

# Editorial

**Marvin Formosa<sup>1</sup> and Abdulrazak Abyad<sup>2</sup>**

## Introduction

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 such 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.

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 organisations 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

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<sup>1</sup> Department of Gerontology and Dementia Studies, Faculty for Social Wellbeing, University of Malta (marvin.formosa@um.edu.mt)

<sup>2</sup> Abyad Medical Center, Middle-East Academy for Medicine of Aging, Middle East & North Africa Association on Aging, & Alzheimer's & Middle-East Network on Aging. (aabyad@cyberia.net.lb)

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 health care 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 health care 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 programs. The time to provide such measures is now because the cost of missing this opportunity will be high.

Parkash, et al., 2015, p. 10-11

The United Nations (2015) 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 the 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 health care structure...

Parkash et al., 2015, p. 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 estimated to rise to 60% by 2020 (United Nations, 2015). 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, p. 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 portion of suffers 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, p. 36

Across the MENA region there are a number of support groups and associations that support older persons with particular health concerns (Halsall & 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 more emphasis on joined up thinking with governments in the with region and policy makers.

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. Here, it is commendable that such countries as Iraq, Kuwait, Morocco and Tunisia have developed both governmental bodies and national committees on ageing. 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 organisations and non-governmental organisations, including academics, must also be roped in 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.

Much 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 health care 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.

This special edition of the *International Journal on Ageing in Developing Countries* derives from the recent publication *Population ageing in the Middle East and North Africa: Research and Policy Implications*. Five chapters for this book have been chosen by the editors to be published in its open access journal so as to guarantee a wider and more freely dissemination of its contents. The first article, 'Ageing in the Middle-East and North Africa: Demographic and health trends' (Abdulrazak Abyad) discusses how older adults in the MENA region are expected to increase in numbers and as a percentage. With an increasing prevalence of non-communicable diseases and their associated risk factors and consequences, the emerging health profile of older Arabs is reflecting that of older adults in the West. Future care for older persons will also require, according to the WHO, models of both formal and informal care and support systems. The second article, 'Egypt' (Hala S. Sweed and Manar Maamoun), emphasises 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 third article, 'Saudi Arabia' (Mohammed A. Basheikh and Hashim Balubaid), points that only a small percentage of older adults in the Kingdom receives high-quality health care 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 fourth article, 'Maghreb Countries' (Sonia Ouali Hammami and Salem Bouomrani), addresses the ageing situation in 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 some governments have introduced community care services, ageing remains the profoundly challenging. The final article, 'Jordan' (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.

At the same time, this issue contains two book reviews - namely *Population change in Europe, the Middle-East and North Africa: Beyond the demographic divide* (Matthijs et al., 2015) reviewed by Nikolai Botev and *Rural elderly and their quest for health* (Jadhav, 2018) reviewed by Nidhi Gupta.

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## References

- Halsall, J.P., & Cook, I.G. (2017). Ageing in the Middle East and North Africa: A contemporary perspective. *Populations Horizons*, 14(2), 39-46.
- Hussein, S., & Ismail, M. (2016). Ageing and elderly care in the Arab Region: Policy, challenges and opportunities, *Ageing International*, 42, 274-289.
- Parkash, J., Younis, M. Z., & Ward, W. (2015). Healthcare for the ageing populations of countries of the Middle East and North Africa. *Ageing International*, 40(1), 3-12.
- Sibai, A. M., Rizk, A., & Kronfol, N. M. (2014). *Ageing in the Arab region: Trends, implications and policy options*. The Center for Studies on Aging.
- United Nations. (2015). *World population ageing 2015*.  
[https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA\\_2015\\_Report.pdf](https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA_2015_Report.pdf)
- United Nations. (2019). *World population prospects 2019*. <https://population.un.org/wpp/>
- World Bank. (2005). *World development report 2007: Development and the next generation*.  
<https://openknowledge.worldbank.org/handle/10986/5989>
- World Bank. (2020). *Middle East and North Africa*.  
<https://www.worldbank.org/en/region/mena>