



CENTER FOR STUDIES ON AGING

TRANSLATING RESEARCH INTO POLICY & PRACTICE

PROCEEDINGS REPORT

AGING IN THE ARAB COUNTRIES: RESEARCH, POLICY AND DEVELOPMENT

EXPERT GROUP MEETING

NOVEMBER 18-19 2009
BEIRUT-LEBANON



United Nations Population Fund

About the CSA

The CSA was established in Lebanon in 2008 by a group of professionals committed to the promotion of evidence-based policy and practice in support of the older population. The mission of the CSA is to create a hub for research, education, policy formulation, and training on aging in Lebanon and the Arab region. Its motto is "Translating Research into Policy and Practice" (TRIPP).

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Expert Group Meeting
November 18-19 2009

Steering Committee

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This report was written by Abla Sibai and Nabil Kronfol based on the presentations, deliberations and discussions in the Expert Group Meeting entitled "Aging in the Arab Countries: Research, Policy and Development" held in Beirut, Lebanon in November 2009. Further contributions to this report were provided by Ms Asma Kurdahi, Mr Hassan Musa Yousif and Ms Maguy Ghanem. The goal of this report is to document and share findings of the meeting with the participants, and to further disseminate it to a wider audience of researchers, program planners and managers, service providers, and policy makers in Lebanon and the region at large. The views and opinions expressed in this document do not necessarily represent the policy and views of any specific agency.



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ACRONYMS AND ABBREVIATIONS

ADL	Activities of Daily Living
AFC	Age Friendly City
AGFUND	Arab Gulf Fund
ASRO	Arab State Regional Office
AUB	American University of Beirut
CSA	Center for Studies of Aging
EGM	Expert Group Meeting
ESCWA	Economic and Social Commission for Western Asia
HHC	Home Health Care
IADL	Instrumental Activities of Daily Living
IAGG	International Association of Gerontology and Geriatrics
ICPD - PoA	International Conference on Population and Development – Program of Action
IFA	International Federation of Aging
INTRA	Integrated Health Response to Repaid Population Ageing
LAS	League of Arab States
LHMA	Lebanese Healthcare Management Association
MDG's	Millennium Development Goals
MENA	Middle East and North Africa
MIPAA	Madrid International Plan of Action on Aging
NGO	Non-Governmental Organization
NYAM	New York Academy of Medicine
PAPFAM	Pan Arab Population and Family Health Project
PRSP	Poverty Reduction Strategy Paper
UFS	University for Seniors
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

This Expert Group Meeting (EGM) stemmed from several deliberations between the Center for Studies on Aging (CSA) and the United Nations Population Fund (UNFPA) Lebanon office regarding how best to encourage and disseminate research, information, policies, and programs on and for older people in the region. A Steering Committee was formed in June 2009, and, although resources were not fully available for this large meeting, Dr Hafedh Chekir, UNFPA Regional Director for Arab States, considered this an important activity and agreed to increase UNFPA funds which allowed for the convening of an Expert Group Meeting. The purpose of the meeting was to bring together people from the academic, service, and policy sectors both in the Arab region and worldwide and create a forum in which common issues could be discussed, and various views, experiences, and best practices on aging could be exchanged. It also aimed to identify future implementation needs for achieving a better quality of life for older adults.

The EGM was organized around a series of five issues and included short panel presentations from UNFPA country representatives. It concluded with a roundtable discussion of the under-pinning issues in research, practice and policy. This report follows the format of the meeting and includes, in as much as possible, highlights from the presentations, a summary of the country specific interventions focusing on experiences, challenges and lessons learned, and ends with a concise critical analysis of the deliberations and recommendations that ensued each session and during the roundtable discussion.

This EGM would not have been possible without the generous support of the UNFPA, at both the regional and the country levels. Special gratitude is due to Ms Asma Kurdahi and the country staff for their diligence and support. Thanks are also due to the sponsoring agencies and to the many individuals who contributed to the organization of the conference and to the speakers and participants for bringing their experiences and enthusiasm to this meeting. This proceedings report benefited from session reports prepared with thanks by Dr Rouham Yamout, Ms Chaza Akik, Ms Amani Zaidan, Dr Kasturi Sen and Dr Kathryn Yount.

The report is addressed to a highly diversified audience, including policy makers, program planners, service providers, researchers as well as advocates and empowerment groups. It is hoped that this report authentically reflects the meeting discussions and prompts further interest in aging issues in Lebanon and among countries of the region.

AGING IN THE ARAB COUNTRIES:

Research, Policy and Development

BACKGROUND

The CSA in Lebanon and UNFPA organized in November 18 and 19, 2009 an Expert Group Meeting (EGM) entitled "Aging in the Arab Countries: Research, Policy and Development." The meeting took place at the Gefinor Rotana Hotel in Beirut and was attended by more than 125 participants from Lebanon, the region and worldwide. It conveyed a wide range of experts, including scholars, practitioners, service providers, civil society representatives and policy makers across the field of public health, demography, epidemiology, population studies, gerontology and social policy, many of whom are advocates for the older people, promoting the cause of the aged and moving it forward both in their respective countries and internationally. The meeting was also attended by 12 UNFPA participants from the Arab States (country offices as well as the regional office).

Over the two-day period, the EGM held seven sessions with six panel discussions organized thematically to reflect the core objectives of the CSA and UNFPA within the overarching framework of promoting, expanding and accelerating the welfare of older adults in the region. The program and the list of speakers and panel discussants are attached in Annexes I and II, respectively.

OBJECTIVES

The overall aim of the EGM was to contribute to the improvement of older adult health and welfare through strengthening partnership, collaboration and progress towards the attainment of international goals and targets related to aging in the Arab region.

Specific objectives of the meeting were to:

- Raise awareness and stimulate debate about aging issues within the context of the demographic, sociopolitical and epidemiological changes which are underway in the region.
- Share experiences and findings of relevant research and identify potential targets for intervention given the evidence-base.
- Elaborate opportunities for promoting linkages and partnership between researchers, policy makers and service providers in the Arab region, thus working towards establishing an Arab Aging Network.
- Share highlights on experiences, community-based programs, services as well as policies for the older persons in the region and reflect on lessons, challenges, success stories and best practices from member states.
- Promote and strengthen efforts of the UNFPA country offices in advancing older adult issues in their agendas and programs.
- Stimulate interest and encourage formation of active associations, similar to the CSA, for the rights and welfare of older population in the region.

Center for Studies on Aging and UNFPA

Part One:

Presentations Highlights

A. WELCOME AND OPENING CEREMONY

MASTER OF CEREMONY: **Mr Azzam Houry**, DIRECTOR OF DAR AL AJAZA AL ISLAMIA HOSPITAL AND CSA MEMBER

The opening session provided an overall context and focus for the meeting. It was addressed by five speakers involved in research, policy, and advocacy. It also included a presentation from a senior citizen, a renowned Lebanese novelist.

Dr Alexandre Kalache, former head of the Program on Aging at the World Health Organization (WHO) and current Advisor on Aging to the New York Academy of Medicine (NYAM), gave a global overview of the demographic transition, noting that the majority of the world's older adult populations reside in low and middle income countries. The pace of the aging process has been much faster in the developing world compared to the developed. For example, while it took Europe 150 years to double its proportion of older populations and, hence, had time to prepare and become rich before the aging process had been achieved, countries such as Japan and China increased their older populations two fold in less than three decades. Furthermore, modernization, urbanization, and migration of youth affect the traditional forms of care. Disasters, wars and political violence, predominantly prevalent in developing countries, add to the complexities of addressing seniors in emergencies.

"A life course approach offers an interdisciplinary framework for guiding research and policy on health, human development and aging."

