Population ageing and the emerging long term care markets in the Middle East and North Africa

Shereen Hussein Professor of Health & Social Care Policy London School of Hygiene and Tropical Medicine United Kingdom



The unique features of ageing in the MENA region



- Pace of ageing
 - > Within a dynamic political, socio-economic & epidemiological changing landscape
- Levels of unpreparedness
 - Policy and Practice
- Burden of disease
- Perceptions of and expectations from ageing
- Competing priorities and limited resources
- Population dividends
 - > A window of opportunity, but
 - Differences between population and system demographics: high levels of unemployment and low levels of contribution

Opportunities & Challenges for the MENA region



Fiscal constraints

Competing policy priorities

Challenges to traditional social structures

• Extended families, closednet communities

Environment & infrastructure

Awareness & stigma

• E.g., Dementia

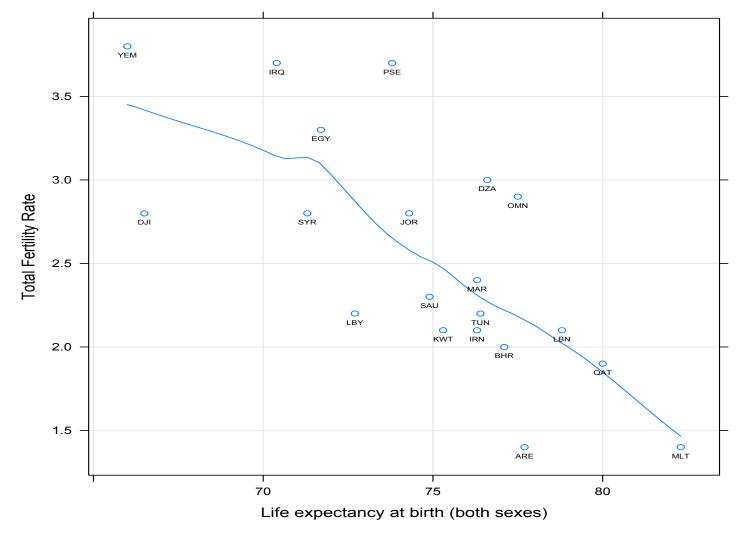
- A growing interest in global ageing, particularly healthy ageing
- The UN decade of health ageing (2021-2030) building on the 2030 SDGs
- An interest in LMIC and the MENA region in developing ageing policies and supporting the community as a whole
- Realization of the need for data, evidence and dialogue

Fertility & Life Expectancy in the MENA region



Different countries at different stages

There is an inverse relationship between fertility and LE across the region



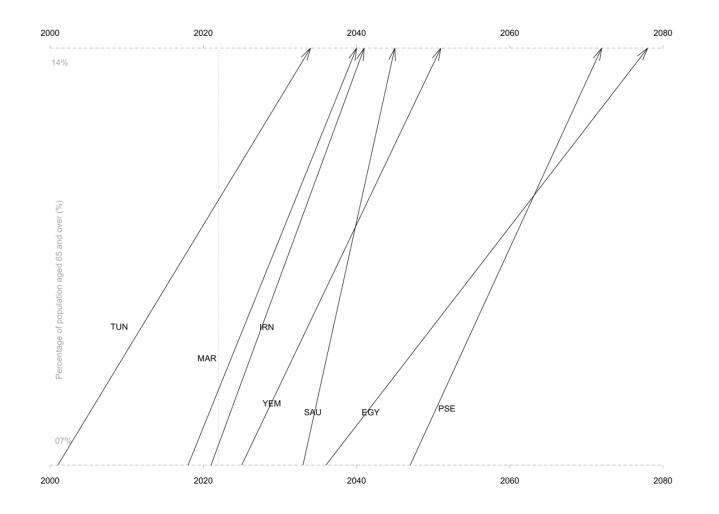
The pace of ageing transition



Only Tunisia, Iran, Lebanon and Morocco have started the transition

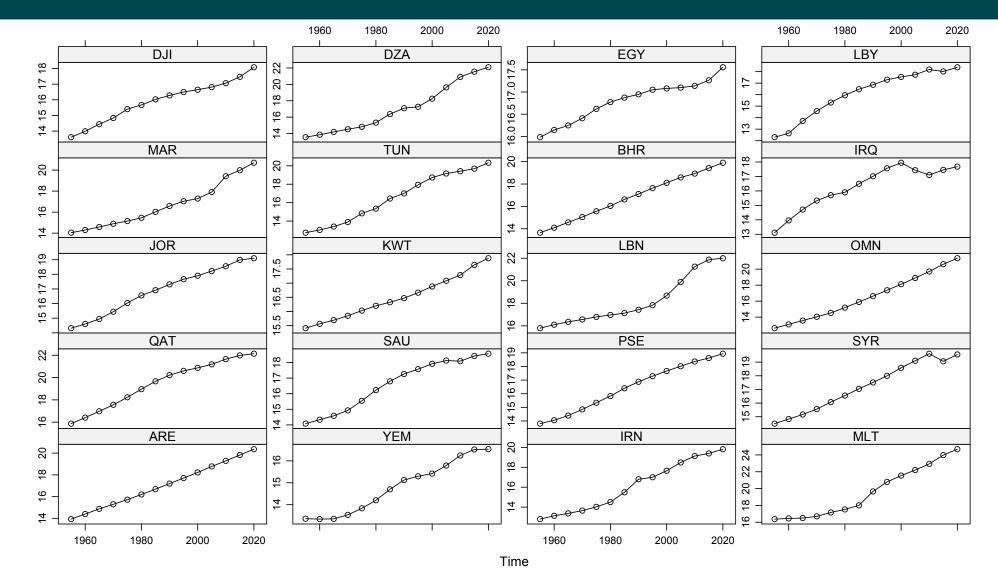
The pace of change in Iran is considerable (20 years in total)

