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

Population ageing in the Middle East and North Africa focuses on one of the demographically youngest regions of the world. Yet, the countries in the Middle-East and North African regions have not escaped demographic and ageing transitions. Such changes are always accompanied by other transitions - namely, a shift in the main causes of morbidity and mortality from infectious diseases to non-communicable diseases, and the replacement of an extended multigenerational family with a nuclear one. This book provides such comprehensive and timely evidence to respond to such challenges.

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The need for well-trained physicians, nurses and other health care workers will definitely increase due to the growing global ageing population. Although the precursors and impacts of ageing are geographically diverse, all countries require that their workforce is trained in basic and strategic gerontological and geriatric competences. *Population Ageing in the Middle East and North Africa* puts forward the basic principles for such curricula by traversing the diverse but overlapping areas of community care, geriatric medicine, and dementia management.

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Population ageing in the Middle-East and North Africa fills a key void in international literature on ageing societies by bringing together a distinguished set of international scholars who provide rich information about the social, economic, political and historical factors responsible for shaping ageing policy in the region. The book highlights the idiosyncrasies of overlapping ageing issues across a range of key issues, while providing rich data from various countries such as Egypt, Saudi Arabia, United Arab Emirates, Qatar, Kuwait, Bahrain, Iran, Tunisia, Morocco, Algeria, Jordan, Iraq and Lebanon.

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Middle-East Academy for Medicine of Ageing

International Institute on Ageing
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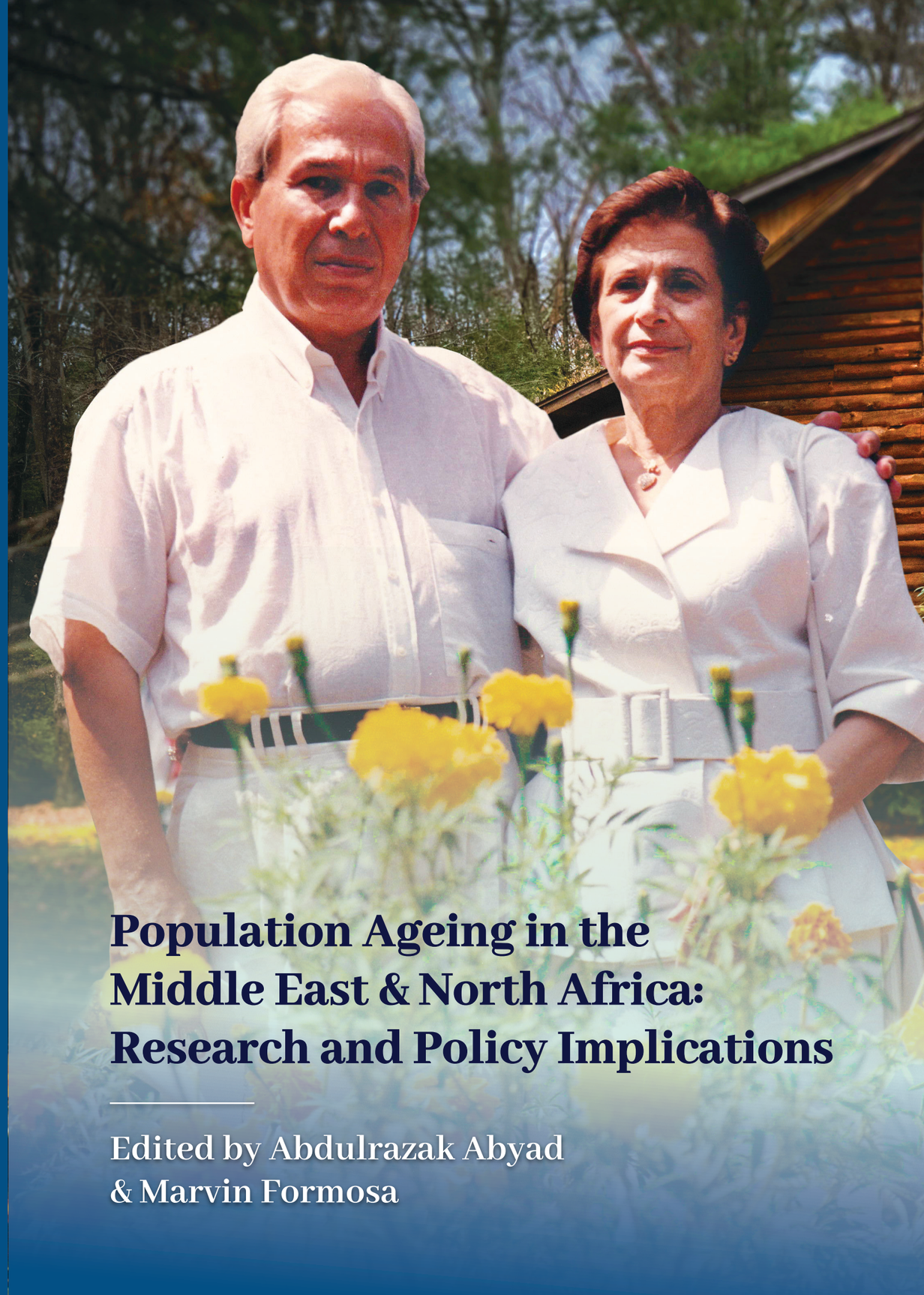
MENAAA
MIDDLE-EAST & NORTH AFRICA ASSOCIATION ON AGING AND ALZHEIMER'S

