

Caring for the elderly: a report on the status of care for the elderly in the Eastern Mediterranean Region

G. Hafez,¹ K. Bagchi¹ and R. Mahaini¹

رعاية المسنين: تقرير عن أوضاع الرعاية المتاحة للمسنين في إقليم شرق المتوسط
غادة الحافظ وكونال بغشي ورامز مهاني

خلاصة: سعياً إلى تحديث فهمنا لأوضاع الرعاية الصحية للمسنين في إطار وثيقة استراتيجية رعاية المسنين الصادرة عام 1995 عن المكتب الإقليمي لشرق المتوسط، فقد أرسل استبيان وجيز إلى سائر دول الإقليم باستثناء أفغانستان والصومال. وكان غرض الاستبيان جمع معلومات حول نسبة المسنين في المجتمع وأوضاع الرعاية الصحية للمسنين وما يتيسر لهم من مساعدات اقتصادية واجتماعية وثقافية وبدنية. ولقد أجاب على الاستبيان 18 بلداً من أصل 21 بلداً شملها الاستقصاء (بمسبة 86%). وفي هذه المقالة نناقش نتائج الاستقصاء تحت العناوين التالية: الجوانب السكانية (الديمغرافية)، السياسات الوطنية المتعلقة برعاية المسنين، المزايا الاجتماعية، الرعاية الصحية، الخدمات الاجتماعية والمجتمعية، الأعباء الاقتصادية، دور القطاع غير الحكومي.

ABSTRACT To update our understanding of the status of elderly health care within the context of the Eastern Mediterranean Regional Office's Strategy Paper on Elderly Care (1995), a short questionnaire was sent to all Member States of the Region, except Afghanistan and Somalia. The questionnaire sought information on the proportion of the elderly in the population, the status of health care and the level of economic, social, cultural and physical assistance available to the elderly. Of the 21 countries in the survey, 18 (86%) responded. The findings of the survey are discussed here under the headings of demography, national policies on elderly care, social benefits, health care, social and community services, economic burden and the role of the non-government sector.

La prise en charge des personnes âgées: un rapport sur la situation des soins aux personnes âgées dans la Région de la Méditerranée orientale

RESUME Pour remettre à jour notre compréhension de la situation relative aux soins aux personnes âgées dans le contexte du document stratégique du Bureau régional de la Méditerranée orientale sur les soins aux personnes âgées (1995), un questionnaire court a été envoyé à tous les Etats Membres de la Région, sauf l'Afghanistan et la Somalie. A l'aide de ce questionnaire, on cherchait à obtenir des informations sur la proportion de personnes âgées dans la population, la situation relative aux soins de santé et le niveau d'assistance économique, sociale, culturelle et physique disponible pour les personnes âgées. Sur les 21 pays compris dans l'enquête, 18 (86%) ont répondu. Les résultats de l'enquête sont examinés ici sous les rubriques de la démographie, des politiques nationales consacrées aux soins aux personnes âgées, des avantages sociaux, des soins de santé, des services sociaux et communautaires, du fardeau économique et du rôle du secteur non gouvernemental.

¹Division of Health Protection and Promotion, World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt.

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Introduction

In recent years, there has been a sharp increase in the number of older persons worldwide. The rate of this demographic change is proceeding more rapidly in developing countries. Whereas it took France, for example, 115 years to double its proportion of elderly people from 7% to 14%, it is estimated that Tunisia will achieve a similar increase in only a 15-year period (2020–2035) [1,2].

The United Nations estimates that the proportion of people over 65 years of age living in the countries of the Eastern Mediterranean Region of the World Health Organization (WHO) is approximately 3.5%, and is expected to approach 3.6% by 2005 [1,3]. However, there are differences in the proportions of the elderly population among the Member States, ranging from a low 1.1% in Qatar and the United Arab Emirates to a high of 11% in Cyprus. A combination of factors, such as reductions in infant and child mortality over several decades, coupled with a reduction in birth rates has contributed to a high proportion of the elderly in Cyprus, while a large influx of young immigrant workers has resulted in a low proportion of elderly in the member countries of the Gulf Cooperation Council [1,3].

An increase in the number of elderly people has wide implications for society, affecting such areas as health and social services and public spending. The relatively higher incidence of chronic diseases and reduced mobility among the elderly requires greater health expenditure for these age groups [1]. The WHO Regional Office for the Eastern Mediterranean had earlier drawn the attention of its Member States to the increases in life expectancy in the Region's populations, and to the need to pro-

vide appropriate social and health care services to emerging elderly populations within the context of comprehensive national policies [5].

