ESCWA regional perspective on “The Madrid International Plan of Action on Ageing: Where are we Five Years Later?”

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Introduction

The pattern of the traditional demographic balance in Arab countries has changed in recent decades. One of the consequences of the demographic transition from high to low fertility and high to low mortality has been the evolution in the age structure of population. In Arab countries, the declining fertility rates have caused important changes in the age structure of the population. These changes are depicted by a sharp increase in the proportion of the working-age population (aged 25-64), a decline in the young age group (aged 0-14), and a slow albeit gradual increase in the older persons as defined to be 65 and above in the Arab region. In the wake of the rapidly changing demographic situation in the region, and in response to the UN resolutions on the implementation of, and follow-up to the Madrid Plan of Action on Ageing (MIPAA), ESCWA has undertaken relevant activities concerning follow-up on the progress made at the regional level. To this effect, the Population and Social Policy Team of the Social Development Division has prepared this report in line with the suggested outline of the regional contributions to the report to be submitted by RCNYO to the Commission for Social Development at its forty sixth sessions in 2008.

1- Overview of findings of the first review and appraisal of regional implementation strategies of the MIPAA.

1. Progress in the improvement of the quality of life of older persons in each of the three priority areas of MIPAA.

In terms of service provision, available services for the elderly are generally welfare-based, which most ESCWA member countries continue to improve and upgrade both the quality of existing centers and available services, particularly, health services. In many countries, health services have witnessed an increase in the number of specialized centers/units/shelter homes and specialized medical personnel, as well as expansion in capacity and provisions, assistive medical aids and medication, and other relevant services. Along these lines, concerned Arab officials tend not to increase the number of specialized centers or homes for the elderly, but rather to expand on improving the services thereof. A number of countries have established day centers for the aged, including Egypt, Jordan and Lebanon. Moreover, a number of countries, including Bahrain, Oman and Saudi Arabia, have established mobile units, i.e. mobile clinic services to reach the elderly within their families in order to provide health and other services. Using such mobile units, social workers have direct contact with older persons at their own home or at the community centre. Further, Jordan has introduced the ‘family welfare programme’, to reach the elderly persons at their homes, including health requirements. Similarly, Qatar has established the ‘family welfare unit’. In Egypt, home services are being operational through established service offices within the Ministry of Social Solidarity, and the Ministry of Health and Population has established institutes involved in nursing studies for the elderly.

1 The reported information is based on official reports received from ESCWA member countries on relevant implementation. Demography-related information and data have been obtained from ESCWA available sources/documents on ageing.
2. **Main changes in the legal and institutional frameworks.**

Some member countries are keen to formulate new or upgrade existing relevant legislation. Relevant activities that have been undertaken cover the following:

(a) Issuing licenses and tax directives regarding the establishment of homes and clubs for older persons, as in the case of Jordan, Iraq;

(b) Initiating health insurance provisions that cover the needy elderly, as in the case of Egypt, Jordan, Oman, Qatar and Yemen;

(c) Expanding welfare provisions to cover disability caused by ageing, as in the case of Kuwait;

(d) Issuing of directives to financially support the needy elderly, including free coverage of health insurance for the very poor elderly or monthly pocket payment, such as in Jordan, Iraq and Qatar. In 2006, Qatar has doubled the financial assistance to the needy elderly and their dependents (under 18 years old), at 100 per cent increase per case;

(e) Upgrading pension funds, safety nets, and social security schemes, such as in the case of Jordan, Iraq, Lebanon, Oman and Qatar;

(f) Formulating projects to implement a new pension law, such as in the case of Lebanon. Lebanon has also issued the ‘optional’ health insurance scheme for the elderly (248/2000);

(g) Issuing of directives addressing mobility and accessibility with public premises, such as in the case of Egypt and Jordan;

(h) Issuing tax directives towards exemption of transportation fees, tourist visits fees and other financial exemptions, such as in Egypt and Lebanon.

3. **Mainstreaming ageing in national policies**

The fundamental principle of MIPAA and APAA has been to promote member countries to draw policy guidelines aimed at initiating and formulating relevant national plans of action. Five countries have completed this exercise, namely: Bahrain, Egypt, Jordan, Qatar and Syrian Arab Republic. Other countries are implementing plans or programmes that are based on existing provisions within the country’s general national policies. The Plan of Action on Ageing of the Syrian Arab Republic tackles mainly health-related issues, and is subject to annual modifications according to needs and priorities.

In May 2007, Egypt has set guidelines towards the preparation of a national strategy and plan of action on ageing. The draft strategy and plan has been recently declared (June 2007). Lebanon is in the process of elaborating its national plan of action. At present, Lebanon has proposed a ‘social plan of action’ that comprises all social segments including the ageing population. Qatar has completed guidelines for its national strategy for ageing, and is currently setting up a mechanism for cooperation regarding the implementation of MIPAA. Other countries, such as Iraq, consider that their ‘welfare law’ stands as the national plan of action. Iraq completed its first national report on ageing, and formulated its national committee on ageing. Yemen has
reported that its national population policy 2001 – 2025 covers provisions regarding strengthening the support to the aged people, including empowerment, health services, and improving the quality of life.