By 2041, 14% of the Iranian population will be aged 65 or more



Life expectancy at age 60 is also increasing





CoE AgeCare Conference, June 22 @DrShereeHussein

Not all years gained are healthy years



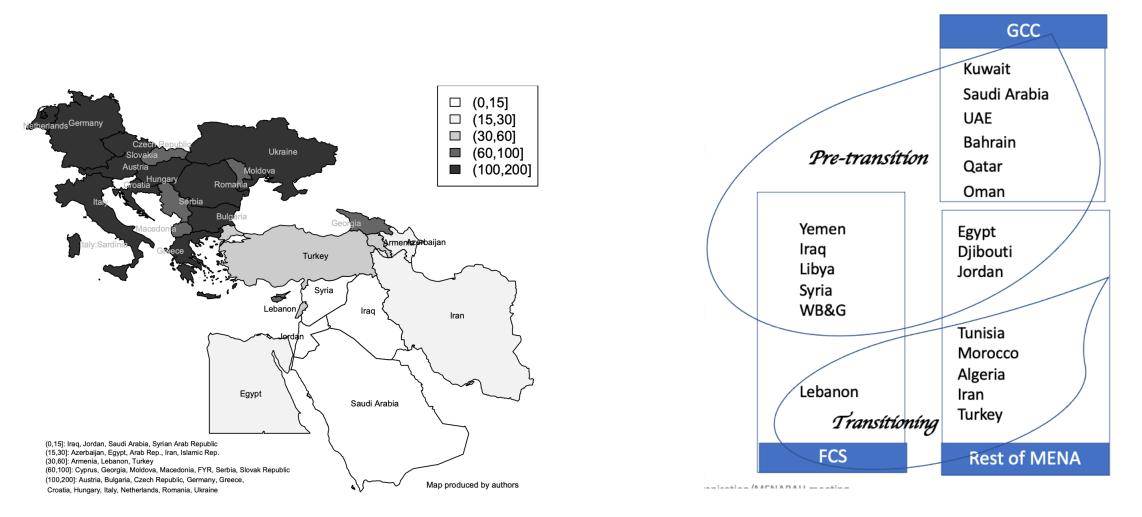
- Both life expectancy and healthy life expectancy are increasing
 - Nature longevity limit?
 - HLE not growing as fast as LE
- → High number of years lived with LTC needs
- → Significant gender, ethnic & socio-economic differentials
- → Differentials within and across countries

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

Average LE & HLE at birth in 2019, source: World Health Organization

Common yet nuanced experiences





Malta (comparator)

- High Income
- EU island, transit labour migrant workers
- Completed ageing transition, very high old-age dependency rate
- High FLP rate & F-M LP ratio
- Existing LTC systems & policies
- High health expenditure

GCC (Saudi, Oman, Qatar, UAE, Kuwait, Bahrain)

- High Income
- Currently, the least aged (low old-age dependency ratio)
- Will start ageing transition in 7-12 years
- Fast-paced ageing process (10-19 years)
- Medium FLP rate & medium to high F-M LP ratio
- High contribution of migrant labour
- Largest gains in life expectancy (at birth and at age 6o)
- High health expenditure

Ageing in the MENA region

FCS (Lebanon, Syria, Iraq, Libya, Yemen, WB&G)

- Life expectancy varies, trends affected by conflicts
- Ageing transition to start in 3-27 years (except Lebanon already started)
- Majority to complete ageing transition in 12- 30 years (except Iraq & WB&G up to 73 years)
- Low FLP rate (except Libya)
- Forced out-migration; disruption of traditional family aged care

Rest of MENA (Algeria, Tunisia, Morocco, Egypt, Jordan, Iran, Turkey, Djibouti)

- Middle income, high out-migration
- Majority started, or are about to start, the ageing transition (within 14 years)
- Most will complete ageing transition in 12-36 years (except Egypt projected to take 66 years)
- Modest to medium FLP rates