Traditional perceptions of old age have been challenged during the past few years. It is now acknowledged that aged persons are not helpless individuals needing support and pity. In fact, most elderly people enjoy good health and most elderly in the 60–75 years age group, the so-called "young-old", are usually capable of caring for themselves. With physiological and functional decline in later decades, they become more dependent on others, both physically and mentally. Regular physical activity and exercise in old age prevent the onset of a number of chronic debilitating diseases. A third issue is that although older people are better cared for within their own family and community environment, with the gradual disappearance of the extended family system, care of the aged within the Region is increasingly being provided by homes for the elderly and elderly health care institutions [4].

Method

Since the development of the regional strategy on health care of the elderly in 1993 [5], several Member States have instituted national policies and launched health and social programmes for the care of the elderly. Some of these have been innovative in nature, addressing the social and health needs of the elderly, while others have pursued more conventional methods of establishing institutional care.

In order to update our understanding of the status of elderly health care in the Member States, we prepared a short questionnaire in English and sent it to all Member

States except Somalia and Afghanistan. The information sought covered the proportion of the elderly in the population, the status of health care and the level of economic, social, cultural and physical assistance available to the elderly.

The questionnaire was divided into two parts. The first requested current data on the number and proportion of the elderly population according to five age groups: 60–64 years, 65–69 years, 70–74 years, 75–79 years and 80 years or older. The second part consisted of the following eight questions designed to determine the levels of economic, social, cultural, physical and health care available to these populations.

- What proportion of the population is over 60 years of age?
- Is there a national policy for the elderly or a special committee on the elderly or a national foundation for the elderly population of the country?
- Is there any social security fund or retirement benefits or old age pension scheme available to the elderly population in the country? If the answer is yes, please indicate the eligibility criterion(a) and entitlement(s).
- What type(s) of health care is/are available to the elderly population?
- What type(s) of social and/or community services are available to the elderly?
- Is/are there any special economic opportunity(ies) available to the elderly population?
- Is there availability of organized physical activity(ies) for the elderly?
- What is/are the role(s) of the nongovernmental organizations in the country?

Of the 21 countries in the survey, 18 (86%) responded. Some member countries provided additional information, which was also considered in the analysis.

Results and discussion

Demography

Table 1 shows the proportion of people 60 years of age and older in the populations of some member countries, based on information obtained through the survey. The figures differ from the United Nations estimates referred to earlier, which were for populations over 65 years of age [1,3].

Table 1 Proportion of the population 60 years and older for selected countries of the World Health Organization Eastern Mediterranean Region

Country	% 60 years and older	Country	% 60 years and older
Bahrain	5.2	Morocco	7.0
Cyprus	14.9	Oman	4.5
Djibouti	3.7	Palestine	4.9
Iran, Islamic Republic of	6.6	Qatar	6.0
Iraq	4.8	Saudi Arabia	4.0
Jordan	3.8	Sudan	8.5
Kuwait	3.9	Syrian Arab Republic	4.8
Lebanon	10.4	Tunisia	8.4

In Cyprus, the situation is similar to that of several European countries. Other countries where the elderly constitute a relatively high proportion of the population are Lebanon, Morocco, Sudan and Tunisia. The elderly are increasingly forming a larger proportion of the total Eastern Mediterranean Region population.

National policies on the care of the elderly

With advancing age, individuals develop specific needs. For example, compulsory retirement in most countries denies a fixed income to those over 60 years of age, rendering them dependent on financial assistance and/or subsidized essential health and social services. Such subsidies, assistance and support have to be well articulated and adjusted to maximize both provider and recipient understanding and acceptance [5].

A total of 12 of the 18 countries (66.6%) reported that they had a national policy for care of the elderly; 5 countries (27.7%) reported they did not. Of the 12, the nature and scope of the policies varied considerably. In most instances, a national policy meant a national committee for care of the elderly, usually administered by the Ministry of Social Affairs (or the Ministry of Health in one country and the Directorate of Elderly Care and Gerontology in another). A decree on social benefits for the elderly exists in one country, while another member country is changing the structure of its national committee to conform to the policy on the elderly adopted by the League of Arab States. Most of these national committees were established between 1996 and 1997, almost immediately after the release in 1995 of the strategy paper on the health care of the elderly by the WHO Regional Office for the Eastern Mediterranean [5].

