

Ageing Populations and Long-Term Care in the Middle East: Opportunities & Challenges

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Structure of the presentation

- 1- Ageing as a mega trend in the MENA region
- 2- Health and Care in later life
- 3- Readiness: Societal & Economical
- 4- Policy Direction & Implications





1- Ageing as a mega trend in the MENA region

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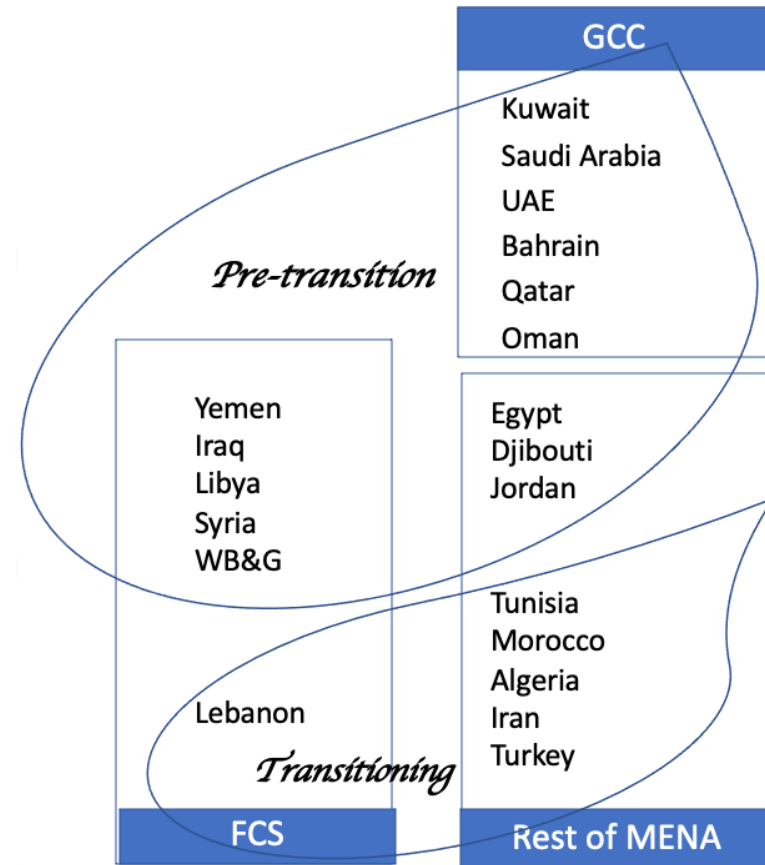
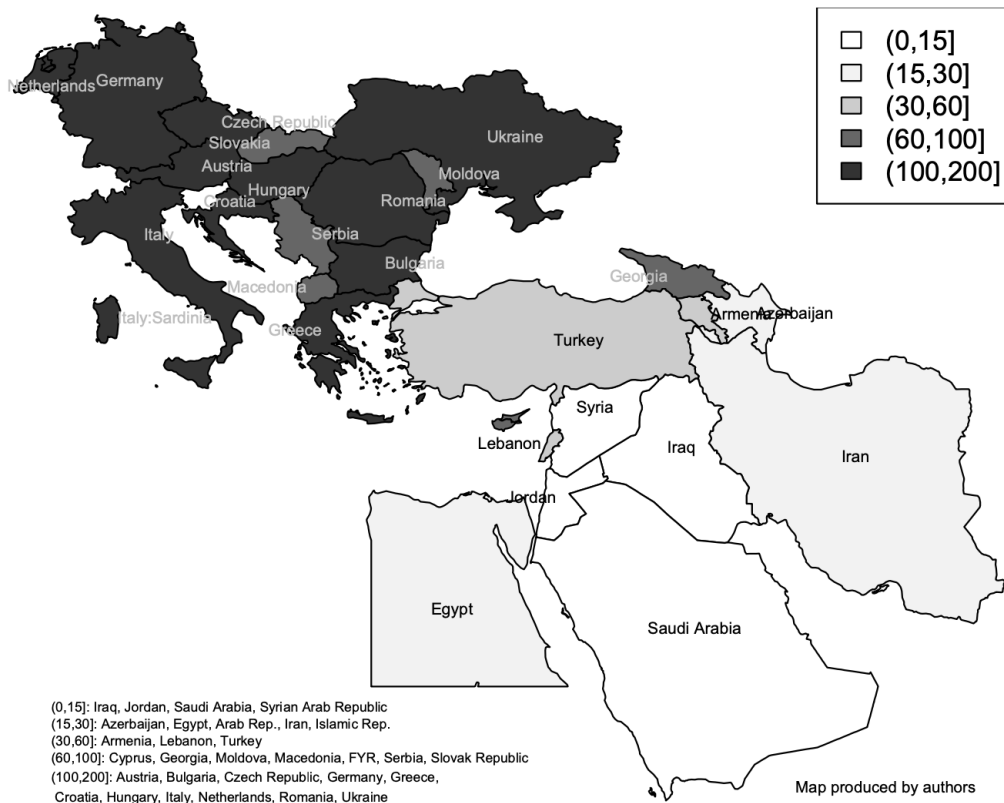


1) Background & context

- Commonalities & Differences
 - Varied income, population size
 - Similar cultural norms
- Socio-demographic context
- Epidemiological transition
- Additional threats: COVID19; conflicts, political unrest

Country	Geographical sub-region	Income level	Area (km ²)	Population (1000)
Bahrain	Arabian Peninsula/GCC		765	1,702
Kuwait			17,818	4,271
Oman			309,501	5,107
Qatar			11,571	2,881
Saudi Arabia			2,217,949	35,587
UAE			83,600	9,890
Iraq	Levant	Upper Middle	438,317	40,220
Jordan			89,342	10,200
Lebanon			10,452	8,825
Libya	North Africa	Lower Middle	1,759,540	6,871
Algeria			2,381,741	43,851
Egypt			995,450	102,334
Tunisia			155,360	11,818
Morocco			446,300	36,911
Iran	West Asia		1,628,760	83,993
Djibouti	East Africa		23,180	988
West Bank/Gaza	Levant		6,020	4,803
Syria			183,630	17,500
Yemen	Arabian Peninsula	Low	527,970	29,826

