



Population Ageing in the Middle East and North Africa: Policy and Practice Implications

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The Region

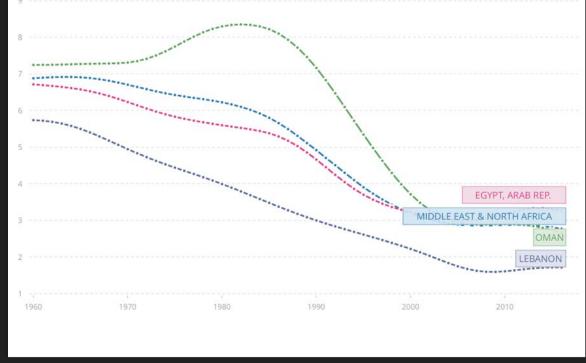
- Similar but crucially different
- Common 'code of norms'; importance of families; 'respecting' the elderly
- Different countries at different stages of demographic transitions – in terms of fertility and mortality rates
- Diverse population size, poverty levels, literacy and employment rates



A sea of change

- A success story
 - Declining mortality rates
 - Declining fertility rates
 - Improved life expectancy
- Historical high fertility rates
- Socio-economic changes
- Migration and mobility
- Variable stages of the demographic transition
- Variable pace of population ageing

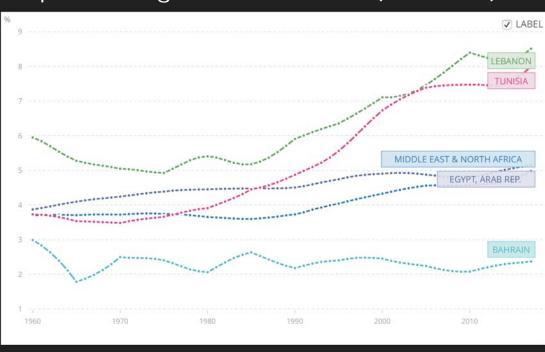




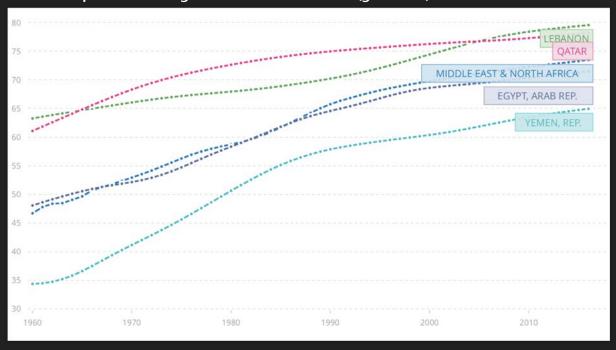
Source: World Bank

Demographic shifts

Population ages 65 and above (% of total)



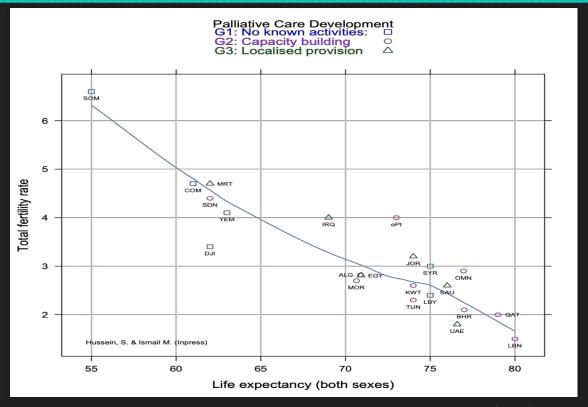
Life expectancy at birth, total (years)