A successful policy for the care of the elderly needs to identify areas where changes in policy could have a significant impact (e.g. safety from injuries, sufficient funds to eat well, accessible and appropriate health services). Planning and implementation phases of policy development require the participation of all stakeholders (most importantly, the elderly themselves) and effective coordination between various service providers. From the information available, it is not possible to comment on the effectiveness of the existing national policies or national committees. The Regional Office will explore this area in the future.

Social benefits for the elderly

Almost all countries (94.4%) reported social benefits for their elderly populations. Information provided by member countries of the Gulf Cooperation Council indicates a comprehensive range of social benefits for the elderly. Social benefits in other countries usually meant a pension for men over 60 or 65 years of age (earlier for women), who had served for several years in either the public service or defence sector. In one country, social benefits are provided to all the elderly, while another has invoked *sharia* for all children to take care of their parents. Other social benefits, such as subsidized or low-cost housing, discounted or free public transportation and subsidized food, are available in several countries.

Whether these pension schemes and social benefits are adequate to meet the needs of elderly populations is not known. In countries facing economic hardship and high inflation, the level of pensions will not, in all certainty, meet the basic necessities of life in old age. How the elderly cope with these constraints is another area for the Regional Office for to explore.

Health care for the elderly

With advancing age, morbidity patterns change. The incidence of chronic diseases and psychological ailments increases and rehabilitative support becomes essential. Even when health care is available to elderly populations, personnel at many facilities often lack the knowledge and skills to deal adequately with their needs. A policy aimed at making health care available to the elderly does not mean that specialized health care for the elderly is being practised. This situation is similar to managing patients with acute myocardial infarction in a general medical ward versus a specialized coronary care unit. The outcome vastly improves if patients are treated in a coronary care unit.

All 18 countries (100%) reported that their elderly populations had access to the usual range of health care available at government-run health facilities, such as hospitals and outpatient departments. Private care was available to those who could pay. Geriatric care units in tertiary care hospitals, admitting referred cases only, was mentioned by five countries. In general, outpatient clinics are the first contact point for the elderly seeking health care. Specialized geriatric clinics as a first level of contact for the elderly population are not available in the countries of the Region. Three countries mentioned that they had homes for the elderly providing health and rehabilitative care, while in one member country of the Gulf Cooperation Council, nongovernmental organizations (NGOs) funded expatriates for treatment abroad.

Although the Regional Office's manual for the training of primary health care workers in caring for the elderly has been widely distributed, the survey did not ask for specific information on health care of the elderly in rural populations, or about the use of primary health care workers in

caring for the elderly in peripheral health facilities.

Social and community services

A wide range of factors in society determines the general health status of older people. Although individual behaviour and biological characteristics are significant factors, social, emotional and political environments are also crucial to the health status of older people. Interaction with other members of society, including both the young and old, feeling useful and being able to form networks with other groups are key components in an effective strategy to maximize the well-being of older persons.

Of the 15 countries (83.3%) that referred to the availability of social and/or community services, most had homes for the elderly and special homes for elderly people without family or financial support. In five countries, governments directly managed such homes or provided financial support to NGOs or private parties to do so. Relevant government departments provided training to staff working at homes for the elderly and supervised their activities on a regular basis. Recreational, cultural and rehabilitation services were also available at several homes for the elderly. Care at all government-managed homes was free. No information was available about costs at homes managed by private for-profit parties. In one country, private caregivers received funds from the government for providing residential care to the elderly. Only two countries (11.1%) mentioned that they did not have social/community services for the elderly. One country referred to 'sporadic activities' without providing details.

Traditional norms and practices of the countries in the Region require that children care for their parents and relatives at home. It is probable that this factor has worked against the proliferation of residen-

tial care for the elderly and the general institutionalization of elderly care in the Region, in contrast to the experience of many industrialized countries.

Economic factors

One of the vulnerabilities of age is economic dependence. Several events occurring globally are aggravating this vulnerability. While the age for retirement remains around 60 years in most countries, the increase in elderly populations means that more people will be without a regular source of income after they turn 60. New demands made in the areas of education and training and skills often deny access to jobs to older people, thereby increasing their economic burden. The capitalist/market economy promotion of the individual rather than the group as the principal economic and social unit, and the increased industrialization, urbanization and corresponding changes in lifestyles mean that extended families are shrinking to nuclear families, family size is getting smaller and the elderly are often left to look after themselves [6].