> Informal, unregulated and fragmented care

- Provided by families, domestic workers and charitable organisations on ad hoc basis
- > Intergenerational exchange (bi-directional)
- Lacks a coherent framework
- > Questions on sustainability and suitability
- > Job creation opportunities
 - > One of the fastest growing markets for employment globally, esp. for women
 - > Training and career development
 - Trust and perceptions

LTC eco-systems



Paradigm shift from a notion of `crisis' to realising opportunities

- The flow of knowledge and ideas is two-directional
- Significant role of informal care Including social capital and community

Unequal experiences/pathways but common goals

- Placing LTC on the agenda!
- (In)Equality
- Rethinking the life-course
 - Learning, training and work
- Care continuum
- Inclusivity of the built and socially-constructed environment
- Assistive technology and LTC
- Re-thinking the notion of `ageing'

 While acknowledging inequalities
- Sustainability

CDE AgeCare Conference, June 22 @DrShereeHussein

Four ways knowledge flow

- Europe
 - Increasing role of the individual, family & communities
 - Fragmentation vs.
 integration
 - Crisis narratives



- MENA
 - Early developments
 - Informal care (embedded in policy development)
 - Fiscal & governance constraints
 - Opportunities within an evolving crisis

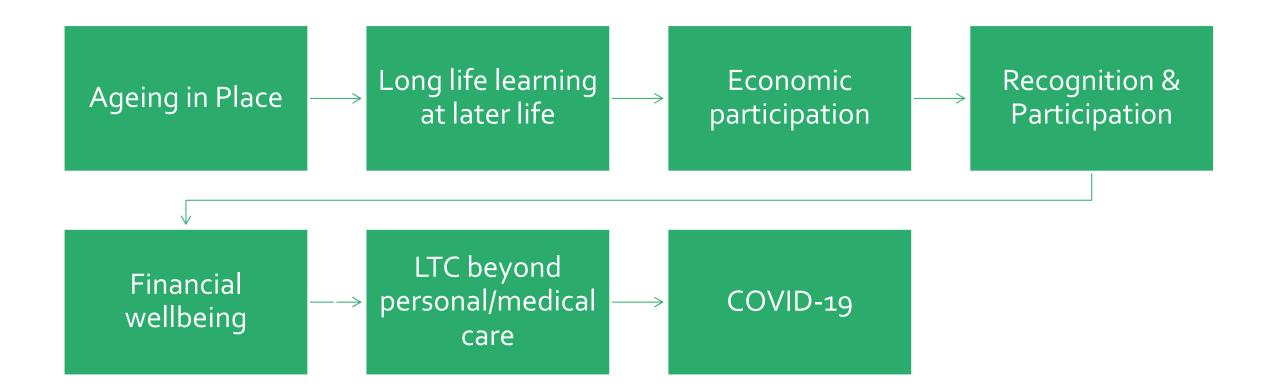
Long-Term Care services and markets: Potential for MENA



Reliance on the family The `invisible' welfare scheme	 (un)sustainability of family care Socio-economic and demographic changes Emotional burden Competing opportunities 	Suitability/adequacy of care	
LTC jobs one of the fastest growing markets across the globe	Attracting women in particular Labour gender-gaps	Employment opportunities within a context of high female unemployment rates	

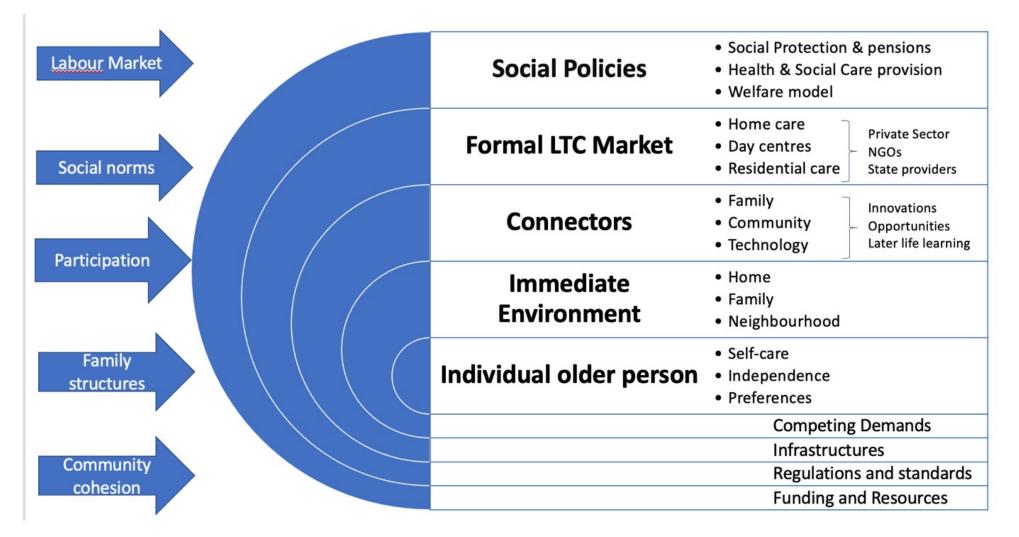
Potential of LCT services to achieve healthy ageing