Abyad & Formosa

Population Ageing in the Middle East & North Africa



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

Edited by Abdulrazak Abyad & Marvin Formosa

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Abdulrazak Abyad dedicates the book to his father Bachir Abyad (1930-2015) and mother Nazek Allaf (1930-1989)

Marvin Formosa dedicates the book to his colleague and friend Sabina Jelenc Krašovec (1968 - 2020)

CHAPTER 1

Introduction: Policy ideals for ageing in the Middle-East and North Africa

Marvin Formosa

Population ageing

The World Population Prospects 2019 (United Nations, 2019) reported that not only all countries are experiencing an increase in their numbers and percentages of older persons, some nations are experiencing a drastic increase at a much faster pace. The world's population continues to grow, albeit at a slower pace than at any time since 1950, owing to reduced levels of fertility. From an estimated 7.7 billion people worldwide in 2019, the medium-variant projection indicates that the global population could grow to around 8.5 billion in 2030, 9.7 billion in 2050, and 10.9 billion in 2100. It is noteworthy that with a projected addition of over one billion people, countries of sub-Saharan Africa could account for more than half of the growth of the world's population between 2019 and 2050, and the region's population is projected to continue growing through the end of the century. By contrast, populations in Eastern and South-Eastern Asia, Central and Southern Asia, Latin America and the Caribbean, and Europe and Northern America are projected to reach peak population size and to begin to decline before the end of this century. Two-thirds of the projected growth of the global population through 2050 will be driven by current age structures and would occur even if childbearing in high-fertility countries today were to fall immediately to around two births per woman over a lifetime. This is true because the large population of children and youth in such countries will reach reproductive age over the coming few decades and begin to form families and bear children of their own.

There is no doubt that continued rapid population growth presents challenges for sustainable development (United Nations, 2019). The 47 least developed countries are among the world's fastest growing; many are projected to double in population between 2019 and 2050, and hence are putting pressure on already strained resources and challenging policies that aim to achieve the United Nations' (2015) sustainable development goals for the year 2030 and ensure that no one is left behind. Indeed, more than half of the projected increase in the global population up to 2050 will be concentrated in just nine countries - namely, the Democratic Republic of the Congo, Egypt, Ethiopia, India, Indonesia, Nigeria, Pakistan, the United Republic of Tanzania, and the United States of America. Disparate population growth rates among the world's largest countries will re-order their ranking by size: for example, India is projected to surpass China as the world's most populous country around 2027. Other population changes in the coming three decades include:

- The populations of 55 countries or areas are projected to decrease by one per cent or more between 2019 and 2050 because of sustained low levels of fertility, and, in some places, high rates of emigration. The largest relative reductions in population size over that period, with losses of around 20 per cent or more, are expected in Bulgaria, Latvia, Lithuania, Ukraine, and the Wallis and Futuna Islands.

- In most of sub-Saharan Africa, as well as in parts of Asia, Latin America and the Caribbean, recent reductions in fertility mean that the population at working ages (25 to 64 years) is growing faster than in other age groups, providing an opportunity for accelerated economic growth known as the 'demographic dividend.

- In 2018, for the first time in history, persons aged 65 years or over worldwide outnumbered children under age five. Projections indicate that by 2050 there will be more than twice as many persons above 65 as children under five. By 2050, the number of persons aged 65 years or over globally will also surpass the number of adolescents and youth aged 15 to 24 years.