Common yet nuanced experiences



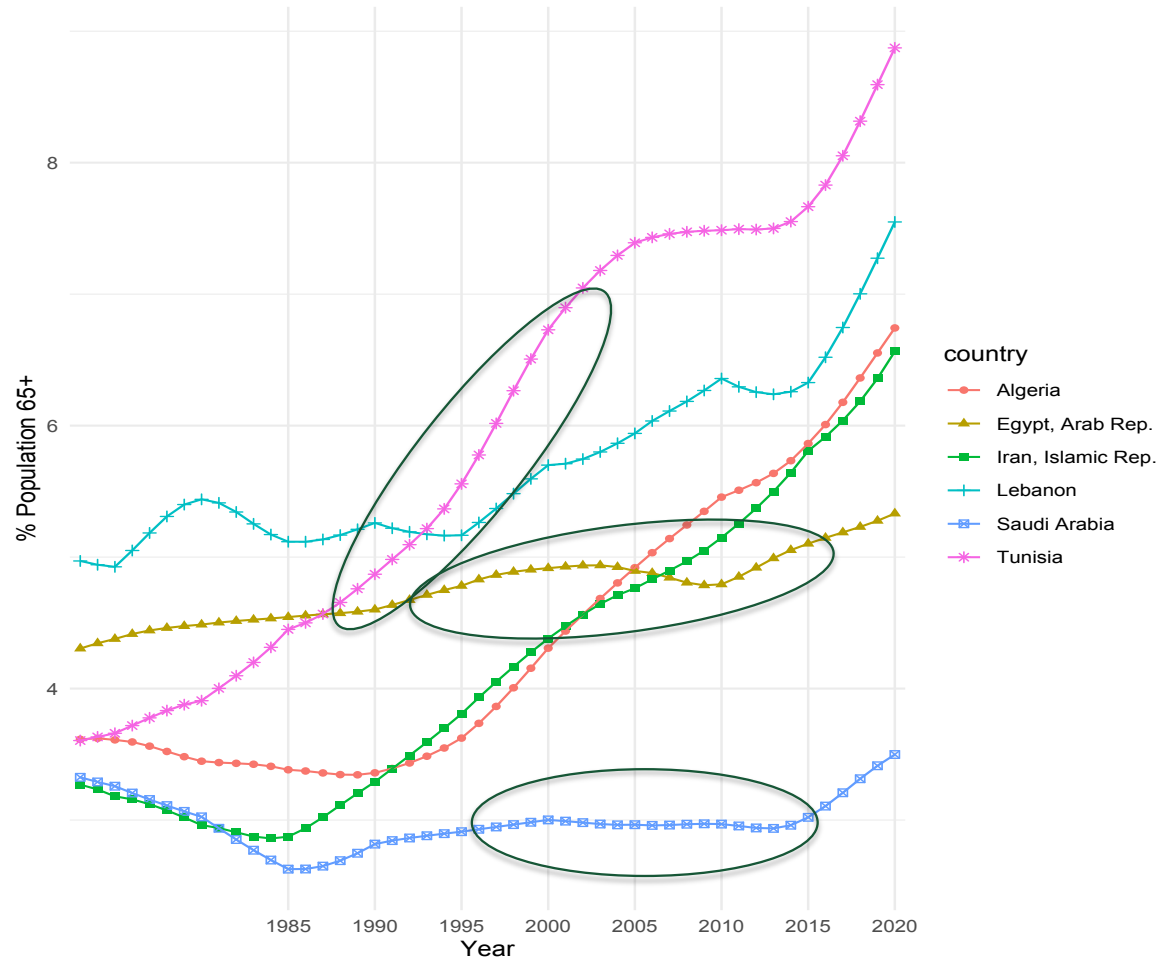
Ismail, M., & Hussein, S. (2021). An Evidence Review of Ageing, Long-Term Care Provision and Funding Mechanisms in Turkey: Using Existing Evidence to Estimate Long-Term Care Cost. *Sustainability*, 13(11).

Source: Hussein, S. & Ismail, M. (2023). *Ageing Demographics in the Middle East and North Africa: Policy Opportunities and Challenges*. A report to the World Bank, Head Quarters: Washington D.C. Published by MENARAH Network.

Trends in the % 65+

Since the 1970s, all countries in the region have observed an increase in the average life expectancy at birth (for both sexes).

In 2020, %65+ ranged from 2% in Yemen, and 9% in Tunisia.



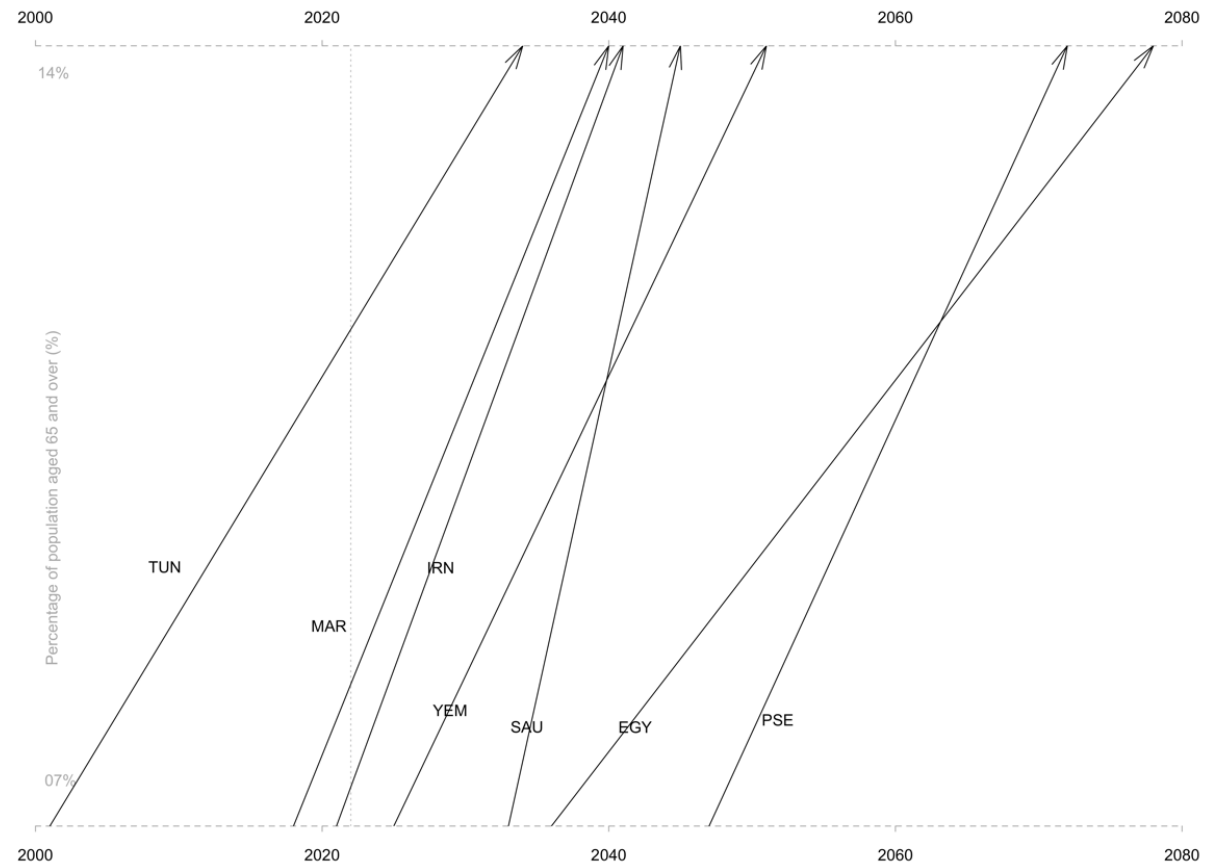
The pace of ageing transition

The pace of change is quite fast

In GCC it is astonishing (as little as 12 years).