The LTC eco-system





Proposed LTC services: based on needs

participation

learning

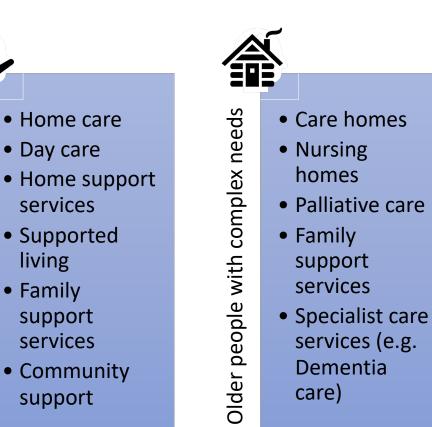
services

services



Fully independent older people • Community • Later life • Day centres • Home support • Preventative • Digital literacy

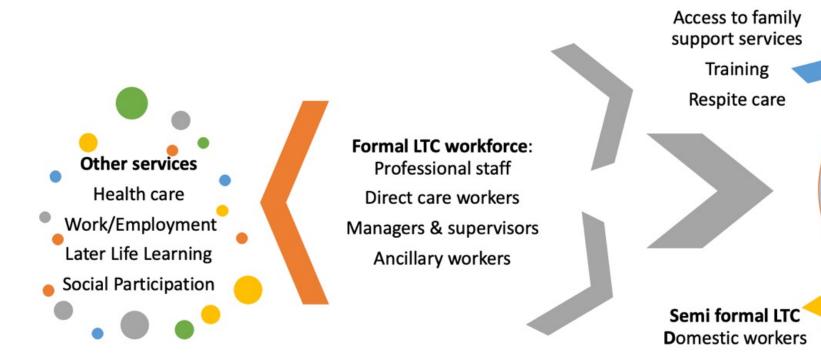
care needs • Home care • Day care services Older people with • Supported living • Family support services • Community



support

The interactive role of the LTC workforce





Individual Self-support independent living Information seeking participation

Semi formal LTC Domestic workers Irregular charitable support Volunteers

Informal care

CoE AgeCare Conference, June 22 @DrShereeHussein

The Middle East and North Africa Research on Ageing Healthy (MENARAH) Network





MIDDLE EAST AND NORTH AFRICA RESEARCH ON AGEING HEALTHY

MENARAH (*meaning lighthouse in Arabic*) brings together those interested in healthy ageing research and policy across the Middle East and North Africa (MENA) region. We aim to raise awareness of ageing within the specific economic and socio-cultural structures of the MENA region. The MENARAH network seeks to conduct research and knowledge mobilisation activities to inform the formulation of policies and practice specific to healthy ageing and the wellbeing of older people and their informal carers in the region.





- Prof. Shereen Hussein View Posts →
- Dr. Mohamed Salama View Posts →





Giovanni Lamura View Posts →



RECENT POSTS

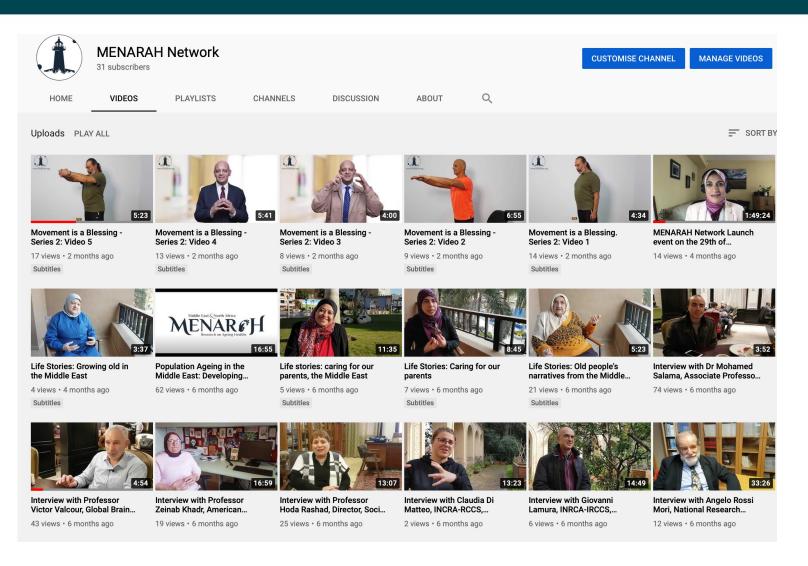
Series 2 of 'Movement is a Blessing': 5 videos

- Launched Sep. 2020 (www.menarah.org)
 - Builds on activities since 2015
- Focuses on healthy ageing in its broadest meaning
- A network of researchers, NGOs, policymakers and many more
- Aims to
 - Raise awareness and connect different actors
 - Conduct research and knowledge mobilisation activities
 - Inform policy and practice formulation & development