Life expectancy at birth for the world's population reached 72.6 years in 2019, an improvement of more than 8 years since 1990 (United Nations, 2019). Further improvements in survival are projected to result in an average length of life globally of around 77.1 years in 2050. Nevertheless, while considerable progress has been made towards closing the longevity differential between countries, the gaps remain wide. Life expectancy in the least developed countries lags 7.4 years behind the global average, due largely to persistently high levels of child and maternal mortality and, in some countries, to violence and conflicts or the continuing impact of the HIV epidemic. In some parts of the world, international migration has become a major component of population change. Between 2010 and 2020, 36 countries or areas are experiencing a net inflow of more than 200 thousand migrants; in 14 of those, the total net inflow is expected to exceed 1 million people over the decade. For several of the top receiving countries, including Jordan, Lebanon and Turkey, large increases in the number of international migrants have been driven mostly by refugee movements, in particular from Syria. As a result, it is estimated that ten countries are experiencing a net outflow of more than 1 million migrants between 2010 and 2020. For many of these, losses of population due to migration are dominated by temporary labour movements, such as for Bangladesh (net outflow of -4.2 million during 2010-2020), Nepal (-1.8 million) and the Philippines (-1.2 million). In others, including Syria (-7.5 million), Venezuela (-3.7 million), and Myanmar (-1.3 million), insecurity and conflict have driven the net outflow of migrants over the decade.

The Middle-East and North Africa region

In the 1980s, the World Bank (2005) proposed a new approach to group country specifications and research orientations along regional lines and across continents. Hence, they produced the Middle-East and North Africa (MENA) countries, the Arab counties of the Middle East and North Africa, as a unit for analysis and evaluations in international comparisons, assuming that they shared similar social characteristics such as religion, ethnicity, demography and culture (von Kondratowitz, 2013). These countries include Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, West Bank and Gaza, and Yemen (World Bank, 2020). Since then, many international organizations have adopted this approach, reshuffling their indicator systems accordingly and remodeling their political bodies. The region covers a vast geographical area extending from Morocco to Iran and encompasses all Middle Eastern countries so that researchers have consistently rejected the World Bank's assumption that member states are similar in terms of social, economic, cultural and religious dimensions. For instance, Parkash and colleagues (2015) urged the political, economic, and social leadership in the MENA region to re-define and modernise the social policy programmes that create a sustainable and healthy ageing population.

They concluded that:

> The success in global aging is a good barometer of medical, social, and economic advances. However, population aging also presents special challenges to healthcare systems, social insurance and pension schemes, and existing models of social support. It affects economic growth, disease patterns and prevalence, and fundamental assumptions about growing older [...] Addressing the healthcare and economic needs of increasing numbers of elderly will also require a delicate balancing act with the needs of other populations as well as political courage to support often very expensive programmes. The time to provide such measures is now because the cost of missing this opportunity will be high.
>
> Parkash, et al., 2015 : 10-11

The United Nations (2015b) also reported that in the Middle East 30% of older people obtain a pension, whilst in North Africa the pension coverage is almost 37%. The populations that live in the MENA region have traditional cultural values. At the heart of the population's cultural values is a strong emphasis on family, and more importantly, admiration for older people. However, what has become evident in recent times is the way in which family structures are changing, in part due to neo-liberalisation. Citing Parkash and colleagues once again,

> Faced with a different kind of (the) realities of present day living conditions, several families are not able to properly look after their elderly resulting in sending the elderly to nursing homes ... However, the political ruling classes still assume that families will take care of their own elderly. The changes in this setup of socio-economic patterns demands for provision of long-term care as an important part of healthcare structure...
>
> Parkash et al., 2015 : 9

The rise in the older population in the MENA region has also had significant ramifications for the expenditure and structure of health and social care. One imposing feature is that chronic, non-communicable diseases are replacing infectious diseases. It has been calculated that non-communicable diseases make up 47% of the Middle East's illnesses and are estimated to rise to 60% by 2020 (United Nations, 2015b). As Hajjar and colleagues observed,

> In a recent survey in nine Arab countries, the percentage of older adults suffering from at least one chronic disease ranged from 13.1% in Djibouti to 63.8% in Lebanon, with a rate of 45% in the majority of countries. Cancer rates vary in the region, with elevated rates of lung and bladder cancer noted among men in Tunisia, Algeria, Jordan, Egypt, and Lebanon, and of breast cancer among women in Israel and Lebanon: age-standardized-rate (ASR) 91.9 and 71, respectively.
>
> Hajjar et al., 2013 : 12

Sibai and colleagues (2014) noted that mental health data in the MENA region is lacking and that depression is the most prevailing psychiatric complication amongst the older population. In terms of population ratios, "over 50 percent in Tunisia, 35 percent in Saudi Arabia and 23 percent in Jordan and Lebanon" are affected (ibid. : 36). At the same time, a high proportion of sufferers are diagnosed as having Alzheimer's disease. As they noted:

