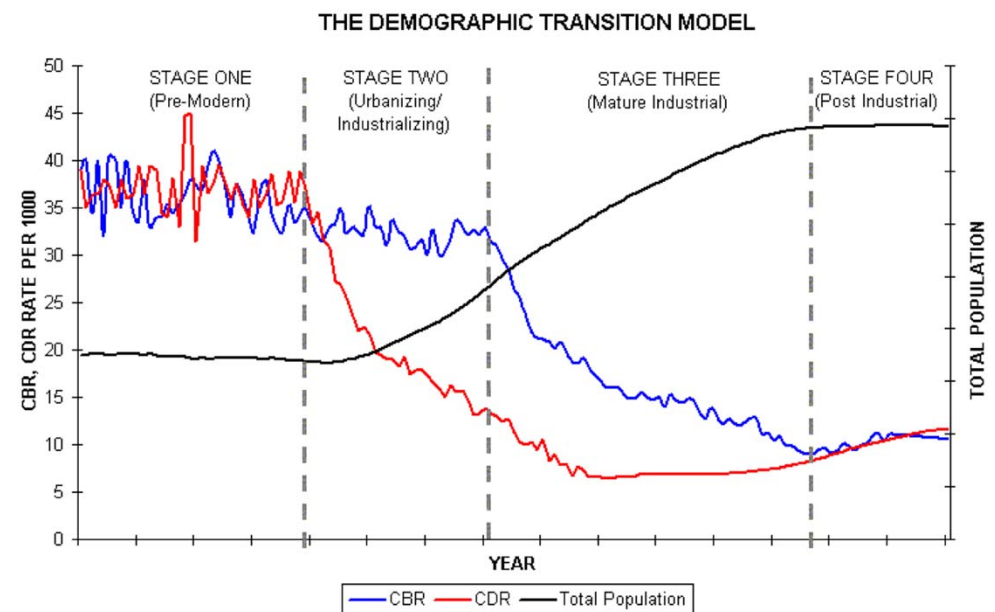
The Middle East and North Africa

- 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.