International, regional and national collaborators



- Global Health Equity Foundation
- London School of Economics (STRiDE)
- Healthy Life Span Institute
- United Nations International Institute on Ageing
- Oxford Institute of Population Ageing
- Social Research Centre, American University in Cairo
- Italy's National Institute of Health and Science on Ageing
- HelpAge International
- Institute of Global Health and Human Ecology, Egypt
- Adnan Menderes Üniversitesi, Turkey
- Global Brain Health Institute



MENARAH's Network Aims and Objectives





Promoting the ageing agenda and dialogue

- Dialogue & Mapping
- Awareness raising
- Cultural & context specific



Linking stakeholders

• NGOs, international agencies,

governments, individuals

• Building capacity



- Directly to governments or through international agencies and NGOs
- Consultancies

Knowledge translations and exchange

- Publications' hub
- Regular commentaries
- Lay summaries of research

Examples

RESOURCES

This section contains our resources across blogs, publications, presentations and useful links.

Law and Ethics of

(atar's (WCM-Q) to shed light on the ethics of long

term care (LTC) in the context of the Middle East and North Africa (MENARAH) region. The event

Care of Older

People in the

MENA region

... Continue Rea

Blogs

COVID19 AND THE WELLBEING OF OLDER PEOPLE IN THE MIDDLE EAST

Latest ~

The role of physical activities and the use of technology to enhance older people's wellbeing in the Middle East during COVID19 Pandemic: A pilot study Informal carers in Egypt are one of the main groups of large access and use of mobile phones in Egypt, and the use of apps such as WhatsApp and Facebook are widespread. For example, mobile shipments to Egypt were 14.9 million units in 2019 alone, with 72% being smartphones. This project aims to capitalise on the use of smartphones and apps to provide a timely and unique platform for information, advice and service dedicated to ensuring the health and wellbeing of older people through the following activities that will be brought together under one online platform. Egypt, similar to many other LMIC, suffers from poor infrastructure and support for older people. The COVID19 pandemic presents an unprecedented situation where older people and those with long term care needs are forced to self-isolate in homes. Utilising social media, telemedicine and the online platform becomes necessary within such a situation to maintain the physical and mental wellbeing of older people. The project consisted of four main activities:

- 1. Piloting a virtual doctor 'Doctori' platform, an initiative to connect older people and their carers to doctors online
- 2. Developing and producing physical training instruction video specific to older people at home during quarantine and beyond. These are aimed at both older people and carers to support them.
- 3. Conducting scoping research on the use of telecare simple devices in monitoring and supporting older people's health.
- 4. Developing a Facebook Group 'our elderly health at home', hosting the above activities and providing signposting to relevant charities and organisations and a platform for communications with carers.

Research team: Professor Shereen Hussein (PI) in collaboration with Dr Mohamed Salama at the American University in Cairo, Sport Makers and Arrow Systems, Cairo, Egypt. Funding: The University of Kent, Global Challenges Research Fund, Emergency research Fund.



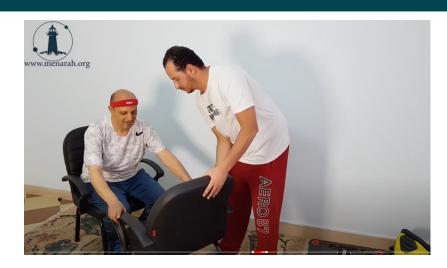
Ind.

Read our latest blogs and news:

Creating practical and accessible tools during COVID









Movement is a Blessing

Culturally tailored physical training videos: 10 episodes





Supporting Regional Policy Development: Building Forward Better for Older Persons in the Arab Region





E/ESCWA/CL2.GPID/2022/1/POLICY BRIEF.1

BUILDING FORWARD BETTER

Ageing trends and socioeconomic status of older persons in the Arab region



In this brief



This brief is based on PDR 9, available at: https://www.unescwa.org/publications/population-development-report-9



BUILDING FORWARD BETTER Social protection for older persons in the Arab region

In this brief Social protection Coverage Adequacy Gender lens



E/ESCWA/CL2.GPID/2022/1/POLICY BRIEF2

This brief is based on PDR 9, available at: https://www.unescwa.org/publications/population-development-report-9

CoE AgeCare Conference, June 22 @DrShereeHussein



E/ESCWA/CL2.GPID/2022/1/POLICY BRIEF.3

BUILDING FORWARD BETTER

Long-term care for older persons in the Arab region





This brief is based on PDR 9, available at: https://www.unescwa.org/publications/population-development-report-9



Case studies: Egypt, Syria, Kingdom of Saudi Arabia (KSA)