> In the Middle East and North Africa (MENA) region, the estimated number of people with dementia is expected to grow exponentially from 1.2 million in 2010 to over 2.5 million in 2030 (Alzheimer's Disease International, 2009). Epidemiological studies on dementia in Arab populations have rarely been reported. A single prevalence study among people 60 years and older in the Assiut province of Egypt revealed an overall prevalence of clinically diagnosed dementia of about 5 percent, increasing to 19 and 25 percent, respectively, among men and women aged 85 years and older."
>
> Sibai, et al., 2014 : 36

Across the MENA region there are a number of support groups and associations that support older persons with particular health concerns (Halsall and Cook, 2017). However, Hussein and Ismail (2016) noted that in the Arab states there is more work required on policy initiatives to set up a sustainable and official long-term care provision to support people who provide for elderly and disabled family members. Thus, the authors called for better and improved planning between governments in the region and policy makers.

Population ageing in Middle-East and North Africa: What benchmarks?

An academic discussion on population ageing in MENA, and the quality of life of older persons in the region, is not to be conducted in a policy vacuum. At the moment, international ageing welfare is premised on the following four key policy documents: United Nations' (2002, 2015b) Madrid International Plan of Action on Ageing and Agenda for sustainable development 2030, World Health Organization's (WHO) (2002, 2018) framework for active ageing Framework and decade of healthy ageing (2020-2030), and the European Commission and United Nations Economic Commission for Europe's (2014) index for active ageing.

A Second World Assembly on Ageing was convened in Madrid in 2002 and led to the adoption of the Madrid International Plan of Action on Ageing [MIPAA] (United Nations, 2002) which superseded the first (Vienna) plan adopted in 1982. This was highly warranted considering that the 20 years between the two Plans saw key changes in societal and personal lives - ranging from the "emergence of completely new geo-political and economic configurations in the European and Asian countries with 'economies in transition'" to "the information revolution, which has brought with it the so-called 'digital divide' between societies at different stages of development" (Sidorenko and Walker, 2004 : 148).

The fundamental concept characterising the MIPAA is A Society for all ages:

> [A Society for all Ages] adjusts its structures and functioning, as well as its policies and plans, to the needs and capabilities of all, thereby releasing the potential of all, for the benefit of all. A Society for All Ages would additionally enable the generations to invest in one another and share in the fruits of that investment, guided by the twin principles of reciprocity and equity.
>
> Sidorenko and Walker, 2004 : 148

The MIPAA seeks to promote a society for all ages through foundation themes that include human rights, the eradication of poverty, the empowerment of older people, individual development and well-being, gender equality, intergenerational inter-dependence, healthcare and social protection for older people, partnership between all major stakeholders in scientific research and expertise, and the ageing of first nations and migrants. It incorporates two core concepts: a *development approach* to population ageing through the mainstreaming of older persons into national and international development plans and policies across all sectors, and an *intergenerational life-course approach* that emphasises equity and inclusiveness. Moreover, it also stresses that ageing cannot be viewed separately from social inclusion, gender advancement, economic stability, and poverty issues. As societies continue to grow older, ageing issues will have an increasing impact on economic and social welfare systems and on the lives of families and communities. The MIPAA highlights the importance of mainstreaming both as a means of realising the objectives of the Plan of Action and as an end in itself. Hence, it has developed an innovative participatory review and appraisal process every five years, through a grassroots 'bottom-up' review.

The first five-year review of MIPAA in 2007 showed that its implementation has been patchy and inconsistent (United Nations, 2007). Positive findings included that the issue of poverty for older adults has been put on the agenda for all regions, and many countries are examining ways to extend social protection to all workers and introduce universal social protection on the agenda. There was also evidence of an increase at the national level in developing institutional mechanisms for creating focal points on ageing, as well as specific policies, action plans, and programmes on ageing for both developed and less developed countries. It was also positive to read that many countries initiated additional training in geriatrics for medical staff and created support for sustaining 'ageing in place'. However, ongoing challenges include the need to promote awareness about linking ageing and development, creating an age disaggregated database, adjusting and increasing the level of social services for home care and more support for family caregivers, and managing an ageing workforce. A second review, conducted to earmark the tenth anniversary of the MIPAA, found that since 2002 as much as 57 countries have approved and published national policies, plans, programmes or strategies on ageing and/or older people; at least 17 countries have approved age-specific legislation (United Nations Population Fund and HelpAge International, 2011).

