

Appraising progress in the ageing agenda in Arab countries of Western Asia and North Africa: 15 years since the Madrid International Plan of Action on Ageing

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Abstract. As the pace of population ageing in the Arab region quickens, placing a majority of its countries on the cusp of significant demographic transitions with far-reaching social and economic implications, the ageing agenda has gained steam on both local and regional levels. This paper provides an appraisal of the results of the third review of the progress of the Madrid International Plan of Action on Ageing (MIPAA) conducted in countries belonging to the Economic and Social Commission for Western Asia (ESCWA) in 2017, with findings drawn from a regional mapping survey of member states and supplemented with desk and literature review. While many ESCWA countries have taken some progressive steps and advanced towards meeting the challenges of population ageing, steps forward have been hampered by gaps between the presence of policies and the reach and scope of operational programs on the ground and have been challenged by a lack of social awareness around population ageing, a scarcity of up-to-date data and evidence, limited access to financial resources and weak local and regional coordination on ageing issues. Regional or sub-regional response that consolidates efforts and encourages shared knowledge production and exchanges of experiences and best practices is needed.

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Progress on the implementation of MIPAA recommendations is vital to the achievement of the 2030 Sustainable Development Goals, and represents a renewed opportunity to ensure that the future holds productive, healthy, secure and empowered ageing societies for all, with ‘no one left behind’.

Keywords: Ageing, ESCWA, Arab, MENA, MIPAA, SDGs

Introduction

Worldwide, population ageing has gained steam as a key demographic priority area and as one of the most significant transformations of the twenty first century. In the Arab region, as with many regions composed of largely developing countries, the distinguishing feature of population ageing has been its rapid pace, sometimes exceeding the pace at which it occurred in the West. As such, while the overall population structure remains young, the majority of the countries in the region are on the cusp of significant demographic transitions and exponentially rapid population ageing (Saxena, 2008). Estimates from the World Population Prospects: 2017 Revision indicate that the number of people aged 60 years and older in the region has more than doubled from 9.4 million in 1985 to 22.5 million in 2015, and, due to consistently high fertility rates in many countries of the region, the number of older persons is anticipated to almost quadruple by 2050, reaching close to 85 million.

In this paper, we focus on the countries belonging to the Economic and Social Commission for Western Asia⁶ (ESCWA), where the proportion of older persons is currently estimated at 6.6% of the population and is projected to increase to 9.3% by 2030 and 14.9% by 2050 (WPP, 2017). The fastest population growth is anticipated to occur among the oldest old (aged 80 years and older). Tunisia, Lebanon and Morocco include the highest proportion of older persons (11.7%, 11.5% and 9.6%, respectively). By 2050, the number of older persons are expected to exceed the number of children in 10 out of the 18 ESCWA member countries (namely Bahrain, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Tunisia and the United Arab Emirates) and only 4 countries are expected to remain in the 10% threshold by a small margin (8.8-9.9%) (WPP, 2017).

Preparing for an ageing population is vital to the achievement of the 2030 Agenda, and constitutes a core component of the Sustainable Development Goals’ (SDGs) objective to ‘leave no one behind’ (UN, 2015). In 2002, the Madrid International Plan of action on Ageing (MIPAA) stressed the need for governments to develop policies, programs and services that allow older persons to benefit from development and to advance their health and well-being in enabling and supportive environments (World Assembly on Aging, 2002). The demographic transition comes with many challenges including a decline in extended family structures, underdevelopment in rural areas, and a rise in the burden of chronic degenerative

⁶ ESCWA (Economic and Social Commission for Western Asia), is one of the five regional commissions under the administrative direction of the United Nations Economic and Social Council. It includes 18 countries – namely Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen.

diseases. The ESCWA region is additionally challenged by protracted wars, conflict and political instability, and the displacement and migration of youths seeking better opportunities in safer havens elsewhere, and hence weakening of family ties and diminished number of family members available to deliver old-age care (Kronfol, Rizk, & Sibai, 2015).