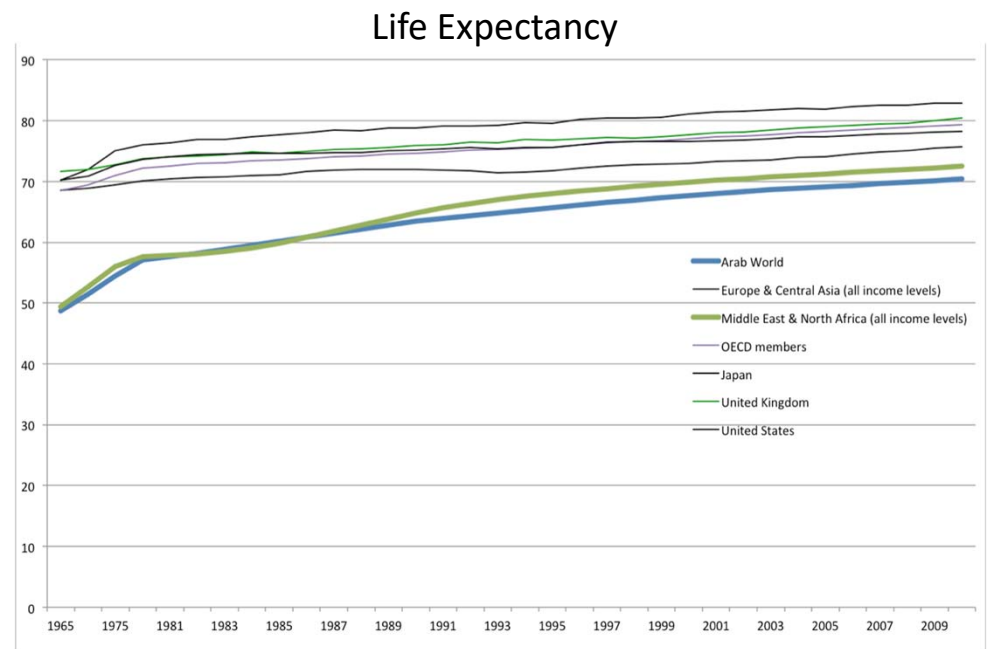


Population Ageing in the Middle East and North Africa

- 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

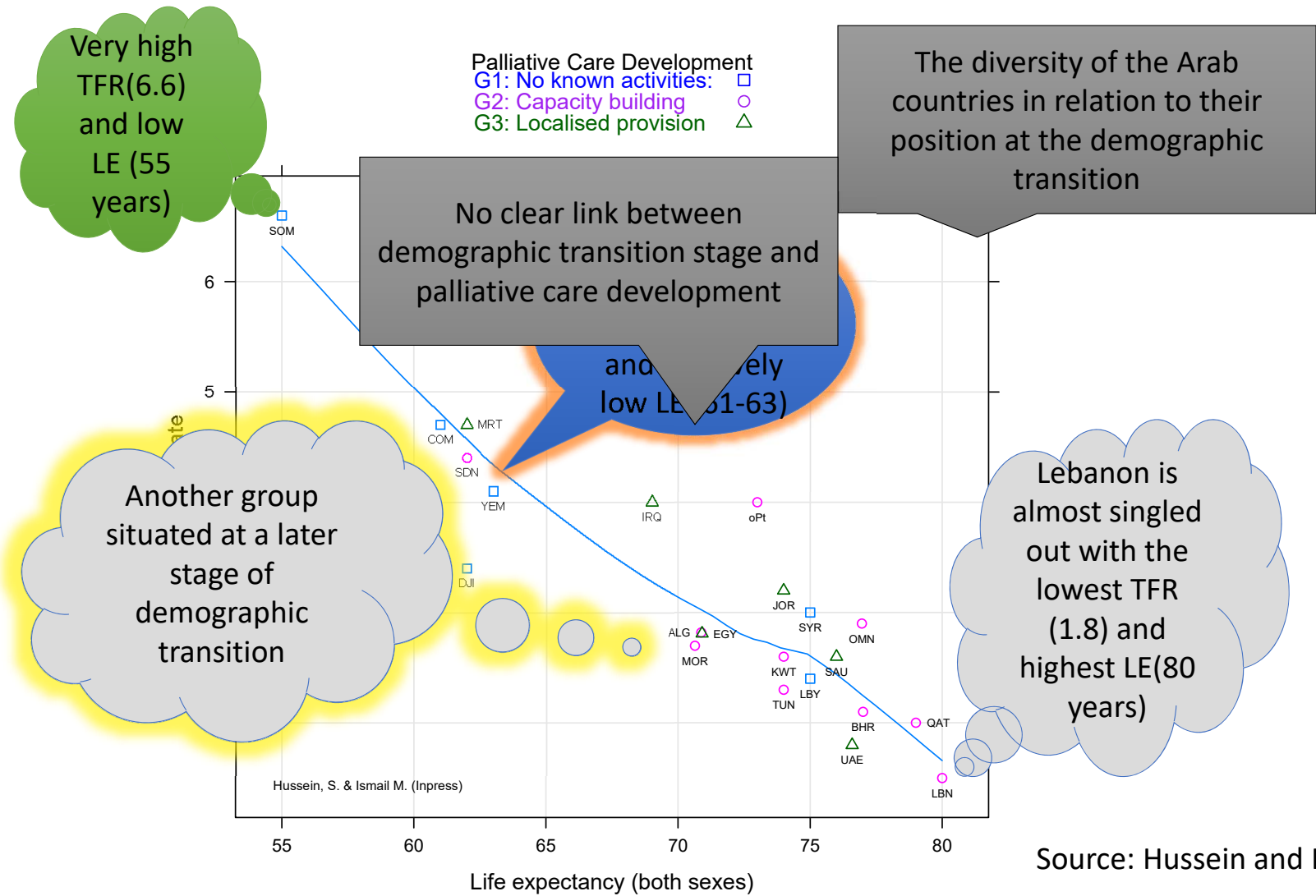
Key population ageing 'indicators'