In 2002, the WHO launched an active ageing policy framework. Defining 'active ageing' as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002 : 12), this policy framework took into account the determinants of health throughout the life-course, and has helped to shape ageing policies at regional, national and community levels, whilst also implementing the concept of age-friendly societies. More recently, at a regional meeting in Malta in 2012, the WHO launched a draft resolution for a Strategy and action plan for healthy ageing in Europe: 2012-2020 (WHO, 2012), which was subsequently approved and endorsed. Its vision

> ...is of an age-friendly WHO European Region where population ageing is seen as an opportunity rather than a burden for society. It is the vision of a European Region where older people can maintain their health and functional capacity and enjoy well-being by living with dignity, without discrimination and with adequate financial means, in environments that support them in feeling secure, being active, empowered and socially engaged, and having access to appropriate high-quality health and social services and support.
>
> WHO, 2012 : 8

The Strategy and Action Plan proposed interlinked 'strategic priority areas for action', 'policy interventions' and 'supporting interventions'. Strategic priority areas for action included (i) healthy ageing over the life-course, (ii) supportive environments, (iii) health and long-term care systems fit for ageing populations, and (iv), strengthening the evidence base and research. Listed priority interventions comprised of (i) promoting physical activity, (ii) falls prevention, (iii) vaccination of older people and infectious disease prevention in healthcare settings, (iv) public support to informal care-giving, with a focus on home care, and (v), geriatric and gerontological capacity-building among the health and social care workforce. Finally, the strategy and action plan proposed supporting interventions that link healthy ageing to its wider social context - namely, prevention of social isolation and social exclusion, prevention of elder maltreatment, and quality of care strategies for older people including dementia care and palliative care for long-term care patients.

In 2018, the WHO (2018) has launched the Decade of Healthy Ageing (2020-2030) as an opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live. Populations around the world are ageing at a faster pace than in the past and this demographic transition will have an impact on almost all aspects of society. The world has united around the 2030 Agenda for Sustainable Development: all countries and all stakeholders pledged that no one will be left behind and determined to ensure that every human being can fulfil their potential in dignity and equality and in a healthy environment. A decade of concerted global action on Healthy Ageing is urgently needed. Already, there are more than one billion people aged 60 years or older, with most living in low- and middle-income countries. Many do not have access to even the basic resources necessary for a life of meaning and of dignity. Many others confront multiple barriers that prevent their full

participation in society. The Decade of Healthy Ageing will be fully aligned with United Nations reform. The Decade secretariat will collaborate with intergovernmental and multi-stakeholder interests in ageing, such as the United Nations Open-ended Working Group, the United Nations Inter-Agency Group on Ageing, 12 the United Nations Economic Commission for Europe Standing Working Group on Ageing, the reporting cycle of the Madrid International Plan of Action on Ageing and voluntary national reviews on progress in achieving the Sustainable Development Goals.

The increasingly popular Active Ageing Index (AAI) was developed in the context of the 2012 European Year for Active Ageing and Solidarity between Generations, aiming at raising awareness of population ageing and the positive solutions towards the challenges it brings. In the longer term, one of the purposes of the AAI is to track the progress in European Union countries as a result of implementing the policy recommendations included in the Madrid International Plan of Action on Ageing (United Nations, 2002a) and Guiding Principles on Active Ageing and Intergenerational Solidarity (European Commission, 2012). Reflecting the multi-dimensional concept of ageing, the AAI is constructed from four different domains (Table 1.1).

Table 1.1: Active Ageing Index conceptual framework

Developed Countries			
Employment	Participation in Society	Independent, Healthy and Secure Living	Capacity and Enabling Environment
Employment rate 55-59	Voluntary activities	Physical exercise	Remaining life expectancy at 65
Employment rate 60-64	Care to children, grand-children	Access to health and dental care	Share of life expectancy at 65
Employment rate 65-69	Care to older adults	Independent living	Mental well-being
Employment rate 70-74	Political participation	Financial security	Use of ICT
		Physical safety	Social connectedness
		Lifelong learning	Educational attainment

Source: European Commission and United Nations Economic Commission for Europe, (2013)

Each domain presents a different aspect of active and healthy ageing. Whilst the first three domains refer to the actual experiences of active ageing (employment, unpaid work/social participation, independent living), the fourth domain captures the capacity for active ageing as determined by individual characteristics and environmental factors. The AAI is a composite index and a multi-disciplinary tool of measurement, meaning that a range and number of individual indicators contribute to each of the domains. In total, there are 22 individual indicators across four domains. Each individual indicator can be positively interpreted: the higher the indicator value, the better the active ageing outcome. For example, the more care older people provide for others, the better are their active ageing outcomes.