Attention is required for health/care and pension systems.

Social security & health/care system reforms

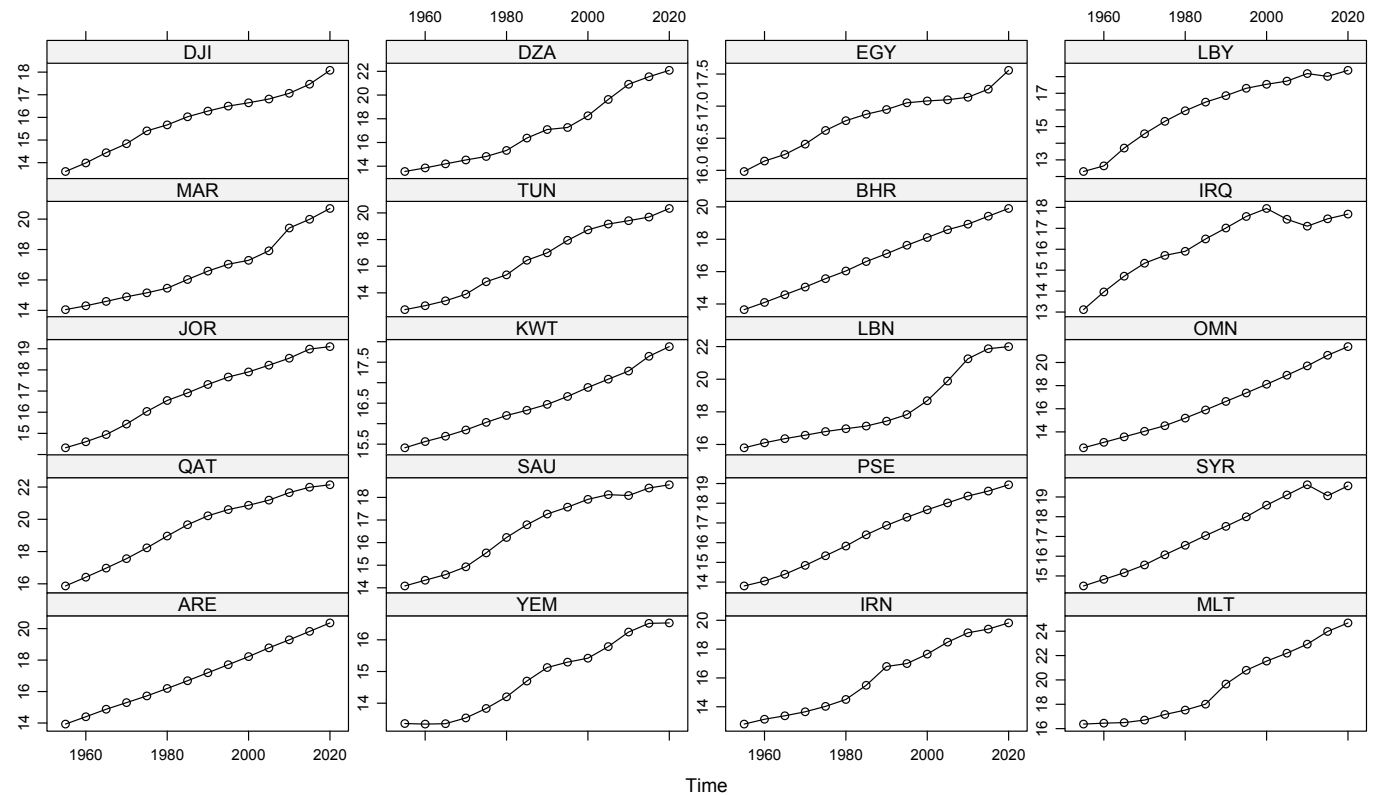


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Implications on financial security at later life

- Reliance on family solidarity (for social & financial support).
- Changes in family and social structures.
- Low employment and early retirement strain pensions.
- Early retirement ages impact the quality of life in later age
 - Significant gains in life expectancy at age 60