Alexandre Kalache, NYAM

Dr Kalache then provided key messages and possible avenues for reforms focusing on service and policy gaps in the developing world. He stressed the need to consider aging as a success story, to adapt the life course perspective as the framework of choice for research and policy, to promote health prevention and interventions from early life with the objective of maintaining individuals above disability threshold until death, and, finally, to move aging dialogue to the policy forum and prioritize it among the politicians' agenda.

Dr Ablu Sibai, Professor of Public Health Epidemiology at the American University of Beirut (AUB) and Founder and Director of

the CSA, presented an overview of the aging process in the Arab region and provided detailed evidence on the demographic transition with varying rates in low, middle and high income countries. She pointed to the declining rates of fertility and mortality in most Arab countries and the overall trend towards aging, being highest in Lebanon and Tunisia.

Dr Sibai highlighted both the challenges (high illiteracy rates, workforce participation beyond retirement age, double burden of disease with alarming levels of obesity, and scarcity of research and data) as well as the positive attributes (social and religious norms supporting intergenerational bonds, family based care, and an active role of the civil society and NGOs) that characterize aging in Arab countries. She finished her presentation by introducing the participants to the newly established Center for Studies on Aging (CSA) in Lebanon, its objectives and goals. A detailed description of the CSA aims and strategic plans is attached to Annex III.

Dr Hafedh Chekir, Director, UNFPA Arab States Regional Office (ASRO), warmly welcomed participants to this first EGM on aging in the region and noted the delight of the organizers that eminent members of the Parliament and Council of Ministers had made time in their busy schedules to attend the opening ceremony. Dr Chekir highlighted the demographic projections and numbers of older persons expected in the region by the year 2010 (22 million), stressing on current epidemiological transitions together with changes in family structures and challenges in the social protection and pensions schemes in Arab countries. Dr Chekir finally noted that the aged are an essential component of development, and if we neglect the momentum of planning now, we may pay a very high price in the future. Partnership, networking and exchange of expertise are essential in development plans.

The 'Voice of the Seniors' was listened to through the address of **Mrs Emily Nasrallah**, a renowned Lebanese writer and novelist. Her presentation "The Preservers of Traditions – **حافظو التراث**" acknowledged the positive attributes of aging in Lebanon and Arab societies and warned of the rush of modernization and globalization, which she felt could threaten some of the rich and valued traditions of the region, in particular, the oral transmission of knowledge from one generation to another.

Before the written language, patrimony was transmitted orally. During a visit to the Eskimo, Mrs Nassrallah understood that,

whereas men were occupied in hunting, women were naturally devoted to reproduction and perpetuating the social and cultural traditions through story-telling to the younger generations. Social and economic transitions may have affected the role of the women as preservers of traditions; when women need to hunt too, what will happen to stories? She noted that, whereas the change is welcomed, we need to worry also about threats over our tradition and roots, citing from Mahatma Gandhi: "I welcome every wind of change, but fear that one of them can deracinate me."

Dr Bahij Arbid, addressed the audience on behalf of **HE Dr Mohamad Jawad Khalife**, the Minister of Public Health in Lebanon. Dr Arbid focused on the need to develop appropriate models of health care for the aging population and to reconsider the 'Health Card' as one avenue to facilitate access to effective health services and minimize fragmentation of care. Expressing his delight to see the large number of interested parties and participants from the region attending the meeting, Dr Arbid ended his address by noting that Arabs wish "long life - طول العمر" to greet their beloved. Long life embraces life in good health and life in dignity.

HE Dr Selim El Sayegh, the Minister of Social Affairs in Lebanon, expressed his delight for being part of an initiative which does not only reflect a major current need but is also particularly close to his interests. He stressed that both the aims of the meeting and the recommendations that ensue would be of considerable value as evidence to press for a strategy to be included in the upcoming Cabinet Declaration for the Government, currently being constituted.

Dr El Sayegh declared that Lebanon is in a position to be leading in promoting social issues, in particular those related to the older population. He noted that aging is a reality, and the aged are a valuable segment of the society. They are involved in the economy, often in non-paid work, and in family care and support. While economic constraints challenge progress towards supporting strategies for the aged, older people should be included in all governmental programs. Care for older people is a culture and a life-time project; we should cherish and carry it out with joy.

B. THE RIGHTS OF THE OLDER POPULATION

CHAIR: **DR WALID AMMAR**, DIRECTOR GENERAL, MINISTRY OF PUBLIC HEALTH-LEBANON AND CSA MEMBER

Rights of the older persons: the UN perspective

Dr Robert Venne, United Nations Programme on Ageing in NY, outlined the historical landmarks in the UN legal frameworks for human rights starting with the Universal Declaration on Human Rights in 1948 to the several international conventions that have followed, none of which refers explicitly to older persons. He noted that independence, participation, care, self fulfillment and dignity, together, form the core agenda for the UN position on the rights of older adults. One of the most significant points made by Dr Venne was that while many countries ratified the various UN treaties and declarations, including the Madrid International Plan of Action on Aging (MIPAA), the gap between ratification and implementation remains very wide.

Dr Venne then presented findings from a survey conducted by the UN in 2007-2008 to examine the extent of which member states have progressed in implementing the recommendations of MIPAA. The total number of countries responding to the survey summed up to 62. The majority (54 per cent) raised the issue of the rights of older persons, 60 per cent made reference to discrimination against the elderly, and 31 percent highlighted neglect and abuse issues. Several Arab countries supported the creation of conventions with a focus on older persons rights and social integration. Based on the results of the survey, the UN is considering the establishment of an international working group for the drafting of an "International Convention" that would mandate member states to proclaim the rights of the older population. Dr Venne was keen in this endeavor for better liaison with other agencies such as the Economic and Social Commission for Western Asia (ESCWA) and the World Bank.

Empowering the old: the role of civil society

Dr Jane Barratt, Secretary General of the International Federation of Aging (IFA), focused on the role of the civil society and NGOs as advocates for enabling and empowering older people. She sketched the development of NGOs after World War II, in response to a service need, noting that there are two types of NGOs: operational NGOs that design and implement projects, and advocacy NGOs that defend or promote a cause and seek to influence policies and practices, with a great difference between the two in terms of principles, objectives, service and

practice. She noted that it is important to understand, for example, why in France old people died disproportionately compared to younger generations from the heat wave in 2003, and, in the US, from the Katarina Hurricane, despite the fact that rescue services and NGOs did not discriminate between age groups.

“We need to break down the barriers of ‘us’ versus ‘them’ the creation of the ‘other’ has meant that older people are segregated and do not have the same rights as the rest of the population. We are both the current and the future older population.”

Jane Barrat, IFA

Dr Barrett then gave examples of NGOs which have been successful in supporting the rights of older people with an inter-generational approach to interventions: The Dane Age in Denmark promoting active healthy living, social participation and age friendly cities, and the Age Care in Australia, a network of associations, which has become the champion of pushing the momentum of caregiving and informal carers to the forefront.

Who needs a UN convention on the rights of older population?

Dr Alexandre Kalache, Advisor to the NYAM, argued that one of the key issues in older adults’ rights worldwide is “social exclusion”, with a widening gap between the rich and the poor, the North and the South, and between the healthy and the disabled. Social exclusion is exacerbated by poverty and powerlessness and is associated with geographical segregation (urban versus rural) and a number of other forms of exclusions including socioeconomic, territorial, identity and political. Dr Kalache then presented live, but contrasting, portraits as an illustration. Nelson Mandela is, for example, a prototype of political inclusion, and Kalache’s own 90 year-old mother, with regular income, caring children and loving family and only one health condition, is a prototype of social inclusion. In contrast, his mother’s former maid, 80 years old, never married, is an example of social exclusion. Unable to afford living in town when she became old, she returned to her village only to find herself lonely with no family or friends and with over nine health conditions and no income, social or health insurance.

Dr Kalache stressed the need for a culture of ‘activism’ among researchers and a culture of ‘social solidarity’ between the rich and the poor, the old and the young, and between the private and the public sectors.

