



مجلس وزراء الشؤون  
الاجتماعية العرب

# POPULATION AGEING AND POLICY OPTIONS IN THE ARAB REGION

December 2017

The number of older people is growing fast in the Arab Region. According to the UN Population Division, the region's population aged 60 and older (60+) is going to almost double in 15 years, increasing from 27 million in 2015 to 50 million in 2030, and by 2045, increasing to more than 80 million. This is a significantly large number considering that Egypt's total population, where 1 in 4 Arabs live, was 84 million in 2010.

Population ageing is a global trend. Today, 8% of world population is 65 years and older and 12% is age 60+. In the Arab Region, where the retirement age is 60 for most countries, 8% of the population is age 60+ and it is expected to reach 15% by 2045. It is often thought that ageing is an issue for more developed countries and not developing countries, but that is certainly not the case for the Arab region. Between 2000 and 2045, as shown in **Figure 1**, the number of people age 60+ in both Mashreq and Maghreb is going to increase fivefold and the increase will be six fold for the group of least developed countries. (See **Table 1**, page 8, for country groupings and more data.)

Addressing older people's needs as part of public policy discourse is a relatively new concept for the region which prides itself for family values and a culture of respecting and protecting older persons. However, it is urgently needed as the number of older people is going to increase fast and result in significant consequences on health financing systems and pension funds. Also, the time has changed. People live longer and are more likely to live in urban areas where the type of nuclear family is largely the norm. Women, who typically are the caregivers in the family, are increasingly participating in the labor force. Children may not necessarily have the means or ability to fully take care of their parents in need. Thus, appropriate public policies and variations of organized care serving older persons need to be considered to complement families' care when needed. More important, older persons should have a voice in matters affecting them whether at the public policy level or a family decision. The Arab region is widely diverse in the sense

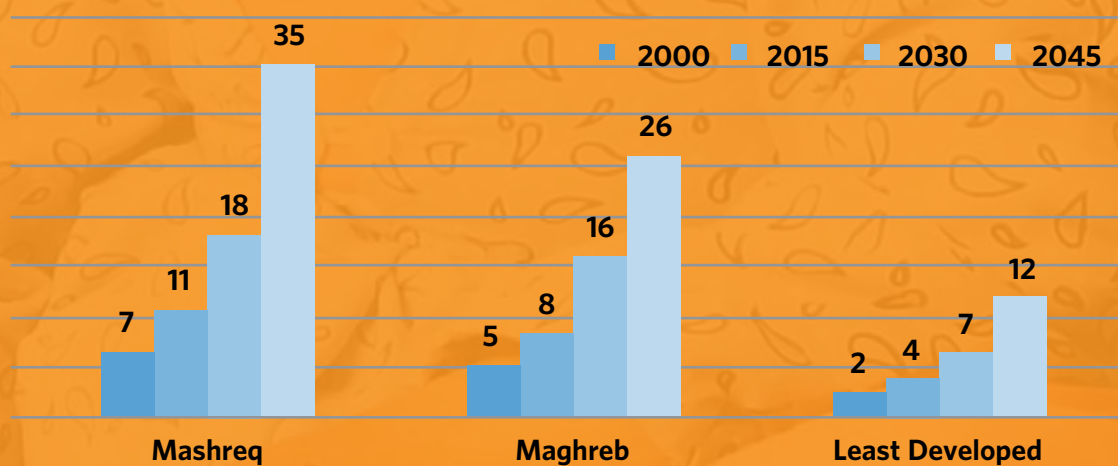
that it has some of the richest and some of the poorest countries in the world—Qatar's per capita income is 50 times higher than that of Yemen's and 80 times higher than that of Comoros's.<sup>1</sup> As such, issues concerning their old people and even more so their capacity for addressing them may vary greatly. Moreover, many countries, even the poorest ones such as Somalia and Yemen, are pressed with hosting a growing large numbers of refugees and dealing with their internally displaced people, including the old one. Regardless, they all need to have reliable data in order to make informed decisions and take actions that would have a positive impact on the lives of all older people now and in the coming years as their numbers grow. After all, good policy starts with credible research.

This policy brief explains the demographic dynamics behind ageing in Arab countries. It looks at the health, social, and economic status of their older population and some governments' actions as reported in a recent report on *Ageing in the Arab Region: Statistical Trends and Policy Perspectives*, jointly published by UNFPA and the League of Arab States earlier this year, which is the basis for this brief. The brief also highlights the plight of older people caught in humanitarian settings and provides a range of actionable recommendations.