This paper provides an appraisal of the results of the third MIPAA review conducted in ESCWA countries in 2017. Findings presented within are largely derived from the responses obtained to a regional mapping survey from ten member states, namely Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, the Sudan and Tunisia, supplemented with desk and literature review, as necessary. Submissions from countries were validated in an expert group meeting convened by ESCWA with government focal persons on ageing in the region as well as independent consultants and experts. Unless otherwise indicated, data presented are derived from responses to a structured regional mapping survey. In this paper, we first present the findings on institutional arrangements and policy options, focusing on developments in the past five years. Departing from the three central themes outlined by MIPAA, the paper then reviews the progress made in social protection and participation of older people in development and discusses the challenges for advancement of health and wellbeing in old age and for the provision of enabling and supportive environments. The paper also appraises emerging issues, gaps and opportunities to the implementation of plans of action on ageing in the region, with linkages made to the 2030 SDGs, as relevant.

Institutional response: governmental agencies, plans of action and data

More than two decades since ageing was first addressed as a developmental issue in the United Nations International Conference on Population and Development's (ICPD) Programme of Action in 1994, and 15 years since MIPAA and the Arab Plan of Action on Ageing (APAA) in 2002, countries have taken considerable strides forward in mainstreaming ageing issues in governmental mandates, national policies and plans of action. Available data indicate that this has occurred irrespective of the pace of population ageing (ESCWA, in press).

Table 1 shows the various modalities of governmental arrangements on ageing in select ESCWA countries, including ministries, departments, divisions and offices. The year at which these were established varied across countries, with the "Department of Elderly Care" in Egypt, established in 1979, being among the earliest and the "Department of Elderly Affairs" in Oman, established in 2015, being the most recent. Institutional arrangements on ageing are almost always housed in the Ministry of Social or Family Affairs, except for Iraq where it is affiliated with the Ministry of Health. In Lebanon and Sudan, no specialized departments for ageing affairs have been established. However, in the case of Lebanon, the Department of Family Affairs houses the National Commission on Ageing; and, in Sudan, policies and programs for ageing are advanced following a Ministerial Decree issued in 2012 by the Ministry of Social Security and Development. Coordinating bodies for ageing agendas, such as national committees, in ESCWA countries are relatively recent (Table 1), with the first being the "Permanent National Commission for Elderly Affairs" established in Lebanon in 1999, around the year designated by the UN as the International Year of Older Persons. Among

reviewed countries, both the Ministry of Social Affairs and the Ministry of Health feature in the coordinating bodies of national committees. Other ministries such as the Ministry of Women or Family Affairs, Social Security and Pensions, Planning or Statistics, Justice and Education appear to be represented to a lesser extent. Delegates from the municipalities, civil society organizations (CSOs) and non-governmental organizations (NGOs) are commonly represented in coordinating bodies and engage in developing policies and implementing programs. Despite the importance of having representatives from the media and academia on board for advocacy and evidence-based policymaking, such arrangements rarely feature in coordinating bodies.

Table 1: Governmental institutions and national committees on ageing in ESCWA countries