- '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



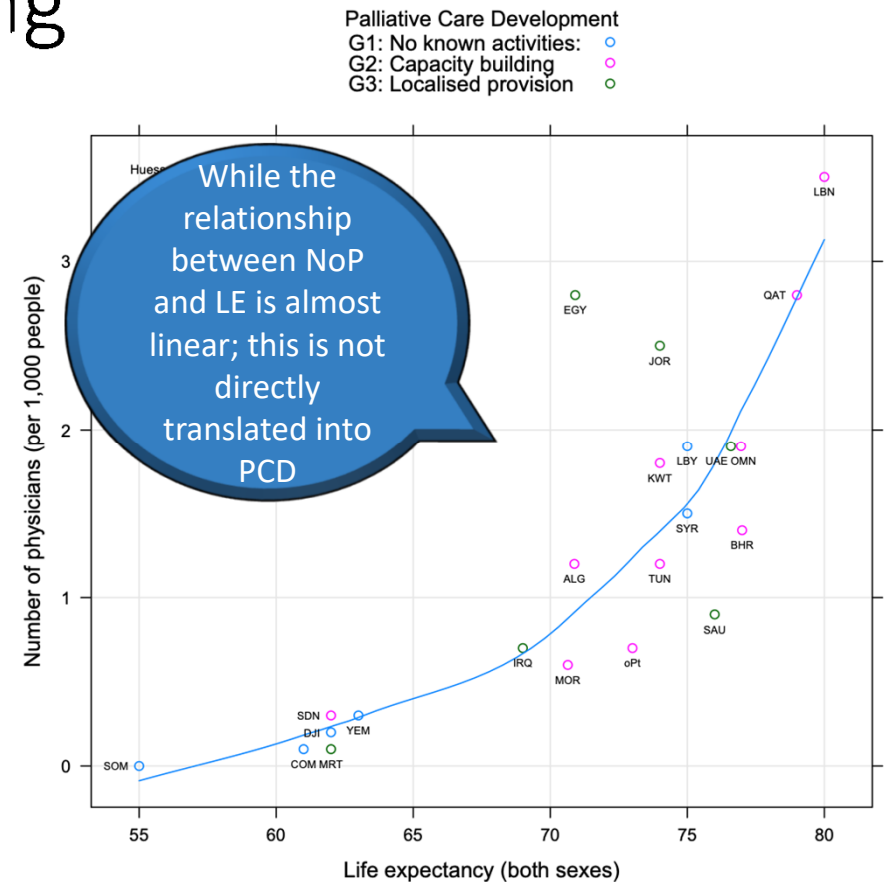
‘Unique’ features of ageing in the region