Now, the richer countries have the opportunity to lead by helping eradicate illiteracy among youth in the region and encouraging gender equality. Such efforts would fundamentally benefit families and the societies at large. For the ageing population specially, the efforts benefit them in at least two direct ways: 1) labor force participation in formal sector will rise, increasing the number of workers contributing to pension funds—which mostly are running deficit—and secure them collecting pension when retiring; and 2) incomes will rise, helping families be financially better prepared to care for older family members.

<sup>1</sup> Population Reference Bureau, *2017 World Population Data Sheet*.

Figure 1 - Growth of Population Aged 60+ in Mashreq, Maghreb, and Least Developed Countries of the Arab Region, 2000-2045 (Numbers in Million)



Source: United Nations Population Division, *World Population Prospects 2017*.

## Demographic Dynamics and Ageing

Population ageing is a global phenomenon. Populations age as countries progress and their demographic transitions from high to low mortality, and with a time lag, from high to low fertility. As a result, their age composition changes. Between 1990 and 2015, the median age for world's population increased from 24 to 30, while the median age for the Arab Region increased from 19 to 24. These numbers indicate that, on average, the Arab Region's population is younger than the world population and it is lagging behind most other world regions in transitioning to lower fertility. Figure 2 shows population growth by broad age groups in Mashreq, Maghreb, and the group of least developed countries.

The population of the Arab region is growing at a rate twice that of the world average. It is in part because infants and children have increasingly survived to adulthood at higher rates than decades ago and also because the adults have been living longer. Today, men and women reaching age 60 are expected, on average, to live for 18 and 20 more years respectively. Between 2000 and 2015, the region added more than 100 million people to its population, reaching to nearly 400 million. By 2030, its population is expected to pass 500 million. **Figure 3** illustrates percent distribution of Arab Region's population by sub regions, showing that 43% of the population live in Mashreq, 33% in Maghreb, 16% in the group of least developed countries, and 8% in the countries of the Gulf Cooperation Council (GCC).

Arab countries are widely spread out when it comes to their demographic transition. Their median age ranges from 17 in Somalia to 32 in Tunisia, and their total fertility rate ranges from 1.7 births per woman in Lebanon to 6.4 births per woman in Somalia. In Lebanon, the share of population aged 60+ is expected to reach 20% by 2030 while that of Somalia is expected to be 4% (see **Table 1**, page 4).

The number of older people today is mainly determined by the demographics of six or more decades ago (e.g. population size, fertility rate, and infant and child survival rates at the time). Therefore, their number can generally be projected with some confidence because older persons of the next six decades or so have already been born. Although, this cannot be said about projecting their share of the total population which in part is based on future fertility assumptions. As shown in Figure 1, for example, the number of people age 60+ in the group of least developed countries is growing faster than those in Mashreq and Maghreb, but its percentage of older people is increasing at a slower pace because of its higher fertility rate. The percentage of the population age 60+ in Maghreb, Mashreq, and the group of least developed countries is expected to increase from 6% to 13%, from 9% to 21%, and from 5% to 7%, respectively (see **Figure 4**).

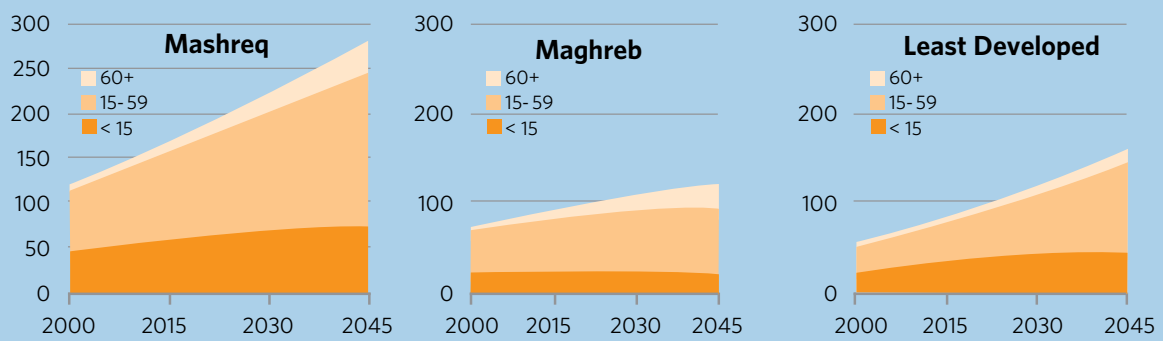
Figures 2 and 4 illustrate overall population growth by broad age groups and changes in age composition for the sub regions, except for GCC. The reason for the exclusion is that nearly half of GCC's population are foreign nationals, distorting its age composition and projections. Foreign nationals constitute nearly 90% of UAE's population, 86% of Qatar's, nearly 70% of Kuwait's, 52% of Bahrain's, 44% of Oman's, and 33% of Saudi Arabia's.<sup>2</sup> It appears that in the UN Population Division's projections (presented in Table 1), these foreign nationals are taken into account in countries' population projections as if they were going to stay there for the rest of their lives. However, these foreign nationals—who generally are in their working age and more likely to be male—are required to leave the country when their work permit expires. In Kuwait, for example, foreign nationals constitute only 3% of the population aged 60+. Thus, the numbers shown for GCC countries in Table 1, individually and as a group, should be looked at with caution.