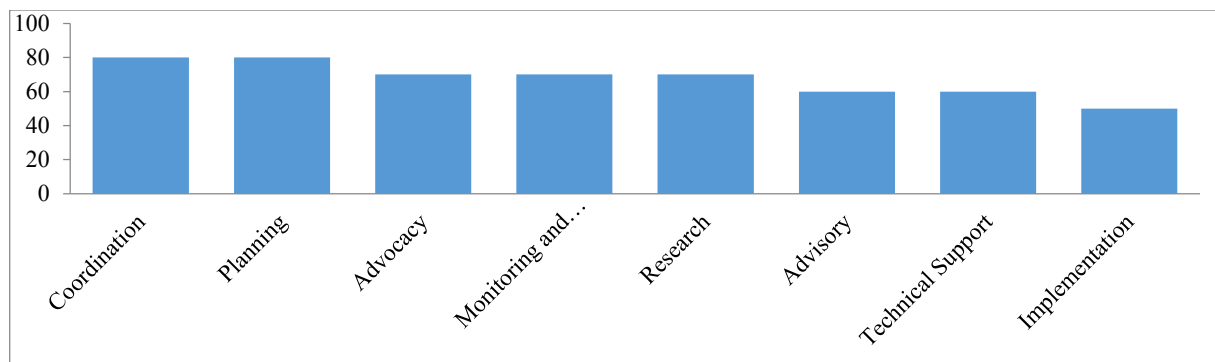
	Country	Governmental Institutions (year established)	National Committees (year established)
SLOW pace of ageing	Iraq	Elderly Health Division (2013) & Technical Committee for the Development of Health and Social Services for the Elderly (2010), Public Health Directorate, Ministry of Health	National Committee for Older People, Ministry of Labor and Social Affairs (missing)
	Palestine	Department for Elderly Care, Ministry of Social Affairs (1994)	National Committee for Older Persons, Ministry of Social Affairs (2011)
	Sudan	Ministry of Social Security and Development (1999)	National Committee for the Care of Older Persons, Ministry of Social Security and Development (2012)
MODERATE pace of ageing	Egypt	Department of Elderly Care, Public Office for Family and Childhood, Ministry of Social Solidarity (1979)	Higher Committee for Older Persons in Beni Youssef University (In preparation)
	Jordan	---	National Committee for Senior Citizens and National Follow-up Committee on the Implementation of the National Strategy for Senior Citizens, National Council for Independent Affairs (2012)
	Kuwait	Office of Elderly Care, Ministry of Social Affairs (2001)	National Committee for Elderly Care, Ministry of Health (2012)
	Oman	Department of Elderly Affairs, Ministry of Social Development (2015) – Ministerial Decree 51, 2015 Primary Healthcare Support Unit, Ministry of Health	Committee for Elderly Affairs, Ministry of Social Development (2005)
RAPID pace of ageing	Lebanon	Department of Family Affairs, Ministry of Social Affairs (1993)	Permanent National Commission for Elderly Affairs in Lebanon, Ministry of Social Affairs (1999)
	Morocco	Department of Protection of Older People, The Ministry of Social Development, Family and Solidarity (2002)	---
	Tunisia	Office of Older Persons, Ministry of Women, Family and Childhood (2005)	---

National committees are mandated in the majority with planning, collaboration and coordination roles, and to a lesser extent with implementation (Figure 1). Committees in countries experiencing a rapid demographic transition appear to be responsible for a larger number of roles, which more often include technical support, advisory and resource

mobilization. This is especially the case in Morocco and Tunisia. Interestingly, countries experiencing a ‘slow’ pace of ageing, such as Palestine and Sudan, appear to carry more responsibilities than their ‘moderate’ counterparts.

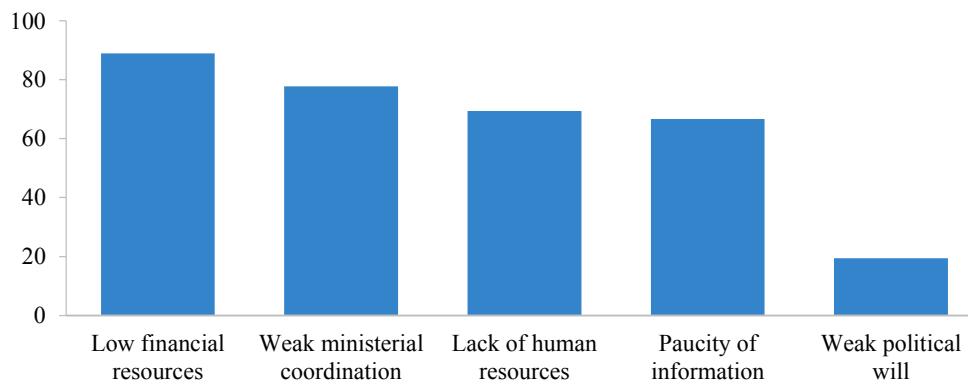
Mainstreaming ageing in policies and legislations is on the rise in ESCWA countries and there is evidence of increasing political support for the ageing agenda in the past five years. In spite of the encouraging developments in legislations and plans of action, there remain significant challenges for implementation. Most countries ranked low financial resources as the primary challenge, closely followed by weak ministerial coordination and scarcity of human resources (Fig. 2). Political will and translation of research to policy were ranked as least challenging. Other noted challenges include a paucity in national and international organizations focused on ageing in the ESCWA region and the absence of capacity building programs.