The absence of special economic benefits for the elderly was reported by 14 countries (77.7%). Only 2 countries (11.1%) reported that the Ministry of Social Affairs and Labour provided funds for small traditional projects for elderly citizens. One country mentioned that elderly people received discounts on public transport and that the government was planning to extend similar privileges to other forms of public and private transport.

The information concerning economic benefits is based on what was provided by the Member States responding to the survey. It is possible that additional benefits, such as subsidized food and essential drugs, may also be available but that the information was not included in the respons-

es. Efforts will be made to gather more detailed data on the specific issues identified through the study as requiring urgent attention.

Overall, we believe that the prevailing traditional practices and customs, which require elderly parents and relatives to be cared for by the children, have been able to counteract the economic challenges the elderly encounter in countries of the Region.

Physical activity

The concept of healthy ageing implies a holistic approach to health with a balance between physical, intellectual, social, emotional and mental well-being. It also aims at decreasing dependency of older persons by emphasizing avoidance of health-damaging habits and practices and adopting regular organized physical activities [7,8].

It has been well established that regular physical activity contributes to the well-being of the elderly and reduces morbidity by avoiding, minimizing or reversing many of the physical, psychological and social hazards that often accompany advancing age. These beneficial effects apply to most individuals regardless of their health status [7,8].

In five countries (27.7%), organized physical activity as part of social, cultural and religious activities was reported as being available for the elderly although no details were provided. In one country, sports experts visited homes for the elderly to provide physical exercise and conduct open-air aerobic classes for elderly women. An absence of any organized physical activity for the elderly was reported by 13 countries (72.2%).

The Regional Office has previously requested Member States to develop national plans to promote physical activity for the

elderly. Physical activity interventions should be planned on a population basis, since intervening with individuals or small groups is unlikely to bring about population-wide change. Improvements to the living environment also hold particular promise for promoting physical activity. Both strategies can influence large groups within the population.

Role of the nongovernment sector

In several countries of the Region, NGOs have assumed a prominent role in caring for the elderly. They have lobbied for national recognition and support and worked to generate public awareness about needs and problems. It has been the policy of the Regional Office to extend support to NGOs involved in this new and important area [5].

Member States were therefore asked about the role of NGOs. In 14 countries (77.7%), NGOs managed homes for the elderly, particularly for elderly persons who did not have family or financial support. Funds for these activities were either generated by the NGOs themselves or provided by government. In four countries (22.2%), there are established guidelines for NGOs to operate homes or rehabilitation services for the elderly. Several countries also reported NGOs providing home-based emergency care, managing nursing homes for the elderly, organizing social gatherings for the elderly and employing elderly people as teachers in literacy drives and as traffic wardens in schools. NGOs having no role in the care of the elderly was reported by four countries — almost a quarter (22.2%) of respondents.

Conclusion

Globally, the increase in the number and proportion of older people has stimulated

much discussion about the future costs of their health care to national economies. As life expectancy among populations continues to rise, there is a general concern that along with increased periods of survival will be increased disability requiring expensive care.

The concept of "adding life to years" means that people should have the opportunity to develop and use their health potential to live socially and economically fulfilling lives. An improved quality of life for older people will enhance their health status and increase their potential to continue to contribute to society. The emphasis should not be on their deficiencies and weaknesses, but on their knowledge, experience and healthy lifestyles [6].

As the median age of populations in most countries of the Region is young, increased numbers of elderly are not seen as a cause for alarm. However, their number will continue to grow absolutely and proportionally, as will their unique needs and disease conditions. Disability of old age, not simply to be seen in terms of physical vulnerability but in all dimensions of life, should be a core concern of communities and a core issue for government. It cannot be tackled by ad hoc self or family care but needs a coherent national response.

The current survey suggests that there is considerable awareness of and concern for the elderly within Member States. A number of reasons, particularly traditional, religious and cultural norms, are responsible. This brief report, based on information provided by the Member States, has identified several areas in elderly care that will require support and technical assistance from the Regional Office. Our activities will be directed accordingly.

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The United Nations having designated 1999 as the International Year of Older Persons, active ageing was the theme for World Health Day 1999. In collaboration with Member States, the Regional Office initiated extensive activities aimed at advocating the special health and social needs of the elderly in the Region. Advocacy campaigns were conducted with direct support of senior leadership in several countries.

Source: The Work of WHO in the Eastern Mediterranean Region. Annual Report of the Regional Director, 1 January-31 December 1999, page XXIV.