Finally, the United Nations' (2015a) advocated a 2030 Agenda for Sustainable Development which is a plan of action in favour of the global social and natural habitat. The Agenda recognises that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. The United Nations is resolved to free the human race from the tyranny of poverty and want and to heal and secure our planet, determined to take the bold and transformative steps which are urgently needed to shift the world on to a sustainable and resilient path, and pledge that no one will be left behind. The 17 Sustainable Development Goals and 169 targets demonstrate the scale and ambition of this new universal agenda. The Goals are as follows (ibid,):

Goal 1 End poverty in all its forms everywhere

Goal 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Goal 3 Ensure healthy lives and promote wellbeing for all at all ages.

Goal 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Goal 5 Achieve gender equality and empower all women and girls.

Goal 6 Ensure availability and sustainable management of water and sanitation for all.

Goal 7 Ensure access to affordable, reliable, sustainable and modern energy for all.

Goal 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Goal 9 Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation.

Goal 10 Reduce inequality within and among countries.

Goal 11 Make cities and human settlements inclusive, safe, resilient and sustainable.

Goal 12 Ensure sustainable consumption and production patterns.

Goal 13 Take urgent action to combat climate change and its impacts.

Goal 14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development.

Goal 15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.

Goal 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Goal 17 Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

The goals seek to build on the Millennium Development Goals and complete what they did not achieve and seek to realise the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental. These goals and targets will stimulate action over the future in areas of critical importance for humanity and the planet.

The 2030 Agenda for Sustainable Development provides impetus to successfully implement the MIPAA recommendations. Progress in the three MIPAA priority directions - namely integrating older persons in development, ensuring the health and well-being of older persons, and building enabling and supportive environments for them - aligns closely with wider efforts to meet the 2030 Agenda for Sustainable Development, hence, opening a new window of opportunity to ensure healthy, secure and empowered ageing societies where no one is left behind.

Policy ideals for MENA

Reviewing the current state of ageing welfare in MENA in light of the above international strategic directions leads to a number of policy ideals, especially since while some countries in MENA are experiencing a slow to moderate pace of ageing at the moment, this pace is expected to rapidly increase across the region in the coming decades. Hence, it is imperative that nations in MENA include at least one institutional arrangement on ageing, either a governmental department or a national committee. Countries must make a real effort to mainstream ageing policy by including ministries of transport, women or family affairs, planning or statistics, and social security or pensions in addition to the customary health ministries. Civil society organizations and non-governmental organizations, including academics, must also be included to participate with the government in developing policies and implementing programmes through such coordinating bodies. National committees on ageing are to be mandated with the roles of planning, collaboration, coordination, monitoring and evaluation of ageing programmes, as well as including advisory and technical support, and resource mobilisation. In the past five years, there has been a global surge in updated national strategies and plans of action on ageing and the MENA region should not be an exception. Admirably, countries such as Iraq, Kuwait, and Tunisia have issued new strategies on ageing, but many other countries remain without such a policy framework. Unfortunately, research infrastructure remains scarce in the MENA region, some even not updating their census data for decades. The presence of research institutes and data repositories on ageing are required so that data collection for national reports does not remain a pervasive challenge. The absence of government research infrastructure must not remain a key barrier, so that national conferences on ageing become an annual event.

More policies that encourage older persons to participate in the labour market are required since in many countries they continue to work as an economic necessity, particularly in low- to middle-income countries where social and economic security systems are relatively weaker. It is however noteworthy that in some countries, such as Morocco, older persons are encouraged to participate in the workforce in order for the society to benefit from their accumulated skills and experiences.

Social security policies and support programmes should target older persons living in rural areas who also tend to be experiencing at-risk-of-poverty lifestyles. Literacy policies and programmes that include older persons within wider national strategies are another must. Lifelong learning programmes are essential to provide older persons with opportunities to pursue positive and active ageing lifestyles. It seems that only one lifelong learning programme targeting older adults aged 50 years and over, exists in the region, the University for Seniors at the American University of Beirut in Lebanon. A key indicator of the level of development and its impact on wellbeing is certainly the capacity to provide enabling and supportive environments that ensure ease of mobility for older persons and promote ageing-in-place. Policies moving towards this end include age-friendly public transport, access to streets and buildings, clubs for older persons. home care, volunteer carers, surrogate family programmes, meals-on-wheels and mobile care units. Although under-researched, isolation, abuse and violence towards older persons is an area of potential concern in the region. Despite the profound respect for older persons in MENA societies, their mistreatment, when present, remains a hidden problem, frequently cloaked by family secrecy. Programmes targeting the health of older persons within primary care centres are to be more widespread so that screening programmes for noncommunicable diseases and awareness-raising campaigns become more common. Subsidising or free medications for older persons, and policies and programmes for disabled persons of all ages, are other steps in the right direction, and ministries of health must be attentive not to underrepresent mental health and nutrition in policies and programmes for older persons.