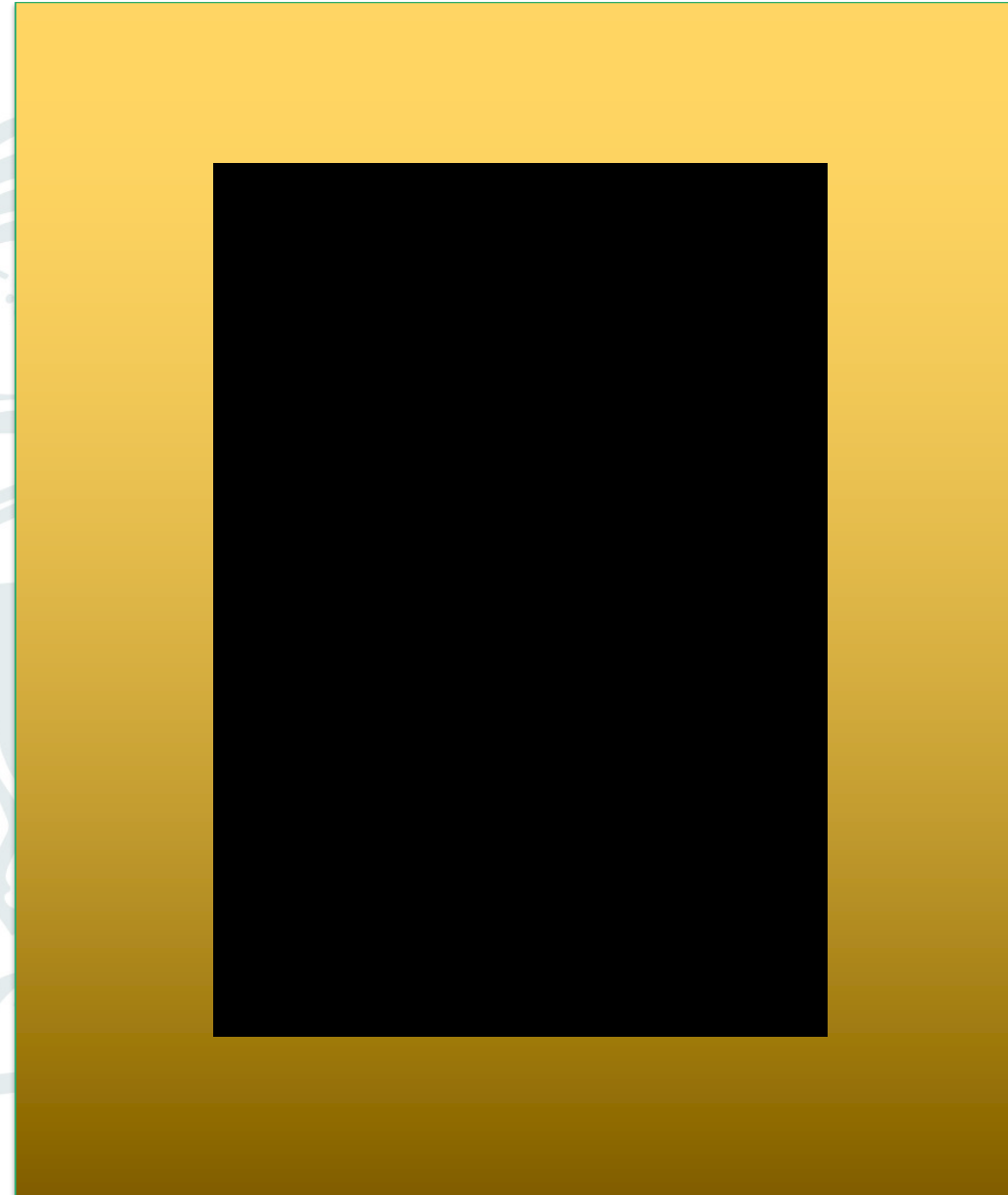
Life Expectancy at Age 60



Source: Hussein, S. & Ismail, M. (2023). *Ageing Demographics in the Middle East and North Africa: Policy Opportunities and Challenges*. A report to the World Bank, Head Quarters: Washington D.C. Published by MENARAH Network.

2- Health and Care in later life

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Demographic shifts, longevity coupled with youth dividends, create **Opportunities**

Longer Lives & Longer Healthy Years

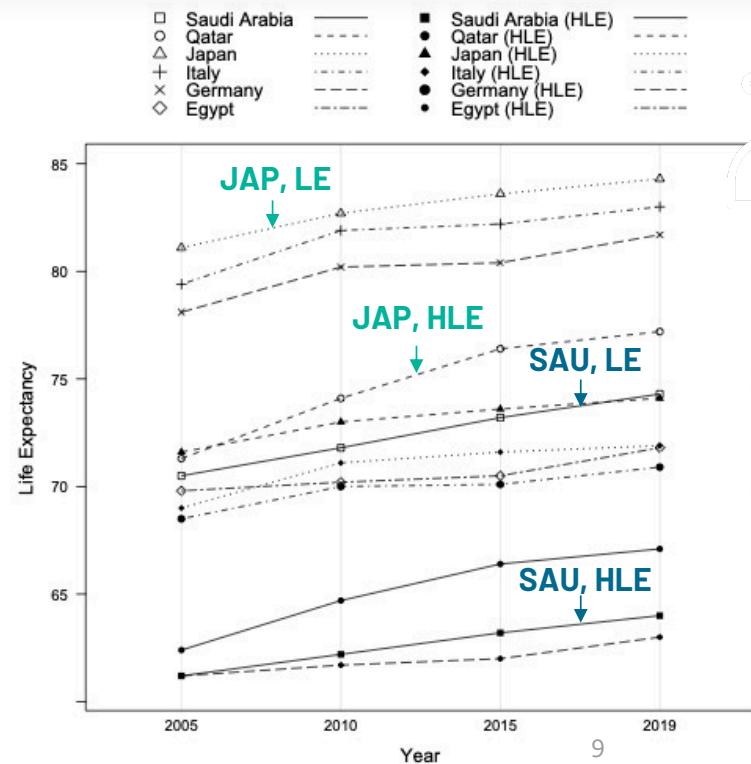
All countries have seen increases in both average life expectancy at birth and average **healthy** life expectancy at birth

Both LE & HLE in Saudi Arabia and the region are lower than countries such as Japan, Italy and Germany

Trends projected to continue

There is an average difference between 9 to 11 years between life expectancy and healthy life expectancy

Improving healthy behavior among younger cohorts create considerable social & economic opportunities as they age



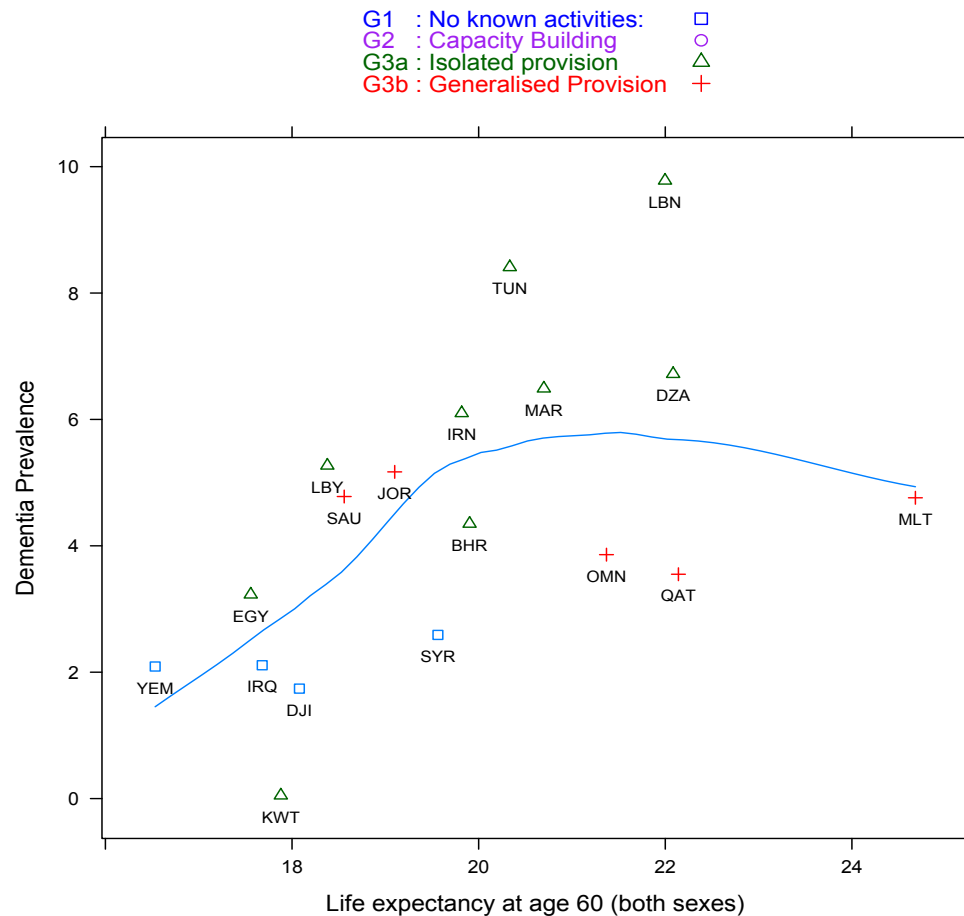
Not all years gained are healthy years

- Both life expectancy and healthy life expectancy are increasing
 - Nature longevity limit?
 - HLE not growing as fast as LE
- High number of years lived with LTC needs
- Significant gender, ethnic & socio-economic differentials
- Differentials within and across countries