C. RESEARCH AND INFORMATION

CHAIR: **DR RAFIC BADDOURA**, PROFESSOR OF EPIDEMIOLOGY AND RHEUMATOLOGY, UNIVERSITY SAINT JOSEPH AND CSA MEMBER

The PAFAM Study: A landmark in the region

Dr Ahmad Abdel Monem, Professor in Demography and the Project Manager of the Pan Arab Project for Family Health (PAFAM), provided an overview of the history of the PAFAM study and its funding sources. He noted that this was the first time that cross country national studies, using similar survey methodologies and interview schedule templates, have been conducted in the Arab region. The aim of the PAFAM is to enable Ministries of Health and other national agencies in the Arab region to obtain a timely and integrated flow of information for formulating, implementing, monitoring and evaluating health policies and programs. The PAFAM study consists of a baseline household survey and additional specialized modules on ‘Child Health’, ‘Reproductive Health’ and ‘Older Adults’. In this project, the family is realized as the primary social unit and is perceived and studied within its wider dimension. The baseline household surveys have been conducted in 10 Arab countries and the older adults module in four localities: Lebanon, Algeria, Palestine, and the Palestinian camps in Lebanon. The PAFAM included core standardized questions used in all surveys, guaranteeing a cross country comparative assessment, and additional complementary questions adapted and placed into context by each locality and country according to need. Dr Abdel Monem encouraged researchers to make use of the existing data sets.

The PAFAM is hosted by the League of Arab States (LAS), and is maintained by a Higher Steering Committee with membership of the Secretary General of the LAS and heads of several executive boards of UN agencies. It is funded by the Arabian Gulf Fund (AGFUND) and UNFPA, among others.

Dr Abdel Monem, then, presented selected findings from the surveys focusing on illiteracy rates, marital status, living arrangements, employment, headship of households, support from children, smoking, co-morbidity and disability and ended with a set of recommendations for family health emphasizing the importance of data and evidence for informed policy making.

Building the evidence: Mapping in the MENA Region

Dr Hassan Musa Yousif, UNFPA Regional Policy Advisor, presented an overview of the demographic transition in Arab countries pointing out that, in the next decade, 14 countries out of 22 are expected to have at least seven per cent of their populations 60 years and older, with Egypt having the largest number of older adults (more than five million). Poverty characterizes the majority of older persons, particularly in the Arab least developed countries where safety nets, social protection systems and pension plans are lacking or minimal. Older adults are not adequately covered in national development plans and strategies (such as the PRSPs and the MDGs). This is because of the assumption that the family continues to be the main support for older Arabs, despite decades of youth migration, urbanization and an increasing proportion of females entering the workforce.

Dr Yousif revisited the actions of the International Conference on Population and Development Programme of Action (ICPD PoA) and the MIPAA recommendations that urge Governments to mainstream and integrate aging issues into their national development plans and social and economic policies and to strengthen formal and informal support systems and safety nets for older adults. He concluded with a summary of the role of UNFPA- Arab States Regional Office (ASRO) in four key areas: advocacy, policy dialogue, training and capacity-building, and research and data collection.

“Development planners are not yet convinced to integrate issues of older populations into their social and economic policies and are not persuaded that older adults remain a tremendous resource in any society and can contribute to development and economic growth.”

Seniors’ needs and policy formulation: Reference to environmental factors

Dr Gloria Gutman, Professor Emerita of Gerontology at Simon Fraser University- IAGG, presented evidence based on a literature review, she was recently commissioned to conduct, on the biological, radiological and chemical hazards faced by the older population as well as on the impact of climate change on this population. She introduced the audience to several unrecog-

nized but common environmental health hazards to seniors: food poisoning, asthma and wheezing because of home dust, allergens, and inadequate sanitation, exposure to pesticides and its association with Parkinson disease, colonization of *Legionella* in water supply of nursing homes and excessive heat waves. Many older adults live in shabby houses where they are exposed to dampness and mold. Health and financial constraints compounded by rental prohibitions are some of the reasons for not modifying their homes. The study illuminated seniors’ needs and policy formulation with reference to the much neglected environmental risk factors.

Dr Gutman urged health professionals to be vigilant of the vulnerability of older adults to environmental hazards and to engage in anticipatory preventive care, noting that income, health and housing are key priorities for older people.

“In crisis, minor impairments that do not interfere with daily functioning in the normal environment can quickly become major handicaps that overwhelm the older individual’s capacity to cope.”

WHO, 2006

D. POLICIES AND SERVICES

CHAIR: **DR NABIL NAJA**, GERIATRICIAN, ALZHEIMER’S ASSOCIATION AND CSA MEMBER

Promoting sustainable pension policies in the region

Mr Ibrahim Muhanna, an actuarial engineer and the President of the Lebanese Association of Actuaries, argued in his presentation against the long term financial stability in pension policies in the Arab region. Owing to imbalances between income (inflow) and expenditures (outflow), there are concerns over issues of intergenerational transfers and the extent to which the working population will be able to pay for the needs of older populations. Social security is a major component of public expenditure, and Arab countries have, on average, around 32 years before social security funds are depleted. Social security funds used to finance six-seven years post retirement; currently it finances over 15 years, and the pensioner’s health bill is six times higher than those in the work force. Drivers for reform include, among others, demographic aging, financial pressures, worries about generational cross-subsidies and coverage.

To make social security systems sustainable, two kinds of reforms are needed: 'structural' such as a move from a defined-benefit scheme to a defined pension contribution, being optional for some (low income) but mandatory for others, and 'parametrical' which imply increasing the contribution rate, restricting minimum early age retirement, limiting salary increases before retirement, and abolishing lump jumps paid with the pension. Mr Muhanna urged for an immediate but gradual change in the economies of the region, the adoption of mechanisms which would enhance diversification and, finally, the spread of the risks of meeting retirement promises.

Challenges facing older people healthcare: integrated versus vertical care

Dr Kasturi Sen, Senior Scientist at the Department of Public Health of the Institute of Tropical Medicine in Belgium, outlined the differences between vertical and integrated forms of care and their impact on older adult health and health care resources. Vertical forms of care are highly specialized healthcare, costly, and rely mostly on high-tech industry with strong commercial implications. Integrated services, on the other hand, are defined as a process where disease control activities are tightly coordinated with comprehensive health care delivery. Dr Sen noted that effective polyvalent first line health care provided at primary health care centers, supported by a good referral to specialized care and effective follow-up, can tackle over 95 per cent of health problems of older adults. The operational and administrative integration of the organizational structure in such a system increases its efficiency and fight against unneeded escalation of health care cost and disease burden.

Dr Sen then presented some findings on the structure and level of health care financing in selected Arab countries stressing on the need for a comprehensive health care system that endorses continuity of care and empowerment of the patient.

Home health care and the health of older population

Dr Faisal Al-Naser, Professor of Family Medicine and chair, Arabian Gulf University in Bahrain, focused on the importance of home health care (HHC) as a cost saving and cost effective method for providing health services. Since the beginning of the century, delivery of services to the home expanded in the developed countries, whereas, it remained only marginal in the developing world. HHC embraces medical, social and psychological services provided by an interdisciplinary professional team to patients within their own home

environment (e.g. mobile units). Home is the natural place of older adults, and HHC increases patients' autonomy, reduces anxiety, enhances compliance and provides stimulation for continuous support by family members and friends. Dr Alnaser provided evidence that HCC replaces expensive hospital stays, avoids the risk of nosocomial infections and decreases financial burden (making a net saving of 13 per cent in hospital costs). Finally, Dr Al-Naser urged for the integration of HCC in primary health care as another pillar of continuity of care.

"The developed world became rich and had time to prepare before it became old. Developing countries are becoming old before they become rich."