Finally, geriatrics should not remain a new field in the MENA region - since only Kuwait, Lebanon, Morocco, and Tunisia seem to recognise geriatrics as a specialty - so that a workforce trained in the care of older persons, including geriatricians, gerontologists and social workers, remains largely lacking. One anticipates a number of hurdles to providing adequate healthcare for older persons. These tend to include a lack of political will and legislation, lack of human and financial resources, the absence of guidelines for old-age homes and the rising cost of medical and health-care services. Moreover, the absence of universal health coverage remains the main concern and most pressing barrier to the well-being of older persons.

Chapter outline

In order to specify and amplify the above policy challenges and ideals in more detail, *Population ageing in the Middle-East and North Africa: Research and policy implications* fills a key void in international literature on ageing societies. This important and timely volume brings together a distinguished set of international scholars who provide rich information about the social, economic, political and historical factors responsible for shaping ageing policy in MENA. The book can be used as a regional handbook that highlights the idiosyncrasies of overlapping ageing issues in one particular territory and presents a range of key issues and concerns, including caregiving, employment and healthcare, amongst others, while providing rich data from various countries such as Egypt, Saudi Arabia, United Arab Emirates, Qatar, Kuwait, Bahrain, Iran, Tunisia, Morocco, Algeria, Jordan, Iraq and Lebanon.

Following this introductory chapter, other chapters in this first part - titled 'The background context' - include Abdulrazak Abyad's chapters on 'Ageing in the Middle East and North Africa: Demographic and health trends' and 'Geriatric organizations and training in the Middle East and North Africa'. The former chapter highlights how older adults in the Arab world are expected to increase in number and as a percentage of the general population, and how with an increasing prevalence of non-communicable diseases and their associated risk factors and consequences, the emerging health profile of older Arabs is reflecting the situation in Western countries. The latter chapter underlines the urgent need for geriatric education and training in the MENA region as countries experience unprecedented increases in the number of older persons. It demonstrates how a wide range of professional care will be required for severely impaired or dependent older people, including their parents, and how it is important to recognise that in the process of creating adequate programmes, home care and institutional facilities are complementary and multifaceted.

Part two of the book, titled 'Selected country profiles', includes chapters focusing specifically the travails of ageing welfare in countries or regions. Chapter four is authored by Hala S. Sweed and Manar Maamon and focuses on Egypt. The authors emphasise that since Egypt is facing a combination of socio-economic, political and security challenges, all efforts must be united to take advantage of demographic dividend which is projected to be followed by an economy downturn as population ageing always bring a decreasing young workforce to support older persons in their retirement. Ageing welfare should thus become incorporated within national social and economic strategies, policies and action. The fifth chapter turns the focus on Saudi Arabia and is authored by Mohammed A. Basheikh and Hashim Balubaid. It points that only a small percentage of older adults in the Kingdom receives high-quality healthcare but as future projections have revealed there will be a need to implement adequate comprehensive services for ageing persons that includes primary, secondary, and tertiary care services. Such a system will need to respond to the needs of the older adults through both community services and institutional facilities. The next chapter sees Salwa Al Suwaidi, Haitham Hassan Mancy and Wafaa Jumaan Karama exploring the ageing situation in the United Arab Emirates. The authors underscore how due to the emerging ageing population, the country has taken significant steps to ensure that older persons are provided with up-to-date medical care and quality of life through proactive plans that focus on full preparedness for their needs. It is positive to note that the Kingdom already provides variable services starting from home care, hospital care, nursing homes and community centres. The nation of Qatar is the attention of the seventh chapter. Herein, Marwan Ramadan and Mahmoud Refaee illustrate how despite the fact that older persons in Qatar represent a small percentage of the population in current times, this will change in the coming years. This increase is a result of improving healthcare services, and decreased mortality rate. In order to provide better services for older persons the Qatari Government has put forward two national strategies relating to ageing, older persons and older persons - namely, the *National Health Strategy 2018-2022* and *Our Health Our Future* and the *Qatar National Dementia Plan 2018-2022.*

