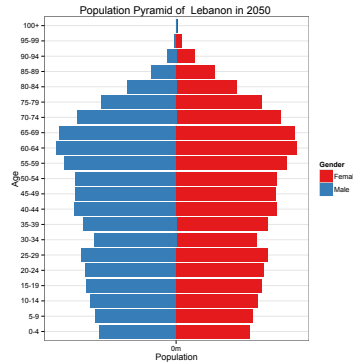


Research & Insights

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Station House, Connaught Road, Surrey, GU24 0ER.



Population Ageing and Elderly Care in the Middle East

Populations are expected to age rapidly in the Middle East countries during the coming few decades. However, the current evidence base indicates that many countries in the region are not paying attention to this demographic phenomenon. This is a particular concern as longevity is often accompanied by many years of ill health and disability and most of the countries in the region continue to rely on the family as the primary source of elder care. While the family, and particularly women,

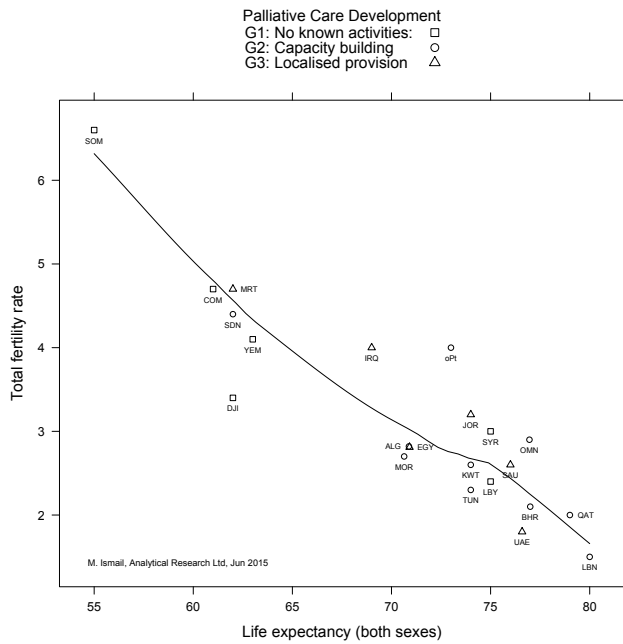
are expected to provide increasing support for longer they are faced by a set of socio-demographic changes that may hinder their ability to provide such care. Few facts about ageing in the regions: From 1965 to 2010 'average' life expectancy in the region increased from 48.7 years to 70.4 years; Life expectancy is projected to reach 76.9 years in 2045-2050; Percentage of the population 60 years or older to reach 17.2% in 2050; Life expectancy is usually higher among women, with an average of 5 to 6 years.

The state of ageing in the region

Because of historical high fertility rates, the number of older persons is predicted to more than quadruple from 22 million in 2010 to 103 million by 2050. In nine countries in the region - Algeria, Bahrain, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar and Tunisia - there will be more older persons than children, under 15 years old, by 2050. Population ageing in the region has been occurring in a context of parallel and major socio-economic and socio-political changes challenging traditional family structure norms and intergenerational support systems.

The tempo, or speed, of the population ageing process has been different for some countries in the region, with some identified as having 'fast', others as 'medium' and 'slow' tempos. Within the 'fast' or rapidly age-

ing group are the United Arab Emirates, Tunisia, Bahrain, Kuwait, Morocco, Algeria, Libya and Lebanon. These countries are also experiencing epidemiological and health transitions, with non-communicable diseases replacing communicable diseases as the leading causes of morbidity and mortality. Although older people in the region have traditionally tended to live with or near their offspring, larger proportions of the notably older women are increasingly living alone. This situation is exacerbated by both internal and international migration patterns, where younger men are more likely to migrate leaving their wives, usually with young children and older parents to care for, with multiple responsibilities. Concurrently, the viability of informal, traditional forms of long-term care in the family unit are threatened due to various factors such as modernization, urbanization and youth migration.



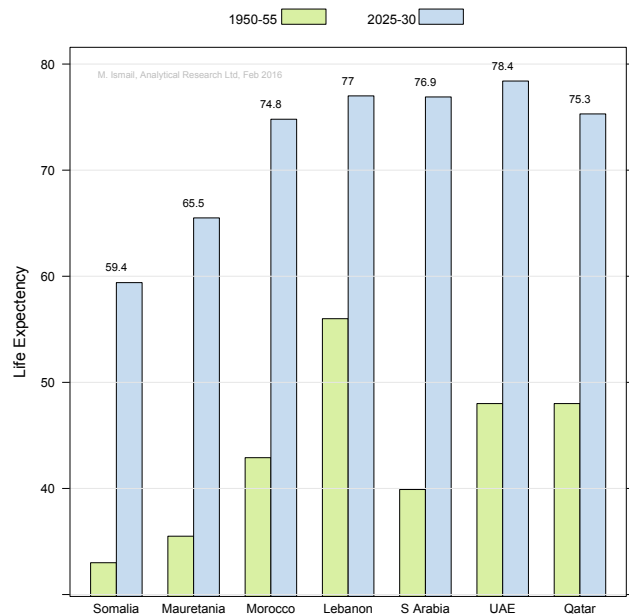
Aging and care

The figure above [1] presents the distribution of some countries by life expectancy and fertility rates grouped according to their levels of palliative care provision as an indicator of a country's recognition of their population ageing. Clark and Wright (2007) developed a world map [2] with four main groups of countries: 1) no known palliative care activity, 2) countries with palliative care capacity building activity, 3) countries with localized provision of palliative care, and 4) countries where palliative care activities are approaching integration with the wider public health system. None of the countries in the region were identified to belong to Group 4.

Long term care in the region

There are two main (often parallel) systems of long-term care for the elderly in the region: informal care providers, such as unpaid family members, as well as formal care providers, such as nursing aides, home care assistants, and other paid care workers. Most care delivered to older people in the region is provided by family members, mainly women, or by other informal caregivers. Aged family-based care is founded in deeply-rooted religious and cultural norms that emphasize the duties of younger generations towards their elders. Yet there is also critical lack of formal care alternatives (as might be provided by the public policy systems or the private sector). Within such context, long term care needs associated with old age tend to be seen as a family rather than societal responsibility within the region. With co-residency, or shared households employed as a means to

meet the needs of both the young and old generation within the family.



The road ahead

The continued availability or indeed ability of family members to care for elderly relatives is uncertain, due to a number of interacting demographic and socio-economic trends. Moreover, many informal carers might not be equipped to the type of care associated with ageing, such as complex and dementia needs for example.

Within a context of changing family structure, dynamic migration patterns and associated risks of ill health in later life, the needs for long-term care support in the region are expanding. There are several policy implications that arise from the preceding discussion: firstly, how to provide adequate formal social care for elderly people in the region? Secondly, how might governments support women who have care responsibility for older relatives in the context of competing demands?

Long term care provision within the region is likely to remain a 'family business' for some time to come, thus an approach based on social capital would appear to be most suitable. Such approach would capitalize on intergenerational support and family solidarity through programmes that both empower and support informal care givers, particularly women.

[1] Hussein, S. and Ismail, M. (Under review) ,"Ageing and Elderly Care in the Arab Region: Policy Challenges and Opportunities"
 [2] Clark, D. and Wright, M. (2007), " The International Observation on End of Life Care: A Global View of Palliative Care Development." *Journal of Pain and Symptom Management*, 33(5): 542-546.