WHO

E. CARING FOR THE OLDER POPULATION

CHAIR: **MR RAMZI NAAMAN**, DIRECTOR OF CENTRAL MANAGEMENT UNIT, 'NATIONAL POVERTY TARGETING PROGRAM', AND CSA MEMBER

Dignity in old age: Preventing elder abuse

Dr Gloria Gutman, Professor Emerita of Gerontology at Simon Fraser University in Canada-IAGG, presented a comprehensive review of the literature on the problem of elder abuse focusing on prevalence and risk factors. Abuse includes any harm done to an older person that undermines the individual's physical, emotional, mental, or social well being. Elder abuse was only recently uncovered to the public, and evidence is accumulating to indicate that elder abuse is an important public health and societal problem that manifests itself in both developed and developing countries. Several types can be differentiated depending on whether the older adult is in an institution or at home. Among institutionalized older people, abusive acts include, in addition to physical and psychological harm, physical or chemical restraints of the patients and lack of appropriate care. This is observed more in institutions with low quality care, overloaded staff, unfavorable physical environment and where policies and regulations are in the interest of the institution rather than the residents. On the other hand, in the case of community dwelling older people, harm can come from the informal or formal system of caregivers. Women, the socially isolated, the cognitively impaired and those with physical disabilities are at a higher risk.

Dr Gutman stressed that the paths and risk factors across types

of elder abuse are different, which suggests that strategies will need to be tailored to each specific type of abuse. She noted that while there are cultural differences in defining, diagnosing and counting abuse, numbers are needed to influence policy makers.

Inter-generational transfers and support of older adults in the Middle East

Dr Kathryn Yount, Associate Professor of Global Health and Sociology at Emory University in Atlanta, presented figures on the demography of aging and on the human and social capital of older adults in the region, noticing that higher life expectancies combined with more years of life lived with co-morbidity and disability, creates new kinds of need for support from plural and informal safety nets. Her recent research conducted in Ismailia, Egypt among 491 older men and 562 older women explored the resiliency of the informal safety net of the family against social change. Findings revealed that there are parental and child gender differences in material and monetary transfers. Fathers give more often money than mothers, with daughters being more likely to receive such support; and sons help their parents financially more often than daughters, with mothers being more likely to receive such support. However, in the case of physical disabilities (ADL and IADL), wives and daughters are the main sources of help for older men, and daughters-in-law and daughters are the main source of help for older women. Dr Yount finally noted that such studies are important to reveal the quality and direction of benefits in later life from previous investments in kin-keeping.

Caregivers: a new professional?

Dr Jane Barratt, Secretary General of the IFA, highlighted the recent paradigm shifts in healthcare service provision, spotting the light on the shift from residential to at home services. She defines 'aging in place' as the ability to live in one's own home - wherever that might be - for as long as confidently and comfortably possible. Livability in place can be extended through community and family support and the incorporation of telecare and other assistive devices. Dr Barratt stressed on the national economic value of unpaid informal caregivers and the increasing interest in the subject reflecting on the huge increase in the number of related articles in the literature (from less than 200 articles in the 1980s to over six million current references). Several examples on care giving were drawn from different countries: in Japan, 50% of older adults live with their children; in Sweden, it is a social responsibility; and in Pakistan old-age care

is embedded in social culture and family support and there is a major stigma surrounding respite and nursing homes.

The role of caregivers is rarely recognized in legislation and policies. Dr Barratt noted that there is a need to capture the social, economic and psychological costs as well as the benefits associated with informal care-giving. The civil society and associations, such as Carers Australia and Carers UK, play a significant role not only in counseling, education and training but also in securing carers' rights and promoting their recognition to governments and the wider public.

"We view aging issues and the development of good policy and practice through a cultural and gender lens."

Jane Barratt, IFA

When aging meets migration: Aging in a Foreign Land

Dr Alexandre Kalache, Senior Policy Advisor on Global Aging at the NYAM, started his address by sharing with the audience his personal experiences with retirement, which made him more determined to be an advocate for the rights of older people and active aging. Dr Kalache explored the international migration process, noting that over 200 million people live outside their home country, with remittances estimated at \$300 billion annually, exceeding the global total in foreign aid. The dynamics and extent of migration are constantly evolving: while some migrants maintain connection with homeland and their loved ones left behind using inexpensive internet means, others are excluded in foreign lands in solitude.

Dr Kalache then described the design, methods and objectives of the "Aging in a Foreign Land" project. The project aims at describing the experiences of migration and identifying the positive and negative aspects of aging in a foreign land within the theoretical frameworks of human rights, active aging and life course perspectives. The methodology consists of pairing cities: a country of origin with a receiving country (for example Beirut is paired with Montreal in Canada). Data collection methods include individual interviews, oral histories, focus group discussions and a review of national policies and programs that shape the experiences of older migrants. The final report is expected to be submitted in the summer of 2011.

F. INTERVENTIONS FOR THE OLDER POPULATION

CHAIR: **DR HALA NAUFAL**, PROFESSOR OF DEMOGRAPHY, LEBANESE UNIVERSITY

The Age Friendly Cities Project: An opportunity

Dr John Beard, Director of the Department of Ageing and Life Course at the WHO in Geneva, focused on the various social, economic and physical domains of age-friendly environments drawing illustrations from the “Age-friendly Cities (AFC)” project. He noted that in order to alleviate old age functional dependency, one needs to invest in three realms: appropriate care, a friendly environment, and a life course approach to aging.

The philosophy of AFC is to provide older populations with accessible health and social services and accessible and safe public places. AFC embraces urban and rural cities, and involves, among others, outdoor spaces and buildings, transportation, lighting, housing, and communication. Dr Beard stressed that for a successful implementation of the AFC philosophy, communities, municipalities, officials and decision makers need to willingly partake in implementation plans, monitoring and evaluation.

The Neighborhood Initiative and the University for Seniors

Dr Cynthia Myntti, a social anthropologist, an architect and the Director of the Neighborhood Initiative (NI) at AUB, shared with the audience her experiences with the planning phases for a new major outreach project of the NI, the “University for Seniors” (UFS). The UFS is a pioneering program offering a new angle on the concept of life-long learning and promoting a new vision of healthy aging. It acknowledges older people in the ‘active voice’, as workers, volunteers and activists, and addresses the prevalent desire of many older people in Beirut to remain socially connected, intellectually active and useful in their communities. Run by its members, the UFS offers a range of activities: study groups, lectures, educational trips and special projects with AUB students.

The project was launched following an extensive feasibility study including focus group discussions with older people, surveys with older AUB alumni, a review and site-visits of similar programs in the US. The UFS is guided by three principles: peer learning, community-building, and intergenerational

connections. It will be a ‘university’ in the original sense of the word: a community of people engaged in learning from each other.

“Today, older people are living longer and healthier than their parents. They possess precious historical and cultural memory in a rapidly changing world, and many do not want to spend their last decades in inactivity. They want to remain intellectually challenged, socially connected and useful in their communities.”

Cynthia Myntti, AUB

Older adult care in Al-Amirat, Sultanate of Oman

Dr Thamra Al-Ghafri, Director of Al Amirat Health Services in Oman, presented the experience of Al Amirat Health Center in its endeavor to develop comprehensive care for older adults aged 60 years and over within primary care settings, while building on existing services. A multidisciplinary team, constituting of personnel from the Ministry of Social Development, physicians, nurses, and occupational therapists, dieticians and health educators, provides a range of both community and home care services. These include baseline assessment of older patients as per pre-designed protocol, screening, intervention, consolidation and follow-up, and, finally, re-assessment. The approach was intended to be a model for policy makers. Nevertheless, several challenges were faced: prolonged and tiring frequent visits, the need to recognize the role of caregivers and to sensitize the health care workers and the older people themselves to a culture of ‘healthy aging’.