Country	Life Expectancy at birth		Healthy life expectancy at birth		Difference between life expectancy and healthy life expectancy in years	
	Male	Female	Male	Female	Male	Female
Malta	79.9	83.8	70.9	71.9	9.0	11.9
Kuwait	79.3	84.0	69.5	71.1	9.8	12.9
Tunisia	74.9	79.2	66.1	67.7	8.8	11.5
Jordan	77.0	78.8	68.1	67.2	8.9	11.6
Iran	75.7	79.1	66.0	66.5	9.7	12.6
Lebanon	74.0	79.2	65.1	67.1	8.9	12.1
Libya	74.2	77.3	64.9	65.5	9.3	11.8
Algeria	76.2	78.1	66.7	66.1	9.5	12.0
UAE	75.1	78.4	65.8	66.2	9.3	12.2
Oman	73.0	75.3	64.5	64.5	8.5	10.8
Qatar	78.0	76.6	68.1	65.1	9.9	11.5
Bahrain	75.0	77.0	66.0	65.5	9.0	11.5
Egypt	69.6	74.1	62.3	63.7	7.3	10.4
Morocco	71.7	74.3	63.7	63.7	8.0	10.6
Iraq	69.9	75.0	61.6	63.7	8.3	11.3
Saudi Arabia	73.1	76.2	63.8	64.4	9.3	11.8
Syria	71.2	74.3	62.5	63.3	8.7	11.0
Djibouti	64.1	67.8	57.2	58.9	6.9	8.9
Yemen	64.4	68.9	57.0	58.0	7.4	10.9

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Increased burden of disease



- High burden of NCD
 - Diabetes, obesity
 - Kuwait has the highest prevalence of obesity in the region (42.5% males & 52.4% females)
 - Older people at higher risks of NCD
- Lifestyle (sedentary); discouraging physical activities
- Dementia & Alzheimer's disease
 - Affecting women disproportionately

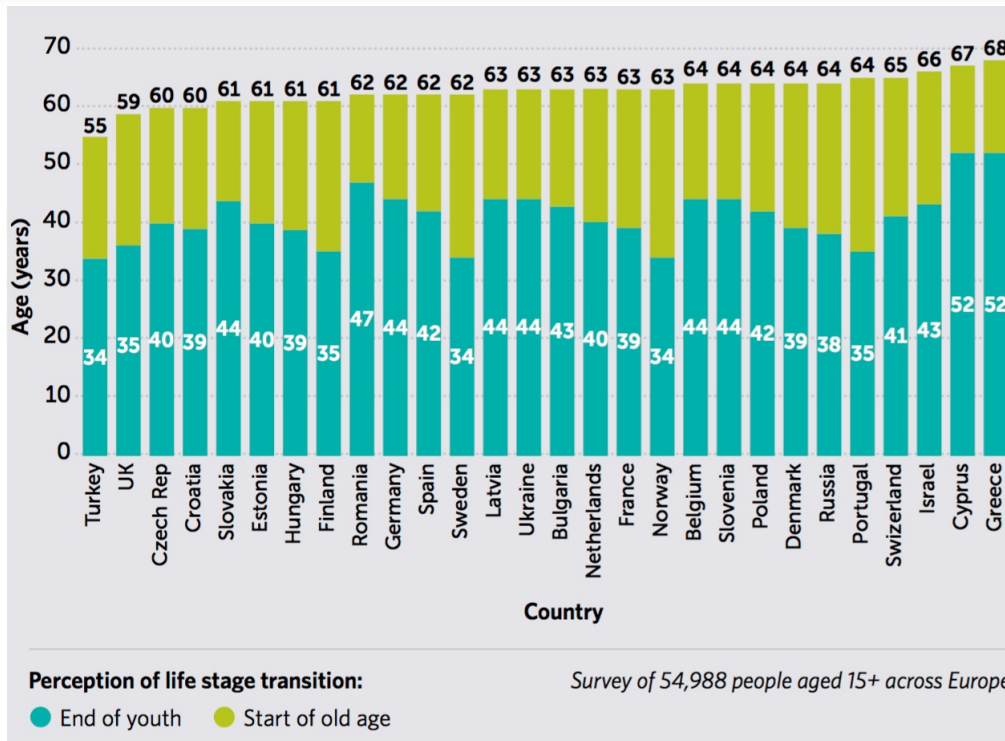
3- Readiness: Societal & Economical

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Readiness: Societal & Economical

Societal: Aging Perceptions & Care Burden



Not all gained years are healthy years

- Care Burden on Families

Health & long-term care systems: new phenomena- culture shifts & organizational change

Competing policy priorities

Fiscal challenges

Agism, societal and self-perception

- Empowerment & agency

Ageing perceptions facilitate/hinder outcomes



- Views on ageing formulate early in life
- Increased life expectancy did not match the life expectations as one age
- Gender differences when preserving individuals as 'older persons'



Journal of the British Academy, 11(s2), 55–70

<https://doi.org/10.5871/jba/011s2.055>

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Reflections on the Intersectionality of Gender and Ageing in the Middle East

Shereen Hussein

Abstract: The Middle East and North Africa (MENA) region has been traditionally characterised by young population demographics but is currently experiencing fast transitions into ageing societies. The region has strong narratives of respect and high regard towards the elderly that are embedded in cultural norms. However, such narratives appear to have limited practical applications as they contradict the experiences of older people. The experiences of older women and men are likely to be impacted by existing gender differentials across the life course including marriage patterns, societal expectations and access to opportunities. The COVID-19 pandemic and associated infection control restrictions have impacted the lives of older people globally, including in the Middle East. In this article, I reflect on the intersectionality of gender and ageing perception in the MENA region, drawing on qualitative data collected as part of the Middle East and North Africa Research on Ageing Healthy (MENARAH) Network between 2020 and 2022.