Characteristics	Syria	Kingdom of Saudi Arabia	Egypt	
Average Life Expectancy at Birth (2019):				
Total Males Females	73 years 68 years 78 years	75 years 74 years 77 years	72 years 70 years 74 years	
Percentage of the population 65+ (N) in 2020	4.9% (853,056)	3.5% (1,217,949)	5.3% (5,456,144)	
Old Age dependency Ratio in 2020	8.8	5.3	10.2	
Total Fertility Rate (2019)	2.8	2.3	3.3	
Female Employment Rate in 2019	16.7%	15.8%	20.6%	
Net Migration (2017)	-2,136,954	674,895	-190,164	
GDP per capita (USD) (2019)	1,194 \$	23,337 \$	3,153 \$	
Health Care Expenditure as % of GDP (year)	3.57% (2012)	6.36% (2018)	4.95% (2018)	
Year ageing transition start (years to complete)	2035 (17 years)	2033 (12 years)	2036 (42 years)	
Context	Low income; Political Conflict; Levant Region	High income; high levels of in-migration; Gulf region	Low-Middle Income; most populous; North Africa	

CoE AgeCare Conference, June 22 @DrShereeHussein



War/conflicts affected all age groups including older people

The Syrian Commission for Family and Population Affairs study (2019)

- Assessing the needs of older people between 2011 to 2019
- Primary data collection comprising 94 in-depth focus group discussions (10 in each governorate) and four workshops with 950 participants
- The needs for effective social protection mechanisms
- Developing formal long term care services to complement family aged care



Perception of Ageing: intersectionality of gender, employment & socioeconomic status

Health status: co-morbidity, access to health services & regional variations

Social participation: paid employment, recreational activities

LTC services: the role of family, NGOs & charitable organisations. Broader services meals, clothing, financial support + residential and home care. Decline since the war; geographical disparities. Lack of specialist services (e.g. dementia care)



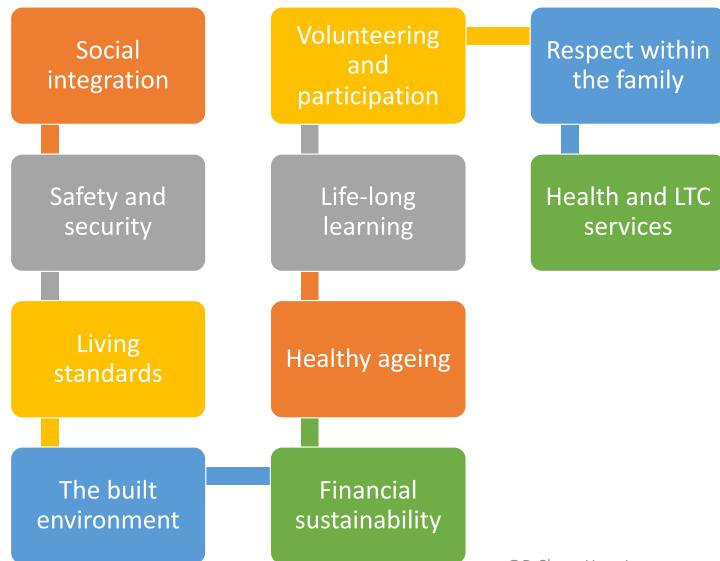
LTC market is estimated to be one of the major growth sectors in KSA (esp. rehabilitation, extended care facilities, psychiatric centres and home health care)

Health care transformation as a part of the 'Saudi Vision 2030'. Home care is a core element

Funded by the government with some services purchased from the private sector

KSA National Strategy for the Family





Cross-ministerial efforts to support older people



The Family Affairs Council Ministry of Human Charitable **Resources and** organisations Social Development Ministry of Ministry of Health Education



- The role of families & charitable organisations
- The Universal Health Insurance (UHI) launched in 2018
- Social protection: two schemes 'Takaful' (solidarity) and 'Karama' (dignity) since 2015
- The Older People's Rights' Law currently, 2021, being debated
- New initiatives currently in progress: The Golden Card; 'Al-Tadamun' older person's companionship programme
 - Piloted in 2019 with 51 successfully trained individuals
 - A new scheme is currently being prepared

Demand for a formal LTC market: A recent phone survey (Baseera)



Level of agreement

Statement	Totally agree	Agree	Neutral	Disagree	Totally disagree
If someone is not able to take care of their parents, they may admit them to a nursing care home	6.2%	21.3%	3.0%	12.6%	56.8%
If someone is not able to take care of their parents, they may hire a formal LTC provider	18.9%	48.5%	2.2%	10.7%	19.7%
The formal home care worker could be left alone with the older person	10.1%	34.1%	5.0%	30.7%	30.1%
Having formal LTC services for older people is essential	20.0%	31.4%	4.1%	24.9%	19.6%
Most of those who work as formal LTC workers do not have specialized training	15.8%	27.2%	37.4%	14.2%	5.4%
Formal LTC services must be specialized	66.1%	19.3%	3.2%	10.4%	1.0%

Case studies

Three case studies represent countries at various stages of the ageing transition, economic and social stability and sub-regions, among other characteristics.