<sup>2</sup> Gulf Research Center, Gulf Labor Market and Migration, "Total Population and Percentage of Nationals and non-nationals in GCC Countries." (<http://gulfmigration.eu/gcc-total-population-and-percentage-of-nationals-and-non-nationals-in-gcc-countries-national-statistics-2010-2015-with-numbers/>)



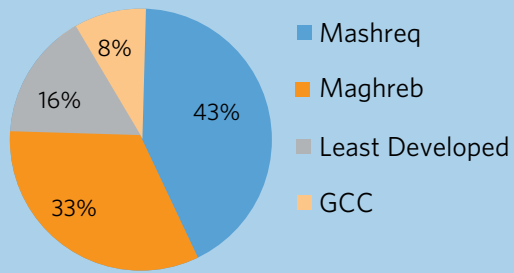
© UNFPA Palestine

**Figure 2 - Population Growth by Broad Age Groups in Select Sub-regions (Numbers in Million)**

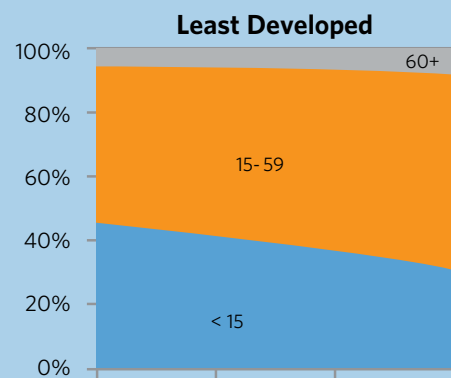
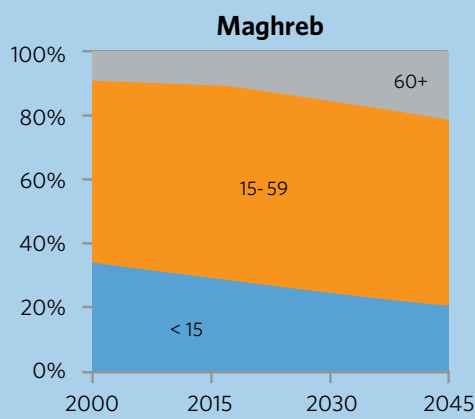
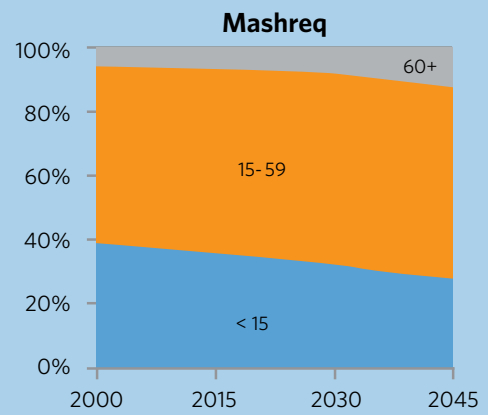


Source: UN Population Division, World Population Prospects 2017.

**Figure 3- Population Distribution of Arab Region by Sub Region, 2015**



**Figure 4 - Changes in Age Compositions in Select Arab Sub Regions, 2000 - 2045**



Source: UN Population Division, World Population Prospects 2017.