The eighth chapter focuses on Kuwait and is authored by Ali Alqattan, Sultan Alqadiri, and Ibrahim A. Al Hammadi. The authors show how the increasing life expectancy is causing a paradigm shift in healthcare reform as the current socio-economic struggles to cope with the rising living standards have led to challenges have left Kuwait at a crossroads between social stigmas on who should care for their loved ones and the realities of what elder care usually encompasses. Measures are being undertaken to ensure that the geriatric population is not being marginalised and that their caregivers are being supported. The state of ageing in the Kingdom of Bahrain is addressed by Fawzi Abdulla Amin in the ninth chapter, wherein one learns that the Ministry of Health prioritises the training and capacity building for health and social care professionals, and that many family physicians and community nurses were sponsored to attend postgraduate training in geriatric health and psycho-geriatrics. The College of Health Science also includes in its health training a range of skills in gerontological and geriatric care such as like urinary catheters and nasogastric tube replacement. In the tenth chapter, Mohammad Taghi Sheykhi oversees the development of ageing policy in Iran. While the recent emphasis on studies pertaining to older persons in the developing world is mainly attributed to demographic transition, the author argues that the deteriorating conditions of older persons are a result of the fast-eroding traditional family system in the wake of rapid modernisation, migration and urbanisation. This has in turn caused older persons in Iran to experience isolation, loneliness, physical weakness, and an uncertain future. The eleventh chapter finds Sonia Ouali Hammami and Salem Bouomrani addressing the ageing situation in three countries in the Maghreb region - namely Tunisia, Morocco, and Algeria. The authors conclude that, unfortunately, demographic ageing has received limited attention at the political level in most Maghreb countries, even though ageing has been an emerging trend with increasingly socio-economic aspects and important policy implications. Whilst the rapidly changing demographic situation in the region has induced some governments to implement some community care services, ageing remains the most profound challenge in public policy.

The twelfth chapter focuses on Jordan and Lana J. Halaseh argues that the key to changing the society is to start off from building a culture of equity and justice. She decrees that since the smallest unit as the family institution, educating the younger generations and grandchildren is the most important tool in changing the attitudes and perceptions towards our older persons. Jordanian culture has a high level of social support, which in turn, contributes to assist the setting up of successful interventions in gerontological and geriatric care. The next chapter is authored by Ashoor R. Sarhat, Sarab K. Abedalrahman, Batool Ali Hassan, Islam A.R. Zardawy and Mohammed A.R. Zardawy and addresses the ageing situation in Iraq. It notes how poor community awareness regarding older persons in addition to the absence of a safe and supportive environments for older persons complicate the condition. The next step forward is to establish a sustainable Programme of National Protection and Care for Older Persons that is based upon a national strategic plan of gerontological care that addresses care access, cost, quality and other gaps are the cornerstone for any future development. The final chapter in the book's second part is authored by one of the editors, Abdulrazak Abyad, and focuses on Lebanon. The author accentuates that Lebanon, like other developing countries, needs to define the policies and programmes that will reduce the

burden of ageing populations on the society and its economy, and that there is a need to ensure the availability of health and social services for older persons and promote their continuing participation in a socially and economically productive life. This is because the morbidity burden of the geriatric population can quickly overwhelm fragile and underfinanced health infrastructures which are unable to meet fully the prevention and treatment needs of an ageing population.

The book's final part is titled 'Challenges and Opportunities' and looks at the contests and openings emanating from the coming of population ageing in MENA. In chapter sixteen, Abdulrazak Abyad discusses the social policy implications for informal, community and long-term care in MENA. He argues that ageing contributes to a contracting workforce accessible to support the dependent older persons but that with reasonable foreknowledge, sound monetary approaches, and political solidarity, the present structure of the Middle East can be transformed into a demographic reward. The consequent chapter, authored by Hamed Al Sinawi and Abdulrazak Abyad, charts the rise of non-communicable diseases including dementia. They demonstrate that the high levels of infection from non-communicable diseases, as well as high levels of cognitive and physical disability, in Arab countries among older adults cannot be swept under the carpet. Their analysis also demonstrates significant differences in women's and men's health profiles, with higher rates of cardiovascular disease and cigarettes in men, and higher rates of diabetes, obesity, hypertension, depression and 'activities of daily living' impairments in women, alongside contradictory gender gaps in cerebrovascular diseases. In the book's seventeenth's chapter Mohamud A. Verju addresses the topic of 'Healthcare systems: Necessary reforms and transformations'. Addressing the major health issues occurring in older populations, the author advocates policy-makers to face them head-on, with the provision of dignity, esteem, and respect. The generation ahead will recall both good and bad times as the 21st century proceeds, recalling events such as migration of populations that were beyond their control, and that the appreciation of people looked after in times of need cannot be quantified. The book is finally brought to a close by Abdulrazak Abyad who, in a concluding chapter, reports on the salient aspects argues and highlighted in the different chapters in *Population ageing in the Middle-East and North Africa*, whilst highlighting the required and warranted new steps and directions for ageing policy in this region.

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