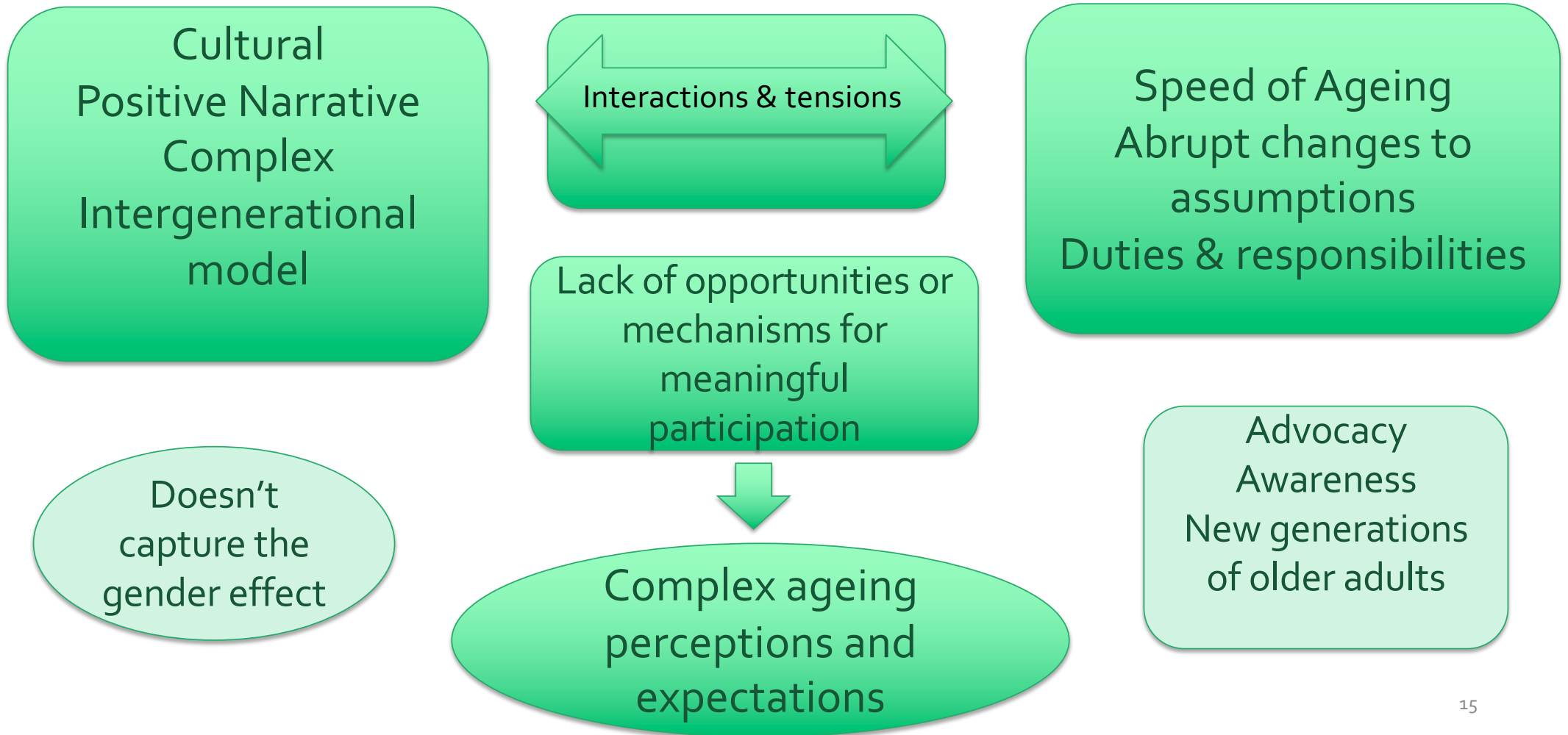
Keywords: COVID-19; intergenerational care; older people; social isolation; ageing perception

Note on the author: Shereen Hussein is a Health and Social Care Policy Professor at the London School of Hygiene & Tropical Medicine. She is an established multi-disciplinary research leader in ageing and long-term care. Her background is in medical demography, statistics and computer science. Shereen is a Co-Director of a Department of Health and Social Care-funded Policy Research Unit focusing on health and social care systems and commissioning. She is an expert advisor to various OECD and Low–Middle Income countries to develop social care and ageing policies and reforms. In 2020, she founded the Middle East and North Africa Research on Ageing Healthy (MENARAH) Network, a unique regional and international collaborative network promoting healthy ageing in the region (www.MENARAH.org). Publications include 'Migration Gender and Social Inclusion' (2020) in S. Westwood (ed.), *Ageing, Diversity and Inequality: Social Justice Perspectives* (London, Routledge) and 'Ageing and Elderly Care in the Arab Region: Policy Challenges and Opportunities' (2017) (with M. Ismail), *Ageing International*, 42 (3): 274–89.

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Concepts explaining the ageing experience in the MENA region



Long-Term Care Services

What is Long-Term Care

“A variety of ongoing health and social services that are provided for individuals who need assistance on a continuing basis because of physical or mental disability. Service can be provided in an institution, the home, or community, and include formal & informal services.”

Specific services vary by country

Source: Institute of Medicine. Improving the quality of care in nursing homes. Washington, DC.



Fully independent older people

- Community participation
- Later life learning
- Day centres
- Home support services
- Preventative services
- Digital literacy



Older people with care needs

- Home care
- Day care
- Home support services
- Supported living
- Family support services
- Community support



Older people with complex needs

- Care homes
- Nursing homes
- Palliative care
- Family support services
- Specialist care services (e.g. Dementia care)

Supply of Long-Term Care Services in the MENA region

- Main source of care is the immediate family
 - A framework of responsibilities and filial obligations
 - Gender and care tasks (financial, co-ordination and hands on)
 - Bi-directional flow of responsibilities
- Charitable (religious) and community organizations
- Challenges to the familial care model
 - Sustainability & suitability issues

Reliance on the family
The 'invisible' welfare scheme

(un)sustainability of family care

- Socio-economic and demographic changes
- Emotional burden
- Competing opportunities

Suitability/adequacy of care

Long-Term Care: International Learning

Policies & Financing

Ageing in place: Moving away from residential (care homes) to home care

Marketization: Increased role of the private sector

Personalization

- Person-centered approaches
- Choice and control
- Cash-for-care schemes

Independence & Self-care: Advanced Technology

Families & communities

Source of Funding

- Universal coverage through taxations (Finland, Sweden, Austria)
- LTC insurance schemes (Japan, Germany)
- Mixed models (France)
- Safety-net approaches (USA/UK)

Responsibility for funding

- Usually scattered across different ministries (central and local government)
- Joint vs separate health and LTC budgets
- Out-of-pocket

Commissioning and providing LTC

- Services and/or cash benefits

Long-Term Care & the Labor Market

Emerging markets, job creation, facilitating unpaid carers' labor participation

Strong links between LTC & the Labor market

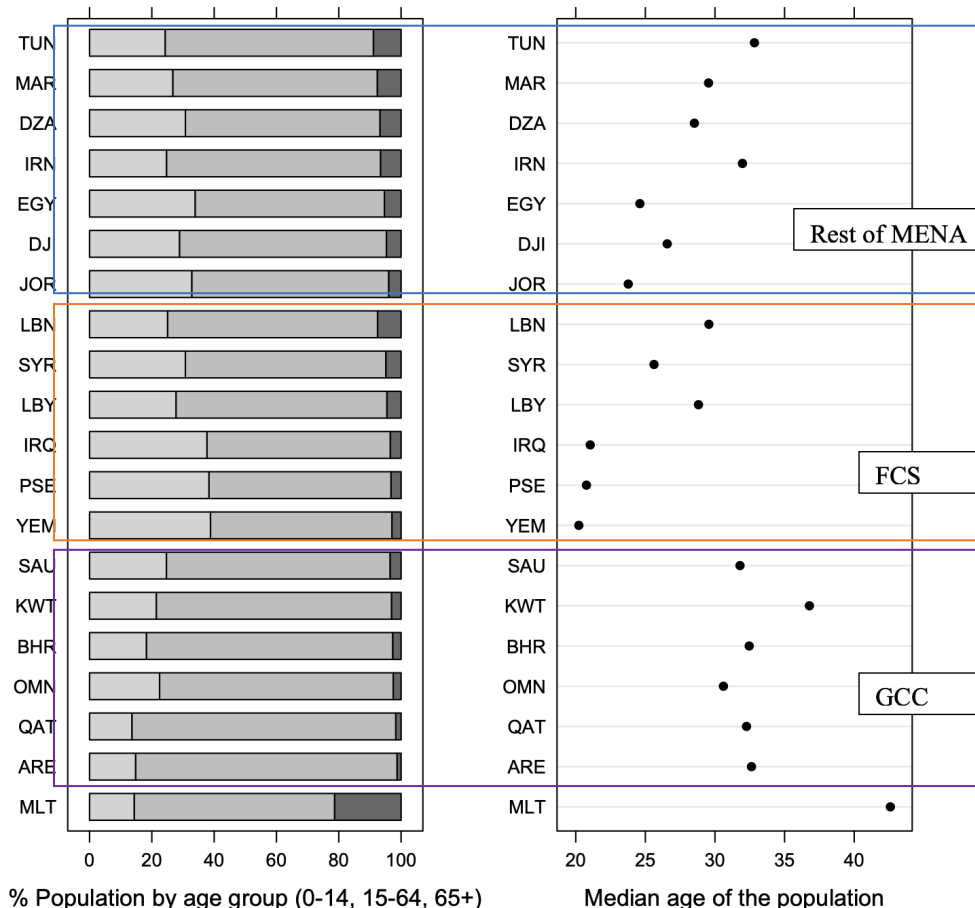
LTC market is one of the fastest-growing sectors Globally , Job creation opportunities