## Health and Well-being of Older People

Good health is a vital individual asset—for adults, it generally diminishes with age. For societies, a high overall level of health of the population is vital for their economic growth and development. People who adopt a healthy and active lifestyle from a young age are more likely to be healthy and active when they are old. Living in poverty is a major factor contributing to poor health, especially for old persons. Many of the region's economies have regressed in recent years, pushing more people into poverty and putting more burdens on governments to assist the poor. According to a Household Income, Expenditure, and Consumption Survey conducted in Egypt in 2015, more than a quarter (28%) of the population live below the poverty line—11 percentage point higher than in 2000. Considering the fact that Egypt's population has grown by around 25 million people since 2000, one can easily deduce that the number of Egyptians living in poverty has grown significantly in the past decade or so, including that of the older population.

Older persons continue to have a moral role and remain visible as the head of the household. In many cases this role is not only symbolic, but also linked to a lot of responsibility, particularly economic and financial, although not a lot is known about older people. The results of the Pan Arab Population and Family Health (PAPFAM) surveys conducted in a number of Arab countries gives a glimpse to the situation of older people in parts of the region, including Algeria (2002) and Djibouti (2002 and 2011), Lebanon (2004), Libya (2007 and 2014), Morocco (2003/2004 and 2011), Syria (2001 and 2009), Tunisia (2001), and Yemen (2003). These surveys show that in these countries, collectively:

- 85% of the population age 60+ in these countries reported being the head of their household (63%) or spouse of the head (22%). Among older men, 94% are the head of household as compared to 30% of older women. Libya has the highest percentage of its population age 60+ who are the head of their household (71%) or spouse of the head (25%). In Djibouti and Morocco, where more than one PAPFAM survey is conducted, the data suggest that the percentage of older persons who are the head of household has grown over time.
- In general, older persons living in rural areas were more likely to be looking for a job than those in urban areas. Also, the less educated were more likely to look for a job than more educated, reflecting in part their decreased likelihood of having a pension to support them.
- Older persons from the poorer and the less educated segments of the population are more likely to have one or more type of non-communicable disease (such as hypertension, diabetes, and cancer) than the richer and the more educated ones.
- 36% of older men are working as compared to 5% of older women, although a higher percentage of older women (nearly 8%) reported that they were looking for a job. Among men, 12% said that they were unemployed and looking for a job and 40% said they were retired. While 67% of older women reported being "at home," only 1% of older men said that. About the same percentages of older men and older women said that they could not work (9% and 8%, respectively).
- The percentage of old persons who are disabled with limited vision is higher in rural than urban areas and among women than men. In Djibouti, nearly 70% of women and 50% of men age 60+ reported such disability, although the gender gap is not wide in Morocco (74% and 71%, respectively).
- Disabled older men are by far more likely to be married than disabled older women: 82% as compared to 29%.

**Table 1 - Population Estimates and Projections for Arab Countries**

Region and Country	Total Population									Popu	
	Millions			% <15			% 60+			Millions	
	2000	2015	2030	2000	2015	2030	2000	2015	2030	2015	2030
Mashreq	121.4	168.3	222.9	39	36	32	6	6	8	11.6	19.9
Egypt	69.9	93.8	119.7	37	34	30	6	7	9	7.23	11.83
Iraq	23.6	36.1	53.3	44	41	38	5	5	5	1.81	3.17
Jordan	5.1	9.2	11.1	39	36	30	5	5	8	0.51	0.97
Lebanon	3.2	5.9	5.4	30	24	19	10	11	20	0.67	1.02
Palestine	3.2	4.7	6.7	48	40	36	4	4	6	0.21	0.42
Syria	16.4	18.7	26.6	41	39	29	5	6	9	1.19	2.49
Maghreb	75.4	92.2	110.6	34	28	24	7	9	14	8.7	16.0
Algeria	31.2	39.9	48.8	35	29	25	6	9	13	3.56	6.48
Libya	5.4	6.2	7.3	33	29	23	6	6	10	0.40	0.81
Morocco	29.2	34.8	41.6	35	29	22	7	10	17	3.46	6.44
Tunisia	9.7	11.3	12.8	30	25	22	10	11	16	1.32	2.27
Gulf Cooperation Council*	29.5	52.7	66.6	32	19	17	4	4	11	2.3	6.7
Bahrain	0.7	1.4	2.0	27	17	13	3	4	8	0.06	0.19
Kuwait	2.1	3.9	4.9	25	19	17	3	5	12	0.16	0.59
Oman	2.3	4.2	5.9	34	17	15	4	3	7	0.16	0.42
Qatar	0.6	2.5	3.2	20	9	9	3	2	9	0.06	0.28
Saudi Arabia	20.8	31.6	39.5	36	23	20	4	5	12	1.65	4.36
United Arab Emirates	3.2	9.2	11.1	20	10	9	2	2	8	0.18	0.90
Least Developed	58.1	85.4	121.5	46	42	38	4	5	5	4.2	7.0
Comoros	0.5	0.8	1.1	44	41	36	4	4	6	0.04	0.06
Djibouti	0.7	0.9	1.1	41	32	27	4	6	9	0.06	0.10
Mauritania	2.7	4.2	6.1	44	41	37	4	4	6	0.21	0.38
Somalia	9.0	13.9	21.5	47	47	45	4	4	4	0.60	0.96
Sudan	27.3	38.6	54.8	44	42	37	5	5	6	2.08	3.54
Yemen	17.9	26.9	36.8	49	41	35	4	4	5	1.21	1.92
<b>TOTAL</b>	<b>284.4</b>	<b>398.5</b>	<b>521.5</b>	<b>39</b>	<b>33</b>	<b>29</b>	<b>6</b>	<b>6</b>	<b>9</b>	<b>26.8</b>	<b>49.6</b>