Figure 1: Mandated roles within ‘National Committees on Ageing’ in descending order (%) of reporting *



*Based on responses from Iraq, Oman, Lebanon, Jordan, Tunisia, Kuwait, Morocco, Sudan and Palestine.

Figure 2: Challenges to issuing and implementing national strategies and plans of action on ageing in descending order (%) of reporting *



*Based on responses from Oman, Lebanon, Jordan, Tunisia, Kuwait, Morocco, Sudan and Palestine.

Census data disaggregated by age and gender, and data repositories on ageing are fundamental for identifying emerging issues and evidence-based decision making. Except for Lebanon, where the last and only census was conducted in 1932, all countries have updated their census data over the past ten years. Yet, countries report challenges with documentation of census data, including incomplete or inconsistent birth records of older persons in Oman, approximation of ages in Jordan, missing data for older persons in Tunisia, and absence of a standardized questionnaire for census-taking in Morocco. While offices for national statistics play a key role producing data on the population at large, specialized centers and a strong research infrastructure on ageing are lacking (Rizk et al., 2015). Only three such initiatives exist in the ESCWA region, the National Institute of Longevity Elderly Sciences in Egypt hosted within Beni Suef University, the National Observatory for Older Persons in Morocco with strong intersectoral collaboration between the government, civil society organizations, academics, and experts, allowing it to dynamically monitor demographic changes and track social and economic conditions of older persons at the national level, and the Centre for Studies on Ageing in Lebanon (CSA). The latter acts as a think tank and a platform for advocacy forging much-needed links between researchers, policymakers and service providers. Through conferences, round table debates and policy briefs and reports, the CSA has led the way towards placing older adult issues in Lebanon at the forefront on national agendas and international scientific community⁷.

Ageing, employment and development

While the conditions of older persons in the ESCWA region and the opportunities available to them vary by each country's respective level of socio-economic development, the current generation of older people share baseline vulnerabilities that have important implications for their care. These include low levels of educational attainment, dwindling economic safety nets, and workforce participation into the last years of life due to the absence of, or insufficient, pension plans. Among older women, the situation is particularly precarious. As such, ageing and development form a nexus that revolves around the need for age-equity in access to education, training, employment, social security and pension.

Historically, access to education of earlier cohorts of older persons in the ESCWA region was limited, making a substantial proportion of today's older persons illiterate. Literacy rates vary across ESCWA countries, ranging from as low as 20.4% among older persons in Iraq to as high as 87.7% in Jordan (Table 2) (UIS, 2017), with men gaining access to education earlier and completing higher levels of education than women (Yount & Sibai, 2009). Hence, literacy programs are common in the region, with some specifically tailored to older persons (e.g. in Kuwait, Palestine, Sudan, Tunisia) while others targeting the entire populace (e.g. Morocco). A few countries, namely Egypt, Iraq, Lebanon and Palestine, offer courses that aim specifically at improving older people's information technology and computer skills. An inspiring lifelong learning program, the University for Seniors program established in Lebanon in 2010, remains the only initiative in the region that promotes education in old age, positive images

⁷ For more information on the Center for Studies on Ageing in Lebanon:
<http://www.csa.org.lb/en/index.asp>.

of ageing and provides space for older persons to share their own wisdom and experiences. The program offers a variety of courses and activities that suit older adults' interests, and provides them with an opportunity to remain intellectually challenged, socially connected and useful in their communities^{8,3}

Table 2: Literacy rates among persons aged 65 years and older, by year of latest available data