Moreover, most member countries have integrated ageing issues in sectoral policies and programmes, particularly in the area of family issues, population, and social welfare. The National Population Policy of Yemen, 2001 – 2025, covers a number of objectives that address ageing. In other countries, existing general policy and programmes often cover uncoordinated plans, activities and projects that target old age. According to the views expressed by Arab countries in the United Nations report, entitled “World Population Policies 2005”, most countries determined their level of concern about population ageing policies to be “minor”, with the exception of Iraq where this concern was deemed “major”. Worth mentioning is that, in 2007, Qatar has completed its national strategy on ageing that states a relevant vision, mission, theme, principles, objectives, and core areas.

Many ESCWA countries have set up national committees for ageing, including Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Qatar and Saudi Arabia. In most cases, these national committees comprise representatives from the private and public sectors/concerned ministries, and are usually headed by the minister of social affairs of member countries. However, in the Syrian Arab Republic it is headed by the Minister of Health.

In Qatar, the ‘National Committee for Ageing’ functions within the Supreme Council for the Family. In Saudi Arabia, both the Ministry of Social Affairs and the National Committee on Ageing have been involved in coordinating efforts towards formulating the country’s national plan of action on ageing. The Lebanese National Committee on Ageing comprises four sub-committees set to address issues according to specialization: (1) Committee on studies and planning (2) health and services committee (3) legislative committee (4) media and public relations committee.

Some ESCWA member countries have recently established specialized departments within the respective ministries, including Jordan, Lebanon and Qatar. Further, Qatar in 2003, has declared establishing the “Qatari Association for the Elderly” as an independent and private institution. Lebanon established a dedicated homepage regarding the national committee on ageing within the website of the Ministry of Social Affairs.

II. Contribution of the regional commission to the progress in the implementation of regional strategies and the Madrid Plan of Action:

1. To the design, implementation and evaluation of national policies

In accordance with ESCWA’s mandate, the Social Development Division (SDD) continued to monitor the implementation of the Madrid Plan of Action. To this end, SDD has established a system of collecting information on the implementation of MIPA. On annual basis, ESCWA conducts a survey according to which ESCWA member countries report their achievements. In relation to policy formulation, ESCWA has organized workshops and Expert Group Meetings the aim of which is to enhance national capacity to integrate changing age structure of population in national policies. Currently ESCWA is planning to organize a regional seminar to observe five years after MIPAA declaration. In line with the operative paragraph, 12 of Resolution 45/1 the regional seminar aims at reviewing and monitoring the progress made at the country level and at stocktaking of lessons learned at regional level. The outcome of the exercise will serve as
submission to UN DESA in November 2007, and to the 46th session of the Commission for Social Development, March 2008.

2. **To the increase of the national capacity building in the areas policy formulation, research, data collection and follow-up systems.**

In addition, ESCWA has, and continues to organize and participate in relevant meetings/conferences at the regional and international levels. Through its work programme on population and development and by means of organizing capacity building workshop in the area of policy formulation, ESCWA succeeded in encouraging Arab countries to adopt an integrate approach to enhancing the quality of life of people including the elderly people. Furthermore, recently ESCWA has redefined its work programme towards achieving social equity and maintaining an egalitarian Arab society. An approach to social policies that ensures equality, justice and fair treatment of all people at different strata is progressively promoted by ESCWA at regional and country level. Through a number of advocacy and capacity building meetings on the changing age structure of population, ESCWA continues to advocate, support and strengthen population and ageing related developmental goals.

III. **Identification of priorities at the regional level for future action regarding the implementation of the Madrid Plan of Action**

1. Main challenges to be faced by national governments and civil society taking into account the future of ageing in the region.