**NOTES:**

\*Figures for the GCC countries are distorted by their large number of foreign nationals (currently in their working age) being accounted for in the projections for the 60+ age group.

There are numbers and percentages in the table that don't add up exactly to match the corresponding totals due to roundings.

**SOURCES:**

United Nations Population Division's World Population Prospects 217 is the source for all the indicators except for the last two (total fertility rate and percent living in urban areas) which are from Population Reference Bureau's 2017 World Population Data Sheet.



Population Age 60+			Sex Ratio 60+ (males per 100 females)	Life Expectancy, 2017 (Years)				Total Fertility Rate (births per woman)	Percent Urban
	% Change			At birth		At age 60			
2045	2015- 2030	2015- 2045	2015	Male	Female	Male	Female	2017	2017
35.1	71	202	85	70	74	17	20	3.4	55
20.06	64	178	84	70	74	16	19	3.3	43
6.22	75	243	84	68	72	16	19	4.1	70
1.86	92	268	93	73	76	18	21	3.3	84
1.47	52	119	98	78	82	21	24	1.7	88
0.82	100	290	92	72	76	18	20	4.0	75
4.65	109	290	87	66	78	18	22	2.9	58
26.1	83	198	93	74	77	21	22	2.7	67
11.36	82	219	98	75	78	22	23	3.1	71
1.64	100	308	89	69	75	17	21	2.3	79
9.77	86	182	90	75	77	20	22	2.4	60
3.30	73	151	87	74	78	19	22	2.4	68
14.2	197	526	157	75	78	19	20	2.4	85
0.36	225	535	128	76	78	19	21	1.9	100
1.09	268	583	170	74	76	18	19	2.0	98
1.05	162	555	107	76	80	20	23	2.9	75
0.57	379	884	278	78	80	21	22	2.0	99
9.00	164	445	131	74	77	18	20	2.6	83
2.11	401	1080	236	77	79	21	21	1.8	86
12.0	66	185	90	62	65	16	18	4.8	37
0.11	73	200	87	62	66	14	17	4.3	28
0.17	81	198	88	61	64	17	18	2.9	77
0.67	83	224	80	62	65	16	17	4.6	60
1.56	60	159	97	55	59	16	17	6.4	40
5.75	71	177	89	63	66	17	19	4.7	35
3.69	58	205	90	64	67	16	17	4.1	35
<b>87.3</b>	<b>85</b>	<b>225</b>	<b>98</b>	<b>70</b>	<b>74</b>	<b>18</b>	<b>20</b>	<b>3.4</b>	<b>58</b>



## Challenges and Opportunities

Social welfare systems in the Arab countries rely heavily on family or community-based social support. This is especially important for persons with no access to welfare benefits as the result of a record of formal employment-based social insurance contributions. This formal neglect of social care within social policy in the Arab region stems from a male-breadwinner approach which prioritizes the economic activity of the man/father. Within this overarching framework, long-term care needs of older persons tend to be seen as a family rather than a societal responsibility.

In fact, providing care to older persons is mainly a family affair—care given by family members or by hired informal caregivers—because of deeply rooted religious and cultural norms that emphasize the duties of younger generations towards their elders. Social stigmas are attached to the idea of old relatives being placed in nursing homes. Nevertheless, alternatives of formal care are generally lacking, which at times can have negative impacts. For example, an older person's stay in the hospital may be extended, adding extra cost to health systems and the family.