Country	Literacy rate (65+) ¹		Labour force participation (65+) ²			
	Latest available	%	Latest available	Total	Male	Female
Bahrain	2010	49.3	2015	23.6	39.9	6.4
Egypt	2013	43.2	2016	13.8	23.7	3.1
Iraq	2013	20.4	2008	11.9	21.3	2.2
Jordan	2012	87.7	2013	4.8	4.8	0.2
Kuwait	2015	69.5	2016	40.5	63.5	14.5
Lebanon	2009	60.2	2007	14.7	27.7	1.6
Libya	--	--	--	--	--	--
Mauritania	2007	26.6	--	--	--	--
Morocco	2012	32.8	2012	18.4	28.7	8.5
Oman	2015	35.0	2016	5.5	10.1	0.7
Palestine	2016	63.9	2015	9.0	17.6	2.5
Qatar	2014	78.9	2015	51.9	67.2	11.4
Saudi Arabia	2013	51.4	2016	13.9	26.9	0.6
Sudan	2008	24.3	2009	38.0	56.0	14.0
Syrian Arab Republic	2004	39.0	2009	13.3	21.6	1.4
Tunisia	2014	39.8	2012	8.6	15.4	1.9
United Arab Emirates	2005	42.1	2016	26.9	46.6	3.0
Yemen	--	--	2015	17.4	29.0	1.2

Source: Adapted from UNESCO Institute for Statistics (UIS) (2017); ² Adapted from the International Labour Organization Statistics database (ILOSTAT, 2017)

Strategies, policies and rationales towards old-age employment vary across the ESCWA region. Employment is often presented as a subject of generational conflict around income and national resources. Early retirement in the public sector may be encouraged as a means to reduce public spending and hence relieve the strain of salaries on governmental budgets, as in Palestine for example, or as a strategy to meet the demands of the high percentage of working age youth, such as in Libya. In Iraq and Tunisia, early retirement is allowed in the case of specific social and familial hardship situations. In Morocco, pension funds are reported to be strained and early retirement is therefore not encouraged. In Sudan, Iraq, and Jordan, micro-credits programs are provided by governments to advance income-generating projects, and ultimately counteract high poverty rates among older persons deprived of familial support. The right to work and age-based discrimination in the labor force have gained increasing recognition by international human rights agencies (Fredvang & Biggs, 2012; HelpAge International, n.d). This has been scarcely recognized regionally or locally, with the exception of income-generating programs in such countries as the Sudan and such programs as the Elderly Empowerment Project, established in Lebanon in 2016. The Project works

⁸ For more information on the University for Seniors:
https://website.aub.edu.lb/rep/cec/uni_seniors/Pages/main.aspx.

towards creating jobs and volunteering opportunities with local businesses and municipalities, and aims at promoting social and economic inclusion of older people. Several modalities of social protection systems exist in ESCWA countries. Whereas there are considerable variations in the level of basic benefits for retirees across countries, these are commonly characterized by inequity in coverage across sectors of employment and by gender. In contrast to civil servants and those in the public sector, the self-employed and those in the informal sector are less likely to qualify for old-age pension plans, thus adversely affecting agricultural workers who fall sharply out of the social security umbrella. This also means that women, often engaged in unpaid work in family income or in caring for grandchildren, are denied access to social and health benefits as they age. As a result, prolonged participation in the labor force beyond retirement age is a common phenomenon in the region. This is in marked contrast to several countries in the West, where withdrawal from the labor force is a natural phenomenon at an advanced age. Among ESCWA countries, labor participation rates of older men, in particular, range between 26.9% in Saudi Arabia and 67.2% in Qatar among Gulf oil-rich countries, and between 4.8% in Jordan and 56.0% in Sudan among the remaining countries (Table 2, ILOSTAT, 2017). While, in the former, old-age labor participation is likely to be a reflection of sustained economic opportunities in old age and a personal preference of the older person to remain active, high labor participation rates in the latter may be more indicative of economic necessity and a strategic response to the weak public safety nets and the pervasively small old-age pensions in certain countries in the region. Pension schemes are powerful instruments for poverty reduction and income security in old age. Laws regulating social security and pensions were drafted and implemented in the region across a wide range of years from as early as 1950 in Egypt to as late as 2002 in Qatar (SSA, 2017). Despite major economic changes and geopolitical developments in the region, there are still four ESCWA countries, namely Bahrain, Lebanon, Oman and Syria, that have not made revisions or updates to their pension laws since their initiation (SSA, 2017).