- 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



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



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

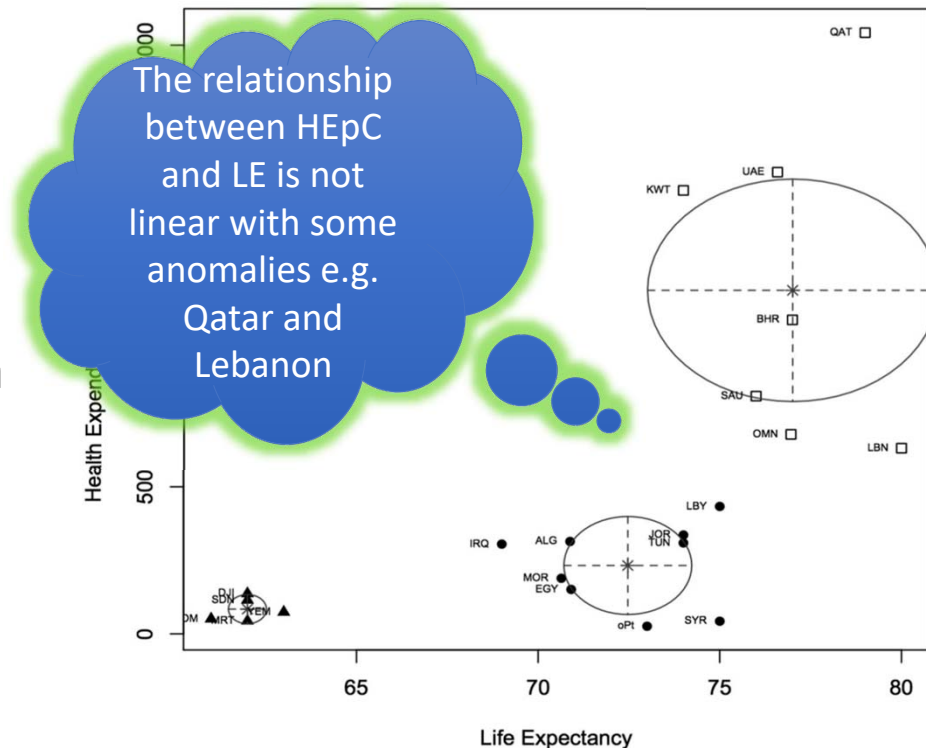


Figure 2. 'Model-based clustering of Arab countries based on average life expectancy at birth and health expenditure per capita in each country (2013).

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

Country	Communicable, maternal, perinatal and nutritional conditions	Non-communicable diseases						Injuries
		Total	Malignant neoplasms	Diabetes mellitus	Cardio-vascular diseases	Respiratory diseases	Digestive diseases	
Algeria	21.0	75.2	9.4	5.2	40.0	8.5	4.2	3.8
Bahrain	8.4	90.4	13.1	17.7	34.4	8.3	3.8	1.2
Comoros	21.3	75.7	7.3	8.6	39.3	8.9	3.5	3.0
Djibouti	12.6	84.9	7.4	2.4	53.0	5.4	8.0	2.5
Egypt	5.0	93.8	9.4	3.2	52.6	3.9	14.6	1.3
Iraq	9.5	80.6	8.7	2.0	52.8	5.1	5.3	9.9
Jordan	5.9	91.1	10.4	10.4	55.5	4.3	3.9	2.9
Kuwait	9.0	88.0	14.9	5.8	56.8	2.4	3.5	3.0
Lebanon	4.0	91.0	16.4	1.9	54.9	5.6	5.2	5.0
Libya	5.8	90.1	11.4	2.2	58.3	5.0	5.9	4.1
Mauritania	23.9	72.8	8.0	5.8	38.3	8.6	4.6	3.3
Morocco	4.9	92.0	8.8	2.2	58.1	6.3	7.6	3.1
Oman	1.0	97.4	11.0	9.9	60.0	4.3	4.3	1.6
Qatar	5.1	91.5	20.4	14.9	35.5	6.7	3.7	3.4
Saudi Arabia	8.6	89.3	9.0	9.2	55.5	4.1	4.1	2.2
Somalia	14.9	80.1	7.2	3.5	47.7	6.3	6.7	4.9
Sudan	10.0	86.8	5.7	3.8	53.4	7.0	7.2	3.1
Syrian Arab Republic	5.0	91.9	6.7	3.2	58.4	6.0	3.6	3.1
Tunisia	15.3	81.9	13.3	1.7	50.2	5.1	5.0	2.7
United Arab Emirates	14.1	82.6	11.9	6.1	50.1	4.0	2.8	3.3
Yemen	8.1	88.4	8.5	2.3	55.3	5.9	7.6	3.5
Arab region	9.0	87.8	8.9	3.7	52.3	5.6	8.3	3.2

Source: ESCWA calculations based on WHO, *World Health Statistics 2011* (Geneva, 2011), and from WHO, "Projections of mortality and burden of disease, 2004-2030" (estimates for 2008). Available at www.who.int/whosis/whostat/2011/en/; www.who.int/healthinfo/global_burden_disease/projections2004/en/ (accessed on 15 May 2018).