Source: World Bank

The pace of change is not the same across the region

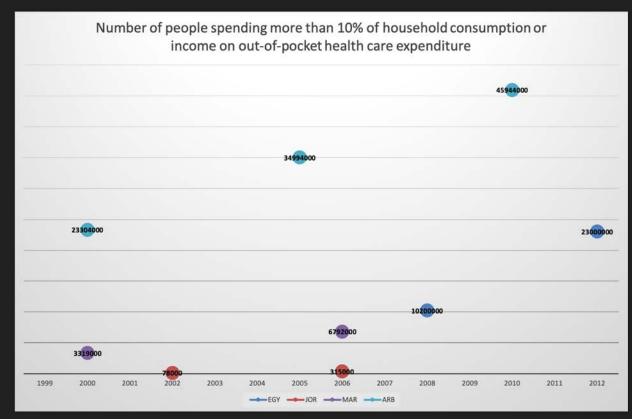
- Somalia and Lebanon at extreme ends:
 - Very high TFR(6.6) and low LE (55 years)
 compared to 1.8 and 80 years in Lebanon
- A cluster of countries with medium
 TFR(3.4- 4.7) and relatively low LE (61-63)
- Another group situated at a later stage of demographic transition (TFR: 2-3.5; LE:70+)
- Palliative care as a proxy of LTC preparedness
 - No clear link between demographic transition stage and palliative care development



Source: Hussein and Ismail (2017)

Population ageing is not occurring in isolation

- Population ageing is occurring simultaneously with 'youth bulge'
- Socio-demographic changes
 - Co-residency patterns
 - O Urbanisation
 - O Displacement
- Epidemiological and health transitions
 - Non-communicable diseases replacing communicable diseases
 - Life style, physical activities, obesity
- Real cost at the individual and HH levels



Source: World Bank

Summary

- The region experiences one of the fastest growing populations.
 - more than tripled from 123 million in 1970 to over 400 million in 2017.
- The pace of population ageing is also historically fast
 - On average, countries will experience 'ageing transition' within 13-40 years compared to 50-150 years in OECD countries' experience
- Current evidence indicates some significant concerns regarding the health, wellbeing and socio-economic status of older people in the region
- Although there are some efforts in developing ageing strategies in a number of countries as well as basic social protection schemes; there is a lack of coherent long term care policies and systems
- Families and informal carers are carrying the burden with considerable economics, social and health cost

Major implications

Individuals and families

- People are spending more years postretirement or at 'old age' than ever
- Many years are spent in ill-health with multiple co-morbidities
- Intersectionality of gender and age
- Dignity and wellbeing of older people
- Families are the primary care givers
 - Usually women with multiple responsibilities
 - Financial, emotional and physical burden

Systems and society

- Preparedness, awareness and formal support availability
- Communities and the role of charitable and NGOs
- How fare the environment is enabling (or disabling) for older people and their families
- Financial burden (on the state)
- How well the system is prepared
 - Potential exploitation (e.g. unregulated care market including private health and care services)

Developing an ageing policy agenda

- Some recent policy attention
- Scarcity of disaggregated data to investigate the physical, emotional and social wellbeing of older people
- Competing policy priorities
 - Ageing as almost on the 'blind spot'
- A window of opportunity (demographic dividends)
- The potential of social capital approaches, only as an integrated part of a wider system
- Economies and cost



Addressing the needs of older people: now and in the future

- Clear links to almost all the UN 2030 SDGs (all need to be achieved simultaneously)
- Adopting a life course approach
 - developing social protection policies and schemes for all age groups
 - Improving health for all; reducing inequalities across the life span
- But... there is a clear need to 'prioritize' both the research and policy agenda
- The need to combine goals: e.g. economic and social growth while reducing inequalities
- Human rights and person-centeredness as core components
- Clear short, medium and long term plans

Setting up research priorities

- Older people's wellbeing
 - Physical, emotional, mental and social
- O Gender, ethnic, religious and socio-economic inequalities at old age
- Availability, access and quality of long term care support for older people and their informal carers
- The impact of mobility, migration and co-residency patterns on older people and long term care
- Developing policy and social systems: who is responsible for what and how everything work together to create a 'system'
- Perspectives and expectations of 'old age'; by individuals, families, communities and society

Success factors

- Paradigm shift
 - 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
- Working together
 - Multi-sectorial; within communities and across regions
- Investing in <u>data</u> and in-depth analyses
- Encouraging multi-disciplinary and Joint efforts: e.g. developing LTC workforce from ageing and women's entry to education and labour market simultaneously

Discussion points

- What are the key research priority areas?
- What are the 'low hanging fruits'?
- Innovative schemes and practice
- National and local variations
- Identify 'low hanging fruits'
- System changes:
 - Where to start?
 - Linking ageing to other research priority areas

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- The views presented here are those of the author alone

Thanks for listening

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