ESCWA countries value older persons' accumulation of wisdom and experience as an asset that is often mobilized through their active involvement in development. In Oman, older people are encouraged to participate in provincial and local committees, and to engage in civil society organizations (CSOs) that reflect their interests, an example of which is the Omani Association for Elderly Friends. In Morocco, the mediating role of CSOs is combined with an embedded participatory approach for ministries, which ensures older persons' direct involvement at all levels of development. Yet, involvement in civic life and public participation of older persons appear to be related more to one's own position in the society than to institutionalized policy structures and processes; and independent bodies such as advocacy groups and older people associations are totally lacking in the region. Despite the advancements in policies and programs targeting older persons in the ESCWA region, these remain suboptimal, and the scope of their implementation is uncertain. Ageing poses important challenges and opportunities for development and change. Addressing these challenges and working on promises are particularly relevant to the 2030 SDG Agenda to 'end poverty in all forms' (SDG 1), promote 'lifelong learning opportunities for all' (SDG 4), achieve 'gender equality', promote 'decent work for all' (SDG 8), and 'reducing inequalities within countries' (SDG 10) (UN, 2015).

Health and wellbeing in old age

Health related data targeting specifically the older people are still nascent in ESCWA countries; and while there is marked diversity in the experiences at the country and sub-regional levels, there are general trends that characterize older population health. Regardless of where people live, longer life expectancy is generally accompanied with higher rates of non-communicable diseases (NCDs), degenerative conditions, and changes in functional ability. ESCWA countries that are still early in this epidemiological transition continue to experience a double burden of disease, with high rates of both communicable and non-communicable diseases. Moreover, increasing environmental exposures, hazards and stressors are likely to drive the risk of cancers and cardiovascular disease upward.

It is estimated that nearly 60% of all deaths in the region are due to NCDs, with more than 65% occurring in individuals older than 60 years (Rahim et al., 2014). All countries covered in the MIPAA review have noted NCDs, namely cardiovascular diseases, hypertension, diabetes, and cancers, to be the most prevalent health conditions among older persons. Untreated and undiagnosed hypertension, though not well researched in the region, remains a concern (Tailakh et al., 2014). During the past three decades, the prevalence of obesity has escalated, reaching an alarmingly high level of around 66% among older adults in high income countries such as Kuwait (Al Rashdan & Al Nesef, 2010). Also, five of the top ten countries with the highest prevalence rates of diabetes worldwide are from the region. Cancer rates vary in the region, with notably much higher mortality rates in Lebanon and Jordan compared to other countries (Abu-Rmeileh et al., 2016).

Whereas data on psychiatric morbidity among the older populations in ESCWA countries are greatly lacking, some countries, including Iraq, Jordan, Tunisia and Egypt, have reported concerns about mental health. According to the Alzheimer's Disease International (2015), the estimated number of people with dementia in the region is expected to grow from two million in 2010 to four million in 2030. A recent pilot study from Lebanon reported an age-adjusted dementia prevalence rate of 9.0% for persons older than 65 years of age, comparable to worldwide estimates from the West (Phung et al., 2017). Only a few countries, such as Lebanon, have endorsed mental health of older persons in their national policies and programs.

Overall, countries experiencing rapid and moderate pace of ageing have advanced on streamlining programs for older persons within existing health-related initiatives and primary care centers to a larger extent than those experiencing slow paces of ageing. Examples of these initiatives include NCD screening in primary health care centers and awareness campaigns for early detection notably in the area of breast cancer, hypertension and diabetes, smoking cessation programs and subsidized care and free medications for older persons. In a number of countries, such as Lebanon, Morocco, and Tunisia, civil society organizations, including charities and religious associations, appear to play an important role in promoting and implementing national policies and in providing primary health care programs to older persons.

Governments' main preoccupation remains to treat illness and provide medical care. Consequently, health care delivery is largely built around cure rather than prevention and around acute, episodic models of care that are ill-equipped to meet the requirements of those with chronic and multiple health problems (Sibai et al, submitted). Only a few countries, such as Lebanon, Egypt and Tunisia, recognize geriatrics as a specialty on its own, and, with the exception of Tunisia, there remains a gap in the supply of geriatricians and gerontologists across the region. This is counterbalanced by the presence of postgraduate training programs, particularly for nurses and social and healthcare workers.