Proportion of older persons with disability by age and sex (Percentage)

Country	Both sexes			Male			Female			Year of reference
	60-69	60+	70+	60-69	60+	70+	60-69	60+	70+	
Bahrain	10.4	14.1	19.9	10.7	14.1	20.6	10.1	14.1	19.3	2010
Egypt	4.8	7.9	14.8	5.1	7.4	12.9	4.6	8.4	16.7	2016
Iraq	9.5	10.3	15.4	8.6	9.7	14.4	6.6	10.8	16.3	2013
Jordan	8.2	11.9	16.3	7.2	10.4	14.2	9.1	13.3	18.4	2015
Mauritania	3.4	4.5	5.8	3.6	4.7	6.2	3.1	4.2	5.5	2013
Morocco	15.6	25.0	36.8	14.3	22.6	33.8	16.9	27.2	39.4	2014
Oman	7.3	12.6	19.0	7.1	11.9	17.7	7.5	13.4	20.4	2010
Qatar	1.5	3.2	8.1	0.9	2.3	7.3	2.8	4.9	9.1	2010
Saudi Arabia	3.6	6.9	11.9	3.4	6.4	11.0	3.7	7.4	12.8	2016
State of Palestine	10.0	16.1	23.2	9.1	14.9	21.9	10.7	17.1	24.1	2007
Yemen	7.6	15.4	24.0	5.2	13.2	22.0	9.8	17.6	25.9	2014

Source: ESCWA, *Arab Disability Statistics in Numbers 2017* (Beirut, 2017). Available at www.unescwa.org/sub-site/arab-disability-statistics-2017.

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

Country	Reference Year of Data on	Reference Period of the Life Table	Males			Females		
			LE at 60 years	LE(60) With Disabilities	DFLE	LE at 60 years)	LE (60) With Disabilities	DFLE
Bahrain	2010	2010-2015	18.9	3	15.9	20	3.2	16.9
Egypt	2016	2015-2020	16.3	1.5	14.8	18.8	2.2	16.6
Iraq	2013	2010-2015	16.2	1.6	14.6	18.6	2.1	16.5
Jordan	2015	2015-2020	18.2	2	16.2	20.7	3	17.7
Mauritania	2013	2010-2015	15.8	0.7	15	17	0.7	16.3
Morocco	2014	2010-2015	19.2	4.5	14.7	21	6.1	14.9
Oman	2010	2010-2015	19.3	2.6	16.8	22	3.5	18.5
Qatar	2010	2010-2015	20.1	1.1	19	21.6	1.6	20.1
Saudi Arabia	2016	2015-2020	17.9	1.2	16.7	20.3	1.8	18.5
State of Palestine	2007	2005-2010	17.1	2.6	14.5	19.4	3.5	15.9
Yemen	2014	2010-2015	15.4	1.8	13.6	17.1	2.9	14.2

Source: UN-ESCWA (2018)

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 policies
- Women and differential burdens of care and disease

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

Country	Iraq	Jordan	Kuwait	Oman	State of Palestine	Sudan	Tunisia
Legal framework or strategy	National Strategy for the Prevention and Control of Non-Communicable Diseases	Jordanian National Strategy for Old People (2008)	Five-year plan 2016-2021 and National Senior Health Care Strategy for Old People	Social Action Strategy (Ministry of Social Development) and Strategy for the Elderly (Ministry of Health)	National Strategy for the Elderly in Palestine 2016-2020	National Policy for the Elderly 2009	National Policy for the Elderly 2016-2020

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

- Ismail, M. and Hussein, S. (2018) Long-Term Care Policies in the Gulf Region: A Case Study of Oman. *Journal of Aging and Social Policy*. Doi: 10.1080/08959420.2018.1485392
- Hussein, S. and Ismail, M. (2017) Ageing and Elderly Care in the Arab Region: Policy Challenges and Opportunities. *Ageing International*. 42(3): 274-289.
- Khan, H., Hussein, S. and Deane, J. (2017) Nexus between demographic change and elderly care need in Gulf Cooperation Council (GCC) Countries: Some policy implications. *Ageing International*, 42 (4):466–487.
- 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.
- UN-ESCWA: Hussein, S. (contributor) (2018) Population and Development Report Issue No. 8: Prospects of Ageing with Dignity in the Arab Region. United Nations: Beirut.

Thanks for listening

S.a.Hussein@kent.ac.uk



@DrShereeHussein