Moreover, Arab countries need to expand on alternatives of formal care because the availability or willingness of family members to care for older persons is uncertain. Changes in family structure, the growing trend of youth migration, and the increases in women's participation in the labor force may negatively affect the availability and willingness of family members to provide care for their old relatives. Additionally, many informal caregivers may not be equipped to give adequate care associated with ageing, such as dementia needs.

Training a sizable health care force of both males and females should be a priority in all Arab countries in order to better establish, manage, and deliver the care in formal community systems. Currently, institutions serving old people often lack sufficient

capacity because they are poorly resourced and coordinated. As a result, family care may be the preferred option of either the frail older person or the caregiver. In view of this range of issues, a continuum of affordable care options, from family to institutional, is desirable. Ultimately, the participation of old persons in assessing their own needs and monitoring service delivery is crucial to the choice of the most effective option.

The growth of the older population and their increased life expectancy have important consequences for both health financing systems and pension funds. The pension systems in most Arab countries were mostly designed in the late 1950s after decolonization and have not been revisited since, therefore typically running deficits. Current discussions around the deficits are engendering political tensions in some countries. As for the healthcare system, the cost of treatment of non-communicable diseases is an issue in the majority of the countries, despite health care reforms.



© UNFPA Yemen

It is estimated that social security coverage extends to less than 25% of the population in the Arab region. The reason for the low coverage includes: size of the labor market, predominance of the informal sector and the self-employed, and the low contribution of the private sector. The majority of older people rely excessively on savings and informal support, including financial, from family and charities. Older women are by far more likely to be affected by limited social security coverage given their low labor force participation and continued over-representation in the informal economies, such as agriculture and small trade. Most Arab countries have relatively young traditional social insurance programs offering old age statutory pensions, with higher uptake seen in urban areas. Several countries have taken steps to upgrade existing laws or formulate new ones targeting old persons. Examples are:

- 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 old persons have been initiated in Egypt, Jordan, Oman, Qatar, and Yemen.
- Tax deductions for nursing homes and clubs for old persons were issued in Iraq and Jordan.
- Qatar has recently doubled the financial assistance given to old persons in need and their dependents (under age 18).
- Bahrain and Kuwait have expanded welfare provisions to cover age-related disability.



Legislating laws is one thing and implementing them successfully to make a difference in the lives of old persons is another. Too often, governmental and non-governmental organizations cannot hold on to their well-intentioned promises, largely due to lack of funding. Lebanon, for example, issued an “optional” health insurance scheme for old people in 2000. However, it blocked new enrollments in 2006 because the government expected to run a huge deficit in providing coverage to those already enrolled.

Financial autonomy can play a role in health and well-being of old persons. A study of 14 Arab countries shows that an average of 35% of those aged 60 to 79 made savings in the year prior to the survey, ranging from 3% in Yemen, 16% in Palestine, 19% in Jordan, and 20% in Egypt to 67% in Kuwait and 75% in UAE. In all, the more educated were more likely to save and there was little difference by gender. The survey shows that borrowing money seems to be a common coping mechanism for old persons, particularly in the less developed countries. In Yemen and Somalia, half of old persons reported borrowing money, with men doing so at a higher rate than women. On average, nearly half of the respondents in the 14 countries said that it is “not very possible” or “not at all

possible” to come up with an emergency fund (see Table 2).

While some old people need a high level of physical support and care, the majority are willing and capable of continuing to be active and productive. Sustained actions at all levels are required in order to respond to the demographic changes ahead and to mobilize the skills and energies of old people. Policies and programs should aim to empower old persons and support their contribution to society. The media can help reinforce the positive role of grandparents in helping raise grandchildren, especially in humanitarian settings. It can also help raise awareness about the plight of old people in humanitarian settings in general which largely remain invisible.

Large parts of the Arab region have adversely been affected by old and recent internal and international conflicts culminated in uprooting an unprecedented number of people, including old ones. More than a quarter of the estimated 67.7 million people worldwide of concern to UNHCR are in the Middle East and North Africa region, including 2.6 million refugees and 15.1 million internally displaced persons—most vulnerable among them are children, women, and old persons who need special protection. (See Box 1.)