The pattern of the traditional demographic balance in Arab countries has changed in recent decades. One of the consequences of the demographic transition from high to low fertility and high to low mortality has been the evolution in the age structure of population. In Arab countries, the declining fertility rates have caused important changes in the age structure of the population. These changes are depicted by a sharp increase in the proportion of the working-age population (aged 25-64), a decline in the young age group (aged 0-14), and a slow albeit gradual increase in the older persons as defined to be 65 and above in the Arab region. However, where the onset of fertility decline is a relatively recent trend, the process of ageing is also in its early stage. Nevertheless, in the wake of the rapidly changing demographic situation in the region, the need to meet the challenges with regard to the increase in the population of older persons cannot be underestimated, given that the absolute number of people aged 65 and above has already doubled from 5.7 million in 1980 to 10.4 million in 2000, and is expected to increase to 14 million by 2010 and 21.3 million by 2020. However, the population annual growth rate in the Arab region is predicted to decline from 2.6 per cent in 2000, to 1.99 in 2025, and to 1.67 in 2050. While the rate of growth of population aged 65 and older has been projected at 4-5 per cent in Arab countries over the period 2000-2050, the average annual rate of growth of the oldest old (aged 80 years and older) is estimated to exceed 5 per cent in 11 Arab countries over the same period, including Kuwait and Qatar both at rates of more than 7 per cent. Moreover, the old and oldest old are projected to grow at alarming proportions by 2050 both in terms of absolute numbers and percentages of total populations. Thus, policymakers started to focus on the socio-economic challenges of ageing, and to prioritize the formulation of relevant national policies aimed at the following
Although many Arab countries are reexamining their policies in the light of the aforementioned demographic changes and in accordance with the principles that elderly people constitute a valuable and important component of a society’s human resources yet assessing the achievements of Arab countries it seems that little progress has been made at the regional level concerning the implementation of MIPAA.

In addition to the fact that the existing socio-economic and demographic changes form a major challenge, many non-Gulf countries have attributed the slow implementation to existing obstacles, mainly:

(1) non-availability of funds,
(2) lack of qualified cadre;
(3) limited capabilities of existing institutions;
(4) unavailability of accurate data is considered an obstacle.
(5) Uncertain security situation has been reported by Iraq and Lebanon as additional obstacle.
(6) Unenabling environment for full employment and decent work cing inter-generational dialogue and solidarity through family cohesion stands out as one challenge at the social changes front.

2. Proposed strategies for ageing mainstreaming

To mainstream ageing issues a national coordinating mechanism, that includes in addition to government the civil society and the private sector, should be established in all Arab countries to ensure that the social, economic and welfare aspects of the old people are in fact integrated in national development plans and programmes. ESCWA is calling for an integrated approach to Social and economic development, the principals of which are based on human right approach where the improvement of the quality of life of older persons is an essential part of an integrated and coherent set of socioeconomic policies at national and regional level.

(a) Promoting the;
(b) Enabling older people to remain active and to live independently in their own communities;
(c) Providing adequate health care and social security in old age relative to the working population;
(d) Upholding and facilitating a social support system, formal and informal, including enhancing the abilities of relatives to take care of the elderly within the family environment.
Achievements

The above-mentioned reporting includes many achievements that can be highlighted. In addition, it is worth mentioning that there are some pilot projects that can be classified as developmental achievements after MIPAA and APAA. To illustrate, following are few examples:

(1) Some countries have introduced the study of geriatrics and ageing issues within academic programmes at schools and universities, including Egypt, Jordan and Lebanon. Furthermore, Lebanon has established a national society for geriatrics; and the Syrian Arab Republic is in the process of setting up a national task force on geriatrics.

(2) In order to promote productive ageing, some countries, principally Egypt and Qatar, have initiated projects with prizes for older persons who continue to work productively. Within that context, the Supreme Council for Family Affairs in Qatar is implementing a multi-purpose project for older people aiming at the following: (a) building the capacity of participating older persons; (b) creating opportunities for them to continue to be productive by training young students in relevant fields; (c) enhancing intergenerational interaction; and (d) securing financial benefits to participating older persons.

(3) A pilot project in Egypt consists of granting senior citizens a golden card that entitles the holder to benefit from a range of services and privileges.

(4) The National Committee on Ageing in Lebanon has completed a draft project concerning the issuance of a special identity card for the aged persons.

Conclusion

In general, little progress has been achieved at the regional level concerning the implementation of MIPAA. Up-to-date, only five out of 13 ESCWA countries have formulated national plan of action on ageing. In addition to the fact that the existing socio-economic and demographic changes form a major challenge, many non-Gulf countries have attributed the slow implementation to existing obstacles, mainly: (1) non-availability of funds, (2) lack of qualified cadre; (3) limited capabilities of existing institutions. Few countries, such as Qatar and Yemen, have reported that the unavailability of accurate data is considered an obstacle. The uncertain security situation has been reported by Iraq and Lebanon as additional obstacle. Qatar has also mentioned that re-enforcing inter-generational dialogue and solidarity through family cohesion stands out as one challenge at the social changes front.
The old and oldest old are projected to grow at alarming proportions by 2050 both in terms of absolute numbers and percentages of total populations. Thus, policymakers started to focus on the socio-economic challenges of ageing, and to prioritize the formulation of relevant national policies aimed at the following:

(e) Promoting the quality of life of older persons;

(f) Enabling older people to remain active and to live independently in their own communities;

(g) Providing adequate health care and social security in old age relative to the working population;

(h) Upholding and facilitating a social support system, formal and informal, including enhancing the abilities of relatives to take care of the elderly within the family environment.