- Syrian Arab Republic: moderate ageing, low income, and relatively low health care expenditure per capita, transitioning from a prolonged conflict.
- Egypt: low-middle income populous country in the North Africa region.
- Saudi Arabia: high-income Gulf Cooperation Council (GCC) country.

Syrian Arab Republic Unique challenges associated with providing LTC in a conflict-afflicted context

> Families are the principal providers of LTC

Strong preference among older persons for home care services over residential care

Saudi Arabia Focus on health care as well as efforts to address neglect and abuse of older persons through an awareness raising program

Egypt Initiative to train job seekers to become formal LTC workers

Modelling LTC cost in MENA countries



0.6 0.6 Luxembourg 4 õ 40 O Switzerland Switzerland Norway Norway Luxembourg sustainability Denmark (MDP Sweden c 2 Germany Predicted Itopgdp 0.2 ltopgdp o Denmark O Mederlands C Austria Finland Ireland Log Predicted An Evidence Review of Ageing, Long-Term Care Provision and 0.0 0.0 Upilled Kingdom Iceland O United States Canada O o France Canada Funding Mechanisms in Turkey: Using Existing Evidence to Belgium O Australia United States **Estimate Long-Term Care Cost** O Czech Republic 0.2 8 02 Portugal o Slovensh Republic o Estonia Mohamed Ismail ^{1,2} and Shereen Hussein ^{3,*} O Latvia Latvia 9 0.4 ¹ Oxford Institute for Population Ageing, University of Oxford, Oxford OX2 6PR, UK; Portugal mohamed.ismail@ageing.ox.ac.uk Israel O Poland ² Analytical Research Ltd., Surrey GU24 0ER, UK ³ Department of Health Services Research and Policy, London School of Hygiene and Tropical Medicine, O Hungary 0.6 O Israel London WC1H 9SH, UK 0.6 * Correspondence: shereen.hussein@lshtm.ac.uk; Tel.: +44-7952740146 O Poland Abstract: Turkey is transitioning from an ageing to aged population at a fast pace. This proce requires immediate policy and practice planning and actionable strategies. Formulating and imp -0.6 -0.4 -0.2 0.0 0.2 0.4

Log Observed Itcpgdp

Log Observed Itcpgdp

0.0

-0.2

Figure 4. The mean values of the percentages of LTC spending as percentage of GDP as predicted by the final model (left panel) against the values observed by the OECD on the logarithmic scale. The right panel shows the results for the common intercept model.

check for

Revieu

Citation: Ismail, M.; Hussein, S. An Evidence Review of Ageing Long-Term Care Provision and Funding Mechanisms in Turkey: Using Existing Evidence to Estimate Long-Term Care Cost. Sustainability 2021, 13, 6306. https://doi.org/ 10.3390/su13116306

ulation's quality of life and wellbeing. Limited long-term care (LTC) provision, funding mechanis: and reliance on informal support primarily provided by women pose considerable challenges to stakeholders, including the state, families and older people. This paper provides an evidence revion older people's status and their health and care needs, current LTC policies, provision and fundi mechanisms in Turkey. It employs a mixed review methodology, making use of published statist indicators and literature. The study also adapts existing LTC funding estimation models to pred LTC cost for Turkey. The review highlights the increasing share of older people in Turkey, the fpace of population ageing, and escalating health and LTC unmet needs. Older people are reported have high levels of depression, loneliness and co-morbidity with regional, gender and education differentials. The Turkish LTC and welfare models rely on the family, particularly women, in meeti increased demand. A hierarchical model with random intercept was implemented and estimated the LTC cost in Turkey to be 0.02% of GDP, acknowledging the high proportion of people at labour

menting such policies needs to acknowledge parallel demographic and socio-economic changes

ensure adequate resources and appropriate services are developed to enhance the growing older p