The Madrid Plan calls on governments to take actions towards universal and equal access to health services. While free health services are provided in oil-rich countries, out-of-pocket health expenditures represent the most important source of financing healthcare in most ESCWA countries. Generally, the poorer the country, the larger the share of out-of-pocket expenses (Yount & Sibai, 2009), and the main challenge for health services in most ESCWA countries lies in their affordability and accessibility. Here, a comprehensive model of patient-centered care for older persons within existing primary health care centers and coordination between state and non-state actors, notably civic agencies, needs to be enhanced and empowered (Sibai et al., submitted). Ageism, where treatment may be perceived to be less worthy for older persons than the younger ones, is likely to be encountered in the provision and, hence, accessibility of services. This is essentially heightened in times of wars and conflicts, where older persons often fall off the radar of international relief agencies.

Ageing raises questions of whether longer lifespans equate with more years of healthy life or increased morbidity and dependency with age (Beard et al., 2016; Mehta & Myrskylä, 2017). The exigencies of new economic realities and emerging chronic diseases in ageing populations challenge healthcare systems in most countries and raise the importance of health reforms. This challenge, however, is not insurmountable. Adopting a life-course perspective that focuses on health promotion and healthy behaviors early in life, disease prevention (SDG 3.4), integrated care that span the care continuum, and equitable and universal health coverage (3.8) exert powerful influences on offsetting barriers and prioritizing healthcare for older persons, all of which are necessary conditions for the achieving of the overall goals of the SDGs to ensure health and well-being "for all ages" (SDG 3) (UN, 2015).

Enabling and supportive environments

A key indicator of the level of development and its impact on wellbeing for older persons is a country's capacity to provide supportive environments for older persons that would promote 'ageing in place', in homes and in communities, and ensure ease of mobility. The term 'environment' extends beyond the physical living environment, but also includes social and structural arrangements, at the macro and micro levels, that are crucial to advance older people's potential to independently engage in their communities. Accordingly, this section addresses the four pillars of supportive environments, namely intergenerational solidarity, age-friendly communities, protection from neglect, abuse and violence, and embracing the needs of older persons in emergencies and crisis situations.

In ESCWA countries, the family remains one of the pillars of ageing policies and is treated as the core safety net for the care of older parents. Legislations have been founded on the vital role of informal family support channels and the web of relationships within it; and as such, the focal unit concerned with ageing issues in a number of countries in the region is intricately connected with councils and directorates of family affairs (e.g. Qatar, Egypt, Jordan and Lebanon (Sibai & Yamout, 2012)). Yet, demographic realities, socioeconomic advances and, political tensions and conflicts across the region have triggered various forms of alienation from the traditional multigenerational family configuration, resulting in increasing independent living in late-life, with considerable heterogeneity across countries. For example, whereas the proportion of solitary living does not exceed 1.2% in Kuwait (Shah et al., 2002), this exceeds 10% in Lebanon (Tohme et al., 2011). More recent data from Labor Market Panel Surveys in Egypt, Jordan and Tunisia conducted show higher percentages, with women being 3 to 5 times more likely to be living alone than men (3.5-6.5% for men and 16.4-26.3% for women) (Angeli & Novelli, 2017). The challenge in the care of older people is to develop strategies for interventions that aim at maximizing functional autonomy, prolong independency at home, and delay institutionalization. Homecare programs that incentivize ageing-in-place, while nascent, continue to expand and include volunteer programs for elderly sitters in Oman, surrogate family programs in Tunisia, meals-on-wheels services in some parts of Sudan, Palestine and Lebanon, mobile units for the care of older persons in Tunisia, Morocco and Kuwait, and respite services for caregivers in Lebanon.

Governments across the ESCWA region are making efforts to enhance older persons' mobility outside the home environment. Countries like Palestine, Oman, Lebanon and Jordan are facilitating older persons' mobility through the construction of age-friendly infrastructures that include ramps and priority seats in governmental buildings. Meanwhile, older persons in Morocco, Tunisia and Kuwait have granted subsidized rates on public transportation, and, in Kuwait, older persons are exempted from paying registration fees for their own vehicles and receive earlier appointments in public clinics. Clubs for older persons, in Lebanon, Jordan and Morocco, provide opportunities for engagement with social life and community building.