**Table 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	33	41	13	13
Bahrain	41	14	11	21
Egypt	12	17	14	47
Iraq	25	18	9	49
Jordan	20	20	6	55
Kuwait	53	11	3	33
Lebanon	32	32	18	18
Saudi Arabia	21	26	5	37
Somalia	8	23	15	38
Sudan	26	27	18	22
Tunisia	25	24	10	39
UAE	63	19	6	13
Palestine	15	32	15	37
Yemen	6	16	12	58
<b>TOTAL</b>	<b>24</b>	<b>25</b>	<b>12</b>	<b>35</b>

Source: Aging in the Arab Region: Statistical Trends and Policy Perspectives, Table 8.2.2

## Need for Action

The number of old people is growing fast in every Arab country. Thus, all Arab governments should be alarmed by this demographic trend and take steps now to prepare for the future as their rapid growth of older population is going to increasingly put pressure on their health care systems and pension funds. Some countries have developed national strategies and plans, but these and other well-intentioned policy documents are going to be useful only when successfully implemented to make a difference in the lives of older persons. Therefore, any such plans should be result oriented and ensure efficient use of resources.

While priorities and approaches are expected to be different in different Arab countries, they all can benefit from:

- **Collecting and reporting data on old people and issues affecting them to inform decision makers.** It is essential for any strategy and plans to be based on reliable and current data. All stakeholders should be directly or indirectly involved in research and analysis of issues relevant to their sector and have mechanisms in place to make the results accessible to decision makers in user-friendly formats and a timely manner.
- **Mainstreaming old people's issues—especially those of old women—into national development plans.** Too often strategies and action plans are aborted or shelved and not implemented because of lack of funding. Mainstreaming the issues into national development plans helps raising them high on national agenda and securing the budget needed for sustainable implementation of the plans.
- **Strengthening the health care system to provide equitable access to health care services for all, including old people.** In their health system reforms, countries should increase the focus on health promotion and disease prevention and early screening and advocate for the inclusion of geriatrics specialization within medical education. The health systems must also adapt to meet the growing needs of old persons for longer-term care, both home-based and facility-based.
- **Bringing informal workers into formal sectors of the economy.** Such effort benefits the economy at large and helps raise funds for today's pension funds that are largely running on deficits. It also helps today's workers to have a pension when retire. The effort will particularly benefit women who predominantly are active in the informal sector.
- **Life cycle programming- a potential second dividend**
  - **Better education among youth.** Eradicating illiteracy and improving education—especially among girls—has to be a goal for any country. It benefits every segment and every sector of the society. The more educated persons—male or female—are more likely to be engaged in formal work and therefore contributing to a pension fund and being able to collect a pension when they retire. Also, a literate and more educated older person can better navigate accessing health care and other public services than an illiterate and less educated one.
  - **Better health among youth.** Youth offer critical opportunity to adopt healthy life style, setting individuals up for better health in old ages. Encouraging good diet, physical activity, and preventing smoking among youth help reduce risks of non-communicable diseases later in life. Eradicating FGM and child marriage among girls and providing effective reproductive health services lead to better health during their reproductive years and beyond.
- **Minimizing the adverse effects of disasters on old persons in humanitarian settings.** Guidelines and practices should promote visibility of old people and awareness of their needs in humanitarian settings to ensure their receiving appropriate care, as well as their participation in human relief programs. Adequate measures on behalf of old people require an integrated policy involving several, if not all, program sectors in a given country. (See Box 1.)



The government, civil society, and private sector all should come together and create the synergy needed to address issues concerning old people holistically while building on the strength of the Arab culture, which is largely based on intergenerational ties and reciprocity. Finally, the Madrid International Plan of Action should be used as a guiding post for the Arab countries in prioritizing the issues that are within their reach and feasible for them to undertake (see box 2).

### Box 1 – Old People Caught in Humanitarian Settings

It is estimated that at least one quarter of old persons worldwide of concern to UNHCR live in the Middle East and North Africa region. There is no estimate as what percentage of the refugee and displaced persons in the region they constitute. But, it can be assumed that their share has grown over time not only because of population ageing, but also because a significant number of them fled as young or middle aged persons and have grown old in exile. In humanitarian settings, it is imperative to give old people special consideration for receiving social assistance and packages of food and goods, especially when they are the head of a household. There is also no estimate on the number of old people caught in humanitarian settings in the region who are the head of a household, but anecdotal evidence, especially from the media reports, suggests that their numbers could be significant and they are providing support to their family members, including the orphans.