-0.4

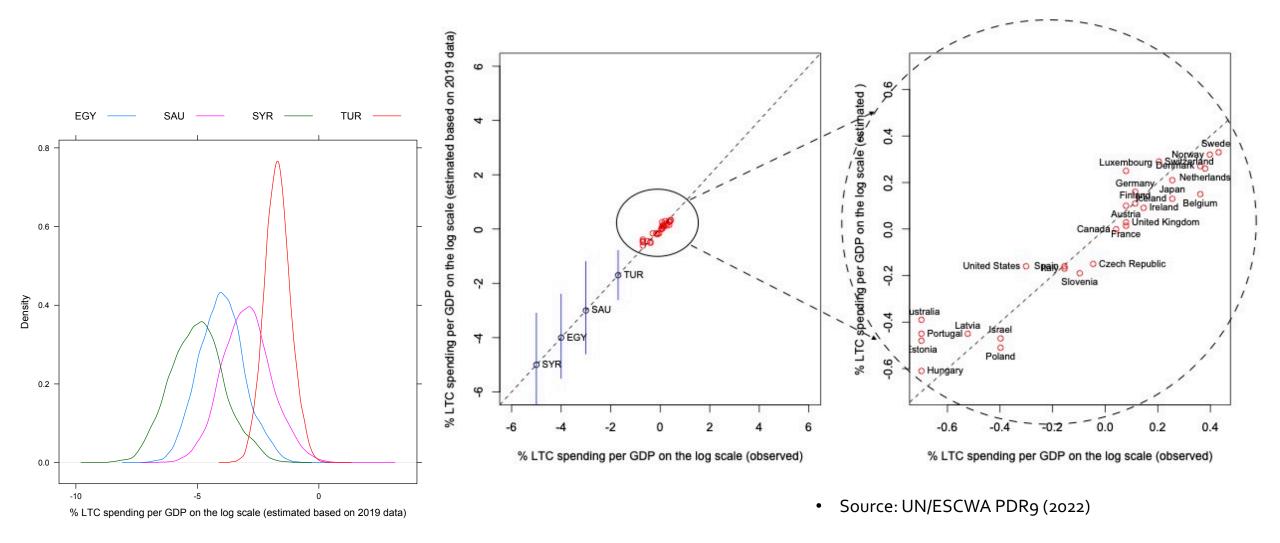
-0.6

0.2

0.4

Estimated LTC as a percentage of GDP





date, small surveys, scientific studies

- Indicators: individual, community and national levels
- Accumulative knowledge/situational analysis

Consultations

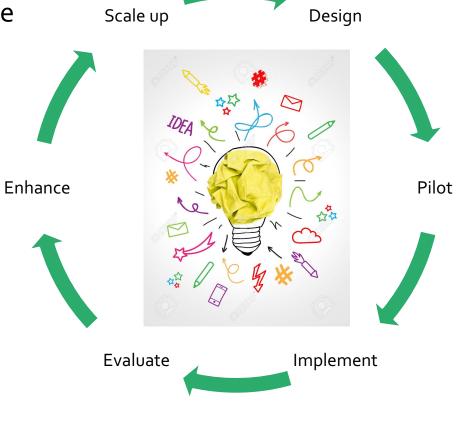
Theory of Change

Data & evidence

- Ensuring the voices of different groups and stakeholders
- Language and terminologies
 - Communications
- Test pilots and scaling up
 - Implementation & evaluation

Designing policy services & interventions

Diversity of sources: opinion polls, administrative





CoE AgeCare Conference, June 22 @DrShereeHussein

Moving forward

Enhancing healthy ageing behaviours & outcomes

- Definitions and concepts (including the notion of ageing itself)
- Creating participation opportunities

Addressing current & future needs

- Policy reforms (retirement, pensions, long-life learning, social protection)
- Fiscal consequences at the individual, families and state levels

Diverse and unequal experiences

Targeted interventions

Capitalize on international activities

- High level of policy attention (SDS/ Decade of healthy ageing etc.)
- Global context and knowledge flow (four-ways)

A dynamic & shifting landscape (COVID19, conflicts & mobility)





35

References



- UN-ESCWA (2022). *Building Forward Better for Older Persons in the Arab Region*. Population and Development Report Issue No. 9. Beirut, Lebanon.
- Hussein, S. (Forthcoming). Ageing Demographics in the Middle East and North Africa: Policy Opportunities and Challenges. The World Bank: Washington D.C.
- Ismail, M., & Hussein, S. (2021). An Evidence Review of Ageing, Long-Term Care Provision and Funding Mechanisms in Turkey: Using Existing Evidence to Estimate Long-Term Care Cost. Sustainability, 13(11), 6306. doi:10.3390/su13116306
- Hussein, S. (ed.) (2021) "Sustainable Care: Facing Global Ageing More Effectively", Sustainability, Special Issue. <u>https://www.mdpi.com/journal/sustainability/special_issues/Sustainable_Care</u>
- Salcher-Konrad, M., Naci, H., McDaid, D., Alladi, S., Oliveira, D., Fry, A., Hussein, S., Knapp, M., Musyimi, C., Ndetei, D., Lopez-Ortega, M. and Comas-Herrera, A. (2019) *Effectiveness of interventions for dementia in low- and middle-income countries: protocol for a systematic review, pairwise and network meta-analysis.* BMJ Open. <u>http://dx.doi.org/10.1136/bmjopen-2018-027851</u>
- Ismail, M. and Hussein, S. (2019) Long-Term Care Policies in the Gulf Region: A Case Study of Oman. *Journal of Aging and Social Policy*. 31(4): 338-357.
- UN-ESCWA (2018) Population and Development Report Issue No. 8: Prospects of Ageing with Dignity in the Arab Region. United Nations: Beirut.
- Hussein, S. and Ismail, M. (2017) Ageing and Elderly Care in the Arab Region: Policy Challenges and Opportunities. Ageing International. 42(3): 274-289.

Thank you for Listening

Shereen.Hussein@LSHTM.ac.uk @DrShereeHussein @MENARAH3