Around 6.3 million people work in LTC in Europe (increased by a third in one decade)

The complementarity of formal and informal care giving

Around 44 million people provide informal care in Europe

Skills development – health & LTC delegation - digitalization



Source: Hussein, S. & Ismail, M. (2023). Ageing Demographics in the Middle East and North Africa: Policy Opportunities and Challenges. A report to the World Bank, Head Quarters: Washington D.C. Published by MENARAH Network.

Economic opportunities in the emerging LTC markets

- Care economies are one of the fastest-growing employment sector, globally
- LTC jobs are reliant on human interactions and relationships (difficult/impossible to automate)
- Women make the majority of the LTC workforce
- Care economies are emerging in the region
 - Unregulated and fragmented
- Potential opportunities
 - Training and skills
 - Public trust: regulations, standards and inspections



Population and Development Report Issue No. 9

Building Forward Better for Older Persons
in the Arab Region



Shared Prosperity Dignified Life



Estimating Long-Term Care (LTC) Cost in selected countries in the region

- Proposed by Ismail and Hussein (2021)
 - Improves an older OECD model employing Bayesian methods.
- Employs a hierarchical Bayesian model
- Utilises three country-level indicators:
 - 1. GDP per capita represents the share of total productivity;
 - 2. Female labour force participation rate is used as a proxy for the availability of informal care provision; and
 - 3. the percentage of the population age 65+ representing the ageing population ((OECD uses the 80 years threshold)

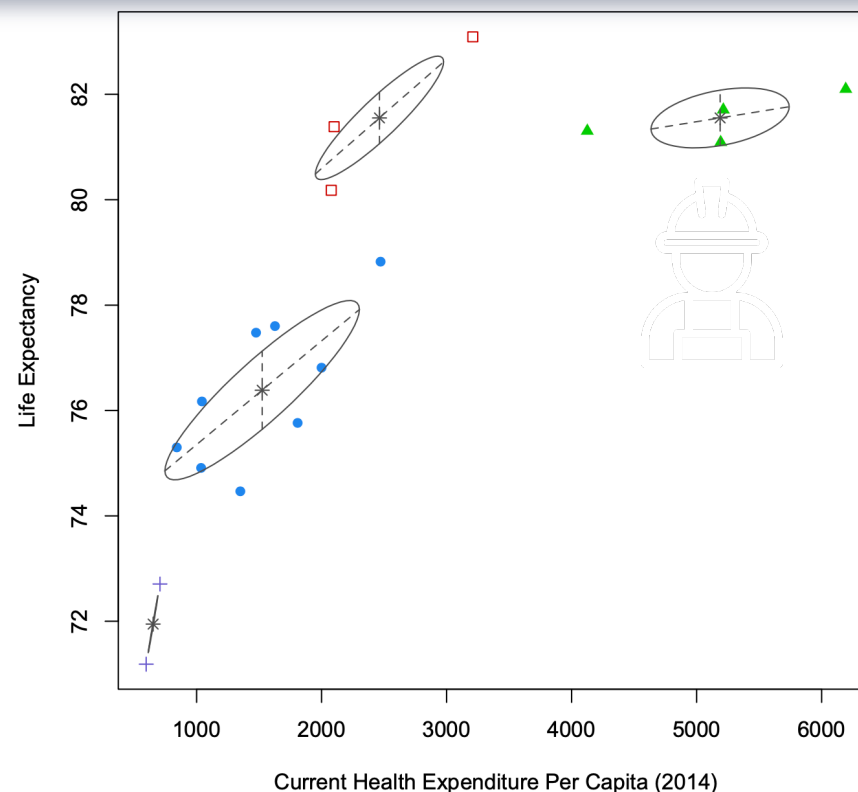
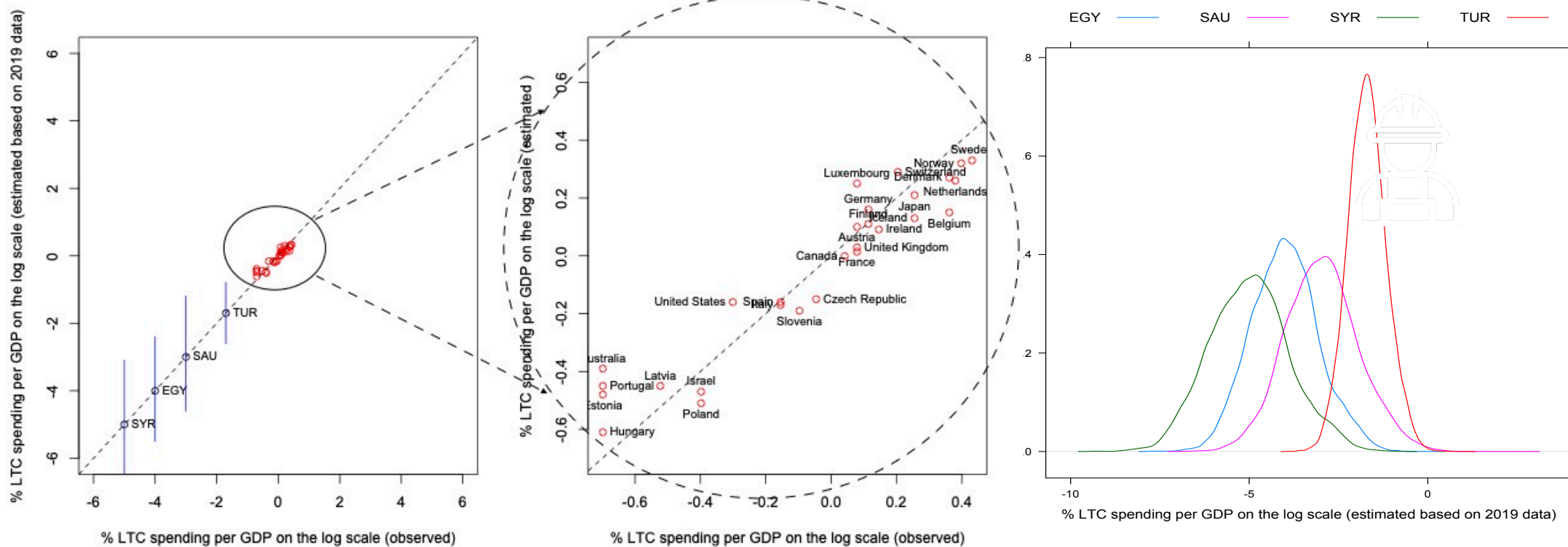


Figure 2. Model-based clustering according to current health expenditure per capita and life expectancy.