Part Two:

Country-Specific Experiences, Challenges and Best Practices

ALGERIA

Mr Larbi Lamri

Assistant Representative, UNFPA

While demographic aging is relatively recent in Algeria, the sheer absolute number of older people (2,120,000 individuals aged 60 year old and above) poses a great challenge in a resource-scarce country. Owing to the National Liberation war from 1954 to 1962, around 60 per cent of the older women are widowed, the majority of whom are illiterate. Health insurance covers 90 per cent of the older population, with entitlement to free primary health care and free medications. According to the National Social Solidarity scheme, the Government assists, with financial subsidies, older people without income as well as children caring for their parents.

EGYPT

Mr Al-Sayed Mahmoud Selim

National Council for Childhood and Motherhood

Dr Mohammed Hassan El-Banouby

Geriatrics Departement, Ain Shams University

Dr Shahinaz Mkheimar

Information Decision Support Center (DSC)

Mr Ziad Rifai

Representative, UNFPA

Rapid demographic transition in Egypt has been underway for the past few decades: the proportion of older adults aged 60 and older currently accounts for 6.1 per cent of the total population, and this is expected to reach 11 per cent by 2050. Life expectancy approaches 73.5 years for females and 69.2 for males. Illiteracy among older adults remains high (69 per cent). The government and civil society have made several significant strides advancing old age care and support. These include, among others, the establishment of day care centers and primary health focal points providing health, social and psychological support to older adults in need, the development of training programs in geriatrics and gerontology for physicians, nurses and care providers, as well as specialized sports programs, hotlines and radio stations providing informational support.

Age-related amendments in infrastructures were also made in public buildings, hospitals, and roads. A significant number of conferences and workshops have been convened in the last few years, and several reports and publications on older adults are available.

JORDAN

Dr Anwar Batieha

Jordan University for Science and Technology

Ms Khadija Alawin

National Council for Family Affairs

Ms Suzan Kasht

National Program officer on Gender and Reproductive Health, UNFPA

In the year 2005, the proportion of individuals aged 60 and older was 5 per cent and this number is expected to reach 8 per cent in 2030. Several initiatives were developed at the national level including the National Strategy, the National Committee for Family Health, guidelines for the establishment of nursing homes and day care centers, and the Age Friendly City Project. The National committee has four directions to which each respective Ministry is invited to contribute: health care, development, social care, and research and policies. Nursing homes in Jordan are exempted from taxes.

LEBANON

Dr Adnan Mroueh

Professor of Obstetrics and Gynecology and CSA Member

Dr Laurie Abi Habib

Professor of Public Health and CSA Member

Dr Monique Chaaya

Professor of Epidemiology and CSA Member

Lebanon includes one of the highest proportions of older adults in the region (10.1 per cent above the age of 60 years). Half of them do not have any health insurance coverage and 14 per cent are under the poverty line. Wars and political instability compounded with financial constraints add to the complexity of the issue and delay the development of a comprehensive social plan. The older Palestinians in the camps in Lebanon suffer most. Nevertheless, research and studies and the National Commission strive to advance aging agenda to the forefront. There exists an active role for nursing homes and the civil society (e.g. Alzheimer Association and SANAD) in the care of the aged. A model of care integrating primary care with acute hospital services has been recently initiated in Ain wa Zein long-term hospital.

While there are over 53 nursing homes in Lebanon, the majority of older people live with their families. Family-based old age care is harnessed with traditions and feelings of altruism. However, with increasing longevity and a greater number of persons with disabling degenerative chronic diseases, the family

model of old-age is rapidly losing its ability to carry the totality of the burden, and Lebanon has been witnessing a new form of in-home care given by full-time live-in foreign home maids. While this retains the 'family' orientation for older care, several questions are raised whether this form of care is optimal to preserve older people's dignity.

Alzheimer's Association in Lebanon (Director Ms Diana Mansour), an NGO established with the mission of improving the quality of life of people with dementia and their caregivers.

SANAD, a home hospice association established in 2009, provides comprehensive palliative care to terminally ill patients and their families in the comfort of their own homes.

MOROCCO

Mr Said Azammam

Haut Commissariat Au Plan

Mme Soumaya Benchakroun

Service des Personnes âgées

Ministère de Développement Social de la famille et de la solidarité

The proportion of older population aged 60 years and over in Morocco is estimated at around 7.5 per cent. Findings from two national studies conducted among 2,500 families point to the vulnerability of older people: high levels of poverty and illiteracy rates, lack of social protection and high rates of co-morbidity. A national strategy was developed in October 2009, and a Ministerial Committee was established to oversee its implementation. The strategy focuses on four main themes; income, health, housing and dignity. The aged hold an esteemed position in the society, they maintain family equilibrium, take care of children and the oldest old, and are praised for their life experiences and perpetuation of traditions.

PALESTINE

Mr Ziad Yaish

Assistant Representative, UNFPA

Ms Lamis Abu Nahleh

Birzeit University

In Palestine, life expectancy is around 71.5 years for men and 73.0 years for women, and the proportion of older adults aged 60 years and above is around 4.4 per cent. Interest in aging and

older adults in Palestine is very recent and research in the area is lacking. Both the Government and the civil society are not yet prepared to face older adults' health and social needs. This is compounded by the scarcity of resources, the unstable political situation, occupation and turmoil prevalent in the country for several decades, and the consequent disruption in family structures and social living arrangements. It was noted that the root to a proposed national strategy for the aged rests on the resourcefulness of older people; it is based on an African anecdote "If an aged dies, a library is lost."

SAUDI ARABIA

HE Abou Bakr Ahmad Bagader

Professor of Social Sciences, King Abdul Aziz University

In the year 2005, the proportion of individuals aged 60 years and above accounted for 5 per cent of the population. Chronic conditions such as Parkinson and Alzheimer are increasingly becoming more prevalent. Religious norms protect the majority of older adults and a culture of kindness and compassion for the vulnerable and the poor prevails in Saudi Arabia. However, with globalization and rise of individualism, there is a shift in cultural values, and a larger number of older people are placed in nursing homes.

SUDAN

Dr Aziza Suleiman Ali

Geriatrics and Consultant on Aging

Mr Isam Taha Osman

National Program Officer, Population and Development, UNFPA

Dr Saeed Abdallah Saeed

Under Secretary, Ministry of Social Welfare, Chairperson of the National Committee on Older Persons

Up to 70 per cent of older adults in Sudan live in rural areas which are relatively age friendly environments. Religious faith and norms espouse care of the aged, and people look up to them for their knowledge and wisdom. A national policy has been established and NGOs are encouraged to provide support for the aging populations. However, the armed conflict in certain areas and the migration of the youth to urban areas in search for better work and life opportunities expose older people to social exclusion and threaten the prevalent culture of inter-generational solidarity. Given the scarcity of resources in Sudan, an improved model of health care that integrate older adults care at the primary health care centers is needed.

SYRIA

Ms Rafah Trefi

National Program Officer, Population and Development Focal Point, UNFPA

Dr Waleed El Faysal

Faculty of Medicine, Damascus University

In 2003, the proportion of individuals aged 60 and older was 5.7 per cent, of whom 5.1 per cent were living alone. A national commission for the aged has been established in 1999 and the country is preparing to implement the WHO regional program on old age. Several achievements targeting old age care has been recently realized in Syria. These include: the establishment of around 300 health care centers that provide geriatric care, preparation of training manuals for health care workers, inclusion of geriatric medicine in medical schools curricula, training of physician in nursing homes and, more recently, the INTRA study in 2004.

TUNISIA

Dr Sonia Hammami

Department of Internal and Geriatric Medicine

Following rapid economical, social, and health developments, Tunisia is in the last phase of its demographic transition. In 1984, the proportion of older people aged 60 years and over accounted for 6.7 per cent of total population, today this proportion is estimated at around 9 per cent and is expected to reach 18 per cent by 2030. Women have high levels of literacy, the highest in the region. The basic stance of the government on elderly care is to maintain the aged within families. Legisla-

tion authorities volunteer families to host older adults, on condition that they provide them with dignified living in exchange for a monthly allowance granted by the State, and supports NGOs operating mobile multidisciplinary units that reach older adults in their homes. However more work is needed to preserve the role of the family and to enhance on capacity building, education and training.

