

## **ESCWA's input<sup>1</sup> to the Fourteenth Session of the Open-Ended Working Group on Ageing Right to Health and Access to Health Services**

The pace of ageing in the Arab region is fast and presents various challenges and opportunities for governments and societies. These include ensuring the sustainability of healthcare systems and promoting healthy ageing. Efforts to address these challenges require comprehensive policies and programs that address the diverse needs and harness the capabilities of older persons across the region.

The International Conference on Population and Development (ICPD) was among the earlier frameworks to address the need to ensure older persons' quality of life and autonomy, focusing on developing health care, social security and the infrastructure to support healthy ageing. The Madrid International Plan of Action on Ageing (MIPAA), adopted by most Arab States in 2002, offers a detailed framework to protect the rights of older persons, including the right to health. Arab countries further reaffirmed their commitments to the health rights of older persons in the 2013 Cairo Declaration.

The Arab region faces several significant challenges in providing the right to health and access to health services for its older persons. First, non-communicable diseases (NCDs) are the leading cause of death as people age in the region, with a marked jump from 52 per cent in the 15-49 age group to 85 per cent in the 50-59 age group to 92 per cent in the 60+ age group. The four main NCDs affecting older persons in the Arab region are cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes. Second, older persons in the region have limited accessibility to quality and affordable health services that are responsive to their needs, particularly in rural areas. Third, out-of-pocket expenditure as a percentage of total health expenditures reach above 70 per cent in the least developed countries (LDCs) such as the Sudan and Yemen. This reflects the inadequacy of health insurance programs in some Arab countries. Such expenditures are harder on older persons given their relative absence of income security compared to other age groups. Fourth, the scarcity and fragmentation of age-disaggregated data poses a challenge for Arab countries as they seek to develop evidence-based policy to support older persons' access to health. Finally, ongoing conflicts in the region exacerbate the health challenges faced by older persons, subjecting them to heightened stress, limited access to healthcare, malnutrition, and displacement, thus deteriorating their overall well-being.

There are three main areas of progress in the Arab region regarding older persons' right to health and access to health services. First, some countries in the region have started educational programs to prepare specialized staff and begun to institute specialized geriatric training for health sector workers. This is critical for developing a healthcare ecosystem that supports older persons' health and independence. Second, many countries in the Arab region have been working to address quality and accessibility concerns. They have developed age-sensitive primary health care centers and preventive medicine practices. Moreover, some Arab countries are providing neighborhood services through either establishing primary health centers

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in villages or creating mobile health teams to conduct field outreach services. Finally, Arab states have recognized the importance of law and policy to establish the institutional and legal framework for older persons' right to health and ensure their access to health services.

ESCWA supports Arab states to deliver on their commitments to older persons. This includes supporting states to develop specific laws for older persons, which include provisions relating to the right to health. ESCWA has also developed a toolkit that supports mainstreaming ageing issues, including health, into national policies and strategies. Finally, ESCWA assists member countries to develop older persons strategies that include health as a key pillar, focusing on health coverage and accessibility while promoting a lifecycle approach to promote healthy ageing.

Policy recommendations for Arab states have been reflected in the ICPD and MIPAA regional reviews and developed through ESCWA's firsthand work with Member States, including the following:

1. Increase health coverage for older persons in the region to reduce out-of-pocket expenditures, financial burden on families, and ensure they have better access to quality health services.
2. Increase accessibility, especially in rural and remote areas, through providing various forms of care, including hospital care, primary health care and home-based care.
3. Develop policies that adopt a life-cycle approach, which focus on preventative health programs and services that reflect multiple health dimensions. This includes physical and mental rehabilitation of older persons, ensuring the inclusion of older persons with disabilities, and providing palliative care.
4. Encourage the exchange of knowledge and expertise among Arab countries on long-term care systems and investment in the development of long-term care infrastructure.
5. Develop age-disaggregated health data on older persons to help identify the diverse needs of this heterogenous group.