Source: UN-ESCWA (2022): Building Forward Better for Older Persons in the Arab Region. Population and Development Report Issue No. 9. Lebanon.

The analysis was developed by Ismail, M. & Hussein, S. (2021). An Evidence Review of Ageing, Long-Term Care Provision and Funding Mechanisms in Turkey: Using Existing Evidence to Estimate Long-Term Care Cost. Sustainability, 13(11), 6306. doi:10.3390/su13116306

Estimating LTC Cost as % of GDP in Egypt, KSA, Syria & Turkey: Findings



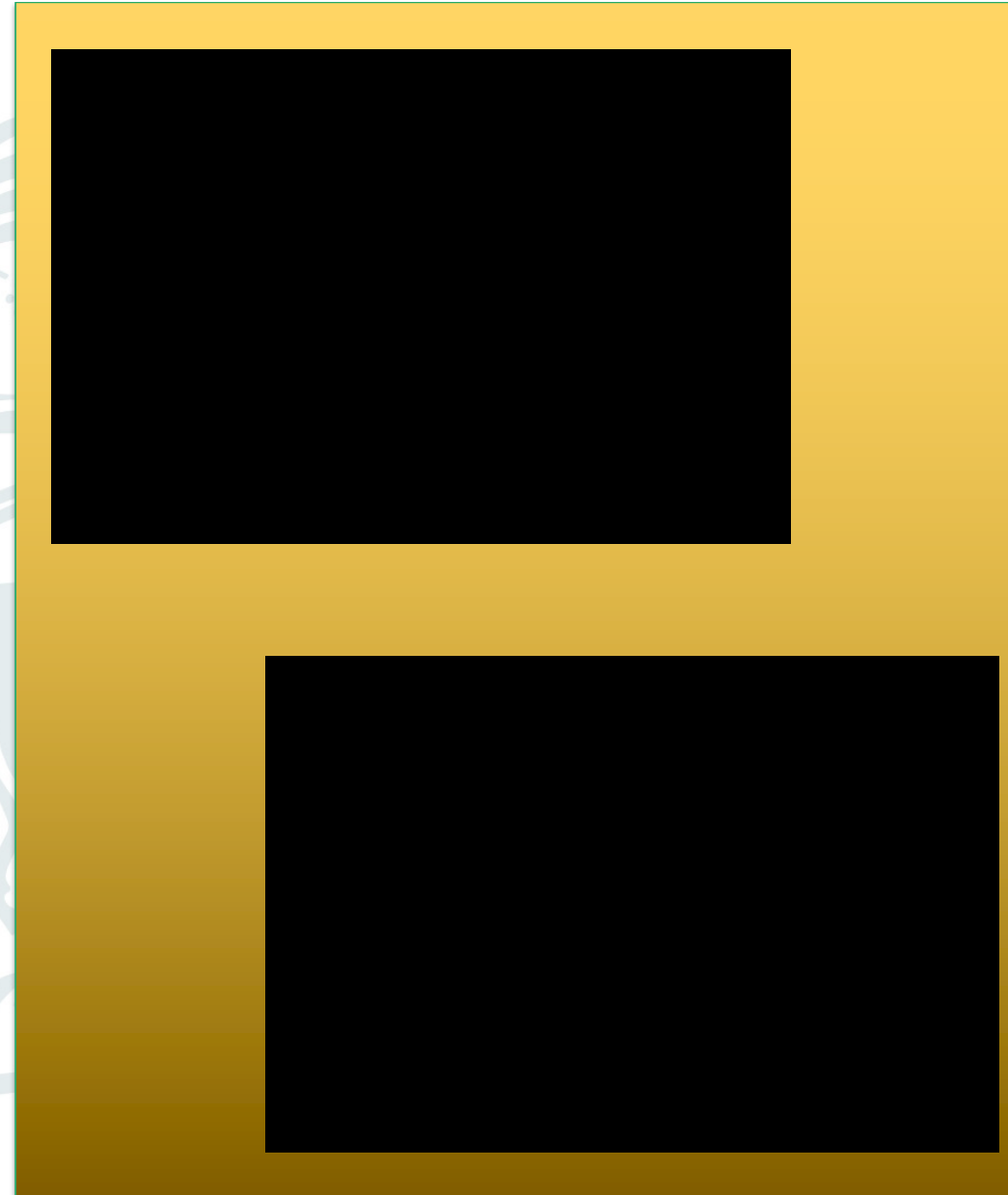
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4- Policy Direction & Implications

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The United Nations (UN) 2030 Sustainable Development Goals (SDGs)

- Goal 3: “Ensure healthy lives and promote well-being for all at all ages”
- Goal 5: “achieve gender equality and empower all women and girls”;
and
- Goal 11: “Make cities and human settlements inclusive, safe, resilient
and sustainable”

International policies on

- Age-discrimination; active ageing; social protection of older persons
and accessibility to public transport, goods and services

Policy opportunities

Fiscal constraints

Competing policy priorities

Challenges to traditional
social structures

- Extended families, closed-net communities

Environment & infrastructure

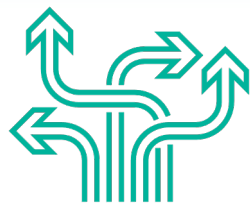
Awareness & stigma

- E.g., Dementia

- A growing interest in global ageing, particularly healthy ageing
- The UN decade of health ageing (2021-2030) – building on the 2030 SDGs
- An interest in LMIC and the MENA region in developing ageing policies and supporting the community as a whole
- Questions about financial security in later life - pension
- Long-term care services are essential to meet demands, but they also create much-needed labor opportunities

Conclusion

Ageing Together for a Better Future for All



Institutional & System change is essential, coupled with initiatives to empower individuals & communities. To achieve **cost-effective** and desirable outcomes for **older people** & their **families**



Tailor learning from the international experience recognizing the needs of current older people and future cohorts in a **holistic, integrated** manner.



The potential of **social innovations and intergenerational programs**, capitalizing on social norms and social capital

Thank you for Listening



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