YEMEN

Dr Ahlam Saleh Bin Briek

Department of Community Medicine, Hadhramout University

Dr Jamal Nasher

Deputy Minister of the Ministry of Public Health and Population

Ms Zeljka Mudrovic

Deputy Representative, UNFPA

Mr Abdulraqeb Saif Mohammed Al-Dubai

Ministry of Health

Compared to other Arab countries, demographic transition in Yemen has been slow. Life expectancy remains low (57 years for men and 61 years for women), total fertility rate is still high (6.2), and the rate of illiteracy is very high amongst the old (80 per cent). Older adults in Yemen are not covered in national development plans. Yemen has recently (2007) completed its first and preliminary national report on the situation of the aged. The main challenges include scarcity of human and financial resources and inaccessibility to services. Owing to routed cultural and religious traditions, the care of the aged falls almost entirely upon families (only 4 per cent of older adults live alone).

Part Three:

Roundtable Discussions and Recommendations

CHAIR: DR SALIM ADIB, PROFESSOR OF EPIDEMIOLOGY, UNIVERSITY SAINT JOSEPH AND CSA MEMBER

The discussion in this session covered underpinning common issues on aging in Arab countries with the objective of identifying future implementation needs and potential targets for intervention in the following three key areas: research, practice and policy. The role of CSA and UNFPA country offices in sharing and exchanging information was noted to offer opportunities for creating a momentum in the field and to provide an impetus for the development of concrete initiatives. Cross-cultural themes that emerged during the discussions and sessions and the suggested recommendations are summarized below.

A. RESEARCH

Underpinning issues

One of the significant impediments to addressing aging is the dearth of information on older adults in the majority of the Arab countries, hindering planning, policy and performance evaluation. Several factors contribute to this, including, but not limited, to the following: insensitivity to older adults issues, inadequate research infrastructure (trained personnel, funds...etc) and problems in obtaining permits to conduct large scale population-based surveys. Additionally, databases that exist operate as 'islands of information', with a lack of integration between them with respect to differing objectives.

Distinct and diverse approaches to defining and measuring various constructs limit comparability of findings within and across countries. For the purpose of service delivery and equity, it is necessary to harmonize approaches to defining and measuring various outcomes.

When data exist, there is a lack of a culture that promotes raw data sharing at the individual and collective level. Its value remains limited to the institution collecting it. Public agencies are reluctant to share their data with researchers and other agencies, and when results are disseminated, the methods are rarely reported in detail for the end users.

Recommendations

Academicians can play a significant role in increasing the number of researchers with interest in aging by mentoring students and junior faculty for careers in the field and enhancing the diversity in the professional workforce. They are also encouraged to develop multidisciplinary networks nationally, regionally and internationally.

There is a need to create culturally sensitive constructs and common template instruments for use in surveys and studies on

older persons, to harmonize concept definition and measurement, and to employ comparable social, economic and health indicators that are compatible with international recommendations, in order to arrive to the lowest common denominator across surveys. This is essential to map equity/inequity and geographic disparities within and between Arab countries in addition to imperative for the better targeting of resources.

Arab countries are encouraged to develop a detailed country-specific profile on its older population and to build a dynamic, up-to-date, gender, age, and locality disaggregated population-based data and keep abreast of the rapid socio-economic and demographic changes. The CSA is planning to prepare a national profile on aging in Lebanon, as a model that can be extrapolated to other countries.

Research needs to be mainstreamed into practice and policy. Hence, data generating and research into aging need to be multidisciplinary with close involvement of the service providers and policy makers. Having a clear definition of what is needed avoids duplication of work and wasting of resources.

The Arab region remains the only region worldwide in which longitudinal comparative research has not been undertaken. Such studies are encouraged to understand trajectories and determinants of well-being in later life. Additionally, there is a dearth of focused qualitative studies on vulnerable older persons (e.g. female headed households and the disabled). These can be powerful tools for evaluation of policies and practices.

There is a need to promote a culture of data sharing and access. The PAPFAM data sets on older adults in four localities of the regions provide a unique opportunity for researchers to analyze and obtain integrated information for health policies and programs. Scholars are invited to make use of this existing raw data for further analysis with feedback of the findings to the LAS. The

CSA and National Committees on Aging may act as the repository of such national databases and studies on older persons. The collation of data and studies in repositories accessible to all avoids duplication of effort. Participants in the meeting also recommended planning for a special issue on aging of a peer-reviewed journal published in the Eastern Mediterranean region, and publicizing it with free access online.

There was a recommendation to extend the PAFAM module on older adults to other countries of the region and expand it to embrace additional constructs (e.g. migration and remittances; the cost-cutting free contribution of older women in the care of others). Participants in the meeting invited the LAS to undertake a regional study on the older population (PAPOLD) in much the same manner that was done earlier with the PAPCHILD and urged funding agencies to support this activity. They also proposed to task national organizations similar to CSA to collaborate in this effort at the respective country level.

B. PRACTICE

Underpinning issues

Arab countries are at different stages in their demographic transition and concerns related to aging and older people may vary in priority and significance from one country to another. However, sustainability remains the most important dimension facing practice, notably in resource scarce countries. Increases in life expectancy and the concomitant challenge of non-communicable diseases and disabilities among older people, compounded with scarcity in health professionals specialized in geriatrics and gerontology and a growing need for family-based care, require a larger and more adapted net of health care, new skills from healthcare workers, and innovative culture-specific modalities of interventions.

Historically, practice and service provision have been organized around distinct populations of certain age and gender groups (e.g. youth, women in reproductive years, the old), with the old being the least recognized. This category division is also underpinned by separate budgets for each group. The challenge is to develop age-friendly systems that take into consideration the specific needs and diversity of older people.

Civil society organizations, charity and religious associations have been assuming a prominent role in caring for the older

people, filling a vacuum created by the weak states. However, their role has traditionally focused on the institutionalized older people despite a culture that is unreceptive and intolerant to placing older parents in nursing homes and care centers. The majority of vulnerable severely disabled older people remain in their own homes. Given current trends toward women working and the likely increase in the proportion of older people with long-standing disabilities, demands for home-based care may increase substantially in the near future. Home-based formal and informal services have been underdeveloped and are rarely recognized by either the state or the civil society.

Recommendations

Overall, geriatrics is relatively a new field for graduates of medical schools, and it lacks the glamour of other specialties. Academic institutions (medical and nursing schools, health sciences and social sciences) have lagged behind in the development of health professionals. There is a need to integrate 'Geriatrics' and 'Gerontology' within their respective curricula, and develop graduate training and continuing education modules in their programs. A model similar to the Malta International Institute on Ageing is needed, to educate professionals and volunteers in the region.

Co-morbidity among older persons is attended by a number of different providers within a fragmented vertical disease-centred health care system. An improved model of a holistic integrated patient-centred care at the primary level with comprehensive multidisciplinary screening and assessment of medical, functional, psychological and social needs is required. To date, existing primary health care centers are not age-friendly centers. These mostly address mothers and children's needs, although many of their existing service programs such as nutrition, chronic diseases, mental health and infection surveillance are relevant to the old as well. A special attention should be made to mainstream the specific needs of older adults within primary-level and specialized programs and services. There is, also, a central role for primary care physicians trained to accommodate a 'geriatric philosophy' in service provision.

Religious values in Arab societies demand respect towards the aged and a culture of social solidarity emphasizes the prominence of family relations as a form of social capital and a key resource for its elders. This ought to be harnessed. Greater emphasis needs to be placed on home-based care services (e.g. mobile units and family welfare programs) as part of a contin-

uum of different types and levels of care. Also, support services geared towards promoting caregivers as a resource to older persons and as themselves beneficiaries of health and social services are needed. The care givers themselves could also benefit from capacity building and training.