Arab societies consider social and religious obligations to be sufficient for the protection of older persons against maltreatment, which often remains cloaked by family secrecy. Similarly, the absence of legal action against perpetrators of violence deters older victims from reporting mistreatment to the authorities. Hence, this topic is vastly under-researched, and figures, when present, are likely to be underestimated. Literature search identified only one study conducted in a rural community in Egypt that presented prevalence estimates from the region. Findings from this study point to a prevalence rate of 42.4% for neglect, 5.7% for physical abuse, and 3.8% for financial abuse, with women being more likely to report mistreatment than men (Abdel Rahman & El Gaafary, 2012). In Jordan, 787 complaints of violence, verbal and/or physical, were reported in 2016. Here, complaints are rarely referred to judicial action and are often dealt with locally by a pledge to ensure that maltreatment or violence is not repeated. Policies addressing violence against older persons are generally embedded within family protection and personal status laws that benefit all age groups. Yet, response to the issue of abuse and violence against older people has been very slow compared to the West.

Despite growing wars and conflicts in the region, there is a distinct lack of considerations for older people in emergencies and the topic is vastly under-researched (Sibai, Rizk, Costanian & Beard, 2016). A recent report revealed that less than 5%, only 93 out of 1,912, humanitarian assistance projects explicitly address older persons as a vulnerable group (HelpAge International & Handicap International, 2013). One national symposium convened in 2013 by the Center for Studies on Aging in Lebanon on “Seniors in Emergencies” drew the attention of relief actors to older refugees, as both a vulnerable group requiring distinct care and attention as well as a resource with the potential to make important contributions in emergency situations. HelpAge International recently opened a regional office in Amman in 2015, and this has been instrumental in promoting inclusion and mitigating the social and economic impact of the Syrian crisis on both Syrian refugees and host communities.

Overall, governmental actions towards an enabling environments remain modest and continue to have a limited scope in most countries. Planning for an age-friendly city and MIPAA considerations for a supportive environments cut across several SDG goals and targets of making cities inclusive, safe, resilient and sustainable (SDG 11) and promoting peaceful and inclusive societies for sustainable development (SDG 16) (UN, 2015).

Concluding remarks

Overall, many ESCWA countries have taken progressive steps over the past five years towards meeting the challenges of population ageing. Reported efforts range from strengthening institutional arrangements on ageing to including older persons in development agendas, attending to the healthcare of ageing population, and making modest strides forward towards constructing age-friendly and enabling environments for older persons. Despite this, steps forward have been hampered by gaps between the presence of policies and the reach and scope of operational programs on the ground. Concurrent with broader introspections around the pace of the progress of MIPAA globally (Sidorenko and Zaidi, 2018), challenges towards implementation include social awareness around population ageing, a scarcity of up-to-date data and evidence that would enhance the urgency of such developments, limited access to resources and weak ministerial coordination when ageing is not prioritized on national agendas.

Population ageing has far-reaching economic and social implications for all sectors of society, and this is becoming a growing regional concern. Hence, population ageing requires a regional or sub-regional response. Coordination and collaboration and cross-country initiatives for knowledge production, exchange and sharing of best practices may save limited resources and encourage leaps forward in achieving key health, social and legal realizations for the welfare of older persons. The 2030 Agenda for Sustainable Development, cutting across several goals including poverty eradication, economic growth, good health, safe environments and sustainable cities, provides an impetus to further advance on meeting the recommendations of MIPAA (HelpAge, 2017). To realize truly inclusive and sustainable development outcomes, the ageing agenda needs to continue to advocate for, firstly, an attitudinal shift on ageing that would overcome marginalization and exclusion and realize the potentials of living longer; and secondly, a paradigm shift, where the potentiality for

advancing the ageing agenda is no longer conditioned on achieving economic development, but rather becomes part and parcel of developmental processes. Progress on the implementation of MIPAA's goals fits hand-in-glove within wider efforts to meet the 2030 agenda of the SDGs, representing a renewed opportunity to ensure that the future holds healthy, secure and empowered ageing societies for all, with 'no one left behind'.

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