The topical focus on women and children as preferential beneficiaries of assistance tends to breed oblivion of the fact that the well-being of the old has a profound impact on the entire family, especially the very young. In many cases where the middle generation is absent for some usually tragic reason, grand parents can find themselves in sole charge of their grandchildren. Families such as these are often without a breadwinner and are among the neediest who are better served with a more family-centred concept of care rather than one in which certain groups are singled out for special treatment. It is important to draw the attention of the international community to their plight and make every effort to ensure that they have access to a basic level of safety, mental and physical welfare and continuity of care. Older people should have access to health care to help them to maintain or regain the optimum level of physical, mental, and emotional well-being and to prevent the onset of illness.

The option of resettlement or family reunification for old persons should be part of any such programs. Too often, younger people depart in search of greater security or employment while leaving other family members behind. Also, governments accepting refugees generally give priority to women and children and nuclear families, resulting in leaving the older family members behind. In seeking durable solutions for old persons in humanitarian settings, programs should ensure that the tragedy of their exile is not compounded by an old age marked by poverty and neglect. Older persons should have access to social and legal services to enhance their autonomy, protection, and care—first and foremost, access to a recognized legal status which is usually a precondition for all other rights, including pensions, welfare benefits, right of abode, compensation for loss of property etc.

Also importantly, all aspects of older people's contribution in humanitarian setting should be recognized and utilized. Such efforts include targeting their integration into all aspects of program planning and implementation with the aim of helping the younger ones to be more self-supporting and promoting better community care initiatives for the very old. Older people should have the opportunity to work or to have access to other income-generating opportunities. Training programs, micro-loan projects or even community development projects can be designed so as to deliberately include older refugees, tap their potential, and ensure that their voices are heard.

**Sources:** UNHCR, *Global Report 2016*; and *CBC News, Syrians Live in Poverty in Wake of War, November 8, 2017.*

## Box 2 - The Madrid International Plan of Action on Ageing

In 2002, representatives from 161 governments, including those from nearly all Arab countries, met at the Second World Assembly on Ageing in Madrid and adopted an International Plan of Action on Ageing to respond to the opportunities and challenges of population ageing in the 21st century. They committed to take actions on the following three areas:

- **Older persons and development** by recognizing the social, cultural, and economic contribution of older persons and strengthening intergenerational solidarity. Also, by encouraging their participation in decision making at all levels on matters affecting them, providing opportunities to them to remain or enter the labor force, and adopting schemes to eradicate poverty among them, especially among older women and those living in rural areas.
- **Advancing health and well-being into old age** by ensuring old people's universal and equitable access to health care services and adopting policies that would help prevent ill health among them in the first place.
- **Enabling and supportive environments** for older people to access basic services through provision of social welfare to ensure their dignity. Also, ensuring their dignity by maintaining a positive image of older persons, strengthening their position in family and community, and protecting them from abuse through awareness-raising campaigns and enacting legislation.

Their recommendations outlined in the Plan of Action are comprehensive and wide-ranging, including actions such as:

- Developing and implementing policies aimed at all persons have adequate economic and social protection during old age.
- Strive to ensure gender equality in social protection/social security systems.
- Mainstreaming ageing and the concerns of older persons—especially women—into national development frameworks and poverty eradication strategies.
- National data collection and analysis, such as the compilation of gender and age-specific information for policy planning, monitoring, and evaluation.
- Effective partnership between government and all parts of civil society and the private sector.
- Effective organizations of older persons.
- Educational, training, and research activities on ageing.
- Training of care providers and health professionals.
- Organizing social protection/social security system to ensure a minimum income for older persons with no other means of support, most of whom are women.
- Maintaining a positive image of old persons and eliminating their possible abuse.

The Madrid Plan of Action on Aging makes note of the need for ensuring care and protection for older women and older men in situations of armed conflicts and occupation that their basic needs are met and older persons who are head of household are given priority in receiving goods and services.

**Source:** United Nations (New York, 2002), *Political Declaration and Madrid International Plan of Action on Ageing, Second World Assembly on Ageing, Madrid, Spain, 8-12 April 2002.*



**UNFPA**

**Arab States Regional Office**

70 A Al nahda street

intersection with street # 22  
New Maadi, Cairo, Egypt

**Phone:** +20225223900

**Web:** [arabstates.unfpa.org](http://arabstates.unfpa.org)

The United Nations reproductive  
health and rights agency

Ensuring reproductive rights for all

Front cover: © UNFPA Algeria  
Back cover: © UNFPA Yemen