Preserving dignity in old age is perhaps the only wish older people aspire for towards the end of their lives. Initiatives that reach out to the terminally-ill patients and their caregivers (e.g. SANAD Association in Lebanon, Units for Palliative Care in nursing homes and public hospitals, and Alzheimer's Associations) are particularly encouraged to alleviate the burden on family members. In this regard, a communication system needs to be established to support the dissemination of information and the sharing of experiences (best practices, gaps, lessons learned), and to guide towards enhanced services.

C. POLICY

Underpinning issues

The discussion on policy enlightened several interrelated issues: 1) a paternalistic attitude towards older adults that delays legislation based on human rights; 2) lack of intersectoral collaboration and coordination; 3) the fact that healthier aging goes in pair with healthier societies, the latter of which can be achieved through the paradigm of life-course active aging and life-course perspective; and 4) the diversity of the circumstances and conditions of older persons in the region.

Furthermore, while international declaration and conventions denote an obligatory contract, these are rarely implemented in member states. There exists a gap between ratification and implementation. Also, there is insufficient knowledge at the international level about what is happening in the Arab region.

In several countries, aging is conceptualized in terms of loss of faculties and is associated with physical and mental decline. Viewed from this perspective, it is easy for aging to be medicalized and to lose the direction towards prevention.

Structural damage and social and economic disruptions associated with the continuous armed conflict in several countries of the region (e.g. Palestine and Sudan) pose serious threats on older people. Yet, the specific needs of older people in emergencies have largely been invisible in practice and policy.

Recommendations

Human rights embrace the rights to financial protection, property, housing, safe water, and health and social care. Pension plans, health and disability coverage, safe environments and security in old age need to be legislated through the prism of "human rights" and the state obligations to its older population, not through the "welfare" optic that is prevalent these days. A focus on human rights as a paradigm for lobbying for the ratification and implementation of aging policies can be facilitated by involving grassroots and civil society organizations particularly in societies where there is a democratic deficit. This was the case with Family Planning and Reproductive Health programs in Lebanon.

The discussion regarding the human and societal rights of older people stressed also the need for the social and political recognition of their earlier contribution to the country's economy. Although there are indeed differences across the socio-economic conditions of the population in member states, the region continues to have important common denominators such as culture, religion, language and history. To a large extent, the reverence paid to the aged is a product of this common heritage.

Following the Madrid Conference in 2002, ESCWA has been instrumental in assisting member states to define their respective strategies, and an Arab Plan of Action on Aging was developed at that time. The UN through its various agencies is invited to assist, encourage and support countries with technical expertise and resources to develop sustainable systems for the ratification and implementation of national policies. Also, there is a need to gather organizational information and to identify gaps between ratification and implementation of conventions and between principles and practices in countries of the region.

Arab countries vary in their stages of the demographic transition, and resources, coverage and benefits provided to older persons vary considerably. Therefore, a unified strategy for all Arab older adults cannot be considered; instead, countries need to develop their own national strategies and policies in context with the particularities of each society.

Issues related to aging have traditionally been shared by the Ministries of Health and Social Affairs. Of equal importance is the need to involve other governmental and non-governmental agencies including the Ministries of Labor, Tourism and Planning, the municipalities, and Orders of Engineers and

Physicians. An age-friendly society requires an intersectoral communication, collaboration and coordination.

An aging population challenges the health care system in most countries and raises the importance of health reforms; this challenge, however, is not insurmountable. A life-course perspective that focuses on health promotion, health literacy, early disease prevention and equitable access to primary health care to all age groups is needed.

As elsewhere, older people in several countries of the region are now living longer and healthier lives than those of their parents, and many do not want to spend their last decades inactive. There is a need to shift the debate and envision growing old as a positive achievement and build on the tremendous underutilized resource of our growing retired people. There is also a need to increase the visibility of older people in the

'active' voice, as volunteers and workers and in big public national events, such as the forthcoming Marathon in Beirut. Older people in Brazil will be highly visible in the Olympics in Rio in 2016 where there is also a commitment to make Rio an "Age-friendly Olympic City".

Older people, notably older women, are especially vulnerable in crisis situations and emergencies. Yet, emergency services do not recognize their specific needs: the staff lacks the required knowledge and skills, and emergency kits (food, clothes, medicines etc.) do not take the needs of older people into consideration. This requires that governments, emergency planners and responders and the community at large, including older people, identify and integrate "age-responsive" actions in planning for, responding to, and recovering from emergencies. In this respect, local agencies can benefit from the Public Health Agency of Canada work on "Seniors in Emergencies".

CLOSING STATEMENTS

Abla Sibai (CSA) thanked the participants and applauded the discussions and progress achieved during this Expert Group Meeting, hoping that it was useful to turn us all into champions of aging within own countries. She then noted that the CSA, at the request of UNFPA office, has prepared two policy briefs on aging in Lebanon and is in the process of developing its own website and cataloguing existing publications and surveys on older adults in Lebanon and the Arab region, thus acting as a resource and a clearinghouse. She finally noted that the CSA aims at acquiring a regional dimension and welcomed other countries to develop CSA branches in the region.

Nabil Kronfol (CSA) noted that a key goal of this Expert Group Meeting was to raise national and regional visibility of older adult issues and move forward to place aging at the forefront of policy makers' and funders agenda. He noted that the CSA will be preparing the Proceedings Report for the meeting to share with the participants and disseminate to a wider audience. While there is still work to do, he urged the participants to maintain the momentum of this meeting and advance action by utilizing existing networks and communicating with stakeholders in their own countries. The CSA is willing to continue its role as a catalyst and will work to prioritize next steps and identify potential funding sources and opportunities in preparation for the 2012 proposed Year for Active Aging.

Hafedh Chekir (UNFPA) expressed that the meeting has achieved its goals in raising awareness and building partnerships, and was positive that this network will gain further support at both the national and regional levels. The information and experiences shared in this meeting opened the door for further dialogue regarding potential interventions, noting that although quite diversified in their resources, Arab countries, share the potential of being age-friendly societies. However, if our priorities aren't clear to us, then our policies will be undermined. For us to be agents of change, we need to focus on sustainable interventions. He finally thanked the speakers and the participants for their active engagement and enthusiasm, as we strive for better support of our older people.

Annex I:

Agenda: Aging in the Arab Countries: Policy, Research and Development

WEDNESDAY NOVEMBER 18, 2009

SPEAKERS

09:00 Session I - Opening ceremony Master of ceremony: Mr Azzam Hour, CSA

- 09:05** Reflections on the global situation of the older population
- 09:20** The older population in the Arab region: an overview
- 09:35** The voice of the "seniors"
- 09:45** Welcome Note by UNFPA Regional Director
- 10:05** HE the Minister of Public Health
- 09:55** HE the Minister of Social Affairs
- 10:15** Coffee Break

Dr Alexandre Kalache
Dr Abla Sibai
Ms Emily Nasrallah
Mr Hafedh Chekir
Dr Mohamad Jawad Khalifeh
Dr Selim El Sayegh

10:45 Session II - The rights of the older population
Chair: Director-General of the Ministry of Public Health, Dr Walid Ammar

- 10:50** Rights of older persons: the UN perspective
- 11:10** Who needs a UN Convention on the rights of the older population
- 11:30** Empowering older people: the role of Civil Society

Dr Robert Venne
Dr Alexandre Kalache
Dr Jane Barratt

11:50 Panel discussion

Moderator: Dr Nabil Kronfol

Participants: Dr Adnan Mroueh (Lebanon), Mr. Abdulraheb Saif Mohammed Al-Dubai (Yemen), Ms Soumaya Benchakroun (Morocco), Dr Jamal Nasher (Yemen) and Dr Saeed Abdallah Saeed (Sudan)

12:10 Session III – Research and information on the older population in the region
Chair: Dr Rafic Baddoura, CSA

- 12:15** The PAFAM study: a landmark in the region
- 12:35** Building the evidence: Mapping in the MENA Region
- 12:55** Seniors' needs and policy formulation: Environmental factors

Dr Ahmad Abdel Monem
Mr Hassan Musa Yousif
Dr Gloria Gutman

13:15 Panel discussion

Moderator: Dr Anwar Batieha (Jordan)

Participants: Ms Lamis Abu Nahleh (Palestine), HE Abou Bakr Bagader (Saudi Arabia), Mr Said Azammam (Morocco), Dr Sonia Hammami (Tunisia) and Dr Laurie Abi Habib (Lebanon)

13:45 Lunch

15:00 Session IV – Policies and services
Chair: Dr Nabil Naja, CSA

- 15:05** Promoting sustainable pension policies in the region
- 15:25** Integrated versus vertical health care- implications for older adult care
- 15:45** Effect of home care on the health of the older population

Mr Ibrahim Muhanna
Dr Kasturi Sen
Professor Faisal Al-Naser

16:05 Panel discussion

Moderator: Dr Husam Ghusn (CSA)

Participants: Dr Waleed El Faysal (Syria), Dr Shahinaz Mkheimar (Egypt), Ms Khadija Alawin (Jordan) and Dr Aziza Suleiman Ali (Sudan)

19:00 Chorale Al Faiha':
A cultural activity, sponsored by the Ministry of Culture, Lebanon

THURSDAY NOVEMBER 19, 2009

09:00 **Session V: Caring for the older population**

Chair: Mr Ramzi Na'man

- 09:05** Dignity in old age
09:25 Inter-generational transfers between older adults and their children
09:55 Caregivers: a new professional?
10:15 When aging meets migration – The need for research

Dr Gloria Gutman
Dr Kathryn Yount
Dr Jane Barratt
Dr Alexandre Kalache

10:35 **Panel discussion**

Moderator: Dr John Beard (WHO)

Participants: Dr Ahlam Saleh Bin Briek (Yemen), Dr Monique Chaaya (Lebanon), Dr Mohamad Hassan El Banouby (Egypt) and Dr Lamri Larbi (Algeria)

11:00 **Coffee Break**

11:30 **Session VI - Interventions for the older population**

Chair: Dr Hala Naufal

- 11:35** The Age-friendly Cities Project: An opportunity
11:55 The Neighborhood Initiative and University for Seniors
12:15 Elderly project in Amarat, Oman

Dr John Beard
Dr Cynthia Myntti
Dr Thamra Al Ghafri

12:35 **General Discussion:** Selected success stories from the region

Moderator: Abla Sibai, CSA

12:50 **Session VII – Closing and recommendations**

Closing note by UNFPA

Word of thanks

1:20 **Lunch**

2:30 **Special session**

The development of a regional network for Research, Policy and Practice

Moderator: Dr Salim Adib, CSA

Mr Hafedh Chekir
CSA

Annex II:

List of Speakers, Chairs and Discussants

Name	Country	Affiliation / Email
Khadija Alawin	Jordan	National Council for Family Affairs khadijahalaween@ncfa.org.jo
Eman J. Alakkam	Iraq	Geriatrics, Medical City, Baghdad eman.alakkam@yahoo.com
Suhban Almallah	Iraq	Internist, Member National Committee on Aging suhban1952@yahoo.com
Faisal Abdullatif Sulaiman Al-Naser	Bahrain	Professor of Family Medicine and Chair of Scientific Council of Family and Community Medicine, Arab Board for Medical Specializations, Arabian Gulf University faisal@agu.edu.bh
Aziza Suleiman Ali	Sudan	Cardiologist, geriatrician and consultant on ageing drazizas@hotmail.com
Walid Ammar	Lebanon	CSA member and Director General, Ministry of Public Health mphealth@cyberia.net.lb
Said Azammam	Morocco	Responsable du Département de Suivi de la Politique de Population au CERED, Haut-Commissariat au Plan saidazammam@gmail.com
Bahij Arbid	Lebanon	Programs and Planning, Ministry of Public Health
Rafic Baddoura	Lebanon	CSA member and Professor of Epidemiology and Rheumatology, University St Joseph rbaddoura@usj.edu.lb
Abou Bakr Ahmad Bagader	Kingdom of Saudi Arabia	Professor of Sociology, King Abdul Aziz University bagader@gmail.com
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Annex III

Center for Studies on Aging

The Center for Studies on Aging (CSA) was born out of the recommendations of the Conference “Aging in Lebanon: Research and Policies” that was held in Beirut in September 2007. The Center has been duly registered in Lebanon in October 2008 as a non-governmental organization and is led by a group of professionals committed to the promotion of evidence-based policy and practice in support of the older population. The mission of the CSA is to create a hub for research, education, policy formulation, and training on aging in Lebanon and the Arab region. Its motto is ‘Translating Research into Policy and Practice’ (TRIPP).

The CSA achieves its mission through three strategic tools.

STRATEGIC TOOL 1

Research, database, networks and conferences

Aim: *To raise awareness of aging issues in Lebanon in particular and in the wider Arab world, targeting researchers, policymakers, the major donors and service providers in public, private and the nonprofit sectors*

- To collect documentary evidence of the demographic, economic, social and cultural aspects of old age in the Lebanon and, for comparative purposes, in the Arab world
- To establish a sound data and documentary base on older adults as a virtual library with wide access to researchers and interested parties
- To engage in high level discussions and seminars and promote aging issues through local and regional conferences and the production of policy briefs among the wider teaching and research institutions, other stakeholders including policy makers, service providers, governmental and non-governmental agencies while actively involving the older adults themselves in the discussions
- To encourage, promote and fund the conduct of multidimensional translational research and studies undertaken in collaboration between academic and non-academic institutions and between public and the private agencies for evidence-based practice and policy
- To create and promote multidisciplinary regional and national networks within Lebanon and between Lebanon and the rest of the Arab world and to create strong links with strategic partners and collaborate with international agencies for advocacy, raising awareness and sharing a data knowledge base.

STRATEGIC TOOL 2

Human resource development

Aim: *To promote good practice in the care of older people in Lebanon and the region*

- To develop manuals for health and social care in old age (ambulatory, in-patient, home and community care), for use in the training of health and social care workers within the cultural context of the setting
- To create guidelines for good practice in the care of older people with an emphasis on primary care and prevention, psycho-social support (including support and respite care for family members and informal carers where needed)
- To support and promote the incorporation of geriatrics and gerontology into universities and medical/nursing and paramedical school curricula, residency programs, fellowships, undergraduate programs in sociology, psychology and social services across Lebanon and the region
- To promote and provide short courses and training in geriatrics and gerontology for allied health professionals
- To provide appropriate knowledge and skills needed for self-care and health protection and promotion for older persons

STRATEGIC TOOL 3

Optimizing opportunities in development plans and policies

Aim: *To promote the mainstreaming of older people issues into all economic, social and health development processes and programs*

- To advocate active aging and primary prevention as an integral part of all development processes, plans, policies, and activities across all sectors: health, behavioural, social, and to promote the incorporation of health care of the older persons into the primary health care systems
- To counter the negative perception of aging and empower volunteer services
- To encourage active partnership and coordination among all levels of government, civil society, the private sector and organizations and international cooperation

FOUNDING MEMBERS

The founding members of the Center bring together well connected researchers and academicians from all major universities in Lebanon, geriatricians, key officials from the Ministry of Health, the Ministry of Social affairs, and the Ministry of Interior, members of the National Committee on Aging in Lebanon, directors of older adults institutes and elderly homes, and representatives of NGOs, social care professionals and of the senior community. In so doing, the Center supports inter-sectoral collaboration and promotes exchange between researchers, policy makers, service providers and advocacy groups with the aim of strengthening evidence-to-policy and evidence-to-practice links.